

# **A Gestalt Model of Domains in Couple's Work**

**A Qualitative, Theory-Building Case Study**

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Abstract:

This is a theory-building, qualitative case study in the field of couple therapy, based on a Gestalt phenomenological and relational methodology. I propose a new Gestalt Model of Domains in Couple's Work (GMoD) to develop and improve clinical practice. The research explores the co-created stagnation in couples' relationships and how the GMoD can be used to grade therapeutic interventions in order to support the couple to attempt new ways of contacting and being with each other.

Six Gestalt therapists each conducted couple therapy with two couples. These therapists were supervised by the researcher supervisor. The supervision sessions were videoed after the first and third couple therapy session. After the fifth and final couple therapy session of the research project, the therapists met with the researcher in a videoed focus group dialogue. All videos were transcribed and analysed using Relational Thematic Analysis and NVivo. The outcome of the analysis and the focus group dialogue helped to build the theoretical frame for implementing the GMoD within the relational Gestalt method for couple therapy. The planned products include an advanced training program at the Norwegian Gestalt Institute, a book on Gestalt couple therapy, publications of articles and presentations at research seminars and post-doctorate research using a single-case timed series efficacy study and a longitudinal qualitative case study.

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## **A Gestalt Model of Domains in Couple's Work**

Couple therapy is described as the most complex therapeutic practice and, in comparison to other psychotherapeutic areas, there is little research to support practice (Gurman & Fraenkel, 2002; Hemlin, 2016; Tilden, as cited in Ness, 2017). In this doctoral project I describe a qualitative research study in the field of couple therapy that made use of a Gestalt phenomenological and relational methodology and propose a new Gestalt Model of Domains in Couple's Work (GMoD) (Appendix 1) to develop and improve clinical practice.

The research project is inspired by my own personal experiences as a child of divorced parents, a divorcee and single mother of three children and, finally, as a woman who has now been married for 16 years. The project is also inspired by my professional interest in couple therapy, my clinical background and the theoretical evolution that has taken place in developmental theory and neuroscience over the last few decades and which has had a profound influence on the fields of psychology and psychotherapy.

I start the thesis by outlining the background for the study and describing my particular interest in couple therapy. In my literature search I contrast the Gestalt modality with other prominent schools of thought in couple therapy and show why my contribution is valuable. I then turn to my research questions and choice of methods as well as the limitations of the project and where I position myself as a researcher. I present the theoretical frame of the research hypothesis (GMoD) with extracts from case studies that illustrate aspects of the therapeutic work or emerging co-created phenomenon between the couple or in the therapeutic relationship. In the last section I analyse and discuss the emergent themes and findings, including the focus group dialogue, then present the products and suggest a way forward before concluding.

The abductive method is dialogical and theory-building in purpose, hence this doctoral thesis will hopefully inspire a continued interest in this complex field of psychotherapeutic practice. My ambition is to do research close to experience and contribute to enhancing practice. Thus, I hope it will be useful to the practitioner as well as offering a psycho-educative perspective to universal dilemmas that occur in a couple's life span.

This research thesis is written for a reader who is not necessarily well acquainted with Gestalt theory and concepts, as well as for Gestalt therapy practitioners. I have sought to write in a language that goes beyond the Gestalt modality and hope to reach out to a larger field of psychotherapeutic practice. I believe the relational methodological construct of Gestalt therapy theory deserves recognition as a well-founded, research-based therapeutic modality.

## 1. Background

Phenomenological research starts with the researcher who has a curiosity or passion that is turned into a research question. They want to better understand a particular phenomenon (be it a lived experience, event, or situation) and they forge a ‘strong relation’ (van Manen, 1990, p. 33) to the topic. (Finlay, 2012, p. 175)

The outset of my research journey started with a major breakdown following a second divorce in 2001. I entered psychotherapy troubled by what I only much later understood to be relational trauma and the lack of a secure base. This breakdown was a turning point both personally and professionally. I commenced my psychotherapeutic training at the Norwegian Gestalt Institute (NGI) one year later.

I met a new man in 2004, he moved in with me and my children and we married within six months. Soon I faced relational difficulties again. In Norway third marriages have a 70% prospect of failure, for first marriages this figure is 50% and second marriages 60% (SSB, 2021). These numbers do not include partnerships. I searched for support in psychological literature, principally self-help books, as there was little professional literature in the area that interested me. I found the attitudes deterministic and discouraging, particularly the findings of Gottman and Silver’s research published in *The Seven Principles for Making Marriage Work?* (1999). These studies offended my struggling self. On Gottman and Silver’s scale I as an individual and we as a couple scored many “no goods” for how we failed to solve conflicts and became caught in criticism, contempt, defensiveness and stonewalling, all of which were predications for separations in couples. The statistics proved my project likely to fail. I felt discouraged and dismissed. I had been in marriage counselling with my previous partners, and the experiences were devastating. I felt the imbalance of the therapeutic situation; my part was not acknowledged and my partners got all the attention. In my new marriage, how would I be able to succeed in what I wanted most: a happy family life? I was determined to find the right path.

The quest for a secure and stable relationship as well as my mounting professional interest in the topic brought me to this doctoral project. The original title of the project was “The Need to Belong. Relational Trauma and the Healing Potential in a Relationship” referring to my own background and the healing I experienced in my own marriage, which has now endured for 17 years. The title was eventually dismissed as I had to narrow the research project. The process by which I arrived at the research hypothesis can, however, be described as a heuristic inquiry process as defined by Moustakas (1990). Barber, a Gestalt therapist and writer, describes this by saying: “What is my experience of this phenomenon and what is the essential experience of others who share a similar experience to my own?... (...) Heuristic inquiry, similar to Gestalt, facilitates holistic attention towards the authority of the inner experience” (2006, pp. 78–79). In phenomenological research there are disagreements about heuristic inquiry as a valid source of information. As a researcher, supervisor and therapist I trust my experience as a unique source of information that I bring forward.

Moustakas (1990) describes the stages of heuristic inquiry, and I have applied these to my own doctoral journey thus:

- 1) *Initial engagement*: My own engagement in the topic as described above, from 2002.
- 2) *Immersion*: Since getting married again, living the marital challenges. Individual psychotherapy and couple therapy.
- 3) *Incubation*: My insight that I could not find literature on couples’ development that added to my experience. I finished my training as a Gestalt therapist at the Norwegian Gestalt Institute (NGI). I started postgraduate training at the NGI and continued to do a master’s in Gestalt as well as clinical training in couple’s work at Metanoia Institute, Middlesex University, UK. My research resulted in “A Process Model of Relational Awareness” (p. 18) (Visnes, 2012) and the insight that we co-created destructive patterns and the joint responsibility was an epiphany, defined by Moustakas as the illumination. I had a felt sense of missing something important without being able to address it cognitively. This curiosity, as well as encouragement from the Academic Board to do further research, brought me to the Doctoral Program in 2013.
- 4) *Illumination*: A sudden insight at a November 2013 conference whose keynote speaker was the Norwegian philosopher Bråthen (a colleague of Stern) made me

synthesise my experiences – the missing – into what is now described as the theoretical research hypothesis in the GMod (Appendix 1).

- 5) *Explication*: A theory-building case study research.
- 6) *Creative Synthesis*: Case studies.
- 7) *Validation*: Focus group, Academic Consultants, analysis and reflexivity.

At the outset of my doctoral studies, I believed the entire study would comprise the heuristic inquiry process itself. Overwhelmed by the amount of information in the project as well as entering the professional field of research, it was hard to navigate the formulating of the research project. I have allowed myself to not rush through, but enjoy the project, process and learning. At the same time as I was doing the project, I worked full hours in clinical practice and as a supervisor and in 2020 I started teaching at the NGI. This has allowed me to cultivate the project and thank to this extra time I have been less immersed and overwhelmed and it has been easier to have more of a meta-perspective on my own involvement in the project.

A critique of heuristic inquiry is that the researcher can be overly invested in the project and outcome. I return to this discussion in the sections on reflexivity, research method, analysis and validity. I will now turn to the literature review to place the project in the larger field of couple therapy and show why this project is a development of and contribution to psychotherapeutic practice.

## 2. Literature Review

As a field, couple therapy has a history of being short on research in comparison to individual or family therapy. It has therefore been a challenge to structure material from multiple disciplines into a comprehensive literature review. The field is not a linear, homogenous mass but a myriad of theories, perspectives and professional polarisation. It is even seen as the least prestigious of psychotherapeutic modalities. This is the case even though “relationship difficulties are one of the most common reasons cited for seeking mental health care, and family therapists report couples’ problems as the primary presenting concern in over two thirds of their cases (Gurman, 2010)” (Brock, Kroska & Lawrence, as cited in Sexton & Lebow, 2017, p. 409). Couple therapy is therefore of social and public interest and “predicted to be the psychotherapeutic modality with the greatest growth (Norcross et al., 2013)” (Tilden, as cited in Ness, 2017).

I will begin this literature review with a history of the wider field of couple therapy and research in which I situate the modality I am dedicated to, Gestalt therapy. I then describe the first literature search I conducted in 2019 for the theory building purpose of this study (Appendix 2a and 2b) and a subsequent literature search into research that has emerged whilst I have been writing the thesis over the past three years (Appendix 2c).

### 2.1. The History of Couple Therapy Modalities and Couple Therapy Research

“Couple therapy is an area of psychotherapy practice that is long on history, but short on tradition” (Gurman & Fraenkel, 2002, p. 199). Thus begins an article that sets out to draw the historical lines of couple therapy, defining couple therapy as involving the presence of both partners: the conjoint treatment. The authors suggest a four-phase conceptual history of couple therapy representing distinguishable time periods in the development of the field:

1. From 1930-1963 marital counselling was the first profession using psycho-educative practice to guide couples in their everyday challenges .
2. Psychoanalytic experimentation in the period from 1931 to 1966.
3. The emergence of family therapy as a dominant modality between 1963 and 1985. In this period couples were treated as part of a systemic field.
4. The last phase from 1986 up until the present consists of refinement, extension, diversification and integration.

Gestalt therapy is not mentioned in this review. However, the authors describe Virginia Satir as a major contributor to the field of family therapy and briefly mention her accomplices at Esalen: Rogers, Maslow and Perls, noting the emergence of a “humanistic potential movement” (Gurman & Fraenkel, 2002, p 215). The authors also acknowledge that Satir’s contributions are brought forward in a presently dominant couple therapy modality: emotion-focused therapy (EFT) (Greenberg & Johnson, 1988). This review presents a useful overview of the development of couple therapy. However, as the authors conclude, it is fragmented. Many theorists and modalities are brought forward, but not as coherent couple therapy modalities that would be significant for the field itself. The authors offer perspectives on the fourth phase of couple therapy from 1986. However, these views seem to revolve around the authors’ own conceptual ideas of couple therapy without regard to what is presently increasingly important in research: the authors’ own reflexive position .

A recent Norwegian anthology, “Handbook of Couple Therapy” (Ness, 2017), presents several couple therapy methodologies. What I find, however, is that (apart from EFT and to some extent the work of Gottman) no particular methodology is presented as a coherent couple therapy framework. The anthology conveys the overall sense of couple therapy as “do to the best of your abilities” and deriving from the clinical training modality to which the therapist is dedicated (Bertelsen, as cited in Ness, 2017; Teigen, as cited in Ness, 2017). To a large extent the presented chapters are brief descriptions of different psychotherapies as they apply to couple therapy. Gestalt therapy is also mentioned; however, even though I am a trained Gestalt psychotherapist, the chapter left me with no greater understanding of “how to” do couple therapy, nor did the other modalities. There is little “hands on”, practice-near literature to support a couple therapist in practicing couple therapy. Thus, it is the ambition of this research project to formulate a practice-near theory drawing on clinical research case studies.

In a chapter dedicated to research, Tilden states: “Couple therapy research shows that there is a high degree of parallel concurrence between relational and individual problems, something couple therapists experience as a challenging combination of problems (Snyder & Halford, 2012) “ (as cited in Ness, 2017, p. 93, my translation). This seems to impact the research on couple therapy itself, and to an element of the structured literature search that I found challenging: the lack of formulated couple therapy methods (process) and the need to separate the couple’s struggles from individual versus couple pathology (content) as much research is

dedicated to pathology. This presents an ethical challenge to the epistemology to which I am dedicated and I will return to this discussion elsewhere in the thesis.

Tilden refers to research that has been done to prove the benefits of couple therapy *per se* and then moves to look at the quantitative versus qualitative research agenda. Again, the myriad different positions challenge the field and there are few comparative studies and meta-analyses. Tilden then draws on general psychotherapeutic research (as cited in Ness, 2017, p. 96), including, for instance, how the therapeutic relationship has proved to be more important than the method itself. This is known as the common factors, as seen in research by Duncan, Miller, Wampold and Hubble (2009). This aspect of Tilden's analysis offers a general impression of couple therapy theory and of how practitioners turn to general psychological theory to inform clinical couple therapy. This is what I too found myself doing; looking at Gestalt therapy theory to inform the theory-building part of my thesis. I ended up conducting a wider search in order to incorporate relevant psychological theories into the GMod. Before I move on to describe the literature search I will examine the dominating couple therapy modalities in Norway today and position my research in the wider field.

## **2.2. Gestalt Couple Therapy and Couple Therapy in Norway**

Within Gestalt therapy, Nevis and Zinker at the Gestalt Institute of Cleveland and founders of the Center of the Study of Intimate Systems, are well-known for their work on couple therapy. However, in the Gestalt tradition not much has been published about the method, let alone research. This might explain why Gestalt therapy is not included in Gurman and Fraenkel's (2002) aforementioned review. I draw and elaborate on Zinker and Nevis' method, which was inspired by Gestalt therapy theory of the era from 1960 until 1994. Since Zinker and Nevis, Gestalt therapy theory has evolved significantly. I discuss this in the methodology section and throughout the theoretical formulation of the GMod. I claim that what Zinker describes as a "search for good form", is not working according to Gestalt therapy theory of a phenomenological figure, but looking for "a positive aspect" (Zinker, 1994, p. 80).

The Gestalt Institute of Cape Cod is presently recognised as an important training institution drawing on the legacy of Zinker and Nevis. I believe that this institution makes use of positive psychology and not Gestalt phenomenological therapy theory. Another aspect of Zinker's founding book on couple therapy "In Search of Good Form" (1994), is addressed by Gurman and Fraenkel (2002) in their review: couple therapy is often treated as part of a family system.

Zinker's mix of the couple and family systems is clearly influenced by the family systemic perspectives of that period. Indeed, this is what many Gestalt practitioners continue to draw on today, including the leading French couple therapist Sauzade (personal communication, 2017).

Gurman and Fraenkels' review (2002) reflects on how couple therapy has been a modality that is often situated within family systems. Hemlin, a family therapist with a systemic perspective, proposes that: "Couple therapy is a clinical branch which doesn't fully fit into other therapeutic schools... Considering it as a speciality in its own right allows space to elaborate new thoughts" (2016, p. 240). This is an ambition of this research thesis, to present a coherent, practice-based framework for couple therapy drawing on the Gestalt methodology.

Hostrup, a Gestalt psychotherapist and psychologist, reflects on how different psychotherapeutic methodologies do couple therapy differently depending on their epistemological orientation and therapeutic method (2017). She rejects the need to form new educational systems in order to do couple therapy but does address the difference between couple and individual or group therapy. Her book on couple therapy with a Gestalt orientation contains several thoughts that are similar to my own.

Hostrup argues that it is not what the couple fights about that should be the focus of therapeutic interventions, but rather the couple's phenomenology. I find, however, that Hostrup does not differentiate between therapeutic modality *per se* (process) and the co-created phenomenology, the relationship (content). I differentiate between the two. There is the method: how the therapist forms a working relationship with the couple and support phenomenological process exploration, described in the Process Model of Relational Awareness in section 3. What is going on between the partners, the couple's co-created figure (what Hostrup refers to as the couple's phenomenology) is what I describe as content. The therapists need to differentiate between the two.

This doctoral thesis expands on the analysis of the co-created figure I first explored in my master's thesis. It proposes the Gestalt Model of Domains (GMoD) as a means to explore co-created stagnation in relationships and the kinds of interventions that can support therapists in clinical practice. The differentiation between process and content was important in how I conducted the literature search as I was looking to inform the GMoD, the co-created figure, and not the therapeutic method itself.



Gurman and Fraenkel (2002) discuss emerging themes in couple therapy, from marital counselling to the integrative practices of today. They use the term conjoint therapy, where both partners are present in therapy, as the starting point for the review of couple therapy modalities. Further they discuss how, in the psychoanalytic era, psychodynamic theories were appropriated to couple therapy and that the therapist was seen as the healing agent, the one that knew about the couple. An acknowledged researcher in couple therapy, Gottman, claims that couple therapy is often looked at from an individual psychopathological perspective as previously described, hence it treats the individual instead of treating the couple as a relational whole (Otnes & Aursand, 2016). This implies a different methodological perspective from the phenomenological, relational one in which I am firmly rooted and where I found no peer-reviewed research studies. What I find emphasised in Gestalt methodology is the relational, phenomenological epistemology, which is why I believe my research is an important contribution to the field of couple therapy. I return to discuss the significance of taking a therapeutic stance in the methodology section as well as in the findings of the case studies and focus group discussion,

During the last few decades Emotion-Focused therapy (EFT), based on research by Greenberg and Johnson (1988) and Johnson (1994, 2012), has become increasingly well-recognised within the field of couple therapy, and an EFT training program has been developed for couple therapists. Johnson and Brubacher write:

Much has happened in the field of couples' therapy since the early 1980s, when EFT was first formulated...(…) Unless the therapist adopted a behavioural perspective, there was very little specific guidance in the literature on how to conduct couples' therapy. Even though clinicians such as Satir (Satir & Baldwin, 1983) had formulated a number of interventions, there was no articulated model of couple therapy that combined a focus on inner realities and outer systemic interaction patterns...(…) that led to the first EFT manual and the first outcome study (Johnson & Greenberg, 1985)

(as cited in Sexton & Lebow, 2016, p. 328).

In Greenberg and Johnson's founding book on EFT for couples (an important contribution to the field of couple therapy and an inspiration for this research thesis), I was surprised at how they define Gestalt by saying "the individual's internal experience is regarded as the primary referent of therapy" (1988, p. 30). EFT is founded on Gestalt and systemic psychotherapeutic

principles; however, to my knowledge, the intention and reasoning behind bringing in the systemic perspective is already covered by the field epistemology of Gestalt therapy. I did not find other systemic perspectives in the foundational text of EFT beyond in what seems to be the intention covered by the field and organism/environment perspectives as described in the founding book of Gestalt therapy by Perls, Hefferline and Goodman (PHG) (1951) to couple therapy. Greenberg, the initiator of EFT was a Gestalt-trained psychologist, and the imprints of Gestalt are evident in the foundational text. Greenberg has since split from Johnson and published a paper with Goldman (2013) that addresses self-soothing, which is relevant to the trauma regulation in which I am interested. Greenberg continues to be involved in the Gestalt community. Johnson, a psychoanalyst, focuses on individual attachment patterns and offers a step-by-step therapeutic procedure bringing EFT more towards the psychoanalytic modality, a manual-based procedure and away from the process work important in Gestalt therapy.

I attended a Prevention and Relationship Education Program (PREP) 20-year anniversary seminar in Norway in September 2019. PREP builds on research by Markham and Stanley from the University of Denver, is known worldwide and is one of the three major couple therapy modalities officially acknowledged in Norway today (the other two being EFT and systemic family therapy). PREP is primarily focused on communication as a pre-marriage program, referring to the first movement of marriage counselling (Gurman and Fraenkel, 2002). The Centre for Family Development of Denmark presented new research that builds on the PREP model and takes it further by introducing the concept of a metaphorical house consisting of components such as friendship, co-operation, communication, trust and commitment in order to encourage more “appropriate and focused interventions” (Stølen Due, 2019). This bears some resemblance to the ideas that I intended to bring forward through my own research.

A major difference, however, is the fact that the therapeutic attitude in the PREP program is influenced by the religious epistemology of Christianity. The option of helping the couple to separate is not mentioned, and this, in my opinion, is somewhat out of tune with how most modern Scandinavians live today. The Christian epistemology is also the fundamental principle at VID University, the major educational program for family and couple therapists in Norway today. VID University is closely linked to the Tavistock Institute of Medical Psychology, which produces extensive research into couple therapy from the perspective of psychoanalytic epistemology (Clülow, 2001).

My overall impression from the literature search was that the therapeutic modalities were dogmatic and causal in their deterministic perspective towards relationship difficulties, which were often pathologised and did not resonate with a more humanistic perspective on human suffering. I found these perspective immensely provoking – as I described in the background section, they inspired me to write the thesis – and, indeed, the pathologisation is an ethical issue, as I discuss throughout the thesis.

In the literature search I found that a lot of the existing research was carried out in North America by men who are a generation older than I am. As previously mentioned, in my personal struggles I was agitated by what I found dogmatic and deterministic in popular publications and literature on couples, and this challenged my “rebellious I”. I felt stigmatised and defined. I saw the research agenda as patriarchal and not in line with how I viewed the organisation of partnerships in a modern society. As a female Scandinavian, my position as a researcher is differently situated and my work is carried out in a different environment: Norway. Over the last decade more attention has been paid to structural discrimination as a social and political issue. However, I believe the underlying Christian epistemology has not been explicitly addressed. The obvious male dominance in research as well as the causal perspectives on human suffering does not resonate with my ontological and epistemological orientation, which I will return to in the forthcoming section. I lean towards feminist and queer theory perspectives (Cixous, 1992; Livholst, 2012). I continuously reflect on my research position as a reflexive practice, and this is increasingly acknowledged within academia as creating a transparent researcher position. I return to discuss this in the section of reflexivity and therapeutic ethical presence.

In the Norwegian anthology Tilden states:

couple therapy is predicted to be the therapeutic modality with the greatest growth during the forthcoming decade (Norcross et al., 2013), what Gurman (2015) believes can be explained in that the problems that people are seeking help for, are becoming increasingly complicated and complex. Hence therapists need a broader understanding and therapeutic approach that include both individual and relational aspects. (Tilden, as cited in Ness, 2017, p. 94)

The intention of the GMod synthesis is to capture the complexities of modern relationships at many levels drawing on many disciplines to integrate the challenges of globalisation and

cultural differences, communication and dialogue, to the non-verbal, intimate dynamics within a holistic and humanistic psychotherapeutic perspective.

I will now turn to the literature search I conducted in order to inform the theory-building process of writing up the GMod.

### **2.3. Pre-Writing Literature Search to Inform the GMod**

In the first section, background, I described my heuristic inquiry process and the illumination that revealed how I could synthesise my knowledge into a model, the research hypothesis: GMod. It is an integrative model inspired by a vast amount of reading in line with the fourth phase described by Fraenkel and Gurman (2002).

According to Lebow (2014) the difference between an eclectic and an integrative psychotherapeutic practice is that in an eclectic one tends to intervene with clinical and practical competencies from different psychotherapeutic modalities without a subordinate theoretical framework. With an integrative practice there is such a theoretical framework (Teigen, as cited in Ness, 2017, my translation).

The GMod could be referred to as an integrative model using Gestalt methodology and theory as a theoretical framework to support phenomenological process work. In the first literature search I therefore started to open myself up to the entire field of couple therapy with the prospect of integrating relevant theories (Appendix 2a).

The keywords couple, relation and/or trauma, non-verbal and Gestalt returned several successful matches, although only a relatively few of these were of particular interest when compared with the number of accessible publications available in databases. I also searched by quotations, names and references to topics of interest (Appendix 2b). The findings of interest are included and described in the theoretical discussion of the research hypothesis. I selected findings on the grounds of available research that was relevant to couple therapy and trauma theory in particular. As previously mentioned, I was particularly interested in EFT that had clearly been influenced by Gestalt therapy, but to my knowledge was becoming increasingly manual-based in therapeutic conduct.

I found no peer-reviewed Gestalt couple research literature. Although the ideas of Dr. Ruella Frank, a Gestalt psychotherapist who developed Developmental Somatic Psychotherapy

(DSP) (Appendix 3), have also been a source of major inspiration for me and for this project, the database search only returned matches with her published books and not her research *per se* (Frank, 2001, Frank & Le Barre, 2011, as cited in Robine, 2016).

The Resnicks, a married couple who are Gestalt couple therapists and hold doctoral titles, have published articles, videos and interviews and currently provide training for couple therapists. I found, however, that very little of their work has been published in articles and non-peer-reviewed.

McLeod addresses how qualitative case study research has been neglected in favour of efficacy studies and points to how Freud's valuable contribution in creating psychoanalysis derived from his experience of clinical case studies (2010). In Norway there is currently a public discussion about how the healthcare system has been organised according to the principles of "New Public Management", not least in the field of psychological health. In *Evidence and Ethics. What is the Problem with Evidence Based Practice in Psychology*, (Berg, 2020) Berg draws on his doctoral studies into scientific theories of knowledge, ethics and psychotherapy to critiques how the organisation of psychological healthcare services is dictated by evidence and the demand for efficacy studies. He demonstrates how this follows the ideas of "Cochrane (1909-1988), which are central to evidence based medical history... (...)... and Cochrane's thinking is an important part of the background for empirically validated forms of treatment (which is the predecessor to evidence-based practice in psychology)" (pp. 44-45, my translation). This is what Berg calls a "technicalisation of psychotherapy" and he argues for "...the ideal of what is a known as a regulating principle and that comprises three components: integration of the best obtainable research evidence, clinical expertise in the light of the patients' characteristics, culture and preferences, as defined by Levant (2005)" (p. 133, my translation). In this, Berg critiques the way in which bureaucratic processes and New Public Management favour efficacy studies and neglect clinical expertise and patients' preferences, which leads to the development of what he considers unethical psychotherapeutic conduct. Berg touches on what McLeod describes as the way in which the psychotherapeutic field needs to appreciate clinical expertise and McLeod points to a renewed interest of qualitative research methodologies (McLeod 2010, 2011; Stiles, 2007).

In my literature search I found many articles demonstrating clinical expertise but few that drew on case study research itself. EFT has become successful as a preferred couple therapy modality because they have produced extensive research covering many aspects of

psychotherapeutic practice as well as many efficacy studies. I return to my ambition and potential to conduct further qualitative and quantitative efficacy research into the GMoD in the way forward section.

Yin differentiates between case study publications that he considers to be research publications and those he calls “popular” literature or literature “for teaching purposes” (2018). Due to the limitations of relevant research on couple therapy, I draw on “popular” psychology and psychotherapy literature to inform the constructed model and explore perspectives on couples’ challenges of this era that I find informative and refreshing.

#### **2.4. Second Literature Search After Writing the GMoD and the Viva**

I did a further literature search in June 2022 after the viva (Appendix 2c). I found, in line with Tilden’s references to the predictions of growth of couple therapy (as cited in Ness, 2017), more articles of interest than in my first search. I encountered what seems to be an emerging awareness in the profession of couple therapy of the difference between method (process) and content (Nielsen, 2017). I also found that the discussion has turned from professional polarisation and discussions about preferred modalities (most likely following the findings of common factors by Duncan et al. (2009)) to integrative approaches in line with Gurman and Fraenkel’s description of a fourth wave (2002).

A major difference of my doctoral study, however, continues to be the therapeutic position of an expert role and how therapists do individual therapy within the couple instead of looking at the couple’s co-created dynamics in order to support the couple system itself. The only article that addressed this topic explicitly, and which I therefore found refreshing and inspiring, was “From Couple Therapy 1.0 to a Comprehensive Model: A Roadmap for Sequencing and Integrating Systemic, Psychodynamic, and Behavioral Approaches in Couple Therapy” by Nielsen (2017). Nielsen writes: “It is the outcome of my 40-plus years of treating couples, supervision students, observing other therapists, and studying the clinical and research literature” (p. 541); this refers to what I previously identified as not being recognised as research *per se*, but clinical expertise.

I was also inspired by an article by Fraenkel: “Love in Action: An Integrative Approach to Last Chance Couple Therapy” (2019), which includes a reflexive part (that I missed in his review from 2002). He states that his practice is in New York but does not reflect on the possible implications of this. It occurred to me that the people attending his practice are

different from my Norwegian clients. For instance, I have a hunch that New Yorkers are more open to experimentation. As previously mentioned, I believe that being a Scandinavian, female researcher allows me to bring a different quality and perspective to the research itself. Fraenkel provides “A Therapeutic Palette Integrative Approach to Couple Therapy”, in which he offers a “figure of areas for inquiry in assessing couple challenges and strengths” (p. 575). In this, he includes many similar figural phenomena to those included in the GMod. The suggestions were not, however, organised in any particular order. I believe, as did the therapists in my study, that the GMod facilitates and supports the therapists to find figures and, not least, to grade interventions within a holistic perspective. Fraenkel’s article is based on many years of clinical experience, however, as with most of the articles, he does not examine direct clinical testing. All that said, the development I have observed in this latest literature search has left me very enthusiastic about the way in which the field of couple therapy is evolving.

Gottman and Notarius present a literature review that offer perspectives on marital research in the 20<sup>th</sup> Century and a research agenda for the 21<sup>st</sup> Century and point to “a need for continued focus on sequences or patterns of interactions (...) and positive affect” (2002, p. 185). This refers exactly to one aspect of what I examine: the ways in which the couple co-creates and the non-verbal movements of the individuals therein. An important aspect of the research has been to describe the non-verbal movement pattern, often referred to as embodiment in trauma work, addressed in Gottman and Notarius’s research agenda. I found few publications of interest with this perspective. Most research studies focus on cognitive aspects, communication and dialogue. I found one research study from Finland, “The Added Value of Studying Embodied Responses in Couple Therapy Research: A Case Study” (Laitila et al., 2019) ,by eight authors involved in one clinical case study measuring the neurological responses of two therapists with a couple. It gives a sense of the scope of my research, which examined 12 couples all together. This research is not directly compatible with my research, however, it points to the kinesthetic resonance in the field. The article also includes what I have missed in other research, the qualities of the therapists themselves and how the therapists influence the therapeutic field. I believe my research study has a unique quality in that I explore the activation within the therapeutic relationships and how the therapists support and grade the interventions in line with contemporary trauma theory. The GMod and the Relational Process Model integrate what is addressed by Nielsen, Fraenkel and Gottman and

Notarius as well as important aspects of the co-created dynamics prominent within the EFT modality.

## **2.5. Summary**

In this literature review I have addressed the challenges of conducting a strategic and structured literature search and review for this study due to the complexities of the field of couple therapy itself. I acknowledge how the professional polarisation with a myriad of modalities have not allowed for meta- or comparative studies and how EFT is at the forefront of couple therapy research with clinical qualitative as well as quantitative studies. I also reflect on professional development in couple therapy and the recent trend of integrative practices to which I claim that the GMod within a Gestalt modality offers new perspectives and addresses a field that is lamentably understudied. I found no research within the Gestalt modality *per se*. I position myself as a Scandinavian female, a position that contrasts with that of the American men one generation older than me who carried out much of this research. I believe this offers an additional perspective and brings different qualities to the couple therapy field.

Couple therapy has taken what seems to be a leap of development during the last five years and some of the publications present perspectives that resonates with my research hypothesis. I found, however, that couple therapy in general continues to emphasise the therapist as the interpreter and to focus individually on each of the partners instead of exploring the co-created phenomena within a relational, process, phenomenological methodology that I discuss in the forthcoming section and that I believe offers a unique potential to promote change (effect).



### 3. Ontology and Epistemology

Laura and Fritz Perls, Jewish emigrants to the US in the aftermath of the Second World War, created Gestalt therapy. Research by Fogerty defines Gestalt as consisting of “developing awareness, working relationally, working in the here and now, phenomenological practice, working with embodiment, field sensitive practice, contacting processes and experimental attitude” (2016, p. 32). My position as a researcher and a senior practitioner in the field of psychotherapy has brought me closer to this ontological and epistemological foundation and is fundamental to how I conducted the research and my hypothesis.

#### 3.1. Phenomenology and Perception (Awareness)

Gestalt therapy builds on phenomenological observations and descriptions within a postmodern paradigm to explain human experience. Edmund Husserl (1859–1938), a German philosopher, is considered the founder of phenomenological philosophy. In his founding text *Ideas: General Introduction to Pure Phenomenology* (1913/1931) he argued for the possibilities of a new science of consciousness, one that favoured experience of the essences “eidos”, a phenomenological counterpoint to the naturalistic, empirical paradigm dominating science at the time. The Perlses participated actively in the creative, intellectual period in Germany between WWI and WWII and were both inspired by and well acquainted with the philosophical movement of this era.

The phenomenological movement has since diverged into two different schools of phenomenology: “descriptive phenomenology” often referred to as the Duquesne School and “hermeneutic phenomenology” (Finlay, 2009, 2012; McLeod, 2011).

While all phenomenology is descriptive in the sense of aiming to describe rather than explain, a number of scholars and researchers distinguish between descriptive phenomenology versus interpretive, or hermeneutic phenomenology. With descriptive (i.e., Husserl-inspired) phenomenology, researchers aim to reveal essential general meaning structures of a phenomenon. They stay close to what is given to them in all its richness and complexity, and restrict themselves to “making assertions, which are supported by appropriate intuitive validations” (Mohanty, 1983, as cited in Giorgi, 1986, p. 9). Interpretative phenomenology, in contrast, has emerged from the work of hermeneutic philosophers including Heidegger, Gadamer, and Ricoeur, who argue for

our embeddedness in the world of language and social relationships, the inescapable historicity of all understanding. (Finlay, 2009, p.11)

My therapeutic position and this research project are hermeneutic phenomenological. Drawing on Heidegger, Finlay claims: “Interpretation is not an additional procedure: It constitutes an inevitable and basic structure of our ‘being-in-the-world’. We experience a thing as something that has already been interpreted” (Finlay, 2009, p. 11). My first training to become a Gestalt therapist at the NGI was descriptive phenomenological. I missed setting the here and now experience in a context. This inspired me to do further studies and undertake a master’s at Metanoia Institute, Middlesex University in London. I reflected on the differences between the institutes on page 22 of my master’s thesis.

In Gestalt theory, the thoughts of Merleau-Ponty (1908–1961), a phenomenological philosopher following Husserl and Heidegger, seem increasingly important to contemporary theoretical evolution. Merleau-Ponty (1945) brought to the foreground the ways in which the perceptive processes were a mutual influence of the body (moving and being) in the world: the tacit knowing before cognition. At that time Husserl, by contrast, was more attentive to a permanent ego. Merleau-Ponty continued Husserl’s deconstruction of the naturalistic paradigm and, together with other influential philosophers of the time, participated in the creation of a paradigm shift to the “Postmodern, Deconstructive paradigm” (Derrida, 1978; Foucault, 1991).

Postmodernism shifts the agenda of social theory and research from explanation and verification to a conversation of scholars/rhetors who seek to guide and persuade themselves and each other. Theoretical truth is not a fixed entity discovered according to a metatheoretical blueprint of linearity or hierarchy but is invented within an on-going self-reflective community in which “theorist”, “social scientist”, “target”, and “critic” become relatively interchangeable. (Brown, 1990, p. 89)

This dismissal of objective truth and acknowledgement of how we are always influencing the field as researchers was ground-breaking in science. Instead, phenomenology sought to come as close to experience itself through the process of epoché (Husserl, 1913/1931). I return to epoché in the section on my phenomenological position (4.4).

The emergence of the female liberation movement and feminist theory led to a language closer to experience (Cixous, 1992; Livholts (ed.), 2012) that was particularly important and well suited to the phenomenological methodology of capturing the essence of the life world, itself an important aspiration of this research thesis. I return to further discussion of the influence of phenomenological epistemology on research and to the Gestalt modality in which I position myself as a researcher and supervisor in Section 4.4. on the phenomenological attitude and reflexivity (p. 30).

In his main body of work *Phenomenology of Perception*, Merleau-Ponty drew on the research of the early-20<sup>th</sup>-century Gestalt psychologists. These thinkers were interested in perception and how humans organise their experiences into meaningful wholes: Gestalts (Wertheimer, 1912; Koffka, 1922; Köhler 1992). It is interesting that in the founding book *Gestalt Therapy. Excitement and Growth in the Human Personality* (1951) (in which the methodology is described as being founded on principles of Gestalt psychology), PHG place their interest on awareness instead of consciousness or perception. Recent Gestalt theorists have contributed to renewed interest in awareness and the process of consciousness (Bloom, 2019; Skottun, 2020). This discussion goes beyond the scope of this thesis; however, I have chosen to continue using awareness when describing processes in the therapeutic situation. I also use the perceptive process of figure/ground organisation, an important methodological aspect deriving from Gestalt psychology that is significant for the here and now organisation of working with the figural phenomena. I will return to the process of figure formation in Section 3.3 in which I introduce my master's thesis: "Process Model of Relational Awareness". There are also other, further implications of perceptive processes to which I will return in the section on field theory.

"Gestalt therapy is rooted in a worldview that is also exemplified by philosophers, such as Husserl, Heidegger and Merleau-Ponty, despite the fact that in its beginnings Gestalt therapy theory drew very little from Husserl and not all in any apparent way from Heidegger or Merleau-Ponty." (Miller, as cited in Robine, 2015/2016, p. 294). In saying this, Miller highlights the importance of phenomenology in Gestalt therapy even though it was not explicitly formulated as phenomenological, which I previously reflected on with regard to my training at the NGI and Metanoia and the institutions' explicit therapeutic positioning as descriptive or hermeneutic phenomenologists. This is a growing edge of importance in

differentiating and positioning the practitioner within a modality of different phenomenological schools of thought.

Ruella Frank, a student of Laura Perls, developed developmental somatic psychotherapy (DSP) by drawing on Gestalt therapy theory and the work of Merleau-Ponty. In my opinion she has formulated the “missing link”, bridging the gap between the perceptive process of Merleau-Ponty, the theoretical formulations of PHG and the contemporary development of Gestalt therapy theory, particularly the theory of self (Robine, 2015; Robine, 2016). I have been in advanced training with Frank for two and a half years and her work is a major inspiration on this research hypothesis.

Frank writes: “As a phenomenological methodology, Gestalt therapy is concerned with an understanding of how we live the situation we are living: how to analyse, describe, and know it” (as cited in Robine, 2016, p. 371). I return to a further discussion of the theoretical perspectives she has developed in my research hypothesis, in which DSP is an important theoretical perspective as well as a method in the analysis of the clinical case studies.

### **3.2. Field Theory**

In the international Gestalt community, there is a mounting interest in analysing the self-creation as a co-created process (Robine, 2016). This perspective stems from field theory, which was developed in the social sciences by Kurt Lewin (1951a, 1951b).

*Field theory is probably best characterized as a method: namely, a method of analysing causal relations and of building scientific construct... (...) one of the basic statements of psychological field theory can be formulated as follows: Any behaviour or any other change in a psychological field at that time. (p. 201, 1951b)*

Lewin introduced field theory into the polarised discussion between the psychoanalysts and behaviourists of the time. In Gestalt therapy theory, PHG critically examined psychoanalysis and human suffering and introduced human potential and growth as a new perspective on psychotherapy. Field theory explained the interdependency of every element constituting a field, what PHG refers to as the organism/environment: “One of the themes of the book is assimilation. The organism grows by assimilating from the environment what it needs for its very growth” (1951, p. viii).

In contemporary Gestalt theory there is debate on how to employ the concept of field.

... there is an interesting debate on the concept of the field. We all agree, to a large extent, that we are talking about a perceptual (not an objectivized) field; see Lewin's (1951) idea of field. We are left wondering whether the field only belongs to the individual who perceives it, or if it may be considered instead of a shared reality, thereby doing justice to concepts such as intuition or embodied empathy. (Spagnuolo Lobb, 2018, p. 58)

Lewin described what he defined as life space: "Finally the group is for the individual a part of the life-space in which he moves about" (1951/1997, p. 69). This research thesis is concerned with the co-created figure within a couple. Each member of a couple brings with and moves in different life-spaces; we can never fully share a similar reality as we are influenced differently by our different life spaces. We are participating in a field; however, the reality will always be filtered through the lenses of our life-space. In this we create a situation and a relation together (Robine, 2015; Wollants, 2007). Questions of how to employ the notion of field, life space, relation and situation have proved challenging throughout the research study, as these questions connect and touch on more aspects of the analysis than expected. I discuss these questions further in the chapter on the Process Model of Relational Awareness (Section 3.3.).

Merleau-Ponty addresses the phenomenal field of tacit experience:

The phenomenological world is not pure being, but the sense which is revealed where the paths of my various experiences intersect, and also where my own and other people's intersect and engage each other like gears. It is thus inseparable from subjectivity and intersubjectivity, which find their unity when I take up my past experiences in those of the present, or other people's in my own. (1945, p. xxii)

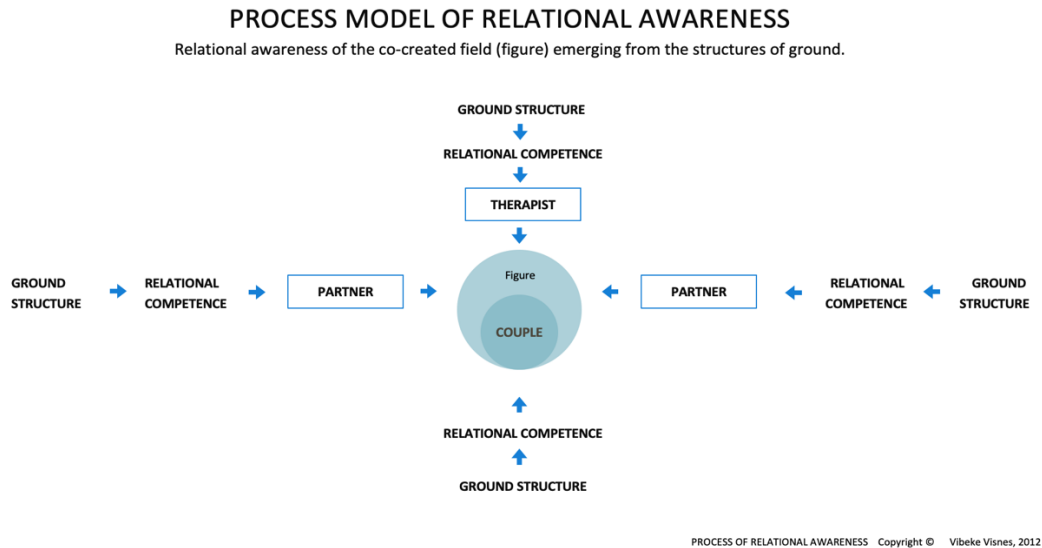
It is in this intersection of the individual's life space and the shared co-created situation, the between, that is a matter of exploration in this research thesis.

### **3.3. Master's Thesis: Process Model of Relational Awareness**

Being phenomenally founded, the Gestalt method works with the client's resources in the here and now and not so much with the narrative itself. When I started my master's research in 2011, my critique of Gestalt therapy and area of interest was the lack of attention paid to the narrative in therapeutic practice, as I had been trained as a descriptive phenomenologist in Norway. In addition to the master's program, I did clinical training in couple therapy, as part of a collaboration with Dr. Lynda Osborne, Head of the Gestalt Department at Metanoia Institute, and the founders of the NGI, Associate Professor Skottun and Associate Professor Baalen. All of these people were senior practitioners, but each had quite a different understanding of practice. Dr. Osborne included attachment theories in what I regard as a hermeneutic phenomenological approach, whereas NGI adhered to the descriptive phenomenological approach (Giorgi, A. P. & Giorgi, B. M., 2003) and presented an elaborated version of Zinker's model (1994) of couple therapy (Baalen & Skottun, in training, 2011). The two institutes stopped their co-operation due to differences in therapeutic practice (Baalen, personal communication, 2019). However, I merged ideas from the two different approaches and created a Process Model of Relational Awareness (Visnes, 2012, unpublished).

**Figure 1**

*Process Model of Relational Awareness*



The Process Model of Relational Awareness is constructed to remind the therapist of what is influencing the field, the therapeutic situation in the here and now, the co-created figure and how we form (Gestalt). Today, after several years of study, I am more likely to use the Gestalt modality than an eclectic one, having defined myself as a hermeneutic phenomenologist. I have now elaborated the model and replaced relational competence with creative adjustments, as Wheeler argued from PHG’s original concept (1951) in *Gestalt Reconsidered* (1991). I have renamed my model the Relational Process Model (RPM), which is further described in the case study “Ménage à Trois” in the section on the Therapeutic Relationship and Method (Section 5.1.2).

Wheeler argues that the fundamental idea of figure/ground organisation in a here and now perspective falls short in PHG’s work.

the organization, this contact style, is contained “in” the ground (in process terms, we may say that these structures are the ground). Thus, it is to those structures and that ground – and not to figure formation and figure destruction alone – that we must look, to understand the health or dysfunction of a particular person or system. The study of figures of contact (...) is enhanced and rounded out by direct consideration of the

underlying, dynamically structured ground. That is the whole argument of this book.  
(1991, p. 179)

These structures are what Wheeler refers to as structures of ground, out of which figures emerge. How to work with the figure/ground organisation is controversial in the Gestalt community. I think of it in terms of phenomenology as a hermeneutic or a descriptive perspective to psychotherapeutic practice, hence this is fundamental to different stances of practising Gestalt therapy and build theory. I have positioned myself as a hermeneutic phenomenologist and in this I acknowledge that individuals can never be a tabula rasa, we are influenced by the (structures) ground, out of which figures take form.

Another aspect of the discussion in *Gestalt Reconsidered* is the way in which Wheeler points to Lewin's (1926) field theory (the need organises the field) and the Gestalt psychology of taking form: a Gestalt. The Gestalt psychologists pointed to the innate human capacity to always fill in the gaps as easily and creatively as possible (Koffka, 1922; Köhler, 1929; Wertheimer, 1912). Wheeler argues that all behaviour is as creative as possible for the person. This gave way to a reformulation of creative adjustment through contact using "contact functions or modes" instead of resistance as "dimensions or functions of the contact process" (Wheeler, 1991, p. 119). Skottun and Krüger (2022) have replaced functions with contact forms, which I would like to emphasise in this research thesis; specifically, the contact taking form and how these contact forms modulate the co-created contact of the between. In my opinion the discussions of Wheeler bring a humanistic perspective to human suffering, in accordance with the intentions of PHG and echoing concepts such as "Excitement and Growth" that I hold in high regard. This can be looked at as a co-created phenomenon in how the therapeutic relationship takes form, the creative adjustments available in the here and now moment and matters of therapeutic exploration. My master's thesis, "Process Model of Relational Awareness" (RPM), illustrates the total field for exploration and explores the impact this has on the therapeutic situation and relationship. The co-creation of the between refers to the creative adjustments, the relational capacity and competence of the partners, as well as the therapist who also influences the field. The figural phenomenon, expressed as "the process of creative adjusting is the essential function of self" (PHG, 1951, p. 247), is what I explore in the doctoral thesis.

The RPM acts as a reminder to support the therapist to keep the balance in the therapeutic relationship so as not to be dedicated or overly involved with one of the partners; it is the



relationship, the between, that is the client and focus. It emphasises the importance of taking a phenomenological attitude to the couple's co-creation. A serious challenge in all couple therapy is to hold the balance between the partners and not engage with one more than the other; indeed, this is paramount to the success of the therapy itself. This is a major factor in why I am dedicated to phenomenology, process work and seeing the relationship as the client. It is easy to be caught in or fascinated by a story, "a charming personality" may seduce the therapist into losing focus on the therapeutic process. The therapist must always keep in mind that there are two people that influence the relationship. It is never just one of the participants who is responsible for the ongoing co-creation. This perspective facilitates a balanced approach in the therapeutic setting and reduces the risk of forming an alliance with one of the partners. "A Gestalt therapist must have a relational awareness of the total situation" (Yontef, 1993, p. 155) and it is to heighten this awareness that the GMod was created. It is a means to support the therapist in choosing interventions in this complex field that has many potential figural phenomena that may emerge and help them to grade the interventions for safe emergency and ethical conduct of practice.

A challenge is to use the theory of figure/ground and combine it with field theory as they are two different theories (Baalen, personal dialogue, 2021). However, it is my view that field, situation and relation intersect, as do ground, structure, figure (Gestalt) and form, which also has connotations for attachment theories of secure and insecure ground (attachment) and the background as narrative (psychodynamic and narrative therapy) and their influence on the here and now co-created phenomenon.

All that we know from individualistic psychological theories, both psychodynamic and cognitive or behavioural (or even Gestalt psychology) may become one ground knowledge for the therapist of this self-in-contact, which is in movement. Neurosciences, epigenetics, development of primary relationships, all the sciences which study how structures are combined in the process of change (see Yontef, 1993; Wheeler, 2000; Vázquez Bandin, 2010, 2014, pp. 46–66; Spagnuolo Lobb, 2013d) are an important ground knowledge for us. (Spagnuolo Lobb as cited in Robine, 2016, p. 268)

In this quote, Spagnuolo Lobb describes what constitutes our ground (as therapists, our knowledge) in a manner similar to Wheeler, as previously discussed. To go deeper into this discussion is beyond the scope of this project, however it emerges throughout the thesis in

which I have positioned myself as following the thoughts of Wheeler and hermeneutic phenomenology.

Spagnuolo Lobb continues:

Then we let a figure emerge from this ground knowledge, to apply what we know about the client and what we know about ourselves and about the actual situation in the therapeutic “tension” of the moment, supporting the client’s intentionality of contact, *the now-for-next* of the situation. This is our art. (as cited in Robine, 2016, p. 268).

However, I find that Spagnuolo Lobb draws on an individualistic perspective in that the focus is on the therapist knowing about the client instead of what emerges in and out of the situation. To overcome this duality in therapeutic practice and acknowledge the fact that the therapist is the one with expertise and must inherit the ability to be *in the process with the client* and at the same time have the capability to take a *meta-perspective* of the relational co-created phenomenon, is a challenge both in writing and in practice. This is why I find a hermeneutic perspective useful when it is combined with the phenomenological “epoché” (Husserl 1913/1931) in order to employ therapeutic competencies while staying within a phenomenological frame of reference in clinical practice. I elaborate further on the applications of these principles in the research thesis as well as during the supervision and focus group interview.

### **3.4. Gestalt Therapy: A Relational Methodology**

Research shows that, regardless of therapeutic method, the relationship with the client is the most important factor for the therapeutic outcome (Wampold & Imel, 2015; Duncan et al., 2009; Castonguay & Hill, 2017). This has led to more attention being given to the nature of the therapeutic relationship *per se*. The psychoanalytic tradition makes reference to the third wave of psychotherapeutic development, what is now known as the inter-personal psychoanalytic tradition (Vázquez Bandin, as cited in Robine, 2016, p. 23). According to Hendrix, the founder of Imago-Therapy, we are moving towards “a relational paradigm, which entails and expands the traditional individual paradigm” (1988, p. xxxii). What seems challenging is that most psychological theories have the individual as a starting point. Gestalt psychotherapy, however, has always followed PHG (1951), its foundational text, in taking a

relational, field perspective to self-regulation, what Gestalt would describe as contacting at the boundary.

... what is evident is that it shifts the point of our attention from an individualistic paradigm, which focuses on theoretical considerations starting from the individual to a paradigm about field formed by the organism and its environment. So, our attention should be addressed to the contact-boundary, to the “between”. (Robine, 2016, p. 22)

Gestalt therapy is systematically relational in its underlying theory and methodology. A relational perspective is so central to the theory of Gestalt therapy that without it there is no coherent core of Gestalt therapy theory or practice. (Hycner & Jacobs, 2009, pp. 37-38)

These quotes explain why I believe Gestalt therapy is an exceptional method for couple therapy and how I define the between, the relationship, as the client.

## **4. Research Design**

### **4.1. Research Theme**

The research is founded on a hypothesis of a Gestalt Model of Domains (GMoD) (Appendix 1). This GMoD identifies phenomena that contributes to the co-created stagnation – a rigid form of organising the relationship – that leads couples to seek therapy. The model aspires to heighten therapeutic awareness of conflicting issues and identify universal topics in couples' lives as they pursue a dynamic relationship. It is designed to support the therapist in undertaking focused interventions in this complex field of psychotherapy to help couples attempt new ways of contacting and being with each other. It is a synthesis of psychological, philosophical, social and psychotherapeutic theory and integrates trauma theory and non-verbal affect regulation.

### **4.2. Research Questions**

The questions of particular interest to the research study are:

- What is the figural co-created phenomenon that contributes to stagnation in a couple's relationship?
- How do relational difficulties manifest in the non-verbal experience of a couple's co-creation?
- How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?
- Does the GMoD support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?

### **4.3. Research Methods, Validity and Limitations**

At the outset of this undertaking, I considered many different research designs. As previously described, I expected it to be an overwhelmingly large project, based on heuristic inquiry, as defined by Moustakas (1990). I had an idea for a way that I could synthesise literature from multiple modalities into a single mode, what Moustakas describes as an "illumination phase". This has since been synthesised into the GMoD that is presented in this research hypothesis.

As is often the case with practice-based research studies, I did not have access to large amounts of funding (Thomas, 2017; Yin, 2018), nor am I part of a larger group of researchers, so I have had to make difficult choices in order to make my study work on a smaller scale. I considered many qualitative research, case study research and analysis methods, including interpretive phenomenological analysis and grounded theory (McLeod, 2011). However, as I had already devised a hypothesis of phenomena in a structure, these methods did not complement the ways in which I intended to explore the therapeutic work.

I considered action research (Lewin, 1951/1997; Adelman, 1993) as a potential method. Lewin is known in the social sciences for taking research out of the laboratory and into the field, with the researcher participating in the situation also being the subject of scrutiny. Thomas describes action research as a means to find out if something works and to improve your own or others' "practice... (...) and the main aim is to change practice for the better" (2017, p.7). This was one of my ambitions for this research project. However, my theory had not yet been defined and I was seeking a method that would support the evolution of the theory behind the GMod and facilitate my bringing it to practice; a top-down, bottom-up method. I see formulations of contemporary action research as being most useful if the hypothesis to be tested has already been formulated by the researcher (Thomas, 2017; Heimburg & Ness, 2021).

I had a draft of the GMod, and it needed first to be theoretically formulated and written up as part of the research project. I therefore decided to do a qualitative, theory-building case study (McLeod, 2010; Stiles, 2007; Stiles, as cited in Barkham et al., 2010). Theory-building research is abductive and is well suited to a dialogical, relational and phenomenological methodology (Barber, 2006; Finlay, 2011; Finlay & Evans, 2009; Moustakas, 1994), as it shuttles between the researcher and the cases to be studied, each one informing the other.

A hermeneutic phenomenological research method could be appropriated (Heidegger, 1988), as I am testing a hypothesis. However, process work always takes a unique shape, and the same relational context cannot be elaborated and tested again. The hermeneutic pre-understanding, in this case, the GMod, flavours the research and the lenses through which I look at the emerging figures. My position as an insider researcher is described in the sections on the supervision method (4.6), my phenomenological position and reflexivity (4.4) and the analysis (6).

The working hypothesis and the ways in which I cultivate a phenomenological position are discussed in Section 4.4 on the phenomenological attitude and reflexivity and also appear throughout the clinical cases, analysis and findings.

I had to formulate a supervision method (on which I elaborate in greater detail in Section 4.6 on case studies and supervision), which was also the method of collecting research data from the clinical case studies. I decided to use a structured form to analyse the data and opted to use a reflexive thematic analysis (Braun & Clarke, 2006, 2019) that I adapted to the purpose of the study (Appendix 5). The analysis complements the process of theory-building case study research well and is also epistemologically close to the Gestalt modality, in that it promotes the reflexive position and is dialogical in its shuttling between data observation and theoretical descriptions. I return to the reflexive thematic analysis in the analysis in Section 6.

The supervision sessions and the focus group interview were filmed. I transcribed all the supervision films for therapists one to six (T1–T6), as well as the focus group interview. The transcriptions were directly translated from Norwegian to idiomatic English by me. I wanted to keep the translated content as close to the original as possible, which proved a demanding challenge. These extracts are not proofread as this would entail changing syntax, and thus some form of interpretation, and it is important to stay as close as possible to the unfolding process. In the process of transcribing the supervision I analysed the embodiment of the non-verbal interaction using the DSP (Appendix 3), as well as somatic psychology perspectives such as breathing. The transcriptions are enclosed in the memory stick together with the films, with access given to the Academic Board for control only.

The next step was to extract particularly important elements of the supervision processes in order to illustrate theoretical concepts. I modified the transcriptions to a more reader friendly text, keeping as close to the original transcription as possible but making it easier to grasp the essence of the experience, the figural phenomenon. The case studies have been given titles based on the emerging figures for exploration that captures and gives direction for the theory. It was important for the project's validity to include all the case studies, not just my selection, hence I have included two case studies for each therapist, based on the two couples they counselled who opted in to the project (Appendices 15.1 – 15.12). I have also enclosed the entire focus group interview (Appendix 17). Extracts of particular interest are included in the theoretical framework, and some are brought forward in the analysis. These extracts are typed in 10-point font to make it easier to manoeuvre around and find transcribed text. In the focus

group I received a piece of feedback from T3 that she missed illustrative examples of the therapeutic work while reading the theoretical draft. I also needed access to clinical examples, these were provided by the outcome of the case studies and are included in the theoretical thesis and reproduced in their entirety in the appendices (15.1–15.12).

To shed light on processes of which I was unaware I used NVivo to code the data from the transcriptions of the supervisions and the focus group interview in order to uncover figures that might emerge as a result of structuring the data in a different way. I return to a discussion of NVivo in Section 6.

The validity of case studies has been discussed ever since Freud's first ground-breaking examples that forever changed the field of psychology. Since then, psychology has come to be regarded as more of a medical paradigm than a philosophical one.

Historically, randomized control trial research and results have received the greatest attention and priority. In recent decades, however, there has been a renewed interest in the potential of qualitative case study research as a method that can offer deeper understanding of psychological processes. Due to the complexities of qualitative research, it is often a challenge to do rigorous analysis, construct validity and create research methods that can be reproduced as part of a meta-analysis (McLeod 2009, 2010, 2011, 2013; Thomas, 2017; Yin, 2018). I return to the potential of meta-analysis in the section on planned products.

The purpose of constructing a solid research framework is to reduce the risk of researcher bias. Through my research choices I have been able to draw on more resources than a heuristic inquiry would allow for, which enhances the validity of the research project. Towards the end of the research journey, I joined a professional knowledge (PK) seminar on arts-based research with Professor Karkou. She presented trustworthiness as a new paradigm with a different perspective to validity in research (Karkou, 2021). In phenomenology a basic skill is to look at the unfolding experience itself from a non-judgmental position and to stay open to what is. I return to a further discussion of this position in the section on phenomenological attitude and reflexivity (4.4). To define trustworthiness, we could use the Aristotelian ideas of *ethos*, *pathos* and *logos* (2018). This is significantly different from the way in which authority in academia is often defined hierarchically and validity seen as something to "argue", a stark contrast to the idea of a trustworthy dialogue. It is my claim that the validity of this project relies on how I build trust throughout the thesis and not how I "argue" the findings in the end. This resonates with the post-modern paradigm, as previously

described, and the dismissal of the idea of an objective truth in the humanities.

An important shift in the trustworthiness of this project came when I decided to recruit six therapists instead of testing the GMod in therapy done by myself, even though this involved expanding the size of the project and increasing the already heavy workload. A challenge throughout the project has been to narrow it into a manageable task, due both to the theoretical complexities of the GMod itself and the number of possibilities that emerged from the case studies and supervision. Theory-building is a purpose, not the end of the journey, and in the abductive method lies the potential to discover many points that may be of interest to the final thesis. I return to this discussion in the sections on the research process that follows the section on phenomenological attitude and reflexivity, which is also important for the trustworthiness of the research.

#### **4.4. Phenomenological Attitude and Reflexivity**

The immediate challenge for the researcher having this passion or curiosity is to remain open to new understanding – to be open to the phenomenon – in order to go beyond what they already know from experience or through established knowledge. The researcher starts to engage a phenomenological attitude, which is non-interference and wonder. This special way of “seeing with fresh eyes” is the core element distinguishing phenomenology from other research approaches focused on exploring experience and subjectivity. (Finlay, 2008)

In Section 1, which covers the background to this thesis, I described the heuristic process that led to the research hypothesis and theoretical synthesis. As the doctoral thesis draws on my personal experiences, there is a danger that I could create the very phenomenon that I am looking for, which is a critique often levelled at qualitative research itself. In social research a reflexive researcher position is acknowledged as being important to the reliability, validation and transparency of the research choices and reflections (Bager-Charleson, 2014; Etherington, 2004; Finlay & Gough, 2003). A reflexive attitude involves a continuous questioning of the material generated by the thesis, the dialogue I engage in throughout the study, and how I reflect in as transparent a way as possible during the process of the dialogue as well as in writing.

Another means to create a greater distance between myself as the researcher and the research hypothesis is adopting a phenomenological attitude, as defined by Husserl (1913/1931), and



this is also the Gestalt therapeutic position. A phenomenological methodology rests on the researcher's ability to "be brought to its pure state through phenomenological reduction, that is, through 'Epoché'" (Husserl, 1913/1931, p. 18).

Included in this process are, first; "epoché of natural sciences" going back to the natural attitude of experience—what Merleau-Ponty (1945/1962, p. viii), calls forswearing of science; second, bracketing the "epoché of the natural attitude" allowing a focus on experience, returning to that pregiven world, which proceeds knowledge, then the "transcendental reduction", the philosopher stands aside from subjective experience and ego, that is, viewing the world as pure, essential consciousness. Husserl explains that with the phenomenological reduction as a whole "I stand *above* the world, which has now become for me, in a quite peculiar sense, a phenomenon". (Husserl, 1936/1970 p. 152) (Finlay, 2012. p. 177).

Since Husserl, later philosophers and researchers have discussed at great length how this philosophy can be turned to practice in research.

... this diversity finds reflection in phenomenological research, where the application of philosophical ideas to the empirical project provokes both uncertainty and controversy... Phenomenological researchers generally agree that our central concern is to return to embodied, experiential meanings... There is a consensus that we need phenomenological research methods that are responsive to both the phenomenon and the subjective interconnection between the researcher and the researched (Finlay, 2009, pp. 6–7)

Finlay describes the phenomenological attitude as "a kind of dance between reduction and reflexivity" (2011, p. 74). This is the stance with which I approached the theory and case studies, and I will return to one of the consequences of this approach when I describe the process of writing up theory in Section 5.

#### **4.5. Research Process I, Recruitment of Participants and Ethics**

“Systematic theory-building case study research begins with careful and detailed specification of theory, which includes how evidence of theoretical concepts might be observed in the case material” (McLeod, 2010, p. 188). Thus, the first step in the research process was to write up the synthesis of the GMoD, drawing on extensive, founding theories from many disciplines.

I continued by recruiting six therapists to conduct five couple therapy sessions with two couples each. The therapists were all trained at the NGI and were members of the Norwegian Gestalt Association (NGF), ensuring proper ethical therapeutic conduct. The therapists were recruited from the first workshop I held as part of a second training module in couple therapy training at which I presented the GMoD synthesis. The first workshop focuses on the therapeutic relationship, building on the RPM. All the participants in this first workshop on Module 2 of the training program were invited to participate in the research as therapists and all of them opted in. This led me to include six therapists in the project instead of five, as I had initially proposed in the Learning Agreement at Metanoia Institute. The choice to recruit from the workshop ensured that the recruits were all Gestalt therapists with a particular interest in the field of couple’s work and that they all had some knowledge of the working GMoD hypothesis. In this, one might consider the therapists to be positively biased towards the research. I provide a further description of the workshop modules in Section 7 on the products of this thesis and the way forward. The therapists were all at different levels of professional experience. Some were senior practitioners, others recent graduates. They ranged in age from mid-thirties to sixties, came from different areas in Norway and one was American-born. Unfortunately, no male or transgender people are represented, which represents the unfortunate female, heterosexual dominance in the profession itself and could be construed as a challenge to the ethics and validity of this research project.

I considered the possibility of recruiting participants through the regular requests for couple therapy received by the therapist participants. However, couple therapy is often a “last call” for a couple, who might have never been in therapy before. It is often considered a shameful enterprise, given the intimacy of the relationship and the stigma around admitting one has problems that one is unable to solve by oneself. I therefore decided that making an implied consent request to couples seeking couple therapy had the potential to harm the clients, and that, as a result, requiring opt-in consent to the research was the best path to follow. I decided to only accept couples who actively opted-in to my research. I recruited couples through

advertisements on a closed Facebook Gestalt page as well as on my own private Facebook account. Whoever wanted to participate was welcomed and I was given no further information about how they had found me. Indeed, this is how many couples find their way to my therapeutic practice today.

To my surprise I received a lot of requests. The therapists came from different parts of Norway, hence the couples opting-in had to be allocated to the therapist in their district. For the three therapists in Oslo, the capital, I administered the couples to the therapists as soon as they sent me the signed consent form, in the order the therapists opted-in to the project. I arranged for a waiting list in case some of the couples withdrew prior to starting therapy. This proved to be important as I had to postpone the start of therapy twice due to the Covid-19 pandemic, first to January 2021 and then to April 2021. In April 2021 we had to start even though the pandemic was still demanding and stressful for the planned progression of the research and the need for travel across the country. I had planned for one supervision after the first therapy session; a crucial moment for testing the GMod and the working hypothesis. Even though the pandemic was at a peak, I considered it important to make a start in order to see the project through. Had we postponed again, it would mean not starting until autumn 2021 and I felt that I had already stretched the flexibilities of the therapists and the clients alike. Three couples had to withdraw due to illness and personal logistics and I recruited from the waiting list accordingly. In the end all the therapists and couples were able to fulfil their obligations. One couple had to do two sessions digitally due to quarantine introduced in response to the Covid-19 pandemic. When the case studies and focus group sessions were completed in June 2021, I felt immensely relieved that we had been able to see it all through and with the ethical obligations and requirements that were necessary due to both the pandemic and the research study itself.

The clients and the therapists signed consent forms (Appendices 7 and 9); hence I had access to personal information that was protected through the ethical procedures described in the information document (Appendices 6 and 8). The clients were anonymised in the supervision and given the identifiers couple 1 and 2. In the transcriptions and analysis the clients are also anonymised. As only heterosexual couples opted-in, I simply used her and him. It was important to keep the participants' approximate age and gender in the data as our habitual patterns and life stories live in our non-verbal interactions and movements. This phenomenology and the qualities of movement patterns are described in developmental somatic psychotherapy (DSP) and explored and discussed in the case studies. As mentioned

above, I have also anonymised the therapists, using the identifiers T1 to T6.

As a research practitioner conducting research in Norway and studying in the UK, I followed the ethical codes of conduct for professional practice defined by the Norwegian Gestalt Foundation (2019), The Norwegian Research Ethical Committee Guidelines (REK) (2016) (Appendix 12), and the ethical guidelines created by Metanoia Institute Research Ethics Committee (Appendices 11). I have analysed different kinds of ethical dilemmas through quality control (Appendix 13) and a stakeholder analysis (Appendix 14).

I sent the first theoretical draft of the GMoD to the therapist participants prior to starting the therapy, which had been planned for October 2020. As we had to postpone twice, I met with the therapists informally to discuss the theory and an addition to the second module workshop as well as to offer them all pro bono supervision for couples they had in their practice, in order to keep the method fresh. This proved beneficial as it built trust in supervision before the research project started. I return to the issues of trust as an emerging theme in the analysis (Section 6).

The doctoral program includes Academic Consultants on method or modality. I asked Jean-Marie Robine, a French Gestalt theoretical writer, editor, trainer and founder of the *Institut Français de Gestalt-therapie*. His writings on contemporary Gestalt theory have inspired me and he represents, in my view, the branch of the Gestalt community discussing the founding text of PHG in the light of philosophy and the relational, contemporary perspective. I sent him the first draft of the theory in August 2020.

I found his feedback very critical. However, after processing the emotional turmoil that touched on my relational trauma, as described in the DPY 5547 Professional Knowledge Seminar Review (Appendix 21) and the Research Journal (Appendix 22) and seeking support and discussing the feedback with my colleagues, it brought me to further studies and explicit formulations of the Gestalt methodology. In short, he pointed to the field, relation and situation that helped me to clarify how I now position myself in this complex discussion. This is brought forward and included in my epistemological discussion as well as sharpening my focus on how I wrote the theory itself. I find Mr. Robine a dedicated “purist” of Gestalt theory and, as I read the feedback, I saw he was not interested in my drawing on multiple of sources from other modalities. However, I do not only write for Gestalt practitioners. As previously described, my aim is to reach a larger field of modalities. I claim that Gestalt therapy offers a unique relational perspective to couple therapy and that its potential has not previously been

researched and acknowledged within contemporary couple therapy modalities and the social health services. I am interested in applied psychology, psychotherapy and what supports practice. I note how I eventually decided to restructure the entire theoretical formulation and how, as a consequence, in a similar manner to what happened in and after my master's thesis, I now find my perspective as a practitioner and researcher coming continuously closer to the Gestalt epistemology and methodology, as well as to Gestalt theory itself.

Expecting the worst, I sent a second and final version to Mr. Robine in October 2021, however in my mind I also considered this to be the best theoretical construct I could come up with at this stage of my professional development. I needed to move forward and finish my thesis. I felt comforted by his response, "I feel comfortable with the way you establish a background for the forthcoming ideas" (Robine, personal communication, November 2021) (Appendix 18). He continued with some theoretical reflections that I believe are interesting but not of crucial importance to this thesis.

I see Robine as a prominent representative of and advocate for the beauty of the relational perspective. And I believe that he, as my Academic Consultant, served the crucial purpose of raising my awareness of how I could develop my theoretical thesis without losing touch with the theoretical foundation, the ideas of PHG and significant Gestalt theory. I have tried to incorporate what I find to be useful developments in contemporary Gestalt theory as well as other psychological and social theories and research findings. The effect that followed what I initially found to be "harsh" feedback from Robine was that I was able to process which "camp" I belong to in the ongoing debate amongst Gestalt theorists. Now, with this doctoral thesis, another turn has evolved within me as I have come to define myself as a hermeneutic phenomenologist.

Stiles says that theory-building is a **purpose** (Stiles, in Research Academy, Metanoia Institute June 2021) and this idea has grown on me throughout the research process. The outcome is not the end of a journey, and I believe the more I study the more it occurs to me that my work is the task of a lifetime. I returned to read PHG as well as two books by Robine, *Social Change Begins with Two* (2015) and *Self. A Polyphony of Contemporary Gestalt therapists* (Robine, 2016). In *Self* what emerges is the way in which contemporary Gestalt theorists, whom I would define as the third generation of Gestalt practitioners, differ in their perspectives. I belong to the next generation, the fourth, in which I find there are few who actually publish theoretical aspects. In this I find myself at least 15 years beyond the academic

seniors. I came to Gestalt and psychotherapy later in life, and I sometimes feel like a beginner, at least from a theoretical perspective. I still claim, however, as I did in the literature search when I pointed out that existing research has been mostly carried out by men who are a generation older than I, that I may have an important voice in bringing new perspectives to couple therapy.

After first being “knocked down” by the feedback from Robine, which left me with the feeling that I had to rewrite the whole theory, I found my feet, my differentiation, and I believe this process better prepared me for what I may experience in forthcoming theoretical disagreements.

When I continued writing up the GMod after the first rough draft that I sent to the therapists, I realised that it was difficult to separate the phenomena and interventions into two different sections. What I initially planned for complicated what I wanted the result to be: an easily accessible, applicable model for therapists to use. I therefore decided to combine the two. In the focus group dialogue the therapists were, at different levels, confused by Stern’s domains, which had initially inspired my thesis. They acknowledged their importance but they were all just beginning to understand the theoretical foundation and synthesis and preferred concentrating on one column only. As a result, I chose to include some of the feedback from my dialogue with the Academic Consultant and the therapists in my description of the research process, as the theoretical thesis that will follow is significantly different from the first draft that I sent to the therapists and my Academic Consultant. This is a result of the abductive method. It has been a challenge to write up and be transparent about the continuous, ongoing process.

This quote “... The next steps involve comparison between theory and what is observed, leading to the development of new concepts, or more differentiated versions of existing concepts...” (McLeod, 2010, p. 188) captures the complexity of a theory-building process. Stiles addresses the importance of having multiple points of references between the cases and theory in theory-building case studies so that many theoretical issues can be included in the same study (Stiles, as cited in Barkham et al., 2010). Throughout the thesis I have implemented reflections and included extracts from the ongoing dialogue between my Academic Consultant, the clinical case studies and supervisions and the therapists in the focus group dialogue to present the research choices I have made in as transparent a way as possible. This is a reflexive researcher position that enhances the trustworthiness of the

project. As previously described, an important aspect of that trustworthiness has come from recruiting therapists to conduct the couple therapy instead of doing it myself and acting instead as the supervisor for each of the therapists. I will now describe the supervision method, which comprises an analysis of the therapeutic process and relational field.

#### **4.6. Case Studies and Supervision**

One of the challenges of the phenomenological research methodology is described by Finlay as:

... discovering dynamic processes rather than seeing the phenomenon as fixed. The lifeworld is always provisional and emergent, never static. We thus need to find ways to access that unfolding as things appear. In existential terms, we are always in the process of becoming; meanings are generated through ongoing experiences over time. Ideally, any descriptions (from participants and then later from the phenomenologist) need to be able to capture something of this dynamic, ambiguous movement (Finlay 2012, p. 181)

The supervision process is an important method in our inquiry into the phenomenal world of the couples who opted-in to the research project. As a result, I decided to film the supervision session with the therapists. (I chose not to film the therapeutic sessions, as I believed each couple would limit what they expressed if they knew they were being filmed. Not filming the therapy also helped to preserve the anonymity of the clients and also limited the amount of filmed material that needed to be transcribed and analysed.) The supervision sessions were filmed using three cameras, one on each of the chairs representing the partners in the couple and one filming both partners, with the therapist and supervisor situated up front. This third camera captured the entire therapeutic situation and was used as the main analytic tool.

Gestalt therapists are trained to do supervision by embodying both their clients and themselves in the session in order to raise therapeutic awareness of the total situation. Mjelve and Tangen describe how embodiment – what they call imitation – is used as a method of analysis.

The body experiences its surroundings through its senses, even before awareness makes us conscious of what is being experienced (the content of the experiences). This is called pre-reflexive DSP awareness. This recognition is at the core of the phenomenology of the body-based analysis... (...)... Therefore, it becomes important to

focus on bodily experience and for the researcher to use her or his awareness to feel and identify such pre-reflexive experience. The researcher's tacit knowledge (Polanyi, 1958) is thus in a way made explicit (2020, p. 14).

This perspective is central to the holistic perspective of the Gestalt modality, which is brought forward in the way in which supervision explores this tacit knowledge by embodying the situation, thus bringing the "lived body experience" (Merleau-Ponty, 1945) to awareness. The DSP is used to explore and describe movement patterns and the tacit knowledge formed by bodies in motion and bring the implicit kinaesthetic resonance of the therapeutic field to the supervisee therapist and supervisor researcher's awareness.

The supervision process was conducted in different steps:

### Figure 2.1

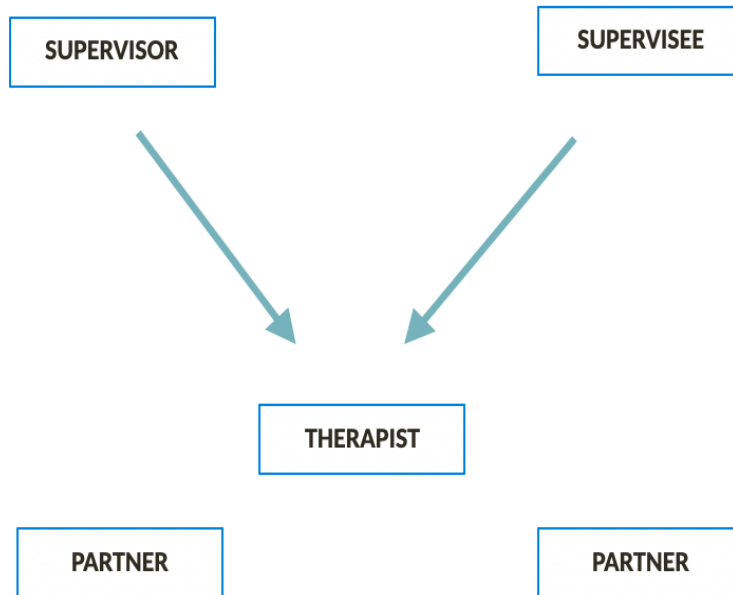
*Supervision commences; dialogue between the supervisor (researcher) and supervisee therapist.*





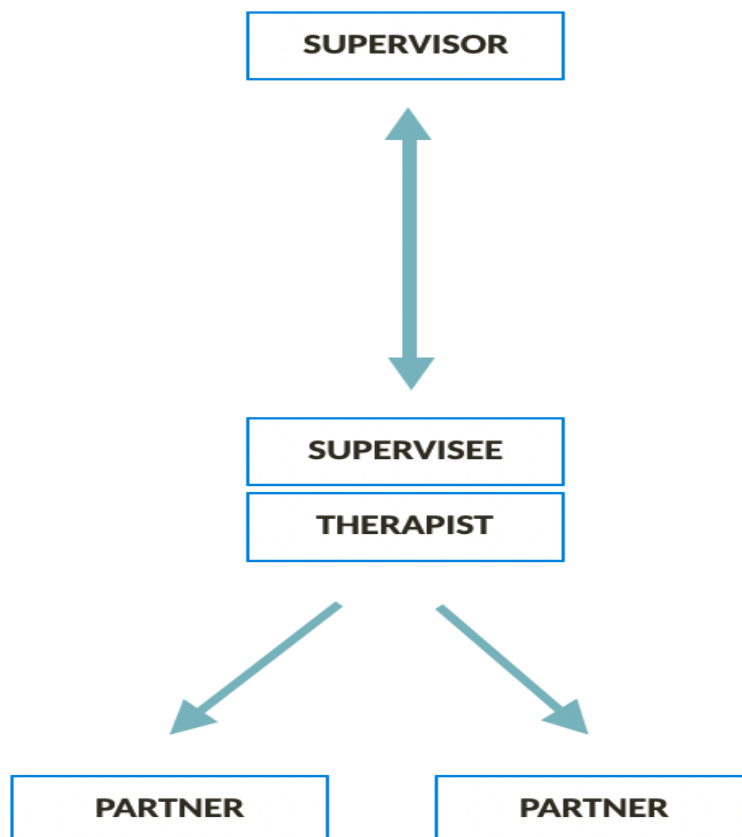
**Figure 2.2**

*Supervisor and supervisee discuss and look at what the supervisee is interested in exploring, an emerging figure.*



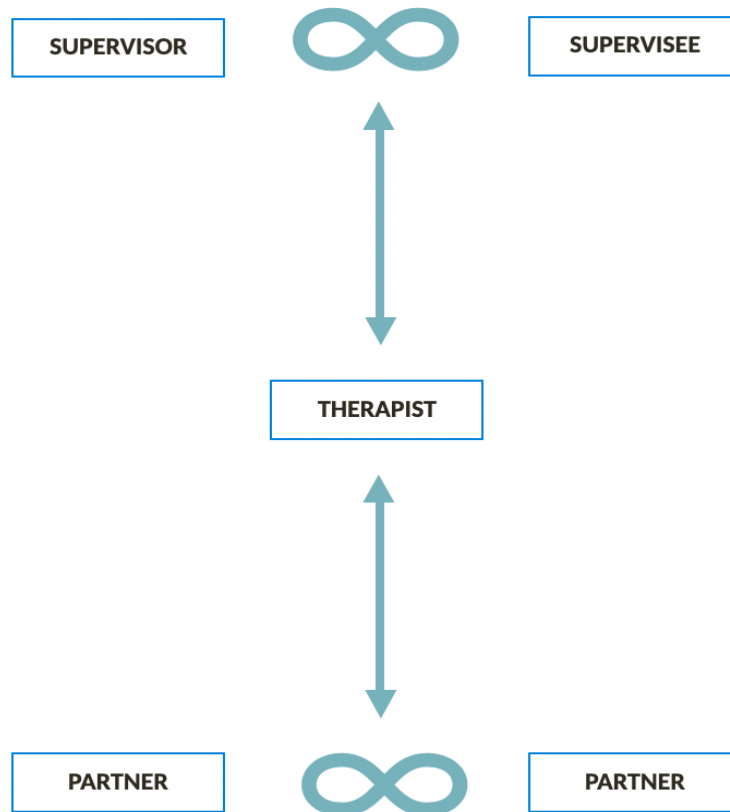
**Figure 2.3**

*The supervisee embodies the different partners, as well as herself as therapist. After embodying, the supervisor and supervisee, taking a meta-position, discuss figures of interest and potential interventions for exploration.*



**Figure 2.4**

*Together, the supervisor and supervisee take a meta-perspective on the therapeutic situation and apply the GMod to it.*



**Figure 2.5**

*The supervisor and supervisee discuss the increased awareness of the field as well as what the supervisee can recognise as “blind spots”, or growing edges, in their own life and profession. The supervisor might bring his or her own experiences to the foreground if it will support the supervisee.*



My analysis of the research supervision sessions is guided by the research questions and thus it focuses on the therapeutic situation (Figures 2.2, 2.3 and 2.4) only. The relationship between supervisor and supervisee is not analysed but this is a crucial element of the supervision. It is essential to the creation of a safe working environment for the therapist supervisee and researcher supervisor alike. Thus, 30 minutes of the 1.5 hour-long supervision session was allocated to these stages at the beginning and end of each session. This dialogue was included in the transcribed material as some figures of interests emerged that were relevant to the research findings. These findings are further discussed as emergent themes in the analysis section.

To be able to capture dialogical points of interest in the therapeutic sessions I decided that the therapists should tape the sessions using what is known as “interpersonal process recall” (Cashwell, 1994). In supervision it turned out that this method did not supplement the process of embodiment with which the therapists were familiar (it being the preferred Gestalt supervision method), hence it was not used in the unfolding of the case studies. The impact the taping had on the therapists is discussed further in the analysis and discussion sections.

A research method entitled the “embodied relational approach to research” (Johnson, as cited in Clemmens, 2019) describes the four steps that I apply to the supervision process:

1. Following the data that arises from the subjective experience of our client/participant (not from our own theories) and letting themes and meanings emerge organically, rather than imposing an interpretation.

In the supervision the themes and meanings emerge through a dialogue between the therapist supervisee and the researcher supervisor. That dialogue is, however, guided by the supervisee’s focus of interest, the figure, not the researcher’s retrospective interpretation of the cases. This process is linked to the first phase in the reflexive thematic analysis (Appendix 5), in which the supervisee’s embodiment of the couple and exploration of the therapeutic dialogue generate awareness of the co-created stagnation, which is the figure for exploration in the supervision. This is the data gathering for the first two research questions.

- What is the figural co-created phenomenon that contributes to stagnation in a couple’s relationship?
- How do relational difficulties manifest in the non-verbal experience of a couple’s co-creation?

In the process of transcribing and analysing each of the supervision sessions I, the researcher, became fascinated by the richness of the unfolding therapeutic processes. To keep the flavour of each couple's dynamics I decided to structure each therapeutic process in separate appendices and name them to make it simpler to reference and keep them apart (15.1–15.12). They are edited versions of the respective transcripts, however they retain the original syntax, they remain idiomatic and they include the first and second supervision sessions. These case studies describe the qualities of the unfolding dynamics, in line with the first step of the embodied relational approach (Johnson, as cited in Clemmens, 2019) and the first phase of the reflexive thematic analysis (Appendix 5).

The second step focuses on the therapist's influence on the therapeutic field.

## 2. Understanding the power of our role.

An aspect of this power is discussed in the theoretical thesis, but it is also explored during supervision, where the intention of the supervision *per se* is to raise the therapists' awareness and to guide the therapeutic process by creating a working hypothesis. This inquiry is addressed in the third research question:

- How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?

The third and final steps in the embodied relational approach are linked to this exploration and are discussed in the analysis section as emergent themes.

3. Willingness to bring ourselves as therapists/researchers into an experience of genuine contact with the research or clinical problem ... an experiential attitude.
4. Conducting research is inherently embodied and inter-subjective.

The embodied relational approach defines the steps in research as a dialogical and experiential enterprise that emerges between the researcher supervisor and the therapist supervisee in supervision. It is not a researcher and a research object, rather it is the identification of emerging phenomena in the relationship.

Spagnuolo Lobb, with whom I have done supervision training (2017–2019), has defined three areas of interest in supervision sessions in what she calls the aesthetic relational knowing (2017, 2018), which connects to the embodied relational approach.

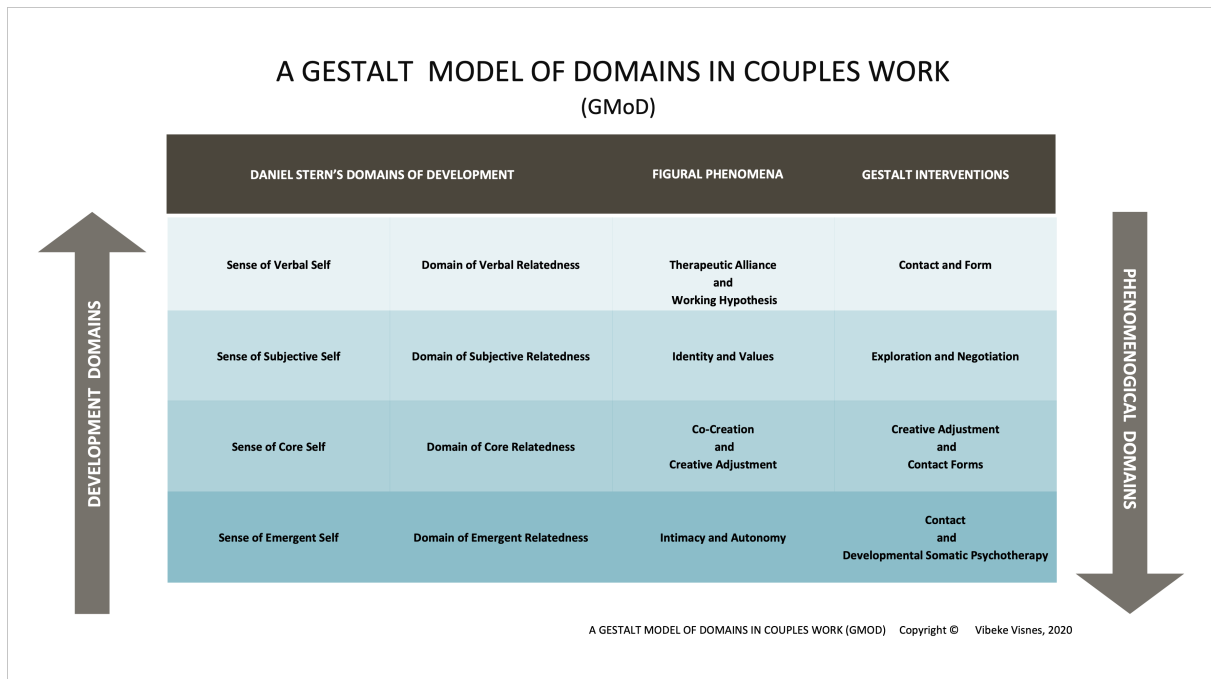
1. What the supervisor knows (recognises) about the supervisee's knowledge of the client (couple).
2. How the supervisor can recognise the supervisee's competence with regard to the contact making.
3. The dance between the therapist and client (couple) and supervisor and supervisee.

These levels are all present in the supervision sessions, however, as previously stated, the focus of this research is the exploration of the therapeutic relationship, the client couple and the therapist. What is important to acknowledge is that all of the steps influence the supervision field and process. I return to aspects of this relational, phenomenal field in my NVivo analysis, emergent themes and findings, all of which are covered in Section 6. I will now turn to the theoretical hypothesis, the GMod.

## 5. The Research Hypothesis: A Gestalt Model of Domains in Couple's Work

**Figure 3**

*A Gestalt Model of Domains in Couple's Work (GMoD)*



The GMoD (Appendix 1) is constructed as a model of domains, inspired by Stern's developmental research on infant development and mother-child dyads (1985). Stern defined four domains of a child's development in the first year of life and described how these are vital for the sense of self.

The sense of self serves as the primary subjective perspective that organizes social experience and therefore now moves to centre stage as the phenomenon that dominates early social development. Four different senses of the self will be described, each one defining a different domain of self-experience and social relatedness... **the emergent self, a core self, subjective self, and a verbal self**... Once formed, each sense of self remains fully functioning and active throughout life. All continue to grow and coexist. (Stern, 1985, p. 11)

Each new sense of self defines the formation of a new domain of relatedness. While these domains of relatedness result in qualitative shifts in social experience, they are not phases; rather, they are forms of social experience that remain intact throughout

life. Nonetheless, their initial phase of formation constitutes a sensitive period of development. (Stern, 1985, p. 35)

Stern underlined something that was ground-breaking at the time, the idea that self-functions continue to grow and coexist. This marked a contrast with the developmental theories of phases that had been the dominant psychological perspective (Eriksson, 1998; Piaget, 1972). Stern's focus on the domains of relatedness resulted in a newfound interest in attachment studies by Bowlby (1967/1997), Winnicott (1992) and Ainsworth (2015) and an increased acknowledgement of the importance of the significant other. This perspective, that of partner as significant other, is central in this research thesis and that, in turn, is the reason this is a particularly vulnerable therapeutic situation. The discovery of mirror neurons (Rizzolatti et al., 2001) and later research on neuroregulation and the brain (Siegel, 2010) confirm Stern's thesis that development is a continuous process. This is at the heart of PHG's formulation of the Gestalt therapy of growth and its view of adjustment as relational. Indeed, a central tenet of Gestalt therapy theory is how regulating and adjusting to new experiences in the here and now is a lifelong creative adjustment. The different domains of social relatedness have inspired the construction of the different domains in the GMod. In line with Stern, these are not phases or developmental stages, but domains, ranging from the non-verbal attunement in emergent relatedness to communication through verbal relatedness.

Gestalt methodology is founded on "the organism in its environment", a relational epistemology. It does not have the individual as the starting reference point; hence Stern's theories cannot be directly appropriated to Gestalt therapy theory. In the Gestalt theory of self, self(ing) is a process continuously created in and of the situation in the between (Robine, 2016). However, Stern's focus on the co-created attunement in the mother and child dyad inspired my hypothesis of the couple's co-created "self" process, their relationship. In the DSP, Frank draws on the research of Stern and the way in which the shapes of our relationships are reflected in our movement patterns.

Movement is not pre-verbal, but a language in and of itself...(…) Movement is the shaping of space by bodies in motion – one with the other – within a variety of contexts from which its qualitative character arises. Movement is dynamic, relational, and situational. As such, it makes sense to begin with movement as the starting point to look at the nature of contacting and the emerging sense-of-self. (as cited in Robine, 2016, p. 372)



The research questions “What is the figural co-created phenomenon that contributes to stagnation in a couple’s relationship?” and “How do relational difficulties manifest in the non-verbal experience of a couple’s co-creation?” are explored in the case studies, which make use of the DSP theory (Appendix 4) and are described in cursive letters in brackets. The research questions address Gottman and Notarius’ marital research agenda for the 21<sup>st</sup> century: “a need for continued focus on sequences or patterns of interactions (...) and positive affect” (2002, p. 185).

The GMoD is inspired by a variety of modalities, a plethora of research and psychological and social theories that can be appropriated to the different domains. A practitioner brings his or her own competencies to therapy in a manner that informs the present situation and which guides the therapeutic process. This is explored in the research question “How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?”

As with all Gestalt therapy theory, the domains are non-linear and exist in the present moment. However, in accordance with Gestalt psychology of perception (Wertheimer, 1912; Koffka, 1922; Köhler, 1929, 1992), one domain will be figural, and the others will recede into the background. The research hypothesis is that instead of working bottom-up following Stern, the GMoD is designed to grade interventions from the verbal cognitive in the fourth domain towards the underlying need for contact, embodied intimacy and autonomy in the first domain. This hypothesis was discussed in the focus group dialogue (Appendix 17):

**T4:** I have a really clear sense of the one column, with communication, values, interlocking, intimacy, that ... that’s the only little navigation aid I have together with the couple in all that they talk about. OK, now they’re there ... and what might be the greatest support for me is that I support myself and allow myself to sit and then something emerges, and I don’t know if that’s a good example, but we talked about the domains and we talked about it has to be top-down. It was like ching, ching, ching and pow and they were in intimacy. I could see the domains as trapdoors opening up. That was when I made them turn the chairs, we talked during the break about turning the chairs, and how I did find the courage to, in the really small office and the big heavy chairs, and I was thinking, OK, I turn the chairs. It made them sit as if they were in a cocoon and suddenly, the request was to communicate and then there was intimacy. I could just sit back, and it was like (*sound of kissing*).

**Supervisor (S):** So, it was you and I who talked about top-down?

**T4:** Yes, we talked about top-down, and I don't know if I understand much more, but I have read Gottman, a little bit everywhere, but that column is what I find today, I don't know how to express it, but it's extremely useful and with that I dare and I also dare to sit back and withdraw. I'm not that engaged in whether I'm good or not good, which interventions. You know I know about the Cape Cod model and the steps, but now I've found a new thing to hold on to with this GMoD, and I've integrated, and I use it.

**S:** I think it's really a good image, when you illustrate with the trapdoors. It's really such a good metaphor, and the top-down. Then it was when I said that it became evident that I can't turn it around, because it's exactly that we work from the head and down.

**T4:** And also, what I find is that it allows me not to push forward, but I can work subtly in the fourth domain with the couple and sustain with them, OK, maybe we are working with values, I really am less pushy in that I know that there's more underneath, maybe it will emerge. There's a really good support in that.

**T3:** I notice that I'm sitting here nodding as I think that it's so nice to hear you.

**T2:** I also think that.

**T3:** How it supports you. Inspiring. May I look at the GMoD.

**T2:** It's where you start with therapeutic alliance.

**S:** I think that's sort of where you have the essence of the GMoD itself, then you have the other columns as a skeleton, the theory underneath the GMoD that supports the model in itself. I also only use that column and those domains when I'm working, to manoeuvre.

**T6:** The column that we were talking about now?

**S:** Yes.

**T6:** Because that makes a lot of sense to me as well, that has been the most clear, were you in the middle of something (*pointing at T4*)?

**T4:** I would like to say something, I think maybe it has something to do with you pre-understanding, what you bring in. This is my experience from the last time we were together, depending on what you coincidentally or not coincidentally have read. I'm interested in the totality of the GMod; but I've been interested in theory in general and not necessarily only Gestalt theory. Then I'm not that worried about not having a total understanding of it all, but that one column in particular makes a lot of sense.

**T6:** I recognise what you're saying from my experience. To me the GMod has been unclear, but in supervision when we discussed how we work from the middle zone of awareness towards the embodiment. I jump a bit back and forth and I believe I have to look at the interlocking to be able to work with communication. They have to unlock a little bit before they're able to communicate, because there're such strong feelings attached to the interlocking co-creation. Then it became clearer to me that I can think about it in that way, and keeping to that column is easier. For me I have been to your workshops and then I've had training in family therapy, they have similar thoughts structured in a different way, so to me it has evolved gradually through the workshops, what you're writing, the GMod. The GMod wasn't evident, but in the first supervision that we had it became clearer, and I remember I asked at a workshop "What's the model? What's this supposed to be?" I would've wanted that to be clearer from the onset, how I was supposed to make use of it, it was a bit unclear.

**T2:** If we look at the third column, that you're referring to, T4, the one that I also find the easiest to relate to. What do you think, I've tried to use the whole, all of the columns of the GMod, what do you think, is it supportive theory?

**S:** Hmm ...

**T2:** We go through the therapeutic alliance, find a figure, then we start to explore identity and values ...

**S:** Well, that depends, it's more like you map, let's look at the couple where you, T4, had a felt sense of something not being OK, when there was something she was holding back, in confluence (*folding hands to underline the merging*), and you had the bad feeling, the recurring figure of something not being right and it turned out it had to do with Christmas Eve. [What's Unsaid. Appendix 15.10]

**T4:** May 17<sup>th</sup>, Christmas and all the birthday celebrations.

**S:** So that in the family system, what you look at in family therapy for instance, how are we doing it, then we look at the values and negotiations. But at the same time, you're working on their co-created dynamic and the communication around the topic and if they're able to meet. So, in fact all four domains are constructed in order to be able to differentiate possible figures, and it's an overload of possibilities for interventions and theories, in all domains, so that has been a real challenge to find out how I would approach and include all that I know.

**T1:** This is what I experienced in the session last night, when they were able to unlock, and they discovered that they really are much more similar than they believed they were ...

**S:** Ahh ... so then they're here ... (*pointing at intimacy*).

**T1:** Yes, they're in intimacy, but the different domains overlap, so they were a little bit everywhere.

**S:** Absolutely ...

**T1:** That can create confusion as well ...

**S:** Yes, indeed, and that's why this field is particularly confusing, because there're so many things going on at the same time and the intention with the GMoD is to differentiate in order to find where I can intervene. For instance, your couple, T6, when you've seen the softening, by the working hypothesis that you hold gently now you know that this is there, the softening, how can you support them to experience more of that. But it might be that you have to start on top again in the next session, because they're not good at communicating. I lean on Stern's theory and Ruella Frank with the yielding with and pushing against, because this is really to support the being-with, and the co-creation you describe to the point when they're entering into the negative dynamic.

**T6:** Yes, that I really like, the co-creation, it makes sense.

**S:** How we look at these case studies when we experience the unlocking and something new is experienced.

**T4:** I think about what you say about differentiating between the topics, there's something, not a hierarchy, but there's a structure in that something is over, and

something is under. If it were just to differentiate, I don't know if I would have experienced it in the same way, but there's something about how I can move from the top and down, hmmm, I'm really attentive to that it's not only differentiated, but that it's captured like this (*pointing towards her body from head to stomach and up again*). It's something about that that makes me feel that it's possible for me to sit with it [staying with].

**T2:** Your description of the trapdoors that opened up is fantastic ...

**T4:** Yes, that occurred only once ...

**T2:** Yes, because I think that it doesn't always happen ...

**T4:** No, far from it.

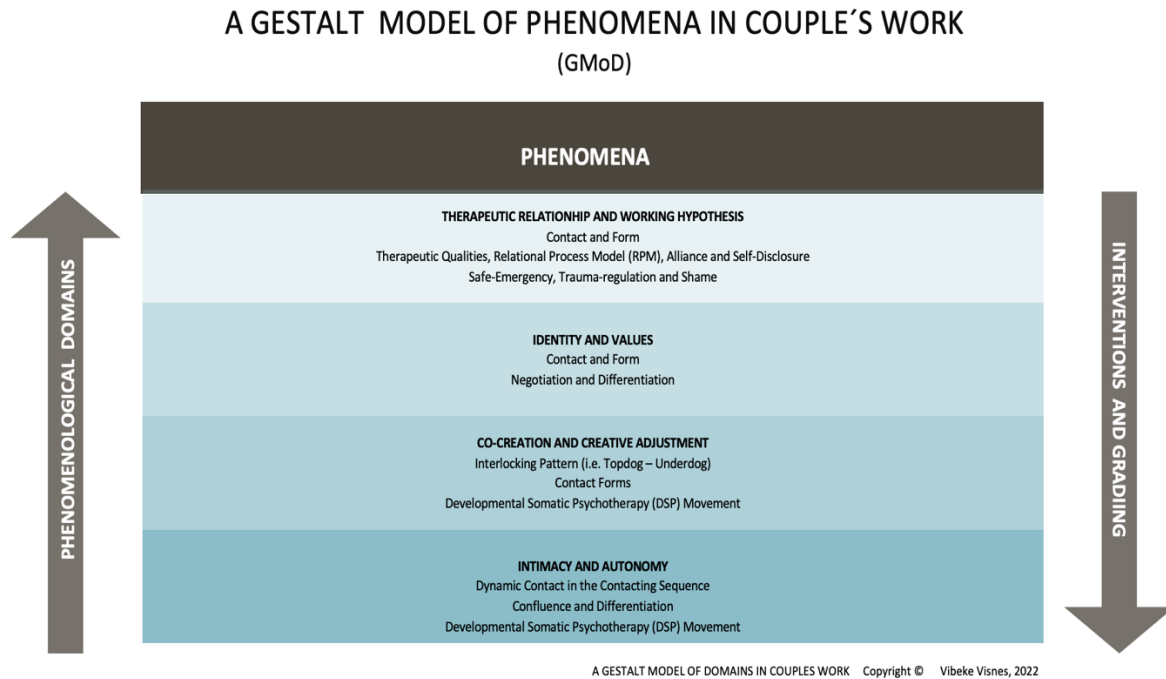
**T2:** So, it's not certain that it's a sequence either, because the couple might suddenly move directly to intimacy and autonomy without you having been through all the domains, that might happen, isn't that right, hypothetically?

**S:** Absolutely.

I will return to the discussion points relating to the last research question: "Does the GMoD support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?" and the yes or no answer in the discussion chapter. However, what emerged from this focus group dialogue was that the GMoD was too complex for the therapists to grasp and make use of in the therapy sessions, even though they were all familiar with Stern's theory. I decided to refine the GMoD to a simpler version.

**Figure 4**

*GMoD elaborated*



As described, the GMoD is non-linear and all domains will be present in each of the therapy sessions, some being more figural than others. The GMoD is constructed to raise awareness of a phenomenon, a figure, and support the therapists to find interventions in a complex and vulnerable therapeutic field.

Potentially, case study evidence has a substantial degree of significance in relation to construction of theory in counselling and psychotherapy... Complex theoretical frameworks can be refined over a series of cases, by using each case as “a testing ground” for the explanatory power of the model (McLeod, 2010, p. 22)

Theory-building case study research is abductive, which implies that the research is informed top-down through a theoretical hypothesis and bottom-up from the clinical case studies. When I resumed writing up the GMoD hypothesis after the focus group meeting and transcriptions, I decided to rewrite the theoretical chapters. Instead of using the clinical case studies to illustrate the theoretical hypothesis, I decided to use the case studies to guide theoretical reflections. I was fascinated by the supervision sessions in which the therapeutic situations

unfolded and figures emerged. I wanted to describe the beauty of the unfolding therapeutic situation and the unique co-created relationship of each couple.

An important aspect of qualitative research methodology is to describe nuances of experience, details that are missed in quantitative measures. To narrow the amount of information and capture the richness of the material has been a challenge in this research process. I will return to a further discussion of this in the analysis section; however, some research choices impact the theoretical presentation. Each of the case studies brought important qualities and aspects to consider and different reflections on the project. To extract bits and pieces would not do justice to the unfolding situation and the way in which figures emerged. I saw each of the couple themes as an unfolding novel. I therefore decided to edit versions of the transcriptions from the supervisions with each couple and, to navigate through the information, I gave each of them a title derived from what became the figural theme between the supervisor and the supervisee. As the therapists were all different and the themes of the couples varied immensely, I decided to include all of the couples and therapists. This was important for the trustworthiness of the project itself, as it meant that I, the researcher, had not chosen any particular testimonies. I was drawing on the entire material available in the case studies. The edited versions are enclosed as appendices, and the transcriptions from which these novels are extracted are available for the examiners on a separate file, together with the filmed supervision. In some parts of the theoretical discussion, I have included extracts from the case studies and the focus group to facilitate reading of the thesis. However, the extracts could not do justice to the unfolding experience and the nuance and essence of the supervision sessions. To ensure the quality of the research it was therefore necessary to describe the richness of detail that the embodied analysis comprised.

Gestalt therapy is interested in the sequence of contacting and the ability to move flexibly and dynamically in the relational field. Robine (2015) claims that Gestalt therapy is not a psychotherapy, therapy of the psyche, but a therapy of contact.

Contact is constructing meaning. Contact is constructing a form. Contact is being present in a situation. And since every situation is new, even though it may have certain similarities with previously encountered situations, each contact will involve both adaption and creation. The forms the creative adaption may take in a given situation are manifold, but the forms that may be taken by the interruptions, distortions, inhibitions or fixations of this creative adjustment activity are limited, and

these inflections of experience are what will guide the therapeutic procedure. (Robine, 2015, p. 147)

This quote captures the essence of each therapeutic situation and that which the Gestalt therapist seeks: to raise awareness of the contact and the qualities in and of the contacting process.

I will now describe each of the domains respectively, starting with the fourth domain, the Therapeutic Relationship and Working Hypothesis, the start of a therapeutic encounter. I move top-down, in line with the research hypothesis of grading the therapeutic interventions and what became significant to the therapist participants from the cognitive, the verbal, to embodiment. The “goal” of the therapeutic process in the first domain “Intimacy and Autonomy” signifies a relational ability to move dynamically in the contacting process and create a flexible, holistic experience that is precious in Gestalt therapy.

### **5.1. Therapeutic Relationship and Working Hypothesis**

This research is an exploration of the co-created figure in a couple’s relationship and therapeutic interventions that will support the couple to attempt new ways of contacting and being with each other. The research questions do not address the therapeutic relationship and method *per se*, what is described as the Process Model of Relational Awareness (Visnes, 2012, figure 1), elaborated and now presented by the acronym RPM. However, research shows that the most important factor for a successful therapeutic outcome is the therapeutic relationship (Duncan et al., 2009; Wampold & Imel, 2015). It is therefore continuously important for a therapist to be aware of his or her influence in and over the therapeutic relationship and the necessity to keep tracking, be aware of and ask: “How are we doing, co-creating this triangular relationship?” This is particularly challenging at the beginning of the therapeutic process, when building a trustworthy working relationship, and it is described as a phenomenon in the fourth domain of the GMoD. The RPM is created to support the therapist to ensure a balanced therapeutic relationship and to be aware of the potential of forming a therapeutic alliance with one of the partners, which, in turn, will have negative consequences for the therapeutic relationship and outcome itself (Johnson, 2012).

Many Gestalt therapists are partial to the existential perspective, although this has not been captured in Fogerty’s research (2016), for unknown reasons. Masquelier (2002/2006) defines what he calls five existential pressures important in Gestalt therapy methodology: meaning



making, solitude, finality, response-ability and imperfection. These pressures are significant to how the Gestalt therapist defines him/herself as a companion and not a helper. The client (couple) is the one who posits the answer to the creative adjustment and the underlying need for change and not the professional psychotherapist. The existentialist philosopher Kierkegaard (1859/2012) formulated the “auxiliary art” as:

That one, when it in truth will succeed to guide a man to a particular place, one must first and foremost be attentive to finding him there, where he is, and commence there. This is the Secret in all Auxiliary Art, Each that cannot do that, he is in a fiction, when he means that he will be able to help the other. For in truth to be able to help the other I must understand more than him – however, I must understand first and foremost what he understands. When I do not understand, then my more-understanding does not help him at all.

This position has connotations of Buber’s theory of the I-Thou (1923/1971), which is broadly discussed in what is described as dialogue by the works of acknowledged Gestalt theorists Jacobs and Hycner (1995, 2009). I hold a different position to this notion of dialogue, as the etymology from Greek is “through words”. Gestalt is a holistic enterprise that pays attention to all aspects of human experience. The exploration of movement patterns and non-verbal communication is important in this research thesis. Another aspect described by Buber and the existentialists and captured by Masquelier is that everyone is responsible for their his or her own life. In this lies a trust in a person’s or client’s own resources, meaning-making and response-ability, the ability to respond (contact).

One emerging theme from the case studies was the differences between the therapists themselves and the qualities they each brought to the therapeutic situation. This emergent theme is not captured in the research questions although it is an implicit aspect of the therapeutic relationship and is described in the RPM (Visnes, 2012, Figure 1). To refine the project and structure of the thesis, I have had to focus on the therapeutic process, however the therapeutic quality of holding a phenomenological position is of fundamental importance to the RPM, process and therapeutic relationship. Below, I offer an example from a supervision session of a discussion of one such therapeutic stance and some reflections on how it impacts the therapeutic situation and interventions.

### 5.1.1. Therapeutic Qualities. “Don’t Fix It, Staying With the Id of the Situation”

**T4:** They come in and they’re sitting down (*she sits down at the chair to the right of the therapist*). She’s a little bit like this (*strong push in the vertical, very little yielding in the seat, hands resting in the lap, right hand holds the left fingertips, looking towards the therapist, bound*). Yes ... (*stands up and walks out of the chair, standing upright looking at supervisor, with hands held in front of her body touching her heart and stomach*).

**Supervisor (S):** What’s happening when you sit there?

**T4:** Well, at the time they sat down, I felt, and now what I’m saying might sound strange, but what emerges is and when I go into the sensation right now is what has been my childhood (*moving hands in front of her body, indicating the balance of the couple, wobbly*). There’s something between them and I become a little like (*scared face, touching her heart with fingers tight together*). I’m aware that there’s something between them and my impulse is ... oh ... I have to mobilise (*walks over and sits down in the therapist chair*).

**S:** This is happening with you?

**T4:** Yes, there’s something about how she’s sitting (*walks over and embodies her again*) and him (*walks over to his chair, hangs down with upper body to the left, arms folded in front, legs spread out in a V, body collapsed*). They have such a different body language. He’s leaning slightly towards her ... (*moves towards her chair in a horizontal and small sagittal forward*) ... whereas she’s here (*looking at her chair*), and I sit (*walking over to the therapist chair again*), and at the outset I sense something about this (*arms moving like the arrows not meeting one another*). They don’t meet and there’s something I have to push, that I somewhat link to my own parents (*hands clenched in front of the stomach*).

**S:** This is what’s going on here?

**T4:** What’s going on and I have to do something.

**S:** OK. So that may be supervision enough in itself, becoming aware of how you sit in your chair with this phenomenon. There’s something I sense, and I have to do.

**T4:** There's something I've become aware of very recently, I have this impulse in me when I sense this mismatch in a couple that as a child, you know how children can do, in magical thinking, where I was attentive to the cutlery. My parents should have similar cutlery, and if it was my brother and my father, if there was an imbalance between the two of them, they should have similar cutlery. I did this wishful thinking. I have this strong impulse that I have to intervene and act and I became aware of this and I was thinking oh my God, I probably have this with me in everything I do with regard to working with couples, because this disharmony triggers something and I become aware of the impulse (*breathing out*).

**S:** To sit there with them and you're not the one to fix them.

**T4:** Yes, and now I'm really in the now, I get this aha experience, and think that maybe what has been similar in the two sessions, with the two couples, is that I wondered maybe they would not like the way that I did therapy. But I became very little of the acting-out as a therapist, very much present, but much more like this (*breathing in the vertical, movement is of grounding*).

**S:** You found your seat and your feet (*indicating the middle mode of yielding with and pushing against*).

**T4:** I had read through your papers, and I think just before I was entering the sessions this week and before the last session it hit me that "I'm not going to work harder than my couples!" In this respect I have been sitting there, and that I feel I have a 360 loop, you know, aha!

**S:** Great, wow, it moves me! This may feel unfamiliar when your id-function is to act, to balance, to fix.

**T4:** Really! What I've brought with me ever since I attended your first workshop, is that I was very much trained in the Cape Cod model, a lot of back and forth, working hard to find compliments to put back to the couple, to feed and feed and feed. Now I hold myself more withdrawn and keep wondering, "Am I doing what I'm supposed to do?"

**S:** Might we look at that, your new form?

This phenomenological position and the therapeutic relationship were also discussed in the focus group dialogue (Appendix 17). I present an extract of that discussion below.

**T2:** But they're a little bit more, what happened in the last session was that, is that they can listen to me when I clearly address what I see. He's become able to wonder [The Broccoli Couple, Appendix 15.4], he's curious and finds it interesting, wondering "why is it like this". He's really changed. To start with he was just coming along for the ride, and now he's interested in her reactions, he wants to understand.

**S:** He's starting to visit her ...

**T2:** Yes, and she just pushes him away, with accusations.

**S:** Whereas he's moving towards unlocking then, is what I think.

**T2:** Yes, in his way, yes.

**S:** Yes, in his way. The potential is there.

**T2:** This was exciting.

**S:** And you could sit differently with them?

**T2:** Yes, in the fourth session in particular. Maybe in the fifth as well, but really after the fourth session as I was walking home in the evening, it was late because they have so many things so they can't make an appointment before 7 pm, so when I was walking home at 8.30 pm, I felt so much at peace, something was different. Then in the fifth session it was more of the same, really a lot of back and forth. I didn't anticipate being so overwhelmed by the negative pattern in the fifth session. She always finds something to blame him for, she isn't able to fix, it's all her fault and then it's his fault.

**S:** Then we're moving to the working hypothesis, when you're describing the dynamics of, I'll just stop you a little, I have to look at my notes, my questions. What you're telling me now is something about the resonance from the therapy. You describe after the third session, how you could feel yourself more in the chair.

**T2:** Yes, in the fourth session, yes.

**S:** Then you'd been to supervision. You could feel yourself differently. Now what's emerging between us, the group, how has the quality been for you?

**T1:** I would like to respond to what you address (T2), because it became so evident to me, I recognise, I had the couple who came in, then disappeared, so I've had only one couple.

**S:** No, you've had two couples.

**T1:** Yes, I've had two couples, but one couple just for one session.

**S:** But it gave meaning (in supervision) as to why they didn't continue [The Whirlwind Couple, Appendix 15.1].

**T1:** Yes, indeed.

**S:** It's like we understood when we looked at it from the perspective of the first supervision.

**T1:** Really.

**S:** It was so evident when we summarised it together in the second supervision.

**T1:** In retrospect this was really important to me, because this was a couple that came in like a whirlwind, and whirled out again, and I was sitting there wondering: what happened now? This was also what it was like in the forecontacting, in the session and afterwards. To have supervision with you was really necessary to keep me from going into my pattern of being the most incompetent therapist.

**S:** It gave a lot of meaning, between the two of us.

**T1:** Yes, very (*hand on her heart*).

**S:** In that the commitment to therapy, it wasn't there.

**T1:** No, not at all. Then they chose and we chose not to recruit another couple.

**S:** No, that wasn't an option as this couple also belongs to the research. It's like there are couples that just come to therapy for one session, it's not unusual.

**T1:** No, and then, when you speak, T2, the other couple, the ones who are going to continue, but they can't afford to come that often, when they came to the fourth

session fighting, like I've never seen anything like it, it was really beautiful, because what's really difficult emerged (*stretching arms apart*) [The Clever Girl Therapist and Her Client. Appendix 15.2]. I could really feel that here I sit safely, it's not dangerous, and then I assumed my authority as therapist, and that's been important to me in the supervisions, to find myself as therapist in the room with the couple and to be able to be an authority, no not an authority, well, yes that too, to find the sense of agency in me, to dare to intervene by, for instance, now I need a time-out (*indicating a time-out to the couple*) to breathe together and that's been of real importance to me, I feel that I've developed as a therapist.

So, after this fighting, they didn't leave in a fight, because I needed us to land a little and I said now we need to breathe, and the last session, it was totally wow, that was the one last night. Then, they said that this isn't our trauma in the fighting, it's just words, we can explore this together, it's fun. They thanked me for being able to stay with them when they were fighting that much. I feel I'm getting goosebumps talking about this.

**S:** Right ... yes ... and you did, didn't you?

**T1:** Yes, indeed, I feel much safer in the role of a couple's therapist, I do. It became so evident that something happened after the supervision, as you said (*looking at T2, nodding*).

**T2:** Hmm, yes, I stopped being so annoyed with them, in the session, that really happened. Because I was really annoyed and hopeless, thinking ... what's the point? But they do want to come ... so ...

**S:** So, after supervision you could support them better, to stay with them?

**T2:** Yes, that's what I think.

**S:** They do this to the best of their ability. I think about Marina [Berg], she said: "we must look at what is functional in the dysfunctional" or the ones who are fighting so much, (*addressing T1*), you could see the functional in that they're exposing themselves, they're really doing something new, but to be able to stay with them in that storm.

**T6:** Let me just ask you, supervisor, are we starting the discussion about the couples now?

**S:** Yes...

**T6:** That's what we're supposed to do?

**S:** Yes, and the felt sense ... if I could just say that when I've done the research what has emerged for me, what has surprised me, is how curious I've become about the therapist and how I've experienced you all as so different in form and at the same time Gestalt therapeutic throughout. This is really an emerging theme, and this is also partly an aim in my research that I'm not only fixed onto what I want to see, but how we take form together. Yes, there, yes there (*reaching towards the therapists who have shared and then turning to T5*). This is why I address what's your resonance? I'm interested in what's happening with the couple and how you experience yourselves as part of the situation. So, here we are, in the middle of the discussion.

**T6:** Mmmmm ...

**S:** It's beautiful how you're picking up. So, you go.

**T6:** I just have to understand where we are.

**S:** Well, that I don't know. I'm not that structured, I can have 15 conversations going, well that's how I structure. You go ...

**T6:** Yes, just as I understand ...

**S:** Was there anything you felt you wanted to say?

**T6:** Yes, I might as well. There's one thing that I was thinking about, the couple that I met digitally twice [Living in the Past, Appendix 15.12], they were in the fight-defence thing, she was attacking him, so I recognised that in what you were talking about earlier. In the fourth session, and that was after supervision, I felt that we had a breakthrough, where he looked at her while they were arguing, and then everything changed. Because he could suddenly see her, and he was no longer frightened, he hadn't seen her before. He'd just withdrawn and kept his distance, while when he could see her, properly, then only, ahhh, everything calmed down, and he could meet her. It was so beautiful, goosebumps, and we could process a lot of this together and it

was really good, and then in the fifth session, they're back again ... to the fighting ... it was gone ... It wasn't totally gone, because he could address it and they were both engaged with it, but she wouldn't give into anything, she continued to argue. She was much more fixed, even though from the first session I addressed the fighting-defence strategy, she was much more fixed than he was. She would argue and he started to defend himself. Yes ...

**S:** What happened with you then ...? Together with them?

**T6:** I felt it was a bit difficult because it was video. I tried to hold onto a high degree of authority. It was much about my push, I feel I have a growing edge in using the push as a couple's therapist, and to hold them more in it. But it's also something about being able to see it, I have to see what I'm going to hold onto. What becomes figural and where I intervene. Sometimes there are a lot of things going on, I don't really know where I'll intervene, so when I know, then I'll find the push. That's easier in the room than on video. I do it on video as well, but I find that I lose more energy, are you going back there again?

**S:** With her?

**T6:** Yes, and then he's also sliding back, to the same. You know, he's the one who was talking so much.

**S:** Ahh, so it's him ...

**T6:** He talked for three quarters of an hour in the first session, and I was unable to stop him.

**All:** (*giggle*)

**S:** With regard to the push!

**T6:** There was no push, I didn't have a single impulse as to how I could stop him.

**S:** No, so that's also a figure.

**T6:** Really fascinating.

**S:** I just ask because what happened to me, when you started to tell us, I remembered the SMS that you sent with the breakthrough, because you asked me if it was OK to do



it digitally. And when you tell us now about how he could suddenly see her now, I felt myself soften.

**T6:** Yes, because there was the softness, hmmm.

**S:** I could feel myself now, together with you, really soft. For them. Then I think about yielding with, softening into the relation, I think about the “always look for the softening”, then there’s a quality of yielding with even though you have only seen it once, and they return to the pattern, it’s available and they’ve had a small taste of it

**T6:** Yes, absolutely, and they’ll continue therapy.

**S:** Yes, I really hope so ...

**T6:** They want to continue, and I told them that normally it’s not usual to finish after five sessions, I think that most often it’s not.

**S:** That’s what I think as well. I think it’s so beautiful to look for the softening, because then something happened with me, as you’re telling us about it, and how you say it’s more difficult digitally, but it’s there.

**T6:** Absolutely.

**S:** At the risk of putting words in your mouth, I think you’re into the intimacy.

**T6:** Yes, that’s the moment of intimacy that I had with that couple.

**S:** Where there’s really very little of that as I recall it from our supervision.

**T6:** Yes, there’s been so little, and we’ve discussed what’s really the “glue” in their between, but after that soft moment, well, here there’s a lot of glue ...

**S:** Imagine that! Then you’ve seen ...

**T6:** And then at the same time, it was gone! I really felt disappointment!

**S:** Yes, and then there’s something in being able to stay with what is (*touching chin softly as for self-support*).

**T6:** Yes, and I do that!

**S:** Yes, and I just support you a little extra. I think it’s really demanding. I’ve seen ... I had such a couple for two years ...

**T6:** Yes ...

**S:** The fixation was so rigid. This is what we're not able to see, and what I can feel a little sadness about, what inspires me to want to do a longer study, over a longer period of time, because if it's that fixed, as I have seen in some couples that I've worked with for a long time. What I write something about in the chapter on the diagnostic aspect, not that I imply that this, your couple is there.

**T6:** But I believe there are things ...

**S:** If it's that fixed, and I would say that I have had two couples where the women have been able to do the softening, when we do some softening, and then for the next session it's like starting back from scratch, every time. For two years!

**T6:** I've also had some of those ...

**S:** In the end the women have left, the relationships have ended.

**T2:** I just think that, you were saying something about the softening because you were saying that in supervision after the third session, and I felt somewhat of a softening with him [The Broccoli Couple, Appendix 15.4]. When they came back, I understood, and so does she, something about what he wants to say, what she's understood as an accusation is really despair, because he says: but she's so angry! Every session has started with, she's so angry. I've thought, all right, and that gets her going about why she's so angry, and half of the life story, the children, dogs, not having children and everything, she has a lot of reasons to be angry, and then when I say, well, now I hear a lot of despair from him, he's wondered why she's so angry, and when she realises that he wants to understand her, then they could reach each other. But it didn't last that long, but that was after the fourth session, and that was when I could, I said to him if you can say it in another way, then it lasts for a little while, but then it's back to all the things ... the fourteen points ...

**S:** This is the "subterranean push", what's beneath, the despair, the things that are projected as arrows that contribute to more triggering, but the softening, the despair, that you're becoming aware of, that's the softening. Then I think that instead of understanding why, then we're at the content, we're looking more at form.

**T2:** Yes, but I think it's worthy that he wants to understand her, without accusing her. As when he says you're just like your father, then they're starting ...

**S:** Then he defines her ...

**T2:** Whereas I try, when I say that maybe something you have learned somewhere, maybe that hasn't been beneficial for you, with regard, then I feel that he's on her team, understanding ... but that lasts only for a few seconds ... I thought when I found you that you were going to be on my team ... right ...

**S:** And how does that feel ... this is only what we'll be able to taste a bit of here, like you were saying T5, we don't expect miracles after five sessions.

**T3:** I got a kind of aha experience after the last supervision, about the softening, when you were telling me about your softening together with me and my couple [Preparing for the Storm. Appendix 15.6], how I could use it, even though I don't see the softening, but how I can feel it here (touches her heart) together with them, that became an expansion of—how can I say—my tool kit—that I really appreciate and that I look forward to exploring more. To feel it, to feel for it in me, in my chair, together with the couple.

**S:** Then I need to breathe with you, I'm really touched. This is why I believe I can't do Gestalt therapy without doing just that. What I hear you describe in the non-verbal, what resonates in the therapeutic situation. When this is available in you, as what becomes available in me together with you T3, when you're talking about them, that's more than a thousand words, to me.

**T3:** Yes.

**T3:** With the other couple, where I became activated and frightened [The Arabian Horse. Appendix 15.5], how, working with breathing and my yielding with, and not doing that much, how that affected the couple, that's so fascinating and I have the feeling that I have just started to look into that forest, and how I'm eager to explore that even more.

**S:** That's music to my ears ... And you know how I've told you about my client who I sat breathing with for an entire year, twice a week, there wasn't anything else we could do other than regulate, but it was also being with, being with, as I sat there being

able to be with her, sustain being with her, without doing anything and when I say that I dreamt about her last night. I learned so much from that experience, working with trauma, and that it has such a big effect on the couple as you say.

**T3:** Much about my process has been that I felt I had to DO so much, that I was required to do, and to sit back and to be with, to breathe and to be together with, and I still do that, I'm in touch with my shame when I don't know what to do. It's not that I'm so supposed to do that much when I don't know and now I can sit there, breathe and just allow myself to be there, present. I have this sense that I've just begun after these five sessions. I feel the beginner's mind, I really feel like a beginner and that's also what I am as a couple's therapist.

**S:** What I also hear is ... I call it cultivated beginner's mind ... this is really what might be the most difficult, to sustain being with ... and something about Berg saying ... love in ... How we cultivate an attitude of love ... and sustain being with the couple as is and to be with ... And the effect it has on the relationship ... how they learn to be with each other in a loving atmosphere.

**T4:** I was touching on something about the beginner's mind, when I'm sitting feeling like having to present something from the mind, whereas I've taken with me from supervision, that became clear to me, something about being able to sustain staying with, and now I'm here, the impulse, something in the stretching between; when I'm able to stay within, when it's not only coming from the head, but I really succeed in coming down into it, I'm more in touch with the impulse, and I'm not that much in the "beginner" or the mind. This is something that may be the most important, the experience, but coming for supervision, to make it figural, to work from the impulse that really makes sense and the softening that we're talking about, and what I really notice is that when I'm able to sustain myself, in myself, then I also sustain them. The sustaining, there's something. I've really had some moments of release, moments of magic, and it's really not magic, it's Gestalt therapy, but it feels like magic in these moments. I think we all know what that is and it's releasing.

So maybe it's couples, and I still think it's a challenging field, and I've had something of an inspiration from that field, because it's clear to me that I may in fact get more in touch with that impulse in this particular field than I do with individual clients.

**S:** My impulse, right now together with you, as well as from our supervision, is that you're really enjoying it!

**T4:** Yes, really!

**S:** Like a fish in water!

**T4:** Yes, indeed! And it's like I experience myself more clearly with couples. This is really what it's been like now, and it will be interesting to see going forward.

**S:** With regard to the id of the situation, I would now like to follow that.

**T1:** I was just thinking about that yesterday, with regard to working with couples, to ground myself is easier when I have enough distance, because this has been a crucial insight, that when I want to delve into it, I have to retreat into the sagittal with my chair, it's like a tool for me now. I was thinking yes, with couples it's easier to feel myself than in individual therapy, where I'm more involved really, that occurred to me yesterday. And I also have used something you have said, supervisor, to be able sustain sitting there until something becomes figural. I've really been attentive to this afterwards, how I've been aware of ... I haven't been able to work with the chairs, I told you this, but I've had to do it my way. I just had to put that away and do it my way. I think I succeed in attending to one and then to the other, although in these Corona times it's been difficult to have to keep the distance, and I look down when they're supposed to talk to each other. That's really effective. And when I say that I need a time-out, I need to notice what happens with me, and then I just let them sit there and I bring attention to my need for a break, and I think I got that from supervision as well, wow, when they're able to land [yielding into] in a different way. That's really been a journey, to be able to stay with them.

**T5:** With regard to withdrawing by rolling the chair back, we were talking about that in the last supervision, when I still had a small office with no room to withdraw, and now in my new office, with another couple, I could experience how nice it felt to roll back and forth, and to feel the impact on myself and on them.

I had a couple who "schmook" (*clasping hands together folded*) [Schmook. Appendix 15.9], still so much in love after eight months in their Corona love bubble, I did have their chairs initially quite far apart, the first thing they did was to move them close together as tight as they could, and they were sitting right next to each other and

everything was so wonderful, they didn't look at me. Usually I experience the opposite, where I have to say that you can look at each other, it's not rude if you don't look at me all the time, but these two, leaning towards each other, they were there. To have supervision after the first session was helpful. The next session I could address that, I was curious about who they were as individuals as well, could I invite you to do an experiment by pulling the chairs apart? "Oi, that was strange. I don't think I've ever looked at you from this perspective before", as if they had always been glued to one another. Then this was interesting, and it's still interesting, because then it emerged, carefully, where are the differences between the two of them, because it's there somewhere. Two people aren't glued together for a lifetime, so really, with care, they started to explore their differences practising good form. And this was really beautiful to see, as they were really careful with one another, they listened to each other and responded to one another.

**S:** I think about this as a very clear emergent differentiation, to support that.

**T5:** I think also with the other couple [What's Unsaid. Appendix 15.10], they didn't argue either, but there I learned something really, really important that I take with me from them, they should have sent me a bill really! I learned that I choose to ignore or ignore without choosing what happens with me. I thought that was long gone, but here there was something that bothered me, and I couldn't manage to bracket it off, I felt that I was the therapist who created the problem. But I didn't manage to put it aside, so, finally, the discomfort mounted in me, and finally I said, excuse me, but I just have to say this one more time. Not that I'm hunting for problems, but, and then as it turned out, it wasn't all right in fact, and then she burst out with what was really not OK. It still wasn't arguing, but there was something that was bothering her, that I got in touch with, in what they'd been doing together for many years, it was one isolated type of gathering that happened a few times a year, and it wasn't easy for her to be her in those circumstances.

**S:** So, here you support differentiation in the relation.

**T5:** Yes, but it was really figural for both of them in the session, to support differentiation. And the other thing that I take with me, there are certainly many smaller things, but the big thing that is emerging is to practise bringing it back to the couple. My story certainly comes up, because I'm the one who tries to fix things. In

many respects this is something I've been working on, and that I manage with individual clients with greater success, but here, with couples I practise how to bring it back to the couple, bring it back, bring it back.

**S:** I think what you address, really, is the most challenging, to sustain sitting with, being with, because it's ... what's happening is so dramatic. How easy it is to go into the "fixing" mode, just to become aware of that. How you for instance, T6, allow yourself to be with the man who talks for 40 minutes, that's so demanding not to be the one who fixes.

**T5:** Then I also think something about "good form", to hold the authority; I did that more often to be able to land beforehand, in myself, when they came, when we start, and I notice how they're talking about the other one, and they don't speak for themselves. Then I could say that I might, when we are working with communication, I might interrupt you often, so if you feel that it's interfering feel free to tell me, but it's really about support. It's not to bring forward what you do wrong, but it's to support you in another way of communicating. When I had said that, it was much easier for me to interfere. I think that "good form" is a term that I understand in a vague way, but if I were to explain what it is, how would I do that?

**S:** What I think about are Jan Atle Andersen's rules for communication, they're good for that, and there's also something ... what do all of you think about this? Good form? The felt sense ... Who had that couple who fought ...? Hmm?

**T1:** I did ...

**S:** Yes, and it's not necessarily that that's not good form, I think ... Once again, I think about Berg's functional in the dysfunctional. What comes to mind is a couple I had where it was easy to think that it wasn't a good form, because there wasn't softness, it was really rough, but I had to force myself to sit, looking down, and to listen, and this is something I use when I sit leaning down, I can come out of being fixed in what's going on, my values for instance, and I can concentrate and listen to what's really going on ... and what I remember clearly is that emerging, although the form is not something I would think of as "good", I could hear how they could bring up topics, how they discussed, agreed and were able to close, but in a form that's not "brilliant", so to speak. But I'm able to bracket off my own values and ideas and be

together with them, look at what they actually succeed in doing, and this might also be something to bring back to the couple, a compliment to the couple, what they do well.

Wasn't it you, T4, who became fixed in the Cape Cod model? That you're supposed to give the couple a compliment? I stopped doing that.

**T2:** Can you give an example of bringing it back to the couple?

**S:** I remember so well, T5, how you had the experience of the embodied competence of bringing it back to the couple?

**T5:** Yes. I became aware of that, I did just that.

**S:** Emerging from the inside, impulse (*a holistic movement*).

**T2:** You share what you're sitting with?

**T6:** What you see or feel or ...?

**T5:** What happened with me that time was that I felt that they did send something towards me and what I would rather do was give it back to them so that they could work on it instead of me working for them ....

**S:** So, you were bringing them to the between instead of in the triangular relationship.

**T5:** Yes ... the don't work harder than your client. I could really feel that this was a demanding situation and instead I did bring it (*moving from the therapist to the couple's between with the arms*) back to them.

**S:** It's how you bring it back to the relationship, so they're the ones who continue the process work, instead of you, the therapist, being the one who is working.

**T6:** What I've taken from that is that I bring back to the relationship awareness of what I notice, what becomes figural, of what's happening between them and, in this way, they become more aware of what's happening in a meta-perspective.

**S:** So, then you bring it back like a compliment, or support for the loving relationship, maybe, whereas this might be an opportunity for them to learn something about how they're doing what they do (their co-creation) and talk about it between the two of them. For instance, can the two of you (with their chairs towards each other) talk about how it is to hear this from me? Then you've brought it from the meta-perspective,

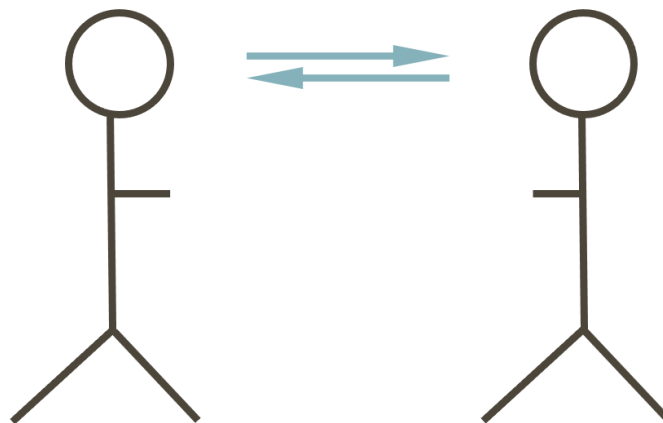


awareness of awareness, back to the couple's process, where they continue to work between the two of them.

**T2:** So, if I for instance draw the couple's co-created dance, with the arrows (The figures are designed to use for psycho-education to the couples. It is a simplified version of the RPM.)

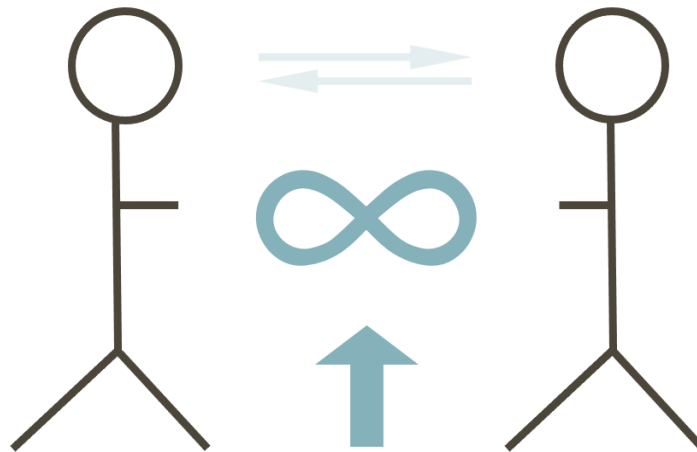
**Figure 5.1**

*Couples come to therapy because they do not reach each other.*



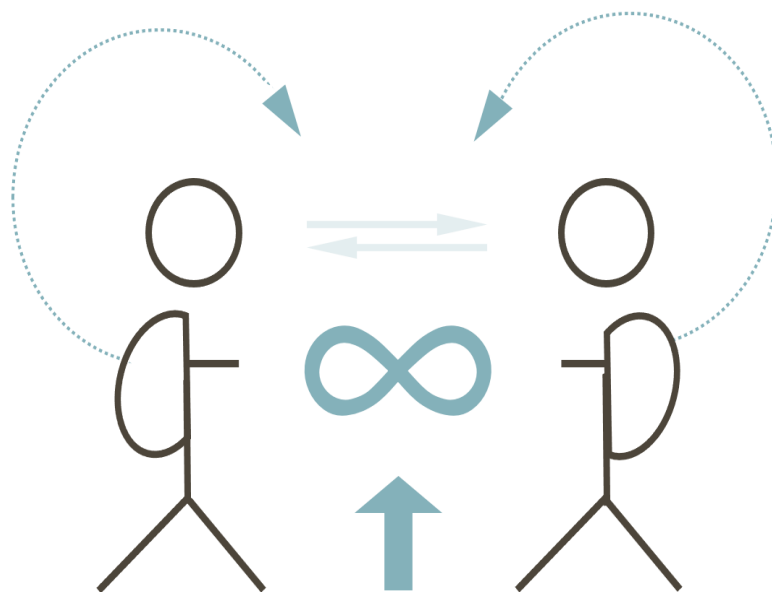
**Figure 5.2**

*The therapist works with reconnection (the contact).*



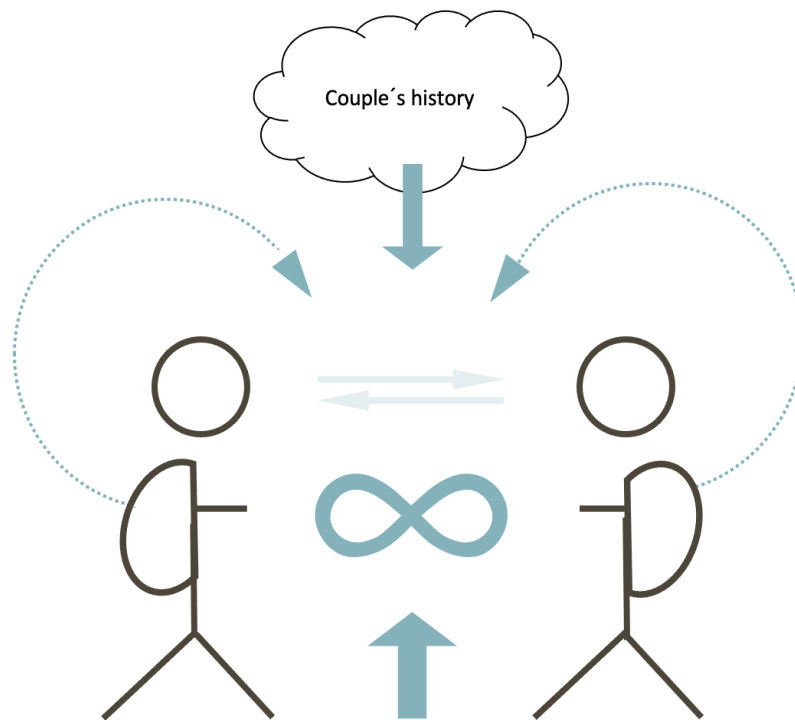
**Figure 5.3**

*What complicates the situation and relationship is that each of the partners carries with him or her experiences from his or her life, background, the backpacks (creative adjustments) that influence the present situation...*



**Figure 5.4**

*... and the history of the couple itself.*



**T2:** Usually I would just let them leave, but this time I drew, and I don't think I did it that time, but what I understand now is the potential for an intervention, to ask: how is it for you to hear that I'm talking about it like this?

**S:** And talk about it between the two of you!

**T2:** How is to hear how me describe you in this way?

**S:** And talk about it between the two of you!

**T2:** So how is to hear me describing what I notice, and can you talk about it together?

**S:** Because then you're supporting the softening and the qualities. I get really curious when you, T6, describe the softening that you even notice digitally. So how can we support the softening, support them to come out of the interlocking, how they trigger one another. This will be to choose an intervention, a polarity, but it has to be in and of the field, it has to be in the fresh, the novel, in order for it to resonate. To me this is

where we find the “gold”, we really have a lot of examples here because there’ve been a lot of “magic moments”, what I have been part of in our supervision sessions.

A first session of couple therapy might be an overwhelming experience for both couple and therapist. The therapist will have a multi-oriented task in which there is a lot at stake. The most important task is to establish a working relationship with the couple and build a relationship for safe emergency, what Laura Perls described as “As much support as necessary, as little as possible” (quoted by Frank, in training, 2016). One of the key issues is to hold a balance, remembering that the couple as a whole is the client, and not to form an alliance with one of the partners. In this focus group dialogue the different aspects of holding therapeutic authority to regulate the therapeutic situation are discussed, as are ways to bring the interventions back to the couple in order to support the relationship instead of working individually with each of the partners.

I will now turn to extracts from two different case studies in which different figural phenomena from domain four are explored. The first case study “Ménage à Trois” (threesome) (Appendix 15.8) explores the therapeutic qualities referring to the above-mentioned epistemology of Gestalt methodology. This is often referred to as the aesthetics of the Gestalt therapist (Zinker, 1977, 1994; Lobb, 2013, 2017, 2018; Robine, 2015) and the therapeutic relationship in that it acknowledges that the therapist is aware of the potential dangers in forming an alliance. In this case study I also present the RPM and examine how the interventions support the couple to attempt new ways of contacting and relating to each other. This is an example of how the therapeutic method can be used as a basis for the interventions to support the therapeutic relationship. The second extract from the case study “To Be Or Not To Be” (Appendix 15.11) is a good example of how the GMoD is used to create a working hypothesis and how the supervisor and supervisee use the different domains of the GMoD to reflect on phenomena in the therapeutic situation. The working hypothesis is important in order to raise therapeutic awareness of the need for grading interventions in this complex psychotherapeutic field and allow for trust and safe emergency and support the couple to attempt new ways of contacting and being with each other.

### 5.1.2. Therapeutic Relationship, Alliance and Method: “Ménage a Trois”

**T4:** The chairs in the room are large, not easy to move chairs and they’re seated close, and I’m further away in an A form. We start with the consent form, so I have time to breathe a little where I am sitting (*in the therapist chair, looking straight ahead, seat firmly seated, feet to ground, legs spread apart and left hand in a tight grasp between the legs, right arm up tight and hand holding onto her chin*). Their mother tongue isn’t Norwegian, and they ask whether we’re going to speak Norwegian or English. I say that if they’re comfortable with it we may as well do it in Norwegian and they are. The strange thing is that I can’t recall who started. In the beginning, she looks at me, we do the paperwork, and she faces me and so does he, then I get the papers and I put them away (*hands folded on the lap, between the thighs*).

**S:** I feel curious about how it is to receive them?

**T4:** Everything is a little bit like this ... (*very soft and quiet voice, right hand moves up and fingers rubbing together in a movement of feeling, sensing the intangible, tacit*) ... it’s very quiet, low voices (*quiet voice*) ... low-key and proper. They’re doing the paperwork, then when I start it’s like I tell myself I have to do this in the right way. I tell them about the project, I tell them about me if there’s anything they need to know about me ... To come in, to contact one another ...

**S:** Do you know what country they’re from?

**T4:** I guess they’re Polish, based on their names.

**S:** You think that they’re Polish, good, then you know something about where in the world they’re from, culturally speaking and they’re attentive to doing everything the right way and with care?

**T4:** Yes ... hmmm ... and speaking about that I’m totally perplexed because I’m unable to recall who started.

**S:** This is a phenomenon, yet another phenomenon. So how is it to sit there and be you?

**T4:** I sit and feel a little nervous.

**S:** Do you contract your breath?

**T4:** It's just like I'm breathing a little lightly, as a light breath.

**S:** Like breathing through a straw?

**T4:** Yes, like breathing through a straw and it's like if I was going to breathe normally it would have this loud sound (*breathing very harshly out, like after jogging*). So, I breathe quietly, it's a little bound. I ask them to tell me a little bit about themselves. I think maybe she starts, but it's like they're both attentive towards me, they're both turned towards me, even with the paperwork. I have them both towards me (*hands are reaching out to both chairs, hands grasping and pulling towards*) she and he.

(*moves over to her chair*) The chairs are really big and it's like she disappears in the chair (*arms to chest, hollowing, legs lifting so toes barely touch the ground and moves to the right*). She turns towards him, and this is how she sits almost until the end of the session. It's not like I'm cuddling up in the chair, but the sensation is that she has withdrawn and is here and I, the therapist, barely exist (*right arm in a dismissing movement*) and I'm here together with him.

**S:** Yes, and what does he do?

**T4:** (*moves over to his chair, sits in a vertical position, hands folded in the lap*) He tells me (*the therapist*) about the kids, activities, a little here (*a slight bow towards his partner, but then looking at the therapist*) with a great need to tell me what they do.

**S:** What is their request for therapy?

**T4:** Communication ... (*a slight breath slips out*).

**S:** Communication. It might be safe to ask about that.

**T4:** Yes, because they have ... (*moves out of his chair and stands in the meta-position overlooking the situation*).

**S:** Is he looking at her, or ...?

**T4:** Yes, he does. They do agree that they basically have a good life together. They've also been to different therapists, I don't remember what, they didn't name the therapies, but they have been working on their relationship and they've been together for 15 years. The oldest child has autism and the youngest is active, a lot of narrative

about the family (*right hand moves like a circle between the therapeutic situation and she attempts to sit down in the therapist chair*).

**S:** I'm really curious, if you embody her ...

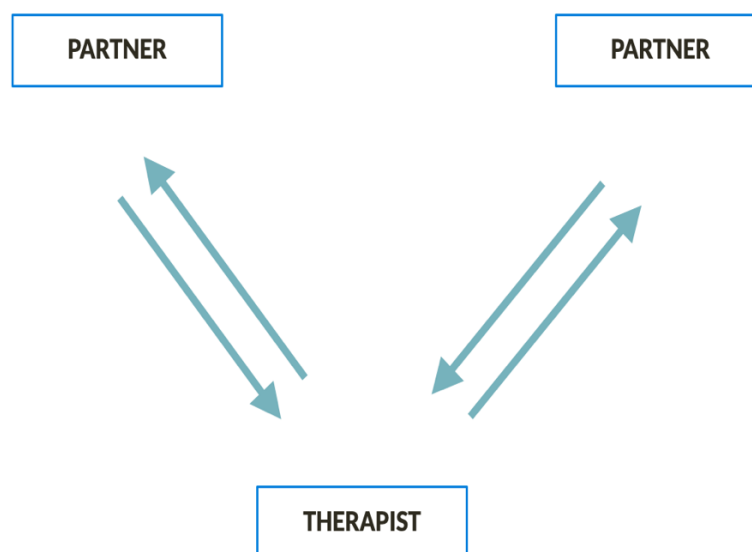
**T4:** (*moves over to her chair*) Yes ...

**S:** ... crawling up and sinking down, like you showed us and looks at him ...

**T4:** Not that I'm sinking down, but rather (*back moves into retreating sagittal, bending the chair backwards, a strong retreating sagittal push*) leaning back, and she says sometimes I have to reflect, I have to think a bit. We're not looking at a sequence here, but during the session she says a couple of times, because he talks a lot, whereas she says I have to reflect a little (*pointing with her right index finger to the therapist*). Now I do like this because I've said to myself after the session and I've drawn the three chairs and communication like this, he talks to me, I address her, and she looks at him (*arms moving in this triangular movement*). This is how we are, right.

**Figure 6.1**

*Therapy starts with the couple facing the therapist, therapeutic formalities and formulation of the therapeutic request.*



**S:** What do you see when you look at him (*as her*)?

**T4:** (*right hand touches the heart*) I want to say: “see me!” (*whispering*) See me, see me! She also expressed that, it comes far into the story about the family and what they do and don’t, then she says something like, hmmm, “but I want to be together with you, I want to be with you, I’ll spend time with you. Yes, I can do a lot of things, but I manage by myself, I have my office at home, but I want to be together with you, and I wonder what do you want (*right hand supports the chin, looking down*), when you spend two hours gaming in the evenings?”.

(*moves over to his chair, looking a bit to his partner, then to the therapist, talking a bit hectically, little yielding in the vertical*) Yes, yes, but we do things together, we go for walks, but I can’t walk all the time, but we do things together. I’m together with you.

(*moves to her chair*) It may be a parody, but she responds, well, yes, yes, but ...

(*moving arms in circles above on the surface*) Yes, yes everything is OK (*then moving arms underneath*), but ...

**S:** I wondered when you sat there looking at him, as a hero, do you look at him this way or ...?

**T4:** I can say explicitly that she’s afraid that he will leave her, and there’s something I don’t really catch, like that time when, momentarily they’re 20 years back (*arms lifting and going back and forth*), when they’re talking together about what happened 20 years ago, where he says that it’s not like that and that’ll never happen again, where she says, but I am afraid that you’ll leave me. Then he looks at me the therapist again, (*arm moves indicating the attention from him to therapist*) then he explains to me again.

(*moves over to his chair*) I had two girlfriends.

(*laughing and moving over to therapist chair*) I can’t say this, I think culturally of a great sin.

**S:** Maybe he laughs as well?

**T4:** I don’t know, but ...

**S:** Then he had to choose?



**T4:** Yes, and that was very difficult.

**S:** To choose between the two of them?

**T4:** It wasn't necessarily that it was that difficult to choose between them, but it was difficult that he had had two at the same time.

**S:** She was one of them?

**T4:** She was one of them and obviously the one he chose. Now, I'm not aware of what I'm saying, *(hand to heart)* but I'm thinking, OK, two at once *(giggles)*. Things like that happen! *(arms out, reaching to both of them, without a grasp in the fingers, then looking with eyes wide open at the supervisor, hands folded between the legs, leaning forward)* I don't know what's happening!

**S:** It's better that you laugh here than there.

**T4:** *(hands face up, broad smile, laughing)* OK, culture, big sin, I'm a little ... but yes, yes, things happen.

**S:** Shit happens. Do you think it's like that to her?

**T4:** Absolutely not.

**S:** What happens with her?

**T4:** *(moves over to her chair)* It's a total disaster, oufff *(shaking her head, sinking in the upper body, hands folded in lap)*, it lives in me. This is still present in me and *(moving towards him, searching with her hands like an animal digging in the ground)*.

**S:** Yes, that was the sensation I got.

*(T4 nods)*

**S:** Like, can't get enough of you ...?

**T4:** There's something that takes the form in terms of: I have to be totally sure that this is it, so to be really sure, can we do more things together, can we go for more walks, but, and she says that, there's something like, we're approaching this moment now in the supervision, where she says explicitly, this movement *(arms grasping onto a string, leaning forward towards him)*. I'm afraid that you'll leave me, and I even

think she says something like “what do you think of that?” (*hands open up, grasping in the fingers*).

(*moves over to his chair*) And here, you know, he continues to go for walks, gaming, but we this and that, he doesn’t hear what she says (*looking at therapist*).

**S:** He doesn’t hear the underlying message.

**T4:** No, he doesn’t.

(*moves to therapist chair*) Because here it’s been like this (*moving in the triangular communication*), then I grasp onto it (*grasping with right hand*).

**S:** He has two women here as well!

**T4:** He has two (*looking at the supervisor, touching her face*).

**S:** He really has another woman in you?

**T4:** Yes (*catches her breath*). Right (*moves back to the reaching towards her*), but I feel that she’s not available in a way (*arms symbolise the two of them*). But, in this moment I hear so clearly what she says, and he continues with the walks and the gaming and is between me and her (*moves the chair as well as her entire body towards her, both hands reaching up and forward towards her*). Then I focus on her, and I say “I hear you. It sounds like there’s something about your need, a need to be seen or heard?” I say it in a way to the couple (*indicating the between*), but I explicitly address it to her (*arm up, grasping onto in her right hand, like catching something*). She looks at me and then I say, I don’t remember exactly, but something like “I hear that you say that this is what you need” da da da (*looking at him*), then I put it out (*to the between*), because she says yes! (*light voice, body in a yielding with, pushing against in the vertical*) Yes, looking at him, this is exactly how it is!

(*moves to his chair, head turns to her and then to therapist*) He glances at her and then at me and then he says, although maybe not in words but like “what are you talking about now?”, “What happens now?”, “I don’t get it!” He doesn’t understand, he hasn’t grasped anything of what’s been going on (*arms indicating the dialogue between her and the therapist*), and then he moves towards her (*arms gesticulating*), well, because this and that (*head shaking*).

**S:** He's not available ...

**T4:** It's like something just passes by, hmmm, and then we're ... (*moves over to therapist chair*) buzzing a little, I look at how they're buzzing and then it's like it dies a little, rewinding to the (*arms indicating arrows not reaching each other*) how they do it. Then I try one more time and then I do it, I explain to him, then I'm in (*upper body in a sharp sagittal forward between, arms reaching out on to each of the partner*) ... you see how I am now?

**S:** Yes, indeed, you're really doing the intervention with her and him and then in the middle, you're rolling with your chair like this (*restrictions applied due to Covid-19 prevent the full movement*).

**T4:** Yes, now I'm really, really close and put it back, much more explicitly also with him and I'm still not sure whether he grasps it (*head shaking in a no*).

**S:** So, this is maybe the growing potential now, that you withdraw from the situation and put their chairs together.

**T4:** (*hands folded in the lap, looking at supervisor*) Yes.

**S:** You have to feel if it's possible, though, then you avoid the potential alliance there (*indicating him looking towards therapist*).

**T4:** Yes.

**S:** Because it becomes a ménage à trois. Do you know that expression?

**T4:** Yes, when I look at it from your perspective, it's what he does here as well. They came into the room, and they were really here and now and then poof! They were 20 years back in time and surely, he's here looking at her and telling me (*giggling, blushing a bit, right hand to chest, lips tightly held together in a smile*).

**S:** And of course, it's a couple trauma that she's sitting with, and he continues to do ...

**T4:** He affirms that this will never happen again, and it is totally in the past.

**S:** That may be so, but he continues to organise in this way.

**T4:** Without at all being aware of how he's doing it. He's convinced that he's with her (*arms up and hands indicating the two partners drawn towards each other*).

**S:** In suffocating confluence.

**T4:** Yes, indeed, indeed.

**S:** It's good that they'll learn to differentiate. That makes it more explicit if you move the chairs, you frame the field and you avoid being a part of it. They'll have to be with each other, and you'll not be drawn into it, because most likely he will try to look at you. What you can do is to look down.

**T4:** I did that in a situation as, earlier in that sequence, I was leaning in and he was talking to us at the same time and in some instances, I noticed that I did, just very briefly, just a small nod (*showing how she looks at him and leans her head in a nod towards the right*) and then he addressed her. I didn't even say (*hands move and right hand reaches to her chair*) can you tell her, but just this small nod. So more of this, but more clearly.

**S:** In that moment, you're not latching on, you look at her and that invites him to look at her. She's invited in and that creates a different dynamic. She longs so much for him to be with her ... and that's the couple trauma ...

**T4:** Here it's an explicit trauma (*both hands out in a V, reaching towards both of the partners*), that they were attentive to both of them.

**S:** And that they both are trying to solve it and here it's a healing potential. I became very curious at the outset, when everything was blurry, that signifies the suffocating confluence. There's no emerging figure, you can't even remember.

**T4:** No, it's vague, fascinatingly vague, as if they are both very distant, and she disappears from me (*right hand to chin*). It's like (*shaking her head*), it's very sweet and accommodating, however she doesn't want anything to do with me really.

**S:** You're the competitor.

**T4:** (*chair moved towards supervisor, feet lifted, toes barely touching the ground, right hand to chin, blushing, timid smile, giggles briefly*) When I see it now in this light, I could sense, I was aware that she's disconnecting from me. During the session I could feel well, she's disconnecting from me that's OK, I was very aware of her.

**S:** You had to work hard to reach her.

\*\*\*

*Supervision after two sessions with the couple (one cancelled due to illness)*

**T4:** I still think they're Polish.

**S:** OK, so this is the foreign couple, and you still wonder ... Do you want to embody them to bring them forward? What's important is what you are curious about.

**T4:** I didn't turn the chairs around in the first session. I was so aware when I started the second session with them (*moving over to the setup, sitting down in the therapist chair, feet firmly to the ground, sitting in a vertical, slight sagittal upper body, looking at the couple with authority*), that he's having a relationship with me and he has a relationship with her (*hands indicating the triangular relationship*).

They sit down, we start, and I invite them to move their chairs (*showing with her hands how the chairs are moved from the triangular towards each other*). I have to say something about that. It's such a small room so initially I thought it wasn't possible to have couple therapy there. When they put the chairs towards each other (*getting up and moving the chairs with just 40 cm between the legs of the chairs*), and this is how they sit. It becomes like a small cocoon. Quite quickly the content of the conversation is similar to how it was in the first session. It's talking about, something like ...

(*moves over to the right chair, soft voice that one can barely hear*) I want to be with you. This is her. I need, we will, I want to be with you, I want to be closer to you (*sitting with feet on the ground, in the vertical, hands folded in the lap*).

(*moves over to his chair*) Yes. Yes. Me too. We can go for walks. We can do this and that. We can go for walks (*feet on ground, slight collapse in torso, grasping onto left fingers with the right hand in between the legs*).

(*back to her chair*) Yes. Yes. We can go for walks.

(*sighs on her way back to the therapist chair, then moving up to look at the situation in the meta-perspective*) It's like it's a harmonious merging, a lot of suggestions, they totally agree about what they can do more of, it's like a (*wave with the hands*) and at the same time this (*arrows that don't meet with the hands and appear chaotic*) and it's like they don't meet and (*hands to head*) ... It comes from here (*showing from the head and outwards*).

**S:** In the cocoon?

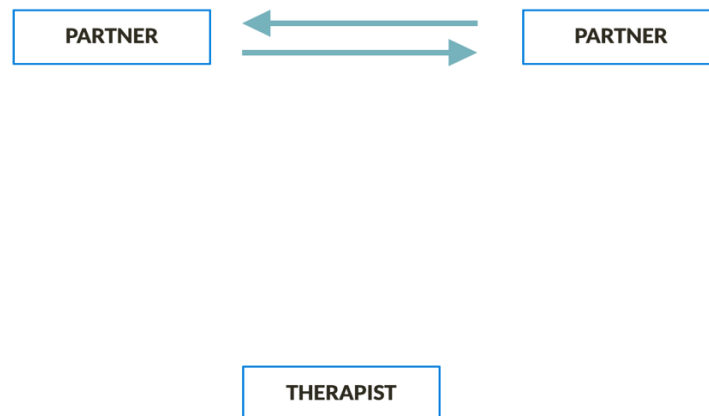
**T4:** In the cocoon, yes. They're forced to sit towards each other (*hands towards chest in a reaching for with a small grasping inward to herself, moving a little bit and then sitting down in therapist chair*) in that I've moved them together, I sit here, and I feel freer. I don't negotiate with him anymore.

**S:** So, you're no longer the other woman.

**T4:** No. So now I can sit and listen.

## Figure 6.2

*Couple dialogue*



**T4:** They keep going for quite a while. It's like they're going into (*hands moving like two partners back and forth, separate*), they're talking about (*sitting in the vertical, legs a little apart, a yielding with, pushing against middle mode position*), I don't remember exactly the onset, but somehow thinking "how can I intervene?" Then I kind of stumble in, in an inelegant way, as I don't have a clear figure. But I need to intervene into the cocoon, if not they might sit there the entire session. They're so good at agreeing on everything, they don't need to do more of that.

**S:** So, you kind of stumble into the weaving of silk that they're doing?

**T4:** Yes. I have this chair that I can't roll very easily, so I kind of come over like a little like this (*moving out of the therapist chair over to her, sitting down on right knee, leaning on her left knee with her left arm*) and I'm sitting down here and think I start with something like. "OK, so how does it sound to you, how do you feel?" Clumsy. I don't have any elegant intervention; I just think that I need to get in. I go in there without having any figure, just a sensation, more of an impulse.

**S:** The id-function.

**T4:** Indeed, it's like that, nice. But it's fixed, sending the ball back and forth. I don't have any figure.

**S:** Well, that's the figure.

**T4:** I feel the urge to intervene and what I do is go straight to the body.

### Figure 6.3

*Therapeutic individual support*



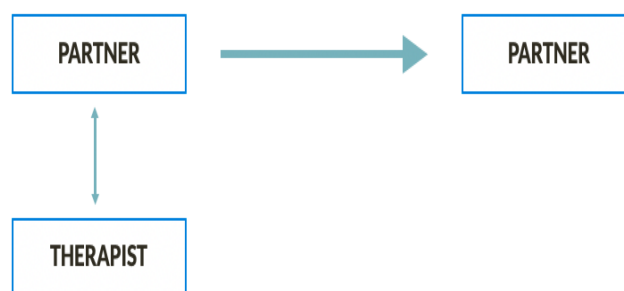
**T4:** It got quiet, like I introduced something like WHAT? (*stands up again in a meta-position, looking at supervisor*) in this weaving. Saying this, I feel the flow with me now, because then, I embody it. "What do you feel, how do you feel, what are the qualities (*indicating his presence with the right hand*). I don't remember exactly how it started but (*touching her chest with both hands*) going to the body, "where in your body"?"

(*sitting down in her chair, feet on the ground, vertical position, right hand touching the chest*) Yes, I feel a little here. OK and when I sit here it's like, to feel, to feel, yes,

it feels strange, OK, I can feel a little (*voice very soft and subtle*). I don't think she's saying it, but this is how I feel. I feel a little sigh (*looking at supervisor and nodding, right hand touches the chest in a confirming clasp*). It's strange to sit here, I feel that I (*sighs again*), like her, I feel moved. Yes, it's like this. I feel the softening, like her and now I see him, with this softness.

**Figure 6.4**

*Therapeutic individual support*



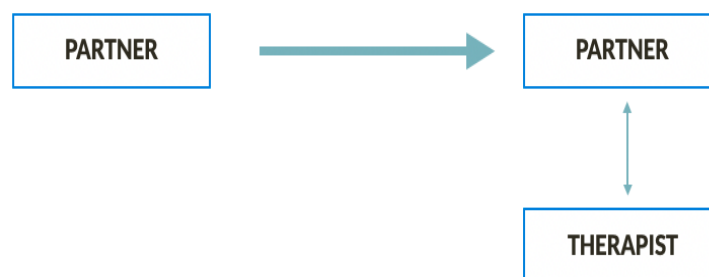
**T4:** (*meta-perspective, arms moving indicating the infinite movement of the couple*)

It's like in the therapeutic session, she is, she's the one where I start, I sense that I can start with her, and she connects and then she sees him.

**S:** Then what happens with him?

**Figure 6.5**

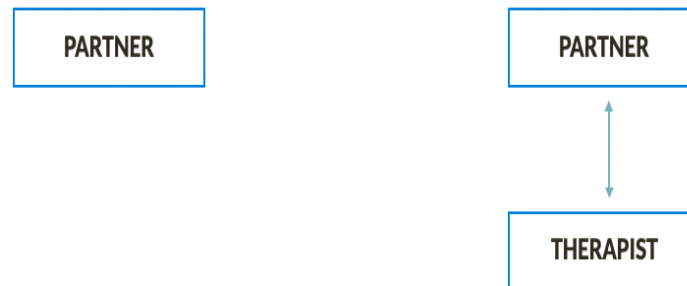
*Therapeutic individual support. This is an opportunity to find the way over to the partner, to support the person in listening, hearing and receiving.*





## Figure 6.6

### *Therapeutic individual support*



**T4:** *(moving as therapist over to support him, leaning down)* What happens when you hear her say this? What happens with you now?

*(as him, feet to ground, hands folded in the lap, looking down on the therapist)* What happens? Yes, I think *(looking at her)* we can go for walks, and we can take care of the children, we can do this, I can do this.

*(as therapist, sitting down next to him, hands folded, voice soft)* OK, so I hear a lot of thoughts *(hands up to head)* from your head, and I wonder *(hands moving in a flowing movement down at the side of the body on both sides)* can you feel something in your body? I think I say something like that.

*(in his chair, looking surprised at therapist, then head moves towards her but looking down, and back again to therapist)* But we can go for walks, I can do that, I don't know, I can do that.

*(to her chair, sighs, looking at him)* I love you.

*(as therapist, left hand on left ear, looking at him)* I hear her and then I look at him, and then ...

*(moving to his chair)* Yes, I love you too *(nodding to partner, hands folded in lap)*.

*(in therapist chair, hands move up to indicate both partners, sits in a vertical position, quiet)* Then they're looking at each other.

*(moves over to his chair, feet reaching more towards her chair, on ground)* Then they sit here, I don't know, for about 20 minutes, they look at each other and tears are flowing, and they're in the cocoon.

**S:** In full-contact?

**T4:** In full-contact, and just are, they're being with, being with.

*(moves back to therapist chair)* But there's something I do from here, that "I love you" came quickly *(sits down next to him)* I say, as he's saying something really important. I say something like: "Do you feel anything, hmmm ...?" And at some point I say "well, I'll hold you a little, I hear that you are really dedicated to try to come up with solutions. You have many good suggestions for how to be together. So what do you see there *(pointing towards her)*? What happens with you when you look at her?"

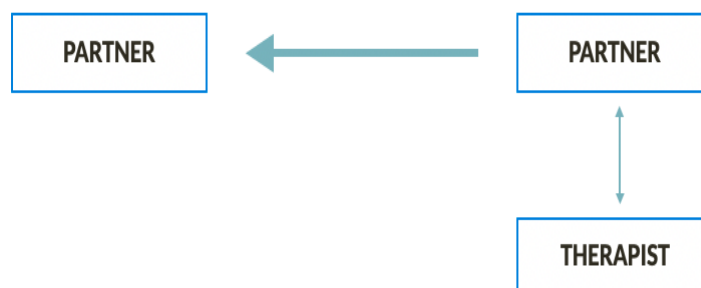
*(in his chair, looking down at therapist)* Yes, but I have to take care of the children. I have to arrange things.

*(moves to therapist chair, sitting next to him, low down)* OK, you're so good at that, you as a couple *(including her with arm movement, then moving back to a middle position, still sitting in a squat position)*, with the children, you're so good at arranging things, managing, you're so good at that. But right now *(arms reaching towards both of them)*, you can think that you're not supposed to take care of anything, just being here, let go of having to find solutions.

*(moves to his chair, looking at therapist, shaking his head and then looking at partner, hands folded in lap, legs down and feet on the ground, breathing and looking at her.)*

**Figure 6.7**

*Therapeutic individual support*



**T4:** (*moves over to her*) She's sitting here with this small smile and this I love you that came a little earlier (*feet on the ground, hands folded in the lap, breathing*) and then it's like (*head moving like the Indian waggling, hands moving in flow movement between*).

**Figure 6.8**

*Therapeutic individual support allowing for full contacting experience, supporting the kinaesthetic resonance in and of the field.*



**Figure 6.9**

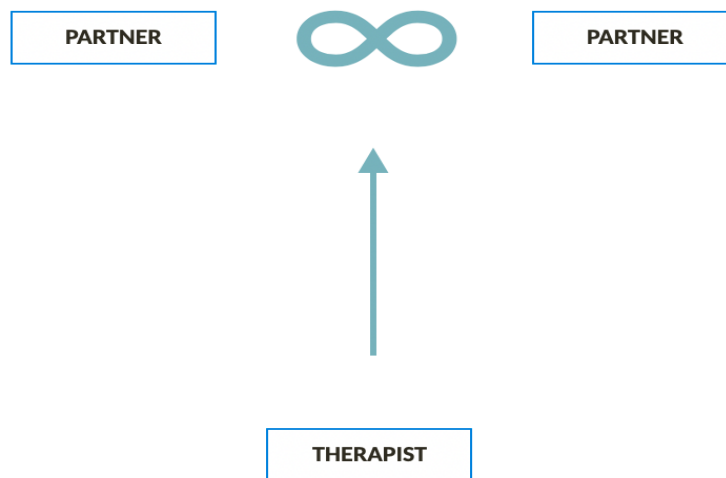
*Therapeutic individual support allowing for full contacting experience, supporting the kinaesthetic resonance in and of the field.*



**S:** And then the cocoon starts?

## Figure 6.10

### *Therapy of the relationship*



**T:** (*back to meta-perspective*) Then it's going, and I'm there like a spectator, looking at them not trying to solve what they should do to be together, ideas about how they should be, but for a very, very long time.

**S:** Twenty minutes?

**T:** I really don't know, I just think I let them go, I look at my watch occasionally, should I stop them? Do I stop them? But this is what they've longed for, then they're going home to where they have to do so much, and we have time (*arms moving in the infinity symbol of the flowing between*) and I think this is the therapy.

When the therapeutic relationship is sufficiently safe, we can take a risk. The therapist can challenge the situation by experimenting (experiment derives from the same etymology as experience) in process work and exploring new ways of creatively adjusting to a situation. By making these interventions the therapist is inviting the couple to explore new creative adjustments to their contact in order to satisfy their present needs in and of the situation as **is**. The movement between different ways of working within the relationship, the between to the therapeutic potential of supporting the individual partners, belongs to the aesthetics of the therapist. In supporting this intimate co-created situation, it is important for the therapist to be aware of the grading of the experiment and not to arrive with a preconceived idea of what is the best way to approach it. The therapeutic situation requires a slowing down in order to capture the embodied potential in these movements of kinaesthetic resonance. If the therapist

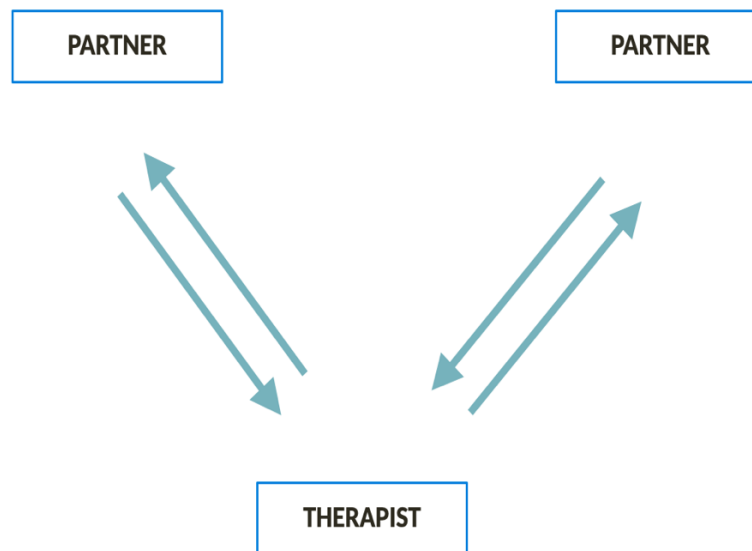
bonds with one of the partners, the other might feel neglected. The alliance will then be between the therapist and just one of the partners and the therapeutic relationship will be threatened. Another potential alliance might occur in a confluent couple that forms an alliance with each other against the therapist. This is a potential emerging figure in the case study “The Whirlwind Couple” (Appendix 15.1). The therapist always needs to be attentive to the balance of the between and always turn back to the idea that the relationship is the client in couple therapy, as discussed in the focus group dialogue.

In the “Ménage à Trois” case study, the couple defines communication as what they bring to therapy. However, what lies underneath, what Frank defines as the “subterranean push” (training, 2016), and what the couple is unaware of is the “see me” that can be appropriated to the first domain, an intimate longing. The couple does not succeed in reaching full contact experience, the quality of the contacting process is not fulfilling their needs. It is important for a therapist not to underestimate the power of the smallest movements, the qualities of a soft gaze, a mild and open face, bodies yielding into each other, as supporting the realisation of the intimate potential of full contact.

In working with couples, the best outcome of first stage therapy is the de-escalation of personal and relationship distress. Always look for softening. Never let generosity pass unnoticed. I support individual creative adjustments **when** the therapeutic alliance is sufficiently secure to risk, when the partners in the couple are sufficiently secure in that I have their best as my intention and that I am not invested in any of the individuals more than the other. (Osborne, 2011, in training)

## Figure 6.11

### *Closing the therapeutic session*



After process work the therapist will always close the session back in the triangular relationship. This movement of the chairs can also be used during the session to reflect on experiments and the process that has happened between the couple in the post-contact phase as a mean for cognitive integration of learning. The turning of chairs can also be used as an intervention for grading the process in the therapeutic situation. This was an emergent theme and finding in the research and will be further discussed in Section 6.

In the next case study, the working hypothesis is discussed and I explore how the therapist can use individual interventions and softening to enhance a safe therapeutic relationship.

### 5.1.3. The Working Hypothesis and Trauma Regulation: “To Be Or Not To Be”

**T6:** For them it’s like to be or not to be.

**S:** Couple 1?

**T6:** Couple 1.

**S:** To be or not to be. Oh my, was my response. So, they came to figure out whether or not they’ll stay together?

**T6:** Yes. She’s in a crisis. They’ve been together for about 14 years, I don’t remember exactly but they’re in their sixties, something like that. She is, one thing is that she wonders about, I think she used the word, I don’t remember the word, but she wonders if she’s bisexual and if she prefers women. But it’s not only that, it’s also their relationship, because he becomes a servant for her, and she doesn’t want that, because it isn’t intimate. He’s very clear in that he wants her, he loves her, and he wants them to be together. But he wants her to have it, he wants her to figure it out.

**S:** I become interested in how they organise themselves and what happens with you together with them.

**T6:** So, should I be me first?

**S:** I don’t know. Where does your interest go?

**T6:** In one way (*standing and looking at the couple in the set up*) what I’m most interested in is him (*pointing to the left chair*). I’m also interested in (*reaching towards her chair*) ... No, it’s him.

**S:** Do you want to embody him, the servant who loves her?

**T6:** I think I want to be me first (*sits down in the therapist chair*).

**S:** What happens with you in that chair?

**T6:** Right now?

**S:** Yes, when you take them in?

**T6:** What I remember the most, what is figural is my breath and with him I notice, when I talked to him (*struggling with breathing, sounds like drowning*).

**S:** So almost no breath.

**T6:** No, I'm struggling to get air.

**S:** Throwing yourself backwards (*retreating sagittal*) in the chair.

**T6:** Yes. My chair is way too close. I don't mean to interfere with your setup and the filming.

**S:** No, no.

**T6:** I usually sit at this kind of distance, even maybe further away.

**S:** Yes, and you're working on your breath.

**T6:** Yes, it's striking. I need to withdraw even more.

**S:** Yes, you really have to withdraw in this situation.

**T6:** With her (*taking time*), first a bit unengaged, then eventually more interested, she became more vivid and I, yes ...

**S:** She became more vivid, well.

**T6:** And I did as well, at the same time. This was the start of the session, with her and me and him.

**S:** How is it between the two of them, where they sit (*facing the therapist*)?

**T6:** I can be him (*getting out of the therapist chair*) and I didn't put them together. I rarely do in the first session.

*(moving to his chair, drawing chair a bit back, retreating sagittal backwards in upper body, hands folded tight in front of the torso, wide bulging chest, tight shoulders, inward push, head tilted in a small forward sagittal, jaws tight, moving the left leg)* I feel that my legs are moving up. The stomach is, I just remember this enormous chest, like a panzer.

**S:** Struggling to get air.

**T6:** He struggled as well, as I did.

**S:** Yes.



**T6:** Right now I see very little (*hands shaping just a narrow perspective forward*). I think it's a little scary (*then looking down, sinking a bit in the chair, chest still high*).

**S:** What's happening with you now? Are you thinking about him?

**T6:** Yes, I just thought about them in a way.

**S:** So, if you just get out of him then. You can go to the meta-perspective if you want to. What did you think about them?

**T6:** (*moving to the meta-perspective*) I was just thinking about how they contact one another.

**S:** He saw very little. It was almost like he had tunnel vision, or ...?

**T6:** Yes, now, but maybe not all the time. I think I embodied the onset, the worst. It was strange, but there seem to be many things there.

**S:** It was almost as if I got an image of survival (*movement of swimming to keep above water*).

**T6:** Yes, I think so. Very scared.

**S:** To be or not to be, as you said to start with.

**T6:** (*moving to her chair*) I will try to be her (*left leg crossed over the right, hands folded in the lap, looking down to the left*). I mostly want to do it like this (*then looking up towards him, eyes narrowing, small smile in the face, left foot moving up and down, looking down to the left, head horizontally away*). I don't remember anything about this foot.

It just started (*pause, sitting with the rocking leg, looking down, soft, quiet voice*), maybe a little impatient. When I look there (*at him*) I become a little sad (*touching her chest and moving down with right hand, a sigh*).

**S:** Impatient and sad.

**T6:** (*embodying her with a soft voice, quiet, shallow breathing in the chest area, head up and looking down to the right at the floor, hands folded in the lap and left leg crossed over right leg*) Yes ... (*quiet, long*).

**S:** Do you feel frightened?

**T6:** Yes (*a frown between the brows, moving head to the left, looking down*), I think so. There's a lot that's good here (*indicating the relationship*) and then I don't know if I want to. That's difficult (*sitting up in vertical position, soft, quiet voice, lips begin tightening*) ... and also a bit like (*face moves into a frowning, angry face, right hand clutching in front of the belly, tightening her body*) hueh ... (*angry sound*) some irritation, I feel.

**S:** Yes, what the hell ... like ... and that's something that goes over to him. Something that you said before, that he's in a service mode and you don't like that.

**T6:** She can't stand it. No, I can't stand it, I don't want it.

**S:** No.

**T6:** And he doesn't understand what she means and starts to explain.

**S:** He explains. How does he do that (*pointing at him*)?

**T6:** (*moves to his chair, expanding chest, left fingers grasping around the right fingers, retreating sagittal, tilted head and wagging a bit back and forth to the sides, horizontal with upper body*) It's strange how these feet are moving up (*can't see them because of camera position*). Well, when I'm going to get a sandwich, I think that I might as well pick up two, it's no extra work for me (*looking at supervisor, frown on his face*) A little like this (*lips tight, vertical position*).

**S:** How is it there, to sit there and it's no extra work for you?

(*T6 tightens the eyes to very small, narrow slits*).

**S:** Do you see anything there?

**T6:** I don't understand ... I think I'm wrinkling here and it's a kind of what ...? (*wagging, shaking head*) Can't we just ... have a good time ... why is that so difficult ...? (*moves out*)

**S:** I don't know if you want to be you (*indicates therapist chair*) or do you want to think a bit about this in the meta? This is their co-creation. How they do it. How they co-create their relationship.

**T6:** (*in meta*) Mmm ... I think that she gets really frustrated that he isn't authentic, right, that he doesn't show himself, his vulnerability and his needs. It makes her go nuts. He will, he comes to couple therapy, he says that he wants to change, that he wants to work on that, but he doesn't really want to. He doesn't want to change. His entire body shows that. The "doesn't want to" is very strong. So, it's really fixed and she's like HELLO!!!

**S:** What happens with you in that ... (*indicating therapist chair*) in that co-creation? Who do you become?

**T6:** (*sits in therapist chair, breathes*) I notice that it's easier to understand her.

**S:** When you're embodying them?

**T6:** When I'm talking about it now, when I'm embodying them, yes. I know something about where he's coming from, so I do understand. Who am I becoming? That's difficult to answer. One thing is that it's easier to understand her.

**S:** Than him?

**T6:** I understand him too, the chest becomes figural, it takes a lot of space, it takes the lot. The entire chest is just, I understand why she's frustrated ...

**S:** ... and you understand something about where he's coming from, his creative adjustment.

**T6:** Yes, he has a background of being bullied a lot, a lot and I think there are other things behind that as well. He has always felt like an outsider, he still does and he doesn't have any friends, which also makes her crazy. That becomes a burden to her. She has a lot of friends and wants to go out. He wants to join in with her friends (female) and she just thinks nooo ...

**S:** So when you looked at your notes, to retrieve them, what became figural for you then?

**T6:** It was that chest and I had forgotten about her thoughts about being a lesbian. But I hadn't thought much about them before supervision, so it might have been that it would've emerged, probably. And that she was like "hello!"

**S:** Is this what would be the essence of the session, what you've described now?

**T6:** Yes, I think so.

**S:** Do you know what I become attentive to?

**T6:** No?

**S:** That you don't become someone who's supposed to fix them.

**T6:** Ohh, yes. I guess I feel the urge to fix him, but I understand that I'm not supposed to!

**S:** Yes, you understand that. What would you have said to him if you were to fix him?

**T6:** What I would say to him if I was supposed to fix him, what I'm not supposed to do?

**S:** Yes.

**T6:** Now you have to stop hiding!

**S:** Yes. And you can be with him, too!

**T6:** I think that he can be supported in what he's doing and that he can become aware of how he's doing it, how he stops and doesn't let her in.

**S:** Do you want to try that?

**T6:** Yes. There are many ways I can do that, do you want me to embody them or just from here?

**S:** I don't know.

**T6:** I think that in the next session I would've tried to. With this couple I felt (*snapping fingers*) that I was working with them very fast, so I was almost about to put the chairs together.

**S:** So even though there's so much fear there (*indicating him*), there's somehow also something that allows for support to put them together.

**T6:** Yes, but I held back a little; like with her, I think could have done a lot of things.

**S:** She also needs a lot of support to see if she'll succeed in passing the panzer.

**T6:** Yes, with her I think I could've just put them together, but with him I became ... I didn't do it. But the thought passed through my mind and it was something I could've done.

**S:** If I think about the GMoD and the domain, working hypothesis, then I think about the GDF and fear and organisation. What do you think about him with regard to fear?

**T6:** That's high, about the upper half—about a seven.

**S:** Just seven?

**T6:** Yes, because there was also something that he succeeded doing. I thought about putting them together, which isn't what I do with all couples.

**S:** No.

**T6:** At the start.

**S:** Could he yield more into the chair eventually?

**T6:** I think so.

**S:** Because I wonder about how fixed he is? The softening. The more yielding into, the more he will be able to feel himself.

**T6:** Yes.

**S:** So just to breathe together with will allow for more feeling about.

**T6:** Or just, I become aware of your chest, what do you feel here? I notice that you sit a bit like this, how does this support you? Then I think should I have done that when he sits together with her?

**S:** I think that can be a good opportunity to intervene and roll over, and not to point to it too much, that can be shameful.

**T6:** Yes, yes. That needed to be graded and maybe just a little.

**S:** Yes, and then send it over. I become curious about how it impacts her, so he can hear it from her.

**T6:** Instead of from me, yes.

**S:** That's interesting. Then you have the theories to support whether he's able to lean forward.

**T6:** Yes, I do that quite a bit, to bring it between the two of them. What I become curious about is how I would invite them to explore. How they experience it.

**S:** What you describe is the co-creation, which is quite extreme. There's the panzer and there's a lot going on with her as well.

**T6:** She became very hopeless, I remember that now. That comes up in me.

**S:** Yes, because they are fixated. I would appropriate that to the working hypothesis in the fear and the fixation GDF. It says something about the degree of suffering in the field. With her identity crisis as well, to be 60 and start wondering if you're more attracted to women, isn't that a little desperate as well?

**T6:** That must be quite overwhelming for her.

**S:** So, with regard to grading, he might not be able to delve in without his panzer. What happens with you now then?

**T6:** I ... I don't know. I don't know how I would go about it. I'm very attentive to what arises in the situation and for some reason I'm not that afraid of asking about the panzer.

**S:** No. Interesting!

**T6:** Yes, and it's something about how you ask about it as well.

**S:** That'll be interesting in the next supervision.

**T6:** To see how it is then.

**S:** Yes, because that's something you eventually will try out now.

**T6:** (*moves to his chair, embodying the panzer, feet lifting*) The feet (*hands moving parallel upwards*), I don't think about it, and then ...

**S:** They're lifting from the floor and the chest comes as well.

**T6:** I get the urge to (*moves back with the chair*) ... and I hold myself here. I feel my heart beating faster (*quiet*).

**S:** So, it becomes quiet.

**T6:** No, I don't really think so.

**S:** What happens when you sit like that then? Is it quiet there or a lot of thoughts or what?

**T6:** There are no clear thoughts really (*hands move up and around the head*), it's more like fluttering.

**S:** I got dizzy and then if you move to her. How is she impacted?

**T6:** (*moving to her chair*) I feel that my arms are burning a bit (*arms moving up, lifting above the thighs*), just like they're ohhh (*lifting arms*) losing energy.

**S:** So, you're getting into hopelessness.

**T6:** Yes, I become numb. It's like I'm unable to lift my arms. I'm not completely seated on the chair, I'm a bit above it, I'm holding a bit under, I feel. No words are coming.

**S:** Do you want to come back up? What I wonder about, when you were embodying them, do you think they're beyond the window of tolerance? One freeze and one collapse.

**T6:** Maybe, not totally, but quite. High and low on activation.

**S:** Right. When the responses are so significant.

**T6:** Yes, they're maybe not that activated all the time, but, close. This is something they're fixed in, I think.

**S:** And they're coming to you.

**T6:** Yes, and it was nice. They both thought it had been a good session and I thought that as well. I think it's very difficult for him.

**S:** For her as well.

**T6:** For her it's a relief to look into it, but for him it's just (*makes a crunching sound*).

**S:** Yes, and after all she's able to sit with more yielding available. In fact, something new has to happen. The stagnation is very figural.

**T6:** Yes, it's not good for them. I'm not sure how I will intervene actually, right now.

**S:** Yes, I just think you'll be there to see. I trust that you're capable of sitting there and supporting what's needed in the situation. There's something, I was moved hearing about the freeze there and how she also loses all her energy in the organisation in between them. That'll be the best sense of the grading needed, the sensitivity to what's needed to support this fragile field. It's trauma work.

**T6:** There were two things that I considered important in the session. The first thing was to establish safety in that I was the person who wished them both well. I think that's important. Towards the end of the session, he was so much into that "you'll have to decide, I'm just sitting waiting for you to decide" and I needed to be clear that I thought this wasn't what this is about. We would need to bracket that off for now and we'll have to work with what's between the two of you regardless. That's what's important in this room. I think it was important to say that. He didn't understand it or didn't want to understand it.

**S:** Or is unable to understand it, right, in that it's the symptom of what you're addressing. It's a symptom because she's desperate. There has to be a change and there're also a lot of nice things. You've heard that as well.

**T6:** Yes, they have a good life together, which is what she's struggling with.

**S:** Being 60, I think that's also important. That shouldn't be neglected. So this will be the exploration. They can sit together and talk about that. They might have done that already. What they have that is good.

**T6:** I think they've talked about that.

**S:** But not with you?

**T6:** No, they refer to it, both of them. It sounds like they've talked about that quite a bit, they like similar things.

**S:** So that's the glue. That might be an intervention to explore good form between the two of them and to see if he'll be able to defrost a bit, without it being so scary.

**T6:** Not to go into it directly, so they can practise.



**S:** Look at values, what they like and this is a way to enter the co-creation, the resistances, and they have come to you, who sits solidly in your chair and sustains being with them.

**T6:** Yes, I believe so.

**S:** I trust that.

This case study explores how the co-created relationship emerged in the therapeutic situation and the creation of a working hypothesis within the framework of the GMod. By embodying the partners, the therapist becomes aware of the high and low activation in the couple's window of tolerance (Siegel, 2010). After the embodied process work the therapist and supervisor reflect together on figural phenomena and how to grade interventions to build trust and a safe (enough) therapeutic relationship as well as potential figures for explorations, thus creating a working hypothesis.

A working hypothesis is to explore co-created phenomena in a therapeutic situation as well as potential interventions and these are brought forward in the forthcoming therapeutic sessions. However, in a phenomenological methodology, the hermeneutic pre-understanding, the working hypothesis, must be held lightly by the therapist, who has to cultivate a position of creative indifference (Perls, 1947/69; Stammer, 2009), as previously discussed in the case study "Don't Fix It: Staying with the Id of the Situation". This is part of the practice of epoché (Husserl, 1913/1931). Every therapeutic situation is a new beginning: the therapist should be sensitive to the id in and of the situation and interested in whatever figure forms.

Once the working hypothesis is held lightly, the phenomenological therapist can intervene with all the acquired skills, qualities and experience available in the given field. Gestalt therapy is interested in process and not content *per se*. A phenomenological attitude allows the therapist to concentrate on the co-created process and not the content, the narrative or what the clients are arguing about. Gestalt therapy is concerned with form, the co-created dynamics and the contacting process. "We are looking for the qualities of the situation [contact] and not to diagnose the person [couple]" (Frank, 2016, in training).

Baalen has developed and completed a core research project on a Gestalt diagnostic form (GDF) (Baalen, 2002/2008; Skottun & Mjelve, 2018). The GDF analyses the therapeutic situation to raise therapeutic awareness as a means of providing support after a session. In agreement with Baalen, I have adapted the GDF to couple therapy (Appendix 4). I find this

formula particularly helpful to raise awareness of the rigidity and lack of flexibility that signifies a neurotic client (couple). There is also a marker for the level of fear. Higher scores on this scale indicate activation of traumatic responses as in fight, flight, freeze, collapse or hopelessness. This provides a helpful means to raise awareness of the fragility of the therapeutic situation. In the case study “To Be Or Not To Be” (Appendix 15.11), the therapist scored a 7, and what followed comprised reflections on how to grade interventions. In the case study “The Arabian Horse” (Appendix 15.5), the therapist and supervisor discuss the level of fear in the therapeutic situation, and the therapist seeks additional supervision as a mitigating strategy to help cope with the demanding therapeutic field. The high fear and low organisation might indicate (relational) trauma in the ground. I return to trauma in the chapter on the second domain, “The Co-Creation and Creative Adjustments”.

In the case studies “The Whirlwind Couple” (Appendix 15.1), “A Broccoli Couple” (Appendix 15.4), “The Arabian Horse” (Appendix 15.5), “Preparing for the Storm” (Appendix 15.6), “The Fragile Self and His Victim” (Appendix 15.7) and “Living in the Past” (Appendix 15.12), there are explorations of how a high score on the GDF impacts the therapeutic situation and discussions of how a therapist can navigate these different co-created therapeutic relationships. Zinker (1994) describes practising good form, as a quality in the therapeutic situation. Frank (in training 2016) brings in the relational aspect in the concept of form forming form which picks up the Gestalt psychology understanding of a Gestalt as a form. To introduce and practise good form is allocated to domain four in which the (verbal) dialogue is characterised as the practice of listening and responding to one another. In the case studies there are several different examples of couples that are high or low in activation as well as low in organisation on the GDF rankings. Their contacting processes are interrupted by their different coping strategies, which are their ways of making creative adjustments to the best of their abilities here and now. This results in a fixed, co-created organisation of the relationship, the stagnated self-process described in the second domain. To work in this challenging therapeutic situation, the therapist needs to grade the therapeutic authority (Visnes, 2009). The GMod supports the therapist to frame and set boundaries in this complex situation. This is what the therapist did in the case study “To Be Or Not To Be” when she specified that therapy sessions should work on the relationship and not the “symptom”, which manifested, in part, in the female participant’s questioning of her sexual preferences.

Another important requirement that emerges from the case study is the commitment to therapy. Are both participants willing to do therapy? If both partners do not make the

commitment, a therapist cannot work with that couple. In the “To Be Or Not To Be” case study the therapist is curious about whether the man is prepared to commit to therapy after he states that “he doesn’t really want to” and makes reference to his “panzer”. To make himself available in the therapeutic situation, the man needs to risk losing the protection provided by the “panzer”, to soften and make himself vulnerable, present. To commit to a therapeutic process is to invite risk. One must accept that there is mutual response-ability for the situation and explore the essence of the relational and the co-created perspective. In the softening lies the therapeutic potential of leaning into, yielding into and being with. This is further discussed in the first domain of Intimacy and Autonomy. In the “To Be Or Not To Be” case study there is an emergent potential in what is described as “the softening”. It is intriguing to think about how this can be supported by therapeutic interventions individually and in the relationship, as previously described in the chapter on the therapeutic method. What is important in the discussion is how the therapist can apply individual interventions to the couple’s co-created relationship and guide them to explore together. This research thesis rests on the belief that there is healing potential in this exploration and that there exists the possibility to make creative adjustments to new ways of being with each other in order to establish a more dynamic organisation of contact.

## **5.2. Identity and Values**

Couples often come to therapy when they disagree, the relationship is stagnant and they are not able to reach each other. In a couple’s lifespan, different phases pose different challenges. These are often referred to as crises. I prefer to see these as transition periods and possibilities for growth, whether they take the form of development within the relationship or of separation. These developmental challenges can be misunderstood as a co-created, interlocking pattern (described in the next chapter), whereas what is at stake in the third domain is what I call Identity and Values. This demands a different figural perspective.

Esther Perel, a successful Belgian couple’s psychologist, writer and speaker, argues that the couple project of today is no longer prone to the attachment theory of secure belonging that derives from the epistemology of EFT, but is instead an identity project (2007, 2017). What I find interesting in Perel’s thoughts is the fact that in postmodern Western societies, the partners have a choice to stay or go. This existential freedom is a stark contrast to previous generations when women relied on men financially and socially. The identity project recognises the impact that the co-created relationship has on the person’s innate needs and

autonomous self, which is described in the first domain of Intimacy and Autonomy. It is essential to bring this to the awareness of couple's therapists as this perspective, in line with PHG's Gestalt methodology of human potential and growth, directly influences the vitality, intentionality and sense of agency in both partners and the relationship itself.

As described in the literature review, my position as a female Scandinavian researcher is very different from that of the American men who have conducted much research in the field. Furthermore, the epistemology of the predominant professional family therapies in Norway, the Prevention and Relationship Education Program (PREP) and VID university, both adhere to a set of values, reflected in VID's description of itself as "a valued and church based specialized university" (VID, 2021). When I became aware of this epistemology, I was critical of its impact on how therapy is conducted and the fact that the values of a Christian ontology are not explicitly relayed to couples seeking therapy. I do not believe this underlying social agenda is in tune with how Norwegians live their lives today. Pedersen critiques the power psychologists and psychotherapists have in social discourse when they give voice to opinions about how people should organise relationships, when he says "paradoxically this tyranny of openness has contributed to narrow perspectives and new moralism" (cited in Samtiden, 2021). This has been an important aspiration in this doctoral thesis, and I return to these critical perspectives in the analysis in Section 6. A Gestalt, phenomenological therapist is dedicated to exploring the how, and not invested in the outcome of the therapy.

In the article "Gestalt, the Good and the Concept of Ethical Presence", Chidiac and Denham-Vaughan

... propose that practitioners reflexively inquire, through the elevation of a dialogic and field orientated stance, and assess the presence of themselves and others since, when I judge myself as "present", an ecological ethical perspective asks what factors in the wider field (power, privilege, etc.) support me to be that way? (2020, p. 21)

In the era of globalisation, cross-country marriages, questions of religion and gender as well as second marriages with children who are yours, mine and ours all pose couples challenges that prior generations were less exposed to. Thus, therapeutic practice needs to be informed by and constructed to reflect the complexities that influence the relationship (Tilden, cited in Ness, 2017). The therapist needs to be aware of the values s/he brings to the therapeutic situation, the situated, reflexive self (Adams, 2013; Bager-Charleson, 2010, 2012). Therapists impact the therapeutic process through how they find a figure and intervene. In doing this,

transparency and therapeutic disclosure can support the process. I return to this perspective as a theme that emerged from the case studies in Section 6.2.

Field theory describes the impact of every vector in a constituted field (situation and relation). In *The Social Group as a Fundamental Determinant of the Life Space*, Lewin addresses marriages [couples] directly.

Marriage is a group situation, as such shows general characteristics of group life. The problems of a partner in marriage should therefore be viewed as arising from the relation between an individual and his group... (...) Marriage usually has a high potency within the world of an individual or, as one may say, his life-space. If a person is not clear about his belongingness or if he is not well established within his group, his life-space will show characteristics of an unstable ground. (1951b, p. 68)

In the domain of Identity and Values the therapist can work with awareness of the wider field (Parlett, 2015; Francessetti, 2007) and how this influences the relationship. It offers a therapeutic opportunity to explore the impact of each of the partner's narrative and their creative adjustments in what Whines (1999) describes as mapping the relational ground. This entails an exploration of how the individual in a couple organised and creatively adjusted in their families of origin, society and culture there and then. The partners' early lives, their relational themes and even generational trauma might thus be brought into awareness. This implies that difficult feelings might come up that are not directly appropriated to the relationship, but that can provide a therapeutic possibility to support the couple to understand each other better, without having to address their co-created stagnation, "the problem". In this lies the therapeutic potential: the intervention. It teaches the couple to "visit the other" without having an investment, the co-created power dynamics. This therapeutic opportunity emerged in the case study "The Fragile Self Concept and His Victim" (Appendix 15.7). It is a quality of staying with what **is** rather than how it "should be" or "having the last word".

In my experience, raising awareness of the values the bond between the couple together might emerge as a paradoxical change (Beisser, cited in Fagan and Shepherd, 2008). Common interests, values and traditions might emerge. No two couples are identical. How they deal with challenges will inform the therapist of their co-created relationship. A couple might be supported simply by raising awareness of these different influences and the complexities they are experiencing and that might have been projected by their partners as "faults". As a therapist I have one rule of thumb: "You can never know what is between the two, 'the glue'".

We might see, sense and feel, however we are never part of the between of a couple that forms that particular relationship. This is explored in the case study “A Broccoli Couple” (Appendix 15.4) in which the therapist looks to find what is functional (which will be described in the next chapter) in what seems to be a couple that would be better off separating.

Research shows that securely attached couples have better odds of surviving and are better equipped to negotiate and handle differences (Gottman & Silver, 1999). They are more likely to access “good form”. With these couples the therapist is freer to address figures appropriated in the first, second and third domains, as there is sufficient support in the therapeutic situation. Couples that are more insecure or more “fragile” in their creative adjustments are more likely to suffer from greater activation of their nervous systems, and the therapist will grade the interventions to provide for a safe emergency. The couple will benefit from the yielding with, the softening of the therapist as support for safe emergency, as previously discussed in the focus group dialogue. The “glue” is also what is brought back to the couple, featured in the case study “The Clever Girl Therapist and Her Client” (Appendix 15.1), as illustrated in this short extract.

**S:** I believe you do that. It’s what you do when you support them to be with what is. So next time when you see them maybe they’ll have some new experiences that they bring with them, something fresh, an episode they think is difficult, and then they can explore together. For instance, with the children. We contact in a disagreement about something (*drawing on the Identity and Values domain*), and then how they can find good form and at the same time what lies underneath in the co-creation. It’s really to welcome whatever they bring in.

**T1:** I experience first when they talked a lot together, then I had an intervention, I don’t remember exactly, but I remember thinking; I don’t think they know what they do well. I did point to what I saw that they did well, because it was so beautiful what they did. Are you aware of this? I described what I noticed, the dance, I don’t remember anything about that, I just remember the movement, and when I said that both of them were astonished. They hadn’t seen this, and they became surprised, oi. Then this is where she started being clever.

**S:** This is where you brought it back to the couple, the dance?

**T1:** In this I support them, it makes a lot of sense.

Returning to Perel's ideas of an autonomous couple, we will negotiate on what grounds the relationship is founded. What is in it for me? Us? How do we want to live together? What is important to me? And what is not that important. Are there areas that cannot be compromised and others where I will be able to give in to my partner?

The therapist might have to intervene and address the "elephant in the room". An example of which appears in this extract from the case study "What's Unsaid" (Appendix 15.11).

**T5:** (*sitting in the therapist chair*) ... in that session is that I hear that they are talking ... maybe I'll embody that ... I become unsure (*moving back to her chair*).

(*sitting in her chair*) Well you know, my story, I sit here talking about (*tempo down, looking down, body composed tightly*) when every May 17<sup>th</sup>, all the birthdays, Christmas with his children we spend together with his ex, her husband and I feel so excluded and there are memories and laughter and do you remember when you ... and looking through photos (*stands up*).

(*in a meta position, hands on hips*) So, she addresses this and what happens is that he listens ...

**S:** (*pointing to his chair*) How is it hearing this?

**T5:** (*moving to his chair, body tightening, feet crossed, looks straight forward on the left side of the partner*) I look at her when she's talking, a small nod sometimes and I don't say anything. When I am embodying this now, I feel speechless (*stands up*).

(*moving back to the therapist chair, standing*) What happens with me is that ... and this is going on for about twenty minutes ... and in the words that I'm hearing is that this is smoothed over. This is how it is and I find a way to tackle it, I go upstairs to the second floor and play with the children and I don't (*moves over standing beside her chair*) have any history with them and I can have a nice time with them. It's totally OK.

(*sitting down in the therapist chair*) Yes, it's good that you find a way, but I believe that you experience being a bit on the outside?

(*moving back and sitting in her chair again*) Yes, I am and then blah blah.

*(returning to the therapist chair)* And what I'm feeling here's that now *(towards her)*, there's something that isn't OK. They continue talking about things *(arms moving between the two people in the couple, therapist facing with chair towards her chair which is also turned towards the therapist)* but I'm not able to move forward. I hear what they're saying and I'm responding, here and now I don't even remember what it was *(pulling the arms of her sweater up)*, but I remember they talked about something else. Twice more I came back a little to check out *(chair moving from the between position towards her)* and at some point *(signifying with right hand up over the head and down to the lap)* OK, I'm questioning myself and who I'm becoming. Am I the therapist looking for problems? I think I'm even saying that I won't be the therapist who's looking for problems if there are none, but then at the end I think that no, now I have to follow my impulse! There's something that's not adding up and I say quite frankly that I'm not able to let go of this so I'll share it with you *(sitting in the between)*. The way it is for you *(left hand addressing her)* every May 17<sup>th</sup>, every other Christmas and all the birthdays, something happens with me when you are telling me about this *(hand moves in front of her stomach)* and then it comes ...

*(moving back to her chair)* Yes, I'm so happy that you say this because *(facing therapist, leaning forward in the sagittal, movement of right arm reaching out towards therapist)* brrrrrrr ... brrrrrrr ... brrrrrrr ... *(right arm moves in circles)* ... it's just like it's coming and coming brrrrr ... brrrrr ... brrrrr ... and that's not OK and are you aware of how it is for me *(looking towards him)* and I feel on the outside all the time and I don't think that you know how it is!

*(returning to therapist chair, right hand at the chest)* The first thing that happens with me is that I'm so relieved that I followed my impulse, then I get a little aha that I don't always trust what happens in my body. At this moment I did and that was important for me. That is half of what I'm thinking. This was an important incident for me as a therapist *(right arm moved to the impulse movement from the body)* and then I think that this was important for her and for them.

When the couple becomes aware of the phenomena of what is unsaid, the therapeutic situation allows for an exploration of what is at stake. The couple has an inherent ability to hear, see and confirm the other, they practice "good form". In the domain of identity and values negotiation implies to find out whether the partners want to adapt to each other or if there are



irreconcilable differences and the couple is better off separating. Tilden refers to these phenomena by saying “The problems people are seeking help for are becoming increasingly complicated and complex. Hence therapists need a broader understanding and therapeutic approach that includes both individual and relational aspects” (as cited in Ness, 2017, p. 93). There is always a risk in differentiating but there is also the potential to take the relationship to another level of understanding.

The therapist’s role is to facilitate the process of exploration and negotiation in the contacting process. I never intervene before I have a clear figure. A clear figure can be the process or form, a clear figure can be chaos or rigidity, or a clear figure can be that the partners disagree about several things and they can only negotiate one at a time. Do they reach a common understanding and full contacting? As the couple acquires the skill of negotiating in the contacting process, they will eventually be able to solve dilemmas by themselves. Gestalt therapy is concerned with process and form, which is more helpful in the long run than content because the couple learns to deal with differentiation and negotiation. This is explored in the case study “The Fragile Self and His Victim” (Appendix 15.7).

**T4:** (*in her chair*) There’s something about being taken seriously (*arms moving in the between movement*), in the continuation here there’s something about this. There’s an incident where they were on a boat and the one child kicked a stick, she navigated the teenager, and he commented that can you just let it be and what I experience is that you don’t back me up, you don’t take me seriously, I think this was important, why couldn’t you just step up and back me up, when you then talk about laissez faire, I get angry.

**S:** What happens with him then?

**T4:** (*in his chair, vertical position with yielding available, feet down to the ground, right hand around the torso supporting the left arm where the hand is supporting the chin in a grasping onto himself gesture*) It was just a stick, I don’t see the problem, I don’t see the problem with the stick.

**S:** What happens with her?

**T4:** (*in her chair*) It’s not about the stick; but I want us to have a nice time and then you correct me. I’m anxious about some things or there are things I don’t feel are OK,

but I want us to have a nice boat trip. But I don't want the kids to fall into the water, I don't want the kids to kick things, I want us to have a nice time!

*(meta-position)* They're jumping to different situations.

**S:** What happens with you as therapist?

**T4:** I think about needs, to rewind a little, I've been looking at the communication and responded to them with regard to that. They're taking turns, they look at each other, I say that technically speaking, the communication is fine.

**S:** What happens when you look at the dynamics of the between?

**T4:** I think, ohhh, looking at the underlying co-creation, what is it that's feeding into this, because I experience that they're really talking about different things. She's talking about the need to be seen, whereas he's talking about something that I'm not able to capture at that point, but what's underlying is that they're not being met on something that they both need. That is what emerges.

**S:** This is what emerges, and how is it to be you, as the therapist, to sit there with them?

**T4:** This is what is new and unknown to me, as I sit there and let them go on for a while, let them go on longer than I would've done before. I'm aware of my impulse of wanting to jump in and fix.

**S:** That sounds fine.

**T4:** I'm holding myself back in my impulse.

**S:** What emerges is your awareness of their co-creation.

**T4:** Mmmm.

**S:** That's really what becomes the figure.

**T4:** In some way, what's clear is the impulse of wanting to jump in and join, to be the clever therapist and start to interact. I begin by drawing myself a little further away so I'm really at a greater distance, so that I really can, I think now, if I would've done as I did earlier and interacted earlier, I would've missed, what emerges from here *(indicates the torso)*.

**S:** Because something new is emerging from there?

**T4:** (*walking over to her chair*) Yes, there's this situation about the stick and the boat. I don't experience that you take my need seriously when I want things to be in order.

(*moving over to his chair*) What about the times when we're eating? I can't stand that things are the way they are, with regard to let it be, by the dining table, it's like a mess all the way through.

(*moving back to her chair*) Yes, what's been important to me is that it's a warm atmosphere and not that strict, but he's right (*looking from him to therapist*), it's hair and spaghetti, and he's totally right, it's awful.

**S:** So, interesting, and really at the non-verbal level, with communication, that they don't reach each other and when they start to talk about the stick, the values, everything they don't succeed in, at the dinner table, what becomes the symptom of what's really going on in the co-creation.

**T4:** She uses the word value.

**S:** Different values.

**T4:** Yes, in the post-contacting sequence she says something about, when it's not only about communication, but something also bigger is opening, topics. I say something about how they think differently about things, I didn't want to say values and she says values.

**S:** Then they can explore that together. They did agree that there's slurping and a mess at the dinner table, and he's searching for good form, and he's not able to find that by himself, so he needs her help and really then you are working with intimacy, and they're also autonomous in their despair to have a warm atmosphere, and they don't totally succeed in that. She's really into flourishing here.

This kind of therapeutic work might often challenge the therapist's impulse to negotiate on behalf of the partners. With experience, I have been able to give room to the couple to sustain their struggle in reaching the other. I hold the middle mode position. It can take a long time before I intervene if they are moving on in their communication, exploration and understanding of the other. It might help a therapist to lean on to the notion of looking at what is functional in what seems dysfunctional. People argue in different ways. Not only cultural

factors but also tradition and family style can impact this phenomenon. A strong push can seem scary, while a slowly co-created field can challenge the impatient therapist.

One possibility is that the experiences of the therapist can support and allow him or her to sympathise with the difficulties of stagnation. The case studies “The Love Project” (Appendix 15.3) and “What’s Unsaid” (Appendix 15.10) bring to the foreground the ways in which therapists support the couples by sharing their own experiences. This is discussed as an emerging theme of self-disclosure in the analysis (Section 6). The therapist’s experience of having to deal with children, a difficult mother or ex-partners can provide support for the relationship. It might be that it is the therapist who holds the hope, the glue, when the going gets tough. It might be the therapist who believes in the relationship and the potential of the therapeutic process. The therapist say that s/he believes and trusts in the process and outcome, although right now it might seem like too hard a struggle.

Values can be the gateway to the next phenomena, the co-created relationship and the interlocking pattern described in the next chapter. This co-creation was evident in how the needs of the partners were not met. I will now quote from the case study “Preparing for the Storm” (Appendix 15.6) to show how the domains connect.

**S:** So, here you explore values and form, right? Cultural background, how are we different, negotiation. Where do we come from? What kind of family systems, what have we learned, what he defines as yelling, where she disagrees? This is a golden opportunity to learn how to negotiate and to explore, to be with what is. I wonder, as well, what they’re not taking responsibility for—the response-ability, appropriated in domain four?

**T3:** This is how I am; you can’t change me!

**S:** How is that if he cannot cope with IT? That’s the negotiation. There’s a potential for growth, without necessarily being right and wrong ...

**T3:** They managed to do some exploration of this. What’s yelling to you and what’s yelling to you (*arms moving between, in the infinity symbol*)?

**S:** It’s a very good opportunity to practise good form. To bring to the foreground topics that are not that infectious. How do you do it? What’s at stake? House refurbishing. You really work at all domains, but it’s the grading to talk about something that’s not that difficult, when there’s such a storm.

**T3:** When we're into the core, money. He owns, I believe, the whole house, and earns much more than she does. The plan was that she was going to invest, but something has happened that made it impossible, and she's not going to do that. But she wants to be informed about and have some influence on the refurbishment, when things are done, whereas he ...

**S:** He runs over her ...

**T3:** It's my money (*holding arms closed to the chest*).

**S:** This's also something they need to agree about. They're in a power struggle.

**T3:** A big issue, really.

In this short extract it becomes obvious that in trying to negotiate, the couple gets stuck in their creative adjustments. They do not reach each other and stagnate in their co-created fixation, which is why most couples seek therapeutic support. This phenomenon is explored in the next section.

### **5.3. Co-Creation and Creative Adjustment**

Couples often come to therapy because they are unable to reach each other and because their creative adjustments are not flexible and spontaneous, but fixed and limited. According to PHG, creative adjustment is described as the way in which the contact between the organism/environment is organised. Healthy organisation is described as organismic and inherited while neurotic organisation is seen as conservative (fixed) adjustments in which "regulation occurs with little contact of the novel" (1951, p. 400). Most couples' relationship challenges derive from this "little contact with the novel". They fixate on that and seek therapy as support. In these circumstances, the co-created relationship no longer supports the needs of the couple system, regardless of whether one or both partners take responsibility for the stagnation. This phenomenon is always a relational one and is explored in the second domain of "Co-Creation and Creative Adjustment".

As therapists, we are concerned with how couples creatively adjust, how they form. Couples might only have a limited and fixed range of choices, but they make their decisions to the best of their abilities. Their creative adjustments are how they have learned to regulate their support for contacting in their individual relational histories and in the history of the couple itself. The Gestalt therapeutic process aims to support the couple to have a greater awareness

of their creative adjustments and see how this impact their co-created situation and their relationship in a contacting sequence.

To be aware is to be awake to the immediate possibilities. To be aware is to be engaged in a full, sensuous, kinetic, kinaesthetic, and aesthetic mode; it is to be wary, as in fully circumspect, fully open to the surround. It is an open attentiveness-readiness. (Bloom, 2019, p.24)

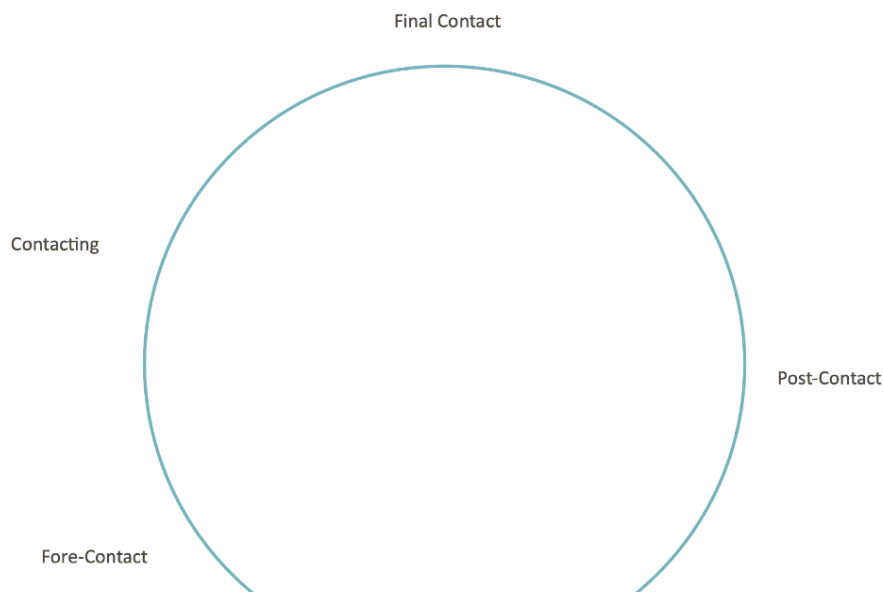
Here Bloom describes what Robine defines as the therapeutic process towards the id of the situation (2016). This occurs when the co-created situation is flexible and supports the partners and the couple system – “the self” – to dynamic organisation of the contacting sequence. To raise the couple’s awareness of their co-creation in the here and now allows for choice and thereby reveals new possible ways of contacting and being with each other.

PHG defines one therapeutic task as being to “analyse resistances”, by which they mean the client’s conservative adjustments and fixations. Drawing on Wheeler, I choose not to use the term of resistance, but instead to hold on to a therapeutic, humanistic perspective, in that this creative adjustment is **the best form** available in this relation and situation. The humanistic perspective influences the therapeutic situation in that the therapist holds the capacities available in the field in high regard: “We have to look at the functional in the dysfunctional” (Berg, personal communication, 2019). So how would a humanistic Gestalt phenomenologist define “dysfunctional”? Are we not defining or giving value to a phenomenon and thus leaving the methodology? How are we to describe what is healthy or unhealthy?

Gestalt therapy looks at how the couple co-creates their contact in the between and examines whether it is dynamic, spontaneous and creative or rigid, chaotic and fixed. The focus is on the qualities of the contacting sequence in the couple’s co-created relationship (self) and on how they form a relationship together. “It is a phenomenon or function of field that unfolds in ‘a sequence of grounds and figures as follows (...): forecontact, contacting, final contact and post-contact’” (PHG, 1951, p. 403). This concept was adapted by later Gestalt theorists into a contact sequence model, inspired by Zinker (1977).

## Figure 7

*The Contact Sequence (illustration adapted from PHG (1951))*



As previously described, all Gestalt theory is non-linear. The contact sequence is a map we follow to raise awareness of how the client couple organises their contacting experiences.

PHG describes unhealthy psychological functioning as interruptions to contact defined by mechanisms of introjection, retroreflection and projection. “These could be considered as defining three different types of ‘neurotic character’, since they have their beginning in different life experiences and are rooted in different physiological functions” (1951, p.145). Leaning on Wheeler’s perspectives on creative adjustment, Skottun and Krüger (2017/2022) define the contact mechanisms as contact forms, as the way in which the contact takes form (Gestalt). The creative adjustment is founded on these contact forms. Inspired by Joyce and Sills (2010), they have described the contact forms as polar dimensions and always as a relational co-created phenomenon. A Gestalt therapist must be attentive to the couple’s ability to adjust flexibly by using the range of possibilities in these polar forms as a support for contacting, keeping in mind that “the essential function of the self is to make creative adjustments” (PHG, 1951, p. 247), and “among its qualities [is] to be spontaneous, ‘middle in mode’ and engaged with the situation” (PHG, 1951, p. 376). A Gestalt therapist pays attention to how the client couple uses contact forms to dynamically regulate or how they

fixate/stagnate. We are attentive to how the couple uses their selves at the contact-boundary, where experience occurs (PHG, 1951).

During my clinical training in couple therapy, I became acquainted with the notion from integrative therapy of the interlocking pattern (Gilbert & Shmukler, 1996, p. 23). This metaphor is well suited to describe the rigidity and lack of choice experienced in some partnerships. It is a good description of the way a couple interlocks and the resultant mutuality of responsibility for stagnation. The emergence of the fixed co-creation is thus figural for the therapist who is interested in exploring how the couple co-creates the rigidity of their relationship, creating a situation in which they cannot find dynamic co-creation of contact and reach each other.

Although our primary focus is on identifying the negative interlock or central game that sabotages the communication between two people, our aim in identifying this unhelpful process is to help two people find alternative and more creative ways of communication. Such rigid interlocking pattern can undermine the relationship between partners, especially if the negative reinforcement continues over years and years of futile unsatisfactory interaction. People often show a tendency to get stuck in one form of relating that becomes habitual to them even though they have at their disposal other options that may have worked successfully for them in the past. Their access to these in their current situation may be blocked by resentments linked with accumulated hurts. (Gilbert & Shmukler, 1996, p. 23)

This quote captures the pain and suffering an interlocking co-created relationship might entail. The quote does, however, refer to communication. By contrast, the GMod, and Gestalt therapy more generally, refers to the holistic experience. The co-created, interlocking pattern, the one latching on to the other, is the relational phenomenon that signifies the stagnation of a couple. This is often the figure that lies beneath a symptom. The symptom would be what brings the couple to therapy, whereas the Gestalt therapist would look at how the couple co-creates their contact and how fixation takes place. This perspective is evident in all of the case studies.

A well-known co-created fixation is described by Perls as topdog-underdog. This can be seen unfolding in the following case study “The Clever Girl Therapist and Her Client” (Appendix 15.2).



**T1:** Yes, I tried to describe that to them (*moving over to the chairs*), it's like she's standing tall (*in a forward sagittal arms out with a reaching forward gesture and grasping onto something figural over and above, moving forward*) and he retreats at least as many steps backwards as she moves forward, even a little more. And he confirms that, it's how it is, this is how we do it...

**S:** I think about topdog-underdog organisation.

**T1:** Yes. That's evident.

**S:** She's so much of a topdog-underdog.

**T1:** Extremely ... everything she's playing out and how he's not responding.

**S:** So, this is the topdog and he's the underdog, and this is how they co-create between the two of them.

(*stands up and moves over to set up, holding arm in the meta-perspective*) When you take the meta-perspective onto the relational challenge or the growing edge, it's exactly the rhythm of confluence, healthy confluence and differentiation. What we analysed together, they've already experienced problems in their different attachment styles. It's the paradox of change when she's letting go of being clever, yielding into and he's also yielding into, they meet in something new, with a new insight, in the very intimate. It's to continue supporting the intimate autonomy, which lies in the rhythm of merging together when I'm me and you're you and we can be together, but we're still separate individuals and how do we do that, without the topdog-underdog organisation for instance, where she becomes the clever, knows everything, which is her trap and how he merges with and becomes the underdog who thrives in her competence and they're talking **about** instead of **being with**.

In the foundational text of EFT, Greenberg and Johnson (1988), describe what they call the "negative interaction cycle" as the primary goal of EFT couple therapy. In this, they identify a phenomenon similar to the interlocking pattern (Gilbert & Shmukler, 1996). I appreciate the image of a lock, as it captures the phenomenon of the co-created fixation that is indicated in the GDF with high fear and low organisation (and which is particularly noticeable in traumatised relationships). In these situations, no clear figure takes form to mobilise towards contacting in the sequence. Examples of this phenomenon are presented in the case studies

“The Arabian Horse” (Appendix 15.5), “The Broccoli Couple” (Appendix 15.4) and “Living in the Past” (Appendix 15.12).

EFT promotes a nine-step program of therapy that is entirely dedicated to the negative interaction cycle. This program is not in line with a Gestalt phenomenological practice that works on the figure-ground organisation. EFT is focused on emotions, while a Gestalt therapist is holistic, interested in the id-function, the impulse in and of the situation, the felt sense, the affects and feeling tones that occur prior to emotions and how to describe the qualities of the relationship and contact. Greenberg and Johnson’s descriptions, based on research on primary and secondary emotions and on clinical descriptions of co-created dynamics, is useful if we are to better understand the co-created, interlocking pattern to which I refer in this domain of the GMod. However, I do claim that EFT intervenes with an individualistic therapeutic perspective, communicating via the therapist. This is in contrast to the Gestalt, relational paradigm and the mutually created therapeutic situation described in the RPM.

Another difference in psychotherapeutic practice is that EFT is solely dedicated to work on identifying the negative cycle, whereas I also look at other figures of significance in a couple’s relationship. To seek couple therapy is often a great effort for a couple, it might be their last resort before giving up or opting for separation. There is a lot at stake. If a therapist regrets working with a presenting problem and asks the couple to find another therapist, the couple might not be able to mobilise a second time. I find the EFT too narrow in a European context, as previously discussed. The GMod was constructed to capture the wide scope of challenges and range of possible figures for interventions, although it is often the case that the essence of the problem is that the figure is the co-created stagnation, the negative pattern. This negative co-created stagnation is explored in great detail in the case study “Living in the Past” (Appendix 15.12).

EFT is founded on attachment theory and the need to have the significant other perspective as the basis for a relationship, as the secure base is necessary for good social functioning. The unambiguous focus on attachment theory as the primary component for a satisfactory relationship is currently being questioned by prominent psychologists in the Norwegian public debate (Karterud, 2017; Gullestad, 2018; Gran, 2019), as previously discussed in the domain of Identity and Values. I return to this perspective in the domain of Intimacy and Autonomy.

Couples seek therapy when they are not able to meet each other. This can be a result of rigid or chaotic creative adjustments from previous relational struggles, often referred to as relational trauma or developmental trauma (Siegel, 2010). “Trauma can altogether destroy part of the security regulating system (Garland, 1998), leaving partners bereft of strategies for responding to threat” (Clülow, 2001, p. xix). In the case study “Ménage à Trois” (Appendix 15.8), the couple’s relationship trauma emerges quite swiftly in the first therapeutic session and in the second supervision the therapist/supervisee beautifully describes how the couple attempts new ways of being with each other. In the “Clever Girl Therapist and Her Client” (Appendix 15.2), the creative adjustments of each partner – explored as their fixed contacting pattern – are challenged by the therapist and the couple is supported to find new, flexible ways of being with each other that were previously unknown to the female partner in the relationship.

Johnson (2012) describes how a couple’s relationship can trigger re-traumatisation itself in the negative cycle. In my experience, this does not imply that the couple needs to separate, as is common advice in many treatment programs such as addictology. I object to how causal paradigms that use “co-s”, as in co-dependency and co-addiction, imply that one participant is a responsible perpetrator and the other a victim. I find this predominant in the works of Johnson (2012). Many a psychological theory stigmatise and diagnose these relationships, and the common advice is for the “victim” to get away. My perspective is that this stigmatising causality does not support the number of people stuck in this negative pattern and who are not getting the help they need. The perspective is not a relational one, it deprives the “co-er” of responsibility for his or her situation and thereby forms a therapeutic alliance that supports the “victim”. I prefer a topdog -underdog perspective, in which the two participants co-create a difficult relationship and their creative adjustments take the best form available. In this I claim there is great potential for healing trauma.

Recent addiction research postulates that “The opposite of addiction is connection [relation and contact]”, and this supports to my hypothesis in that the greatest healing potential lies in a successful relationship itself. This is the wiring for connection, described in the beautiful notion of an earned secure ground (Siegel, 2010). The perspective of co-dependency, in which one partner is dependent on the abuser, is still predominant in diagnostic psychological advice, not least in the publications of the Gestalt psychologist Elinor Greenberg (2016), which I find ethically complicated. That discussion is beyond the scope of this thesis; however, I still make mention of it here, as Gestalt therapists work on relational phenomena

and, in my view, Greenberg's extensive publications do not consider what is important methodologically, I would therefore object to describing her approach as Gestalt therapy.

Attachment theory offers three variants of insecure attachment patterns that I find useful: avoidant, ambivalent and disorganised. "Avoidant strategies sacrifice intimacy for an exaggerated form of autonomy, while ambivalent strategies give up autonomy for the sake of a dependant form of intimacy" (Holmes, 1996). Gestalt therapy would not use a particular strategy, as this is a "diagnosis", a definition of a person. Instead, Gestalt therapy describes a fixed creative adjustment. We explore how a person regulates in the contacting sequence and how the couple forms. However, I have found that in cases of rigid organisation I have needed to expand my expertise and in this I have found support in attachment theory. It has helped me to make meaning of a creative adjustment that obviously does not support the couple's present need of full contact, to be seen, heard and met.

In the contemporary Gestalt therapy community, there are ongoing discussions of trauma and diagnosis, as described in the ICD and DSM manuals. This is extensively discussed in *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact* (Francessetti et al., 2013), in the pursuit of "a field perspective to psychopathology" (p. 18). Greenberg, who I previously critiqued as not practising in accordance with the relational perspective of the Gestalt methodology, is interviewed as an important contributor to Gestalt theory in *Women in Gestalt Therapy*

In the early 1980s I realised that my [Gestalt] studies were not complete and that I had to become a student again. While some clients in my practice were doing very well, other clients were behaving in ways that puzzled and concerned me... (...) I realised that I was missing something important that nothing in my previous Gestalt therapy training had prepared me for and sensed that there was a larger Gestalt that I just was not seeing. I wanted to see it (as cited in Feckova & Wimmer, 2016, p. 84).

This quote picks up on what I have previously described as my critique of the descriptive phenomenological approach that many Gestalt therapists seem to practise (Bloom, 2020). It also connects with the way in which early followers of Perls did not acknowledge his formal education and knowledge of psychopathology. The filmed therapy sessions of Perls that are now found on YouTube for example the 1965 session with Perls and Gloria depict what seem to be harsh interventions and experiments that nevertheless inspired many practitioners who did not have a formal education, and who, in turn, contributed to Gestalt therapy's misfortune

at being seen as a quick fix and not a serious psychotherapeutic practice. These early followers of Perls did not realise that he leaned on his previous education in medicine and many years of psychoanalysis, psychotherapeutic training and professional practice.

I am seriously disturbed at the prospect of Gestalt practitioners who are not well informed about how to grade interventions in psychotherapeutic practice when dealing with serious mental suffering, as described in the DSM and ICD manuals. Roubal refers to “a third party” to characterise the expertise that a therapists lean on at the same time that they also hold on to their phenomenological practice (2019, in training). The competence of knowing what is at stake in a rigid, fixed, or hostile regulation is what Greenberg wanted to see in the quote above. In the case study “The Arabian Horse” (Appendix 15.5), this fixed creative adjustment and the level of fear in and of the therapeutic situation prompts many reflections that are relevant to ethical therapeutic conduct.

Baalen, who has been my tutor in Norway for over two decades, was educated as a medical doctor, then became a Gestalt therapist, the founder of the NGI and an international trainer. Throughout his career he has opposed the medicalisation of human suffering. Indeed, he became the antithesis of his medical training. Baalen opposes the individual diagnoses in the DSM and ICD and the notion of trauma itself, claiming it is imposed on “a person” and does not explore the personal, phenomenological situation in the here and now. In this, he insists that “We are all traumatised” (personal communication, 2021). As described previously the contemporary Gestalt community has had an evolving interest and focus on the relational (field) and the process in the here and now of the between. This supports the ideals that Dr. Baalen has held high throughout his 40 years in the profession. Baalen would insist on how the situation is fixed, referring to the GDF of the high on fear and low on organisation (Appendix 4).

I was trained by Baalen and bring forward his perspective in this research. I am, however, dedicated to using language that builds bridges to other psychotherapeutic modalities. Thus, in this research thesis my ambition is to explore and explain Gestalt theory so that it can be used and understood by other modalities. It also draws on other modalities and psychological research to expand the understanding of complex phenomena.

My experience as a practitioner has shown that in individual therapy these fixed personality adaptations are not as figural as in couple therapy, where rigid behaviour is played out between the partners, often in a more aggressive way. The trigger for that is the presence of **the**

significant other. A therapist in individual therapy can never be as significant as a real-life companion, thus couple therapy is demanding for all parties and has unique therapeutic potential. It is often more effective and, as previously described, also the most challenging of psychotherapeutic modalities. In my opinion, an element of Gestalt epistemology that is particularly significant to our work as couple's therapists is the idea that we do not diagnose a person in a couple system. It is easy to assign traits to a person instead of **staying with what is in** the co-created relationship. We have to work with a co-created phenomenon, a figure.

To impose trauma or a personality disorder on a person in the therapeutic situation would itself be a therapeutic trap. This is particularly true in couple therapy, as here the client is the couple. I feel it is of little use to diagnose a couple as, for example, narcissistic, even though that might, in accordance with the writings of Spagnuolo Lobb and Francessetti, describe phenomena. I would rather be phenomenological and explore how a couple co-creates their contact. As such, I prefer to have creative adjustment at the forefront of my practice. This captures the humanistic methodology of Gestalt as a therapy of contact (Robine, 2015). I am interested in exploring how we describe and intervene in fixed co-creations, and this is brought forward and discussed in the chapter on way forward. In the case study "The Arabian Horse" (Appendix 15.5), a taste of what is at stake in such a therapeutic field is given.

Beaumont, a German Gestalt therapist and theorist, coined the term "Fragile self-organization" (1993) to describe concepts such as "The Loss of Self", which comprise episodes of intense vulnerability and pain in which one feels "I am not myself anymore" (p. 86).

It is a source of great shame for these couples that they are so vulnerable to sudden shifts in the quality of their contact, that very small "triggers" can produce such dramatic changes in their inner-being. A word or a certain look or a tone of voice are often enough to precipitate one of these reactions, reactions of a magnitude far beyond what might be appropriate to the cause. (p. 86)

This can be related to relational trauma activations or triggers. These triggering moments are captured in the case studies "The Broccoli Couple" (Appendix 15.4) and "Preparing for the Storm" (Appendix 15.6).

Beaumont continues by pointing to the need for another self-organisation, a new creative (regulated) adjustment in the couple's co-created relationship. This concept is figural in the

case study “The Fragile Self and His Victim” (Appendix 15.7), where the overwhelming experience of shame unfolds. An informed therapist knows the serious impact of trauma activation and is aware of the need for grading interventions and staying emphatically attuned to the situation. In the case study this becomes figural in the way in which the shamed partner rejects therapeutic support. The GMoD is constructed specifically to assist the therapist in holding authority and supporting the couple in these complex and fragile situations.

When creative adaptations are challenged, when we are trying new ways of contacting and relating, shame is activated as part of the relational self-organisation: “When I regulate differently, will I be met? When I show myself, can I trust the other to be there or will I be abandoned?” Shame is a relational phenomenon and the way out of shame is to share (Lee & Wheeler, 1996/2003; Robine, 2015). The uncertainty and the potential of shame lie in the non-verbal experience beyond words, and words can take the couple away from the direct experience (PHG, 1951 p. 105–108). I therefore ask couples “Do you want to take a risk?”, inviting them to move towards each other and make themselves vulnerable. Risking means taking a chance of finding something new and experimenting with a new creative adjustment. It is vulnerable and fragile and implies that the risker does not know how s/he will be met. It is shameful in that shame regulates at the contact boundary: my relational story tells me that I need to adapt in order to be tolerated.

Both in and outside the therapeutic sessions, self-revelation, respect for the other’s perception of what has happened and sharing of emotions have a curative and preventive effect on attachment damages in a relationship. In addition, we know that the ability and will to comfort and be close has a profound and calming impact on the partner in a crisis. When children are scared and in despair, we hold them, stroke their hair and whisper caring words ... Many manage to comfort their child without problems, but they cannot comfort their partner. They isolate because the other’s negative feelings, despair or abandonment is terrifying. They hope the storm will calm by itself. But it does not, instead it grows stronger the more the other isolates. When an adult is deeply wounded, the person needs the same as a child, because the need to be comforted by the significant other is a deeply human need. It is not infantile, it is normal. Words are calming, but often it is bodily contact that is more useful. (Gran 2007/2011, p.202, my translation)

This figural phenomenon emerged in “The Fragile Self and His Victim” (Appendix 15.7). There was a shift in the female partner when she was supported out of her position as a victim to acknowledge and empathise with her partner’s story of being bullied as a child. The softening into one another and the support for full contacting, the seen, heard and met was facilitated by the therapist in this process.

A major problem for all forms of psychotherapy is to motivate the patient to do what needs to be done. He must return to “unfinished business” which he left unfinished in the past because it was so painful that he had to flee. Now, if he is encouraged to go back and finish it, it is still painful, it reactivates his misery, and from the short-run view, it is still to be avoided... (...) most patients, perhaps all, wish in some degree to prescribe to the therapist how he shall cure them, and this prescription does not include that they shall suffer in the process... (...) Nevertheless, if healthy functioning requires that he learn to ride and manage a certain kind of horse that has thrown him in the past, the only way he can possibly do this is to make approaches to the horse and then, sooner or later, get into the saddle. (PHG, 1951, p. 140–141)

In “The Fragile Self and His Victim” the therapist was very sensitive to how she could support the male partner in the couple and how she experienced his rejection. There is great healing potential in the softening that eventually emerged in the therapeutic session and the full contact experience, and this forms the gateway to the next domain: Intimacy and Autonomy.

#### **5.4. Intimacy and Autonomy**

How can we describe intimacy? An intimate couple? Being intimate? And how can the intimate couple also be an autonomous couple?

Joseph Zinker has contributed to Gestalt theory with the important books *Creative Process in Gestalt Therapy* (1977) and *In Search of Good Form. Gestalt Therapy with Couples and Families* (1994). Zinker was a co-founder of the Gestalt Institute of Cleveland, which became the most acknowledged training institution for couple therapy. There, Sonia and Edwin Nevis were significant contributors, together with Zinker. Throughout this thesis I draw on the RPM, which is directly inspired by the work of Gestalt Institute of Cleveland, often referred to as the Cape Cod model. Zinker was poetic (Nevis, 2000 p. 3) and specifically dedicated to therapy as a creative practice, which is described as the aesthetics of Gestalt therapy, as



previously discussed. The etymology of aesthetics refers to the senses, the nature of what intimacy is about and the sensuous experience of a “we”.

Zinker describes intimacy in his chapter articulating a Gestalt view of couples.

Love as Fusion. The original dream, the first dream, is of union with mother. It is a powerful dream/wish, probably the most fundamental – one which cannot be reduced into more basic components. It is the wish to be one with another. The union within oneself originates with the union with another. Fusion is a very compelling, ecstatic experience. It is the first principle. “Falling in love” is a form of psychological alchemy, creating the golden ring out of opposing forces...(…)

Love has different meanings at different times of one’s life, at different stages of one’s development...(…)… It is only much, much later in life when this profoundly basic need is partially met, and when the person becomes a person in his/her own right, that the “I love you” begins to mean:

I want to know you.

I want to make myself known to you.

I want to give you what you want.

(not the projection of what I want).

I want to sit and talk with you.

I want to learn about your ideas.

Values and feelings.

I want to share with you – only when.

You care to hear – my ideas and feelings. One adult with another.

(as cited in Nevis, 2000 p. 287)

The first part of this quote can be seen in light of Stern’s developmental theory of the emergent self and Frank’s yielding with and pushing against, important qualities for the relational being with the significant other. I find, however, in the second part of the quote, Zinker principally refers to the cognitive, verbal contact and not the co-created relationship in itself.

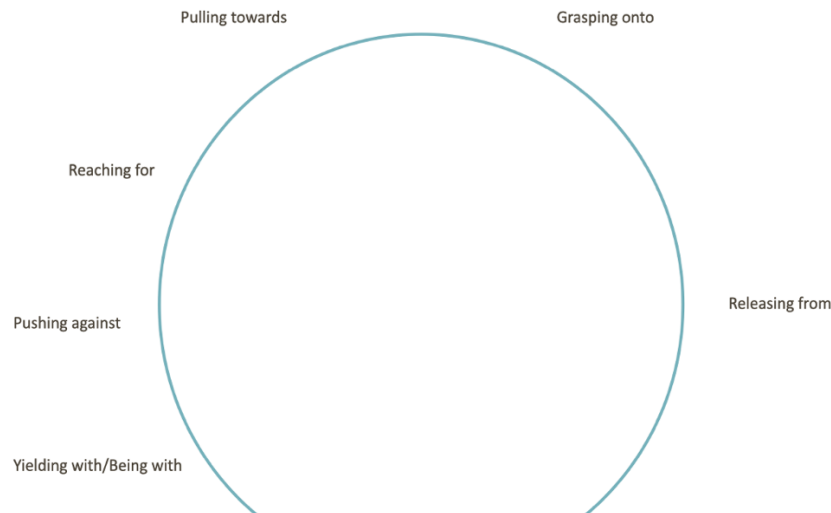
In the couple therapy training programme “A Couple of Individuals”, the acknowledged Gestalt couple therapists and trainers Dr. Rita and Dr. Bob Resnick draw on Zinker’s ideas of fusion and what he describes as the need for separation that involves differentiation. The Resnicks have continued to develop the concept of confluence and differentiation in a (post-) modern perspective that puts a much stronger emphasis on individual needs than prior generations have done, as I previously discussed in reference to the perspectives of Perel. The movement of what the Resnicks describe as a confluence and differentiating process (as cited in Parlett, 2018) in a contacting sequence can be considered an intimate, autonomous couple when the contact is creative and dynamic in organisation (Bloom, 2019).

In a modern, intimate relationship there must be a balance in the rhythm of confluence and differentiation. It is important to embrace both the need to know that the other is there and to have autonomy and self-agency in the relationship. This reflects the existential belief of Gestalt therapy, the very core of human existence, the need for meaning-making and self-actualisation “The self is a temporal process whose function is ‘finding and making the meanings we grow by’” (PHG, 1951, p. 235). I refer to self as a response to and of the field, it is part of the relation and situation and self as a co-created process (Merleau-Ponty, 1945/1958; Parlett, 1991; Robine, 2015; Wollants, 2007). A challenge in the description of the differentiation and confluence process in couple therapy is to regard the couple as a system, to see the rhythm of the relationship and appreciate how it can be looked at in a field, relational perspective and described, particularly when there are different underlying needs in the relationship. This is what I continuously raise awareness of in the clinical case study supervisions when I discuss how the therapist can bring the differences between the partners to relational exploration.

The DSP movement patterns can be applied to the contacting sequence to describe the qualities and felt sense of a relational process:

**Figure 8:**

*(DSP) Fundamental Movement Patterns (illustration adapted from Frank, (2001))*



Frank describes the rhythm of the contacting sequence, the movement, as relational, kinaesthetic resonance.

Sensitizing ourselves to our own movement experiences is a primary requirement for the organizing of flexible and creative adjusting. Through kinaesthesia, or movement in awareness, we are in direct experience with the situation we are living...

Kinaesthesia is the sense or feel of our self-movements... Kinaesthetic experiences can either be concealed from us or brought to awareness. And when brought to the foreground, valuable information regarding our condition and the state of our world becomes available. The situation unveils itself to us through a variety of felt qualities and combination of qualities experienced through moving. Felt qualities are not emotions, but rather particular feeling tones or affects... This kind of interactive process is the intersubjective dimension of subjectivity, and it is based on kinaesthetic resonance – *reverberating feeling tones that are generated from one person to another*. Kinaesthetic resonance is the phenomenon brought forward most strongly in contacting experience – the sensed, the felt, and the lived. It is how we listen to ourselves with others and feel (then know) we are here. Kinaesthetic resonance is the relational feel of our relationality (as cited in Robine, 2016, p.373).

In this description I recognise Stern's theory of the sense of emergent self and the domain of emergent relatedness, the philosophical thoughts of Merleau-Ponty's phenomenology of perception and PHG's ideas of the organism and self and the id of the situation (Robine, 2016). This can be applied to how a couple co-creates their relationship and the kinaesthetic resonance in the between, the contact boundary. Frank draws on Stern's domain of emergent relatedness in the relational attunement in the DSP and formulates the yielding with (confluence) and pushing against (differentiation) as qualities of the relationship. A "healthy" emergent self-organisation can be described as the ability to be present, aware, available and to stay with and in what is: the being with. This movement of the self-process is described in the case study "The Clever Girl Therapist and Her Client" (Appendix 15.2), where the therapist supports the couple through a process of unlocking a co-created stagnated relationship and arriving at a full-contacting experience in which the couple yields into their relationship, each being there for the other.

In 2020 I attended the Embodied Somatic Psychology Summit, a cutting-edge symposium with many internationally acclaimed researchers on trauma and neuroregulation. Different keynote speakers addressed different aspects of intimacy, sexuality and vulnerability. I was inspired by how the EFT researcher Sue Johnson, the Gestalt therapist Stella Resnick and internationally acclaimed sexual- and psychotherapist Michaela Boehm each presented presence as the prerequisite for an intimate relationship. This contrasted with how the public discourse often focuses on intimacy through the sexual act itself. In Gestalt therapy, presence can be described as flexibilities in the theory of self, in the id-, personality- and ego-function (PHG, 195, Robine, 2016), the spontaneous response and vitality in and of a relationship.

Boehm described the potential for intimacy thus: "Sensitize to our own sensitivity, ability to feel your own body, being intimate in ourselves, intimacy from the inside out and knowing oneself and connecting with oneself and then from there connecting with another" (July, 2020). This is reflected in this comment by the American Gestalt therapist and theorist Hycner: "Self-awareness is somewhere we begin, consciously aware in touch with ourselves, attuned to myself and my vulnerability" (as cited in Visnes, 2011). I find, however, that these quotes represent an individual perspective. Frank, by contrast, captures the relationality in kinaesthesia that is expressed through the idea that "I sense you, sensing me, sensing you" and "I feel you, feeling me, feeling you" (in training, 2016). The nature of this relational quality and the full-contacting experience is explored in the case studies "The Clever Girl Therapist and Her Client" (Appendix 15.2) and "Ménage à Trois" (Appendix 15.4).

DSP describes the capacity in which I let myself give into the other in a relational, narrative ground.

The felt past is the ground to the present feeling. Is it safe enough for me? Can I trust that someone will be there for me? In the sense of agency lies the moving story. Is my push too strong I may overwhelm the other, is it too weak, too retreated in the sagittal, the other will not feel I am there. In the reaching for lies the trust that I will be met, in the grasping onto, which is the relational movement of belonging, how I am with you. I pull you towards me to make you mine. Can I release to fulfil the contacting sequence and withdraw and at the same time trust that you will be there for me? Can I be I nourished in the relationship, then needing space to for myself while I still feel the imprints of our relationship? (Frank 2016, in training)

As therapists we work with the DSP with sensitivity in and of the situation and pay attention to the smallest movements, qualities and felt senses. These help us to contact in the process of confluence and differentiation. This is the softening that I refer to throughout the case studies. The yielding with and pushing against, as described in the case study “The Clever Girl Therapist and Her Client” (Appendix 15.2), capture a much richer phenomenon than that of confluence alone. It is, first and foremost, the quality of being within the non-verbal intimacy of belonging that I believe is significant to an intimate relationship. We look for the qualities of the situation that the couple creates together and that might initiate, stimulate, acknowledge, support and own the intimate, non-verbal quality of the contacting experience. It is the contact of an intimate couple.

As a Gestalt practitioner, I am inspired by the late Marina Berg, a well-known Norwegian Gestalt practitioner and sexologist, who wrote about love in therapy. In her article “To Awaken the Heart in Couple Therapy”, she discusses and draws parallels to cultivated love in a romantic relationship and in a therapeutic relationship. Drawing on Gestalt theory, the German philosophers Buber (1923/1971) and Fromm (1957) and the existentialist psychotherapist Yalom (1999/2011), Berg describes how a couple might enter her therapeutic room with a demand to be:

“fixed” ... however, I do not look at people, the couples, families or love between people as something materialistic that can be fixed or rearranged. I do not know what it takes for *this* couple to succeed in a loving relationship, or if that changing to another partner will promote love... (...). The therapist Eric Fromm claims that love is

art, just as life is art. It demands competence and effort, and it must be important. So important that one is willing to try to cultivate and experience love, become a master in love. (Berg, 2002/2008, pp.142–143, my translation)

“Yalom and Fromm both claim that love is not about one specific experience, but an attitude.” (Berg, 2002/2008, p. 147, my translation). “Perls says we have a natural ability to take response-ability, to respond. We work with this in Gestalt therapy; to develop their ability to respond, take response-ability, and to actively participate in life” (Berg 2002/2008, p. 148). As therapists we practise love by means of our epistemology and we teach the couple the I-Thou (Buber 1923/1971) of a relationship, the rhythm of confluence and differentiation, and the embodied presence, as captured in the aphorism “I make myself available to you and us”. In support of this, I now quote from the case study “The Love Project” (Appendix 15.3).

**S:** This is the couple of misfortune. Do you want to embody them over there?

**T2:** (*moving over to the therapist chair*) They’re really, and this is also what I say (*sitting down in the therapist chair, body firmly seated, feet on the ground, yielding with and pushing against in the middle mode, sagittal forward upper body, hands folded between the thighs*), I think it’s so exciting to work with you, because every time, regardless of your challenges, you stand beside each being supportive of the other, committed and I think that’s exciting.

**S:** So, this is a love declaration to the couple?

**T2:** Very much so (*nodding*). They, she needs it in her way, and he needs it in his way and they both take it in, and I believe they create what they need (*hands to heart, hands grasping, pulling towards*). She needs support, a little alliance, we’re the ones who have understood Gestalt therapy, whereas he’s given a gift from her in that he’s also a Gestalt therapist through my studies, she says. In this he receives acknowledgement in that he understands, so it’s much easier for me to work with this couple.

**S:** Yes, because here you show them with your hands, you’re really showing it in touching your heart, you’re giving a declaration of love to their relationship.

**T2:** Yes, I do.

**S:** You say that you enjoy being with them, it sounds wonderful.

**T2:** Yes, it is. Yes, it's very nice. This is how we're doing it, there's a real flow in this. It's difficult. There are demanding issues related to the body, sex and living together, whether to have another child, in vitro fertilisation, shall or shall not, an egg that's frozen, he doesn't want to have another, but because she wants to, he'll give that to her. There's a lot of love in this, and she's worried about it because of the hormone treatment, there's so much support for everything, really! She supports him in all the difficulties, and he supports her in all her difficulties, and they're so pleased with the therapy (*shy, leaning forward and laughing*). I heard ...

**S:** (*touching her heart*) I really feel like crying, I do.

**T2:** Yes, it's fantastic, I listened to the tape whilst travelling and towards the end of the session they were so pleased that I had to turn it off (*looking down and hiding*). If they say any more now, I really felt that myself, how pleased I was and then they said that "This is so good and you're so brilliant", then I had to turn it off, that was too much for me.

**S:** Did you say that to them (*indicating with the index finger the couple*)?

**T2:** Yes, I said that.

**S:** So sweet.

**T2:** It's really all right, it is. It's so complicated and so traumatised and at the same time it's somehow so easy, I don't know what. We're working with this all the time. I'm talking to the couple throughout, or I'm sharing quite a lot. I gather she gets the most, however, he wants her to get it, and she's also generous with him.

**S:** So here it is flow and the topics are existential.

In this case study the therapist explores the emotional intimacy of the couple and the therapeutic relationship is flexible, creative, trustful and warm. What emerges at the end of the second supervision, however, is the lack of physical intimacy. This is an emerging figure, and the therapist is moving towards exploring this figure of stagnation with the couple.

In "Ménage à Trois" (Appendix 15.8) the couple has lived with relationship trauma for over twenty years and, in this, the couple has co-created their "suffocating" confluence (Borgen, 2014) to try and heal the relationship. The therapy takes the form of differentiation and explorations of the physical presence and awareness of their need to be together and the need

to move towards full-contacting experience. The couple takes risks and experiments with the therapist.

Here, the therapist shares her experience of being with the couple.

**S:** When you sit there (*pointing to the therapist chair, therapist sits down*), enjoying being with them and you bring that back to the relationship. What happens with them then?

**T4:** Well, that happens right then, it gets cosy.

**S:** It gets cosy.

**T4:** Yes. When I look at the word intimacy, it's like I am bringing in, giving it back to the couple, saying something that I feel together with you it feels good and that I experience what they have in their ground, in their foundation, it's there.

**S:** You bring back to the couple a love declaration to the relationship, what she's saying that she wants, without the struggling, in the being with, you're bringing that back to the relationship, to the "we". It's a love declaration to their relationship.

**T4:** Yes, and my experience is that they, both of them, take that in here (*hands to heart*) and this is how they. I said that it had been nice to be together with them.

To support the couple in unlocking the stagnated co-created relationship and finding new ways of being with each other in a dynamic organisation of the contacting sequence is the definition of a "healthy" relationship. This entails a relationship that allows for autonomy and intimacy in the process of confluence and differentiation, the finding of the "I" and the "We" in the relationship.

## **5.5. Summary**

I have presented the GMod and important theoretical perspectives that are appropriated in the different domains as well as clinical examples from the case studies that illustrate how the GMod was applied in each of the supervision sessions.

When the couple is supported in the first domain, they themselves become their own "experts" on their relationship. They will be able to move between the different domains with awareness and handle challenges in creatively adjusting at the boundary and making flexible,



spontaneous contact. The relationship is less likely to stagnate in a co-created rigidity, as the couple has learned to differentiate and at the same time is able to “visit” the other’s perspective phenomenologically, thus they can handle differences and disagreements. The differences in values may, for instance, result in a separation, where the needs of the autonomous selves are no longer met in the relationship. This may be the result of a transition period over a lifespan. That is an accepted phenomenon in a post-modern relationship. However, the separation will be dealt with from a different position than that of a power struggle and question of who has the “upper hand” in the power balance.

The therapist’s work is to support the couple in having the competence to negotiate their differences. Once they have those resources, the therapy will be terminated (Zinker, as cited in Nevis, 2000). In my experience, couple therapy is significantly different from individual therapy, and most often takes place within a much shorter timespan of between one to ten sessions. I will return to this experience in Section 7 on the way forward.

I will now turn to the analysis of the case studies, theoretical construct and discussion from the focus group dialogue in light of the research questions.

## 6. Analysis and Findings.

### 6.1 Reflexive Thematic Analysis and Research Process II

The reflexive thematic analysis consists of six phases that were designed to fit the theory-building method (Appendix 5). The first, second and third phases were described in the first section on the research process (in which I described how the abductive process influenced the writing of the theoretical hypothesis) and in the section on case studies and supervision, which detailed how the supervision was conducted and how figures emerged in the dialogue between the supervisor and the supervisee and through the embodying of the therapeutic situation. The unfolding processes were analysed in the part of the supervision (described as the meta-perspective) in which the supervisee and supervisor looked at the qualities of the couple's co-creations and therapeutic interventions based on the supervisee's figure of interest. These dialogues are best presented in full, hence each of the case studies is enclosed as a separate story and given a title (Appendices 15.1–15.12).

The clinical case studies are transcribed in the DSP and somatic language used to describe the non-verbal affect regulation of what emerged in supervision when the therapeutic situation was embodied. Below I have presented a short extract from “The Whirlwind Couple” (Appendix 15.1) that captures how the therapist supervisee becomes aware when embodying the non-verbal experience process of her client:

**S:** Do you want to embody them right away, or ...?

**T1:** (*sighs...*)

**S:** I am so curious to what you see when you're looking there (*pointing at him*)?

**T1:** Yes (*closes her eyes and smiles, then looks at the woman's chair, head positioned in the between and eyes moving from the one partner to the other*). It's so fascinating what's happening. I'm drawn there (*pointing at him*). Strange ... OK (*shakes her arms, finds her sense of agency, her push and stands up*). I can embody (*moves over to him*). And I just act whatever comes up, right?

**S:** Yes, yes.

**T1:** (*stands by his chair, moves immediately with arms like a ragdoll, toes touch ground, heels lifted, restless, then moving to a retreating sagittal in a freeze.*) I am so s ... and then I'm a little frightened.

**S:** Yes, one more time, first the movement.

**T1:** (*repeats the wiggle, arm movement and then the retreating sagittal*)

**S:** Wow ...

**T1:** It came totally on impulse.

**S:** Yes ...

**T1:** Everything's so funny, I'm joking about things, then I get pushed a little and I run away (*modelling the retreating sagittal movement and holding hands up like a "no", palms in a protective position, looks at the supervisor, breathes and starts to move out of the chair, then leans back in the chair again*).

**S:** What do you become aware of?

**T1:** (*sighs*) I don't breathe at all. Ahhh, and the movement (*retreating sagittal*) was so strong, it was apparent in the session itself, but it became even more significant now. It was like I wanted to retreat even more.

**S:** And you're holding yourself here (*pointing to the chest area*)?

**T1:** Yes, it's totally frozen, all over (*gestures at the torso*), I don't breathe at all. It's so uncomfortable to sit here (*tries to get even more retreating sagittal but the chair limits the movement, toes barely touching the ground*). It's like I can't come as far back as I want to. Yes. And then I'm joking, fooling around.

**S:** How is it when you're joking and fooling around?

**T1:** I have a lot of funny comments, and then I can't think of one. But now I'm funny and I'm joking about things (*arms and body move in this ragdoll manner, restless, toes high up, little yielding available*).

**S:** What do you see when you look there (*points to the partner*)?

**T1:** It's difficult to focus ... (*totally still*).

**S:** I notice that you're looking down.

**T1:** Yes, I looked down at a small spot on the chair, there I fixed my gaze. I can't see her face, I look down (*pointing at the chest of the partner and hand moving downward, body sinking*). Yes (*breathes*), and I feel sad. But I don't see her face.

It may seem like a long and tedious endeavour to study the detailed description of the non-verbal qualities, but the smallest movements and the effect of therapeutic interventions are important forms of exploration and analysis that relate to the first three research questions:

- What is the figural co-created phenomenon that contributes to stagnation in a couple's relationship?
- How do relational difficulties manifest in the non-verbal experience of a couple's co-creation?
- How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?

All of the case studies are explorations of these figural phenomena; hence, they are all important unfolding explorations that needed to be fully presented in the thesis.

“Systematic theory-building case study research begins with careful and detailed specification of theory, which includes how evidence of theoretical concepts might be observed in the case material” (McLeod, 2010, p. 188). As previously described, I changed the theory-building process of writing the thesis when I decided that it should be constructed around the clinical case studies instead of using the case studies in a pre-written text. Instead, I included important extracts in the text to guide the reader and illustrate important points of interest. In cases where the larger unfolding processes were of importance these were referred to and referenced. I found it easier to distinguish between the couples when I thought about each of them in terms of a figural phenomenon that defined them. At the outset I included a theoretical concept in the title (for example, Shame and Trauma: The Arabian Horse), however, I found that this gave too much of a direction and did a disservice to the complexities of the unfolding processes, which is the essence of qualitative research. Thus, I ended up titling the case studies with metaphors that were discussed or mentioned in the supervision process.

The process of transcribing the films captured not only what was said but also comprised an analysis of the participants' non-verbal language, movement patterns and somatic expressions. In choosing what to describe and what to leave out I had to make many research choices. These choices, however, were guided by the dialogue between the supervisee and the supervisor and the figures for explorations varied considerably between the cases. This proved to point me, the researcher, in the direction of what appears to be one of the main findings of the process itself: how the therapists differed in their practices. In the course of the transcription I became more and more fascinated by the supervision processes as they unfolded and the differences in the various therapeutic qualities. I will return to a further discussion of these findings below.

In the supervision, I, the researcher supervisor, reflected on the process with the therapist supervisee in light of the research hypothesis, the GMoD. In doing, so I made a research choice to examine the process through a particular lens.

The usefulness of the GMoD itself, as captured in the fourth and last of the research questions:

- Does the GMoD support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?

was appreciated in some of the supervision sessions and was discussed in the focus group dialogue (Appendix 17) and presented in an extract in Section 6.3.

As a couple therapy practitioner with ten years of experience, I was surprised to discover how many of the couples in the research project scored high on fear and low on organisation, according to the GDF, a definition of a rigid or stagnated field (Appendix 2). I believe that, on average, the couples were more rigid in their organisation and more demanding for the therapists than I usually experience in my private practice, although this cannot be proved by a meta-study. I never anticipated such rich case study material, and I am hugely grateful to the couples for opting in to the research project and exhibiting a willingness to share their vulnerabilities and take a risk. It is especially to support such complex therapeutic phenomena that the GMoD is constructed. My hypothesis is that the GMoD will support the therapist to grade interventions in order to provide for safe emergency and not dive directly into the co-created stagnation formed by the couple's rigid, stagnated creative adjustments, as this is too fragile in such traumatised fields. The case studies offer wide-ranging discussions on how the

therapists could create working hypotheses for interventions in each particular field. The potential of grading in light of the GMod is also discussed in the focus group dialogue (Appendix 17).

One result of this research study, which consists of many fixed couples' co-creations, is that there is a lot of exploration related to the fourth and second domains and less clinical examples of the third and first domains (the first domain is described as the "goal" of the therapy itself). This has inspired me to do longer qualitative research and an efficacy study that I shall discuss further in Section 7, on the way forward. The emergent theoretical themes are included as part of the theoretical formulation itself.

"... The next steps involve comparison between theory and what is observed, leading to the development of new concepts, or more differentiated versions of existing concepts..." (McLeod, 2010, p. 188). The abductive method is not a linear method, and I have divided the research process into sections I and II in my attempt to describe and capture the many points of interest in the process of writing up theory and analysis. An emergent theme relevant to writing up the theory is described in research process I. This took place after I received feedback from Robine and I realised that I needed to refine the Gestalt methodology. This process was far more time consuming than I had foreseen. Eventually I found a way to conceptualise field and figure/ground on which I could build my thesis, and I positioned myself as a hermeneutic phenomenologist. I continue to have an interest in these elements and include Robine's final comments, in which he stated he felt "comfortable" with how I established the methodology alongside further points of discussion (Appendix 18). His comments interested me greatly, however I needed to move forward with the GMod and clinical case study analysis. Stiles addresses the importance of having multiple points of reference between cases and theory in theory-building case studies so that many theoretical issues can be included in the same study (Stiles, as cited in Barkham et al., 2010). I think there is further potential in the rich data gathered from the case studies and the theoretical perspectives, however further exploration of this potential was beyond the scope of this thesis. I continue to write up and elaborate the theory of the GMod. It is therefore relevant to every phase of the reflexive thematic analysis.

In order to analyse the vast amount of information from the clinical cases, I decided to analyse the material using NVivo. NVivo is an acknowledged software program used for analysing quantitative and qualitative data with a wide range of applications. I asked Associated

Professor Mjelve from the University of Oslo to be my Academic Consultant. She had used NVivo in her thesis and I needed support to find a systematic way of implementing what is intended to be a supplement in the analytic process.

The first choice to be made was to look at what level of the supervision process I was going to analyse. What was evident to me, as an insider researcher immersed in the material and the resultant implicit knowledge, was not so clear to an outsider, in this case Mjelve. Her questions provided an opportunity to reflect on the levels of interaction in the supervision sessions to be analysed. In the first discussion with Mjelve it became evident when we looked at the research questions that I had to focus on analysing the part of the supervision process in which the supervisee and supervisor examine the therapeutic relationship and not on the emerging relationship between the supervisee and supervisor.

Thereafter we discussed how to structure the coding system. I decided to code the material following the structure of the GMoD and then code emergent themes that were not already described in the theoretical construct. This coding ended up generating a myriad of details from the therapeutic discussions, resembling the challenge of couple therapy and the complexities of this therapeutic field. The richness of detail can be seen as a “coding trap” in research methods (Vedeler, 2000). I decided that this coding did not supplement my need to see the bigger picture, the phenomenal figure that is the subject of the hypothesis itself. However, what did emerge and became even more figural when I organised the data were the different processes of the therapists themselves. I then decided to code the material again, keeping the additional codes of the therapist, comprising the subcodes of process, qualities, disclosure and parallel process.

In the second attempt to code I was curious to see if there were differences between the figural phenomena in the first and second supervisions and if they would score differently within the domains of the GMoD. This could be a measure of how the therapy proceeds and it connects to the underlying hypothesis of starting in the fourth domain and then grading the therapeutic interventions towards the second and first domains of the GMoD. The outcome of this coding proved more interesting for the purposes of this study. It showed there is a difference between the first and the second supervision sessions, in that the figure of exploration in the first supervision scores more often in the fourth domain and in the second supervision it exhibits a higher score in the second domain. There were scores in all domains, however few scores in the domain of Identity and Values.

One coding trap was that elements of all the domains occurred in many of the figural potentials, however I simply coded what I found to be the most important figure that emerged from the dialogue between supervisee and supervisor. Doing this was a necessary means of narrowing the amount of information produced by the research and required me to make many research choices. Each intervention points to a direction of therapy, and this is true in supervision as well. The possibilities of NVivo have inspired me to do a longer qualitative and quantitative study, and I present my idea for this in Section 7, which covers the products of this thesis and suggests a way forward.

The most surprising finding in the study, of which I am embarrassed to admit I was not particularly aware, is the extent to which the influence of the therapist impacts the therapeutic relationship and the differences of qualities and skills between the therapists themselves. Although, in my master's thesis I created the RMP to describe the total therapeutic field, I was surprised to find **how** different the therapists were in their therapeutic conduct. This was not that clearly defined in the research hypothesis and research questions; however, it is defined in the GMod under the umbrella of the therapeutic relationship and is therefore relevant as an emerging theme.

## **6.2. Emergent Themes**

Emergent themes from the case studies are included in the theoretical construction of the thesis, as previously described. I will now discuss the emergent themes of the therapists as coded in NVivo: process, qualities, disclosure and parallel process. I will begin by looking at the process as it relates to the RPM and therapeutic process; however, as the figure consists of many details, the themes often overlap, hence in the supervisions and focus group dialogues there are also emergent figures of other themes.

An emergent theme that was much discussed in supervision as well as amongst the therapists themselves in the workshops and the focus group was the reluctance to bring the chairs together.

**S:** With the other couple it's very different. They want to continue, and you say something about you are struggling with the method?

**T1:** Yes, it is something about the chairs. I don't succeed in that, pure and simple. It's like in the flow, it stops the flow.



**S:** So, what's the flow about? Can you say something about that?

In the dialogue that followed with T1, a different figure from that of the chairwork emerged: her resistance, which I will discuss in more detail below. With regard to her reluctance to move the chairs, I believe that at a conceptual level a hypothesis might be that the flow T1 referred to relates to confluence in the “we” of the therapeutic relationship. When the therapist differentiates by inviting the couple to experiment and talk **to** each other, it demands a mobilisation (in the contacting sequence), and the flow stops, as there is a differentiation in moving the chairs and defining different boundaries in the therapeutic situation and relation. In this, the RPM of turning the chairs is an important means to enhance and work directly with the figural phenomenon, the co-created stagnation of the couple. Baalen has written an article about a common challenge for therapists entitled “Awareness is Not Enough” (as cited in Skottun & Jørstad, 2002), in which he describes how a therapist needs to mobilise in the contacting sequence and “push” further, and how it is easy to become “stuck” working with more and more awareness (content) in confluence and fail to differentiate towards a clear figure.

I felt very critical in and after the supervision sessions and in the focus group dialogue of the therapists' choice not to turn the chairs and I have spent a lot of time reflecting on the dilemmas that were brought forward. I have questioned why this proved such a prominent figure, a phenomenon, given all the therapists have been trained in “hot seat, chair work” (which is significant for Gestalt therapy itself) by the NGI. That institution follows the Cape Cod model, which is far more rigid in its instruction to turn the chairs swiftly than my own perspective, influenced by my clinical training at Metanoia Institute.

This was a dilemma and a figure that recurred in me, and I decided to ask for hypervision with Spagnuolo Lobb (May, 2021) for support. Her response was that the therapist in question was not following my method. I did not find this reassuring. I disagreed with her sudden conclusion; however it showed me that I needed to be even more attentive to and explicit about the method itself. The turning of chairs is a key part of the RPM, and it is discussed in all the case studies as it is important for the therapeutic process work, the therapeutic relationship and the potential forming of a therapeutic alliance. A very good example of this potential alliance and the use of the method was figural in the case study “Ménage à Trois” (Appendix 15.8) and I decided to include it directly in the theoretical discussion.

I found myself particularly critical towards T2 and T5 in the supervision processes (Appendices 15.3, 15.4, 15.9, 15.10). I found their interventions were often too close to individual therapy, as illustrated by this passage from “Schmook” (Appendix 15.9).

**T5:** (*sitting as if she’s him*) Yes, we discuss, we do, and we don’t agree about everything (*leaning onto her next to him like a two-seater sofa, and looking from her to the therapist and back*). I’m volatile (*right arm moves in a circle*). I go to war.

(*moving to therapist chair*) So I make the same movement, mirroring.

(*moving back to him*) Yes, like that (*laughing*).

(*in her chair*) And my reaction when we disagree is that I withdraw, I become a little ... (*arms moving inward in a tight position, holding arms tightly towards the chest and diaphragm*) like this.

(*in therapist’s chair*) Yes, so you become like this (*towards him*), and you get warm, you come out is what I think, is that right? And he confirms this. And you (*towards her*), I see that your movements are smaller and they’re up against the upper arms into the body. You’re moving inwards. Yes, she confirms that.

(*moves to his chair*) I get a little afraid when you move inwards (*retreating sagittal*), you move a bit away and I’m anxious that you’re disappearing.

(*moves to her chair*) Yes, and I believe this has to do with my childhood (*looking at therapist*) that I expressed myself excessively as a child, I could scream out loud and throw things all over and my parents ignored me. Then I did the opposite and became very quiet, reasonable and explained everything and then I was seen, and I got a response from my parents.

(*rises to the meta position*) So they describe two different ways of being, he comes out and she withdraws. Then we talked a bit more about how it was and then she said:

(*sitting down as her*) But last time I tried to risk saying something, I did come out and I said something when we disagreed.

(*in therapist’s chair*) Yes, you made a conscious choice to come out and how was that?

*(as her looking back at therapist)* That was really scary, really scary and a little bit fun. Then I got a little *(shaking her head slightly, as if dizzy)*.

*(as him, leaning onto and looking at her)* And it was really wonderful. It was nice.

*(as therapist, looking at her)* So in fact you did an experiment. You chose to come out a little more, to go beyond your comfort zone and see what happened.

In this extract, the couple explains to the therapist *how* they experience the phenomena instead of experiencing it in the session itself. This is exactly what the experiment of turning the chairs towards the partner instead of talking to the therapist would allow for. In the supervision this became the working hypothesis for the next session with the couple.

Another figure in this extract is connected with what Perls called “aboutism”, which refers to being “caught” in the clients’ story instead of attending to process work. I find that attention to detail in couple’s work is a double-edged sword as there are so many things going on at the same time that a couple’s therapist cannot pay attention to every detail of what the couple explains as they might in individual therapy. It therefore requires the different perspective that is captured in the RPM the co-created relationship as the client. Gestalt therapy is interested in process and not content, which implies that experimenting is a means to bring about new experiences. The therapist needs to be attentive to the co-created process between the couple and bracket off the need to understand their story. We are looking at the co-created phenomena. The supporting process is described by Spagnuolo Lobb thus:

As Sonia Nevis taught me, the therapist looks at the interacting couple as if watching a table tennis match or a cinema screen (leaning back in the chair) and intervenes only when s/he feels it necessary to support the process of contact or when asked to do so by the couple themselves (2013 p. 190).

I became critical of the therapists and discussed with them the fact that they were not putting the process back to the couples’ relationships, the between, but instead working more in the triangular relationship. The effect that moving the chairs and putting the process back had was most evident in the “Ménage à Trois” case study (Appendix 15.8). The RPM method allows the therapist to introduce clients to the idea of the “novel”. To illustrate this I will now quote from the focus group dialogue.

**S:** This refers to the therapeutic qualities ... to bring the chairs together for instance ... which a few of you have addressed. This is also a potential, because we’re practising a

new method and obviously when we're trained in the I-Thou in individual therapy, it's demanding to suddenly be taking a different position.

**T2:** I think that sometimes they're talking together, but I'm the one who interrupts. I don't allow it, they manage, but I'm the one who is taking the bait ...

**S:** Yes, this is what you become aware of now. This is where I lean forward and look down indicating that I don't want to be contacted and to take the bait. I make myself unavailable. I recognise that from doing group therapy as well, where I want to put it back onto the group, a similar movement of the between, and I don't want to be the one who is the helper in everything.

Supervision is about increasing the therapist's awareness of the co-created therapeutic situation and not about being the person who knows more about the therapeutic field than the therapist her/himself. The supervision process and ethical complexities are discussed by Robine (2015). It is beyond the scope of this thesis to go into greater detail on these questions, however one emergent theme in which I became increasingly interested is how the RPM can support therapists to enhance process work and manoeuvre within the complexities of content in couple therapy. This is the purpose of the GMoD and what the research hypothesis is about: finding a working hypothesis and grading the therapeutic interventions.

**S:** What we've done is that we've applied the work to the GMoD and then we found that it was useful to analyse the therapeutic relationship, what the field demands. How do you give meaning to this?

**T1:** What makes sense to me is that ... It became more evident to me that the field is more fixed and less functioning that I immediately thought. I think that in the session as a therapist I moved too quickly in what became evident that they live in two different worlds [co-creation] where they're stuck, and I think they needed me to work with my breath and regulation before I moved to the co-creation. That was new to me.

**S:** Yes, and that's the grading in the GMoD to support towards a safer ground and for you, the therapist, as well.

**T1:** Yes, definitely. To make myself safe in order to be with.

**S:** Yes, with something so chaotic. Because it was, as you said ...

**T1:** Yes, it seems like it was so hectic. A whirlwind in and a whirlwind out and I thought what happened now? What I did together with them, I sat there breathing and thinking that I should've done something else ... well, and that the field (situation) is not supported enough to allow for them to move the chairs towards each other. I went in and thought wow, a well-functioning couple. I got a bit "caught" in it.

**S:** Yes, you fixed ...

**T1:** This is why the GMod is great. Oh, yes, I need to grade it differently. So, it was useful to draw the GMod and reflect.

The above reflection comes from "The Whirlwind Couple" (Appendix 15.1). The therapist becomes aware of the fixation in the situation and how she should grade the interventions differently to support for safe emergency. This couple was the only pair that did not return for a second session, which surprised neither the supervisor nor supervisee. This phenomenon was discussed by the supervisee and supervisor in the second supervision.

When the therapeutic situation is fragile, because the therapeutic relationship or the couple's relationship itself is not safe enough, a grading offers a way to talk "through" the therapist in the triangular setup. In the process of reflecting on what happened in "Schmook" (Appendix 15.9) and my disagreement with Spagnuolo Lobb's quick definition of the supervisee, I became more attentive to the phenomenon of the couple and the figural confluence in the "Schmook". This was a challenging field for the therapist. The potential alliance in the merging of the couple and the difficulties of bringing them to the here and now as well as helping them to differentiate can be qualities of an underlying phenomenon that Borgen describes as "suffocating confluence" (2014).

**T5:** (*moves to therapist chair*) The chairs can be moved, they're big, but they're light, so be my guest, by all means (*inviting them both with hands out towards each of the partners, palms up*).

(*sitting in his chair, a slight freeze in a retreating sagittal*) Ahhee (*moves forward sagittal, hands touching the thighs*) Really (*looking at therapist*)?

Yes, really. Just enjoy yourself, do what you want. They're not heavy.

(*as him, hurrying up, moving his chair and then hers, embracing her, embracing each other, grasping the hands hard*)

*(moving out of the chairs to a meta perspective)* And this is how they sit for an hour afterwards. Intense, this is my impression *(grasping the underarm hard)*. Intense in the sense that there are armrests here, but their arms are above the armrests, not resting on them.

**S:** So, they're clinging to each other?

**T5:** Maybe *(grasping hard)* There's a lot of ... *(holding the arms hard and intensely and hands in a tight grasp)* and *(moving over to her chair)* a lot of the time there are two hands.

**S:** On top of each other?

**T5:** Yes, like a sandwich.

**S:** Yes *(sighs)*.

**T5:** And this is how it is for the remainder of the session *(moves out of the chair)*.

**S:** Ohh, ohh, ohh and you get short of breath?

**T5:** *(looking at supervisor)* I get giggly and I smile and I share *(sitting down in therapist chair, touching her heart with both hands in a sandwich)* and I'm moved and I really enjoy how you moved your chairs together in a way that feels good for the both of you. It feels good. The word infatuation has already emerged there a few times *(pointing towards the couple)*.

**S:** How do they respond to when you ...?

**T5:** *(looks at supervisor and smiles widely)* ... and they look at each other.

In retrospect I believe that this field might have been more stagnated (as indicated by the arms frozen in a sandwich gesture and the clinging) than either the supervisee or the supervisor realised as they worked with the emergent figures in the supervision processes. Thus, it may have been important to create a safe therapeutic relationship, that of talking "through the therapist" in a triangular position and overcoming the difficulty of being present and support differentiation, emergent figures for further exploration.

These reflections are examples of what I am dedicated to as a supervisor: working on therapeutic awareness. The case study also connects with the emergent theme of the different

therapeutic qualities and how they all worked towards building trust in the therapeutic relationship. I quote now from “The Love Project” (Appendix 15.3) case study, which had a heavy burden of existential topics.

**S:** Couple relationship trauma, and through, working through, to get an understanding, the two of them together.

**T2:** Yes (*from leaning into the sagittal moves back to the middle position*), because they had a lot of trust in me, I think, because I talked about, if you say brother and sister, I guess there’s not a lot of sex (*looking up at supervisor humorously, moving forward in a sagittal, yielding into the between whilst saying in a cheerful voice*)? Ha ha ha, well that’s not what siblings usually have (*arms vivaciously up in the air, supervisor laughing, therapist smiling*)! I think this is a safe field.

**S:** I hear that they want to have sex? They want to connect again.

**T2:** This is indicative of the calibre of the couple.

**S:** You want to have a look at them in light of the GMoD? When you say that this is indicative of the calibre of the couple, I’m curious about what happens with you?

**T2:** Ahhh, I feel safer in my role. There’s some expertise here.

**S:** It’s good form!

**T2:** Yes, they’re aware, they have awareness about many things.

**S:** So (*drawing the fourth domain*), here’s the therapeutic relation, all cards on the table, right, the working relationship is grounded.

**T2:** When I say initially that I’m a Gestalt therapist, she’s there and dares to take risks. There are many things she doesn’t dare to do as of now. Grief. There are many layers. It’s her existential grief, where she has been so low in depression, with the child, that she can’t bear to work on what it’s about, she says, because she’s so afraid of falling into a big hole (*moving her arms like a big hole*).

**S:** That’s the trauma work (*drawing on the first domain: existential*).

**T2:** Yes, it is.

**S:** And the grading needed.

In this case study the therapist feels safe enough to be free in her role, and it is possible for her to be impulsive and respond to the id of the situation. She also builds trust and grades down her authority in a balanced way, using her sense of humour. In the focus group she referred to using her humour as an active asset to reduce shame. T2 was an important contributor to the focus group, sharing generously of her own personal experiences and her growing edges. The therapists did not know each other before the workshops and the emerging trustful atmosphere within the group was an important asset to the research. It allowed for more differentiation and the therapists could share their insecurities in the supervision. This became a figure in the focus group dialogue and reflected the importance of establishing supervision as a safe place in which to explore and support therapeutic growth and reflect on ethical practice. This was discussed towards the end of the focus group meeting, the check-out, where I also addressed the emergent theme of my curiosity towards the differences between the therapists themselves.

**S:** Now, I'm going to interrupt you, and the importance that you acknowledge how you do it, T2, or you T4, here is the edge, here is where we risk together, and we might also disagree, differentiate. I'm interested in form, and this has emerged for me, when I've shared that I really have become interested in who you are as therapists, how you're different. I've thought, T2, that you get away with a lot, because of your sense of humour. It means that you can allow yourself a lot of leeway; that doesn't mean that everyone has humour as an asset in a similar way. But this does impact the therapeutic relationship, so this has emerged for me during this research process.

**T5:** I just feel like saying in my checking out with how immensely useful the supervision sessions have been! I got so much. Thank you very much!

*(Supervisor places her hand to heart, moved).*

**T5:** I've learned so much.

**S:** And so did I. Is this what you're checking out with?

**T5:** Hmmm ... That was my checking out. It feels like now I can land after saying that.

**T2:** I think that we're so different and that you're so interested in that, us as therapists, how we do it and that's really exciting. That somehow takes away some of the performance anxiety: Have I done it correctly? Am I wrong? But you're interested in



the difference, and the last question where the two of you had a small discussion about how to understand and I think that's really the key question. I feel that I suddenly started to think that you should have done an in-depth interview with each one of us, because then you would probably have gotten the confirmation that the GMod really supports us, now I started to move into the next project! That's typical me.

**S:** That's something I could take note of for a post-doc, because there's been something about this project that's been so immense, I thought that it would be about my own personal journey, and then narrow, narrow, narrow.

**T2:** And I thought it would be like, I'll check out with that, if I did it correctly and this is not at all what it's been like. That's what I want to check out with really.

**S:** Hmm ... And I really would have wanted the in-depth interviews and I appreciate you addressing this, it says something about the limitations of the project that I have had to adhere to.

**T2:** That's life, yes ...

**S:** And that inspires.

**T3:** I sit here feeling a huge smile inside of me and gratitude for having been a part of this together with you. It's been so inspiring and supportive and I've learned hearing you all in different ways how it's been, how it's hit you and your experiences. So thank you so much for all the sharing, that's been great, I have the feeling of fullness.

**T4:** With regard to differences, everything has been really meaningful, but in that you put back to us that we're so different, and then I feel supported in that I can continue to be me, and that that's good enough. So this as well as the supervision allows me to admit that I really enjoy it. I also feel humble in that there's a lot that I don't know, and that it's enough support to be able to continue and not to give in, because I can be me in this really demanding therapeutic field with a lot of support in the GMod and no more Cape Cod. I'm really grateful for that, and it opens up a lot of potential.

**T6:** I'll continue. I'm also very grateful and full, and I've found it very exciting to hear all of your experiences and thoughts about this. I'm also interested in the differences. I sit a little back because I have a bad back, but I'm interested in the differences, and I feel supported in being different, and maybe I can be even more

different, maybe I can be even more of me and I find that very inspiring. Also, when you were showing a little, T1, how we are different I feel that we are different and it's so nice. I'm also really looking forward to reading what you're writing ...I think it's theoretically really interesting and I appreciate on behalf of the profession that you created this model and that you're doing this, it's really important. I believe it will help so many couples. I'm really glad to be here. I'm touched here (*hand to heart*), I feel bubbly.

**S:** I do as well!

**T1:** I also feel very filled up. What did I sit with right now, I just felt that from the moment we sat down until now, I've been extremely curious, and it became obvious to me what a journey this has been. From the first time we were gathered here until today. The safety I've experienced in supervision, that has been really essential for me. I appreciated you addressing that, T5, it's been so useful. I was also thinking when the post-graduate training starts, I'll apply. I too could feel a lot of shame, then I know that I need to say something about it. It's like, now the researcher supervisor is going to analyse, now I'll be visible, now I'll be revealed, this is happening with me. OK, then I'm aware of, well there you are my companion!

Here, T1 is sharing her shame. Shame is a relational phenomenon and has connotations of risk and growth. It derives from the fact that that we do not know how we will be met when we are risking the new and it has, in turn, a healing potential (at a neuro-regulating level) in exploring the novel and experiencing being welcomed. The therapists all shared their shame in the supervision processes, which is a part of the forming field for exploring the case studies, the safe (enough) emergency.

In the course of transcribing the focus group dialogue I became particularly attentive to how little T3 participated in the discussion, and I was disappointed that I missed out on the opportunity to bring her expertise to the group. From a meta-perspective I know that it is a well-known phenomenon that some members of a group are more withdrawn than others. In the dialogue I was well aware that I should avoid taking too great a degree of authority that might interfere with the group members' intimacy and willingness to share. As previously mentioned, T2, a senior practitioner, was generous in sharing her experiences. I was moved by her willingness to look at her flaws and growing edges as can be seen in this quote from "The Love Project" (Appendix 15.3).

**S:** So here it flows and it's in the existential, I remember that from the last session.

**T2:** I've written a note and I wonder why I've done that, because I'm going in and out a lot, I'm often in the intimate sphere, but I go in and out and I wonder: When I go out, I share about myself or other couples, seemingly to grade, does it seem reasonable that this is what one does in these situations, when one is really in the intimate sphere?

**S:** Or rather, I wonder, can you tolerate that it becomes so "hot"?

**T2:** Exactly, very good question. Yes. This is the big note, because when I listen to the tape after both the second and the third sessions, I get this feeling that I cut, I switch. I'm the one who goes in and out.

**S:** I can feel that I'm getting warm here right now.

**T2:** Why do I have to grade when they support so much. Maybe it's me?

**S:** Or the growing edge here. This is how I can think about therapists that can't be with clients in full contacting, they cut. They don't move further in the sequence. It sounds like where it's hot, there's intimacy in the room.

**T2:** Yes, I've just wondered about these situations, and I think that grading is good, it gets to be a little too much, but it might be that I do it because of me. It's something I become aware of.

**S:** Yes, you can look at it as just a small taste of and just in that you become aware you can support more intimacy. I sometimes say that now, I, as a therapist, feel a little embarrassed (*moving forward, "hiding" face*) or now I feel this is really intimate, I turn around and you just go ahead, kiss or whatever you want to do. It's really quite beautiful; there's something about having succeeded in something.

**T2:** I feel that whether I'm the one dragging them into or them dragging me, I experience that both couples are attentive to, but not dependant on, having a response from me.

**S:** Eventually, I think that bringing it back to the couple (*movement with arms to the between of the couple*), this is where I turn around, to support that.

**T2:** They're getting something all the time, and I'm latching on, you know.

**S:** This is where you can narrow the field in that they sit opposite each other, and you withdraw (*voice soft, yielding into*) and this couple I wondered if this couple should sit next to each other as they are really good opposite each other. Maybe they should in fact experiment by sitting closer to each other? A sofa. They don't need a real sofa, but they can bring the chairs together. How is it to sit here holding hands, for instance?

**T2:** Well, in fact, just that, to hold each other's hands, that became figural, or an issue, and there was something where he said: well, we can do that, but I need to hear or see more of, something he said. They know so much, but they wish or something about they know so much, and they talk about it, but he would like to feel it. He hears her say that she loves him and wants to be with him, he wants to feel it and not only understand it, if you understand?

**S:** This is what we're doing in therapy. There's something about "lose your mind and come to your senses", can they sustain being present, the physical intimacy? They're very good at the verbal intimacy.

**T2:** The co-creation is in order, to put that way, she knows about Stern as well. We've talked about the being-with in the relational perspective, to dare to be with.

In this passage, the supervision process looks at what might be the therapist's own deflection in response to the "heat" of the intimate couple, a disruption in the approach to the full-contact experience. I believe these are not rare occurrences in therapeutic situations, as can be seen in Baalen's aforementioned article "Awareness is not Enough" (as cited in Skottun and Jørstad, 2002), which argues that the therapist's own development and awareness are of importance in supporting the process. T2 also reflected on how she was prone to do individual therapy in the couple therapy situation, having been principally trained by Resnicks in their method. This is discussed in the focus group dialogue.

One figure that emerged from the research process has been that due to the complexity of couple therapy, it is of paramount importance to support those therapists who offer their expertise to the field.

**T1:** Yes, and that's a challenge ... And I wonder when I'm becoming aware that I feel resistance ... (*hands to belly*).

**S:** You feel resistance?

**T1:** (*rubbing her belly, standing next to the therapeutic chair, in the vertical*) Yes, there's something that happens with me as a couple's therapist ... ahh ... and I feel vulnerable (*hands move up in a small grasp facing towards herself, saying something to herself*).

**S:** Ohhh ... and that's good to know ... There's something happening with you as a couple's therapist ...

**T1:** Yes ... (*sighs*) ... My old ghosts emerge ... very much so ...

**S:** Yes ... (*leaning forward in the chair, soft voice, looking at therapist*) ...

**T1:** (*shaking her arms moving in the sagittal*). You know, this is new to me being a couple's therapist and then something happens with me (*touching with both hands her heart*), I question myself whether I am good enough, it always happens to me (*hands moves out in a yielding movement, feet on the floor, with a soft yielding with and pushing against movement in her knees*) and I'm in much that's new at the moment so it's very figural (*folding her hands in front of her belly*).

**S:** And you feel vulnerable.

**T1:** (*touching her chest*) Yes, because I'm a bit frightened, ohh my, what am I really doing, is this Gestalt therapy, is it good enough, yes ... (*legs wide apart, hands to heart, moving in a horizontal way*).

It has become evident to me that more than two workshops are needed to become a clinical couple's therapist. I am in the process of starting an advanced clinical training program in couple therapy with the NGI. An outline is presented in the way forward section and in Appendix 20.

Another theme that emerged in the supervisions and from what the therapists shared relates to parallel process. In Gestalt this is defined as figures emerging in the therapeutic session that have a parallel with other similar themes in the therapist's life (Mjelve, 2012; Jensen, 2007). If these processes become too overwhelming for the therapist, they will ask for extra supervision or individual therapy, as was the case for T3 in the case study "The Arabian Horse" (Appendix, 15.5).

A parallel process can also support the therapeutic situation. In these cases, the therapist might have a particular knowledge and experience that, although not similar to that of the

client, may resonate with the couple's experience (this may also be why the parallel process is activated in itself).

This is also an important aspect of why a reflexive attitude is increasingly acknowledged as critical in professional conduct. This is discussed further in the section on the third domain of Identity and Values, ethical presence and the phenomenological practice of epoché, putting aside things that do not support the process (Robine, 2015). The difference between a hermeneutic and a descriptive phenomenologist is at stake in the conduct of epoché in that we can never be a *tabula rasa*.

The parallel process brings a further therapeutic opportunity through what is defined as therapeutic disclosure. Robine writes about the aesthetics considerations of when to use therapeutic disclosure as a means to an end (2015). This phenomenon emerged in case studies including "The Arabian Horse" (Appendix 15.5), "The Fragile Self and His Victim" (15.7) and "The Love Project" (Appendix 15.3). The following is an extract from the last of these.

**T2:** (*sitting down in her chair*) ... it's just now, when she's five years old that I can feel love for the child and then she starts crying ...

(*moves over to therapist chair*) And the therapist who knows something about a similar story, then I ... (*leaning forward towards her, yielding into the situation*) I listen to the tape, how terribly much I talk about that. But my intention was to reduce the shame and the guilt (*holding her hand upright like an acknowledgement of the importance*). I recognise and I'd like to share with you that I also think that my daughter was five when I could commit to being a mother to her. This is totally true and then I almost started to cry (*looking at the supervisor from a middle-mode position, leaning slightly forward in a sagittal movement, balance in the between of the couple, touching her heart*) and then there was this big alliance between (*arm moving from therapist to her and back*). Together, the two of us and then I thought I need to include him and I asked him how it was to be a father.

(*moves over to his chair*) Even though I'm so ill, even though I'm failing at (*right arm moves up and down as if counting the ifs and buts*), it's difficult to play with her and all these things I've done the best I can as a father, he says. I, the therapist, say: Can you say that to her? (*his hands are in his lap grasping onto each other*). He replies: I've said that. Yes, but can you say it now? You've done the best you can. (*therapist*

*voice low, whispering, yielding with*) This is what I (*arms indicating from the therapist chair feeding in*) ...

**S:** Then what happens with her?

**T2:** (*moves over to her chair, touching her chest with the right arm*) Not much. What made the greatest impact was what came from me [the therapist]. Yes, I don't know if she wants to take it in from him, however (*looking at therapist, left arm reaching for and pulling against the therapist*). Welcome to my world, she said, after she was done crying. Then we had a really strong alliance. Then I immediately needed to include him (*moves out of the chair over to his chair, not sitting down*).

**S:** It seems that he was capable of responding?

Supervision is a way of raising therapists' awareness of their own development, how they learn and their blind spots. I particularly cherish Spagnuolo Lobb's supervision method, as I find it allows for working closer with the therapists' growing edge than does the Cape Cod method. I therefore chose to merge the two methods into a moderated supervision method, as previously illustrated. What I find useful in the Cape Cod version is that moving out of the supervisor and supervisee chairs towards the setup establishes clearer boundaries and allows for the differentiation of the different fields in the supervision process. In Spagnuolo Lobb's method these boundaries are not expressed so clearly, as the supervisor and supervisee sit in the same chairs regardless of what they are discussing. The potential of the therapist supervisees' growing edges and parallel processes were not part of this research study, however I found that the therapists' reflections about their process, resistances, reluctances and position in the therapeutic field proved an important emergent theme of great impact on the therapeutic situation and relation.

Research on psychotherapy shows that the therapeutic relationship is of greater importance to the outcome of therapy than the modality itself (Wampold & Imel, 2015). Recent research focuses on therapeutic qualities in clinical processes (Finsrud et al., 2021), what signifies good therapy and the resources of successful therapists. Tilden (as cited in Ness, 2017, p. 97, my translation) summarises the intended outcomes of couple therapy thus:

1. Reduce negative communication such as a critical stance and accusations.
2. Prepare for engagement so the client takes responsibility in the therapeutic process.
3. Normalise couples' problems by, for instance, redefining individual attributes as relational.
4. Enhance a good therapeutic relationship (defined by alliance, hope, empathy, safety and trust) and avoid taking one of the partner's sides.
5. Stimulate and enhance behaviour competence, such as conflict management.

These aspects are included in the GMoD, and the research expands further on these ideas by analysing profound, non-verbal communication (as described by the DSP) in order to capture what Gottman and Notarius point to as a priority for marital research in the 21<sup>st</sup> century “a continued focus on sequences or patterns of interactions (...) and positive affect” (2002, p. 185).

Gestalt therapy has a number of theories and models to describe the pattern of interactions, defined as contact, which, in Gestalt, is the goal of the therapy itself. The Gestalt methodology provides a rich theoretical perspective with which we can describe the relational qualities in the therapeutic situation. This thesis's emergent findings on the differences between the various participants' therapeutic qualities are very much in tune with the growing awareness in psychotherapeutic research more generally of the importance the therapist *per se* has on successful therapeutic outcomes. This will be brought forward and discussed in Section 7 on the planned products and way forward.

### **6.3. Focus Group Dialogue**

After the fifth therapy session, I gathered the therapists to engage with me in a dialogic encounter (Finlay & Evans, 2009). I used a semi-structured interview format (Kvale & Brinkmann, 2015) (Appendix 16) based on the research questions and the themes that emerged from the supervision and therapeutic sessions.

A qualitative research interview is not a situation where a person is passively reporting facts or opinions but is better seen as an “encounter” where the person is actively engaged in exploring meanings of events or experiences that have been significant for them. (McLeod, 1999, p. 125)

Following the Gestalt methodology and the theoretical discussion of dialogue in the I-Thou



perspective, I prefer the term “dialogue” to “encounter”. The dialogue was filmed, and the session was limited to three hours. As previously described, I was enchanted by the growing trust in the group and the therapists’ willingness to share their vulnerabilities and shortcomings (shame). There was a flow in the communication and a rich sharing of experience in the focus group. In the dialogue that relates to the third and fourth research questions (both of which influenced the redesign of the GMoD, as previously presented in the section on theoretical formulation, Section 5): ([Appendix xx p. xx – xx](#))

- How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?
- Does the GMoD support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?

This dialogue explores how the therapists interpret the potential of the GMoD and how they can use it to support therapeutic awareness and interventions. The therapists’ levels of expertise and perspectives differ, but they all found the GMoD useful. The fact that they all opted in to the study after the second workshop could be seen as a bias in the project from the outset; however, I found them to be transparent in their questioning of and struggles with the GMoD and not merely a confluent group. What emerged from the research process is that couple therapy is so complex and so different from individual therapy and that the therapists struggled with the new form. This resulted in an even more differentiated position, and I now find myself critical of the idea of implementing a small “taste” of couple therapy module in the foundational training at NGI. Thus, together with the director of studies at the NGI, I have decided to offer an advanced clinical training program in couple therapy at the NGI. The outline for this program is presented in Appendix 20.

T4 was the therapist who, throughout the research, expressed an understanding of the RPM and the GMoD that was closest to the intentionalities and research hypothesis itself. To me her process is a remarkable example of the development towards the aesthetics of a therapist who works from the id of the situation. In our discussions, her metaphors were expanding visualisations of how the GMoD can support the therapeutic process. I will allow a quote from a supervision session on her couple in “The Fragile Self and His Victim” (Appendix 15.7) case study to express her conclusions with regard to the final research question about how the GMoD supported her as a therapist.

**S:** Here and now.

**T4:** Here and now. And not about the children and what happened the day before yesterday, and all the blaming that is all over, but in the brief moment where I'm able to hold them to the here and now and me and myself, then something can happen. This is hard work, to prepare for the moment where they're able to do a little of that, and maybe, maybe, they'll meet something there.

**S:** It might be the paradox of change.

**T4:** Mmmm

**S:** Exciting. I wonder, we should have had one more supervision (*raises up and walks to the whiteboard*), what I become very interested in is what is at stake here (*points to domain 2*), and I'm sorry we're not going to have more supervision sessions so that we'll be able to follow them, the potential. Shall we sit down to wrap it up a little or do you need more of an analysis in the GMod? To me it seems very clear.

**T4:** Yes, I believe that it's somewhat clear, and I must say, supervisor, that in all the richness of that I think of on my part, I think I as a couple's therapist, is a work in progress, and this, the GMod, when I arrived the first time and when I look at this, it's like what I would call it, what do you call what is outside the building when you are redecorating, that you hold onto.

**S:** Scaffolding

**T4:** Yes, scaffolding. I hold, on I have this kind of a ground structure that I build the couple therapy from, because this (the GMod) makes so much sense to me, this ...

**S:** You make it very simple, in exactly the manner that I intended it to be used in order just to separate the elements.

**T4:** Indeed, I separate, I have a piece where I can check OK and find and maybe the most important is that it prevents me from ... Something is valuable for me is that I can sustain staying here for a while (*indicating domain 4*), instead of rushing through too fast. it helps me to grade.

**S:** You're fattening this (*indicates the figure of co-creation*).

**T4:** Exactly.

**S:** What did you call it, you called it constructive dialogue, because they know that.

**T4:** Yes.

**S:** They've learned that technically. But the dialogue, that's emphatic attunement, it really belongs here in the first domain, they're not able to do that in their co-created relationship. They don't meet and then everything—all this creative adjustment—is at stake. How he shows himself, how she's pushing hard and I also wonder where she's coming from?

**T4:** Absolutely.

**S:** There's something there about how things are supposed to be, perfection, something unclear, a façade you've been touching.

**T4:** Yes, and with regards to the dialogue, I ... and I said something about, our work here or my work here is to support you to become more aware of what's happening. I have two rocks and what I see is not that you, bringing the rocks to touch each other, what I see is this (*moving in the arrow's direction*).

**S:** So nice.

**T4:** You're talking about, and then "oh is this how we do it" or something like that, and then we're coming closer to the end and then there's a new topic about the kids, and I say "ah, right now I hear you're entering a dialogue and I see how the two of you isolate, you're going separate ways", and it's like maybe they're starting to see some of what I say, as they actually started, I caught it and I related it, away from the parrot.

**S:** The parrot dialogue

**T4:** Where they don't meet and go to isolation.

**S:** This is very interesting.

**T4:** I believe they're starting to understand a little of what they are doing, but there's a long road ahead.

**S:** This is where psychoeducation supports us, in that they understand what they're doing and it becomes easier for them to take themselves out of it, to have a meta-perspective, so here we go again with the rocks.

**T4:** I just want to say, supervisor, that this is so great, the GMoD. And how, I'll be totally honest with you for a moment, I believe I've been a little filled with awe. I've put you, as I think I can do with many, on a pedestal, where I can feel fumbling and clumsy, but I feel it has been so nice to come here and really, as I've done today, just throw myself into it together with you and we just become ... And with regard to support I feel it mmm ... it's exactly the support, well, I believe in you, in the feedback.

**S:** (*nods*) Yes.

**T4:** I feel that OK, I can be a little anxious and incredibly fascinated and I really believe in it and that's the reason that I want to continue with it. I really believe in couple therapy.

**S:** The field of couples, it's magic. Even in such a demanding field, although they seem to practise "good form", what seems to be "good", you spot the fixation and what I write about as the fragile self-concept, have you read about that? It's in the chapter on trauma. He's as fragile as one can be.

**T4:** Yes, I think again, that when your work, when it's in its form, I think I don't know what. It's like Vibeke Visnes couple therapy school, then it's like really rich and it gives a lot of opportunities and facets, and when, it's really not necessarily a critique of the NGI, but this incredible simplicity and variation of something, like a recipe, and I think about the few couples I've had, what did I really do? But here I feel I can be with the id, to be the engaged therapist that I am, and at the same time, your method is stringent, and there's something I really hold onto. The couple: How to support the couple.

**S:** Yes, and this was why you were putting the first couple together so you weren't a part of it (*Ménage à Trois*, Appendix 15.8). I think it would never have happened, you put them together and boom, with that intervention.

Miller writes:

I like to think that psychotherapy is most effective when it is more like jazz than classical music. In jazz, there is no fixed score when a player is soloing. But jazz musicians are so thoroughly grounded in the practised knowledge of their instrument, in the background of their tradition, and in harmony, counterpoint, and other facets of music theory that they can forget it all in the moment of improvised performance even as it still supports them. In relation to theory, that is how psychotherapy ought to be. (as cited in Robine, 2016, p. 295)

I like to think about the RPM and the GMod in light of this quote. It is the scaffolding that supports the therapist to work aesthetically towards flexible and spontaneous contact.

#### **6.4. The Reflexive “I”**

The doctoral process has been a long, demanding and enriching experience and I have been challenged in many ways during this journey, both professionally and in my personal life. This autumn, at the time I was embarking on the final phase of the project, my eldest daughter turned thirty years old, and many emotions emerged while I was writing her a speech for her celebration. I realised there was a parallel process going on with my writing this thesis and that resonated with how I thought about our journey together and our experiences. I also became aware that twenty years has passed since my “nervous breakdown”, which was when I met my first Gestalt therapist. This research thesis therefore encompasses my own personal journey and developments. Becoming aware of these concurrences touched me deeply and, as a result, my speech to my daughter was different from prior speeches I had made. I wanted to convey a true Gestalt perspective of not being immersed in difficulties but looking at how our experiences can be interpreted as resources that we draw from in the here and now. This is an important perspective in my life: our traumas are always part of a relational theme, but from a Gestalt perspective they also offer resources, excitement and growth. Together, we had a splendid celebration.

Over the past five years I have enjoyed studying the work of Margherita Spagnulo Lobb. Although I consider her a Gestalt mentor, I also partly critique and disagree with her in this thesis. Very recently I found an article of hers in the *British Gestalt Journal* (2007) that was published prior to a similar chapter she authored in Lee’s *The Secret Language of Intimacy*

(2008) about couples. I noted, however, that in the book chapter she had moderated her writing into what I felt was a more academic form that lacked the personal aspect that I found particularly moving in the article. This difference in writing and the effect these choices have on the sense of distance between author and reader interests me. It is frequently discussed in feminist writing (Cixous, 1992; Livholts, 2012), which I believe cherishes and flavours texts that are closer to human experience, the lived life. I find that Spagnuolo Lobb and Frank, the very Gestalt theorists with whom I have trained, am deeply grateful to, am inspired by and draw from, have a growing edge in bringing the aesthetics of their warm and wise practice into their writings. Writing was also a challenge for Laura Perls, whose legacy lives through the works of others rather than her own publications. She has not received the same acknowledgement for her contribution to Gestalt therapy as her husband, Fritz Perls, who published extensively, but had a different therapeutic approach from Laura. The traditional academic preference for a more distant voice might have caused Spagnuolo Lobb to limit her own process as she wrote her chapter. Regardless, it is this quote from her article that resonated with my own research process and personal experiences, and I believe that she eloquently captures what is at stake in a couple relationship:

I was left so touched and deeply supported by his [Lee's] article; it helped me not to cling to my wounds, while waiting for them to heal, but rather attend to the wounds of the other. And as a psychotherapist, it helped me to grasp that the most profound aid that any therapy can give to a couple in a critical moment is precisely the ability to open up to the other.

Being a couple implies being interested in the other as other, as novelty, besides our perception of the other, which rather frames and triggers our fear that we will not be accepted, or our fear of having to stop our way towards the significant other... (...)

... It is not easy for adults to achieve this quality of dialogic encounter, because stripping oneself of the fear of reopening old wounds demands genuine training. But it is only if we are "naked" before the other, if we are fully present in the here and now with the other, that it is possible to support the evolution of the excitement (the term "excitement" includes the sense of psycho-physical energy and of intentionality in entering into contact with the other. It thus integrates at a phenomenological level the experience as lived in the body and at the same time oriented to the encounter with the other) of the encounter. To reach this goal, we must recognise our own fears (and the

objections which, in consequence, we develop towards the other) which clothe the most intimate part of our person; and we must also recognise the experience of the other. (Spagnuolo Lobb, 2007, p. 44)

I think in the course of this research I have not expressed the full potential that lies in my heuristic journey. I wished to convey the pain, the struggle and the healing experiences in fulfilling relationships, full-contact experiences, intimacy and autonomy that I have had more access to after 20 years in Gestalt studies, both in training and now, as a senior practitioner. For the validity or trustworthiness of this research thesis I made a research choice when I discarded the heuristic inquiry in favour of a theory-building project. I reduced the pathos of the project, maintaining a degree of distance and not coming **as** close to my own experiences. I wished to be less self-indulgent with the research subject and reduce the potential for researcher bias. I positioned myself as a researcher, not as a therapist researcher engaged in the co-created situation directly with the couples. I have worked towards the meta-perspective, an analytic mode in the project itself: the *logos*. In doing so I claim that I have brought more of an academic ethos to the project and that the *ethos*, *pathos* and *logos* are as well balanced as possible in the formulation of the research thesis. That is the argument for the validity of this project.

The initial title of the research project: “The Need to Belong. Relational Trauma and the Healing in a Relationship” points to my heuristic journey and the experiences I have brought forward to this research thesis. I know a great deal about isolation and creative adjustment that does not support intimacy in a relationship. Spagnuolo Lobb’s words touched me when she writes: “... because stripping oneself of the fear of reopening old wounds demands genuine training. But it is only if we are ‘naked’ before the other...”. It is this genuine training and the idea of the “naked” that is such a demanding endeavour if relational traumatising is to be seen as an “enduring relational theme”.

In 2015 another marital crisis emerged in my own relationship, and we found what I now think of as **the** breakthrough that unlocked our co-created negative pattern. I shared some of my insight in the focus group dialogue.

**S:** I feel totally shy ... I’ll share from my own life ... me, the master of confluence, I was sitting by the dining table, two, three days ago, and I said to him, because we have big family issues going in our family system, with one of my children and not our common child and then, at once, it poses different issues, it’s much more demanding

than dealing with our common child, it becomes so ... I'm squeezed in a different way. I have a good example that I served him across the table that when we became a couple it was like no children in our bed, and I had one who was eight years old and one who was nine. Then you had your own son, and he was allowed in bed until he was twelve. It's just something that's different, and this is difficult sometimes. Then, returning to our conversation, I said you know what? I don't want you to talk to me like this. It's not OK (*sign of success with arms*). I should have said that 16 years ago!

Apropos good form, we're in the fourth domain. But it's taken me that long to come to that point in my own development to be able to stop and also keeping it from escalating. I experienced it as a big victory, for me. I didn't show that to him, but I felt like sending a message to my daughter, I didn't do that either. Then I went into the kitchen afterwards, and I felt how insecure and frightened I became.

**T5:** You felt ...?

**S:** I felt how frightened I became, and I could feel my entire trauma embodied in my tissues, because it's been so dangerous to differentiate in my life. So, how did I end up sharing this ...

As a result of my own experiences, I have faith that even the most complex and seemingly dysfunctional couples have the potential for healing and growth. This is my profound ethical presence from which I position myself as a supervisor supporting the therapists. In quite a few of the case studies it became clear that the couples attending therapy had relationships that seemed dysfunctional and not particularly creative. One particularly challenging example was the case study "The Arabian Horse" (Appendix 15.5), and the therapist and I had a constructive discussion about best ethical practice and therapeutic conduct. I continue to be interested in trauma work and developments within this psychological field and have therefore felt the need to expand my reading far beyond what is offered in Gestalt theory.

Writing up theory was the primary focus of this research project, and I believe the result is richer than if I had stuck with heuristic inquiry. Having supervision and a focus group dialogue with six therapists has provided such a broad range of material to draw from. This richness and nuance of information is the essence of qualitative research, and it has been a challenge to narrow my focus and reduce the amount of data studied to a manageable level. Transparency is important in Gestalt and epoché is thus a sensitive practice in the therapy and



supervision processes. Throughout the research I have been attentive to my role as a researcher and aware of the different roles the therapists and I have had towards each other. Some of the therapists did express their “awe” of me, and I tried to be sensitive to demands in each particular situation and grade to provide for safe emergency while still attending to the ethics as an insider researcher and cultivating the confluence and differentiation processes. There is extensive potential in the rich material contained in the clinical case studies, the supervision and the therapists themselves, and I have used it to the best of my abilities, while keeping within the scope of this project. Theory building is a purpose (Stiles, in *Research Academy*, 2021), and I regard it a lifelong enterprise.

I have previously discussed how I became critical of the professional conduct of T2 and T5 in the supervisions and the reflections thereafter, the post-contact phase. I could feel myself becoming “fixated” in the critical stance, asking for hypervision with Spagnuolo Lobb and then another hypervision in Oslo with a supervisor I have seen for many years in a small group. I did a setup of all the six therapists. What became evident was how they all differed in their practice of Gestalt therapy. This stemmed not from their different levels of experience but rather the particular qualities they brought to the field. This hypervision made me open up to how I could support each of the therapists in their growing edges and how I could define them differently. I would admit to my own preferences within the Gestalt modality, where I have been transparent in how dedicated I am to the theoretical formulations of Robine and Frank. I could recognize these qualities in the transformation that T4 experienced and expressed in the supervision (Appendices 15.7 and 15.8) and the focus group, and I found her development very inspiring. I have also questioned the different positions in contemporary Gestalt, making particular reference to the Italian publications, and raised awareness of methodological issues such as field, figure and (back)ground. The differences between theorists and practitioners are discussed throughout the thesis.

When we become stuck, we no longer explore phenomena, but are cognitively fixated, which does not support the field. I continue to consider, however, how I can bring my critical perspective to support the field while also reflecting on the challenges I face with finding good form in each particular relation and situation. I have cultivated this embodied relational “I” over the course of my entire research journey and it is described further in the essay “The Vertical “I”. Finding My Voice in Research” (Appendix 22), which touches on my relational trauma and the impact it has on my own creative adjustment. I am deeply grateful to the participating therapists and how they have generously contributed to this project. Their

competencies an important voice in the thesis. I have discussed theoretical aspects with critical friends and colleagues as well as “chewing on” feedback from Robine, as previously described (Appendix 18). These theoretical discussions are important processes for the validity of the thesis, the triangulation (McLeod, 2009, 2010) (Appendix 20), in which I establish the ethos and logos of this research.

Finally, I have to mention the obvious fact that I am writing in a second language and not my mother tongue. Although English is a language of which I have a thorough knowledge, writing in a second language has certainly been an additional challenge. I have gone through many drafts to formulate my words as precisely as possible and find the correct structure, form, and syntax. I have been very fortunate to have found and worked with a professional proofreader throughout the entire doctoral program. I have found his suggestions enriching and have appreciated how he kept my voice intact and authentic in the text.

## **6.5. Discussion**

Brock et al. describe the current status of research into couple therapy as such:

Part 1 summarizes research on intrapersonal, interpersonal, and contextual risk factors for relationship dysfunction, and presents implications of this research for couple interventions. Part 2 provides a review of research clarifying the role of intimate relationships in the mental and physical health of individual patterns (Brock et al., as cited in Sexton & Lebow, 2017, p. 409).

As with much research on couple therapy, Brock et al. emphasise their causal perspectives on suffering in relationships at the expense of exploring the promotion of healing and growth.

In the literature review I noted how, in much research, the method (process) is mixed with figural phenomena – the “cause” of the struggle (content) – thus confusing both the reader and therapeutic conduct. I was curious to explore the figure within the process model, the co-created stagnation. I believed this would support the therapist to find figures for interventions and create a working hypothesis.

To achieve this, I formulated the following research questions:

1. What is the figural co-created phenomenon that contributes to stagnation in a couple's relationship?
2. How do relational difficulties manifest in the non-verbal experience of a couple's co-creation?
3. How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?
4. Does the GMod support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?

I synthesised theory from many disciplines into a draft model that formed my research hypothesis: the GMod. The structure of the GMod is inspired by Daniel Stern's developmental domains (1985). I then needed to write up the theoretical formulation and I wanted to test the GMod in clinical practice.

The first of the research questions is an exploration of the different domains in the GMod and whether other phenomena informed by themes emerging from the case studies should be included. In the abductive writing process I made research choices to give the essay a tight structure and help me adhere to what I wanted the theory-building presentation to be: a practice-near support for therapists to find figures for interventions in the complex field of couple therapy. The theory became more stringent and closer to Gestalt theory than I initially intended, even though theories from other modalities and postmodern social discourse influenced the synthesis and were integrated into the phenomenological domains. I became increasingly aware of how Gestalt, as a relational process methodology and a therapy of contact and form, influenced the formulation of my theory. I ended up elaborating the GMod to one instead of four columns after the focus group discussion, however, I retained the underlying concept of the domains (phenomena) to give top-down purpose, meaning and direction to the GMod structure.

One of the examiners remarked that it was not evident how the constructed model was leaning on Stern's developmental domains. I note, however, that I do discuss Stern's contributions to the thesis and acknowledge that his works are also important for Frank's DSP (2001, 2011), which I build on throughout the thesis. Stern's research was also ground-breaking and important for the relational turn in psychotherapy. His work has therefore been an inspiration on many levels of this thesis and the co-created regulation in a relationship is the particularly

focus of the second research question; the non-verbal co-created dynamics between partners in the couple.

In the embodied supervision method the therapists embody the couples' co-created dynamics and the therapeutic situation. Both the DSP and Gestalt theory describe how partners moved and how therapists can influence the therapeutic relationship by regulating their movements and breathing. I included contemporary trauma theory as it is a crucial competency for regulating the nervous system and cognitive capacities. The thesis presents excerpts of transcripts from the supervisions as practice-based evidence of how therapists can support and intervene in complex and demanding situations. The richness of the detail in the case study material has a much greater potential than has been possible to include within the scope of this research project. One theme that emerged from this study was how rigid and activated the couples were and how the therapists needed self-support and competencies to regulate this activated field. Pleasingly, this is exactly the intention of the GMoD itself: to support the therapists to grade interventions in order to provide for safe emergency.

The third research question addresses how the therapist can find figures for interventions that are supported by the GMoD and create a working hypothesis. I discuss how a therapist holds a "working hypothesis" through a hermeneutic phenomenological position and I refer to this position as the aesthetics of Gestalt therapy. The Gestalt therapeutic ambition is to support the client towards spontaneous, dynamic contact, out of the id of the situation. In the literature review I address the lack of research into the non-verbal dynamics and the co-created situation: the kinesthetics of the therapeutic field. One study by Laitila et al. (2019) addressed neurology and resonance but it was not directly compatible with how I frame and use DSP to describe the qualities of the situation. Thus, the present research study provides a new and unique perspective on the potential to be found in supporting process instead of content in couple therapy.

The fourth research question was a yes/no question as to whether the therapists found the GMoD useful in clinical practice. This was discussed in the focus group dialogue and I decided to include the entire transcript for transparency and validity of the research project (Appendix 17). The therapists found the GMoD too complex, which contributed to my decision to create a simpler final version.

One may ask whether I am creating inadvertently the phenomenon I was searching for, given the research hypothesis of the GMod, and it is true that I do look at the therapeutic situation through a certain lens: namely Gestalt methodology and the GMod. I personally find great support in different Gestalt theoretic models. They are maps on which each client has his or her own terrain comprising the couple and their unique co-created relationship. Models are supposed to be used in this way: as guides to the complexities of psychological processes. In Gestalt therapy this means describing qualities of contacting processes and form. In the methodology section I position myself as a hermeneutic phenomenologist – following the works of Heidegger – and not a descriptive phenomenologist. I discuss throughout the thesis how a researcher, like a therapist, must hold and make use of competencies and knowledge, the hermeneutic position and “epoché”. The RPM was constructed to facilitate and raise awareness in order to enhance phenomenological, process work and initiate new experiences through experiments. Gestalt therapy is prone to Gestalt psychology’s figure and ground organisation. This entails that the figure formation emerges in and out of the situation and the relational field.

The research choice to recruit six therapists has given the project a unique opportunity to study more than just client couples. If I had been the only therapist, the differences between the participant therapists’ qualities would not have been included in the study. Through this research choice the validity of the study was much improved. I considered including the therapists as co-researchers, but this was not possible due to the ethical consent at Middlesex University and the shape of the doctorate program. As suggested by T2 in the focus group dialogue, an in-depth interview with each of the therapists would surely have added more information to the project, but was beyond the scope of the research. The research project was complex, and it took me a long time to narrow it down to a manageable structure. To some extent, the research material suffers from this. The project does, however, bring the perspectives of the clinicians to a qualitative study and comes closer to the experience of the clients themselves through the embodying processes in the supervisions.

One emergent theme was how the therapists struggled with the shift in perspective from individual to couple therapy and the aesthetics of encouraging the couple to talk to each other instead of via the therapist. In the literature review I discuss the need for differentiation of process and content. This was not as figural in this research study *per se*. I believe this was because the Gestalt therapy training at the NGI is explicit in differentiating between these two elements and the therapists were phenomenologically trained. However, what surprised me as

researcher supervisor was the reluctance to bring the couple towards each other. This took me aback as experiments are an important part of process work in the Gestalt modality itself. The RPM was not an intended focus of this research project, being the method, but became important as an emergent theme of great influence on the therapeutic relationship, a source for interventional opportunities to promote change. There are clinical examples in the case studies that describes the qualitative shifts in experience when the therapists invited the couple to move the chairs. These shifts took place between the couple and in the therapeutic relationship itself.

Another important emerging theme was how complex the therapists found couple therapy to be. This was the case for every participant, from the experienced therapists with up to twenty years of experience to the one therapist who had recently graduated from training at the NGI and all the experience levels in between. This surprised me, but when I look at the findings in the literature review I acknowledged my own “blind spot” to this matter in the reflexive process. Indeed, this **was** the obvious reason why I wanted to conduct this research and create models for an integrative framework of couple therapy in the first place. What I found missing in my Gestalt therapy training and search for a coherent theory for support (later confirmed by the literature search and review) became a professional curiosity and subject of research. I identified a gap between informative theory and practice. There was no practice-near, applied framework. This research serves to correct that, and it is therefore an important contribution to this field that is lamentably understudied. It is also a qualitative research case study that explores emerging figural phenomena; it is not solely based on professional knowhow. One conclusion of this research is that such a complex therapeutic situation requires additional advanced training. This is concurrent with the outcome of the literature search, which revealed a fragmented and understudied modality of couple therapy, with little attention paid to its particular ethical challenges.

The handbook of family therapy (Sexton & Lebow, 2017) describes three “modes of operandi” for couple therapy practice. The first is communication. For this, the PREP programs are designed as a psycho-educative tool for marital counselling, reflecting the first wave in Gurman and Fraenkel’s review (2002). The second is described as couples with “ordinary” problems, this can be viewed as the behavioural, systemic wave with dialogue and a field (relational) perspective. The third mode is couples that experience a high level of conflict, what Fraenkel describes as the “Last Chance Couple Therapy” (2019), the psycho-

dynamics, and where many therapists fail. These different modes are all integrated in the GMoD synthesis.

It is particularly to support these last chance couples that I became interested in doing research. I included the moment in my heuristic journey of scoring all the “no goods”. This is captured in my initial title “The need to belong. Relational trauma and the healing potential in a relationship”. The healing potential is described in the thesis as full contacting experiences. In the case studies there are some moving explorations of the qualitative shifts in experiences between the partners who are supported by therapists’ sensitive interventions. The GMoD is particularly designed to grade interventions and support fragile, stagnated couples who are experiencing trauma activation towards healing in full contact: the being with. The psychoanalytic influence in the interlocking pattern (which the EFT is explicitly designed to unlock), the attachment theories and drive theories all support an informed therapist. I find Gestalt therapy enriching in its championing of process work towards the novel and the way it helps me to avoid being captured by content and causal explanations. Gestalt therapy focuses on directing the resources of the client couple towards having new experiences in full-contacting experiments in intimacy and autonomy in the first domain. This perspective is also precious in contemporary trauma theory and the neuro-regulation and rewiring of the nervous system.

The GMoD integrative model incorporates many similar ideas to those suggested by Fraenkel (2019) and Nielsen (2017). However, these authors present clinical perspectives from their own expertise as practitioners. Unlike them, I structured the GMoD within a theoretical framework but also in a system that the therapists acknowledged as providing practice-near support in a complex therapeutic field. I integrated the couples’ non-verbal regulation, as this goes beyond the verbal communication and is in line with Gestalt as a holistic therapy of contact. This is addressed in Gottman and Notarius’s research agenda into contemporary trauma theory, which offers useful perspectives on building resources in suffering clients. All of these concepts are integrated in the GMoD and one finding of the research is pointing towards the importance of a therapeutic aesthetic presence that can regulate an activated field and allow for healing experiences, thus providing healing potential on many levels of the couple system.

As one of the therapists said: “The GMod helps me to stay with what is, knowing there is more underneath that will emerge, and I sustain not rushing through, feeding in, but stay with the id of the situation”. Relational trauma work requires a well-informed, competent practitioner to ensure ethical practice. The EFT is specifically designed to work on a couple’s underlying negative patterns, the co-created stagnation. However, I believe that a couple therapist needs to work on the presented figural phenomenon and not dive directly into the interlocking pattern. I also believe that in a modern relationship a therapist needs to hold awareness of other figural phenomena that emerge from our global world and facilitate other ways of arranging partnerships than the Christian, monogamous type. This is addressed as therapeutic ethical presence and it is where I bring a different perspective and an existential, phenomenological methodology to the research. This concurs with Tilden’s perspectives on how couple therapy is a growing modality and couples seek therapy to address the complexities of modern living. There is a need for couple therapy training to develop therapeutic competencies to intervene at all levels of the client’s request in order to ensure ethical therapeutic conduct. This is the ambition of the GMod and the RPM as a framework to couple therapy.

The last of the emergent figural themes was my realisation of how different each therapist was in therapeutic conduct and the extent to which they were impacted by the relational field. This theme was not addressed in the research questions, however it had an important impact on the GMod (included in the therapeutic relationship in the fourth domain) and the RPM. It is also an emergent finding that corresponds to the common factors of looking at therapeutic qualities for successful outcome (Duncan et al., 2009). This has inspired me to conduct a longer study with the possibility of collaborating more closely with therapists and couples. Such a study would comprise the three intentional components described by Berg as the regulating principles for ethical practice. The NVivo is pointing me in the direction of how I might construct a meta-analysis, which is also an important component of valid research in the triangular relationship of research, efficacy studies, clinical expertise and patient preferences. This prospect is addressed in the next section, on the way forward.



## 7. Products and Way Forward

I have previously made reference to the advanced clinical training in couple therapy at the NGI that is planned to start in the autumn 2023 and have enclosed an outline of the form this will take in Appendix 20.

I have also received requests from international colleagues to attend workshops and training and to share articles from the study. Due to the complexities of the GMod, I believe the best presentation would be a book on couple therapy based on this thesis, and I plan to restructure the doctoral thesis once it is complete and then look for a publisher. In addition to the training and the book, I plan to write one article on the supervision method and clinical experience and another article in *The British Gestalt Journal* in which I will present the research. The director of research in the international Gestalt community, Vincent Béja, has also invited me to write an article on the research project. I intend to present the project at an international Gestalt research conference in Hamburg in September 2022, at a European Association for Gestalt Therapy conference in Madrid in September 2023 (previously postponed due to Covid-19) and at the NGI's 35-year jubilee in October 2022.

I have also mentioned my ambition to continue the research in a longer-term qualitative and quantitative efficacy study. I have been in contact with Professor Salinas, who is in charge of the single-case, timed series that is presently conducted internationally. He is interested in collaborating on studies in couple therapy using this software. The domains of the GMod are well suited as definitions of target complaints, as tested with the NVivo coding process and outcome. This offers the possibility to include both therapists and clients in the study. Meta-study is often a critical point for qualitative studies, and I now feel inspired by the NVivo process to design a mixed method research study. A longer-term study will allow for a more in-depth inquiry into the healing potential and possible pitfalls of the therapeutic process and provide the opportunity to look more closely at the therapeutic qualities and interventions that were coded and discussed in the analysis section. I trust that this research has been unique in its exploration of the supervision sessions and the many layers of reflection emerging from these processes. It has sparked my interest in doing more in-depth research into the potential for supervision to be a support for therapeutic growth and ethical practice.

In reference to the potential of the heuristic inquiry it should be noted I am interested in projects closer to experience and the aesthetics (senses). In this I am inspired by Professor Karkou and arts-based research, as mentioned previously. I am in dialogue with one of my

critical friends who is a dancer, choreographer and Gestalt therapist about doing a joint project on relational trauma that combines DSP with dance and visual arts. I am a dedicated writer and my memories of my own experiences, which I had to bracket off in this research thesis, are still vibrant. I want to write a self-help book for couples based on my own experiences and this research. This has the potential to reach a larger audience than only therapists. I am also interested in the lifeline of my female ancestors in a Scandinavian perspective (Scandinavia has been at the forefront of the female liberation movement) in relation to generational trauma and development (healing). These projects continue my original interest, described in the heuristic inquiry in section 1 and the working title, “The Need to Belong. Relational Trauma and the Healing Potential in a Relationship”, which I needed to scale down in this research thesis.

Zinker wrote about Gestalt therapy as a creative practice. I would say that the process at the contact-boundary—the selfing of this project— has been a long creative process and keeping my interest and openness throughout has been challenging and inspirational. I am still curious, eager and as dedicated as ever to continue research and embark on new projects.

## 8. Conclusion

This research thesis has proposed a GMod to support therapists working in the complex field of couple therapy. The conclusion is clear: the therapists all felt supported by the GMod to find figures and grade interventions. Six therapists participated in the testing of my hypothesis. In the supervision sessions the therapists explored phenomena in the couples' co-created relationships, the emergent themes for explorations and created working hypotheses. The theoretical formulation of the GMod was elaborated and moderated into a simpler version after the focus group dialogue and constructed around the clinical case studies.

The research process has results in many products including a book outline, an advanced training program, presentations at conferences and articles in renowned publications. According to Stiles (as cited in Barkham, 2007, 2019) theory-building is a purpose, which indicate that this research thesis carries with it a potential for further exploration theoretically and in application. The aim of the research has been to present a humanistic study based on the Gestalt methodology, the relational co-created situation, on the field of couple therapy. This field suffers from little research to support practice and the research findings have inspired me to do a meta-study using the GMod in a single-case, timed series international study that will further inform and elaborate the theoretical synthesis.

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**DOCTORATE IN PSYCHOTHERAPY  
BY PROFESSIONAL STUDIES****Cover Sheet for Written Assignments**

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Name of candidate: Vibeke Visnes

Year of course:

Primary Course Tutor: Dr. Stephen Goss

Title of assignment: DPY 5360 Final Project "A Gestalt Model of Domains in Couple's Work"

Word count: 63 227

Date assignment due: 19/01/2022

Date assignment submitted: 18/01/2022

**DECLARATION**

**I hereby certify that this material, which I now submit for assessment on this programme of study, is entirely my own work and has not been taken from the work of others, save and to the extent that such work has been cited and acknowledged within the text of my work and in the list of references.**

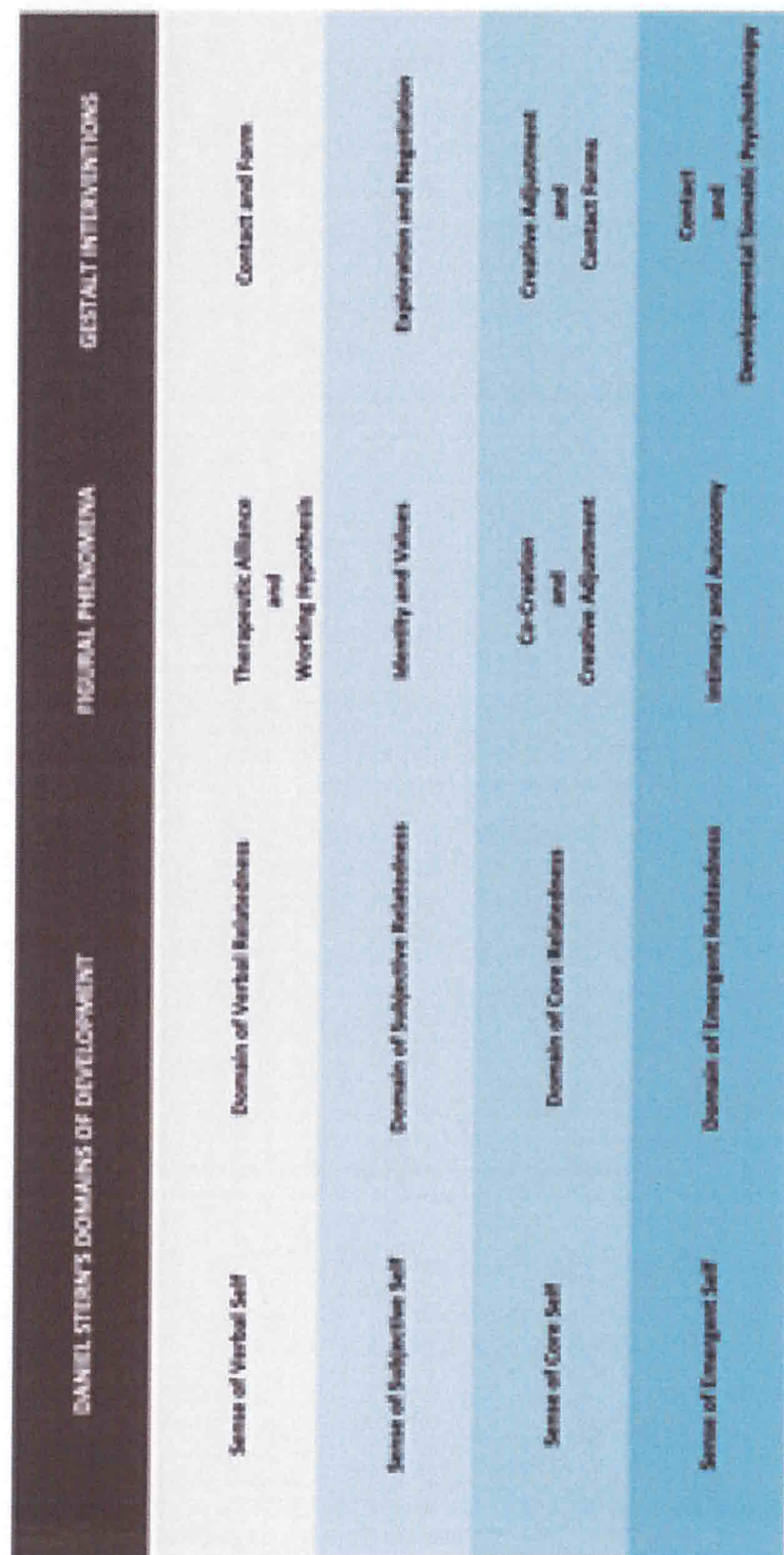
Candidate signature:

(If submitted electronically, it is sufficient to type in your name and in so doing, you affirm you are making the declaration above)

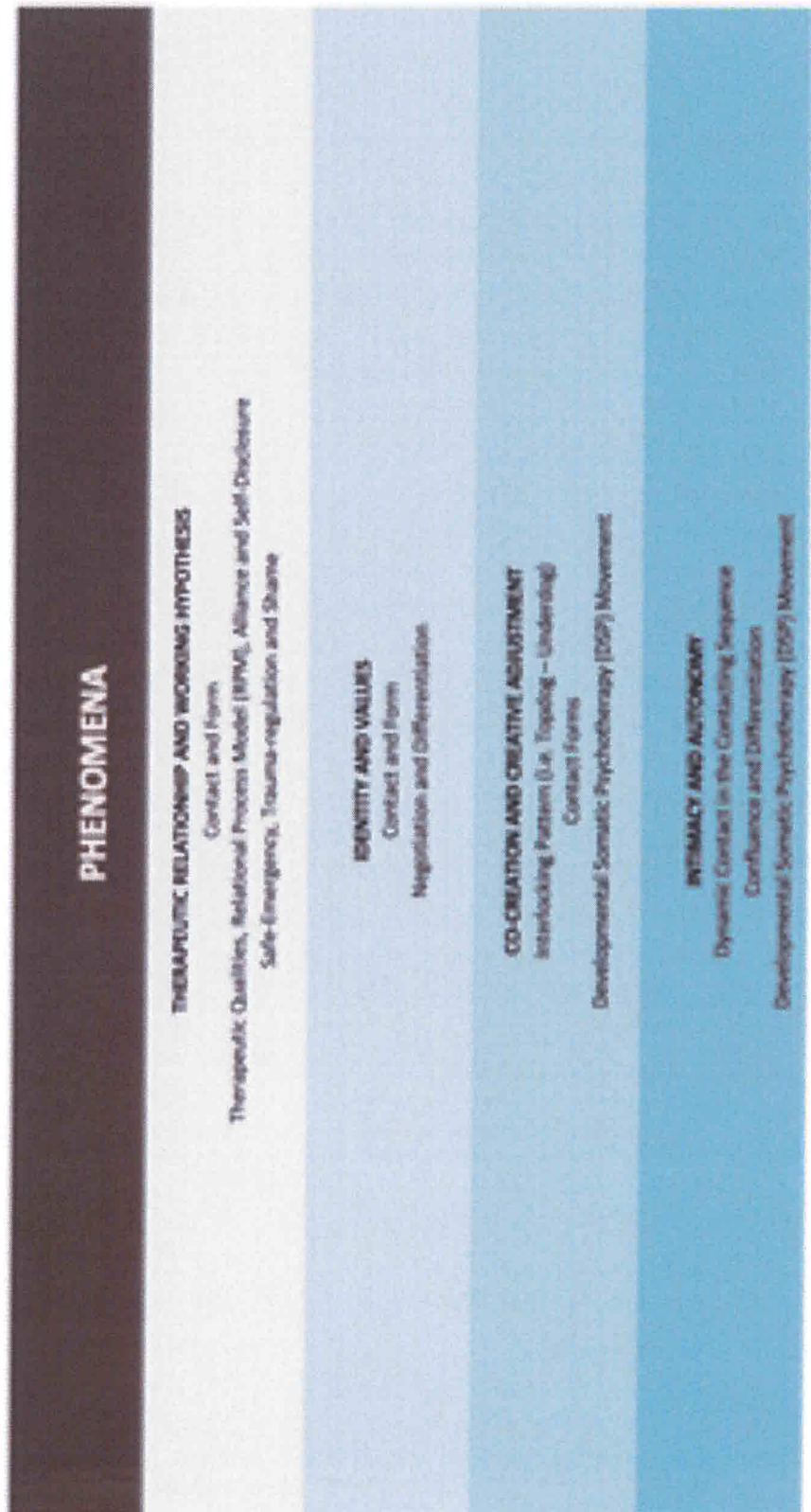
Date: 18/01/2022 Vibeke Visnes



# A GESTALT MODEL OF DOMAINS IN COUPLES WORK (GMod)



# A GESTALT MODEL OF PHENOMENA IN COUPLE'S WORK (GMod)



## APPENDIX 2a: LITERATURE SEARCH

<b>Databases and date of search</b>	<b>Key Words in combination OR and AND (+)</b>	<b>Abstracts</b>	<b>Articles</b>
<b>Social Sciences Citation Index</b> 27.06.19	Couples (49,134) Trauma (48,048) Relational Trauma (617) Couples + Trauma (498) Couples + Trauma + Relational Trauma (24)	7 abstracts 1 article	1. The Wisdom of the Body and Couple Therapy. A Sensimotor Psychotherapy Perspective. An interview with Pat Ogden – Masero, M.
<b>Psych Info</b> 21.01. 2019	Couples (44,288) Trauma (79,097) Relational Trauma (533) Couples + Trauma (1,131) Couples + Trauma + Relational Trauma (28) Non-verbal (6,728) Non-verbal + Couples (75) Gestalt (2,337)	5 abstracts 1 article	1. The Four Relationships of Gestalt Therapy Couples Work – Yontef (2012)
<b>Psych Articles</b> 30.6.2019	Couples (1,083) Trauma (4,599) Relational Trauma (16) Couples + Trauma (83) Couples+ Trauma + Relational Trauma (4)	16 abstracts 2 articles	1. Single and dual trauma couples  2. The Relation between Childhood Abuse and Couple Relationships in Adulthood
<b>Cochrane</b> 30.6.2019	Couples (118) Trauma (373) Couples + Trauma (5) Relational Trauma (2)	0	
<b>Gestalt Review 1997-2019 20 editions</b> 30.6.2019	General search for interesting topics	8 abstracts 3 articles	1. Couples Therapy. A Gestalt Approach – Feder (2017, 20, 1)  2. Somatic- Experiential Sex Therapy: A Body- Centered Gestalt Approach to Sexual Concerns – S. Resnick (2005, 8, 1)

			3.Introduction to the Phenomenological Approach of the Body in Gestalt - Blaize (1998, 2, 1)
<b>British Gestalt Journal 2009-2019 20 editions 8.7.2019</b>	General search for interesting topics	22 abstracts 4 articles	<p>1. Reorganisation in a traumatised relational field: the well-grounded therapist - Miriam Taylor and Vienna Duff (2018, 27, 2)</p> <p>2. An interview with Robert W. Resnick and Rita F. - Resnick Malcolm Parlett (2018, 27, 2)</p> <p>3. Gestalt couples therapy - Friedemann Schulz (2018, 27, 1)</p> <p>4. Working with trauma. A journey towards integration: Gestalt and EMDR - Sandra Figgess (2009, 18,1)</p>

## APPENDIX 2b: LITERATURE SYNTHESIS AND BIBLIOGRAPHY

## A Draft of the Literature Synthesis for A Gestalt Model of Domains to Couples Work

LITERATURE SYNTHESIS	GESTALT THEORY	PHENOMENA OF CO-CREATIONS	GESTALT INTERVENTIONS
Buber, Musserl Gottmans Siegel, Sigrell, Øfsti	Andersen Dale, Jacobs and Hycner, Lee Resnick, Staemmler Zinker Yontef	Contact Mutual Understanding	Commitment and Good Will Communication Skills Response-ability
Gran	Dale Lobb Francessetti	Negotiating Differentiation	Values, Needs, Wants, Individuality vs We
Bowlby Clulow Johnson and Greenberg (EFT) Hendrix Kohut Stern Winnicott	Beumont Harris Hestrup Osborne Polster Robine Taylor Wheeler Wollants	THE NEUROTIC LAYERS Interlocking Pattern (ie. Topdog - Underdog)	Creative Adjustment Contact Forms
Yalom Gran Siegel Stern Fromm	Frank Lobb Peris Resnick	THE EXISTENTIAL LAYERS Existential Pressures Embodied Love	Autonomy and Intimacy Being Together Yielding Into and Pushing Against

**Attachment theory:**

Bowlby, J. (1969/1997). *Attachment*. London, UK: Pimlico

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- Hendrix, H. (1988). *Getting the love you want*. Oslo, Norway: Arneberg Forlag.
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[http://morgenbladet.no/debatt/2013/enda\\_en\\_ubehagelig\\_sannhet#.UzfWN1yWdyQ](http://morgenbladet.no/debatt/2013/enda_en_ubehagelig_sannhet#.UzfWN1yWdyQ)



## APPENDIX 2c: LITERATURE SEARCH

<b>Databases and date of search</b>	<b>Key Words in combination OR and AND (+)</b>	<b>Abstracts</b>	<b>Articles</b>
<b>Cinahl</b> 23.05. 2022	Couple therapy & counseling ( 23522) + practice (367)	12 abstracts 3 articles	<ol style="list-style-type: none"> <li>1. Love in Action (Fraenkel, Family Process)</li> <li>2. From Couple therapy 1.0 (Nielsen, Family Process)</li> <li>3. The Added Value ( Laitila et al, Family Process)</li> </ol>
<b>Psych Info</b> 23.05.2022	Couple therapy & counseling (1175)	5 abstracts 1 article	
<b>Google Scholar</b> 23.05.2022		1 article specified search	<ol style="list-style-type: none"> <li>1. The history of couple therapy (Gurman &amp; Fraenkel, 2002)</li> </ol>
<b>Google Scholar</b> 23.05.2022	Couple therapy 2019 – 2022 (16 700)	20 abstracts	
<b>APA Psych Net</b> 23.05.2022	Couple therapy & counseling (505) + practice (250)		
<b>Cochrane</b> 23.05.2022	Couple therapy (71)	0 Medical issues	
<b>Gestalt Review 2019- 2022</b>	General search for interesting topics	5 abstracts 1 article	<ol style="list-style-type: none"> <li>1. From sentience to sapience (Bloom)</li> </ol>

<b>editions</b> 30.6.2019			
<b>British Gestalt Journal 2019-2022</b> 4 editions	General search for interesting topics	1 article	1. Ethical Presence (Chidiacand Vaugh)
<b>Idunn</b>	Parterapi (couple therapy) (88) + gestalt (4)		1. Tilden (Modum) 2. Geir Skauli 3. Parterapi en egen specialitet (Hemlin)
<b>FHI (Norwegian Health Authorities)</b>	Couple therapy (3 – last 2013)		

## The Six Fundamental Movements

Every fundamental movement, emerging within context, holds a psychological meaning as well as serves a particular function for the baby, as well as for the adult.

Each movement in combination with every other offers essential support in feeling and creating our definition of "self" and "other." All six fundamental movements appear throughout every sequence of action, however some are more foreground than others in action process.

In **yielding**, the environment provides stability in pushing, the environment provides leverage in reaching, the environment provides attentive others in grasping, the environment provides objects that can be resisted, in pulling, the environment provides resistance to be overcome, and in releasing, the environment provides the opportunity for completion.

**Yielding :** In the act of yielding, we simultaneously give over to and thereby take from the other. This is more than quality for the state of "no resistance", but rather is a blending with the other's energies and adjusting to their requirements.

We yield with the other and in so doing we are feeling and making support for ourselves. The quality of yielding is dependent upon that which we adjust to and that which adjusts to us.

**Examples :** We sit at the breakfast table and give our weight over to the chair as we take in support. We lean on a friend, giving ourselves over to them and taking their support.

**Pushing :** In the act of pushing, we separate from while including the other in experience, discerning and making difference, which arises through the resisting (pushing-back) of the other. In pushing against, we discern the qualities and attributes of the other and find that there is a "we" and "not me."

**Examples :** Sitting at the table, we subtly push our feet onto the floor, as well as push the base of our feet onto the chair to keep ourselves upright and even. And when we have finished eating, we push our hands against the table and feet onto the floor to enter to stand. This pushing experience feels different if we are pushing against a resistance provided by other's pushing back.

Pushing our hand on top of another's shoulder in agreement, we gently push against them. During a moment of protest, we push our hand forward as if to say, "Stop!"

**Reaching :** The act of reaching extending beyond oneself and into the environment. Our reach is an investigation into the possibility of what may be there for us. We reach toward the other in the hope of meeting and being met.

**Example :** We reach out for everything from breakfast stimuli to find us, to another person to comfort us.

**Grasping :** The act of reaching and contacting what one has reached out for. In our grasping of the other, we sense in a more immediate way what we have reached toward.

In the grasping moment, perception of the external object expands.

**Example :** We embrace the breakfast spoon in our hand as everywhere it, and also grip onto the hand of another to hold and be held.

**Pulling :** The act of drawing what is other toward oneself, with the possibility of incorporating it into oneself. We experience the other's qualities of attraction, value and flexibility. In the act of grasping and pulling, we experience "we" and "you" and the degree to which "we" and "you" are becoming "we."

**Example :** We pull the cereal spoon into our mouth to satisfy our hunger, and pull another toward us for a hug to satisfy our longing.

**Releasing :** Letting go of the held object allows the whole body to reorganize. The act of relinquishing what was reaches over to meet toward what is becoming or will be. As we release the other, the action comes to completion and yielding events foreground over time.

**Example :** We set down the spoon, after we've eaten, and let go of the other's hand once we are liberally used.

**Yielding :** A whole body experience. **Pushing, reaching, grasping, and pulling** originate at the very periphery of our body: the hand; all sensory organs of the face, ears, eyes, and limbs. **Releasing** is both of the whole and also includes the parts.

## The Six Fundamental Movements and the Sequences of Contacting

The Six Fundamental Movements are starting of what has been gained or achieved through previous experience. So much is foregrounding for getting grasp is foregrounding for pull, etc. Each one becomes prior ground for the next. These are the overlapping waves in the waves as one comes over the beach and then pulling back into the sea because the ground for the next breaking wave, and so on.

### Fore-contacting :

As proprioceptive awareness develops, the experience of yielding with the other moves foregrounded. This dimension most employed is horizontal. Horizontal have not yet been clarified. The knee body (the body I experience) has a slowly emerging sense of weight, a sense of width and volume. Reaching is deep and wide. Many possibilities of situations are possible.

### Contacting :

Yielding starts to support Pushing/Pulling.

Whatever we shift our weight, there is pushing developing out of yield and moving progressively from reaching. There is a gradual transition as we begin to differentiate from the other... person or thing. As desire becomes more clarified, we find our push (from pelvis and/or feet), which moves marginally from feet upward through spine and culminating in head. Or we could push from the head and have that movement experience energetically through spine and culminating in the pelvis and feet as to bring up or away from something.

The push from any of my limbs (head, tail, arms, legs) releases sensations of relative as the body others. My sensation moves to embodied knowing - that is relational understanding. Eye function seems into play. When I move at the periphery, the limbs in relation to the environment, can be felt at the center, the spine. Head and Eye Functioning also interpenetrate. There is a narrowing of my body, as I grow is vertical. My sensation or urge becomes a desire - achieves an object. Possibilities now arise and my attention clarifies. The emerging push is an active "pushback" in the situation between human. Reaching develops further and experience thicken.

With support of yielding/pulling I can move forward in upright and toward what is leaning or backward away from what is now wanted. My pushing continues to support the reaching of my eyes and arms and legs.

As contacting progresses, my unfolding reach, supported by my push, brings the other less their relation.

### Final-Contacting :

Reaching and grasping develops into pulling and the differentiation becomes "I" and "you" is in to ground. My sensation and form is known to and experienced by each of us.

This is followed by an experience of releasing, which moves foreground in the well differentiated "I" and to attract vertical dimension spreads into horizontal and a relative emerging develops. That was other disintegration as I and You become "We."

### Post-Contacting :

Releasing moves into yielding once more.

Horizontality is part of the unknown and undifferentiated experience. Within this yielding experience is the support of what was, the past experience on which it now sits. Yielding is all about orienting and posturing. Grasp/pull/throw are about manipulating.

In contacting, patterns of manipulation are integrated within the pattern associated with and necessary for orientation.

## Dimensions

From birth, the infant dimension particular *environmental* reflections to move in particular planes - horizontal, vertical, sagittal. Movement theory and research over that although some people may use all three dimensions equal, it is typical for individual bodies to show dimensional preference. Depending upon the context, the use of the body in specific directions and planes plays contrasting experiences and informs meaning-making.

Dimensions of movement have intrinsic cognitive and affective connotations as well.

Each plane is part of the process of decision-making and action taking. As such, each can be related to a particular sort of context making.

### Horizontal Dimension/Plane : Table

Prevalent in the first year of life. Baby wants to be caregiver to find. This favors communication

between infant and caregiver. This plane is the basis for going/taking, accepting/releasing. It is also associated with systems of open and the attitude of openness.

#### Posture :

Enclaving and spreading. Folding and unfolding. Directional movement is across/ sideways involving shoulders and arms.

**Narrowing :** Taking in, bringing close together, gathering, unifying, consolidating

**Widening :** Exploring large spaces by scanning with one's gaze. Scanning. Open and exposing oneself to the environment.

#### Sequence of contacting :

Associated with horizontalizing and gaze-contacting. There is light and free quality as the clear figure - what or what is - is put to compare. Fluidity and sensuality are associated with this dimension/ plane. Differences between one and another have not been widely established.

### Vertical Dimension/Plane : Door

Prevalent in the second year of life.

Taking a firm stand. Lifting and lowering objects - systems. Exploring gravity.

**Posture :** Ascending versus descending.

**Ascending :** Emphasizing, extension up, opens space, sitting, often of figures, buoyancy.

**Descending :** Shortening.

**Sequencing of contacting :** Associated with contacting. Choosing and selecting what one wants, I choose this and not that. The experience of coherence - things come together. There is an experience of weight gathering at the center of the body as focus narrows. Clarity of aim and presentation develops. The experience of difference becomes clear.

### Sagittal Dimension/Plane

Prevalent in the third year of life. Ready to run off. To have adventures.

**Posture :** Advancing versus retreating. Directional movement of forward and backward.

**Advancing :** Open shape/shifting forward. Advancing is declaration.

**Retreating :** Hollowing back. Reorienting.

**Sequence of contacting :** Comparing. I go towards what I want or retreat from what I don't want.

Moving in the sagittal links with time (we move past things), decisions, doing, openness.

Each phase of action is made up of a different set of movements and body state changes, events that relate to aspects of the physical as well as cognitive and relational worlds.

1. Exploration involves scanning and moving in horizontal with ease of flow.

2. Transition, focusing a point of view by lengthening up and pressing down in the vertical dimension establishes clarity of attitude, understanding.

3. Taking steps forward or retreating down in sagittal allows us to satisfy ourselves.

*movement to the root of psychological functioning*

Dimensions

Planes

Widening ——— Narrowing

Horizontal

Spreading ——— Enclosing

Vertical

Lengthening ——— Shortening

Ascending ——— Descending

Reclining ——— Halting

Sagittal

Advancing ——— Retreating

Concave

Convex

Enclosing ———

Horizontal

Spreading

Vertical

Descending ———

Ascending

Reclining ———

Sagittal

Advancing

## Movement Qualities of Tension Change In Muscles

### Tension Change

Refers to how muscles as they	contract lighten shorten lengthen	or or and and	release the contraction loosen bulge narrow
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### Qualities

As muscles contract they become	hoarse in tension	or	free from tension
In addition to those two basic states, muscles contract and release	abruptly	or	gradually
in other words	suddenly	or	taking time
When they contract or release the tension may reach	high intensity	or	low intensity
in other words	strong with much force	or	light with little force
The tension level can be held	even	or	fluctuating
on the level of tension can			
continue changing over time			

### Examples

Lifting an object and putting it down requires gradual changes of tension between hoarse and free movement. If the object is heavy, high intensity is needed. If the object is light, low intensity is needed.

Lifting a tea cup requires gradually increasing levels of tension, held evenly on the table with a gradual decrease in intensity as it is placed down.

Hammering a nail into wood requires alternating always hoarse and always free movements all in high intensity.

Pushing a heavy object requires even, hoarse, high intensity movements.

Throwing a ball is a high intensity, sudden, hoarse movement followed by high intensity free movement.

Walking a walk scarf requires low intensity freeing movements with tension fluctuations.

**DIAGNOSE OF THE TERAPEUTIC SITUATION <sup>1</sup> Date .... No ... ..**

**1 AWARENESS ZONES**

	The Couple		Partner in.		Partner in.		Therapist	
Inner zone	0	10	0	10	0	10	0	10
Middle Zone	0	10	0	10	0	10	0	10
Outer Zone	0	10	0	10	0	10	0	10
Awareness of Awareness	0	10	0	10	0	10	0	10

**Max = 20/?**

**2 FIGURE FORMATION**

2.1 a Level of organisation:	0	10
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2.1 b Level of safety:	0	10
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**Max. = 20/?**

2.2 What is figural? Is this something the couple recognizes? Contact forms?

--

2.3 In what other circumstances does the couple recognize this figure formation?

--

**3 CREATIVE ADJUSTMENT**

3.1 Fore contact	0	10
3.2 Contacting	0	10
3.3 Full contact	0	10
3.4 Post contact	0	10

**Max. 40/2=20**

**4. THEORY OF SELF**

**4.1 Id-function**

Impuls or need?

Couple:	0	10
Therapist:	0	10

**4.2 Personality-function**

Who are we becoming?

Couple:	0	10
Therapist:	0	10

**4.3 Ego-function**

What are we doing/choosing?

Couple:	0	10
Therapist	0	10

**Max. 60/3= 20?**

**Max. Total = 4x20?**

**5.ADDITIONAL COMMENTS:**

--



Phase	Process  (Braun and Clarke 2006)	Result	Reflexive Notes
Phase 1	Familiarizing yourself with your data  Data Corpus  Data Set  Data Item  Data Extract	Theory-building Case Study Research  Writing up theory  Supervision after first session of therapy with five therapists using Interpersonal Process Recall and Embodied Relational Approach	Researcher position  “Through which lenses am I looking at the data - epistemology - relational and phenomenological”  Case formulation with the therapists
Phase 2	Generating initial codes	Themes are defined in “A Gestalt Model of Domains in Couples Work”  Are there additional themes of interest? Trauma activation that are not included and described? Look for points of particular interest  (tensing in one of the partners’ bodies, the staring of eyes or the contracting of breath)	Discussed with therapists and in dialogue with the theoretical proposals
Phase 3	Searching for themes  Initial Thematic Map	Supervision after third session with therapists.	Phenomenological observation of what is figural in the couple’s co-creation at this point

Phase 4	<p>Reviewing themes</p> <p>Theoretical thematic analysis</p> <p>Latent themes?</p> <p>NVivo coding</p>	<p>Shuttling between theory and data – a dialogical approach</p> <p>Prevalence?</p> <p>Focus Group Dialogue</p> <p>Emerging themes</p>	<p>Rival Explanations</p> <p>Transparency in choices</p> <p>Discuss with Academic Consultant (both method/data collection and theory)</p>
Phase 5	<p>Defining and naming themes – the “essence”</p>	<p>Coherent and internally consistent account with accompanying narrative, a detailed analysis</p>	<p>Reflexivity</p> <p>Supervision</p>
Phase 6	<p>Producing the report</p>	<p>Final analysis and write-up – reflecting the research questions – argument - conclusion.</p>	<p>Reflexivity in writing. Engaging language, feminist writing (?)</p>

## APPENDIX 6: INFORMATION LETTER TO PARTICIPANTS

### **Introduction:**

My name is Vibeke Visnes and I am a Doctoral candidate at Metanoia Institute, Middlesex University, London. I am conducting Doctorate research exploring the relational challenges in couples therapy. The project has ethical approval from both Metanoia Institute and the Norwegian Center for Research Data.

### **Invitation:**

You and your partner are invited to participate in the research study. Before you agree to participate please read this letter and the accompanying consent form, which will explain what is being done and how the research will proceed. It is important that you understand what the implications of participating might be, so feel free to ask any questions you might have before you agree to participate. Although you are being invited to participate as part of a couple, you are not obliged to take responsibility for anyone other than yourself. Your partner will receive a similar request letter and consent form.

### **What is the purpose of the study?**

I am interested in studying the co-created difficulties in the relationship and how the therapist can support couples who are experiencing conflict and stagnation in their dialogue and in the connections between them.

### **What participating requires of you**

*The research will consist of studies of five succeeding sessions pro-bono. I prefer you to have the sessions on a weekly basis. You will be appointed one of the five therapists who have volunteered to participate in the research. The allocation of therapists will be in recruiting order and I will ensure with you that you are not acquainted with the therapist in any way prior to therapy. The therapist is a qualified practitioner and member of the Norwegian Gestalt Foundation. The therapist will audiotape the sessions and apart from this installation the therapy will be like regular therapeutic sessions. You will be able to continue in couple therapy with the therapist on regular terms after the five sessions.*

*I am interested in the co-created dynamics and interventions that support and encourage you to try new ways of contacting and relating to each other. I will be involved in two supervision sessions with the therapist and the therapist will anonymise you, as one of two allocated couples. I will film the supervision sessions to allow for an in-depth exploration of the non-verbal dynamics and we will use the audiotapes if there are particular parts of the therapeutic session that the therapist think is important to recall. As the therapist has another research couple I will not know who you are. The therapist will also be anonymised in any written work.*

*The therapist, my appointed Academic Consultant at Metanoia Institute and the members of the Assessment Board (upon request) are the only people who will be allowed access to the audiotaped material. They will be following the same juridical and ethical procedures and practice as myself and, apart from your therapist, will not know your names. I will keep the audiotapes available for the Assessment Board until the final doctorate examination in case they are required. They will thereafter be destroyed. The same procedure is to be done for the films of the supervision.*

*The five therapists and myself will meet in a focus group meeting to discuss the experience of the therapeutic sessions; this will be audiotaped and some excerpts included in the doctorate thesis. The discussion will anonymise all the clients.*

## **Ethics**

Research in psychotherapy is conducted under strict ethical surveillance by my university and external authorities alike. If there are ethical complaints about the therapeutic practice, similar ethical practice as defined by the Norwegian Gestalt Foundation for codes of conduct apply, for more information look at [www.ngfo.no](http://www.ngfo.no). The ethics relating to research procedures will be closely monitored by the university. All data will be stored in compliance with the Data Protection Act and GDPR enforcement as well as the Norwegian Center for Research Data.

*All the information that is collected will be kept strictly confidential. Any information about you will be altered when it appears in published, written material. The audiotapes and videos will be erased and destroyed when the research is finished. This will be no later than December 2022, after the doctorate project is terminated. The audiotapes and videos will not be used in any publications.*

**What risks are involved?**

Participants in this research will receive five pro-bono therapy sessions. You are welcome to continue in therapy with the appointed therapist on regular terms if you and your partner decide that you wish to have more sessions. You are able to withdraw from the research at any point you wish if it feels like too strong a commitment for you. If you are not already in individual therapy prior to beginning couples therapy, I might suggest, as I would with any other couple, that you attend some individual sessions if the consequences of the couples' therapy are stressful and you need psychological support. This will be at your own expense.

**Contact details:****Researcher:**

Vibeke Visnes  
MSc Gestalterapeut MNGF

vibeke@visnes.no  
mobile: + 47 41 55 67 90  
visnes.no, BA21.no

**Academic Adviser:**

Dr. Christine Stevens  
Metanoia Institute, Middlesex University, London, UK  
Christine.stevens@metanoia.ac.uk

## APPENDIX 7: CONSENT FORM TO PARTICIPANTS

### Research study:

An exploration of the co-created dynamics in couples therapy including the therapist and interventions in the session.

### Researcher:

**Vibeke Visnes**, a doctoral candidate at Metanoia Institute, Middlesex University, London, UK.

1. I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
3. *I understand that my partner and I will be audiotaped using a regular I-phone recorder in five succeeding sessions of couples' therapy. I understand that two supervision sessions between the researcher and the therapist, after the first and third therapeutic session, will be filmed. This supervision anonymises the names of my partner and I.*
4. I agree to take part in the study and that my partner will agree to take part using a similar consent form.
5. *I have been informed that the five sessions will be offered pro-bono and that we are welcome to continue therapy on regular terms after these sessions if we would like.*
6. All information is protected by ethical procedures as defined in BACP, NGF and NSD terms for good ethical practice in therapy and research, in which confidentiality is an important ethical standard.

Name of participant..... Date.....Signature.....

Name of researcher..... Date..... Signature.....

1 copy for participant

1 copy for researcher

## Vil du delta i forskningsprosjektet

### *”A Gestalt Model of Domains in Couples Work?”*

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å utvikle en parterapimodell for gestaltterapeuter. I dette skrivet gir jeg deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

#### **Formål**

Jeg, Vibeke Visnes undersøker relasjonelle utfordringer i parterapi og hvordan terapeuten kan støtte paret i deres dialog og relasjonen i mellom dem. Jeg utvikler en modell til bruk av (gestalt) terapeuter i parterapien. Det jeg ønsker å få svar på er:

Hvilke fenomener bidrar til stagnasjon i parets relasjon?

Hvordan manifesterer relasjonelle utfordringer seg i parets non-verbale samspill?

Hvordan kan terapeutiske intervensjoner som adresserer fenomenene og manifestasjonene støtte paret til å utforske nye måter å kontakte og relatere til hverandre?

Støtter ”A Gestalt Model of Domains in Couples Work” terapeuten til å finne figur og formulere arbeidshypoteser (intervensjoner)?

Det skal rekrutteres 12 par gjennom vanlige rekrutteringsplattformer en lukket Facebookgruppe ”Gestaltterapi – et uavhengig forum for gestaltister i Norge”, ved oppslag på Norsk Gestaltinstitutt Høyskole, via gestaltklienter og -kolleger samt annet nettverk og anbefalinger. Du trenger ikke ha tidligere erfaring med terapi. Parene kan ha vanlige utfordringer og behov, tilsvarende de som søker ordinær parterapi og vi trenger ikke vite noe om deres utfordringer i forkant. Arbeidet i terapien blir anonymisert, så informasjon om deres utfordringer og utvikling ikke skal kunne spores tilbake til dere.

Denne invitasjonen gjelder til deg som en del av et par. Din partner får tilsvarende informasjon og samtykkeerklæring.

Oppstart av terapien er i uke 5, 2021. Dere må da sette av tid den uken og uke 6 eller 7 for å komme igang med terapien. Dere gjør avtaler direkte med den tildelte terapeuten når begge har signert hver sin samtykkeerklæring og returnert til undertegnede, gjerne scannet og på mail.

#### **Hvem er ansvarlig for forskningsprosjektet?**

Jeg, Vibeke Visnes er ansvarlig for prosjektet, som doktorgradskandidat ved Metanoia Institute, Middlesex University i London, England og mottar veiledning på doktorgradsprosjektet der. Jeg er også tilknyttet Norsk Gestaltinstitutt og forskningsprosjektet er forankret i skolens FOU-arbeid. Jeg er medlem av Norsk Gestaltterapeut Forening (NGF) og registrert som gestaltterapeut og veileder. Der er underlagt NGF's etiske retningslinjer for terapi- og veiledningspraksis.

#### **Hvorfor får du spørsmål om å delta?**

Du er forespurt å delta fordi du har henvendt deg til Vibeke Visnes etter informasjonsutlysning. Par som henvender seg får forespørsel om å delta frem til antall par som behøves er rekruttert, totalt 12 par. Terapeuter blir så tildelt alfabetisk etter hvert som par samtykkeerklærer og er villige til å være

med i forskningsprosjektet. Dersom en av partene har kjennskap til terapeuten som tildeles, så vil neste terapeut på listen tilbys. Terapeuten er en kvalifisert gestaltterapeut og medlem av Norsk Gestaltterapeut Forening og underlagt etiske retningslinjer og klageadgang gjennom denne, [www.ngfo.no](http://www.ngfo.no). Terapeuten skal da tilby dere 5 terapitimer à 1,5 timer vederlagsfritt. Disse skal fortrinnsvis gjennomføres med en ukes mellomrom de to første sesjonene og deretter avtales med terapeuten om progresjon fortrinnsvis maksimum 2 uker mellom timene. Dersom dere har fått den hjelpen dere trenger etter færre enn 5 terapitimer, så avsluttes terapien tidligere. Ønsker dere å fortsette terapien med terapeuten står dere fritt til å gjøre avtaler til vanlige betingelser. Forskningsprosjektet er da avsluttet.

### **Hva innebærer det for deg å delta?**

Parterapien foregår i terapeutenes praksis og det er gestaltterapi, en relasjonell psykoterapiform. Terapien skal tas opp med lydopptak og med unntak av dette foregår parterapien som en vanlig terapisesjon. Dette opptaket skal støtte veiledning som terapeuten får i etterkant av første og tredje samtale med Vibeke Visnes, som en del av forskningsprosjektet. I tråd med etiske retningslinjer i terapi og veiledning blir klientene anonymisert i veiledningen. Veiledningen mottas individuelt av hver terapeut. Denne skal filmes med tre kameraer, et som favner hele terapisisuasjonen, med spesielt fokus på terapeuten og veilederen og et kamera som fanger hver av partene i paret, slik terapeuten kan modellere partene, terapeuten gjenskaper for eksempel en situasjon i terapien som hen synes var spesielt interessant, nyttig eller vanskelig. Filmopptakene skal så analyseres av Vibeke Visnes, hvor jeg er spesielt opptatt av den non-verbale dialogen, og disse analyseres i dataprogram NVivo 12. Alle lyd- og filmopptak vil bli slettet når prosjektet er ferdigstilt og senest desember 2022. GDPR og etiske retningslinjer følges i henhold til gjeldende lovverk.

Etter femte terapitime møtes terapeuter og forsker Vibeke Visnes til et fokusgruppeintervju som tar utgangspunkt i forskningsspørsmålene og erfaringene som er gjort av gruppen i sin helhet. Dette intervjuet skal være en dialog mellom terapeutene og forsker og tas opp med lydopptak, analyseres og slettes som beskrevet overfor. Terapeutene anonymiserer også her klientene sine, i tråd med vanlig praksis i veiledning. Alle terapeutene og partene anonymiseres i skriftlig materiale. Dersom kjønn, alder, bosted med mer kan spores tilbake til par eller terapeut vil dette skrives om slik at gjenkjenning ikke skal forekomme.

### **Det er frivillig å delta**

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg. Din partner får et tilsvarende skriv og dere er uavhengige av hverandre mtp denne samtykkeerklæringen.

### **Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger**

Jeg vil bare bruke opplysningene om deg til formålene beskrevet i dette skrevet. Jeg behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- De som har tilgang til materialet er Vibeke Visnes, Academic Consultant Ass. Professor Heidi Mjelve ved Universitetet i Oslo samt Academic Adviser Dr. Christine Stevens ved Metanoia Institute og Universitetets Chair of Action (sensorer).
- Samtykkeerklæring og personopplysninger oppbevares separat fra lyd- og filmmateriale samt skriftlig materiale som anonymiseres. I kodeprogrammet kodes det enkelte par og terapeut. Alle dataprogram og –filer oppbevares med koder og kryptert på Norsk Gestaltinstituttets server.



All informasjon som benyttes i skriftlig publikasjon anonymiseres og hvis nødvendig endres alder, kjønn, bosted, antall barn osv.

### **Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?**

Opplysningene anonymiseres når prosjektet avsluttes/oppgaven er godkjent, noe som etter planen er senest desember 2022.

### **Dine rettigheter**

Forskning i psykoterapi er utført etter svært strenge etiske retningslinjer både fra Metanoia Institute/Middlesex University og gjennom gjeldende lovverk. Hvis det er etiske klager når det gjelder terapeutisk praksis kan de rettes til Norsk Gestaltterapeut Forening, [www.ngfo.no](http://www.ngfo.no). Etikken når det gjelder forsknings prosedyrer er grundig etterprøvd av universitetet.

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg, og å få utlevert en kopi av opplysningene,
- å få rettet personopplysninger om deg,
- å få slettet personopplysninger om deg, og
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger.

### **Hva gir oss rett til å behandle personopplysninger om deg?**

Vi behandler opplysninger om deg basert på ditt samtykke.

### **Hvor kan jeg finne ut mer?**

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- Vibeke Visnes, Norsk Gestaltinstitutt Høyskole, Norge  
[vibeke@gestalt.no](mailto:vibeke@gestalt.no), mobil: + 47 41 55 67 90
- Dr. Christine Stevens, Metanoia Institute, Middlesex University. London, UK  
Christine.[stevens@metanoia.ac.uk](mailto:stevens@metanoia.ac.uk)

Med vennlig hilsen

Vibeke Visnes  
(sign)

Forsker/veileder

---

## Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet ”A Gestalt Model of Domains in Couples Work”, og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta med min partner i parterapi, maksimum 5 sesjoner à 1,5 timer vederlagsfritt.
- terapeuten veiledes på parterapien av veileder/forsker Vibeke Visnes, som jeg og min partner deltaer i, og vi anonymiseres i tråd med gjeldende etiske retningslinjer i Norsk Gestaltterapeut Forbund.
- terapeuten deltar i fokusgruppeintervju der erfaringer utveksles fra parterapien, der jeg og partet jeg er en del av anonymiseres etter gjeldende etiske retningslinjer i forskningsgodkjenningen.
- skriftlig materiale i doktorgradsarbeidet og i fremtidige, eventuelle publiseringer godkjennes under forutsetning av at anonymiseringen ivaretas etter gjeldende regelverk.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

---

(Signert av prosjektdeltaker, dato)

## APPENDIX 8: INFORMATION LETTER TO THERAPISTS

### **Introduction:**

*My name is Vibeke Visnes and I am a Doctoral candidate at the Metanoia Institute, Middlesex University, London. I am conducting Doctorate research in couples therapy exploring the co-created dynamics in couples therapy and proposing a Gestalt Model of Domains in Couples Work in order to support therapeutic interventions. The project has ethical approval from Metanoia Institute and the Norwegian Center for Research Data.*

### **Invitation:**

*You are invited to participate in the research study as a therapist. Before you agree to participate, please read this letter and the accompanying consent form, which will explain what research is being done and how it will proceed. It is important that you understand what the implications of participating are, so feel free to ask any questions you might have before agreeing to take part.*

### **What is the purpose of the study?**

*I am interested in the co-created phenomena and stagnation in couples' relationships and on therapeutic interventions that support the couple to try new ways of contacting and relating to each other. I am therefore proposing a Gestalt Model of Domains in Couples Work that is a synthesis of psychological and psychotherapeutic theory and that I would like to develop and validate through case studies. Your participation will consist of five therapeutic sessions with two allocated couples who have opted in to research couples therapy. These sessions will be audiotaped.. The participant couples may choose to continue therapy with you on regular terms after their five sessions. There will be one supervision session with me after the first session for case formulation and a second supervision after the third session. The supervision sessions will be carried out as a normal, Gestalt supervision session using the Embodied Relational Approach, as you understand it. The audiotapes will be used to recall any particular points of interest from the sessions if you require it. You will be given a recorder (iPhone with code) from me.*

*The supervision sessions will be videotaped using one main camera and two additional cameras focusing on each of the partners that you embody to identify any incidents of particular interest such as the contraction of the breath, the widening of the eyes or the tensing of the body.*

*After the fifth session I will invite all five of the participating therapists, for a semi-structured dialogue in which we will discuss your experiences. This will have a particular emphasis on the Gestalt Model of Domains in Couples Work as well as on any theoretical perspectives you might like to add. The focus group meeting will be taped and interesting suggestions transcribed and included in the doctorate thesis as part of a reflexive thematic analysis.*

### ***What participating requires of you***

*I invite you to participate in the research by describing the sessions in your own phenomenological language. The research is a theory building case study research. Once the in-depth descriptions of the sessions are gathered, I will use a Reflexive Thematic Analysis to look for themes of interest in the descriptions. This will, in turn, inform a theory that will be of interest to clinical practice. You will be able to read through the final thesis in which all the participant couples and therapists will be anonymised.*

### ***Ethics***

*Research in psychotherapy is conducted under strict ethical surveillance by both my university and by external authorities. I am obliged to follow research ethics and codes of conduct for ethical practice as a psychotherapist. The ethics on research procedures will be closely monitored by the university. All data will be stored in compliance with the Data Protection Act and GDPR enforcement.*

*Your participation requires practice according to the ethical codes of conduct by The Norwegian Research Ethics Committees guidelines (2016) and the ethical guidelines issued by the British Association for Counselling and Psychotherapy UK for Research and Good Practice in Counselling and Psychotherapy.*

*All information that is collected will be kept strictly confidential. The videos and the recordings will be erased and destroyed when the research is finished, no later than December 2022, after the doctorate project is terminated. The videos and recordings will not be used in any publications. The published, written material i.e. articles will be published with pseudonyms.*

***What risks are involved?***

*Participating in this research requires you to be a member of the Norwegian Gestalt Foundation and that you adhere to their ethical codes of conduct. The recruiting criteria is that you have participate in two workshops with me in which I will introduce the process model for the therapeutic alliance in couples work and the Gestalt Model of Domains in Couples Work. The mitigating strategies on my behalf are the supervision sessions and the dialogic encounter after the fifth session. As previously stated you will be anonymised in any written work. I trust that you are also having access to regular supervision as demanded by the Norwegian Gestalt Foundation as well as individual therapy if you need that for support.*

***Contact details:***

**Researcher:**

Vibeke Visnes

MSc Gestaltterapeut MNGF

vibeke@visnes.no

mobile: + 47 41 55 67 90

visnes.no, BA21.no

**Academic Adviser:**

Dr. Christine Stevens

Metanoia Institute, Middlesex University, London, UK

Christine.stevens@metanoia.ac.uk

## APPENDIX 9: CONSENT FORM TO THERAPISTS

### **Consent Form**

#### **Research study:**

*An exploration of the co-created dynamics in couples therapy including the therapist and interventions in the session by introducing a Gestalt Model of Domains in Couples Work.*

#### **Researcher:**

*Vibeke Visnes, a doctoral candidate at Metanoia Institute, Middlesex University, London, UK.*

- 1. I confirm that I have read and understood the information sheet for the above study and have had the opportunities to ask questions.*
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.*
- 3. I agree to take part in the study.*
- 4. I have been informed I will conduct ten therapeutic session and participate in two supervision sessions and in a dialogic encounter with four other therapists and the researcher.*
- 5. All information is protected by ethical procedures as defined in BACP, NHS and NGF terms for good ethical practice in therapy and research, in which confidentiality is an important ethical standard.*

*Name of therapist.....Date.....Signature.....*

*Name of researcher..... Date..... Signature.....*

*1 copy for therapist*

*1 copy for researcher*

## Vil du delta i forskningsprosjektet

### *”A Gestalt Model of Domains in Couples Work?”*

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å utvikle en parterapimodell for (gestalt)terapeuter. I dette skrivet gir jeg deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg. Prosjektet har etisk godkjenning fra Metanoia Institute, London.

#### **Formål**

Jeg, Vibeke Visnes utvikler en modell til bruk av (gestalt) terapeuter i parterapi. Denne modellen skal utvikles teoretisk, som en del av forskningsprosjektet, og terapeutene som rekrutteres til studiet har fått introduksjon og noe opplæring i modellen. Denne skal så anvendes i parterapi med to par pr. terapeut over fem sesjoner hver. Terapeuten skal veiledes av Vibeke Visnes etter hhv. første og tredje terapitime med hvert par. Denne veiledningen skal filmes. Terapitimene med parene skal tas opp med lydopptak til benyttelse kun i veiledningen. Etter femte terapitime skal alle terapeutene i prosjektet, totalt seks stykker, møtes til et fokusgruppeintervju der erfaringer drøftes og følgende forskningsspørsmål belyses:

Hvilke fenomener bidrar til stagnasjon i parets relasjon?

Hvordan manifesterer relasjonelle utfordringer seg i parets non-verbale samspill?

Hvordan kan terapeutiske intervensjoner som adresserer fenomenene og manifestasjonene støtte paret til å utforske nye måter å kontakte og relatere til hverandre?

Støtter ”A Gestalt Model of Domains in Couples Work” terapeuten til å finne figur og formulere arbeidshypoteser (intervensjoner)?

Dette er et forskningsprosjekt der formålet er å utvikle en parterapimodell, som har til hensikt å støtte terapeuter i å gjøre mer fokuserte intervensjoner i det komplekse feltet parterapi utgjør. Studien er støttet av Norsk Gestaltinstitutt Høyskole, som søker å være ledende innen gestaltterapi og –teori nasjonalt og internasjonalt. Norsk Gestaltinstitutt Høyskole er opptatt av forskning og utvikling.

#### **Hvem er ansvarlig for forskningsprosjektet?**

Jeg, Vibeke Visnes, er ansvarlig for prosjektet og er doktorgradskandidat ved Metanoia Institute, Middlesex University i London, England og mottar veiledning på doktorgradsprosjektet der. Jeg er også tilknyttet Norsk Gestaltinstitutt Høyskole og forskningsprosjektet er forankret i skolens FOU-arbeid. Jeg er medlem av Norsk Gestaltterapeut Forening (NGF), registrert som gestaltterapeut og veileder og er underlagt NGF's etiske retningslinjer for terapi- og veiledningspraksis.

### **Hvorfor får du spørsmål om å delta?**

Du er forespurt om å delta i studien som følge av din interesse og deltakelse på Modul 2 av parterapiworkshop, som har vært arrangert av Vibeke Visnes. Totalt er det 6 personer som er spurt om å delta og alle har samtykket..

### **Hva innebærer det for deg å delta?**

Som skissert rekrutteres to par til hver av terapeutene. Disse parene rekrutteres av Vibeke Visnes gjennom den lukkede Facebookgruppen ”Gestaltterapi – et uavhengig forum for gestaltister i Norge”, ved oppslag på Norsk Gestaltinstitutt Høyskole, via gestaltklienter og –kolleger samt annet nettverk og anbefalinger. Parene blir distribuert etter terapeutenes navn alfabetisk. Parene får anledning til å bytte terapeut dersom en eller begge av partene har kjennskap til terapeuten fra før. Parene tilbys fem sesjoner av 1,5 timer vederlagsfritt, deretter kan parene selv velge om de vil fortsette i terapi hos terapeuten til vanlige betingelser. Parene får et eget informasjonsskriv og skriver under på en samtykkeerklæring. Parterapien starter i uke 5, 2021 og du forplikter deg til å gjennomføre terapien ihenhold til oppsatt fremdrift.

Parterapien foregår i din vanlige praksis og med din egen terapeutiske stil. Terapien skal tas opp med lydopptak på en telefon med kode. Du er selv ansvarlig for telefonopptak og utstyr. Dette opptaket skal støtte veiledningen i etterkant av første og tredje samtale, og slettes i sin helhet etter veiledningen. Veiledningen mottas individuelt av hver terapeut og denne filmes med tre kameraer, et som favner hele terapisisuasjonen, med spesielt fokus på terapeuten og veilederen og et kamera som fanger hver av partene i paret, for å beskrive non-verbale detaljer av spesiell interesse, som for eksempel pust, utvidede øyne eller spenning av kroppen. Filmopptakene skal analyseres av Vibeke Visnes i dataprogram NVivo 12 og anonymiseres i skriftlig materiale. Alle lyd- og filmopptak vil bli slettet når prosjektet er ferdigstilt og senest desember 2022. GDPR og etiske retningslinjer følges i henhold til gjeldende lovverk.

Etter femte terapitime møtes terapeuter og forsker Vibeke Visnes til et fokusgruppeintervju, som tar utgangspunkt i forskningsspørsmålene og erfaringene som er gjort av gruppen i sin helhet. Dette intervjuet skal være en dialog mellom deltakere og tas opp med lydopptak. Materialet kodes, analyseres og slettes som beskrevet overfor. Alle terapeutene og parene anonymiseres i samtaler, veiledning og i skriftlig materiale. Dersom kjønn, alder, bosted eller annet kan spores tilbake til par eller terapeut, vil dette skrives om slik at gjenkjenning ikke skal forekomme. Du vil få mulighet til å lese igjennom doktorgradsesen der alle terapeuter og klienter er anonymisert.

### **Det er frivillig å delta**

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg. Det forutsettes at du er medlem av NGF, praktiserer etter gjeldende etiske retningslinjer herunder mottar regelmessig veiledning samt individuell terapi om nødvendig. Jeg mottar veiledning på egen praksis av godkjent veileder fra NGF/EAGT.



## **Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger**

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrevet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- De som har tilgang til materialet er Vibeke Visnes, Academic Consultant Ass. Professor Liv Heidi Mjelve ved Universitetet i Oslo samt Academic Adviser Dr. Christine Stevens ved Metanoia Institute og Universitetets Chair of Action (sensorer).
- Samtykkeerklæring og personopplysninger oppbevares separat fra lyd- og filmmateriale samt skriftlig materiale som anonymiseres. I kodeprogrammet kodes det enkelte par og terapeut. Alle dataprogram og –filer oppbevares med koder og kryptert på Vibeke Visnes sin private Mac.

## **Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?**

Opplysningene slettes når prosjektet avsluttes/oppgaven er godkjent, noe som etter planen er senest desember 2022.

## **Dine rettigheter**

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg, og å få utlevert en kopi av opplysningene,
- å få rettet personopplysninger om deg,
- å få slettet personopplysninger om deg, og
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger.

## **Hva gir oss rett til å behandle personopplysninger om deg?**

Vi behandler opplysninger om deg basert på ditt samtykke.

REK har vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket og etiske retningslinjer i forskningspraksis.

## **Hvor kan jeg finne ut mer?**

Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

- Vibeke Visnes, Norsk Gestaltinstitutt Høyskole, Norge  
[vibeke@gestalt.no](mailto:vibeke@gestalt.no), mobil: + 47 41 55 67 90
- Dr. Christine Stevens, Metanoia Institute, Middlesex University. London, UK  
Christine.[stevens@metanoia.ac.uk](mailto:stevens@metanoia.ac.uk)

Med vennlig hilsen

*Vibeke Visnes*  
(sign)

Forsker/veileder

---

## Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet A Gestalt Model of Domains in Couples Work, og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta som terapeut for to par i fem sesjoner à 1,5 timer hver.
- å delta i to veiledningstimer med Vibeke Visnes
- å delta i et fokusgruppeintervju med fem terapeuter og forsker Vibeke Visnes
- skriftlig materiale i doktorgradsarbeidet og i fremtidige, eventuelle publiseringer godkjennes under forutsetning av at anonymiseringen ivaretas etter gjeldende regelverk.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

---

(Signert av prosjektdeltaker, dato)

## APPENDIX 10: RESEARCH ETHICS APPLICATION FORM



**Middlesex  
University  
London**

Metanoia Institute and Middlesex University  
Metanoia's Research Ethics Committee



*These guidelines exist for candidates and staff, and for any external body wishing to access Metanoia Institute for the purposes of research. Metanoia's Research Ethics Committee oversees the process of approving all research undertaken by staff and candidates prior to the commencement of the study. If ethical approval has been obtained from a recognised Research Ethics Committee, the letter of approval must be submitted to the Metanoia's Research Ethics Committee prior to the commencement of the study with the application to Metanoia's research committee. You will need to complete the ethics form itself and also complete a risk assessment for the project work. Risk assessment materials are included at the end of this document. Please read these guidelines carefully, to ensure that you submit the correct documentation.*

Approved proposals may be audited at random in order to verify that they comply with the ethical requirements/guidelines of Metanoia's Research Ethics Committee.

Please note that at Metanoia Institute we do not distinguish between categories of proposal since we require full documentation to be submitted for all proposed projects.

All applicants should read the British Psychological Society's Code of Human Research Ethics (2010) (available to download at [www.bps.org.uk](http://www.bps.org.uk)), the British Association for Counselling and Psychotherapy's Ethical Framework for the Counselling Professions (2016) (available to download at [www.bacp.co.uk](http://www.bacp.co.uk)), and the United Kingdom Council for Psychotherapy Ethical Principles and Code of Professional Conduct (2009). Applicants should also familiarise themselves with the Data Protection Act (1998) - information and guidance on this is provided by the Information Commissioner's Office (available at: [www.ico.gov.uk](http://www.ico.gov.uk)) - and also the Research Governance Framework for Health and Social Care (2005) (available to download at: [www.dh.gov.uk/PolicyandGuidance/ResearchandDevelopment](http://www.dh.gov.uk/PolicyandGuidance/ResearchandDevelopment)).

Consistent with BPS, BACP and UKCP guidance, ethical conduct needs to be viewed as a process. Hence, ethical matters should be continually reviewed and addressed throughout the course of the project and in consultation with your research supervisor. If there are significant changes to your research design, you should consider the ethical implications of these changes and consider also, in consultation with your research supervisor, whether formal ethical approval needs to be obtained again.

Before completing this form you should discuss the ethical implications of your research with your research supervisor.

#### **Statutory data collected as part of a candidate's employment**

Candidates do not need to seek approval for the collection of data obtained as part of their normal professional work roles and under statutory powers. However, should a candidate intend to use the data to address a research question outside their 'normal work role' ethical approval will be required. Permission for the access to and use of the data for research purposes should be provided by the employer with reference to the data protection act. In such cases, this committee does not approve the collection of data but only its use as part of

the candidate's research project. In order to assist the committee in its deliberations candidates are advised to provide a paragraph outlining the capacity in which they are obtaining the data.

### Studying abroad

When research is being carried out abroad, in addition to the requirements of the ethical procedure of the host country, candidates should seek written permission (concerning access), from the relevant bodies/departments to access the research participants/records/documentation. Metanoia's Research Ethics Committee will be responsible for the ethics scrutiny of the project and the candidate will be required to follow the normal procedures and guidelines for obtaining Metanoia's ethical permission.

### Purpose of this form

This form is reviewed by the Research Ethics Committee in order to assess the ethical implications of your research project and your response to these implications. The research cannot proceed until ethical approval has been obtained. Applicants may be asked to review and re-submit this form in the light of the Research Ethics Committee's decision regarding whether ethical issues have been adequately identified and addressed prior to starting the research work.

Once completed, this form should be submitted to your Academic Coordinator, accompanied by:

- Your finalised research proposal.
- Any research materials such as participant recruitment advertisements, letters/email communications to participants, information sheets and consent forms.
- Research materials such as interview schedules, topic guides, published questionnaires, or other research protocol materials.
- Letter of consent from any organisation where researcher is conducting either interviews, focus groups, surveys, observations etc.
- Evidence of permission to access data, or provide justification where permission is not required.
- A letter of approval from a recognised Research Ethics Committee if ethical approval for the study to take place has been required from another organisation (e.g. NHS, MoD, etc.).

### DETAILS OF APPLICANT AND RESEARCH SUPERVISOR

- 1.1. Applicant's name: Vibeke Visnes
- 1.2. Email address: [vibeke@visnes.no](mailto:vibeke@visnes.no)
- 1.3. Telephone number: + 47 41 55 67 90
- 1.4. Research supervisor(s) name, qualifications and contact details:  
Dr. Christine Stevens, Academic Adviser Metanoia Institute, UK  
[Christine.Stevens@metanoia.ac.uk](mailto:Christine.Stevens@metanoia.ac.uk)
- 1.5. Institution/contact details (if applicable):
- 1.6. Do you have any external funding for this project? Yes/No (please circle)

If yes, please provide brief details including the name of the funding body:

- 1.7. Project title:  
A Gestalt Model of Domains in Couples Work

#### ETHICAL CONSIDERATIONS

Note: The items below cover all of those in the A/B categories of Middlesex University

	YES	NO	N/A
1. Will you describe the research procedures in advance to participants so that they are informed about what to expect? Please attach a copy of any recruitment letters and information sheet to be used.	X		
2. Is the project based on voluntary participation?	X		
3. Will you obtain written consent for participation?	X		
4. If the research is observational, will you ask participants for their consent to being observed?	X		
5. Will you tell participants that they may withdraw from the research at any time and for any reason and inform them of how they may withdraw?	X		
6. Will you ensure that participants are not subtly induced, either to participate initially, or to remain in the project?	X		
7. Will you give participants the option of omitting questions from interviews or questionnaires that they do not want to answer?	X		
8. Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	X		
9. Have you made provision for the safe-keeping of written data or video/audio recordings?	X		
10. Will you debrief participants at the end of their participation?		X	
11. Have you ensured that your research is culture/belief/ social system sensitive and that every precaution has been taken to ensure the dignity, respect and safety of the participants?	X		

If you have answered 'NO' to any of the questions listed in 1 to 12 above, then please provide further details on a separate page and attach it to this application.

	YES	NO	N/A
12. Is there a realistic risk of any participant experiencing either physical or psychological distress or discomfort? If YES, what will you tell them to do if they should experience any problems (e.g. who they can contact for help.)	X		
13. Is there an existing relationship between the researcher and any of the research participants? If YES, please describe the ethical implications and the safeguards in place to minimise risks.	X		
14. Your research does not involve offering inducement to participate (e.g. payment or other reward)? If YES, please describe the ethical implications and the safeguards in place to minimise risks.		X	

15. Will the project involve working with children under 16 years of age? If YES, please describe parental consent and safeguarding procedures.		X	
16. Will your project involve deliberately misleading participants in any way? If YES, please explain why this is necessary.		X	
17. Will you need to obtain ethical approval from any other organisation or source? If YES, please attach letter confirming their ethical approval.	X		
18. Are there any other ethical considerations in relation to your project that you wish to bring to the attention of the Research Ethics Committee that are not covered by the above? If YES, please describe on a separate sheet.		X	

If you have answered 'YES' to any of the questions listed under 13 to 18 above, then please provide further details on a separate page and attach it to this application.

#### CANDIDATE DECLARATION

I have read the BACP and the BPS guidelines for ethical practices in research and have discussed this project with my research supervisor in the context of these guidelines. I confirm that I have also undertaken a risk assessment with my research supervisor:

Signed: 

Print name... Vibeke Vines.....Date 11.10.19  
(Applicant)

#### RESEARCH SUPERVISOR DECLARATION

- As supervisor or principal investigator for this research study I understand that it is my responsibility to ensure that researchers/candidates under my supervision undertake a risk assessment to ensure that health and safety of themselves, participants and others is not jeopardised during the course of this study.
- I confirm that I have seen and signed a risk assessment for this research study and to the best of my knowledge appropriate action has been taken to minimise any identified risks or hazards.
- I understand that, where applicable, it is my responsibility to ensure that the study is conducted in a manner that is consistent with the World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects (see <http://www.wma.net/e/policy/b3.htm>).
- I confirm that I have reviewed all of the information submitted as part of this research ethics application.
- I agree to participate in committee's auditing procedures for research Studies if requested.

I confirm that I have reviewed all of the information submitted as part of this research ethics application.

- I agree to participate in committee's auditing procedures for research Studies if requested.

Signed

*Christine Stevens*

Print name Christine Stevens Date 11.10.19  
(Supervisor)

30<sup>th</sup> January 2020

Vibeke Visnes  
Solstadveien 5  
1453 Bjørnemyr  
Norway

c.c. Dr Christine Stevens



Dear Vibeke,

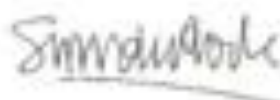
**METANOIA INSTITUTE/MIDDLESEX UNIVERSITY  
MASTERS/DOCTORATE IN PSYCHOTHERAPY by Professional Studies  
Programme Planning Learning Agreement – Module DPY 4444**

We are pleased to inform you that your submission for LA, Module DPY 4444, was accepted by Chair's Action on 30<sup>th</sup> January 2020. You have accordingly been awarded 40 credits at Level 7 which is recorded on the Middlesex Academic Register. This means that you have entered Part 2 of this programme.

The LA assessors' reports are appended for your interest.

Congratulations on your successful progression.

Yours sincerely,



**Professor Simon du Ploek  
Faculty Head**

13 Gunnersbury Avenue  
Ealing, London W5 3XD  
Telephone: 020 8579 2005  
Facsimile: 020 8832 3070  
[WWW.METANOIA.AC.UK](http://WWW.METANOIA.AC.UK)



## LA REVISIONS ASSESSMENT FORM

## Revisions to DPY 4444 following PAP

To be submitted to the Programme Approval Panel by:

1. Academic Adviser: Dr Chrisline Stevens
2. First and/or Second Assessor (if decided by the PAP): Second Assessor

Date	29/01/2020	Date of Formative PAP Board	22.11.19
Candidate Name	Vibeke Visnes	University No.	M00478393

Title of Proposed Project: *A Gestalt Model of Domains in Couples Work*

Number of Credits: 40

Your name: Dr Alistair McBeath

Your role (e.g. academic adviser, first/second assessor): **Second Assessor**

I **agree** that the above candidate has carried out the revisions given by the Programme Approval Panel.

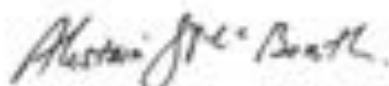
I am recommending that the Learning Agreement now be **Approved**. (please attach a copy of the list of revisions given by the PAP.)

Short report

I have now read through the amendments made by the candidate to her original submission and the areas of change are clearly indicated in italics. I take note of a change in the way couples therapy will be conducted – i.e. 5 therapists will be recruited by the candidate to do the couples therapy. There appears to be appropriate sensitivity to the need to have safeguarding measures around this process including signed agreements to confidentiality.

I take note of the change in research title and a clear statement around ethics. I feel that the candidate has responded appropriately to my original concerns and the revised submission certainly offers an enhanced sense of purpose and process.

Please sign as appropriate:



Second Assessor .....

.....

LA REVISIONS ASSESSMENT FORM

Revisions to DPY 4444 following PAP – Resubmission of LA

To be submitted to the Programme Approval Panel by:

1. Academic Adviser: Dr Christine Stevens
2. First and/or Second Assessor (if decided by the PAP): First Assessor

Date	Jan 20 2020	Date of Formative PAP Board	Nov 22 2019
Candidate Name	Vibeke Visnes	University No.	D13202/21801

Gestalt Model of Domains in Couples Work

Number of Credits: 40

Your name: Dr Nigel Copsey

Your role (e.g. academic adviser, first/second assessor): First Assessor

I agree that the above candidate has carried out the revisions given by the Programme Approval Panel.

I am recommending that the Learning Agreement now be Approved. (please attach a copy of the list of revisions given by the PAP.)

Following the feedback and discussion at the PAP in November Vibeke has demonstrated that she has been able to redesign her LA. She has integrated all the points made at the panel and has produced a robust LA. The title is more realistic and her focus in the research should enable her to produce meaningful findings to develop this unique model. I particularly like her integration of Stern.

Please sign



## APPENDIX 11 : METANOIA INSTITUTE DATA PROTECTION



## Metanoia Institute Data Protection Checklist for Researchers

<b>Project title: A Gestalt Model of Domains in Couples Work</b>
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<b>PI/Supervisor: Dr. Christine Stevens</b>
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<b>Date: 16.12.2019</b>
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There are **8 Data Protection Principles**, which states that information must be:

1. Fairly and lawfully processed;
2. Processed for specified and lawful purposes;
3. Adequate, relevant and not excessive;
4. Accurate and kept up date where necessary;
5. Not kept for longer than is necessary;
6. Processed in accordance with individuals' rights under the DPA;
7. Kept secure;
8. Not transferred to countries without adequate protection.

Section 33 of the Data Protection Act 1998 (DPA) provides exemption to some of the eight data protection principles for processing personal data for 'research purposes' including statistical or historical purposes. These are noted in the checklist below.

For guidance on the Data Protection Act for Social Research please see the MRS/SRA Data Protection Act 1998: Guidelines for Social Research, April 2013 which can be accessed using the following link:

<http://www.mrs.org.uk/pdf/2013-04-23%20MRS%20SRA%20-%20DP%20Guidelines%20updated.pdf>

Guidance on large data sets can be found at the Information Commissioner's Office website – Big Data and Data Protection July 2014.

[http://ico.org.uk/news/latest\\_news/2014/~media/documents/library/Data\\_Protection/Practical\\_application/big-data-and-data-protection.pdf](http://ico.org.uk/news/latest_news/2014/~media/documents/library/Data_Protection/Practical_application/big-data-and-data-protection.pdf)

You may also find JISC Legal Information on Data Protection and Research Data Questions and Answers, Aug 2014 helpful. <http://www.jisclegal.ac.uk/ManageContent/ViewDetail/ID/3648/Data-Protection-and-Research-Data-Questions-and-Answers-21-August-2014.aspx>

Note: Personal data which is anonymised<sup>i</sup>, permanently, is exempt from compliance with the DPA and registration process. See endnotes for further details.

Conditions which must be met for a research exemption to apply under section 33 of the DPA 1998	Please indicate	
	Agree	Disagree
1. The information is being used <b>exclusively for research</b> purposes?	Agree <b>X</b>	Disagree
2. The information is not being used to <b>support measures or decisions relating to any identifiable living individuals?</b>	Agree <b>X</b>	Disagree
3. The data <sup>ii</sup> is not being used in a way that will <b>cause or is likely to cause, substantial damage or substantial distress</b> to any individuals or very small groups? <i>If you 'Disagree' please provide details why an adverse effect is justified:</i>	Agree <b>X</b>	Disagree
4. The results of the research, or any resulting statistics, will <b>not be made available in a form that identifies individuals?</b> <i>If you 'Disagree' please provide details why identification is intended</i>	Agree <b>X</b>	Disagree

<p>If you 'Agree' to all of the above conditions then the use of personal data is exempt from the Second Principle and the Fifth Principle, but you must comply with First, Third, Fourth, Sixth, Seventh and Eighth Principles of the DPA. If a research exemption does not apply then you must ALSO comply with the Second and Fifth Principles of the DPA</p>			
<p>First Principle: Fairly and lawfully processed</p>			
<p>5. Will you have appropriate <b>informed consent</b><sup>iii</sup> secured from participants for the <b>personal data</b><sup>iv</sup> that you will be analysing? i.e., <b>inform participants</b> of</p> <p>a) What you will <b>do</b> with the data?</p> <p>b) Who will <b>hold</b> the data? (Usually MU, unless a third party is involved)</p> <p>c) Who will have <b>access</b> to the data or receive copies of it? (e.g., for <b>secondary data sets</b>, are you sure that appropriate consent was secured from participants when the data was collected?) <i>If 'no' please provide details and any further actions to be taken:</i></p>	<p>Yes <b>X</b></p>	<p>No</p>	<p>N/A</p>
<p>6. If you plan to analyse <b>sensitive personal data</b><sup>v</sup>, have you obtained <b>data subjects</b><sup>vi</sup> <b>explicit informed consent</b><sup>vii</sup> (as opposed to <b>implied consent</b><sup>viii</sup>)? <i>If 'no' please provide details:</i></p>	<p>Yes <b>X</b></p>	<p>No</p>	<p>N/A</p>
<p>7. If you do not have the data subjects' explicit consent to process their data, are you <b>satisfied that it is in the best interests of the data subject</b> to collect and retain the sensitive data? <i>Please provide details:</i></p>	<p>Yes</p>	<p>No</p>	<p>N/A <b>X</b></p>
<p>8. If you are processing<sup>ix</sup> personal data about <b>younger individuals or those with reduced capacity</b>, have you put a process in place to obtain consent from parents, guardians or legal representatives, if appropriate? <i>Please provide details:</i></p>	<p>Yes</p>	<p>No</p>	<p>N/A <b>X</b></p>
<p>9. Will you have a process for managing <b>withdrawal of consent</b>? <i>If 'no' please provide details:</i></p>	<p>Yes <b>X</b></p>	<p>No</p>	<p>N/A</p>
<p>10. Will it be necessary or desirable to work with external organisations e.g., charities, research organisations etc. acting as a <b>third party</b> i.e., directly providing a service for us or on our behalf that involves them accessing, collecting or otherwise processing personal data the third party will become a data processor under the DPA?</p> <p><i>If 'yes' then you will be using a third party as a data processor you must take advice from the Metanoia Institute Data Protection Officer about the planned contractual arrangements and security measures.</i></p>	<p>Yes</p>	<p>No <b>X</b></p>	<p>N/A</p>
<p>11. If you hold or control personal data, will you <b>register and/or inform</b> the Metanoia Institute Data Protection Officer when:</p> <p>i) A new dataset has been established,</p> <p>ii) The purpose for which personal data stored in a dataset has changed,</p> <p>iii) A networked dataset of personal data is being used,</p>	<p>Yes <b>X</b></p>	<p>No</p>	<p>N/A</p>

iv) Extracting personal data from a networked dataset to create a new dataset.			
<b>Second Principle: Processed for limited purposes</b>			
<p>Will personal data be obtained only for <b>one or more specified and lawful purposes</b>, and not further processed in any manner incompatible with the purpose(s)? (Research data subjects should be informed of any new data processing purposes, the identity of the <b>Data Controller<sup>x</sup></b> and any disclosures that may be made.)</p> <p><b>Research Exemption Note</b> (section 33(2)): Personal data can be processed for research purposes other than for which they were originally obtained if that processing does not lead to decisions being made about an individual and is not likely to cause substantial damage or distress to an individual. That data may also be held indefinitely (Section 33(3)).</p>	Yes <b>X</b>	No	N/A
<b>Third Principle: Adequate, relevant and not excessive</b>			
12. Will you only collect data that is <b>necessary</b> for the research? <i>If 'no' please provide details and any further actions to be taken:</i>	Yes <b>X</b>	No	N/A
<b>Fourth Principle: Accurate and where necessary, kept up to date</b>			
13. Will you take reasonable measures to ensure that the information is <b>accurate, kept up-to-date</b> and <b>corrected</b> if required? <i>If 'no' please provide details:</i>	Yes <b>X</b>	No	N/A
<b>Fifth Principle: Not kept for longer than is necessary</b>			
14. Will you check <b>how long data legally must be kept</b> and <b>routinely destroy</b> data that is past its retention date and <b>archive data</b> that needs to be kept?  <b>Research Exemption Note</b> (section 33(3)): Personal data processed for research purposes can be kept indefinitely.	Yes <b>X</b>	No	N/A
<b>Sixth Principle: Processed in accordance with individuals' rights under the DPA<sup>xi</sup></b>			
15. If you are intending to publish information, which could <b>identify individuals</b> , have you <b>made them aware</b> of this when gaining their informed consent? <i>If 'no' please provide details:</i>	Yes	No	N/A <b>X</b>
16. Will you allow <b>access to all personal data</b> held about a data subject if an individual makes this request?  <b>Research Exemption Note</b> (section 33(4)): Where the results of processing personal data for research purposes do not identify a data subject, that data subject does not have a right of access to that data.	Yes	No <b>X</b>	N/A

17. Will you ensure that all researchers who have access to <b>personal data</b> understand that it <b>must not be provided to any unauthorised person or third party</b> (e.g. family members etc.) unless consent has been given?	Yes	No	N/A <b>X</b>
<b>Seventh Principle: Kept secure</b>			
18. Will you ensure that personal data will be <b>stored in locked cabinets, cupboards, drawers</b> etc. (regardless of whether data is on paper, audio visual recordings, CDs, USBs, etc.)?	Yes <b>X</b>	No	N/A
19. Will you ensure that if personal data is to be <b>stored electronically</b> it will only be kept on <b>encrypted devices</b> ?	Yes <b>X</b>	No	N/A
20. Will you ensure that individuals who have access to the personal data are aware that <b>email is not a secure method</b> of communication and should <b>not be used for transferring the data</b> ?	Yes <b>X</b>	No	N/A
21. Will you ensure that <b>disposal of personal data</b> will be via <b>confidential waste services</b> or in the case of <b>electronic media and hardware</b> should be <b>destroyed</b> in line with Metanoia Institute guidelines and procedures?	Yes <b>X</b>	No	N/A
<b>Eighth Principle: Not transferred to other countries without adequate protection</b>			
22. Will you <b>ensure that personal data is not transferred outside the EEA</b> unless one of the following applies? i. The country you are transferring the data to has been approved as providing adequate protection ii. You have obtained explicit informed consent from the individual(s) iii. You have a contract in place with the recipient of the data, which states the appropriate data protection requirements. iv. You have completely anonymised the data.	Yes <b>X</b>	No	N/A

**Any concerns in relation to compliance with the DPA should be discussed with the Middlesex University Data Protection Officer.**

<sup>i</sup> **Anonymous data** is prepared from personal information but from which, an individual cannot be identified by the person holding the data. **Anonymisation** is a **permanent** process. Personal data must be treated so that it cannot be processed in such a way as to link the data to a specific individual (e.g., using an identifier). Coded data is not anonymised and therefore not exempt from compliance or registration.

<sup>ii</sup> **Data** covers information that is held on computer, or to be held on computer to be processed. Data is also information recorded on paper if you intend to put it on computer.

<sup>iii</sup> **Informed consent** means providing participants with a clear explanation of the research project in order for them to give informed consent regarding the use of their data. Individuals should be informed that their involvement is voluntary and that they have the right to refuse or withdraw at any time without any negative consequences.

**Informed** refers to the following information being provided to the data subject/participant:

- i) Who you are, the organisation you work for and who else is involved in the research project or using the data.
- ii) What data will be collected and how.
- iii) Who will hold the data, control access to the data and how it will be stored and kept safe and whether it will be transferred to a third party.
- iv) How the data will be used.
- v) How long it will be kept and what will happen to it at the end of the project.
- vi) Risks related to any aspects of the research project and data, benefits of the research project and any alternatives.

<sup>iv</sup> **Personal data** (sometimes referred to as personal information) means data which relate to a living individual who can be identified from those data whether in personal or family life, business or profession, or from those data and other information which is in the possession of, or is likely to come into the possession of, the data

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controller. The data is of biographical significance to the individual and impacts an individual in a personal, family, business or professional capacity. It includes any expression of opinion about the individual and/or statements of fact.

<sup>v</sup> **Sensitive personal data** means personal data consisting of information about the **data subjects**,

1. Racial or ethnic origin,
2. Political opinions,
3. Religious beliefs or other beliefs of a similar nature,
4. Trade union membership
5. Physical or mental health or condition,
6. Sexual life,
7. Criminal matters

Also personal financial details are vulnerable to identity fraud and should be handled confidentially and securely although not defined as sensitive under the Act.

<sup>vi</sup> **Data subject** is a living individual to whom the personal data relates. If an individual has died or their details have been anonymised then their data does not fall within the Act. Personal data relating to deceased individuals may still be owed a duty of confidentiality.

<sup>vii</sup> **Explicit informed consent** is where an individual actively opts to participate.

<sup>viii</sup> **Implied consent** is where an individual must inform the researcher that they wish to opt out.

<sup>ix</sup> **Processing** of personal information includes collecting, using, storing, destroying and disclosing information.

<sup>x</sup> **Data controller** is the person who either alone or jointly on in common with other persons determines the purposes for which, and the manner in which, any personal data are or are to be, processed. The fact that an individual or institution holds or processes personal data does not make them a Data Controller if they do not determine the purpose and manner of that holding or processing. (This is probably one of the most widely misunderstood definitions of the Act.) In most cases the Data Controller will be Middlesex University, however further guidance and clarification can be sought from the Middlesex University Data Protection Officer.

<sup>xi</sup> **Data subject rights** include rights to access, for accuracy, to prevent processing likely to cause damage or distress, to prevent direct marketing, to prevent automated decision making, to seek compensation and for no third party access. Access means an individual can make a subject access request for all copies of all personal data held about them and ask to whom it has been disclosed. An individual potentially has access to personal comments written about them. It is an offence to deliberately edit or destroy data once a subject access request has been received. Third parties do not generally have access to subject data unless an exemption applies or there is overriding public interest. There may be limited third party access to ordinary personal data relating to a business or professional capacity in the public interest through the Freedom of Information Act.

<b>Region:</b>	<b>Saksbehandler:</b>	<b>Telefon:</b>	<b>Vår dato:</b>	<b>Vår referanse:</b>
REK sør-øst B	Elin Evju Sagbakken	22845502	29.09.2020	172744
			<b>Deres referanse:</b>	

Vibeke Jansson Visnes

## 172744 Fremleggingsøknad

**Forskningsansvarlig:** Metanoia Institute

**Søker:** Vibeke Jansson Visnes

### Søkers beskrivelse av formål:

*Prosjektet er et doktorgradsprosjekt ved Metanoia Institute, Middlesex University, London der jeg utvikler en parterapimodell og - metode til bruk i psykoterapi. Forskningsprosjektet søker å rekruttere 5 gestaltterapeuter og 10 par som skal ha 5 terapitimer (å 1,5 timer) hver med en terapeut. Terapien skal kun tas opp med lydopptak. Deretter skal terapeutene ha veiledning. med meg etter hhv. 1 time og 3 time, denne veiledningen skal filmes, men terapeutene anonymiserer klientene. Tilslutt møtes alle terapeutene til fokusgruppeintervju som skal tas opp med lydopptak og vi drøfter erfaringene basert på forskningsspørsmålene. Alle klienter anonymiseres i tråd med etiske retningslinjer om anonymisering i veiledning.*

*Parterapi modellen vil støtte terapeuter til å gjøre mer målrettede intervensjoner i arbeid med par for å sørge for god etisk praksis i møte med dette krevende psykoterapifeltet. Det vil altså støtte terapeuter i deres forståelse av parets dynamikk og sårbarheten som oppstår i parrelasjoner spesielt.*

### REKs vurdering

Vi viser til skjema for framleggingsvurdering mottatt 10.09.2020.

Fremleggingsvurderingen er vurdert av leder i REK sør-øst B.

Slik prosjektet og dets formål vurderes, basert på de opplysninger som fremkommer av framleggingsvurderingen skal det gjøres analyser av anonymiserte data for å forbedre prosessene i gestalt terapi. Det benyttes ikke identifiserbare pasientdata.

Forskningsprosjektet søker å rekruttere 5 gestaltterapeuter og 10 par som skal ha 5 terapitimer (å 1,5 timer) hver med en terapeut. Terapien skal kun tas opp med lydopptak. Deretter skal terapeutene ha veiledning. med prosjektleder etter hhv. 1 time og 3 time, denne veiledningen skal filmes, men terapeutene anonymiserer klientene. Tilslutt møtes alle terapeutene til fokusgruppeintervju som skal tas opp med lydopptak og vi drøfter erfaringene basert på forskningsspørsmålene.



Etter REKs vurdering faller prosjektet, slik det er beskrevet, utenfor virkeområdet til helseforskningsloven da formålet med prosjektet ikke vil gi ny kunnskap om helse og sykdom.

Helseforskningsloven gjelder for medisinsk og helsefaglig forskning, i loven definert som forskning på mennesker, humant biologisk materiale og helseopplysninger, som har som formål å frambringe ny kunnskap om helse og sykdom, jf. helseforskningsloven §§ 2 og 4a. Formålet er avgjørende, ikke om forskningen utføres av helsepersonell eller på pasienter/sårbare grupper eller benytter helseopplysninger.

## **Vedtak**

Ikke fremleggspliktig

Etter REKs vurdering faller prosjektet, slik det er beskrevet, utenfor virkeområdet til helseforskningsloven da formålet med prosjektet ikke vil gi ny kunnskap om helse og sykdom.

## APPENDIX 13: QUALITY CONTROL

Ethical Concerns	Strategies to Support	
Protection of Couples	Recruiting couples Recruiting criteria  Monitoring their well-being Informed Consent Information Letter Support  GDPR (Data Protection)  Ethical concern with recruiting to participate and therapy free of charge	In a closed web-page Opting in to research couples therapy. Five succeeding sessions Participant/Partner Participant/Partner Participant/Partner Individual therapy if necessary. Option to continue therapy on regular terms According to formal procedures An ethical dilemma, where the recruitment is more important and not considered a high ethical risk
Protection of Therapists	Recruiting criteria	Qualified Gestalt practitioners and members of the Norwegian Gestalt Foundation  Have attended two workshops: on the process model and on the Gestalt Model of

	<p>Information Letter</p> <p>Informed Consent</p> <p>Support</p>	<p>Domains in Couples Work</p> <p>Supervision in two sessions</p> <p>Dialogical Encounter</p> <p>Ensure they have individual therapy available at own expense and regular supervision</p>
<p><b>Reliability and Validity</b></p> <p>Ethical approval</p> <p>Researcher bias and reflexivity</p> <p>Research Process and Methodology</p> <p>Supervision and support</p> <p>Triangulation</p> <p>Rival Explanations</p> <p>Destruction of audiotapes and video films</p>	<p>Academic Board and Norwegian Center for Research Data</p> <p>Transparency and regular check not to invest in outcome</p> <p>Academic Adviser and Academic Consultant</p> <p>Therapist, two supervisors on clinical supervision, Norwegian Gestalt Institute, colleagues</p> <p>According to Metanoia Institutes principle and data protection regulation</p>	<p>Metanoia Institute - LA</p> <p>Application by me</p> <p>Me, two critical friends, colleagues, and supervision as well as Academic Adviser and Academic Consultants</p>

## APPENDIX 14: STAKEHOLDER ANALYSIS

Who will be affected?	Harms	Mitigating Strategies
<b>Clients</b>	<ul style="list-style-type: none"> <li>• The vulnerable field of couples therapy</li> <li>• Shame</li> <li>• Audiotaping</li> </ul>	<ul style="list-style-type: none"> <li>• Ethical procedures, codes of conduct and GDPR.</li> <li>• Must have access to individual therapy</li> <li>• Offer to continue couples therapy at own expense</li> <li>• Destruction of films after Doctorate completion</li> <li>• Therapist in supervision</li> </ul>
<b>Therapists</b>	<ul style="list-style-type: none"> <li>• Unknown territory of research and they expose themselves as therapists with the couple (difficult therapeutic field) that will be audiotaped, In supervision that is filmed and in the dialogic encounter</li> <li>• Might be of public interest</li> </ul>	<ul style="list-style-type: none"> <li>• Work to build a safe environment/relationship in supervision and in the dialogic encounter</li> <li>• Can withdraw on similar terms as the clients</li> <li>• Destruction of audio recordings and video films ensured</li> <li>• Can choose to be anonymous in the writing-up apart from access from Academic Board and Academic Adviser.</li> </ul>

		<ul style="list-style-type: none"> <li>• Support in individual therapy, regular supervision and colleagues</li> </ul>
<b>Myself as therapist, colleague, teacher and researcher</b>	<ul style="list-style-type: none"> <li>• Putting myself “out-there”.</li> <li>• Can do findings that are not “popular” in the Gestalt community or if it proves to be successful by the opponents and different modalities</li> <li>• If successful – envy</li> <li>• If not successful – reduced authority and prestige</li> </ul>	<p>Support by:</p> <ul style="list-style-type: none"> <li>• Therapist</li> <li>• Supervision</li> <li>• Academic Adviser</li> <li>• Academic Consultant</li> <li>• Critical Friends</li> <li>• Colleagues</li> <li>• Myself (used to taking risks and stand up against the “establishment”)</li> </ul>
<b>Myself as wife, ex-wife, mother, daughter, friend and my family and friends</b>	<ul style="list-style-type: none"> <li>• Takes time away from home and focus on a big project.</li> <li>• Own experiences brought into the research.</li> <li>• Money</li> <li>• Exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Try to balance my time and effort.</li> <li>• Have to balance priorities which means less time with friends and focus on family</li> <li>• Have to spend quality time with my husband</li> <li>• Reflexivity and ethical considerations</li> </ul>

		<p>regarding personal writing</p> <ul style="list-style-type: none"> <li>• If necessary, check with the ones who are being included in the writing</li> <li>• Money – an investment in future professional position</li> <li>• Balance if exposed in public – have experience from previous profession to relate to media</li> </ul>
<b>Colleagues and Gestalt community</b>	<ul style="list-style-type: none"> <li>• Research influencing the field</li> <li>• Findings might differ than the general opinion of the “community”</li> <li>• Findings might support practice</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure ethical practice</li> <li>• Practice dialogue, discussion, transparency and reflexivity</li> <li>• Balance authority</li> <li>• Be open and not in a professional polarisation</li> </ul>
<b>The wider field</b>	<ul style="list-style-type: none"> <li>• Might challenge other professions</li> <li>• Do inform couples and the society about challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure ethical practice</li> <li>• Be cautious about publicity and referencing, entering an official debate</li> </ul>

## **T1: The Whirlwind Couple**

*Supervision after the first session with the couple.*

**T1:** With the first couple I wrote a lot after the session, because I became so curious, and things became clear very quickly after the first session. Not immediately but emerging after the session.

**Supervisor (S):** Between the two?

**T:** Yes, between the couple. So, with this first couple I'm SO curious, I've been looking so much forward to supervision, and I try to forget about the cameras as I'm so eager to learn and I've tried to apply the case into the model, and I did that in the post-contacting after the session with couple 1, however with couple 2 I haven't had the energy to do that, and that's interesting!

**S:** Yes, indeed, that's information about the field, definitely. So now we're in fact in fore-contacting with both couples. Ok ... Do you think we should begin with couple 1? Or I think it's difficult to put away couple 2, apropos ... I have to put them away.

**T:** Yes, I have to work on that too, as that's what's more at the forefront.

**S:** We can look at that first if you want to?

**T:** No, we'll take Couple 1.

**S:** It's up to you. If it's better to keep the structure of 1 and 2 and if couple 2 is what is figural, it's better to start with that one.

**T:** Yes, when I think about it, I believe so.

**S:** It's what you need to get out.

**T:** It's where I have the most resistance and they're most figural. So, this is interesting.

**S:** How will you start, talk about them?

**T:** How will I start to think about them ... (*sighs*). I have to tune into them, because there's something that happens with me when we're going to look at them ...

**S:** Do you want to start directly there (*pointing at the triangular setup*)?

**T:** Where I'm the therapist?

**S:** Yes, you're the therapist there and this is where the couple is sitting. So that might be a good idea?

**T:** I'll do that then (*stands up and walks over to the setup*).

**T:** I need to adjust the chair. Ok (*regulates the chair. Closes her eyes. Breathes. Finding support*).

**S:** I move over. You tune into them.

**T:** (*Breathes and breathes. Looking to the left chair. Her feet are firmly grounded on the floor, her body yielding into the chair and hands are folded. Face serious, head tilts back and forward down*).

**S:** What do you see there?

**T:** He sits there (*Points to the left chair. Head moves fast to the right chair and then back to him. Then back again to the right, lifting her hand to her lips in a serious mode*). She sits there. (*Sighs ... And sighs again. Face serious. Looking back and forth*).

**S:** Do you want to embody them right away, or ...?

**T:** (*Sighs ...*)

**S:** I'm so curious about what you see when you look there (*pointing at him*).

**T:** Yes (*closes her eyes and smiles, then looking at the woman's chair, head positioned in the in-between and eyes moving from the one partner to the other*). It's so fascinating what's happening. I'm drawn there (*pointing at him*). Strange ... Ok (*shakes her arms, finds her sense of agency and rises*). I can embody (*moves over to him*). And I just act whatever comes up, right?

**S:** Yes, yes.

**T:** (*his chair, moves immediately with arms like a ragdoll, toes touch ground, heels lifted, restless, then moving to a retreating sagittal in a freeze*). I'm so s ... and then I'm a little frightened.

**S:** (*laughs, big smile*) Yes, one more time, first the movement.

**T:** (*Repeats the wiggle, arms and then the retreating sagittal*).



**S:** Wow ...

**T:** It came totally on impulse.

**S:** Yes ...

**T:** Everything's so funny, I'm joking about things, then I get pushed a little and I run away (*modelling the retreating sagittal and hands up like a no, palms protective*) (*looks at the supervisor, breathes and moves on the way out of the chair and then leans back again*).

**S:** What do you become aware of?

**T:** (*Sighs*) I don't breathe at all. Ahhh, and the movement (*retreating sagittal*) was so strong, it was apparent in the session itself, but it became even more significant now. It was like I wanted to retreat even more.

**S:** And you're holding yourself here (*pointing to the chest area*)?

**T:** Yes, it's totally frozen, all over (*the torso*), I don't breathe at all. It's so uncomfortable to sit here (*tries to get even more retreating sagittal but the chair limits the movement, toes barely touching the ground*). It's like I can't come as far back as I want to. Yes. And then I'm joking, fooling around.

**S:** What's it like when you joke and fool around?

**T:** I have a lot of funny comments, and then I can't think of one. But now I'm funny and I'm joking things away (*arms and body move in this ragdoll manner, restless, toes high up, little yielding available*).

**S:** What do you see when you look there (*points to the partner*)?

**T:** It's difficult to focus ... (*totally still*).

**S:** I notice that you look down.

**T:** Yes, I looked down at a small spot on the chair, I fixed my gaze there. I can't see her face, I look down (*pointing at the chest of the partner and hand moving downward, body sinking*). Yes (*breathes*), and I feel sad. But I don't see her face.

**S:** Will you move out of the chair? Shake it off a little ... (*both move out, shake, breathe*). What's happening with you now?

**T:** Right now, you see when I looked over, I did sink (*moves like a baby posture, hands at the chest and navel area*), and I can feel the pressure behind my eyes, and I feel a pressure in the chest area and a slight sensation of crying. This is what happens. And what happens with me as a therapist is that I can feel a lot of compassion inside me (*puts her hand flat on the heart, breathes, composed*).

**S:** (*models the posture of withdrawal, inward push, isolating movement, hands at the chest*) What happens here?

**T:** Yes, in this movement ...

**S:** Like you're very little ...?

**T:** Yes, it might be (*mirrors the movement*) that I was very little (*looking at him chair, seriously yielded face, then shakes it off*). I'll move over there then (*to the other chair*).

**S:** Ok (*both shake*). So, feel now what you need in order to get out of it.

**T:** Shake a little bit I think, it's fascinating how much resistance I carry within me right now ... (*touches her stomach, shakes her legs*), high up. And this is new. I wasn't prepared for this. It's something that's happening now.

**S:** This is something you said at the onset, how immense this became in the post-contact of the session? And that you feel ... I don't know what kind of word you would put on this ...? ... You didn't manage to write anything after the session.

**T:** Yes, that's right, I've written so little ... so yes, resistance is what I've felt, but there's a change in where the resistance is right now ...

**S:** Ok ... where is the resistance now then?

**T:** I feel resistance moving over there (*to her chair, at right, her chair*) ...

**S:** Because the energy went there (*pointing to him*)?

**T:** Yes, because when I sat here (*the T chair*), my attention went to him, and I really had to concentrate to look at her.

**S:** Right. Good, so now you're going there (*pointing towards her chair*)?

**T:** Ok (*both shake their bodies again*). So now I'm ready.

**S:** Fine (*smiles to T*).

**T:** (*moves to the right chair*) I don't know what will happen, but this is interesting ...  
(*moves over to the right chair, adjusting, smiling looking down towards his chair, head leaning towards the right, feet drawn up, toes barely touching the floor*). Well, I don't reach down. I'm floating. I'm towing you (*looking towards her partner, however face and eyes looking down at his feet, the arms like holding, grasping onto a rope, pulling towards her*). I'm also a bit funny, but can't you just do what I want you to do, ahh, I just want you to understand, and I'm a psychologist so I know everything, right (*arms moving in and out, hands grasping onto herself, leaning towards in a sagittal, head stays looking down, in a small retreating sagittal position*). I'm always over at his chair, see me, see me, see me (*folding her hands in a tight grasp, sinking a bit, like collapsing, toes stay barely touching the floor*)! ... and I don't see you. Yeah ...

**S:** You also look down.

**T:** Yes, all the way down (*almost falling off the chair*) and I don't see his face. I look even further down than I did in the other chair.

**S:** How is it to float above the chair (*noticing little yielding available*)?

**T:** It's like I'm hanging in something. And I don't breathe properly (*narrowing the shoulders, tensing the upper body, the shoulders lifted high up*). I might look like it's a lightness, but it's not easy to be hung up like this. It's really heavy. I use a lot of energy holding myself like this.

**S:** To be hung up like this, yes.

**T:** And I'm barely touching the chair.

**S:** Yes, I notice that.

**T:** And my feet are lifted as well (*in a vertical upper body, little yielding available, arms folded in the lap, sighs ... and touches her chest in which there is no movement, wagging the head*). Now I feel I have to get out (*moves out of the chair with a little laugh, lifting arms above the head and shakes it off*) (*looks at the chair standing straight in a vertical*).

**S:** How do you feel looking at her?

**T:** (*taking her hand to her chest, flat, breathing into*)

**S:** (*mirrors with her hand on the chest*)

**T:** When I contact the movement of the hands drawing towards (*active arms moving in a reaching out, however with the hands in a grasp, drawing towards, very active and hectic*), it's this movement that becomes figural, how can I say, that she ...

**S:** (*imitating the towing movement*) comes ...

**T:** Yes, comes ... but, and at the same time: see me, see me, this is what I recognise now, and that I wasn't aware of in the therapeutic situation. Ahhh ...

**S:** See me, see me ... (*uses arms in reaching for, grasping onto, and pulling towards*).

**T:** Yes ... (*with a little sadness in her voice*).

**S:** Do you know what I become aware of ...? How you didn't see her.

**T:** Yes, and she didn't see him.

**S:** No, but how you the therapist didn't see her ...

**T:** Ahh, yes ... (*smiles at supervisor*) ....

**S:** Because your energy was drawn towards him.

**T:** Yes ...

**S:** I'm merely interested in the phenomenon, see me, see me ...

**T:** Yes (*looks at her with head leaning towards the chair, hands folded, body softening, yielding into the situation*).

**S:** When you look at her now, what do you see then?

**T:** I see a small girl, who struggles, is what immediately comes up. This is what I see.

**S:** A small girl who struggles ... and what happens with you?

**T:** Well, yes, yes (*in a releasing, shaking arms and then briefly folding them as if cuddling a baby, releasing again*) I see you better. Come on here (*then raising arms, leaning towards with her upper body in the vertical moving sagittal, voice from yielding to more push, clear with mild authority like a caregiver to a child*). I see you better. It's like I see her better (*to the S*).

**S:** So now you can sit there (*points at T chair*) and see her better.

**T:** Yes (*sighs*). Now, I notice that I see her better and she appears calmer to me (*T sits in the middle position, in-between the couple, with a slight move towards the right chair. Face pointing to the woman's chair, slight, smile in her mild face*).

**S:** What happens with you now?

**T:** I start smiling. I can sit here with you (*addressing the woman*), and you can continue to do like this (*towing movement*) and (*finding her own yielding with in the chair*). Yes (*breathes*). This is your creative adjustment (*breathes*).

**S:** And then you can sit there ...?

**T:** Yes, I sit here, and I sit well. Although I sit a little bit high up on this chair, I still feel supported by the floor.

**S:** (*taking off shoes*) I notice my impulse, to really ground myself to the earth (*finding support in, the pushing against and yielding into*).

**T:** My therapist chair is a little bit lower (*breathes*). Now I notice that I'm ok sitting and watching her. I don't feel any resistance (*looks over at him*). It's like all the resistance evaporated (*moves softly in a horizontal flexible movement, yielding into the situation*).

**S:** What happens with me is that I'm suddenly so moved. I get goosebumps (*T looks at S*).

**T:** I felt moved too.

**S:** I get in touch with (*stroking the throat*) and it's like I can feel like crying ...

**T:** Yes, and I can feel it behind my eyes, the pressure ... yes, like crying.

**S:** You're so grounded, you breathe ... you can sit there ...

**T:** Yes, I sit here, well, together with both of them. I notice how I need to adjust the chair (*moves it slightly towards the middle by a few inches*).

**S:** I wonder do you think this is enough information, what do you think?

**T:** (*quiet*) ...

**S:** For this working hypothesis ...? Or do you have to move forward with the work?

**T:** I need to talk about this ...

**S:** Yes, this is what I think about as well. Yes, now we've gathered a lot of information from this field, then we can talk about it.

**T:** Yes, because this makes a lot of sense to what happened in the therapeutic situation. It makes a lot of sense (*moves out of the chair, both S and T move out of the situation overlooking the situation*).

**S:** How does this make sense to you?

**T:** Yes, what makes sense to me is like ... and what emerged in the therapeutic situation, being on two different planets.

**S:** The two of them?

**T:** Yes, they don't see each other.

**S:** No.

**T:** This isn't strange at all. Where he's so pre-occupied with structure, numbers. He thinks there's too much talk about emotions. Whereas she's the one who creates all the fun, is creative. And it's dangerous to put into categories ... (*arms out left and right, far apart*). But this is what emerged...

**S:** (*mirrors T with the arms*) I hear isolation ...

**T:** Yes, and this is so apparent, when they (*bending head down*), don't even see each other.

**S:** Yes (*movement over head with arms like a bowl*), they're totally ...

**T:** Yes, and this gave me so much meaning ... and she who's educated within our field, not the same, but she's talking to people, and wants so much to (*reaching with left hand towards him*), that he can understand all of that, in that (*pointing towards her*). Talking about all of this ... And then he leaves.

**S:** (*models the retreating sagittal*) So the dance is like this (*showing hands one retreating sagittal and the other sagittal forward*).

**T:** Yes.

**S:** How high on fear, do you think?

**T:** The couple?

**S:** Yes.

**T:** I think quite high.

**S:** How high if you're going to think between one and ten?

**T:** I think around seven, eight. As we talk about this I understand more of the confusion, the resistance, in the room. They've been a couple for many years, they have a good life together. And then, things organised, but there was something that made it somewhat difficult anyway ... if that makes sense.

**S:** So high on fear and low organisation ... in the field ...

**T:** It became clear that they were on two different planets, but apart from that it was difficult to know, to have a clear figure, what I should do ...

**S:** Fixed?

**T:** Yes, much more than I realised. I don't know if I want to take it in, that it's more fixed than I understood, but yes (*nods*), I think actually this is what IS.

**S:** This is what I find useful with the GDF, about the fixation and fear ... And this becomes evident, that you don't manage to make things happen ... in an organisation ... When you're embodying them ...

**T:** Yes, it's low on organisation ...

**S:** Yes, low on organisation (*figure/ground organisation*), and it's like when you're embodying they're both like floating (*above the chairs, little yielding available*) and things become fixed. The co-creation becomes clear. Then you, the therapist, can breathe. You support the field with your yielding with.

**T:** Yes (*nods and reflects*).

**S:** When you were sitting there (*breathes heavily, embodies the releasing*), when it becomes figural how 'fragile' the field is.

**T:** Yes, it becomes clear now, because at that time everything seemed to be very ok (*moves again, vivacious, lively, leaning head in a retreating sagittal*).

**S:** A creative adjustment, as you said.

**T:** Yes, both of them in their own ways.

**S:** You said something about her being a little girl ...

**T:** Yes.

**S:** How old?

**T:** Well, four to five ...

**S:** Exactly what I was thinking ... (*both laugh...*).

**T:** Yes, totally spontaneously, four to five ... And ...

**S:** What about him ...?

**T:** Well, not that much older. Six to seven ...

**S:** I got this spontaneous (*cuddling in a new-born-baby movement*) like very little ...?

**T:** Oh, yes ...

**S:** That was mine, let it go ...

**T:** (*pointing towards him, fingers moving*) It's something about this joking, fooling around, six to seven, this is much more than very small ...

**S:** Did you succeed in making them sit towards each other?

**T:** Yes, I did that, but I don't know if that was wise ... I did it ... And then I didn't manage to make them come back ... And I realised that with the chairs, I just needed it to go to move to background.

**S:** Yes, it's as if this field doesn't support this ...

**T:** Yes ...



**S:** Due to the fear, you need to regulate, so that the two of them can breathe together with you ...

**T:** Yes, I see that ...

**S:** This is really ... and since it's the first session it might have been somewhat fearful due to that.

**T:** Yes, it was so chaotic. I had sent them mails well in advance, reminded them about the time and place, where they should ring the bell, and they hadn't received it ... And I see that it was sent, so we began with a little where should we meet. And they hadn't realised that it was 90 minutes, although this was written in the mail. So they had paid for parking for 55 minutes. It was a little like this (*rocking her body back and forth horizontally*).

**S:** Chaotic.

**T:** And it was like this whirlwind that came and the whirlwind that left. And I thought ... I'm having supervision and I need to get down.

**S:** Makes a lot of sense.

**T:** This was what was figural in the session as well, I need to breathe. I noticed when I sat down, I immediately moved my chair back, I did that in the session as well. I need to find myself.

**S:** So beautiful ...

**T:** Now it makes sense, but that they didn't see each other, that was new to me. That was very useful information.

**S:** So that's how frightening this was ...

**T:** Yes, no breath! Him, high up—and she (*models totally locked in her torso and chest, shortening*). It was so painful.

**S:** Ok. Then I put my shoes on and you can shake them off ... (*S and T move out to take a meta- position*).

**S:** What we have done is that we've applied the work to the model and then we found that it was useful to analyse the therapeutic relationship, what the field demands. How do you give meaning to this?

**T:** What makes sense to me is that ... It became more evident to me that the field is more fixed and less functioning that I immediately thought. I think that in the session as a therapist I moved too quickly in what

became evident that they live in two different worlds where they're stuck, and I think they needed that I worked with my breath and regulation before I moved to the co-creation. That was new to me.

**S:** Yes, and that's the grading in the model to support towards a safer ground and for you, the therapist, as well.

**T:** Yes, definitely. To make myself safe in order to be with.

**S:** Yes, with something so chaotic. Because it was, as you said.

**T:** Yes, it seems like it was so hectic. A whirlwind in and a whirlwind out and I thought what happened now?

**S:** They hadn't read the mails; didn't know how long they were supposed to be there.

**T:** No ... And what I did together with them, I sat there breathing and thinking that I should've done something else ... well, and that the field (situation) is not supported enough to allow for them to move the chairs towards each other. I went in and thought wow, a well-functioning couple. I got a bit 'caught' in it.

**S:** Yes you fixed ...

**T:** This is how the GMoD is great. Oh, yes, I need to grade it differently.

**S:** Good.

**T:** So, it was useful to draw the model and reflect.

**S:** Thank you.

**T:** Now, I can breathe, now we're finished with couple 2.

*Supervision after the couple mailed and did not want to continue to a second session in therapy.*

**S:** Maybe we can start with the couple that sent you a mail? We don't have to make a big thing out of it, but we can close them together.

**T:** Yes.

**S:** They're still part of the project. They haven't withdrawn from the research study; they've withdrawn from further sessions.

**T:** Yes, you're right.

**S:** So, they said that couples therapy isn't for them. I wonder what happened with you when you got that mail?

**T:** What happened with me when I got that mail? First, I thought obviously: of course, this is how poor a therapist I am ...

**S:** So, you thought you weren't a good therapist?

**T:** Certainly, and at the same time, I can say that ... I will say that what couple this was, as this will emerge in the supervision anyhow ... what couple it was ... it's the whirlwind couple ... the couple that came in and suddenly they were out again ...

**S:** They're the ones ...

**T:** They came in and then suddenly they were out again ... so I'm not that surprised, as this is how they organise themselves, right ...

**S:** I'm not surprised either ...

**T:** No, so I've closed them, although I feel I struggle with the method, a little ... with the other couple, however, a lot of things are happening in the room ...

**S:** Mmm ...

**T:** They'll continue, they don't have a lot of money, but I think they'll continue, as they're eager to attend.

**S:** We can look at that when we start the supervision with that couple, but, with the first couple, referring to 'looking for the hidden agenda' and commitment, I wonder if **he**, the couple that left, only took part to please her?

**T:** That might be, but there's something about her as well, as she, a psychologist who was interested in research, if she was there because of that? I'm uncertain if they were there because of them?

**S:** For the couple? It was risky between the two of them, I think ...

**T:** Yes, that emerged in the supervision, it was much riskier than what I was aware of during the first session.

**S:** And disorganised ...

**T:** Yes ... so ...

**S:** So, both of them have a hidden agenda?

**T:** Exactly...

**S:** And they're not there to commit to therapy?

**T:** No ...

**S:** And what might emerge was quite frightening, I think ...

**T:** Yes ...

**S:** And there are many that leave then ... therapy in general, I think ...

**T:** Yes ...

**S:** When they're getting into the game, when they realise that: I might have to change ... and that's not possible ...

**T:** Yes ... so really, I'm over them. I was thinking if there were anything I should have done to close, but I told them I sent the mail to you, and it was taken care of.

**S:** Yes, and they're finished. I was interested in if there's something unfinished (Gestalt) that you need to close?

**T:** No, I feel so finished, because, I think they would have needed it, but...

S: ...they're not there.

T: No, and I wasn't the first therapist they had tried, and it was a little like ... this is how they're jumping around in their lives, it was absurd how they jumped in and then suddenly they were out again.

S: The parking and ...

T: Yes, it was so much ...

S: Chaos ...

T: The parking, he didn't get the mails, but I could check, and I did send them, so no, it's like it was a relief because there are so many other things.

S: So you can just release them (*the dialogue has been swift, calm voices dynamic and bodies firmly seated with yielding available throughout the session*).

With the other couple it's very different. They want to continue, and you say something about that you're struggling with the method?

T: Yes, it's something about the chairs. I don't manage that, pure and simple. It's like in the flow, it stops the flow.

S: What's the flow about? Can you say something about that?

T: If I manage to remember them ... they're so far away ...

S: Maybe you want to move around ...

T: It's really strange because it's rare that people are so distant for me, that's information as well ... (*laughing and moving to a sagittal in the id*).

S: (*leaning forward in sagittal*) That's information ... very interesting ... so move around in the room, find yourself.

T: (*standing up, smiling, like a dance move*) In my dress (*shaking the body, touching her belly, moving horizontally behind her therapist chair, stretching her arms down and out*)!

S: When you have such a busy schedule and all, working that hard ...

**T:** Yes, and that's a reason as well, many, many clients after them ...

**S:** Yes, you're so busy ... And at the same time, I'm not worried ...

**T:** *(looks up at S, soft face, hands folded behind her back, brief smile)*

**S:** ... together with you ... I feel happier...

**T:** Yes ... *(softness in her voice, standing rocking from side to side)* ... that yes, I'm feeling fine ...

**S:** There's so much happening, and this is a transition period before you let go of something and start something new.

**T:** Yes, I know this is short term, and you know I'm working weekends as well, I don't have time off.

**S:** No. You're doing Gestalt therapy ... big time ...

**T:** Yes, this has been, right now I work with a psychiatrist and a psychologist specialist and they appreciate Gestalt therapy actually, and I really have to ground myself as a Gestalt therapist because this is what they want *(finding her feet on the floor, in a vertical position, hands still folded on her back)*, and that's great, but it's also challenging because of the diagnostic system *(voice more of a push)*.

**S:** So you're in the two different paradigms and you have to find your way.

**T:** Yes, and that's a challenge ... And I wonder when I'm becoming aware that I feel resistance ... *(hands to belly)*.

**S:** You feel resistance?

**T:** *(rubbing her belly, standing next to the therapist chair, in the vertical)* Yes, there's something that happens with me as a couple's therapist ... ahh ... and I feel vulnerable *(hands move up in a small grasp facing towards herself, saying something to herself)* ...

**S:** ... ohhh ... and that's good to know ... There's something happening with you as a couple's therapist ...

**T:** Yes ... *(sighs)* ... My old ghosts emerge ... very much so ...

**S:** Yes ... *(leaning forward in the chair, soft voice, looking at T)* ...

**T:** Yes ... and I got another request from a new couple just now ... (*hands folded on her navel area, higher than before*) ... they had gotten a recommendation ...

**S:** Yes ... (*soft voice*) ...

**T:** (*looks again at S, smiling and pointing her finger*) Is it you again ... (*straightening out her dress in a brief movement, laughing, a little tense in the shoulders and more of a push in her upper body, clear voice*)? I've had one couple already, but they didn't return ...

**S:** Ok ...

**T:** Because he didn't want to (*arms reaching out*), he's finished in the relationship so he didn't see the point in coming to therapy.

**S:** So, this is the last call to support the partner.

**T:** He was there because she wanted to, but he didn't see the point, and I said that I can support the couple leaving, but then both partners would want to be (*hands moving in front as an in-between dynamic*) in it, it's not like you would have to commit to be together to be here, but I can support you in separating, because you will need to communicate as you have children (*voice clear, with authority and push as well as a subtle softness*). So, I offered them, however, he was just looking out of the window (*head tilted looking out and up*) thinking this was just a chore, and I said that, that's fine, but it makes it difficult too.

**S:** When there isn't commitment to therapy, we can't work.

**T:** You support that?

**S:** I support that, totally.

**T:** Yes.

**S:** We can't 'save' them all.

**T:** Yes.

**S:** I think this is what 'Don't waste my time' is about, so it's good that it's addressed.

**T:** Yes (*hands clasping on both hips, firmly, grasping on to her verticality*), he said that.

**S:** Very clearly.

**T:** He said, I don't have anything against you, but I can't see how this will support the situation. *(laughing)* ... and now I'll have a new couple. Did you recommend this one?

**S:** It might be.

**T:** Does she know what I'm doing I wonder *(leaning towards S, laughing, more softness in her body, eyes reaching for)*?

**S:** Yes, I know.

**T:** *(shaking her arms moving in the sagittal)* You know, this is new to me being a couples therapist and then something happens with me *(touching with both hands her heart)*, I question whether I'm good enough, it always happens to me *(hands moves out in a yielding movement, feet on the floor, with a soft yielding with and pushing against movement in her knees)* and I'm in so many new things at the moment so it's very figural *(folding her hands in front of her belly)*.

**S:** And you feel vulnerable.

**T:** *(touching her chest)* Yes, because I'm a bit frightened, ohh my, what am I really doing, is this Gestalt therapy, is it good enough, yes ... *(legs wide apart, hands to heart, moving in a horizontal)*.



**T1: The Clever Girl Therapist and Her Client**

*Supervision after the first session with the couple.*

**T1:** *(moves spontaneously over)* I need to regulate and move my chair back a little.

**Supervisor (S):** Do you want something under your feet *(puts two small, flat cushions under her feet)*?

**T:** I feel I have time. I can feel myself, I feel differentiated *(body in a yielding with, pushing against, vertical position)*. She is there *(pointing to the left)* and he is there *(to the right)*...and although she is in the same profession and has more education within the modality than I do, that's ok *(breathing calmly, taking her time, supporting herself, yielding with and pushing towards in harmony)*.

**S:** Then you look at him...

**T:** Yes. Here we are three individuals, together and I can be me *(breathes evenly, taking time to feel her presence)*.

**S:** So, this is possible here?

**T:** Yes.

**S:** I'm curious about their therapeutic request.

**T:** Yes... Should I embody them?

**S:** I don't know. What do you feel like?

**T:** I need to embody them. We've done the practicalities, I tape, we've checked out that we, she and I don't have any private connections and we've talked about what will happen afterwards. Then I tell the couple that I would like to hear from each of them, why you are here? She moves her right arm towards him *(puts her arm out illustrating the inviting gesture with a reaching for and a slight grasping movement in her hand)* *(T moves over to his chair)*.

**S:** How is he?

**T:** I move so slowly *(sit down in the chair)* My impulse is that I don't need her *(pointing at T)*. That makes so much sense...

**S:** How is it to get the invitation to start?

**T:** It's fine. I feel my feet on the ground *(left hand folded in the lap, right hand at the chest gesticulating, small grasp, body in vertical with yielding and pushing available, head moves looking at the partner and to the therapist, back and forth)*. I have my trauma, that I bring in, and I understand that this can be difficult for you *(looking at his partner)*, and it's also difficult for me. Yes, I understand it can be difficult for you when I become angry, this is how I learned from my father.

**S:** When T asks for why you are coming to therapy, do you talk to her (*the partner*) instead of T...?

**T:** No... (*quiet low voice*).

**S:** No....

**T:** Or I change.... however, I lost the focus on T. She isn't here. She's totally gone. This is probably how it was in the room as well. I talked a bit, but at the onset it wasn't really what he said, he said that I've learned from her, that we have different attachment styles, and this is why it's been difficult between us. Well, at the beginning it was a little bit difficult. This is how he started (*a clear push in the voice*).

**S:** What kind of attachment style did he say he uses?

**T:** He said something about (*the push in the voice still figural, fingers touched, head nodding, affirmation*) what they used throughout was the attachment style. This is a vocabulary I don't usually use, he withdraws, that's his creative adjustment. He withdraws.

**T:** (*moves over to her chair*) Ohhh, I don't sit comfortably here (*legs wide apart, hands folded pointing downwards, body slightly collapsed, somewhat moved away from the partner*). I don't sit very comfortably here (*in a very low voice*).

**S:** What did you say...?

**T:** I don't see the therapist's face. I see the top of the chair. Yes (*moving her right hand up to the middle of the chest, hollowing*).

**S:** You feel a contraction?

**T:** I contract here (*in the chest*).

**S:** What do you notice when you feel here (*imitating the client with her hand*)?

**T:** I want so desperately to be clever (*head tilts towards the right*).

**S:** I could feel something in the navel area... Do you feel anything there? I want so much to be...

**T:** I feel it here (*taking her right hand to her throat then back to the navel and then up to the chest again*) I feel a bit frightened when he becomes angry. Then my trauma emerges.... I'm a bit frightened really.... I'm afraid that he will leave me. That is my fear (*voice very low and slow*). I just work and work and hold my breath, and my head is tilted, and I almost fall off my chair.

**S:** Is this how tired you feel?

**T:** (*body even more collapsing*) I am soooo tired...and I didn't realise that before you asked me the question (*the hand in a fist touching the chest*). Yees.... (*hand moves down and folds in her lap*) and then I want to look at him. (*breathes, straighten her body to a more vertical position and moves the upper body towards him, head raises up and looking over. Face drawn. Breathes a little bit, some yielding available*) and I see him actually and then it gets blurry (*very low*).

S: Then you...

T: It gets foggy (*circling her right arm like dizziness, smiling*)

S: So it gets foggy....

T: Yes (*leaning in a slight sagittal movement towards him*) The first thing that came to me is: you give me safety, and then came, but can I trust it. No, I feel safe, was the first thing that emerged and then came: Can I trust you and then came the fog (*right hand touches the chin, leaning into the hand as support and thinking*).

S: And then it seemed like you almost had to shake...

T: Yes, he disappeared (*pointing towards him*).

S: It became foggy...

T: Yes, totally, so I had to (*shakes her head as if to equalise and focus, yielding into the chair, moving legs out in a horizontal*) and I really would like to sit in your lap (*left body moving towards him*). Yes... Now I melted into the chair...Hold me.... (*nodding*) Ahhh.... (*breathing, touching her chest and vagus area with a flat hand, giving a push, then moving out of the chair*)

S: Yes...

T: Yes... (*shakes a little bit. laughs softly with yielding*) ....

S: A word occurs to me, but I don't know.... if you shake it off... If you move back to being a therapist and sit down and take a look at them...

T: (*Finds herself in the T chair, takes her time, breathes shallowly*) Now I don't feel calm, suddenly, I don't know what it's about, I can feel a little tingling in my stomach when I'm sitting here and he's also sitting here.

S: What do you see when you're looking at her?

T: I see a woman, no, what came to me is that I see a girl, who struggles and works and has to be so clever. Everything has to be perfect. Yes.

S: Yes.

T: I want so much to tell her that it's more than good enough. (*sighs.... taking time...*)

S: You are good enough... (*sighs... taking time...*)

T: This is what we ended up with after I brought some things back into the field (*relation and situation*). Towards the end of the session, she said...ahhh I want to stop working so much... and then (*the T points her hand towards him*) ... and then he was so moved that he started to cry. This is how they met (*her fingers on the right hand touching each other*) It was totally magic. This moment. I am completely moved. He said I get so emotional yes... and she said, I can't stand to work so much I just want to be and to have a nice time together with you....

S: Yes, (*supporting, the yielding*) ...

**T:** This all happened towards the end... and it was so beautiful.... It was she totally put away the need to be so good, it was like it melted off... (*yielding into the chair*) and they just looked at each other (*yielding into, being with*) I just want to stop working, and I can only be. BE...

**S:** And he welcomed her.

**T:** Not only with his words, he was leaning into (*upper body moving in a long sagittal*) and tears welled up.

**S:** Did they sit together then...?

**T:** Yes, the chairs were together.

**S:** Do you want to embody them?

**T:** Yes (*moving over putting the chairs towards each other, starting with her chair*) My attention went over there (*pointing at him*) (*moving his chair towards hers, while pointing and moving back to T position looking and then sitting down in her chair*)

**S:** So you sit there with you legs up and it feels nice (*tense, toes barely touching the ground*).

**T:** Yes... (*breathes, releasing from and yielding into*) do you know what. I work and work and work.... It doesn't work. I can't work more.... I don't want to try so hard. I just want to be with you and have a nice time. Give a little f... ahhhh (*sighs....*) Yes... (*moves over to his chair*).

**T:** (*him leaning towards, on the edge of the chair, sagittal forward, hands yielding into his lap*) Now I was touched. There's not anything I want more for you, than that you don't have to work so hard. I'm here for you. Ahhh.

**T:** Ahhh. I start crying it's so strong (*T looks at S with tears in her eyes, smiles*).

**S:** Just cry (*T moves out of the chair towards S*).

**T:** That wasn't exactly how he said it, but it was something like this... (*then she moves towards her chair*)

**S:** What happens with her?

**T:** (*sits in her chair*) Then she does like this (*moves towards sagittal, with the yielding with available, leaning into*) Yes, you are here (*touching the vagus spot on the chest, sighs...*) It's not what she said but how it feels.

**S:** You feel it?

**T:** Yes, I don't want to work so much and you are there.

**S:** And you can feel that?

**T:** Yes, with all of me.

**S:** So here you don't feel the fear like before...

**T:** No, I'm totally calm, breathing and the tears are coming... and my feet are on the ground... (*leaning towards him, yielding into*)

S: And your hand on your heart.

T: Yes, and I'm so touched that I just feel like... *(folding her hands in her lap)*... crying..

S: Do you hold back your tears or are they coming?

T: No, now they're coming... I don't know if they did, but now they're coming ... and I see you *(breathing, being with)*. She didn't cry in the session, but now they are coming. Yes... *(moving out of the chair)*.

*(grabs a tissue from her pocket and dry her tears)*

S: You're prepared...

T: Always prepared *(laughs)*.

S: Ohhh so beautiful.

T: Yes, it was really beautiful, that last thing that happened in the room.

S: Yes... *(T and S breathe together, a quiet moment)*

Shall we analyse this together?

T: Yes. *(moves back to the initial Supervisor – Supervisee position)*

S: Can I think together with you in the structure of the GMoD? There are a few things I'm curious about *(drawing the four domains on the board)*. We can say: first we have the therapeutic relationship.

T: Yeah *(sighs...)*..

S: Maybe you need to breathe yourself out of it as well...

T: Yes *(moves out of the chair again and move a little in the room)*.

S: Yes, out of the full-contacting experience...

T: Yes, it was totally....an explosion in the room, without it exploding...

S: The softening.... To say it this way: it was straight into intimacy.

T: Yes, it was.

S: So we can definitely say that it was intimate *(drawing the first domain)*... and I can think of the yielding into *(embodying the sagittal, leaning into of the couple's co-creation)* they give into the other...

T: Yes, totally....

S: In the full-contacting, there it's yielding into in the full contacting and something big and magical in the full-contacting that you ....

T: I've lost the words. It was so powerful for the both of them. For all of us...

**S:** It is powerful, and it's in the kinesthetic resonance, in the body, like it lives in your body, and you're showing me right now. I'm touched (*hands move in a smaller, delicate gesture*) ... how beautiful it is... how magical... Yes, this is exactly the word you've been using ... magic...!

**T:** This is how ... when they came in ... they were so attentive to attachment styles. I drew the model that you have... (*the RPM illustration adapted to couples therapy psychoeducation*) ... and it became so evident how two different creative adjustments meet ... when the narratives meet. For him this was an aha. We talked about the model when we looked at it. I felt they could talk together, so the first intervention.

**S:** So, the dialogue is check...!

**T:** Then I asked them to sit together and talk about...

**S:** Creative adjustment...

**T:** Yes, and then I sat for a long time.... and then I thought, well here I am superfluous.

**S:** Yes, and this is where I bring in something different because what I experience... (*pointing to her chair*), when you embody her.... because she can be the therapist in the relationship, right?

**T:** Yes, and she is a little bit the therapist in the room at the onset as well....

**S:** Right...

**T:** I become aware of this first now, in retrospect

**S:** Yes, being clever.

**T:** And she is a therapist as well...

**S:** Clever, so she knows much more, and then she can't work so hard. Which was really a paradox of change when she said that she couldn't work so hard and she could breathe... and I think she couldn't have done that without you!

**T:** No. I felt that they communicate well without me, I needed to support them to, and I stopped them and I shared how I saw them talk together. My first intervention.

**S:** I become curious ... talking about.... Everything they know, talk about... and then they show, when they go to the experience (*arms move in a dynamic circle (of experience)*), the trap is being too clever, that they become intellectual, in the middle zone, instead of the being with, which is connected to the intimate domain. She is good at this...

**T:** Extremely good...

**S:** She wants to do a new creative adjustment in being, and how he could take her in.

If we think about a contact form, what do you think?

**T:** To me confluence and differentiation become figural.

**S:** Do you think they're good at differentiating?

**T:** When you ask I think they aren't....?

**S:** It was somehow something you said.... Yes, you said that you initially felt differentiated, that there were three of you in the room. You said that.

**T:** Yes.

**S:** Maybe they are good at differentiation, and they need the confluence? In fact, he wanted to move over to her.

**T:** It's like I can't answer your question, which is interesting in itself...

**S:** (*smiles and nods*) It seems like they are good at differentiation?

**T:** Yes apparently, yes.

**S:** So maybe this is the working hypothesis?

**T:** They've been together for a short period of time. They talk about a change in the way they communicate. They're on their way to differentiation. But, it's scary, really scary.

**S:** I think that the confluence that signifies infatuation as opposed to what can be described as a rhythm of confluence and differentiation in a long-term relationship, here (*pointing at the intimacy, autonomy domain*) is quite different. To explore the dynamics of confluence differentiation. It's fresh (*the relationship*), so there's still a lot of good will.

**T:** I become aware of myself thinking what will I do going forward...and now I am here. I don't know what will happen in the therapeutic situation.

**S:** Precisely, you don't know. But if we think about the working hypothesis (*arms in a metaperspective looking down at the therapeutic situation*), the differentiation and confluence, the sharing, and that you in fact are working with the first domain in their new creative adjustments. He runs off...

**T:** He did. But now he doesn't do that anymore. So I think something's happened in the year they've been together. He finished the relationship. He went to isolation and ran off. She became terrified.

**S:** In differentiation, he argues, and she becomes frightened. This is the co-creation that's unfortunate for them.

**T:** Yes, very.

**S:** There's something about dialogue and good form. Also, when it gets rough....maybe when they manage the new rhythm, when they get a better form, a more dynamic organisation from confluence to differentiation. Well, it looks like you had enough....

**T:** I get immersed, stuck in what I should do the next time and this is what I need to...

**S:** Well, again, you don't have a clue about what's going to happen the next time. So, this is just a working hypothesis that you hold lightly. I'm really curious about how she needed your support. He wasn't there in a way, she was more frightened, and looked at you more needily, her gaze.

**T:** I felt that in the therapeutic situation, I realise now.

**S:** It was somehow fear in her eyes that we could see.

**T:** I felt that, in the therapeutic situation, that I was a bit surprised in that he sat much more steadily than she did. Although it looked like she was working hard and understood so much more, even more than the therapist.

**S:** Underneath lies the fear.

**T:** Yes, so I gave her support and I believe that was important when I think about it now.

**S:** Yes, you really see that (*pointing at her chair*) wow....

**T:** She talked about being a parent. I said that I recognised that, being a therapist and a mother is not always easy, or something like that... and she said yes (*sighs heavily*). He didn't think about it in that way.

**S:** So that support made it possible for her to let go of being so clever. What comes to me is that I had a word when I sat over there (*pointing at supervisor position in the embodying process*), when I asked you how you felt being her. The word that came to me, and I forgot about it then, the word was support. Support. Support. Support.

**T:** That's emerging now how I did that. Really. How important that was, I understand now. It's so evident that was...and it happened in the session....and it became figural, a theme.

**S:** Support is there, in the first domain, you do.... Well, how can we say that, when you're there supporting, sitting there, breathing... you are being with... yes, being with is what it is. Your support.

**T:** Yes, this is good. This is what I had to work on before, to give more meaning.

**S:** What I become aware of is how you find more breath and how I see you're yielding into your chair, in meaning making.

**T:** Yes, and it was also a difference in that there's clearly more fear there (*her chair*) than there (*his chair*). It was important to look at it, it gives more meaning to what became figural and my impulse in the therapeutic situation, she needs more support than him. Support without it being too much, so there won't be an imbalance.

**S:** Then you became aware of him allowing you to be there to support her, the potential in the individual support, still in a balance between, the therapeutic relationship can sustain this movement, really. It doesn't create an imbalance, because the field is safe enough for these interventions.

**T:** Yes, I really experienced that.

**S:** You experience that when you embody all three of you.

**T:** I feel I sit better and I'm curious to meet them again.



**S:** I'm curious about this couple, couple 1, well I think maybe they will stay for five sessions; however, they create a lot in the in-between. That being said, there is something foggy, in that confluence and differentiation, the merging. This is the potential of therapy, to support them in the first domain.

**T:** When you say that, it's diffuse again.

**S:** (*stands up and moves over to set up, holding arm in the meta-perspective*). When you take the meta-perspective of the relational challenge or the growing edge, it's exactly the rhythm of confluence, healthy confluence, and differentiation. What we already analysed together, they already experienced problems in their different attachment styles. It's the paradox of change when she lets go of being clever, yielding into and he's also yielding into, they meet in something new, with a new insight, in the very intimate. It's to continue supporting the intimate autonomy, which lies in the rhythm of merging together when I am me and you are you and we can be together, but we're still separate individuals and how do we do that, without the topdog-underdog organisation for instance, where she becomes the clever one, knows everything, which is her trap and how he merges with and becomes the underdog who thrives in her expertise and they talk about instead of being with. Did this make sense to you?

**T1:** Yes, it made sense.

**S:** A lot of words....

**T1:** How would you work with this rhythm...?

**S:** I believe you do that. It's what you do when you support them to be with what is. So next time when you see them maybe they'll have some new experiences that they bring with them, something fresh, an episode they think is difficult, and then they can explore together. For instance, with the children. We contact in a disagreement about something (*drawing in the values, identity domain*), and then how they can find good form and at the same time what lies underneath in the co-creation. It's really to welcome whatever they bring in.

**T1:** I experience first when they talked a lot together, then I had an intervention, I don't remember exactly, but I remember thinking; I don't think they know what they do well. I did point to what I saw that they did well, because it was so beautiful what they did. Are you aware of this? I described what I noticed, the dance, I don't remember anything about that, I just remember the movement, and when I said that both of them were astonished. They hadn't seen this, and they became surprised, oi. Then this is where she started being clever.

**S:** This is where you brought it back to the couple, the dance?

**T1:** I support them in this, it makes a lot of sense.

*Supervision after three sessions with the couple.*

**T:** It's like he, it struck me when they arrived, as I ask them to sit (*indicating the sitting down*) it's like he becomes more visible and clearer to me than she does. That happened last time as well (*firmly indicating his vertical position with her right arm, moving beyond the T chair, looking at her and then at him*).

**S:** This is a phenomenon.

**T:** I could describe him in detail, but her, I really have to tune in and concentrate.

**T:** (*moving to her chair, bending her torso forward and down, then arms move as if indicating a silhouette and then pointing her right index finger toward the T*) I don't look at her, I see straight down on the chair,

**T:** (*moving to his chair her body in the vertical*) whereas him with him I see all of him.

(*standing straight behind her chair in the vertical, with softness, arms down, looking at S who is still sitting in the S chair*) This is interesting.

**S:** Very much so. When you look at her, what do you see then?

**T:** (*biting her lip, head slightly tilted forward and down, a slight collapse in her body*) What do I see then (*a slight sigh... arms hanging down, then moves them in a small gesture of a slight shake and then holds them folded in front of her belly*) clenched comes to me (*then moves the hands in a drawing in of the stomach movement*), but I don't know how I can explain that, as she doesn't really sit like, but I get this (*tensing her body, moving her arms in front of her belly, like a stomachache and left foot moves up, like a crawling-in movement*) I get this feeling (*looking up at S, smiling*) I don't know what's happening now.

**S:** (*moves out of S chair and towards a meta-perspective position*). Do you want to try...?

**T:** How difficult it is for me to look at her, that was surprising. It is not the same over there (*pointing towards him*). Shall I try to sit over there maybe (*starts moving towards her chair*)?

**S:** Or do you want to sit as you, the therapist?

**T:** Yes, I can do that too; I have to sit a bit further away (*sits down in T chair*).

**S:** Do you need anything underneath your feet?

**T:** (*T tries to adjust chair further down*)

**S:** I don't think it's possible to adjust it further down (*supplies two flat mats to support the pushing against and yielding with the ground*).

**T:** (*finds herself in the chair, much yielding available, breathes, hands folded in her lap, looking at the 'her' chair with her eyes and then moves her eyes towards him*). So now I see both of them, but it's much easier to look at him than at her, it's like I feel more like moving towards him than towards her. It feels really...

**S:** Thinking about a possible alliance, how it is easier to move that way, with the RPM how to turn the chairs towards you to avoid that, it's a way to keep yourself from being drawn into that.

**T:** That resonated with me, this is important (*very clear voice*).

**S:** This is what is figural. I wonder, is she more fixed than he is?

**T:** (*looks at her, sighs, then turns towards S*) What happens with me now is (*right hand moves in front of the chest like an ambivalent move*),

**S:** I can feel that too...

**T:** Yes, (*turning towards her chair, pointing with right-hand index finger*) the interesting bit is, you know, here is the Gestalt therapist (*indicating her silhouette, brings left hand grasping onto her, then moves her right hand illustrating the his silhouette*) who in many respects knows what happens there (*with him, hands in a topdog (her) underdog (him) balance*). She knows what's wrong with him (*leaning back in T chair, hands folded*). I experience him as much more available than she is, this is what happens in the T situation.

**S:** Fixed.

**T:** This happens in the situation, but I was (*leaning towards her chair*) much tougher with her the last time. They are seriously traumatised both of them (*hands move to illustrate the two in a reaching towards in a balance*).

**S:** That has emerged?

**T:** Yes, that was why they opted into the project (*hands still in the balanced position now facing upwards with a small grasping onto in the fingers*), they wanted to participate due to their differences in attachment styles.

**S:** I remember that.

**T:** Their different creative adjustments, where she moves towards and he withdraws (*arms signifying her movement in the sagittal towards and his withdrawing sagittal, a great distance in-between*). That happened in the room, and it was a beautiful (*arms coming together*), when he connected and I asked, "What happened now?" and he answered, "I disappeared". Then what happened was that he approached and then something happened with her. That was very interesting. In the last session, I was worked directly with her, what happens in her creative adjustment (*having the right hand up pointing towards him*), "You have to stop doing like this... no...when you become angry, I get frightened", and I don't remember what happened, but he must stop being angry according to her (*breathing*).

**S:** Then you held her?

**T:** I did hold her... (*soft voice, torso slightly bent forward towards her chair, hands folded, yielding with is figural in the body*)

**S:** Do you know how you did that? (*soft voice*)

**T:** (*quiet for a little while*) ... how did I do that.... I think.... I've had to work a little (*small gestures towards both*) ... so I hear that you are frightened... what happens when you're frightened.... I think it was really this... no... you.... stay a little...I held her...

**S:** In her fear....

**T:** (*the smallest gesture in her right hand in front of the chest, low voice*) Yes, now, I hear that you want to move over there again, can we stay with you a little bit longer (*moving towards S in a sagittal*) so it was a little bit like that (*hands folded in her lap*) how I did it.

**S:** She could stay with that?

**T:** (*moving to a vertical position*) Yes, she could stay with that (*nodding with her head*). I'm touched (*touches her chest with her left hand flat*), because she tolerated that really. Then came, because when I'm frightened you know, and I don't know exactly what came, so maybe it's not your anger (*right hand moves beside the head in a circular movement*) so it became like an aha-experience for her (*laughs*). Do you know what happened with me right now? I started to think about maybe the tape would show that I did something different.

**S:** I'm not interested in that, leave that. It's certainly not exactly what happened (*voice with authority*).

**T:** No, and I become aware of that in this session, it was the third session, I could hold her. I wasn't able to do that before. I really held her in the experience, in her reaction.

**S:** And she was able to stay with you in that.

**T:** Yes, she tolerated that (*left hand folded in a tight grasp towards her*) and I'm breathing.

**S:** We don't have to explain right now, I'm more interested in how we become fixed.

**T:** (*breathes and hands folded*)

**S:** (*moving out of the chair and towards the drawing board*) If you want to, we can look at the GMoD. I'll share what really happened with me right now, what came to me. I'm really interested in what I call embodiment, the id of the situation (*arms moving in a a gesture from within and out*) what happens. It's how we work in Gestalt therapy. You bring forward how you sense them and what you need to look at in supervision, not how it was correctly. It is exactly this to capture the moment, the id function, how it lives in our bodies much more than a cognitive recollection.

**T:** Yes.

**S:** That said, I'm interested in that as well, the recollection, because this is what we do now (*turning towards the board*).

**T:** (*Sitting in T chair, legs firmly grounded, in a horizontal, yielding available, hands folded in the lap*)

**S:** If we look at the fixation and the resistance and what word did you use when you were embodying her?

**T:** Clenched.

**S:** Clenched. Like this (*repeating the withdrawing movement of strong, inward push, tightening the muscles in retroflective movement*).

**T:** She doesn't sit like that.

**S:** No, she doesn't sit like that, but, this is how you sensed her, so in fact she sits like that.

**T:** Yes, there is something (*hands move to illustrate a clenching in the stomach*) whereas he is much more (*opening her arms in a holistic movement*).

**S:** There's a difference. She talks about fear. So they would score high on fear and low organisation.

**T:** (*sighs really loudly*) I need to breath (*sinking more into the chair*).

**S:** Maybe this is why it's difficult to move the chairs. It's not certain it's the RPM in itself; it might be because of this. You regulate the situation, it might not be safe enough.

**T:** I did that in the first session, I did put the chairs together. I heard from each of them and then I asked them to move the chairs towards each other, but, I didn't do that in the second and third sessions.

**S:** It did have a great impact in the first session?

**T:** Yes, what happened then...

**S:** I think they really reached a moment of full contacting, I can't remember what it was.....it was when she said that she couldn't continue to be so clever.

**T:** Yes, but they didn't sit together then (*shaking her head*). I did that at the onset, but then they moved back and I didn't do any more of that. But you're right, there was a moment. I do however experience them as turning towards each other, and then they come back to me. So when they're turning towards each other I regulate the situation by sitting like this (*bowing head down, sinking more into herself, hands into the chest*), so I grade the situation like this and they do like this (*hands moving towards each other*).

**S:** This may be because it's not safe enough for them to face each other, this is why I say, it's the aesthetics of the method, it has to be safe enough for them. It might be an introject that we have to do it in this way, but there is also a great potential in that they are facing each other, that's the aesthetics. This is where I use the metaphor of driving a car, when am I speeding, when do I use the clutch, and when do I break. When do I challenge or when do I consolidate or regulate down.

**T1:** Yes.

**S:** I think you challenge her.

**T1:** Yes, I think I did challenge her quite a bit.

**S:** Then you're really working with her creative adjustment when she wants to disappear over into him.

**T:** What became figural was that her creative adjustment is to come in and organise, whereas he, in the session, could verbalise that I don't want you to do that.

**S:** Then she becomes the clever one, right.

**T:** Yes, she becomes the therapist who can fix, so she becomes the therapist, and he becomes the client (*movement of arm in the circular co-creation*).

**S:** In their organisation.

**T:** Yes, totally. That happened in the first session, I felt that I was superfluous. Then I have used that from the last supervision, awareness of what's happening, it's not necessarily what's happening between them, but here (*indicating the parallel process of the T and her*), but then I needed to take on my role, it helped me to be clearer about myself as therapist, if that makes sense?

**S:** Absolutely. So, you hold your authority. The authority is needed in this situation, and then she's able to release a little.

**T:** Yes, in that something has happened, that she doesn't need to be the clever one. In every session they have ended up (*arms released, hanging down on both sides, yielding into the chair*) ohhh, so I can only look after myself, I can, you don't need to be so clever, no, and that helps him and this is how it has been every session (*raises her arms up in a balanced, energetic movement, from the inside and out*).

**S:** So I gather that they need to continue exercising this!

**T:** Yes.

**S:** It's so embedded in their creative adjustments. This is very figural and with it comes a lot of healing. That's going on right now, it's healing to her that she's able to receive support, both with you and with him.

**T:** Yes.

**S:** You work with their creative adjustment (*move the arms of the in-between*) and trauma regulation.

**T:** Yes, absolutely.

**S:** She is really practicing the novel, into intimacy, wow, I have to breathe, and autonomy. What did he say again, when she's not there to fix him, then he can breathe, is that what you said?

**T:** What happened then was a bodily response, a change. He said really differentiated, I don't want you to fix me (*leaning forward in a sagittal*), just on an impulse towards her, and I just let them stay with it. Then she couldn't sustain it and it was just then I held her, because she said that she got anxious when he did like that, and therefore she had to fix him, and then he said that he didn't want to, and I intervened with her "So what happens with you when you become anxious?" This is how I intervened. His body changed from withdrawal towards her and met her.

**S:** What happened with her then?

**T:** With regard to the tightness, then she sighted, ahhh (*whole body collapsing in the chair, the arms falling down, head down, right hand moves like tears falling*), she became so tired (*moving up again looking towards S*), it was totally like it melted off. I'm really touched by this couple (*touching her right hand to her chest*) how they work (*folding hands in the lap and loosening up*).

**S:** Right, I can also feel that, in my entire body.

**T:** Yes.

**S:** Then she can breathe.

**T:** There's been such a touching ending to every session, we have to work quite a long time and then (*arms merging towards and up, from the differentiated, isolated movement towards an intimate together of both arms and up like a volcano*), wow, it's a full contacting experience in every single session.

**S:** They're really reaching, but you work rather hard to facilitate it. It's why I feel that it's available, but, they need the support to be able to move to full-contacting, to come out of the co-creation, towards I-Thou.

**T:** Yes, to come out of the therapist and client and be two loved ones. They really need to practice that, because she, she has been the therapist all her life.

**S:** Yes.

**T:** It can't be done in three sessions.

**S:** With regard to organisation of self "who do you become"? And that comes from her family system, how she's needed to organise.

**T:** She's never understood, the quotation from Perls, I don't remember right now, but she's never understood the theory of confluence.

**S:** To be able to float with.

**T:** No, she's never understood that (*hands folded in front of the hear*), she mentioned that.

**S:** Then I refer to the yielding with and pushing against. Are you familiar with the DSP of Ruella Frank?

**T:** No.

**S:** (*illustrating on a daybed*) I think that the theory of yielding with and pushing against is much richer than confluence. How the baby is born and immediately put on the mother's chest. You can't yield with, be with, if there isn't a push against, like the mother's chest. There must be something to yield into. The two are intertwined, both need to be there, it's the balance of regulation. If there is nothing to yield into, for instance if you have a mechanical, post-natal depressed mother it can be a perfectly natural cause, the baby creates a push in its own body, an inward push, a tensing of the body. Then I can think that when she's tensed, the inward push, an extreme form of retroflexion.

**T:** That makes perfect sense, the tensed body.

**S:** There's a high level of mobilisation. Eventually when the child grows, the child mobilises, an emerging differentiation, as we also experience with teenagers at a different stage. Then you have the reaching for, grasping onto, pulling towards, and releasing from. But yielding with and pushing against, between the couple, to the point where she moves over, fixing and he withdraws (*arms illustrating the co-created dynamics*), then he comes more up in a differentiated push and she's able to yield into, lean into, because he's there.

**T:** Ohh, that made a lot of sense, and that's so beautiful, because this is exactly what happened. I really feel touched (*touching her chest with both hands*) because this is what happened.

**S:** Yes (*right hand on her chest*).

**T:** He even was able to express this.

**S:** They do it with their bodies, and it allows for the release of her mobilisation, and he's there to receive her.

**T:** Yes. How she is yielding into and how he is receiving her.

**S:** This has a much deeper resonance (kinesthesia) than merely that of merging.

**T:** This gave a lot of meaning to what happened in the situation. I feel... I feel sort of proud, to be able to follow my impulses and what really happened.

**S:** So Ruella's language is a language of movement and how they organise themselves, non-verbally, and intuitively you facilitate that. That is the id of the situation, before we address it verbally. How do I do it, how do I feel it, all of that is captured in the DSP and I analyse it through those lenses. Now, I said it aloud to you.

**T:** That was really useful. There's something missing, this is something I sense, do you understand?

**S:** Yes, completely. To me there is no longer Gestalt therapy without DSP, I can't do without it.

**T:** No.

**S:** This is how you do it with this couple, you support them out of their co-creation. It's described beautifully.

**T:** Yes, how I held her, and she could accept support.

**S:** Yes, there's love in boundaries, differentiation.

**T:** Yes.

**S:** They are lovers, and not client and therapist.

**T:** Yes, that's the figure. He does a lot of new things; he's in therapy.

**S:** I think the healing potential — for them — is exactly in the co-created (interlocking) — he's still the client when he goes out to be fixed.

**T:** Yes, he's the one to be fixed, as client.



**S:** To be good enough as he is, I hear that he's very kind.

**T:** He is very kind; I'm impressed by him.

**S:** You see him, he's breathing, and I think there's a great potential for differentiation, like he did. He even set up the boundary for her.

**T:** Yes, he did.

**S:** Then she could release, when he in fact did differentiate. He came up to the contact-boundary (*moving her hands from the retreating sagittal to the vertical*).

**T:** Yes, but he couldn't have done that, I don't remember exactly, but I needed to support him for him to differentiate.

**S:** Yes, I understand completely. His creative adjustment is to isolate or to merge in confluence. To do what she wants him to do. He doesn't want to do that anymore. That is the autonomous self, which is the rhythm in a dynamic relationship. To recognise (*become aware of this co-creation*), we could see what the effect was on this couple, it was really beautiful.

Let's return to our chairs, it's not necessarily true that the more, the better.

**T:** No, it gave such a lot of meaning, I really sense a lot in myself, a lot of things are happening with me now, really physically. Then when I did follow that, I had to think what was happening now. Wow, it was magic! So then to do the supervision now, to learn about Ruella's theory and how you frame it, wow. Let's land that in post-contacting.

**S:** So I use this and you could see it in the research question, how they organise in the non-verbal and how you choose to intervene. This is what Zinker calls the art of therapy. What are you doing then? Well, you support her, when you become aware of how she, becoming the therapist projects onto him and you become aware that your desire is to hold her.

**T:** I've been aware of that since the first supervision, it became obvious, I was aware of that in the second session with them as well, but it wasn't possible (safe enough), I tried a little, but she wasn't available.

**S:** So that's the grading.

**T:** And then in the third session she was available.

**S:** So that's the id.

**T:** Yes.

**S:** So the longer I've been a therapist the more I allow myself to act on the id, the impulse. That's when therapy becomes enjoyable.

**T:** Yes, that's when I enjoy it the most.

**S:** That's when we see the effect, tjooo, the resonance in the situation and the movement of the in-between in the couple. Then we're in the domain of intimacy and autonomy.

## T2: The Love Project

*Supervision after the first session with the couple.*

**T2:** This couple is very motivated to get help, they actually use the word help.

**Supervisor (S):** So, if you... they are motivated... and when you're sitting there (*pointing at the T chair, both T and S are standing within the triangular set-up*) ... you want to know why they are there, do they tell you what they need help with, or....?

**T:** Yes, I hear that they want help to talk about (*sitting down in T chair*) what is difficult.

**S:** They want help to talk about what is difficult, is what they say?

**T:** Yes (*sitting in the chair yielding into, with a little hollowing of her torso, feet wide apart, legs spread horizontally, hands grasp, the left over the right with the fingers intertwined, voice soft*), and he starts talking (*left arm indicate to the left in a soft movement*).

**S:** How is he? Do you want to be him?

**T:** (*moves immediately out of T chair over to his chair*) He sits a little leaning back (*retreating sagittal torso, seat at the tip of the chair, feet on the ground*) He is ill, I hear pills, he takes doses of pills in the session (*wiggling her left hand*), when we start. When we're in the fore contacting, I asked the woman where she was from. In fact, we have a lot of fore contacting.

**S:** (*indicates the T moves to T chair with her arm*).

**T:** (*moves over to T chair*) I felt her eagerness in particular (*her right arm moves in a pulling towards from her chair*).

**S:** So how do you feel that?

**T:** The trust in Gestalt and that this could help them to talk about the difficulties, about what is difficult to talk about (*moving the arms in a reach toward him*).

**S:** You can move over to his chair.

**T:** (*moves over*) We've been together for eight years, and in 2016 I contracted a serious disease, I have that, and I had to have a major operation and at the same time she got pregnant with our daughter who is now five.

**S:** You embodied him before.

**T:** (*regulates back to the collapsed retreating sagittal*) He is like tired and discouraged, or rather very, very tired is what I feel now. Yes.

**S:** You have a child who is five years old...

**T:** Yes... (*nodding, breathing*).

**S:** And have been seriously ill. How do you feel about that now?

**T:** I feel scared because I'm not allowed to be ill. She gets so frightened when I'm ill. She has no confidence that I will manage (survive), she collapses, and she has a crisis, when I'm ill.

**S:** So just breathe and move out of the embodying of him.

**T:** *(still sitting as him)* I felt now that I did breathe badly, tired, and anxious as to how this can work. Where are we now? Can we get help here *(looking at the T, reaching for...)?*

**S:** Help, help *(pointing towards T chair)* ...is what you say?

**T:** Yes. Help us to talk about the difficult things *(moving over to T chair, sitting down, firmly grounded in the chair, middle mode, slightly leaning backwards)*.

**S:** How is it to be you and feel him sitting there tired?

**T:** Right now, I feel tired. Or sort of like it's heavy, I'm heavy, it's heavy, and I'm tired and it's difficult *(nodding her head looking at the S, sucking her lips, holding left arm supporting her back to a more upright push, right arm moves to the chest/heart and then back rests on her lap, feet on the floor wide apart and legs in the horizontal – open to the relational field)*.

**S:** It's heavy, you're tired *(nodding, soft, yielding voice confirming)*. And she ... from Mid-Europe, and mother to a five-year-old?

**T:** Yes, who is 40 and she really would also like another child *(her chair)* I came ... we met on the Internet. He was supposed to move to me, then I was fired from work, so we couldn't, I moved home to Norway instead and Norway is a great country, so this was great for me .... but and then come all the troubles, right, then she mentions the difficulties; I couldn't get any work, he was sicker than he realised and then in 2016 I got pregnant, he was going to have a transplant. She needed, I needed you to be there, I was so scared, I had depression during pregnancy and post-partum depression, and I was totally, totally alone *(right hand touches her chest flat with a slight grasp of her fingers, left arm in lap also with a slight grasp of her fingers, slight hollowing in the chest and collapse in the body)*.

**S:** How do you feel in your body?

**T:** Very, very sad *(touching her chest with her right hand, nodding the head, looking down, head slightly down)*. This being alone, feeling alone, not that much fear but the feeling of being alone, all by myself ... and I have a child and when I'm so depressed after the pregnancy and birth, I'm afraid that if I become even more alone, I can do damage to both her and me. So, I packed my things and went home when he was in the hospital *(hand still touching the chest, rocking back and forth in the chair, voice low)*.

**S:** When you were pregnant or ...

**T:** No, with the child, but there was no help to be found, because I have a narcissistic mother and I'm worried about him all the time, that I'll lose him, I'm so devastated and I worry that I can damage myself and the child,

like by killing myself... it's like she almost said that... and also the child... because I'm all by myself and you're ill (*voice raises slightly, then the impulse of getting out of the chair, the id, T moves out*).

**S:** So, you need to shake it off?

**T:** Yes... (*quickly back in the T seat, looks at him and nods, her habitual posture of middle mode*) ... and you are ill...

**S:** and I am attentive to you – as the therapist (*T looks at S, serious, tempo down*) ... breathe

What happens with you?

**T:** I become thoughtful (*arm moves with the head in circles*).

**S:** What are these thoughts?

**T:** How serious this is ...

**S:** The seriousness.

**T:** Not sad, but rather this is really serious (*touching, grasping onto the chest*).

**S:** This is really serious, and I follow you in that ... that happened with me as well ...

**T:** Yes ... this is very serious, what they are struggling with ... and then I feel that this isn't dangerous territory to work in, (*moving her right arm up and down in front of her chest and stomach, like a flow*) I feel that as a therapist.

**S:** You are in the existential topics, right?

**T:** Yes ...

**S:** In really serious topics.

**T:** She's so worried that she's overly protective towards him and at the same time blames herself that if she had known he was that ill, he shouldn't have smoked and all the things coming in retrospect; it was my fault, it was my fault, it was my fault, you said I got sicker because of you (*arms moving in round circles from the chest outwards, leaning towards him*) ...

**S:** Are they sitting towards each other at this point ...? (*moving his chair towards her*)

**T:** Yes, well, they did a little back and forth.

**S:** Because this was my impulse, that they faced each other.

**T:** Yes, but they did have the urge to include me sometimes ... and actually they mostly faced each other, and this is why I thought this was the "best" couple ... (*smiling looking down, a little shy, moves her chair to face him, hand reaching towards with the grasping onto and pulling towards, left hand on the chest*) because there's something here, in-between and at the same time there's something that is difficult to talk about. There's a lot of shame and guilt, and there (*pointing at him*). But they're able to sit here and move in between, I have always

been there for you, and I have always supported you and I am really afraid of losing you. I feel guilty because I feel I have destroyed, you said to me (*leaning forward sagittal, feet planted on the ground, voice with a push, grasping onto her chest with her left hand*) that I made you inactive and that made you even worse. I still connect with that feeling (*the hands move in the pushing against in the in-between*).

**S:** This is a topic?

**T:** Then he says: (*moves over to his chair*) Yes, I said that once, because you said that you needed me to be around when you were so ill with the baby, I said, it's not good for me to be that inactive (*yielding with in the voice, body balanced in a vertical with yielding with and pushing against in a balance*). Yes, I said that.

**T:** (*moves out of the chair, standing up in a meta-position, right arm moving with the infinity symbol of the in-between*) So here it's a totally different connection. There's an acknowledgement, but they're so helpless, the both of them. They're so terrified and fixed in that he's afraid to die and she, she's not afraid of dying if she isn't doing something actively, she doesn't have the intention to kill herself (*moves over to her chair, standing in the meta-position*), because there was a sequence that was really very good, where she suddenly gets in touch with feelings about the child, because she's been so worried about his well-being, she hasn't been able to be there for her child and then suddenly she says ...

(*sitting down in her chair*) ... it's just now, when she's five years old that I can feel love for the child and then she starts crying ....

(*moves over to T chair*) and the therapist who knows something about a similar story, then I (*leaning forward towards her, yielding into the situation*), I listen to the tape, how terribly much I talk about that. But my intention was to reduce the shame and the guilt (*holding her hand upright like an acknowledgement of the importance*). I recognise and I'd like to share with you that I also think that my daughter was five when I could commit to being a mother to her. This is totally true and then I almost started to cry (*looking at the S from a middle-mode position, leaning slightly forward in a sagittal movement, balance in the in-between of the couple, touching her heart*) and then there was this big alliance between (*arm moving from T to her and back*), together, the two of us and then I thought I need to include him and I asked him how it was to be a father?

(*moves over to his chair*) Even though I'm so ill, even though I'm failing at (*right arm moves up and down as if counting the ifs and buts*), it's difficult to play with him and all these things I've done the best I can as a father, he says. I, the therapist, says: Can you say that to her? (*his hands in his lap grasping onto each other*). He replies: I've said that. Yes, but can you say it now? You've done the best you can. (*T voice low, whispering, yielding with*) This is what I (*arms indicating from the T chair feeding in...*).

**S:** Then what happens with her?

**T:** (*moves over to her chair, touching her chest with the right arm*) Not much. What made the greatest impact was what came from me (T). Yes, I don't know if she wants to take it in from him, however, (*looking at T, left arm reaching for and pulling against the T*). Welcome to my world, she said, after finishing crying. Then we had a really strong alliance. Then I immediately needed to include him (*moves out of the chair over to his chair, not sitting down*).

**S:** It seems that he was capable of responding?

**T:** Yes (*retreating to the meta-position*), he could. Then he was able to talk about his doubts and beliefs as a father, though not similar to hers.

**S:** It seems this is almost overwhelming to her?

**T:** Yes, and they use exactly that word actually, overwhelming.

**S:** The therapeutic situation?

**T:** No, life (*sitting down again in T chair*).

**S:** OK (*moving arms in the resonance of the in-between of the couple*), and here it's also an overwhelming process.

**T:** Yes, it is in fact (*nodding, looking from S to the couple, supporting herself with right arm holding her torso and left elbow leaning onto right hand whilst leaning her chin in her hand, slight retreating sagittal upper body*). They use the word overwhelming, and it shows up in a typical brother-sister relationship, because of the implications with what have happened with his body and with her body, we talked about that as well. They haven't managed to have sex. They've really gotten this far apart (*stretching her arms as far out to each side as she can, flat hands with no grasping onto*). Now they are here, (*moving arms towards the middle again*) trying to come closer and to talk about the bits and pieces.

**S:** It's like I think they've had ... quite a lot of traumatising ... it's traumas...

**T:** Very much so ...

**S:** Couple relationship trauma, and through, working through, to get an understanding, the two of them together.

**T:** Yes, (*from leaning into in the sagittal, moving back to the middle position*) because they had a lot of trust in me, I think, because I talked about, if you say brother and sister, I guess there's not a lot of sex (*looking up at the S, humouristically, moving forward in a sagittal, yielding into the in-between whilst saying in a cheerful voice*), ha ha ha, well that's not what siblings usually have (*arms vivaciously up in the air, S laughing, T smiling*). I think this is a safe field.

**S:** I hear that they want to have sex? They want to connect again.

**T:** This is indicative of the calibre of the couple.

**S:** You want to have a look at them in light of the GMod? When you say that this is indicative of the calibre of the couple, I'm curious about what happens with you?

**T:** Ahhh, I feel safer in my role. There's some competence here.

**S:** It's good form!

**T:** Yes, they're aware, they have awareness about many things.

**S:** So (*drawing the fourth domain*), here is the therapeutic relation, all cards on the table, right, the working relationship is grounded.

**T:** When I say initially that I'm a Gestalt therapist, she's there and dares to take risks. There are many things she doesn't dare to do as of now. Grief. There are many layers. It's her existential grief, where she has been so low in depression, with the child, that she can't bear to work on what it's about, she says, because she's so afraid of falling into a big hole (*moving her arms like a big hole*).

**S:** That's the trauma work (*drawing on the first domain: existential*).

**T:** Yes, it is.

**S:** And the grading needed.

**T:** Exactly. So, when I had the impulse to meet her with my experience of bad motherhood and all that shit, it might have been an impulse to grade the trauma a bit. You did the best you could, and all that.

**S:** To me, this is very intimate, it's full contacting (*drawing in the first domain*).

**T:** Yes, it was, with her and he was kind of included as well.

**S:** He was included, then he came with his support, but this became too much for her.

**T:** Yes.

**S:** She ... I think about seen, heard, and met, that's in the organisation of the experience cycle, this situation organises, although the topics are incredibly ... what can we say... there's something dense ... the density ... in the existential ... it's been traumatic in itself, what they've experienced ... (*drawing in the first domain*).

**T:** Yes, that's true ...

**S:** But it seems ... trauma work ... but, it's not fixed, so there's a lot of healing in what's 'happening.

**T:** When we talk about fixation, I believe the other couple was much more, they were much more, when talking about inter-locking.

**S:** Yes, the others were much more fixed. This couple isn't fixed.

**T:** No, they're not fixed.

**S:** I hear initially, when she gets angry for instance, when he says something, when he isn't allowed to be ill for instance, that lays itself above what's going on underneath. It's a coping strategy, a creative adjustment if you like, when it gets too difficult to take it all in. This might be what's destructive for them (*drawing in the second domain, co-creation*).

**T:** (*nodding*) mmm ...

**S:** But they need to protect themselves as well, the withdrawal, in the Resnicks, merging together, being with and also learning to differentiate and to be with whatever is.



**T:** Yes, because it's like he isn't allowed to be ill.

**S:** She becomes mortified.

**T2:** Yes, she's mortified, and this is what they started to talk about the first time they put their chairs towards each other, this is what they talked about. How she has no trust in that he was not going to die, whereas he says, I can be ill, but I won't disappear.

**S:** But he *can* disappear, in fact!

**T:** Yes, he can. Then she gets even angrier, first she's afraid and then she gets angry.

**S:** Yes, it's a secondary emotion.

**T:** Yes, it is ... then you can say, she is ... I wouldn't say violent, but she's verbally very far out, very aggressive, acting out, threatening, I don't think we're talking about fighting and physical ... But she's acting out.

**S:** She's in a fight; she's actually outside the window of tolerance!

**T:** Yes, yes, exactly.

**S:** Then it goes off track. There's something about learning to regulate (*pointing to fourth domain*).

**T:** Then he says that he only feels like being alone.

**S:** He's withdrawing.

**T:** Yes.

**S:** He's in flight.

**T2:** She's also threatening with the bag and child to go back to her home country. She does that as well.

**S:** In the fight and flight response they have in their organisation (*drawing on the co-creation, the second domain*), isolation. Acting out. They need the support to stay with what is, help, help, help, to be with what is, when the going gets tough, and they really have, they have had immense challenges. She is vulnerable being in a different country as well. Support, support, support. Polarisation or stagnation?

**T:** Yes, it's like they're in the polarities (*arms wide apart*), towards each other and at the same time they're like this (*folding hands in a merging, confluence*). They are so committed, this is the brother and sister, they have compassion for each other, but it's like they don't succeed in the loving, the love project.

**S:** So that's your working hypothesis, "The Love Project", that's the name of this whole couple!

**T:** Yes.

**S:** This is the name of this couple. Isn't that beautiful.

**T:** (*smiling broadly, face softening, sinking a little shyly in the chair*) Yes ...

**S:** She's moved from another country, met him on the Internet, they have a child and they have met life's challenges.

**T:** Yes.

**S:** They really need support in intimacy, what they also are capable of. There's some insecurity there ... but then they see you.

**T:** They need to come to me to work on their love project. I think there's a lot of trust and safety, I'm open and I think I'm not afraid to go into topics I will manage to be with in with them.

*Supervision after three sessions with the couple.*

**S:** This is the couple of misfortune. Do you want to embody them over there?

**T:** (*moving over to T chair*) They are really, and this is also what I say (*sitting down in T chair, body firmly seated, feet on the ground, yielding and pushing in the middle mode, sagittal forward upper body, hands folded between the thighs*), I think it's so exciting to work with you, because you have every time, regardless of your challenges, you stand beside each being supportive of the other, committed and I think that's exciting. I think that in working with this couple.

**S:** So, this is a love declaration to the couple.

**T:** Very much so (*nodding*). They, she needs it in her way, and he needs it in his way and they both take it in, and I believe they create it with regard to what they need (*hands to heart, hands grasping, pulling towards*). She needs support, a little alliance, we are the ones who have understood Gestalt therapy, whereas he is given a gift from her in that he is also a Gestalt therapist through my studies, she says. In this he receives acknowledgement in that he actually understands, so it's much easier to work with this couple.

**S:** Yes, because here you show them with your hands, you are really showing this touching your heart, you are giving a declaration of love to their relationship.

**T:** Yes, I do.

**S:** You say that you enjoy being with them, it sounds wonderful.

**T:** Yes, it is. Yes, it's very nice. This is how we're doing it, there's a real flow in this. It's difficult. There are demanding issues related to the body, sex and living together, whether to have another child, in vitro fertilisation, shall or shall not, an egg that's frozen, he doesn't want to have another, but because she wants to, he'll give that to her. There's a lot of love in this, and she's worried about it because of the hormone treatment, there's so much support for everything, really! She supports him in all the difficulties, and he supports her in all her difficulties, and they're so pleased with the therapy (*shy, leaning forward and laughing*), I heard ...

**S:** (*touching her heart*) I really feel like crying, I do.

**T:** Yes, it's fantastic, I listened to the tape whilst travelling and towards the end of the session and they were so pleased that I had to turn it off (*looking down and hiding*). If they say any more now, I really felt that myself, how I was pleased and then they said that "This is so good and you are so brilliant", then I had to turn it off, that was too much for me.

**S:** Did you say that to them (*indicating with the index finger the couple*)?

**T:** Yes, I said that.

**S:** So sweet.

**T:** It's really all right, it is. It's so complicated and so traumatised and at the same time it's somehow so easy, I don't know what. We're working with this all the time. I'm talking to the couple throughout, or I'm sharing quite a lot. I gather she gets the most, however, he wants her to get it, and she's also generous with him.

**S:** So here it flows and it's in the existential, I remember that from the last session.

**T:** I've written a note and I wonder why I've done that, because I'm going in and out of a lot, I'm often in the intimate sphere, but I go in and out and I wonder. When I go out, I share about me or other couples, seemingly to grade, does it seem reasonable that this is what one does in these situations, when one is really in the intimate sphere?

**S:** Or rather, I wonder, can you tolerate that it becomes so "hot"?

**T:** Exactly, very good question. Yes. This is the big note, because when I listen to the tape after both the second and the third sessions, I get this feeling that I cut, I switch. I'm the one who goes in and out.

**S:** I can feel that I'm getting warm here right now.

**T:** Why do I have to grade when they support so much. Maybe it's me?

**S:** Or the growing edge here. This is how I can think about therapists that can't be with clients in full contacting, they cut. They don't move further in the sequence. It sounds like where it's hot, there's intimacy in the room.

**T:** Yes, I've just wondered about these situations, and I think that grading is good, it gets to be a little too much, but it might be that I do it because of me. It's something I become aware of.

**S:** Yes, you can have it just like a small taste and just in that you become aware you can support more intimacy. I sometimes say that now, I as a therapist feel a little embarrassed (*moving forward, "hiding" face*) or now I feel this is really intimate, I turn around and you just go ahead, kiss or whatever you want to do. It's really quite beautiful; there's something about reaching for in this.

**T:** I feel that whether I'm the one dragging them into or them dragging me I experience that both couples are attentive to, but not dependant on, having a response from me.

**S:** Eventually, I think that bringing it back to the couple (*movement with arms to the in-between of the couple*), this is where I turn around, to support that.

**T:** They're getting something all the time, and I'm latching on, you know.

**S:** This is where you can narrow the field in that they sit opposite each other, and you withdraw (*voice soft, yielding into*) and this couple I wondered if this couple should sit next to each other as they are really good opposite each other. Maybe they should in fact experiment by sitting closer to each other? A sofa. They don't need a real sofa, but they can bring the chairs together. How is it to sit here holding hands, for instance?

**T:** Well, in fact, just that, to hold each other's hands, that became figural, or an issue, and there was something where he said: well, we can do that, but I need to hear or see more of, something he said. They know so much, but they wish or something about they know so much, and they talk about it, but he would like to feel it. He hears her say that she loves him and wants to be with him, he wants to feel it and not only understand it, if you understand?

**S:** This is what we're doing in therapy. There's something about "lose your mind and come to your senses", can they sustain being present, the physical intimacy? They're very good at the verbal intimacy.

**T:** The co-creation is in order, to say it that way, she knows about Stern as well. We've talked about the being-with in the relational perspective, to dare to be with.

**T2: A Broccoli Couple***Supervision after the first session with the couple*

**T2:** Yes, a lot of learning. I became curious about how I intervened, what I did, and how long ... so when she started to tell (*standing up from the chair*). Shall I be her (*looking at S*)?

**Supervisor (S):** Yes, you ... he was very clear with the hmmm, hmmm, hmmm, that she was going to start?

**T:** Yes, because they come, so I (*as the woman, sitting in the chair, feet slightly above the floor, leaning forward sagittal, arms inward pushing in-between the legs that are in a V-shape, horizontal, hands grasping to each other, affirming nods towards therapist*), come so we can improve our relationship (*looking at T*).

**S:** You look at the therapist?

**T:** Yes, I don't know really what to say.

**T:** (*moves to the T chair, lifting her left arm in a gesture of her fingers in a grasp, a smaller, nuanced, delicate indication*) You don't need to say that much, but you can say something about your need right now, what do you want the two of you (*the arm in a circular movement of the in-between*) to get out of this session (*arm resting on the lap*)? What do you want (*arm up again making a point, voice clear with a delicate authority*) from me, what do you think is useful for me to know? And I'll ask him afterwards ... yes ...

**T:** (*moves over to her chair, similar posture with arms in an inward push, feet barely touching the ground, legs spread in a V form, horizontal*), and then absolutely the entire story comes out. Everything that she has sacrificed. Everything that's her fault.

**S:** Can you say that from her?

**T:** Yes, he has two daughters from before, and that's been ... the relationship with their mother is destroyed, she's completely mad, the child welfare authorities has been involved. When the girls started to come to us, they came with dirty clothes, too small clothes, unbrushed teeth, they've really been neglected by their mother. Then I interfered and I notified the child welfare authorities.

**T:** (*moves over to the T chair looking at the S*). It's a long tirade of details, and it lasts for over 20 minutes, and I'm not able to stop her. I sit here (*arms up, bent, with a reaching for and slight grasping fingers*), I check out a little, then he says a little... (*leaning forward towards him and then moves spontaneously over to his chair*).

**S:** What happens with him then?

**T:** (*Sitting in a balanced position with yielding available, however might be more of a figural push. Chair facing towards the therapist, but his head looks to the woman chair, directly. Voice with a clear push, escalating a little.*) Well, when you notified the child welfare authorities, the whole situation changed. I was also part of it. It was ... my God, everything that happened over there, I can't cope with it anymore, no, I can't cope... with the girls, with the mother. In short ...

**T:** (*moves out of the chair towards the T chair, then changing and moves to the her chair*) Then she, she's about to tell about all the horrible things about the mother, can't stand her name, the neighbours, the child welfare system, court cases, everything. Then suddenly (*leaning sagittal towards the therapist*), I say,

**S:** You, as the therapist?

**T:** No, I, after 20 minutes, I suddenly say, I'm involuntarily childless ...  
(*moves out of the chair towards T chair*).

**T:** So here it feels natural to stop them. When you talk about yourself as childless? But you've tried to be an extra mother to these two girls, and you've put a lot of work in that and you seem distressed about it, and you don't have children of your own. Can you say something more about that (*body yielding into the chair, more yielding available and less push*)?

This is what I say, and he doesn't even respond (*moves over to her chair again*).

**S:** So, he doesn't participate?

**T:** No. (to her chair) Well, we had two IVF inceptions, he was originally sterilised and reversed it. He was in this (*arms moving, then back to the lap, grasping onto the left hand with the right*), ok!

**T:** That was a generous thing to do. That he reversed the operation and contributed to your wish of having a child of your own. Can you see this? The problem is that she doesn't hear. Whatever I do ... I try to stop, fine He wants to, but ... together ... He wanted to.

**S:** So here it's a flood of words, and she doesn't listen.

**T:** No, she doesn't listen.

**S:** What about him?

**T:** Well after 20 minutes I say that I need to hear from him as well.

**S:** What happens then?

**T:** (*moves over to his chair*) My wish is that she calms down. Stops interfering with the girls, with the child welfare authorities. Just relax. We can't do anything about this, I stopped caring a long time ago, we're not able to do anything for that bunch.

**S:** How does it feel sitting there?

**T:** It feels like a bit of anger, disgust. No, a little bit, to hell, don't give a damn ... and they're his children..

**S:** They're your children.

**T:** Yes, they're my children. I just stopped. I don't want to interfere anymore, it makes it worse. It's just getting worse and worse. I've accepted that I can't do anything about it.

**S:** So, you move over to the therapist chair.

**T:** I can't, from where he ... And then she starts again, she doesn't listen. And she starts in again about what she didn't get, she had a leave of absence from work, she has had two pregnancies, invitro fertilisation attempts didn't have any children and even more comes ... she doesn't show any emotion, just the words and she's just the victim, victim, victim. I've done this and that, I take responsibility for everything, responsibility, responsibility, I even take responsibility for the dogs. She doesn't like dogs, but he bought two dogs because he likes dogs, and she went along with that. And then she also fails with that, she fails in everything, she fails with the girl who is 18.

**S:** With the child?

**T:** Yes, his child.

**S:** Who is 18?

**T:** Yes, now 18. She came to us when she was around 14. Now she's dropped out of school and is just lying in bed, doing nothing.

I worked with responsibility ... to take that much responsibility.

**S:** I want to look at the couple together with you ... I'll look at the board together with you. If we stand up, out of the therapeutic situation and look at them ... (*therapist stands up, out of the embodying process*), yes ... (*laughs accommodatingly*).

**T:** Yes, it's just ... (*sighs...*) as I grasp some words and say something about guilt, responsibility, she doesn't respond.

**S:** What contact form can you think of?

**T:** Between the two of us?

**S:** It's in the situation ... All three of you ...?

**T:** Well, he's totally withdrawn, well, if I think about the Resnick model, she tries to contact, I think, she's in the contact-withdrawal area, the couple, when I think Resnick in therapy, she tries to contact and contact and get a response, but she's not getting that.

**S:** It seems to me that when you try to contact her, she's not available?

**T:** No, she's not, in fact.

**S:** So, what contact form would that be?

**T:** She might sit in a giant introjection ... guilt and ... I don't know

**S:** I think she seems to be very egotistical, isolated ...?

**T:** I don't use that term so often ... it might be ...

**S:** I love the notion from Knut (*Moskaug, former teacher at the NGI*), who said, nothing in, same shit out (*hakk i plata*).

**T:** That fits her well.

**S:** It's like everything just slides off, you say that she doesn't hear anything from you?

**T:** Yes ...

**S:** And he ... is just ... away, frustrated.

**T:** And then, I try... There are just so many figures that I don't manage ... to pick one figure!

**S:** What I wonder is something about being caught in the story ...



**T:** Yes ...

**S:** To talk about. And a myriad of potential figures, a lot of shit they can talk about ... what I think about then ... The couple comes to therapy because they can't reach each other (*drawing the illustration of arrows*), our task is to work on the connection, contact. Then you have their baggage, their whole story, she's being a victim and his resignation ...

**T:** Yes, yes ...

**S:** ... which is part of the field. Would you say it's overwhelming, full of things? This is the intention of the GMod, to separate, in order to put a stop to these people ... You say something about the therapeutic relation. You sit, you're able to sit well in the situation, (*imitating how she was sitting as the therapist*). It's as if I see you sitting there with authority!

**T:** Well, when I listen to the recording, I don't feel that I have authority at all ...

**S:** Don't you think so?

**T:** No, I think I'm floating with the story.

**S:** Yes, it might be that you do, that might be figural, but I think about your presence?

**T:** Yes, that might be.

**S:** That's what I see, you show me how you sit there, and endure them.

**T:** Yes ...

**S:** I also think that this is the first session, it's to become aware of what is!

**T:** Hmm.

**S:** You haven't left the building; you're there, steady as a rock!

**T:** Yes.

**S:** You sustain, just imagine that (*smiling, supporting*).

**T:** Yes, and I don't get annoyed. I've listened to the tape with this couple twice, and I wonder what the hell is going on ... it's chaotic ... and I think, do I feel annoyed when I listen to this now? No ... It's like I don't feel anything ... and then I wonder ...

**S:** Right ... (*gesturing towards the couple*) ... they don't feel anything either ...

**T:** No, well, other than irritation ... I see that ... he's annoyed that she's not pulling herself together to stop worrying about the daughter ...

**S:** Yes, (*nodding*) ...

**T:** ... who is like lost to this world ... and she can't ... and it's just a symbol for everything that she's sacrificing.

**S:** The daughter is the symptom?

**T:** Yes, even the dogs, that she starts to raise ... and she doesn't succeed with them either ...

**S:** (*laughs, clasping her thighs*) Yes, not even with them!

**T:** So, you take responsibility even for them, I say at a sudden point. She looks at me and responds, yes, and he doesn't teach me anything about it!

**S:** If you think about a co-creation?

**T:** Yes, I tried to describe that to them (*moving over to the chairs*), it's like she's standing tall (*in a forward sagittal, arms out with a reaching for and grasping onto over and above, moving forward*) and he retreats at least as many steps backwards as she moves forward, even a little more and he confirms that: It's how it is, this is how we do it.

**S:** I think about a topdog-underdog organisation.

**T:** Yes. That's clear.

**S:** She's such a topdog.

**T:** Extremely ... everything she plays out and how he doesn't respond.

**S:** This is topdog—and he's the underdog and this is how they co-create between the two of them.

**T:** Yes.

**S:** You talked about chaos. Talking about.

**T:** All the time ... and I latched onto that

**S:** Yes, and this is the working hypothesis. First to become aware of what's happening, a clear perception of the field.

**T:** Yes, I tried to make them talk together, I extracted a few sentences, but it wasn't possible for more than a minute before they came back to me. So the model to sit, I told them to sit towards each other and then you talk about whatever ... I don't remember. Suddenly, she in particular, contacts me ... probably to get support. Then I'm part of the situation again, the couple, I didn't manage to keep more of a distance.

**S:** Yes, this is part of the situation. They do that, both of them. They shoot at each other through you in a way.

**T:** Yes, and sometimes I try to acknowledge that, if there are some softening words, what do you need from her or what do you need from him? Can you say that, but it's like it just bounces off ...

**S:** So you know about that now, the dialogue doesn't work at all.

**T:** No, you can really say that ...

**S:** And in the co-creation it's isolation.

**T:** It's more than withdrawal really ...

**S:** Egotistic?

**T:** Yes, you can say that as a polarity.

**S:** I think of confluence and the polarity as egotistic. The withdrawal is also there, but there's something about this nothing in, same thing out ... that makes it so demanding to hold her. So the task would be to say one sentence and then stop. How you will get to that, we don't know yet.

Then you talk about values, the upbringing of children, but this is just the symptom in that they don't manage to talk about it due to the co-creational dynamics .

**T:** She has her values, whereas he has basically none ... and then she becomes furious, because he doesn't care ... the daughter ... he has lost all his relations ... she repairs ... and she never gets any appreciation ...

**S:** If you think about fear and organisation. How is ... it's low on organisation ... there isn't much that's possible here?

**T:** What are you thinking about? The triangle?

**S:** No, I think about Daan's GDF. How high on fear do you think?

**T:** I think she is more than he is ... Fear of losing, fear ... fear that it will end. He doesn't feel fear ...

**S:** ... Do you think they have any awareness of the inner zone?

**T:** No ...

**S:** So how can they feel any fear then?

**T:** Well, I didn't have awareness of my inner zone. It was mostly outside; it was outer zone all the way. So fear, it might be fear that it will end, not being able to succeed.

**S:** So low score on the inner zone. What happens with you when you get in touch with this right now? If you think about it as creative adjustments ... (*the atmosphere in the room changes, there is suddenly a shift in the tempo, the softness in the voice*) ...

**T:** Hmmmm.

**S:** How do you feel when you stand there ... Thinking about the chaotic situation (*mild voice, yielding into the situation*). Maybe you'll sit down ...?

**T:** (*sits down in the T chair*) Do you think I should feel like them or like me?

**S:** What do you get in touch with when?

**T:** I feel really sad, that there are just accusations and withdrawal. He's like that and she's like that, no contact if you think about contact, not even with me. Contact.

**S:** If you think about this as a matter of survival.

**T:** Yes, and this is sad, and it's so chaotic, the field. Then I think about how is it possible to get anything sensible in?

**S:** Is there anything you could put back to the couple, do you think?

**T:** The couple ... from me you mean?

**S:** Well, it might be that this doesn't happen in the next session. But when it's so chaotic and it scores so high on dysfunction. They need a lot of support just in order to be here in a way.

**T:** Yes, I did do that, if I did anything, it was just that. So every word I chose, do you need to take all this responsibility, can you try to put a bit over to him. This is the way I did it.

**S:** You're really working on the relationship, but it's not possible to make them talk to each other.

**T:** No.

**S:** Because the field is too insecure.

**T:** Yes (*nodding*). All the time I focus on the in-between (*doing the infinity sign in the in-between*). So can you tell him. How can you tell her, I ask him? I'm working my ass off between the two of them ... (*her body half lifted out of the T chair*).

**S:** And it doesn't look like it. So you really grade the interventions, in the dialogue and therapeutic relationship, and you can't move to the co-creation directly, although you're simultaneously working with that in the topdog-underdog dynamic, but they need a lot of support in order to try to land in their own chairs.

**T:** Yes.

**S:** What came to me as a possible intervention is how you can model something about the calmness. I wonder if it's possible, if it gets that chaotic again, would it be possible to say something like 'I feel it's getting very chaotic here and now. I need us to slow down. How is it for you right now?' Then you bring them to the here and now. Would that be something ...?

**T:** Hmm, it's my head that says that it's chaotic. It's something that I never do. Maybe. I don't know. I don't know if I can do that ...

**S:** No ...

**T:** I have a very high level of tolerance for the chaos. It's not because I need it.

**S:** No, it has to emerge in and of the situation.

**T:** Yes, it's not because I need it.

**S:** No, it's more like I would like to say, 'Don't waste my time, if she's not able to take anything in ... it's like you need to be heard ...' You hear what she says, but so that she can have a small chance to take it in ...

**T:** Mmmmm. but the way I was working was to throw what I call hypothesis, 'So this is what it's like for you?'

**S:** Yes, and that's support.

**T:** That she would respond to.

**S:** Then she could listen?

**T:** Yes, you're right. She didn't hear it right away, but since I didn't give up, but repeated it, then she confirmed, yes, you're right, this is how it is.

**S:** What happened with her then?

**T:** I didn't look much at her directly (*leaning into the in-between*).

**S:** If you embody her?

**T:** (*moves over to her chair, rocking upper body, nodding*) She understands me. The first sentence that pops up is that, and then ... but it doesn't help, there's so much (*right arm moves as a wave from the chest and out*), there are so many things. This is also what happens when I asked.

**S:** This is how she rejects. It needs to be just one sentence at a time.

**T:** This is where I can stop her. Can we just work on one thing at a time? Do we agree that we'll work on this one thing? Yes, but then it starts again, there are so many things.

**S:** We can just do one thing at a time.

**T:** I can say that. It's like we need to calm the field (situation) down. If we do one thing at a time.

**S:** Then that one thing needs to land. It's something about practicing taking in. This is where the interventions will support and what you're really doing, to practice one thing at a time, in the communication. Do you hear what she says?

**T:** Yes, because I think I did that a couple of times with my chair towards him. Do you hear her? How is it for you? Well (*breathing*), it's nice (*softening*), but then (*voice metallic*) he can't give it any recognition.

**S:** They don't have that as part of their repertoire.

**T:** No, they don't. It emerged and she said, well, can't you just say that? Where he responded, no, this isn't something I could say. He's like a bit rough (masculine), he had sawed off a couple of fingers, and he's a bit insensitive with his skin. A real issue was that he was using snuff and it's disgusting. It was like she was a bit cruel, outing him ...

**S:** If you look at them in a meta-perspective. When it's that chaotic. Can you think about where they're coming from? Their ground? Their background?

**T:** Well, he has two deaf parents (*snapping her fingers*), so when I listened to the tape, shit, I could've held onto that.

**S:** This is part of the field. It's in there, as information. How did he develop his vocabulary (*pointing to the drawing*)? This is landing into the relationship.

**T:** Exactly. Yes, she knows something about that. He says, you know I can't say that, you know, because I haven't learned that. He has two deaf parents, so he basically hasn't learned anything, she says. Well, I have an uncle who is good at talking though, he says. So he's pushing against a little, but ...

**S:** So what happens then (*laughing*). It's a bit comical.

**T:** It was a bit humorous as well, the session. I was a little bit funny. I was influenced. They laughed. He did put his foot towards her, and it was also a good atmosphere, but there was too much throwing shit to the other.

**S:** If we would look at it as Marina says, we have to look at the functional in the dysfunctional.

**T:** Absolutely. Precisely.

**S:** I get goose bumps; there's something there.

**T:** Yes, in fact they do that. In short glimpses there is humour.

**S:** The flirting with the foot.

**T:** When I ask, what's the most important thing he does, or she does. Then they list all their common interests. This isn't what they don't want to lose, what they have together.

**S:** So this is the glue (*touches her heart, leaning towards the T*). So then they get in touch with what is here (*drawing on the intimate domain*). What they don't want to lose.

**T:** Yes, indeed. They have a cabin, skis, dogs, God knows what.

**S:** I'm drawing the intimate, autonomy. I'm thinking about that smile.

**T:** I did wonder whether they were briefly in that domain the furthest down.

**S:** The foot.

**T:** If we think about the model and Stern's being together, relation. When he doesn't succeed in articulating himself or when she's failing, just then they, the foot.

**S:** The flirting, I could feel it (*laughing, pulling towards with her arm and hand*).

**T:** This is exciting, but the communication, a total disaster!

**S:** That's somewhat exciting to explore, you have in fact information about all the domains in the model, and something about getting caught in the story and take it to ... but it's very ... a lot that happens (*laughing, hand to heart, leaning to the T*).

**T:** I said many strange things as well ...

**S:** Yes, but then you're a part of it (*moving the arm in a relational circle*), it's in the field.

**T:** Yes ... yes ...

**S:** You're also flirting, into the relation.

**T:** Yes, yes. Into the relationship, yes.

**S:** Then you're really supporting good form, for them. You support them in what they're good at. You meet them in that.

**T:** Yes.

**S:** I feel so engaged in this. We have leave it now, because we've spent enough time on this.



**T:** Yes. She comes from a family with shame, behave ... and he's from no man's land. I said maybe next time we can look at shame. She feels shame that she's not succeeding.

**S:** Involuntarily childless. Yes, there are some big topics. That we can appropriate in values. Look at how we have 'diagnosed' (*drawing on the board, reflecting the different domains and topics*). Now you can breathe.

### *Supervision after three sessions with the couple*

**T:** Oh my God, my two couples, they're so different, it's the extreme, the worst, they were there last night for the third session and I ...

**S:** The worst ...

**T:** They fight absolutely all the time, it's really horrible. I experience this very rarely but as they're part of the project, they want to stay in for five sessions, but usually a couple like this wouldn't have attended ...

**S:** They wouldn't have come back?

**T:** No, I think they would have given up and broken up. I asked them about that in fact last night.

**S:** Tell me a little about them, or what are you interested in with this couple, they just argue?

**T:** I become aware of how I, myself, I'll, can I look at the notes? I listened a bit to the tape, but I couldn't stand it, so I wrote down a few notes about what happened with me, and I work so hard in order for them to accept the other's reality in a way. I read Berg's article for instance, about acceptance, but there isn't anything they can't argue about and they're not able to let go of their expectations that their partner should be different, like she says in the article. I find this very interesting, and I notice that I get discouraged and I really try and try and try.

She, they've been together for six years and they've tried to have children together. He was sterilised, but reversed the operation, and they've really struggled. She's like, nothing is good enough.

**S:** Is this the couple with the childcare authorities and so on?

**T:** Yes, with his daughter and that's her fault that the daughter moved back with the mother. She blames him and he's just like (*arms out*), I've given up and I think he's given up on the relationship, it seems like that. She just bullies and she's a failure, she couldn't have children, she's put on weight, her body is awful, she's had a really disastrous upbringing, she was the neglected child, he uses too much snuff, it's gross, she doesn't handle the dogs, there's not one issue that, everything is wrong, he's at the cabin every weekend, he doesn't do anything, they sleep in different bedrooms, he's gone for weeks. I can't imagine how they'll be able to meet.

**S:** What do they want from therapy?

**T:** Want, good question! Communication for what it's worth! How they'll be able to understand each other, I can't understand, how they'll be able to meet. They don't do that, they're not even close!

**S:** No, it's an egotistical field! We talked about that the last time. Nothing in, same shit out.

**T:** Yes, and that was confirmed during the entire session last night as well. It was nice that you said that word (*talking hectically, voice tense, no yielding available*), I was thinking what the h\*\*\* is happening, but that's truly egotistical, nothing goes in. He closes off and she doesn't want to take anything in.

**S:** So they don't take in the therapy either, do they?

**T:** No, not really. They don't really do that. But they come back.

**S:** Yes, but it's possible that you could say something like, 'I don't really think this is working for you', because it really seems that you won't really take in any of this?

**T:** Yes, it's possible.

**S:** That's a forceful intervention, this is what occurs to me, because it's totally fixed.

**T:** It's totally fixed, in the lack of respect for the other. Even when I get him to say that I'm fond of you, but you're so angry and then why do you think I'm so angry.

**S:** And there they go again.

**T:** Yes.

**S:** Is it possible to draw for them? Have you done that?

**T:** No, I haven't done that.

**S:** Yes, because now I'll draw (*moving out of the S chair*).

**T:** Yes, I do a lot of psychoeducation, but I don't use a board.

**S:** (*drawing the dialogue model*) I can say something like, 'Couples come to therapy because they can't reach each other' and you're telling me about the arrows, and I'll say that the arrows are far beyond the other, they're

not even addressed to the other, and the therapeutic task is to establish the connection (contact). In order for this to happen, they have to want that to happen and this will be the check, 'Do you want to be here?' This is really putting that back to the couple. This is an intervention.

**T:** It's so obvious and I wonder why I haven't asked them that. When we were checking in last night, what's the status, everything is wrong and what do you say, I ask him, she's so angry, you're so angry.

**S:** Well, then, what's obvious is the fixation in the interlocking, but we can say that it's just the third session, regardless of what they're doing. What's important is what emerges and becomes figural in how they're doing it and how fixed it is. Then this becomes a figure for me, well, this is how it is. Do you want to try something new, or do you want to continue with this form?

**T:** I didn't address that so clearly last night, but I had it on my mind and I became very normative; you have to create a new pattern.

**S:** This is really what we're discussing right now.

**T:** I'm usually not that rigid as a therapist, but last night I became, this is not working, hello!

**S:** So, then you assume a high level of authority and that's domain four and really needed. Yes, it's a little funny, because I had a supervision session earlier today and do you remember my metaphor about this couple that I had, in the playground in the sandbox, the ones who were fighting about a broccoli? My broccoli couple.

**T:** I thought about that last night, this is a broccoli couple!

**S:** This is a broccoli couple (*laughing*).

**T:** Very much so!

**S:** Where they just shoot at each other, throwing sand with spades in the sandbox. They start (*whining*) and then you assume a high level of authority. I also think that this is respect for the profession in 'I don't want to be a part of this and continue with this throwing garbage on the other, because this isn't good form. Do they want to be part of exploring something new? If not, why should they spend time on this? This can be an intervention. They understand more of this if I draw, in this you assume a higher level of authority and I notice that right now, what's happening with me, don't waste my time. There's something about that you're also a human being who's a part of this and don't want to be.

**T:** It's dawning on me, what I called it normative, is really grading authority. I was thinking that this isn't working and asked do you really want to be together? Well, say something, she says and all he can say, and the only thing he's able to say is that she's so angry, I do get a lot of shit.

**S:** And he does.

**T:** Yes, and I think in some ways he also deserves it. He doesn't step up in any way.

**S:** Neither of them takes responsibility.

**T:** No, neither of them takes responsibility.

**S:** That's also here in domain four, response-ability.

**T:** Marina's article also addressed that, they don't take responsibility.

**S:** Response-ability and commitment, because in the commitment lies the question of whether they're supposed to be together. Here they're really nailed, that's to hold onto what is, this is the meta-position. You'll start the next session looking to see if something new is happening, most likely not.

**T:** They're coming next Monday, so they're working on it.

**S:** We can call it a paradoxical intervention, where we don't have to do more of what is overly clear, more of throwing shit at each other, they know more than enough about that. We have to introduce Staemmler's stagnation, or you have to introduce, another way of doing it. The question is whether they want to. I had an individual client, we were working, you know, and when he was about to leave (*arms up like very determined posture*), I really don't believe in anything you say! When this became a pattern, I took it into the therapeutic session addressing that no one benefits from therapy, if you really don't want to be there or if you don't want to take responsibility, I don't have a magic wand.

**T:** I've said that as well, I wish I had a magic wand, but I don't, I said that in the last session.

**S:** This is acknowledging the limits of your responsibilities, what they don't do. Which article by Berg are you referring to?

**T:** The one about Romeo and Juliet, the simple one.

**S:** That's the one with the therapeutic position and that?

**T:** In Daan's commemorative publication [*Gedenkschrift*]. The one about love and Romeo and Juliet. I brought it with me, because I keep reminding myself of Staemmler, not Staemmler but Stern, and I had a lot of time travelling today, so I was sitting.

**S:** Is it about awakening the heart?

**T:** Yes.

**S:** Yes, about having a loving attitude towards the couple, but you don't have a magic wand.

**T:** No, not a trace of it there. Every time I try to go over to him, I don't roll up close now during Covid, but I start by saying like what is your need and what do you want from her? Nothing, but she has to stop being so angry.

**S:** Jan Atle Andersen's communication rules, the first one, do you remember them?

**T:** A little, I have the book.

**S:** I have them written down, they're very practical, here comes psychoeducation.

**T:** It's just a matter of time before I give them the paper about giraffe language. I do that quite often with couples, I give them the four points: what happens, what emotions are coming up, how do I behave, and what is my wish.

**S:** Giraffe language?

**T:** Non-violent language by Rosenberg. It's an observation about what's happening right now, what kind of emotions are emerging in me, grief, anger, primary emotions, how does that bring about my behaviour, I want to leave, I want to hit, I want to cry, I want da da da ... and if you want me to do something else then you have to present the message, your wishes.

**S:** Jan Atle Andersen is more like speak for yourself.

**T:** Yes, because this couple projects.

**S:** They project.

**T:** They don't look inward at all.

**S:** No, they just put it out onto the other.

**T:** You and you, you're a piece of shit.

**S:** Then you stop that, using Andersen's dialogue, speak for yourself, don't say I feel that you, because that's another projection, but really to feel, and the question is whether they want to.

**T:** That's what started yesterday about her saying that he'd given up everything. He's given up on his daughter, given up on us. This is how she said it.

**S:** But he has! What's the function of that?

**T:** I don't understand why they want to be together, and I ask them. They answer that they have a lot in common.

**S:** This business about the cabins and all these things (*standing up again and walks towards the board*), what I can say is that I would make it clear about this and then I can say, well, we can look at what has to happen. This is psychoeducation in order to move on, when they're not reaching each other and how my task is to support the connection. What complicates this is that we have our creative adjustments that fall into the relational situation. So what are the creative adjustments? Well, we have done things to the best of our abilities based on our prerequisites. Then I have this beautiful story from a colleague, that I use to retell, about this man in his forties who came to therapy with her and what he wanted from therapy was to get a girlfriend. He came into the therapy room and hid behind the curtain. What the therapist thought of as a very weird behaviour. It emerged in therapy that he came from an alcoholic, violent family, so to make himself invisible was very creative during his childhood and to begin to be visible was very scary. So, you find your way of talking about creative adjustment, because when he gives up ...

**T:** Remember he's the one with the deaf parents and that's been an issue that I addressed in the last session. It's occurred to me, I said, that to be able to listen, when you say that you don't hear or don't listen, it's occurred to me that your parents are deaf. And she, she has had parents who dismissed her all the time and a father who was very authoritarian, her parents didn't see her.

**S:** So, there you know something about what affects the relationship, good, and in addition you have the couple's story that also affects the relationship now. Then we can only do one thing at a time (*touching her heart, voice softening*), and then my voice goes soft for them now. What I hear, deaf parents, he's not used to being seen or listened to, he doesn't know anything about that. He's the one who is a little macho; I remember now, a little macho northern type (*laughing at the stereotype*).

**T:** Yes, yes, a craftsman, using snuff and even the loose type, that's the big issue, that he's gross because of the snuff.

**S:** She's dismissing him, it's her creative adjustment, which is where she's coming from. How will she know about anything else then? She doesn't know about any other way.

**T:** No, she has not been seen. We've had some ...

**S:** She doesn't see her husband either, she's doing the same thing her parents did with her. I wonder if you'd said that, what would she say?

**T:** She would have said 'sure', because yesterday, regardless of how I intervened with or I got him to ask her, she said 'maybe', she didn't want to say what it was.

**S:** So where does she sit (*pointing to the triangular setup*)?

**T:** (*moving out of the S chair, standing in meta-position*) She sits, they sit in the same chairs, when you come into the room, he sits there (*pointing to the right of the T*) and she sits there (*to the left*). It's the third session, they don't switch seats.

**S:** Do they sit towards each other?

**T:** I've set up the chairs like this (*adjusting the chairs to unclear boundaries*), so they have the opportunity to talk to each other, but much of it goes this way (*pointing to the T*).

**S:** I wonder if you could sit being her. I wonder how she fixates, I'm curious about that. When she says 'sure', she doesn't take anything in, saying 'sure'.

**T:** No (*moving over and sit in her chair*) ahhh (*sinking in the chair, arms folded around herself, feet forward and bum is barely touching the seat almost falling off the chair, hollowing her chest, shoulders up, head slightly tilted down*) it's certainly like this. A lot like this (*moving out of her chair and to meta*). She cried during almost the entire session last time; she hasn't done that before. But that doesn't affect me, and not him, either.

**S:** If you sit down there (*in T chair*), what happens when she cries?

**T:** (*in T chair*) She just cries.

**S:** How is she crying?

**T:** Shall I be her (*moving out and over to her chair*)?

**T:** (*touching her face*) She just cries, like in the face crying and there's a stream of tears, and I wasn't supposed to cry today, I wasn't supposed to cry today, I'm so fed up, I'm so fed up with it and I shouldn't do it, everything's wrong, this is wrong, too.

**S:** Shame.

**T:** Yes, this is wrong.

**S:** Shame.

**T:** Yes, yes, yes (*moving out*).

**T:** (*towards T chair in meta*), but she doesn't take anything in ...

**S:** Neither do you. You're not affected.

**T:** No. Yes. No, I'm not moved, no (*sitting in the T chair, looking at S with a question on her face, legs in V-shape, yielding into the chair*).

**S:** By her, no. When you sit in the T chair, do you sit this close or further away?

**T:** (*moves the chair back*) I think that this is realistic, then I sit between the two of them (*sitting down, feet to ground, bound, little yielding available, like holding herself together, chest hollowing*).

**S:** She's crying and what happens with you?

**T:** (*folded hands in her lap, shoulders drawn in, little breathing, as if little yielding available*) My impulse says, 'she just has to keep doing that', and that's what he's (*pointing towards his chair*) doing as well.

**S:** Yes. And you feel (*movement of pulling together with her hands like a rope around the torso*).

**T:** (*eyes wide open looking, feet up from the ground, lifting even more from the chair, head to the middle, eyes to the left and at the same time withdrawing her right shoulder in a retreating sagittal movement*)

**S:** Oh, my, what's happening now?

**T:** My God (*arms out, body releases, more yielding available, looking up*) because I'm very, I thought until right now that I was mostly, there's really irritation in the field, I feel annoyed, he also feels annoyed, whereas she's probably feeling more disappointed, grief, that she's not understood and seen, he's not an ally, he's not on my team, she says all the time.

**S:** And now we see how you get fixed (*right hand in a fist*).

**T:** Yes, you can say that I'm moving in and out.

**S:** You're fixed together (*left hand indicating the triangular relationship*) and then I hear that something is happening with her. She cries all the time.



**T:** Yes, she cries all the time and in between she manages to cry out accusations, she continues to fight, she doesn't cry out loud, she just cries, the tears streaming, feeling sorry for herself and that nobody understands her crying. I think, maybe, right now I think, if this is the martyring cry, I really struggle with that, I really can't stand that (*laughing leaning forward in the chair and up, raising her head, feet lifted from ground*), I can't stand that, I don't want it.

**S:** Do you recognise that from your mother, or?

**T:** Yes.

**S:** (*leaning back laughing, clasping hands*)

**T:** So, I think (*looking over at her*), ok.

**S:** I can think, I had a client in therapy, and she cried continuously, I thought I would freak out of the manipulation. Then I realised it was trauma crying, outside the window of tolerance in hopelessness. That changed my attitude towards the manipulation, the crying.

**T:** But I try, at the same time as I go in and out of, I try and try, I think I have a black belt in: do you have to take all the blame, shame, guilt, responsibility? We work on that all the time (*listing up with her fingers, leaning in a sagittal forward*), I try to support her in that even if you're a well-qualified professional, it might be that you're not able to save the daughter. It's not certain that you can save her (*leaning forward towards her in a sagittal upper body, seat firmly seated in the chair*), then I'm softer.

**S:** I hear that.

**T:** It's not certain.

**S:** Wait a little, can you try to be her when you say these things. What happens with you then.

**T:** (*moves to her chair*) Right now, I feel unsure, like me, I feel unsure, I'd thought of starting this tirade of my education, child care authorities, she's supposed to have a party and I even (*raising the voice very loud*) planned to call the school to tell them that she couldn't go to celebration parties because she hasn't fulfilled her academic credentials, it's against the law, and my pupil wasn't allowed to go to parties, something like that, and then suddenly (*voice goes soft, body widens in the chair, more yielding into, arms go in opposite directions in and out*), maybe I'm not able to save her. She's shuttling between the tirade and ...

**S:** Yes, but she reaches for you (*pointing at T*).

**T:** Well, maybe, that might be.

**S:** (*nodding, confirming*)

**T:** I don't think I'm able to be that aware with this couple, really (*stands up from chair*).

**S:** Now it's supervision.

**T:** I don't remember if I did reach her, I can listen to the tape again, I just remember that she cried. If there's something I said, like I understand it's difficult for you.

**S:** (*rises up and holds her left hand high like a meta-perspective*) This is what's happening, we look at it in a meta-perspective. What we see when you embody it, is that when you're mild, soft, because that's what's happening here ...

**T:** Yes ...

**S:** ... that's a way that you can put an end to it, because then something is taken in. To me it sounds like there's something that releases a bit.

**T:** Yes, but it's so brief.

**S:** Well, well.

**T:** It's like that (*push, pull movement*) all the time, and he smiles a little.

**S:** When you manage to hold her a little?

**T:** Yes, and then I tried to follow up with him saying don't you see that this is difficult for her and then he becomes a bit uncertain and then he starts in with she's just ...

**S:** (*moving to the whiteboard*) Look at this.

**T:** He gave up his daughter two years ago.

**S:** Yes, I hear that, but I think about this model about trauma with the trauma, the survival strategy and the healthy part? This model is from trauma/family constellations therapy by Hellinger.

**T:** I think E. S. teaches this a little bit.

**S:** Yes, she does. When they become uncertain, you're contacting the healthy part.

**T:** Yes.

**S:** They come out of their defensive strategy, which is their co-creation, throwing at each other, and in a nano-second they can sustain something new.

**T:** That's interesting.

**S:** It's where you're softening and where you reach them. That's ... the window of tolerance is so small (*indicating a very narrow window*).

**T:** That occurred to me last night, that she should have been in individual therapy or what I really think is that they can't be together.

**S:** That's not your work.

**T:** No, I'm aware of that.

**S:** My perspective is that there can be a lot of healing potential in this. Maybe you become impatient, as you say now, but when we look at it from a meta-perspective, when we grasp what's going on under the surface.

**T:** I'm uncertain really, if it was like she understood and he didn't, because he's quite simple, but he's not, he's not ready to give up if there were no possibility to expand awareness, but there isn't, but he's given up, he has.

**S:** Both of them are really going to hopelessness, that can imply that they're outside the window of tolerance.

**T:** Ok.

**S:** Like, this is an impossible project. Then I have another colleague, he's from psychosynthesis I think, and he says that the secret lies in the movement. When you see a tiny bit of softening, which is what Lynda Osborne also says, always look for the softening, where is the softening. You become soft here (*showing the movement between T and the female partner*) and you embodied it and realised that you were actually reaching her. It's not that it's isolated. You were allowed in. She's so shameful, the wrong one and projects it over to him and she says something about it as well. Poor thing.

**T:** Then there's a lot, when she's saying, I couldn't hear the whole tape last night.

**S:** You don't have to do that.

**T:** But really, because he, if I can be him?

**S:** Sure.

**T:** (*his chair, feet lifted, toes barely reach the ground, seated firmly in the chair, face towards her*) Can't you just let it be, I gave up a long time ago, two years, I've given up the whole project. We'll just leave it.

**S:** How is it to sit there now? Looking at her?

**T:** I think this is my form of solidarity.

**S:** You're very clear when you sit there.

**T:** Don't worry that much. You don't have to. I've been married to that disaster as well.

**T:** And then (*fingers snap, moves over to her chair, arms folding in front of the chest, voice loud*): How is it possible, then it happens again.

**S:** Then that's wrong as well.

**T:** (*moves back to his chair*) Even if he were able to send off some support, relax, you don't have to save her, she's my daughter, this is ok (*leaning towards her, right arm reaches out*) no, we can start living, we don't have to talk that much (*looks at S*). She doesn't grasp it. Even when he says that he's been married, she could have said, great that you realise that, but she can't do that.

**S:** But are you able to put her on hold?

**T:** No.

**S:** Then I get very strict. I assume a high level of authority.

**T:** I think ...

**S:** What I wonder then is if you can manage to say 'Hold on now', move over to her, try and see, what do you see?

**T:** Twice I thought that I could have intervened, stopped and said now, this is too much, but I didn't.

**S:** No, no, but this is why you come to supervision!

**T:** Yes, it's not that I find it embarrassing, but I didn't, but that's not that important. I imagine that there's some support from him, but when he tries it only fires back. He's just an idiot.

**S:** This is where she's coming from.

**T:** Yes, she's the wrong one. He comes from, he's from nothing, not even wrong (*arms out*), his parents are deaf and he's like a happy-go-lucky, going under the radar all the time. He doesn't have any trauma, I don't think, with regard to being good or bad.

**S:** No, it's more the absence.

**T:** He's been married to this woman and the daughter, so he has had his share as well, but during his childhood he has, he's been a happy kid, and he has this cool uncle.

**S:** Does he have a good relationship with his parents?

**T:** I don't remember if they're still alive, well, yes, they are and he helps them out, and he has this uncle who is 17 years his senior and they've been buddies. He's been single and they have a sense of humour that she can't tolerate and the uncle criticises her, then he gets ... But do you think it's egotism? Yes.

**S:** I can think as a defence strategy.

**T:** What can it be, I wonder.

**S:** We don't have to think that much. There's something happening there.

**T:** Yes.

**S:** It's fixed, it's demanding and I see that you're softening.

**T:** Mmmm. I become interested and curious as well. I'm good at sustaining, I'm well-conditioned as a therapist (*laughing*). I don't withdraw, I'm really lean forward.

**S:** Yes, and it's like I experience you quite differently now than after the first session. It's much more being with and less doing.

**T:** I think that as well, because I dreaded it a little, I'm surely not good enough, and I brought this with me the last time and I didn't understand what this was about, before you said that your job is to understand the couples and not whether I was a good or bad supervisee.

**S:** That was never an issue in fact.

**T:** No, but they was my fantasies about being ‘wrong’ so to speak and now I can even listen to the tapes. Like yesterday, and today I was thinking should I listen, and I was thinking, jeez, I wrote fixation, all this, and there isn’t any more to present today, this is where we’re at.

**S:** Yes, and what we’re exploring are the potential possibilities to create movement in the fixed relationship. When we take the meta-perspective, we see how you can soften, what happened when you were soft with her and that she can tolerate so little insecurity. This is where you can support her by coming in with how does it feel now, I feel that, because that will not ignite her in the same way as it ignites between the two of them. That’s the potential with individual interventions, but within the couple. I wouldn’t think about any individual therapy for her, the field is far too insecure to recommend that, she would be at fault again.

**T:** Yes.

**S:** You can do a lot of work with her being insecure and with him. What happens with him when he becomes insecure?

**T:** But, in the last session I have good notes, but in this session he was more or less shut off.

**S:** Shut off, then it’s not possible, right?

**T:** Maybe that was why she cried so much as well, because he didn’t respond to her anger. Look she’s so angry (*making a face*) and looking at me (*the T*), dismissing. One episode that he returns to, she came home one afternoon, and she was so furious and I told her to go out and come in again and she said something like ‘fuck off’, and he said I just said that she could come in again, a second chance, what could you do instead I asked, I don’t know (*arms out*).

**S:** So, he practices his repertoire. That’s where the humour comes in, can we play together, can we be creative? What do you imagine would work?

**T:** But now she thought of it like he was mocking her, it made her start again.

**S:** I know this might be a good idea. I practiced it myself, walking into the bedroom before going into the living room, I was so frustrated about all the shoes in the hallway, so instead of snapping about that I had to give myself a little breathing out after a long day at work before walking in, so this is what I see as introducing a new form.

**T:** Yes, I think he was proud, because he said it twice, to get some acknowledgement from me in that it was a smart move. When she was so pissed off, she could try to come in again and try again, but it didn’t work.

**S:** How was it for her then?

**T:** I don't know, because I didn't look at her.

**S:** So, an intervention could be, how is this for you?

**T:** As simple as that.

**S:** With the softness, the soft, soft.

**T:** When he actually tries, how is this for you?

**S:** When you hear him now, what happens with you then? I hear the softness emerging.

**T:** Yes, I think so.

**S:** I hear that, it comes automatically between the two of us right now. So can we look at it as from the fixed to the softness? Don't you think that can be a good enough working hypothesis for you?

**T:** Try the soft, yes.

**S:** When you're aware of the softness in you, it's there underneath. It's the relational potential. The softness, the insecurity. What happens with you now then?

**T:** I become thoughtful, and I think it's a pity that rolling back and forth isn't possible (*due to Covid*), because I would have come up close to her (*rolling her chair up to her*) and I would have peeked at him and (*with a whisper*) do you hear what he's saying. Right, but it's limiting. You can consider wearing a mask. Well, now the number of infections is increasing again.

**S:** You're not vaccinated yet.

**T:** No. It's been delayed.

**S:** Well (*moving her fingers like touching soft tissue*).

**T:** I believe in the effect of this kind of support and really with this couple. I'm a bit unsure I've tried in the first session to be closer to him, I think, but it didn't have that much of an effect as I think it will have with her.

**S:** Just put away everything you know about this couple, really. Every session is a new session, but you have a potential if it becomes that fixed in assuming a high level of authority and also the softness. It sounds like the

two of them don't belong together, but at the same time it does and it's there already, if not it wouldn't emerge here.

**T:** They do a lot of telling stories about other couples, I'm educational, I share, we're fooling around a bit, so there is also vivacity in the room.

**S:** Do you know anything about what will happen after five sessions? Have they said anything?

**T:** No. Maybe I should mention that in the next session, the fourth session next Monday?

**S:** Yes, towards the end of the fourth session, even if you succeed with the softening, they can think about it before the fifth session if they want to continue. That's possible, in supporting what's emerging. I also think that a task at home for them could be to be soft together and all about critique and hopelessness they have to put away, if not they won't arrive at anything new. So if they want to risk the novel, they have to opt for that. The co-creation becomes even clearer. I think it's easier, even though it's so dysfunctional, when you know where they're coming from and what they bring with them, the hopelessness, the hypo-activation, which means that the relationship isn't over, but it's a response, then it's so much easier to be able to sustain being with. We really become aware of what's working here.

If you have individual clients. How much hope do you have after three sessions (*laughing*)?

**T:** Yes, but I don't have that many individual clients.

**S:** You have mostly couples?

**T:** Yes, there's something about the dynamic.

**S:** I have had a lot of individual clients and I think after one year I feel that something is moving, it takes a year, many sessions, before I see the new creative adjustment. Or if we can think of the four years of training at the NGI, where it takes four years to embody the phenomenological attitude. So three sessions isn't that many. What happens with you now?

**T:** I just think that many couples quit after three sessions. It's up to them.

**S:** I also think that with experience I've become better at holding onto them, make them commit and acknowledge what they're really doing. This is also here, the love for the couple in that they could sustain this much insecurity, because that emerged here. He also showed how he's contacting her and his support, when you embodied him.

**T:** Yes, he's trying. He asked, but then she just ahh ... sure ... she gives nothing.



**S:** Yes, and she needs to become aware of that, for instance by, when you're dismissing him now ...

**T:** I've listened to the recording, she gives nothing, if he doesn't understand anything. It's hopeless.

**S:** She's not risking, to be vulnerable. She stops him out there. Do you want to risk allowing him a bit further in? That's exciting. Do you want to?

**T:** I don't think she would do that.

**S:** In that you can intervene, I'm so scared of being wounded, hurt, grief, then he'll have more of an understanding.

**T:** Yes, she's holding onto or the act of triumph is that she wasn't able to have her own children.

**S:** She pulls the trigger, and she also has to stop doing that.

**T:** He's even done all that he could for her, in that she could have a child, but it wasn't enough. Ok. If we think about the GMoD and this couple, they're not nearly at core values and talking about values. They're just on top, the fourth domain?

**S:** Well, how I think about it is that there's the dialogue, values, well I think there's something at stake for her. I was curious about her values, when he's given up, there's something at stake. But that's not figural. What becomes figural is the co-creation in how they latch on. This is what I was drawing before, how he gives up, the window of tolerance and deaf parents and how she's overriding him. That's interesting, where she's coming from and at the same time, how she's wrong, high on shame and that's, you see the shame and talk about it and to me you're actually touching on intimacy for a brief moment. That's where they become insecure, where you become soft, we get a taste of that. This is why I call this the growing edge. To be able to sustain that, there's a lot above, but he, he's taking a risk when he approaches her (*hand to heart*) by can you just give it up? There he's autonomous.

**T:** But she just takes it as a critique.

**S:** That's because she listens with those ears, which hear only that, that's her trauma, and she has to risk the novel. That's what's implicit in what I say when I say that I see you're softening, you're leaning forward. I think when you get annoyed you get stuck, you're stuck in fixation. But when you're able to get out of it and you become soft and we could see how it landed in her, how she became insecure. Then you're in the being with. Then she could risk taking you in. That was very scary, and she bounces back up and this is where you can support with individual interventions, to support more of. So in fact we have all the different levels present.

What becomes figural is how it becomes fixed and then we look at the potential for movement, then we're in fact all the way down. You do the being with—with them.

**T:** In brief moments, yes, they can talk about sex and the lack of sex, body.

**S:** To see that she softens, this is more of the non-verbal to be, in the yielding with. I see the softening, the yielding with. It's when you become softer in your chair, soft in your heart, moving towards her and she, the intervention is that you can see that it's received. I was very curious about how she was able to take you in, and she did and that's good news.

**T:** Mmmm, but it was so chaotic, so I think I didn't notice it particularly, no.

### T3: The Arabian Horse

*Supervision after the first session with the couple.*

**T3:** *(moving over at once, sitting down in the T chair, yielding in the chair, wide legs apart in a V, horizontal, feet grounded, slight sagittal bend in upper body, leaning into – yielding into the situation, left hand raised to chin, slight smile, right hand with a grasp leaning onto right thigh).* To begin with I ask about the names, I wonder who is who, because they have unknown names to me *(both arms moving out in a reach towards both of them, then rubbing her thighs with both hands parallel, a strong push in the upper body, less yielding available).*

**S:** Ok. Foreign names? *(moving over at the side of the T chair)*

**T:** Yes, they're from the Middle East, and they have this language as their common mother tongue.

**S:** Ok, is it a woman and a man or ...?

**T:** It's a woman and a man around 60, she's five years older than him I believe.

**S:** I just wondered, since you didn't know about the names, it could be something around their sexes, but here it's a usual couple if we can say that nowadays. So you check out their names.

**T:** Mmm *(arms in the middle, like a small collapse, hanging down)* ... I became very thoughtful together with them.

**S:** *(moving over to sit next to T)* I notice how I become very curious about what happens with you.

**T:** I became very thoughtful, and slow, and I've listened to the tape, and I wait incredibly long before I intervene before I say or do something *(nodding her head as if confirming to herself).*

**S:** When you're here checking their names, what do you notice about yourself?

**T:** *(left arm raises to the chin, index finger rubs her right cheek and left thumb a push for support under the left cheek, head positioned in the in-between, eyes moving back and forth from the woman to the man quite quickly)* hmmm... I become careful (wary), I am afraid I will pronounce their names wrong, I am checking with them if I pronounce them correctly, I am afraid I will mix up their names *(left hand is now in front of the chest, moving like playing on strings, upper body moves in sagittal and then retreats to middle mode, strong push).*

**S:** I notice you're sitting a bit forward in your chair. So you become careful?

**T:** Hmmm *(arms back in a collapse in between legs, left hand grasping onto the right).*

**S:** You become careful, very careful, and you become afraid, a little afraid of doing something wrong *(a slight sigh),* yes.

**T:** Mmmm ... *(breathing, rocking her upper body, left hand moves up in a horizontal in front of her body)* and I become aware that I need to have enough distance *(drawing her chair backwards),* about Covid, two metres *(laughing)* and *(breathing deeply)* hmmm ... then he asks what we're supposed to find out in the research *(left hand grasping on the chest).*

**S:** So this is the first thing he asks you, or?

**T:** (*looks at S, smiles and nods*) hmm (*looking over to his chair on the left side without moving the head*) and I answer to the best of my ability as to how I've understood it. I check with him if it makes sense, and yes, he confirms it makes sense (*nods her head, left hand moves back and forth still in a horizontal in front of her chest*).

**S:** Do you know what happens with him? You can move over and embody him?

**T:** (*raises and sits down in his chair*).

**S:** And don't know if you need.

**T:** Yes (*sighs. Right leg crossed over the left leg. Left foot on the ground, arms crossed in front*). What is this? (*strong push in the voice*) It's my wife who is a therapist and I've said yes to do this, but what is this? Yes, yes, ok. What is this about. Ok. So, it's a new theory. Ok. Is she capable of knowing what she's supposed to, I wonder? Ok.

**S:** What do you become aware of?

**T:** I notice how I hold my breath, and I hold myself here (*arms crossed in front of the stomach*), protecting myself a little, and I'm a skeptical.

**S:** I can see that you're wrinkling your forehead, your brows.

**T:** Yes, there is too much sun in my eyes, the light in here is blinding. So there's light right on my face. I tell her that.

**T:** (*moving to her chair, arms crossed in front of her chest, hollowing her upper body, head tilted down, looking down, right leg over her left leg, voice sweet*) I've been curious, maybe we could make it a bit better together, with the communication. But then it was such a long wait (*sighs, releasing the bind, arms fall down in her lap, a small grasp in both hands, hands in collapse, face drawn, eyes closed, shaking head, voice more push*); I didn't have the heart to cancel. I've been really nervous (*arms holding around herself, then with a push clasping her thighs, voice yielding and then pushing more fiercely*), but then it isn't my responsibility to make sure there's progression in this, so then it calmed a little (*voice reduces, looking towards the T, biting her lip, looks down*).

**S:** Are you looking at the T then, or?

**T:** I'm not looking much at her.

**S:** Are you looking at your husband?

**T:** I'm not looking much at him either (*pointing with the left arm towards his chair*). I'm embarrassed (*nodding*).

**S:** So, you think this is embarrassing?

**T:** Yes (*nodding*). She says (*touching her chest with her left arm*). I think it's embarrassing and artificial with a third person present. It feels like I'm learning to walk (*hand to hollowed chest, sinking in her torso, retreating sagittal, looking up towards T, voice soft, sucking her lower lip*).

**S:** And you're a therapist yourself?

**T:** Yes, I've studied, but I don't have clients. (*moves out of the chair*)

**S:** Ok.

**T:** (*T chair*) I notice I hold my breath together with them. I notice I hold my breath and I soften here (*touches her chest*). It's easy for me to feel compassionate towards them.

**S:** This you notice, your compassion towards them?

**T:** Yes (*long pause, breathing*).

**S:** They want to get help in order to communicate better?

**T:** Yes, and then I ask them to sit together ... And then I see that now, it was far too soon ...

**S:** Ok.

**T:** (*laughs*).

**S:** What happens? Do you want to put them together and see what happens?

**T:** Then what happens is that they don't want to put their chairs together.

**S:** No. No.

**T:** I say, it's too soon.

**S:** That's what you say.

**T:** Hmm.

**S:** Ok.

**T:** This is what happens first. Then I ask them to talk together anyway, with chair like this (*facing T*) about what they want to get out of therapy.

(*moves over to his chair, arms folded in front of the chest, shaking his head, looking down*) Now, you ask us what we're not able to do (*shoulder goes up and down once*). We've never talked about anything else than where we should travel, who is picking up the kids, what we're having for dinner, we can't do that (*shoulders move up and down again, looking down, face towards the T*).

(*moves over to her chair slowly, right leg over the left, stroking her hair, looking down, head tilted down, body heavy hollowing the chest, arms folded in the lap*). That's true, we haven't. I would like to look at, hmmm, (*touching her chest briefly, then caressing her right hand with left*) sometimes, I withdraw, I don't ask him about certain things, for instance, hmmm, I'm really concerned about the neighbours, and I wonder if I should call the

local authorities and complain, but I'm afraid of how he'll respond, I don't think he'll approve of that. But other times, I withdraw because I know it doesn't have anything to do with him, it's mine. I would like to look at when I withdraw and when I share. Hmmm.

*(moves over to T spontaneously, 'running over')* It's a little bit frightening to sit there.

**S:** So it's a little bit frightening to sit there?

**T:** Hmmm ...

**S:** Remember to breathe ...

**T:** I got a little knocked out about how this is the first time they're talking to each other about the couple, their couple, in this situation, I didn't see that coming. I became thoughtful, retroflecting, I think a lot, to frame the interventions and when to intervene.

**S:** Yes.

**T:** Hmm.

**S:** And you look at them ...

**T:** Yes ...

**S:** And feel compassionate towards them, or ...

**T:** Yes ...

**S:** Do you know what that impulse is?

**T:** *(very low voice)* ... I don't ...

**S:** You don't necessarily know ...

**T:** I just notice how I get careful about doing something and saying something.

**S:** Yes.

**T:** *(laughing a little)* Unusually careful for me.

**S:** Yes.

**T:** I'm usually not afraid of saying too much, really, but here, I'm withdrawing.

**S:** So, if you just move out of your T chair now, and think about the essence of this session for you. What will the essence be, the figure, the summing up?

**T:** Hmmm ...

**S:** It might be that you need my support in that ...

**T:** Well, what happens is that there's a sharing, between the two of them.

**S:** Between the two of them, when they're facing you, but talking to each other?

**T:** They're actually talking to each other, in small sequences. What emerges is that he talks about his upbringing and a lot of embarrassment, he talks about shame that his father was outspoken to everyone, to officials, and he found that very shameful and uncomfortable. She knew something about this, but she wasn't aware of how this was triggered when she wanted to notify the local authorities, and she expresses how she got a broader understanding when he was sharing.

**S:** What happens with him then? You can move over to his chair. When she gets more of an understanding?

**T:** *(moves over to his chair, left arm moves up towards the chest in a small reaching and grasping movement, right arm in a push held over the right leg, body in a middle mode, eyes open, face yielding and soft look in eyes that are open, somewhat withdrawn).* Hmmmm, it feels good.

**S:** How do you feel that?

**T:** I feel my back towards the chair *(sensing with her left hand, leaning forward in a sagittal and then backwards again, hands falls down more persistent to the lap)*. I feel that I'm not holding *(arms raise into twisted arms, holding and pushing against the diaphragm)* that hard any longer, I sit more like this *(arms fall down again)*. I can feel my feet on the ground and I can look a little bit at her *(the wife)* on the side, and a little bit at her *(T)*. A little bit.

**S:** So, you can look a little bit at both. So you regulate.

**T:** Yes ...

**S:** And what happens with her?

**T:** *(moves over to her chair)* Oiii, hmmm, ehhh *(looking down, stroking her chest with left hand flat, voice soft)*, I did know about your father, but, hmmm, but I haven't connected that with the trigger when I notice for instance the local authorities, ehhh, yes ... ok ... I notice that I could release the tension in my bum, I could feel my seat much more, before I was tense sitting more like *(showing a strong push in the upper body, to a release, yielding into the chair)*, now I can breathe too. *(reaching for him with her right arm, a small grasp in the fingers)* I can look at him a little, a little bit, and then away *(looks up a small moment, breathes, sighs)*. Ok *(soft voice)*.

*(moves over to T)*. So, I sense, the word embarrassment is used, and I think we're work with shame, to do the steps and it's shameful with a third party present, it was shameful when my father did that and my impulse is to share from my own life. I share that ohh, it makes me think about my father, hmmm, Latino, Norwegian, but with black hair, black eyes, Latino temperament and gave in to whomever. I, as a little girl, was so embarrassed, of that man ... ehhh ...

**S:** What happens with him then?

**T:** *(moves over to his chair)*. Then I see his eyes *(moves back to T chair)* Like, there I catch his glance. I hear him say 'then you know exactly how it is!'

**S:** I get curious about how that is for him, to be met by the therapist?

**T:** (*moves swiftly to his chair, touching his chin with the left, flat hand, fingers straight, somewhat astonished face*) yeah, then you know exactly how it is! (*nodding his head, looking at the therapist, left hand moves down to the chest, barely touching with fingers, small grasping gesture, deep breathing in and out, more yielding available*). Then I can breathe (*breathing again*).

**S:** So what happens, can you feel any emotions?

**T:** (*left hand to the throat*) There's something sad.

**S:** I could feel some tears ...

**T:** Yes, so do I (*nodding, looking up at S who stands beside*). My throat is sad.

**S:** Breathe, and you did breathe, and you saw the T.

**T:** Yes (*nodding*).

**S:** What do you see when you see her?

**T:** (*hands down in the lap, head tilts a little to the left, nodding*) I'm interested.

**S:** So, you become interested.

**T:** Yes (*smiles and laughs loud and long*).

**S:** You're not that critical anymore?

**T:** No, a little less (*still smiling*).

**S:** Ok. If you move out of the chair. What happens with you?

**T:** I become aware of how tense and insecure the therapeutic situation is to start with (*sighs*). Really a high level of fear and shame, anxiety about doing the wrong thing (*sighs*). And there's more yielding available after a while (*sighs*).

**S:** Yes, we hear that. They breathe out, both of them. You, the therapist, sit more into your chair, feeling your seat and they could both sit more comfortably in their chairs and feel the chair.

**T:** Yes, at the onset being him I almost sat above the chair.

**S:** If you just breathe a little bit, we can analyse together?

You're already doing that.

I really need to breathe as well.

**T:** Yes.

**S:** I feel I really need to breathe as well (*moving over to the whiteboard*).

If we look at the different domains—the therapeutic relationship, high on fear, you said, careful, critical, very critical and afraid (*pointing towards her*). He checks out with you and settles a little bit more. They say



something about their request that they want to communicate better. When you ask them to sit together, about why they're here, and they can't do that, they've never done that ...

**T:** No. They've never done that.

**S:** So emotional intimacy they have little experience with obviously, that's here (*drawing on the first domain*), and we see that they're capable of that when he shares about his father, you send it over to her, she's understanding and there's a moment of meeting, a full contacting and also in the therapeutic alliance, when you share, or better, the therapeutic relationship, when you share from your life, you understand, and the two of you (*pointing at him*) are also here in a full contacting. So it's there.

**T:** It's there in small incidents.

**S:** So this is the working hypothesis really then.

**T:** Yes.

**S:** So, I wonder ... They have always talked well about vacations and the like.

**T:** Yes, because it's also that, I checked that out, this is something you're good at?

**S:** Yes.

**T:** Yes, they're, they agree on that, they do well when they organise things about the children making dinner in turns, the practical aspects ... I tried to frame this as good form, what they do well. (*laughing*) Yes ...

Well, I don't know if I should return to that, but he doesn't like that when I frame things.

**S:** So, he becomes critical again ...

**T:** Yes.

**S:** Ok. He isn't so good at going with (confluence)?

**T:** No ... it's difficult.

**S:** So, yielding with is what he needs to do.

**T:** No ... I have so many disappointments in life ... it doesn't support me that we're doing things well, when I'm so stupid (*the T*) to say something about how many couples struggle, what they're good at ... well, that doesn't support him.

**S:** He doesn't buy into that, he's fixed in the critical, then he attends to the critical, if we look at the co-creation he goes to the critical, a little bit hostile or ...?

**T:** It could always be worse, he says, but that doesn't help me. It could always be worse.

**S:** What happens with her then?

**T:** She gets frustrated and tired when he brings up these things. It doesn't help her.

S: So, he rejects her. He rejects.

T: Yes, he rejects. He rejects her and rejects ... and then he can be with a little bit.

S: This, you know, always look at the softening. This is the softening.

T: Yes.

S: I'm curious as to whether he will be able to sustain therapy.

T: I thought about what you said ... I was totally knackered afterwards ... never work harder than your clients.

S: I guess they're working quite hard to come to therapy.

T: Right ...

S: It says something the high level of fear activation, and despite that you succeed in breathing yourselves down in the yielding with, being with. Then that mobilisation rises again, due to the fear of yielding into, which is scary when you're not used to being received. You were totally knackered afterwards (*compassionate towards T*). I understand that.

T: Yes ... This was therapeutically demanding.

S: (*shaking arms, breathing, releasing from*) Ok. Is there something more you need now? I think you have the working hypothesis, you're practising good form, you support them, and the grading is there, where you're really careful, or careful, this is really important when you're talking about the fourth domain. You become slow, that's good, you breathe, they breathe, and it's really about sustaining them and feeling compassionate towards them. This is resonating, you can feel that you get warm. I'm glad, this is good form, and you're able to be with the critical, it's very demanding.

T: Yes, and is this enough? It comes up.

S: It's there as well ... To sustain, sustain ... It's more about sustaining than supporting ...

T: To sustain being with this, yes.

S: Yes, to sustain being with.

T: I just felt afterwards, ohhh, I get the support from S to be able to be with this.

S: Yes, fine.

T: I feel I sustain it—and it's demanding.

S: Yes, I understand. You need time to regulate, to breathe and support yourself in this, and to do good things for yourself in the post-contacting and it might be different in the next session. It will be interesting to see if they continue therapy, how much they sustain, and they might not talk about the therapy at home ...

T: No.

**S:** If so, it might be critical. It might be a good idea, to leave the critical, that they're not to talk about the therapy between the sessions. This will be interesting, if they can or if he can (*arm moving in-between in the dynamic circle*) allow himself and her as well.

**T:** If we think about contact form—at the onset, I think about deflection, the place, the sun, I need, and I work to hold onto, I bring back. On the tape I notice how I work delicately to hold onto, as one of the contact forms. Retroflection, as well, shall I share or not, as she does, what to share, and she shares that she sits with that.

**S:** That's when the entire (*movement of the dynamic infinity*) situation, this initiates this and they succeed in meeting one another, in the intimate, in the trauma triggering ...

**T:** Yes (*whispering*) ...

**S:** He talks about his trauma, and you share from yours.

**T:** Hmmm.

**S:** There is a lot of healing in this I think, and I'm curious if he will sustain that, as he's had so many disappointments. It's better to abandon than to be abandoned.

**T:** It gives me goose bumps all over. He says that life has given him so many disappointments; it didn't become what it was supposed to be.

**S:** Hopeless (*signifying with the arm below the window of tolerance*).

**T:** Hmm.

**S:** Wow. It will be interesting to see. Well, shake it off ...

*Supervision after three sessions with the couple.*

**T3:** I'm excited for supervision. I'll start with couple 1. That has been a challenge.

**S:** Have they seen you three times?

**T:** Yes, I've seen them three times and twice since the last time I was here.

**S:** It has been a challenge. Do you want to look at them there (*at the set up*) or do you want to talk yourself into them from here (*in the supervision/supervisee chairs*)?

**T:** I can say that ... eh ... eh ... that I become activated having to produce and to be criticised.

**S:** This is the foreign couple?

**T:** Yes.

**S:** About the sun and the wind, wasn't it?

**T:** Yes, and it was the clock and it occurred to me very quickly that I was saying hello to my story in terms of me and my father. I asked for additional supervision with my supervisor.

**S:** Because then you're working with your parallel process?

**T:** Yes, in order to be able to bracket off and to see clearer and that was really helpful.

**S:** I am glad that you asked for support.

**T:** Yes, I did that after the first session (*supervision*) and then I could, or after the second.

**S:** So, after the second session of therapy, you became really aware of the parallel process and how this activated you in relation to your own story. You had extra supervision. Super.

**T:** Then I met them for the third session and the couple comments on how I was different, and it was like it was an easier atmosphere. I was less nervous and that impacted the field a lot, so that's a little background information before we look at it now.

**S:** And it's essential as to what's happening in the therapeutic relationship, it sounds almost like a paradox of change moment.

**T:** What was so fascinating is that in the supervision I got this image of him as a big Arabian horse, that couldn't be tamed ...

**S:** Will you embody him then? ...

**T:** (*moves over to triangular set up, standing beside*) Let me see, because they've been sitting in different places (*hands up at both sides of the torso, palms facing up, rocking back and forth in the horizontal*).

**S:** Ok, so they've changed seats, so in this way they're also wild.

**T:** Yes, yes, yes (*smiling at S and then smiling looking down*) I just have to find where he's sitting.

S: In the second session?

T: Yes (*moving over to the left chair and sitting down*).

S: So, you're a wild Arabian horse?

T: (*breathing, right leg crossed over left knee, left hand in front of mouth, looking down*) mmmm ... mmm ... (*rocking in the chair*).

S: What happens with you?

T: (*breathes*) Eh.....It's like I have to move there to say it (*moves out of the chair half way*) ...

S: Yes, yes ...

T: (*then sitting back down*) ... because, well, I can, I can, what's happening is that I said something from that chair when I was here the last time (*pointing at T chair*), and now it's coming up here (*pointing at his chair*). It's like he, shall I say he or I?

S: Or you can look at it in a meta-perspective, you might do that? You can stand up and look at the situation.

T: (*indecisive, rocking in chair*) emmm ...

S: What are you feeling there?

T: I feel sceptical, very slow and very thoughtful (*with a soft voice, left hand like a philosopher wondering*).

S: Aha ...

T: There's something I shared with the therapist, that ehhhh ... ehhhh ... ehhhh, I prefer to formulate myself in writing and things might stop for me when I formulate ... myself verbally.

S: He speaks Norwegian to you?

T: He speaks Norwegian, he's multilingual, he speaks many languages, I get this feeling (*turning head sharply to the left, away from the T, hands protective up, looking down*) mmmmm ... a little like this (*looking briefly at T*) and then I have her (*partner*) here (*looking briefly and down*) and ehhhh ... insecure and sceptical.

S: Then I get really curious about you as T...

T: (*moves over to T chair*)

S: ... when you say that you get the picture of ...

T: A large, big Arabian horse, that fills the entire room (*sitting in T chair, legs wide apart in a V, seat firmly placed in the chair, vertical*)

S: Yes. Ok.

T: Then he's telling about being at the doctor's and that in the journal it says that he's a problematic patient and that the doctor summons all the other doctors in the office, because he's so critical, demanding and I (*hands*

*move up in front, short movements before she touches/strokes her legs) puhhhhh ... get activated (stroking her thighs actively).*

**S:** (*noticing her heels lifted*) I notice how you're sitting, you might want to adjust and sit further down?

**T:** Yes (*adjusting the chair*) puhhh. This happened in the second session, I got activated and for the first time as a therapist, it was like the words stopped.

**S:** Yes, in you?

**T:** Yes.

**S:** Like a freeze?

**T:** Yes. Hmmm ... that frightened me really.

**S:** Yes. So what happened when the words stopped?

**T:** He challenged me to explain, in a way, to explain why Gestalt is supposed to work. Then I just sat there like a fool and couldn't find the words.

**S:** No, no.

**T:** Then his wife (*right arm reaches out to her at the right hand side*) took over, she knows about Gestalt, and she explained it so beautifully.

**S:** So she explained it directly to him (*arms moving in the in-between movement*), did they sit like this (*the triangular setup*)?

**T:** Mmmm (*nodding, smiling, hands folded inbetween the legs, in the V shape, firmly seating in the middle mode, yielding with and pushing against in the chair*).

**S:** So, in this meeting you simply freeze ...

**T:** Yes ...

**S:** and she explains ...

**T:** Yes ...

**S:** Then you go to your individual supervision about a parallel process. Then in the third session ... well, in the second session it was figural for you just to survive that session?

**T:** Yes.

**S:** Fine. I remember us having looked at that once before. Do you remember? That there was a parallel process in a workshop?

**T:** Yes, I remember that, that we practiced and then it happened here!

**S:** I'm happy about that, it says a lot about ... well, his doctor is crying ... and the rest of the company. It says something about how demanding this is. This situation.

**T:** *(back in the T chair, moving a little backwards, feet lifted and toes are touching the ground, retreating, legs not so wide apart, but still a small V, vertical)* So now I can feel myself better, I feel the core here *(left hand indicate solar plexus)* and I've gotten in touch with my inner Arabian horse, that I've been afraid of and that I got in touch with in the supervision, so I wrote that on a note that I carry with me in my left pocket.

**S:** How you can be critical?

**T:** Hmm and wild, forceful, spontaneous *(smiling and laughing at T)*.

**S:** Ha, ha, ha *(laughing with)*, but did you experience him as wild and spontaneous?

**T:** No, so this is ... eh ... eh ... but ... eh ... critical ... mmm ... eh ... well, yes, he's spontaneous ... in that ... it isn't important for him to stick to what we're talking about *(arms in the polar movement)*. He can start to criticise the clock, but he isn't spontaneous physically, but he sits there, but there's something unpredictable about him ... yes ... *(stroking her thighs)*.

**S:** And forceful. And critical.

**T:** He's forceful, tall, nice looking, stringy, strong, trains at a high level, a strong and great-looking guy.

**S:** So fine, there you also get hold of a projection! That you can take back and put on a note and keep in your pocket! Great!

**T:** It's fascinating because in the third session and she's about to explain something to him 'it's as if you were a horse', she says *(smiling at S)*.

**S:** *(nodding, touching her heart)*

**T:** She's also projecting the horse on him and hmmm ... mmmm ... my sense is that she's also afraid of him, as well.

**S:** *(still hand to hear and nodding)*

**T:** *(nodding)*

**S:** What happens with you when you say this?

**T:** I think that it's true, then she also talks about, in the third session, because there're many things happening in the family, they're stuck ...

**S:** You want to embody her *(indicating her chair)*?

**T:** *(moves over to her chair)* Yes ... *(hands to chin on both sides, holding herself, feet slightly touching the ground, looking down)* ohhh ... I really felt resistant coming today ... nothing's happening and ehh ... eh ... and ... *(contracts the breath?)*

**S:** Do you feel frightened when you sit there?

**T:** Yes (*looking at S, left hand touches the throat and right hand to heart*) and a hare's heart. I have my feet on the ground; but it feels like my legs aren't here. It's like (*looking up, smiling a little, shaking her head, holding her right hand around her diaphragm, left hand gesticulating, explaining*), I'm really good at pretending. It isn't that easy to spot that in me. I have this cool exterior, I look interested, but (*breathes slightly out*).

**S:** What do you see when you look at your husband?

**T:** (*left hand touches the chest, looking at him with head slightly bent down*) I know how he is (*catching breath with head moving slightly up and then down*) and he's coming, incredibly enough and I (*very soft, quiet voice*) and I feel a slight change since we started. I usually hold back and don't say what I think and mean. Then I said something after the second session, because I'm usually so afraid of the reaction and then it was like it was possible in a slightly different way (*both hands opening up in front of her body, slight grasp in the fingers, thoughtful expression in her face, more of a vertical position with her body and head*), but it was just a tiny bit (*fingers move to a tiny one centimetre between the index finger and thumb*) and I would need (*right hand holding around the diaphragm and left hand to throat*) a lot more (*nodding, breathing*).

**S:** Then you can support yourself, with your hand (*soft voice, yielding into*). How is the hare's heart now?

**T:** It feels good to say it while he sits here and listens. Even if I've said something about that it would be nice for me if he could just apologise sometimes, and talk in *I* and not *you*, but he doesn't want to, he doubts that. It's just nice to have said that it would be good. Yes (*moving out of the chair and breathes slightly*).

**T:** (*in T chair, sitting firmly in-between, legs tight together, hands holding slightly on both sides onto the chair*) What surprises me when I sit over there (*as her*) (*legs move in the V shape*), I'm much more able to sit there and take him in, then when I sit as him and look at her.

**S:** Yes.

**T:** So even if she's used to being afraid in a way (*legs move even further apart in the V*), that she's both that and takes him in at the same time (*stroking her thighs*).

**S:** And she softens a little bit?

**T:** (*touches with flat hands on the stomach and chest*) Yes, she does that. She, and this is how I (*moving flexibly with her body*) experience her when I'm working with them as well, that she gives of herself, she's giving into the source.

**S:** There you sit with the note in your pocket this time and you could feel yourself more grounded, you could feel yourself and your verticality.

**T:** Yes. It's an evident change, the whole (*breathing*) and it's like when I calm myself, he's calm as well (*sound of a horse when the horse stops*). It's like the wild horse (*hands move down on both sides*) (*breathes*), before I came into the third session, I was convinced that they wouldn't want to continue, because we've made appointments for three sessions. So, when I said that you have the option of two more sessions if you want to (*folding hands in front of her diaphragm*).



**S:** Was that at the end of the session?

**T3:** Yes, that was towards the end of the session. When they started to check in at the beginning (*hands opening up, palms upward with a slight grasp*), it was like, resistance, they don't want to be here and I didn't want to be there (*head shaking in a no*) but towards the end of the session I said they could think about it if you want to come for a fourth session and no! they didn't want to wait (*arms move out in reaching for and then grasping onto the left hand as they land in her lap between the legs still in the V, breathing out loudly*).

**S:** What happens with you then?

**T:** It resonates in that there is something that has happened, something has released and at the same time (*rubbing her hands on her thighs*) so we're to work more, indeed, and I get happy and I get heavy, because it's quite a difficult field.

**S:** I could feel my heart (*touching heart*).

**T:** (*left hand to heart, spontaneous movement towards S*) Yes!

**S:** I could really feel the softness in my heart towards the relationship.

**T:** (*turns towards the in-between of the couple, left hand still to heart*).

**S:** ... and really about the therapeutic situation..

**T:** Yes.

**S:** How I became soft. Wow. Because I can also feel dizzy.

**T:** Yes.

**S:** So it's almost overwhelmingly demanding, right.

**T:** (*yielding in her chair, hands folded with the small grasp in her lap between the wide V*) Yes, it is.

**S:** So, in that support, support, support, how to support yourself, that's almost what I was thinking about when you asked for individual supervision, did you consider at all to contact me?

**T:** Yes (*nodding and still looking in-between the couple*), yes (*laughing*) and ehh ... yes ... (*head bows down towards the couple*), when I got myself organised (*looking up at S*) and could talk about the couple, but it was like I couldn't talk about me ...

**S:** Exactly, it's at the boundary of what is really therapy material, but it is ....and all honers, it's even in the ethical notification in the contract that if you need additional support you have your own therapist and this and that, so in this I think this is gold. It's really gold.

**T:** But I think also that, I think I was ashamed (*looking at S*) in that I became so activated in my own process and there's shame in here as well (*arms moving towards the couple*).

**S:** Right, oh, yes.

**T:** In the first session they say that they have never talked together about themselves as a couple and she uses the words that it's like she's a child who's about to learn to walk and that it's so embarrassing. It's so embarrassing to have you as a witness. I think I felt shame towards you (*S*) (*touching her heart*), when I take my first steps as a couples therapist and I experience this immense parallel process.

**S:** Yes ... yes ... (*soft voice*) and even though you know me (*hand to heart*).

**T:** (*hand to heart*) Yes ... yes ... and it was also a coincidence that we had appointments and I was going to have supervision with my supervisor in my hometown and this emerged.

**S:** I'm happy for that. It sounds like you have had a really good supervision.

**T:** (*left hand to chin, then touching heart again and smiling broadly to S*) Yes. Yes!

**S:** Indeed, really. I just mention it because that could have been an option.

**T:** (*both hands to chin, holding herself*) It's so nice to hear. Yes. It's like where do the different things belong. It's introjection as well; I'm so attentive to wanting to get things right.

**S:** So, there are a lot of parallel processes going on.

**T:** (*rubbing her thighs*) Yes.

**S:** Shame and fear and fixation.

**T:** And doing something new (*hands hiding face and then down again rubbing*), in the walk of shame (*laughing*).

**S:** Walk of shame, yes, that's almost the name of this couple.

**T:** Yes.

**S:** Then something changes. I think about this 'always look for the softening', this softening where she's incredibly good at softening, you've been to supervision and soften and then it's like the entire field changes, and they want to come back for a fourth session. I wonder how it is for him to feel soft. Will you try to be him and see?

**T:** Yes, (*moving over and touching her chest whilst moving to his chair*).

**T:** (*moves right leg over left leg, then after a really short moment*) No, this became really strange (*moving forward in his chair with his upper body, then raises up, arms at both sides taking a firm grasp on both hips, head tilted a little to the left and looking at T*). When we left after the third session and there was a really large flower hanging on the therapist's door (*both hands touches the chest, closing eyes, smiles*) and I softened a little bit, because she said that she had just recently married and then (*leaning towards the T, in a forward sagittal*) congratulations! Then you should come to my wife if you need couples therapy! (*laughing loudly, eyes still closed*) So there (*right hand gesticulates an impulse*), so there is humour (*touching the stomach with right hand and left hand touches the chest*) and I can joke a little with her (*pointing at the T, nodding, looking at T*).

**S:** Ahh, so she welcomes you.

**T:** Yes, a little.

**S:** It's a little like Bambi on ice (*stretching the toes out*).

**T:** Yes, yes, yes. I'm such an impossible case, nobody succeeds with me, so I don't expect this to work. I know I'm a worst case scenario (*shaking head and dismissing hand*).

**S:** So, how is it to say this?

**T:** Ohh (*touching his heart*), it's very sad (*aching voice, right hand folds around the stomach and left hand touches the chest flat, face very sad*).

**S:** He was the one who had experienced so many disappointments in life?

**T:** Yes (*nodding, face still looking down, dragged (sad)*).

**S:** There you're holding around yourself.

**T:** (*breathes out*) I feel calmer here right now. I became really sad, (*breathing out*), I hold my breath and at the same time I can also feel that I at least breathe a little and (*pointing at T again, a staccato breath in and then breathing out with a force*) I'm a bit calmer.

**S:** (*pointing at T chair*) I wonder when they now want to come back, have you put their chairs opposite each other at all?

**T3:** (*in T chair*) I was supposed to do everything so correctly the last time.

**S:** And that wasn't possible ...

**T:** Then I tried, and they thought, he in particular, that this was really awkward and he says that everything that reminds him of technical things gives him the creeps. So, he doesn't want to (*holding herself in the chair*).

**S:** I think that's totally ok.

**T:** Yes (*releasing the grasp and folding her hands in front of her chest*).

**S:** Here it's so high on fear that I think they need you and to be loose in your form, also to be spontaneous, and to go beyond the straight road, so to speak.

**T:** (*nodding, adjusting herself in the chair*) So in the third session I didn't do anything 'correctly' and that helped, then I let basically everything go through me, because between the two of them they have no experience with that. He says that he doesn't know how to do it, because he hasn't ever done it before. She says that she thinks it's a great support when it can go through me, because then she isn't that afraid of his reaction. So I ask her explicitly, how do you think it is to go through me today (*reaching for her and signifying the relational movement between the two of them*)?

**S:** So how is it, is it like you have had 'warning lights' with regard to violence or something like that?

**T:** Yes, I have worries about that and I'm insecure whether it's mine or if it belongs to them. I worry about psychological suppression, when it's this difficult for her to dare saying what she thinks.

**S:** Yes. I wonder if we should have a look GMoD then. You may as well just sit there, I'll just think together with you, while you sit there.

**T:** (*leaning forward, feet firmly on the ground, folding hands*) Yes, let's think together.

**S:** Because what just occurred to me is the four levels, right, with the therapeutic relationship and grading. I still feel dizzy, so this is really a forceful field. It's really, lack of breath, the field is overwhelming, to say it in this way. Overwhelming, trauma, psychological suppression, you say, 'warning lights' to put it this way and dialogue.

**T:** Yes (*turned towards the S away from the triangular setup, looking at the whiteboard*).

**S:** Now, this is actually where you're working, due to the amount of things going on for you to be able to ... but softening is really about intimacy.

**T:** Yes, that's true.

**S:** This is being with, bringing in Stern's theory of the being-with, the initial phase.

**T:** Because softening isn't possible between the two of them (*moving hands between them*), but it's possible between her and me (*moving hands in the relational in-between*) and between him and me (*same movement in-between*).

**S:** Yes, but in fact it happens at the same time (*movement of arms around the triangular relationship*).

**T:** Yes, indeed, it does.

**S:** So this is really healing, what belongs to the first domain.

**T:** But it really doesn't start there.

**S:** Then I really get goose bumps, I'm touched, because this is really the grading, this softening has no words, when you feel the softening towards the couple you're in the intimate, the being with, but you really work a lot to regulate the field and to sustain being there.

**T:** Yes, indeed. I've had to read up on befriending, a trauma response, to be friendly with the one who is suppressing and how difficult it can be, how scary it can be to differentiate.

**S:** Indeed, it's basically not possible. I was thinking whether this is a case to be reported, however, I think the best you can do now is really to let this emerge, I think. As long as you're not thinking physical abuse and ethical obligations.

**T:** No, I don't think physical abuse, but I think a high degree of fear.

**S:** Definitely. Then the interlocking pattern emerges, what is only possible, you call it befriending.

**T:** On her part.

**S:** As an interlocking pattern and to go with.

**T:** She often checks whether he gets hurt, did I say something wrong? Then she checks with him. It's important to her, I sense, that they leave as friends, this is the feeling I have.

**S:** They have children and things go well.

**T:** The practical side is as good as it gets ...

**S:** We don't really know how they are at home, that might, I hope that they will stay with you for a long time, sorry to say, but they have the option to continue after these five sessions and if I think: good couples therapy is to try to hold onto them.

**T:** Yes (*nodding*).

**S:** I think long term. There's a lot of healing in the domain of being with, in the presence of the other, relational trauma, which he has a lot of. Interestingly, before you came today, I was looking at a book about love addiction and that's about the interlocking in harmful relationships, and the advice is always 'get away'. In this I think that she isn't capable of that, it's the interlocking pattern, so when we're working like we do now, there's healing for both of them and the intention must be to arrive at another place where it's possible to reach intimacy and autonomy. This is what I believe in, the relational trauma and the healing potential, also for him. He's stigmatised as the hopeless case, with his doctor and the whole lot.

**T:** Yes, and he came, I think it was in the second session, from a massive conflict at work, that has existed for many years (*knuckles tight hitting each other*), now it's really locked. So he obviously struggles in the world in many relations.

**S:** Yes. What happens with you then when you feel it right now?

**T:** (*holding her left hand in front of her mouth, breathing, rocking a bit back and forth*).

**S:** Look at him, the one who struggles.

**T:** Well (*left hand flat to upper chest*), I've always had (*right hand to stomach*) a combination of compassion and fear towards him.

**S:** Yes. That's information to you and you can also feel the compassion.

**T:** Yes.

**S:** That's softening. So you're able to be there, but that's very demanding, good for you for having supervision in order to be able to be there ... What his doctor isn't able to ...

**T:** Yes.

**S:** And what she's also able to.

**T:** Yes, she is. She's finely adjusted as to what she can do and what she can say and when she risks, she checks 'are you hurt now?'

**S:** So it must be welcome for her to have more room.

**T:** Yes, so I'm not surprised that she'll come back, but it does surprise me a little that he will.

**S:** So in this way, that he, that you, that you're able to reach him ... yes, you have love towards the relationship, but you also have compassion towards him, so this balance is very important and she can sustain that alliance, because in fact that's a support for her, that you can feel the Arabian horse in you and there's something there (*indicating the relationship between T and him*).

**T:** Yes (*rubbing her thighs, raising from the T chair, standing up in front of S and looking at the whiteboard*).

**S:** Fine, you just breathe out of it. Do you think you got it then?

**T:** Yes.

**S:** So, you're where you need to be, so in fact it's just to nourish that?

**T:** Yes (*arms holding on each side, feet firmly grounded a little apart, like rock steady and face calm and serious*).

**S:** When I say long term it would be much longer than this project in itself.

**T:** Yes, and then (*sighs out*) I'm a little in doubt whether that will happen, as finances are a big issue, they wouldn't have come to therapy if it weren't free.

**S:** Then you might support them to for example Emotion Focused Therapy at the Family Health Office because they have this interlocking pattern. But it might be that there's such good value for money with you. I also think something about couples therapy not needing to be so frequent. It might be that once a month as support for what you facilitate is enough. They're coming closer to, when you have this softening, and it'll be very interesting to follow ... But we won't have more supervision before you will have met them for five sessions. I just pick up on the potential, whether they'll continue with you. In fact, I think I would encourage them, to hold onto them, so in the fourth session, if there's softening at the end of the fourth session, just bring it forward with the different possibilities that exist with you. It doesn't have to be one and a half hours, it can be one hour. Eventually when you're into the form, it's also supportive, alternatively there's Family Health Services that offers Emotion Focused Therapy, but you know there are a lot of different experiences from these offices. I would rather that they continue with you, but it's an option, as he's very critical, that you just bring it in towards the end of the fourth session instead of the fifth session. So they have the opportunity to think about it.

**T:** Yes, because the second couple is already there where she wants to have a longer therapeutic relationship. So it's nice to discuss, because it's definitely a projection on my behalf that they don't want to come for more than the five sessions. I appreciate that we're opening up, so I'm not closed in my projection on this.

**S:** I think the more experienced I've become, the better I am at keeping them in therapy. I become the messenger; the one who carries the hope, the one who notices the change in-between and that I bring back to the couple. So, when you feel your heart as a therapist (*touching the heart, addressing the couple*), I feel something in me, there's something that becomes softer, here together with you, in me, like a compliment to the couple, as they might not notice the change that's happening. That's very supportive.

**T:** Yes (*nodding, looking at the couple setup with a meta-perspective*).

**S:** That is the love declaration towards the couple, it emerges in me and you (*the T*) could feel it. So I would be able to bring that back.

**T:** Yes. Wonderful.

**S:** Well, shake it off (*they both shake it off, smiling and walking over to S chairs*). I understand that you need to shake this off (*walks a bit around checking cameras, a little distracted*). I never imagined that we would have these kind of couples in this project (*touching her chest*).

**T:** No, in this kind of project. I agree. This is a big surprise.

**S:** And immensely valuable for the project.

**T:** Yes.

**S:** I think about Gestalt therapy, I have such trust in the softening that's in the non-verbal. It's really, unbelievable, and interesting and demanding for the therapist. Just to say it explicitly. This is of the more demanding fields.

**T:** It's a steep learning curve.

**T3: Preparing for the Storm.***Supervision after the first session with the couple*

**T3:** *(moves directly to the triangular set up, looking at the couple's chairs, leaning into, yielding with, pushing against in the posture, left arm softly bent in front of her chest, then, snapping both her fingers, moving her body like dancing and sits down in T chair)* Well, here there's a totally different energy *(smiles energetically to S, who laughs, dancing, and sits down in S chair)*. There's a faster tempo *(sitting down in T chair, feet drawn back with heels lifted, legs wide apart, upper body in a slight sagittal with a strong push, right hand held down and left hand holding the chin, then clasping down)*. He sits there *(left arm moves to the right)* and she sits there *(left arm to the left, then both arms pushing her glasses up on her head, both feet down on the ground, alert and attentive)*. The essence is that she yells *(high pitch voice, left arm up and hand opens like a wide-open mouth)*, do you hear what I'm saying? He's here *(left arm kept up with mouth, right hand raised up facing the other way in a withdrawal)*. This is it. *(Breathes out, hands moving tenderly to her thighs, looking towards his chair)* and he *(both hands move up again, shaking her right hand)*, and he's scared and just wants to get away *(moves the right hand as far out as possible, facing away from the mouth hand)* and she *(moves the mouth hand after)*. She's also afraid *(shaking her head in a nod and rubbing her neck)*.

**S:** Are you also afraid there, as a T? What happens with you as you look at them?

**S:** *(follow up question rather quickly)* Do you face them towards each other?

**T:** Here this isn't an issue,

**S:** The request is that she's hunting him, and he just wants to get away?

**T:** Yes, *(moving over to her chair, right leg crossed over left leg, upper body sinking down, head tilted down)* I'm afraid that we're drifting apart *(hands moving from the middle outwards)* and what I want to get out of this is a hope that we can rediscover being close *(looking towards him)*. Then she cries while she says this *(yielding in her soft voice)*.

**S:** ... when she says this ... she's crying.

**T:** I feel discouraged as I sit here *(her chair, arms falling down on each side of the chair, body sinking down again, head tilting forward)*. I have tried and tried and tried and tried.

**S:** Yes, and what happens with him?

**T:** *(moving over to his chair, legs drawn in under the chair, feet up, upper body with strong push, little yielding into the chair, arms folded in front of his chest, chin drawn in, lips and jaws tight)*. Well, I'm here, I'm open, I'm *(lifting his seat, adjusting, legs in a horizontal position, feet on the ground, a little more yielding in the legs, arms softening a little, still folded in front, jaws and lips tight, holding onto, rocking a bit back and forth in the upper body)*.

**S:** What do you become aware of when you sit there and are open?



**T:** I'm not particularly keen on being part of this.

**S:** So, you're like, yes and no?

**T:** *(quick response)* Yes *(nodding the head, still rocking)*.

**S:** You're open down there *(indicating the legs)* and closed here *(the upper body and arms mirroring)*?

**T:** *(smiles)* Yes. I'm so fed up with that whining It's just yelling, yelling of another world! I just want quiet *(hands framing on each side of the head)*, quiet, quiet, peace *(sighs)*.

*(moves swiftly out of the chair over to T chair)*

**S:** What happened there?

**T:** *(sighs, sits up in the chair, feet up, hands under the thighs, looking towards his chair, then breathes and puts feet down)*.

**S:** What happened when you moved over?

**T:** *(breathing out)* I became aware of how massive this is *(drawing the chair backwards)*. I withdraw a little bit, there's a lot of power here and I can feel *(like holding her verticality)* the power in me, but it's like a rough sea, I need to put my feet down like a sailor, here comes the storm.

**S:** You prepare for the storm.

**T:** Yupp *(drawing her sleeves up, leaning forward, a strong push)*!

**S:** Ohhh *(both laughing)*!

**T:** Like this. And breathe *(leaning backwards, yielding into the chair)*. I also do an intervention at some point, I tell them that now I have the need to breathe together with you *(breathing again)*.

**S:** Do they face each other then?

**T:** Well ...

**S:** Because you said that it wasn't an issue here.

**T:** I think I say that they can move the chairs if they want to, but I don't remember what they do.

**S:** No ...

**T:** But they lean towards each other and talk about what they want to get out of this therapy *(both hands folded under her chin)*. I feel how I'm totally numb in my legs *(leaning down and rubbing her legs that are wide apart, then moving back up, hands folded again, head slightly bent and observing him and her with her eyes, head positioned in the between)*. Then, almost immediately they interlock *(hands signifying the latching on, co-created relationship)*

**S:** So how does it lock?**T:** (*moving over to her chair, feet up drawn under the chair, then down*) I sense that you think I said something wrong (*head towards him*).

**T:** (*moves over to his chair, arms folded in front of the torso, right leg crossed over left leg, where the foot is on the ground*). Oh my God, here we are again (*head leaning a little towards her, eyes almost closed, looking down*). It's not only you in therapy. I'm here too (*strong push in the voice*).

**T:** (*moving back to her chair*) That isn't what I said (*breathes forcefully out*). You have your reasons to be here, I have my reasons (*looking at him, then at the T*) This is how we do it (*left hand intensely moving between*). I feel I've said something wrong.

**T:** (*to his chair, same position*) I'm the one who's doing something wrong, everything is wrong, with the house, with money. What about some motivation, support? I have the entire responsibility (*looking at her*), for the refurbishment, for everything and what do I get in return? Critique, critique, critique (*shaking his head, shoulders up*).

**T:** (*moving over to T chair, before sitting down a sizzling, snakelike tone, sitting down, leaning forward, grasping onto the chair, feet drawn backwards*)

**S:** This is how they interlock?

**T:** This is how they interlock.

**S:** Do they manage to do something differently during the session?

**T:** Yes, what happens is ... When I ask him whether he's doing something else now, when this is happening here and now (*right foot on the ground, left withdrawn up, right index finger pointing towards him*) compared to at home (*left hand indicate outside the room*)?

(*moves back to his chair, hands folded in the lap, more yielding available, nodding*) Yes, I'm still sitting here. I usually go away (*left hand raises up and away, breathing*).

(*moves to T chair*). So, this is new, that they can talk some more and that he's there. I ask her (*left hand shows the mouth*), what about the need to yell?

(*moves to her chair*) Yes, it's here. I feel I have that need, now as well, but ...

(*moves to his chair*) but now you're speaking in a normal voice (*looking at her*), it's not that yelling voice.

(*moves to her chair*) but I don't yell! When you say I yell it sounds like I'm this crazy woman! (*legs reaching forward, left hand touches her chin*) When you say I yell.

(*moves out of the chair*) And so it starts again.

**S:** So here they go again. What do you think as a therapist? What do they need to learn?

**T:** (*in T chair, right leg crossed over left leg, hands grasping onto, middle mode position, sighing, becoming quiet ...*)

**S:** Is it good form?

**T:** No.

**S:** No. It's not good form.

**T:** They interlock, often, a lot.

**S:** I hear that they're very hostile when they talk together, in the dialogue, how they communicate. They say, I feel, it's camouflage of critique and projection instead of checking out. Speak for yourself, about your own need, and support them to say one thing, full stop, send it over. Do you hear what she says, respond, back and forth. This is the fourth domain.

**T:** It's going off track ...

**S:** ... all the time ...

**T:** When they (*moving over to his chair, pointing at her*) check out their projections, particularly she, when she says she gets a sense of something, a projection that she's checking out with her partner.

**S:** But she checks it out, with the underlying arrows ... and he's shooting arrows back.

**T:** And he gets annoyed.

**T:** Yes.

**S:** Communication first, and the underlying dynamics (*pointing to the co-creation*), is that she's after him and he withdraws, he's left the building. This is how they do it at home. Here in the session, they practice coming into a differentiated, middle-mode position, via the communication, dialogue in the fourth domain. I think that in the grading in the fourth domain, for good form, if you arrive at the dialogue (the infinity sign of the in-between), it's a target in itself, that they can be kinder to each other.

**T:** Yes

**S:** They're not good to one another as I hear them. I don't think they know how to do that. This is where I get the hypothesis of a relational trauma and the subterranean push, that Frank talks about, he says yes and no.

**T:** Yes, he does that.

**S:** She's in the hopelessness. There you have the dynamics!

**T:** Yes, there are the dynamics per se (*looking at him*).

**S:** She wants to ... they want to be close ... it's like the question 'Are you here for me?' (*pointing to the intimate domain*). She's so vulnerable in this. She wants so desperately to regain the confluence. They haven't succeeded in the confluence, differentiation dynamics. She's trying to capture the confluence and he's withdrawing.

**T:** They struggle with confluence ... and he runs to isolation really.

**S:** He does something new when he stays. I'm curious as to what happens with her when he stays.

**T:** What she says towards the end (*moving over to her chair*). She says something like ...

(*sitting in her chair, middle mode position, head towards him, left hand touching her chest, wide open eyes*) ...

I'm not sure whether she says something like 'Thank you, thank you for coming here with me. It was so good to hear so much from you' (*voice soft and tender*).

**S:** What happens with him then?

**T:** Yes ... (*over to his chair, middle mode, arms folded, head tilted down, looking down*) He hears it, I hear it, mmmmm, and then the arguments come.

**S:** I had an impulse, I hear it—and I protect myself.

**T:** Yes, I hear you, buttttttttt ... tt ... ttt ... ttt ... (*sounds like a machine gun*)

**S:** This is how he runs off ... whereas she softens towards ...

**T:** Yes ...

**S:** This is also the softening that you'll work with ... to see if he can manage to stay, if he'll risk leaning into, yielding with.

**T:** Yes, and the more she yields into (*his head turns away, looking down, body twisting from*), you know, the more he.

**S:** The scarier it is for him.

**T:** Yes.

**S:** And the more she leans into, but she doesn't yield into when she sits there.

**T:** No, it's well as long as she (*he points at T*) is there. Then I know that she isn't yelling so loudly.

**S:** Ok, so that makes it a little safer for you?

**T:** Yes.

**S:** So then you can risk staying?

**T:** Yes.

**S:** I'm attentive to you, when you now know that much about them, what do you need when you sit there?

**T:** (*T much more yielding into the chair, hands grasping onto the chair outside of the legs, legs that are curled up beneath her in the chair, body in which yielding is figural, with a slight pushing against*)

**S:** And you know everything that you know about them ...

**T:** (*breathing out*) It's like I need to go further down (*legs move to wide apart in a horisonta Vl, feet on the ground, body keeps the yielding with a sagittal movement of the upper body*). I feel like having fewer words and more of the breathing into and the body, but this is my need, I think I need more of a breathing foundation,

breathing deeply, find my feet and my seat. I'm unsure how to intervene in relation to this. This can become very strange rather quickly.

**S:** Particularly for him, I suppose.

**T:** Right, I think just the mere fact of me anchoring myself here will support the field.

**S:** Can you say something about you needing it to be a bit slower when they start their co-creation?

**T:** Yes ...

**S:** Well, maybe they can do one sentence at a time.

**T:** Yes.

**S:** This is like one sentence and move over to support, it's not that easy with Corona, but just to roll over is ok, then roll over to support him to receive, this is a grading. You're working with the co-creation, but the situation doesn't allow for this at this moment, so dialogue is the grading.

**T:** This resonates well.

**S:** Gottman says something about this; it's not necessarily the hot-headed couples, that fight a lot, what appears not to be good form, right, here I don't think it's good form because they're cruel to one another also, however, hot – headedness might also, it might be passion.

**T:** I feel like a stabiliser in a storm, almost like a lightning-rod feeling (*arms up in a balancing gesture*).

**S:** So, how do you sit in that?

**T:** This is something I know a lot about. I grew up as a lightning rod (*rubbing her thighs*). When they tell me about how crazy it gets, and he says something about how afraid he gets, I recognise that.

**S:** Oi, oi ... If you look at the situation. What happens with you?

**T:** (*in the meta-position, arms to hips*) I'm looking forward to seeing this couple again, actually. I'm not afraid of the waves, I'm curious as to what we'll manage to work with.

**S:** A naval battle.

**T3:** Exactly (*arms to balance*).

*Supervision after three sessions with the couple.*

**T3:** Well, so couple two. They use the metaphor themselves, he uses the words trenches and war.

**S:** Do you want to embody them? (*pointing to the set up*) Trenches and war.

**T:** Yes (*moving out of the S chair standing looking at S*), and it's open fire.

**S:** So I remember from last time that they weren't holding back. So do they sit in the same chairs every time?

**T:** Yes. Mmm (*sitting down in the right chair for the T*).

**S:** So do they face each other or how do they sit?

**T:** They're sitting really, the chairs are like this (*adjusting the chairs quite far apart, in a middle position between T and themselves*) and he's like (*sliding backward in the chair, looking up at the ceiling, bum really at the edge of the seat, next tilted backwards*) The chair has a high back and he leans backwards. I just mobilise (*face draws together in a grin, shoulders lift, arms folded in front, grasping onto his arms, hollowing his upperbody, feet on the ground*) now it comes. We were instructed not to talk about this at home. There's a lot she has loaded, so I prepare myself as now it's coming—fire!

**S:** (*laughing, leaning into the situation*) So, he mobilises, now it's coming, fire.

**T:** (*laughing, leaning into the situation*)

**S:** So how is it to sit there?

**T:** Well (*embodying the position again*), it's like I'm almost not here, in a way. It's actually as if I'm not in the room. I, I, it's actually like I'm not here in the room really, inside of me, but my body is sitting here. Yes (*sitting up, stroking her thighs*).

**S:** And she's loaded up, you say, so he's in the trench and she's firing. (1.3: 14.04)

**T:** (*moving over to her chair, leaning forward, legs wide apart, elbows resting on the knees, looking down and breathing loudly then sitting up, bringing her hands to cover her face, sinking in the chair*) It feels totally, totally hopeless. He has a lot of excuses, he never goes to bed together with me, we never have sex, he never says he loves me (*voice clear and composed*). I feel that he really doesn't like me (*shaking her head*) and I think that he would be relieved if and my son and I had ... and I'm so angry, I'm so angry. I feel like he's fooled me to move to his city and treats me like air (*hands down in the lap, nodding and looking at S*).

**T:** (*moves over to T chair*) Yes (*positioned between the couple, toes on the ground and heels lifted, holding her left hand in a grip over the right thumb, sagittal forward, looking at S*)

**S:** I feel the need to stand with you, in the meta-position and just ask you if this is a couple that you should help to separate, do you think?

**T:** (*still sitting, turning her chair back and forth to each of the partners*) Eh... eh... yes, it's possible that that's what will come out of it, but they're not there or there's somewhat latching on in a way, a feeling of them

latching on to each other (*looking at the couple, reaching her right leg out, serious and mild face*). I think they would be shocked if I did bring that in, because the agenda is that eh ... eh ... (*laughing*) my feeling of the agenda is that 'if he would just change and start to have sex with me' and for him 'if she would just change and stop criticising me', then it would be fine.

**S:** That is the interlocking.

**T:** Yes, this is how they lock.

**S:** Topdog, both of them. That's the battle.

**T:** Yes, that's the battle. I find it liberating when you say that and she says that as well, I'm on the verge of giving up, I don't think you like me, I'm the wrong smell and wrong colour, so to speak. We have a big house, we're redecorating, she's just finished her psychotherapist education. But they're ok to be with, strangely enough (*gesticulating a moving relationship*).

**S:** This is the couple with the battle at sea (*imitating folding up sleeves and arms on the side of both hips, legs apart*).

**S:** You say it's ok to be with them?

**T:** Yes, it's ok to be with them. It's like it's a little easy to get lost with them, in the fire (*vibrating hands towards each other*). I was very happy that I was going to have supervision, because it's difficult to see beyond the battle, to see under the battle.

**S:** Do you know what emerges in me? (*spontaneously quick*) I spontaneously think 'don't waste my time'.

Do you remember my metaphor with the sandbox?

**T:** Yes, I've thought about that more than once.

**S:** That's the sandbox, do you want to continue with this or shall we try to do something constructive together? I get a little strict, I do, and you know the teacher emerges in me.

**T:** Yes, and I stop them a lot, I stop them often.

**S:** Yes, when they fire.

**T:** (*movement of hands like a referee*) And then it's like I manage to stop them, but I don't succeed in doing something new (*movement of the dynamic in-between*).

**S:** No, so the connecting isn't happening, right?

**T:** No, this is where I'm stuck.

**S:** Well, great, then you're stuck in the interlocking ...

**T:** Yes.

**S:** And form. So you can say that it's really fixed in this (*arrows that don't reach each other, looking at the couple*) mmmm ... so just breathe a little in that ... now good advice doesn't come cheap (*laughing*). What's required here? This is only the working hypothesis (*holding right hand over the couple, fingers rubbing each other*), this is where I believe me becoming strict emerges. Then I can support myself in this (*moving over to the whiteboard, turning around looking at T*). I see that you're looking back and forth at the partners, what do you see?

**T:** I see two children that both need the affirmation of 'yes, you're right', can you give me just a little in respect to my experience (*breathes out, hands moving down on each side towards the ground*), then it would calm down a lot.

**S:** This is triggered; this is the co-creation where they also become each other's enemies. How will you then support the novelty? So the trenchese, that co-creation; the trenchese and the canon or whatever you called it, to me that's high activation. When I hear this other co-creation underneath, I hear something different. It's more his ambivalence, yes and no, and her 'are you there for me?', like a scream.

**S:** This becomes figural for me, what might support the couple sometimes according to my experience is that I can illustrate by drawing (*the figure of rucksacks*), what influences (*falling into*), it's psychoeducation about how they trigger each other. Yes, they trigger each other here (*in the fourth domain, form*), but when that's put on hold, she manages to practice good form and to be in the real co-creation, which is more in the attachment, whereas here (*in the fourth*) it's more negative in the co-creation.

**T:** This is how they describe, at least he does, the trenches.

**S:** This isn't an issue, because they deal with it in your presence. What they need is to do what they're good at. Do you know what they do well?

**T:** I think they're good at naming thoughts, feelings, and needs.

**S:** But what are they good at doing together at home that they like?

**T:** They describe home as, probably nothing.

**S:** So this may be something to bring forward, where did you meet? What is it that you liked about each other? They need to connect with that again, because then you support intimacy. I might give them a task to take home, when they know the problems are taken care of with you, then (1:4) they're supposed to do what they're good at, what nourishes the relationship. That is the task between sessions. Then II get curious about whether there's anything.

**T:** Yes, that in itself is an interesting intervention.

**S:** To see and explore, can you talk a little bit about what you like, maybe when you met, if they need help to separate this issue of how they met it may not be really figural, this is where you have to use your senses, but instead of just being with them in the war, maybe you can bring forward what supports the relationship to see if there's anything to gain from it.



**T:** Yes, there's something about me not having been able to grasp what's below, because I become fixed in this (*battle movement of the in-between of the couple*).

**S:** Is there any glue or is it just an incident of glue that doesn't stick, there's no superglue?

**T:** No.

**S:** But you really don't know in fact. Taylor says something about this, we can't do more of the traumatising, we have to introduce a polarity. Here you know a lot about their fixation now and the intervention will be to support whether there's glue, there's probably something, so explore that from a better place maybe. So what happens with you now?

**T:** I'm thoughtful and I feel, I sense a little sadness, I feel it in my throat looking at her (*holding her right hand around her throat, voice soft and yielding into the chair, then looking at him*), yes, there might be some sadness looking back at what has been good. It's sort of like when we work and something is about to happen, then fire and then we try and then fire again. By magnifying the potential, to come further down, it's like my system mobilises (*movement of a growing push from the yielding with, up and down*), it's not necessarily easy but I want to try it.

**S:** Then could you in exactly the way you're saying now, could you say this, because you're not arriving at anything because you're just firing. That is what I told the ones with the sandbox, yes, you continue to do that, I can sit here, but is this what you want to spend your time doing or do you opt for something new? Make that explicit.

**T:** Yes, to make their responsibility clear and make that clear to them, we won't get any further if you continue like this.

**S:** It's like she's doing something new, she isn't firing at him, she's more going into hopelessness and being sad, this can also be a hypoactivation. This is where I become attentive to her traumatising.

**T:** Yes, she feels abandoned.

**S:** That isn't strange (*pointing at him*), so how can he take responsibility for finding his feet, connect and be in the room, for instance.

**T:** Yes, mmm, eh.. last time I said something, it's like you're disappearing for me (*voice louder and clear, sits up in a vertical*), yes, yes (*moving her feet cautiously*), do you feel pressure now? Yes, then he came back. I can see when he does like this (*embodying the movement of retreating sagittal posture*), then

**S:** Then you know ...

**T:** The demands, criticism is coming.

**S:** There's an intervention to support and that's more difficult during the pandemic, but where you can roll over and really support his nervous system, he comes back, but really support him to find himself in the chair, with this individual support (*sitting next to him, relating with a reaching arm*) and then send something over from

himself. Then you support them in this (*the infinity symbol*). So what happens with you then (*looking at T who is leaning forward, firmly seated, towards him*), when I say this (*in soft voice*), leading you on?

**T:** (*laughing, then yielding into, both S and T very soft voices*) She checks in that she's so dizzy and numb (*rubbing her thighs softly*), dreading ... the.

**S:** It's (*showing the relational movement of the couple*).

**T:** Support.

**S:** And to be with, then you're in intimacy and being with, we're going straight in there.

**T:** This was nice to come out of this; it was like I was blinded by their fight, then to really become aware of something else.

**S:** This is exactly what's unlocking, and strangely enough, when you said that, I could feel the sadness in me (*moving right hand up and down in front of the body from the chest to the stomach*).

**T:** Yes!

**S:** ... a lot of sadness and (*lifting her arm and indicating goose bumps*) my body talks to me then I know we're on the right track. Exciting.

**T:** (*Right hand to chest*). Yes, they're so sweet.

**S:** It will be interesting to see how this continues. They said that they want to continue in therapy?

**T:** Yes, she said already in the second session that she imagined that we wouldn't be finished in five sessions. We'll see.

**S:** Then it's something when this becomes available, the possibility in the softening together, to practice good form and the being together, then that can be something they can practice at home. There's something they're good at here in that this is emerging and then doing more of that and if you're able to make that happen, it might very well not be that simple, but that's the growing edge of the couple. Then I take the growing edge, what they do well, that they can continue with at home. They can take time for that, for example lie a half hour in bed together every day, make food together, go for walks, whatever. I've done that many times with couples who are caught in fighting and then really support what they're good at. This is emerging when you get in touch with your softening, what I experience together with you now, to support them to the softness. I'm very moved.

**T:** I've learned so much now, it's so nice ... ahhhh ... so good to get help to see new possibilities.

**S:** Good. Then we're at the end of the session and the time went really fast today.

**T:** So we have 10 minutes left?

**S:** Yes, I'll just film what we have written on the board (*taking one camera to film and walking back to S chair*). Ha ha, I notice what's happening with me. Shall I tell you?

**T:** Yes.

**S:** It's like it's so much easier when we've had, I mean, the first session of supervision is so demanding, whereas now it's like the dynamic is more figural and you embody them a lot less than the last time.

**T:** Maybe I do ...

**S:** There's much more of the meta-perspective and the potential interventions. Or with the first couple, there were in fact some interventions that had worked and something new had happened. I was just thinking about how it's been for me, after the third session, how much faster, it's like it's easier, I don't know, what's it like for you?

**T:** I think it's become much more tangible.

**S:** Indeed. The working hypothesis just emerged.

**T:** Yes.

**S:** Less groping.

**T:** Clearer.

**S:** Much clearer. It's almost like, with this couple, couple two, I wasn't that attentive to you, I noticed.

**T:** No.

**S:** How is it for you to be with them. Isn't it nice to be with them, isn't that what you said?

**T:** Yes, it's nice. Well, I think it is, I'm working on saying it like that, but I can sit for many hours with them.

## T4: The Fragile Self and His Victim

### *Supervision after the first session with the couple*

**Supervisor (S):** With this couple, you're here to facilitate their process and you already have a lot of information. He, a bit casually hanging in there....

**T4:** and she is more bound. I don't know anything about them, we have been in fore-contact to arrange the meeting, and I show up, blank, and then I invite them to say why they are here. She looks at him and says something like, "Well it was your initiative, you who wanted to do this", and I think that surprised me a little with regard to how I observed them.

**S:** What does he answer? Can you be him and show his response?

**T:** (*moving over to his chair*) I don't remember really what happened with him because she's the one who continues talking.

**S:** Ok! She invites him in and he doesn't grasp it, or.....?

**T:** (*sitting in his chair, yielding in the chair or more of a collapse, voice very low and soft, looking down and then looking up, right hand to chin, pondering*)

**S:** What happens with you when you sit there?

**T:** I don't know if this is happening with him, but it happens with me right now, it's like well, yes, no, I don't know, really (*hands grasping over his heart, on his chest*), what the problem is, I don't know really... Ehhh... There's no impulse to say anything.

**S:** What's happening with her then? She continues (*looking at the movement*)?

**T:** (*in her chair, movement of right arm from the center of the torso and out, towards the therapist, vertical position*). Yes, because here there is a need to explain, to say how it is, about communication, we have been to and then she lists all the different kinds of couples therapy, PREP, workshops, we think really that we are at a good place, we have been working well (*looking at him, head slightly bent down*).

**S:** So, then she looks at him?

**T:** Yes (*in T chair*) I am looking in between, while he is looking at her. He looks at me (*her hand is moving reaching for, a grasping-onto and pulling-towards movement*) at least he is looking here (*laughing with shyness, closing eyes*).

**S:** What happens when he looks at you?

**T:** (*hands folded in the lap, she looks towards him*) Yes, (*very soft voice, hand indicating grasping onto, saying something to herself*) I want to use the words "It's enjoyable".

**S:** Enjoyable?

**T:** Yes, it's enjoyable, this, it's a mix between we are really agreeing in that we are working a lot and well and we've come a long way, and then there is this... and.... and that is why we are here (*looking towards the therapist, reaching for with the arms, hands with a grasping onto, then back to slight folding in the lap*).

**S:** So what is the and...?

**T:** Communication is the diagnosis.

**S:** So, communication is the diagnosis...

**T:** Mmm.

**S:** They have been to all these workshops, and I'm wondering what is happening with the therapist? They know everything about communication really...

**T:** I hear that they are focused on how they communicate, so I just have to make them work together so I can observe some of the communication. I think about your GMod and think ok, maybe it's communication, maybe there is something further down. I don't know.

**S:** There surely is something further down, that we know. That's where you're going.

**T:** Yes, however, to follow them where they are...

**S:** Yes! Yes!

**T:** I think let's look at this together and I invite them, I have chairs that are not big and heavy, these are chairs that people easily turn themselves towards each other in the chairs. He's really (*walking over to his chair*) sitting like this.

**S:** How would it be to move the chair for you there?

**T:** (*moving chair towards her*) Here, now? It's like he needs to hang, so if the chair is moved like this (*straight forward towards the partner*), he would need to sit like this (*in the vertical*), whereas he wants to sit like this (*retreating sagittal, hanging towards the left almost falling off the chair*).

**S:** Isn't that part of the problem?

**T:** (*sitting upright in the vertical in his chair, smiling, hands in the lap*) Maybe so!

**S:** That may be so — and all that we're after right now is the figure.

**T:** Right.

**S:** I think if you're that relaxed over there, the way he's doing it, how is that? Just do it.

**T:** (*moves the chair back to original position towards the T*).

**T:** (*moves out of the chair to a meta-position*).

**T:** When I look at them my experience is that he...

S: ...and I keep wondering when you're him, what happens with you then?

T: (*moving back to his chair*) When I'm him (*into the retreating sagittal*), it's like yes and no. It's like I want, and I'm tired. I almost wanted to say fed up, however, it's not fed up really but rather, I really want to but ahhhh... I don't know how...and I'm the one who's taken the initiative; however, this is not what he says, but this is what he says inside of him now.

S: Yes, this is you saying as him.

T: (*arms folded in front of the torso, holding onto himself*). I'm the one who has initiated this, and I want this, however, ohhh.... so, I'm hanging here....

S: So how it is hanging in there...?

T: He used the phrase "can we only let it be a little... laissez faire".

S: What feeling comes up?

T: I feel a bit giggly.

S: Giggly...

T: Here I am sitting now (*left hand to chest and throat*).

S: You sit here like him.

T: My throat tickles (*raises up and moves over to her*).

S: Laissez faire and then comes... Be her now.

T: She said something about this (*vertical, left hand to chest*).

S: You are her now.

T: I become angry.

S: And looks at the therapist.

T: Hmmm. Laissez faire. When I hear about laissez faire I become angry (*touches heart*).

S: And this is what you say there (*towards T*), you don't say it to him thinking about communication?

T: There's something about being taken seriously (*arms moving in the in-between movement*), in the continuation here there is something about this. There is an incident where they have been on a boat and the one child has kicked a stick, she has navigated the teenager, and he has commented that can you just let it be and what I experience is that you don't back me up, you don't take me seriously, I think this was important, why couldn't you just step up and back me up, when you then talk about laissez faire, I become angry.

S: What happens with him then?

**T:** (*vertical with yielding available, feet down to the ground, right hand around the torso supporting the left arm where the hand is supporting the chin in a grasping onto himself*) It was just a stick, I don't see the problem, I don't see the problem with the stick.

**S:** What happens with her?

**T:** It is not about the stick; however, I want us to have a nice time and then you correct me. I'm anxious about some things or there are things I don't feel are ok, but I want us to have a nice boat trip, however, I don't want the kids to fall into the water, I don't want the kids to kick things, I want us to have a nice time!

**T:** (*meta-position*) They are jumping to different situations.

**S:** What happens with you as T?

**T:** I think about needs, to rewind a little, I have been looking at the communication and responded to them with regard to that. They are taking turns, they look at each other, I say that technically speaking, the communication is fine.

**S:** What happens when you look at the dynamics of the in-between?

**T:** I think, ohhh, looking at the underlying co-creation, what is it that is feeding into this, because I experience that they are really talking about different things. She is talking about the need to be seen, whereas he is talking about something that I am not able to capture at that point, but what is underlying is that they are not being met on something that they both need. That is what emerges.

**S:** This is what emerges, and how is it to be you, as the therapist, to sit there with them?

**T:** This is what is new and unknown to me, as I sit there and let them go on for a while, let them go on longer than I would've done before. I'm aware of my impulse of wanting to jump in and fix.

**S:** That sounds fine.

**T:** I'm holding myself back in my impulse.

**S:** What emerges is your awareness of their co-creation.

**T:** Mmmm.

**S:** That's really what becomes the figure.

**T:** In some way, what is clear is the impulse of wanting to jump in and join, to be the clever therapist and start to interact. I begin by drawing myself a little further away so I am really at a greater distance, so that I really can, I think now, if I would have done as I did earlier and interacted earlier, I would've missed, what emerges from here (*the torso*).

**S:** Because something new is emerging from there?

**T:** (*walking over to her chair*) Yes, there's this situation about the stick and the boat. I don't experience that you take my need seriously when I want things to be in order.

**T:** (*moving over to his chair*) What about the times when we're eating? I can't stand that things are the way they are, with regard to let it be, by the dining table, it's like a mess all the way through.

**T:** (*moving to his chair*) Yes, what's been important to me is that it's a warm atmosphere and not that strict, but he's right (*looking from him to T*), it's hair and spaghetti, and he's totally right, it's awful.

**T:** (*moving out of the chair to the T*) It's like I am thinking — aha! — it's like they...

**T:** (*moving to his chair*). Yes! (*snaps fingers*) It comes back to me...!

**S:** It emerges slowly and surely.

**T:** (*him*)...because I said something about can you just intervene and I would need to hold myself back, because I'm entitled to just explode and be so furious with them, and I cannot, cannot, cannot do that, but I can't stand it really (*vertical, hands folded, head slightly bent looking down, shameful?*).

**T:** (*her chair*) Ohh, yes (*nodding head, looking towards him but down, serious face, forehead wrinkled, mouth tight, more yielding available and less of a strong push*), because when you did that movement I thought you said "I told you so, look at what it's become" !

**S:** How does he respond?

**T:** (*him*) No, it wasn't that you know, I need your help, I can't say anything you know in these situations, it doesn't help, and it doesn't contribute to a warm atmosphere. I explode.

**T:** (*moves out of chair*)

**S:** (*mildly*) Yes... what happens....

**T:** (*sitting in T chair*) Right now something happened in the room that I think we can look at, with regard to communication. When he says that he can't say it in that way and you interpret that he says, "I told you so", what was that?

I don't remember what happened next, however I did say something about interpretations, and I put that back.

**S:** I wonder really, did they meet just there...?

**T:** What do you mean by that?

**S:** They succeed in meeting....

**T:** They just move on....

**S:** So you try to capture that?

**T:** Yes, this is figural, in the other topics, the talk up until then, she retells a lot and then they come into the situation about the dinner and there's something that I become aware of, I've written down in my notes that they both have their things, I have noted - help, help!

**S:** They don't connect?



**T:** No.

**S:** But they have a moment really, a moment of meeting potential, I wonder if you should support them in that?

**T:** Yes. I heard that situation where she said, “I told you so”, and I let it pass for a little while, because I wondered if they would notice by themselves. However, they continue and then I hold them and say ok, in this moment, and I put it back.

**S:** Projection, really.

**T:** Yes, projection.

**S:** She projects by saying “I told you so”, and then she checks it out a little right now.

**T:** Yes, but my experience was that she didn’t check it out, but just kept on blaming him.

**S:** Whereas when you did rewind, she had a new experience of her interpretation?

**T:** Yes, and in that entire session, this is the moment where they start to experience something new. It becomes, and I think that in the exploration, when she experiences that is maybe not what you meant, and he says, no I really, totally honestly, mean that I need help, this is something I can’t manage.

**S:** Where things may be really wrong.

**T:** Yes, it was somewhat like this ‘aha’ moment, a little moment of full-contacting and she finishes off at the end of the therapy session, that this was very useful. In the post-contacting, the work towards this moment.

**S:** Yes, so this is where you succeed, to put it that way.

**T:** Now that I say it in front of the camera and all, it was maybe not the most elegant way to put it, but in some ways it’s like, I become when I sit here (*sitting down in T chair*), I become aware of and I let it pass, and then, no, I hold onto it, it’s like it’s evaporating and then I hold onto it, and put it back to the couple and then it becomes a little “delicious meal”, a small thing that ...

**S:** It’s really a big thing, I think, if we are to analyse it in terms of the model, you succeed in the connection (*arrows to infinity symbol*) and you make it figural and support it so that they can understand how they can meet.

**T:** There was something that they connect with there and then it was something that this was a new experience for them in the situation.

**S:** Looks like it. What seems little is significantly big. I think about a yoga teacher that I’m studying with at the moment who says “a little goes a long way”. I think that’s very beautiful. Here, I could really see how she became radiant.

**T:** There’s something about, when they came in, she said something about having a lot of worries, headaches, doesn’t feel good enough.

**S:** Just sit there and be her. How she’s bound, uptight.

**T:** There are so much pain, worry, wanting to do it the right way, want to have it nice and cosy, and then it becomes so uptight.

**S:** There's so much she has to do.

**T:** Yes.

**S:** She can't only be, to have a nice time, she has to do a nice time.

**T:** Yes, she can't be the laissez faire.

**S:** With Ruella, she's only push and there's little yielding with available. He's in the collapse yielding, he needs to come up. When you invite him to sit towards her, he had to come up (*arms to the contact-boundary, in the vertical, indicating his push*). Then it might be possible for her because what I see is when you work, that she may release some more.

**T:** There's something about, I found it so wonderful that the release happened here, in the in-between, that she is able to check out with him in the "I told you so", and he was like "No, no!"

**S:** That is where the push is coming.

**T:** Here it comes, "No, no, no, it's how it comes out, I need help" and when I see that they are doing this, and when I do, for once, or maybe for the first time, now they are doing it

**S:** ...and you sit there being with....

**T:** Really, this little thing, contrary to the impulse that is really, ahhhhh (*movement aggressively shaking towards both of them*).

**S:** (*laughing*) Yes... and to sit there and let it emerge, as a therapist, to support that is really demanding.

**T:** This is where I am sitting, in your work really, thinking: "should I really" coming back to the NGI way of doing many different things and then I am really working the most in being with, sitting there, wait, wait and follow, follow....

**S:** Their dance

**T:** Yes. That was great.

**S:** Yes.

**T:** Yes.

**S:** So, exciting, and really at the non-verbal, with communication, that they don't reach each other and when they start to talk about the stick, the values, everything they don't succeed in, at the dinner table, what becomes the symptom of what is really going on in the co-creation.

**T:** She uses the word value.

**S:** Different values.

**T:** Yes, in the post-contacting sequence she says something about, when it's not only about communication, but something also bigger is opening, topics. I say something about how they think differently about things, I didn't want to say values and she says values.

**S:** Then they can explore that together. They did agree that there is slurping and a mess at the dinner table, and he's searching for good form, and he's not able to find that by himself, so he needs her help and really then you are working with intimacy, and they are also autonomous in their despair to have a warm atmosphere, and they don't totally succeed in that. She's really into a flourishing here.

**T:** Yes, with relation to the first domain I say this towards the end, and I feel that all the way through, that I feel good being together with them, at the onset I was a little bit uahhh.. with the tension... I understand that now, my experiences as a child.

**S:** I think maybe that there are also experiences from their childhood here as well, in the field?

**T:** Yes, they said something about that in fact, not that they come with a lot of details, but experiences that they bring with them. I feel, however, not that I want to use this word, but I use it anyway, I enjoy being with them, it's nice .

**S:** So, that's something that they succeed in and that they long for!

**S:** When you sit there (*pointing to T chair, T sits down*), enjoying being with them and you bring that back to the relationship. What happens with them then?

**T:** Well, that happens right then, it becomes nice.

**S:** It becomes warm.

**T:** Yes. When I look at the word intimacy, it's like I'm bringing in, giving it back to the couple, saying something that I feel together with you it feels warm and I experience that they have that in their ground, the possibility, it is there.

**S:** You bring a declaration of love to the relationship back to the couple, what she says that she wants, without the struggling, in the being with, you bring that back to the relationship, to the we. It's a declaration of love to their relationship.

**T:** Yes, and my experience is that they, both of them, take that in here (*hands to heart*) and this is how they finish the session together. I said that it had been nice to be together with them. They're coming back next week.

**S:** So, read about the intimacy and autonomy, you can skip the other parts, but with intimacy and autonomy I think I've somewhat gotten to a place where I'm happy about what I've written there, and then co-creation. This is what you see when you observe them, and the co-creation using the movements and theory of Frank, these are potential observations, figures for interventions.

**T:** I have a lot more awareness.

**S:** I became curious as to whether he would sit up and she could breathe a little. He sat up when he found his own authority (sense of agency) and that created a big shift in the situation at that moment.

**T:** Then to bring back the therapist's influence and the little too eager me would not have become aware of that shift because I would have started to act. Whereas now when I gave them time he did actually engage.

**S:** To me you sit there with an integrated yielding with and pushing against, you feel your chair and you can sit there in the middle mode, and you feel and become aware of an impulse, and you make a choice in that you choose to hold back. You sit and do what they really need to learn.

**T:** That's so interesting, it's a field phenomenon, it's my own narrative, then the clear impulse of the push and the breathing with.

**S:** Yes, indeed, I think it's a field phenomenon, and surely your story and development as a therapist.

.....

*Supervision after three sessions with the couple.*

**S:** Now they've had three sessions. What exactly happens with you where you are sitting right now in the S chair?

**T:** Hmm.

**S:** You want to embody them right away or...?

**T:** I need to move over here at least (*towards the T setup*).

**S:** I became very curious as to what happened with you?

**T:** (*sitting down in T chair, looking at the chairs, moving T chair backwards, adjusting the setup with couple chairs facing between each other and the T (unclear boundaries)*). I have to move back to the second session, because it's a bit unclear to me. It's like I have some pieces of memory (*arms moving in two polar circles*).

**S:** Of what is happening between the two of them?

**T:** Yes, there are some highlights that are emerging from my memory. It starts with a dialogue about disappointment (*T in chair with right hand to her lips, small grasp around the pouting lips, legs in a V shape, left hand hanging from the left thigh, small collapse in her torso*) and here I don't have a linear memory, however, it starts with disappointment.

**T:** (*moves over to her chair on the right of the T chair*) What I say isn't linear, but it's something about disappointment, yes, I am her (*right hand lays over the disappointment to him, vertical body with a strong push, not leaning to the seat, little yielding available, inward push as thighs very contracted*). Disappointment in this direction (*right hand from heart/chest towards him*), disappointment.

**T:** *(moves over to his chair, feet to ground, toes pointing inwards, knees inwards, the collapse in the upper body)*  
Then it's like this *(arms moving inwards round movements)*. Disappointment, disappointment *(arms to chest)*.  
Disappointment here.

**S:** Inwards?

**T:** Yes.

**S:** So she is putting it out?

**T:** And he is disappointed here *(touching himself and nodding)*.

**S:** He takes it in?

**T:** Yes, however, he takes that in and it's also his own disappointment, so it's like my own disappointment and the disappointment that is laid on me. I can just take it in, but it's like, well, well, I'm equally disappointed in myself.

**S:** Yes, this is what I wonder, whether it's self-blame? So he gets it doubled because he also get it from her?

**T:** Yes...

**S:** What is happening over there then, being him?

**T:** It's like shrinking *(body shrinks even more)*

**S:** Shrinking.

**T:** *(moves out of the chair towards T chair, then goes back to the chair, sits down and even more bound, inward push, toes inwards, head tilted down, chair between the T and the partner)*. It's the shrinking and the disappointment. There is something about, this, there is something here *(gesticulating towards his chest)* and here, the couple. *(towards the in-between, the fingers touching light gesture, rubbing each other)*. This becomes figural. There is something in-between the two of them.

**T:** *(moves back to T chair)* I don't remember exactly what I'm saying, the last session, the introduction is that in the last session, when they were here the last time they talked about differences, maybe different values, how they think differently about things *(arms held up symbolising the two partners in poles)* and then they start with this sharing of disappointment *(arms moving towards each other)*. Then I say "can you turn your chairs towards each other and talk a little about maybe about disappointment" *(moves up and turns chairs towards each other)*. They turn their chairs.

**T:** *(sits down in her chair)* Yes *(with a slight pushing movement in her vertical body)*.

**T:** *(moves over to his chair, toes pointing inwards, hands folded in lap)*.. uaehhh, ohh.... *(heels lifting up, toes barely touch ground, knees inwards, arms up in a freezing movement, fingers wide apart, knuckles white)*. He does, figurally speaking, like this *(looking at S)* *(hands fall down)*.

**S:** Yes *(with small sigh)*.

**T:** (*moves back to T chair, arms held up in front of her body, taking her time to find herself in the chair, finding the yielding with, pushing against, her seat and her feet*) With this couple it's like I have to work, the couple is in therapy (*hands forming a round shape in-between*), then I sense a lot of (*left hand reaches out towards him, with small grasp in the fingers*), it is like a lot of this (*right hand indicates the movement from her to him*) something like, disapp..ohah, ohah, (*like throwing things over*) from her and he has that inside of him as well.

**S:** So, he latches onto that?

**T:** He has it in himself, self-hacking, and then he gets hers as well, hacking onto, so I get that I am sitting with them here with a weight to balance. I feel that I really need to support or to intervene in some way, so this is not just the fragmented bits of hacking onto, and then I think that I intervene, trying to support without creating an imbalance in-between.

**S:** That's difficult.

**T:** That's demanding, all the way through with the two of them and when I come in, and I do that with my chair (*rolling towards him, sitting next to him*), I can come in here (*her right arm moves out like a stop*) and I feel like (*upper body withdraws towards the right, away from him, right hand moves towards him*), he doesn't allow himself to be supported by me.

**S:** No.

**T:** No. So, I advance towards him and then I don't know really what to do, I've done that on a few occasions, I come in, like this on the side and then it's like I move my butt backwards, retreating, towards the middle.

**S:** It's too much.

**T:** There's something there that's really challenging.

**S:** Yes.

**T:** Then I sometimes move over to her (*rolling over to her side, much closer to her, facing him*) and try to support him from here (*reaching out with her right hand*).

**S:** Hmmm. How does that work then?

**T:** (*sighs, serious face, calm body with yielding into her chair, still*) You know, what I really would want to say is that he isn't, he doesn't let me in, he won't let it in.

**S:** The support?

**T:** The support (*rolling back to T position, hands up in front of her chest with palms facing out*) It's like (*arms moving back and forth in front*) uahhhh.... No.... not.... (*freezing movement and then down to protection in front*). I'm here and I want and at the same time it becomes (*stop with hands*). Another time, in the last session when I advanced towards (*rolling over to him again*), she is talking, here I'm pushing a little, I use the word frightened, then he does like...

**T:** (*moves over to his chair, hands up right towards T, left towards partner, pushing away*) uahhh...

**T:** (*moves over to T chair*) and I withdraw, full speed of withdrawing (*rolling back to T position, finding her feet and her seat*). This is the overall dynamic (*arms raised and gesturing a rocky ground*).

**S:** I see. Quite fixed.

**T:** Yes. This was one of the words that I would bring in today with this couple. It's like in the in-between, I think that through the work, because I've intervened and there's something...

**T:** (*moving over to her chair*) I don't remember the kids' names, P and P (*sitting vertical, leaning towards the chair, hands in lap, right hand grasping onto the left hand, feet on ground*), when P does this, you do this, that isn't good, when P is doing this.

**T:** (*moves over to his chair*) But I'm afraid, they have to behave, I am, P and P.

**T:** (*moves out of the chair*) Very much the kids as the arena where they talk about the couple relationship (*to a meta-perspective*). I think about it as a deflection, because in the third, the last session, I address it. You talk about the children, there are different situations with the children, and then I say something like (*sitting down in T chair*), you come with communication as the issue you want to explore. I see how you take turns, you listen, taking turns, so technically communication looks good. However, what I hear is that you don't reach each other, you're talking past each other. What I hear as well is that there is a lot about the children, and I don't remember exactly what I said, but there's something about having them to connect to themselves (*touching the torso*) and talk about themselves. I feel now that I'm mixing up sessions two and three.

**S:** That isn't important at all. What is important is that you become aware of the phenomenon. It's to create a clear and bright figure about how they fix that you're doing now.

**T:** In this issue of disappointment and the blaming, what I hear, and I understand that this is about is that he has been (*raising up to a meta-perspective*), you can call it, angry, I think at that time I'm unsure, but he has put on his family with his anger, and she says that they have worked a lot on this, it's closed, ended.

**T:** (*sitting down in her chair*) We have been to family counselling, this is something you have to work on, this is something you have to control, case closed, we put it behind us, and I think this is something you just have to deal with. There is no tolerance for this here (*arms moving out to indicate a stop pose*)

**T:** (*moves to him*) Yes, yes, I totally agree.

**S:** What happens with you now?

**T:** (*right hand moves out in front of the body, like thinking with the hand*) but...

**S:** What is the but?

**T:** But..... I feel dizzy when I'm saying this.

**S:** Breathe...

**T:** I stop. My head feels like cotton, I feel my feet become (*hands lifting*), I can't feel them and I stop breathing. With the no tolerance it becomes like (*freezing body, arms fall down in the lap*).

**S:** (*Breathes*)

**T:** (*Right hand to chin, looking at S, nodding*).

**S:** Shall we analyse it?

**T:** We?

**S:** Or are there more golden moments?

**T:** I don't know if there are golden moments, however, I explicitly address at the end of the session (*moves back to T chair*), when I understand something about the topic, I bring it forward. I say something like we're coming close to the end of the session, and it might be challenging for them that I introduce, however, I'll address it and we'll face it and I call this a couple trauma.

**S:** With the anger and all this?

**T:** ...with the story of what they have been through. Not necessarily the anger, that he's been so angry, time however I said that initially what you bring in is communication and what I thought might be about differences. Now I think from what I hear is that what we are dealing with is really a couple trauma in the ground. Then she turns towards me and says "ohhh, that made sense, that was a term that gave meaning" and then we round off the session. They came back for the third session, it was Monday, and she picks up on that immediately.

**S:** This is what she checks in with from the previous session?

**T:** Yes, this thing about couple trauma, that made a lot of sense, and it was a term and from then on we are really going.

**S:** How is this going?

**T:** (*Breathes, looking up*).

**S:** How does he respond to that?

**T:** It really goes quite fast (*raising up moving over and adjusting the chairs in the triangular position facing the T*). They start here.

**T:** (*In her chair, more yielding available in the middle mode of yielding with and pushing against, facing the therapist, arms folded in lap*) What you said in the last session made a lot of sense, I thought that was great, this is what it's about (*nodding her head*) Ok, then they put their chairs towards each other (*moving the chairs, she faces him*). What you did the other day, you can't do that! You can't just walk into his room and start to reprimand him that way. He needed to relax and when you enter with that voice, you can't do that, there's no tolerance.

**S:** Then what happens...?

**T:** (*moves over to his chair, feet inward, holding onto himself, bound, looking up, chin raised*) Yes, but I thought that but, yes, no, yes..*(shrinking in the chair, head bows)*.



**S:** Here we go again. This is how they are doing it. It's their co-creation.

**T:** Exactly (*moving out of the chair to the whiteboard*), so their request is communication, up here, whatever. Last session we were talking about differences, so I thought about ok, different values maybe.

**S:** Yes.

**T:** Then, co-creation, and intimacy not available. So here it's fixed, really, in the domain of co-creation.

**S:** There's the traumatising as well. You got the last draft where I write about relational trauma.

**T:** Here, in the third session (*moving back to T chair*), now this is explicit, the co-creation, I don't know if she, she's not aware of what she's doing to him.

**S:** No.

**T:** Then I roll over in this sequence and I say something like (*in-between*), how can they, in this demanding situation with the children, however, as two adults, how can you support each other when the situation is demanding? I might have said something about the fear of not succeeding, their teenage son who's hanging with a friend that is a son of a drug abuser, then I use the word frightened over here (*rolling towards him*), not afraid (*head tilted up again, hand in the stop gesture*) not frightened. To use this word was like lighting a fire!

**S:** He is fear all over him.

**T:** (*moves over to his chair*) Not frightened.

**T:** (*moves out of the chair into meta*) I have to laugh, for the remainder of the session, he tries to put words into what he is actually feeling, in terms of unease, worries (*listing up with fingers*) a lot of words, but not frightened (*sits down in T chair*), so ok, I think not frightened, but a lot of words that I categorise at least as not ok. Then he doesn't, it's like I'm offering something, and I can see it's maybe too grand of a word (*hands up like holding a rope*).

**S:** If you think about contact form?

**T:** Yes, hmm, (*right hand moves like a saw cutting off*), I'm not frightened no, if you think about introjection and something like, is it introjection we use to keep the façade?

**S:** That may be so... at least she's introjecting, you can't do that, you must not do that, calling it no tolerance, blahblah...

**T:** A massive retroflection.

**S:** A lot of... shame...

**T:** He uses the word shame. I'm shameful, I've been to anger therapy, and she tells him to fix it, you must fix, this you have to fix.

**S:** I wonder, I get curious, what happens with him when she says that he must fix it?

**T:** You know he sits there and takes it.

**S:** This you could explore. What happens with you when you hear all this have to and must do? He shrinks.

**T:** Absolutely. So, let's see now, because we're at the onset, they're adults (*arms up indicating two islands*), they are the couple, to intervene with them individually I don't risk it.

**S:** So, you don't risk approaching them individually?

**T:** No, not more than I already do.

**S:** No.

**T:** I try a little, however, I sense that (*hand moves like thoughts in the head*), I become more aware of this as I'm telling you, I try to support him, but I experience him, excuse me for saying this, he's like "keep away bitch", is my feeling (*the stop sign with the right hand*).

**S:** Yes (*very soft voice*), this is very easy...

**T:** When I approach her, oh yes, I sense that if I say something that may be along her lines (*turning her chair towards him*), I'll very easily be identified as her ally, and that I do not want, so the occasions when I move over to her (*moving her chair next to her*), so it's like I say, ok, so what do you see over there? What do you see here? In some way, maybe a little clumsy, I say something about, can you feel, sense or is there some way that you can support your husband? Can you support him, not for his actions, but for him as himself, as a human being?

**T:** (*moves over to her chair, shaking her head*) No, I can't do that. I feel that I can't do that. Not in this.

**T:** (*moves back to T and rolls back to triangle*) Then I don't remember exactly what happens, but he starts to say something about.

**T:** (*moves to his chair*) Not frightened, but anxious, worried about P being like me, during my childhood, being by myself.

**T:** (*moves to her chair*) Well, I remember when I was pregnant, you said something like I hope the child isn't a red head and you worried that the child would be bullied, or something like that.

**T:** (*moves to his chair*) We live in a totally different setting, but where I grew up, I was bullied, and I was very alone. It was when I started upper secondary school that things opened up for me and life became interesting, I could be stimulated and have interesting conversations, but as a 10-year-old, it was not all right, you know.

**T:** (*moves to her chair*) It was not like that at all for me, I had a lot of friends, we had a great time, and everything was great. Now I hear myself say the word **great** and that's the on-going topic, we had a great time and it wasn't like that at all, everything was nice.

**T:** (*moves to T chair, moving a little back and forth in the chair, slight smile, hands folded in lap*).

**S:** What happens with you?

**T:** I'm just trying to remember, well, hmmm, (*rolling over to her*) ok, so if you think about your husband as the 10-year-old, what happens with you then?

**T:** (*as her, soft voice*) Yes, you've never told me anything about your childhood (*head is shaking, hands folded in the lap*), I haven't heard you talk like this about it. So, yes.

**T:** (*moving out to meta*) I don't think she's saying it, but it's like she senses that this was maybe not that ok, you might not have been easy for you. It doesn't come to a full contacting in this (*arms moving in the dynamics of the relationship*), but it's like they, there's something emerging, of something and I sense, there isn't a flow in this.

**S:** This is like, well, it's the new waters.

**T:** Yes, really, and it's chewy and like this (*arms in a circular movement*). We're nearing the end of the session and then it's the post-contacting. I choose to take them out of this (*the hot seat*) and talk generally about that we all, what I think we have been into today is that we all, we are in the relationship we are in, we build the new relationship, and we bring with us what we have from the families we come from. Then I choose to share a little story about my mother...

**S:** Yes... they're facing you then?

**T:** Yes, they're sitting facing me (*raises up and moves chairs back to triangle*) and I say, my mother was a little girl, and she was bullied, but she didn't have parents that were there for her. When she came home and told her father, my grandfather, he said what did you do first? My grandfather was really attentive to facade. He was a great grandfather to me, but he was of no support to my mother. So, my mother grew up with very little experience of being supported. In this, I also didn't have a lot of support, because she knew little about that, support. The couple just listens and we talk a little bit further (*arms in a dialogic movement of the in-between in the triangle*) and then I say something about (*touching her heart with her right hand grasping onto*) to bring in, to have with you the experience (*right arm moves from the heart towards the in-between, reaching towards*) and I don't remember what I say but it's like it's suddenly clicking in, and she says...

**T:** (*moving over to her chair*) Ohh, now I'm getting a really a bad conscience (*looking at him, touching her chest with her flat left hand to heart*) yes, this is what it was like for you when you were a child and now I really understand.

**T:** (*moving out*) Just this at the last minute of the session.

**S:** What happens with him then?

**T:** (*standing in meta, shaking head, arms out in an "I don't know"*).

**S:** Just be him.

**T:** (*in his chair, looking at her, feet to ground, legs spread, vertical back with back towards the seat*) I feel like a fish with its mouth wide open. Mmm...

**S:** Chin drop.

**T:** Yes, and I sense when I stay with, ohhh, finally! I feel like years of this kind of a wall, and this is a small opening, a little softening.

**S:** Yes...(sighs)....

**T:** (*standing up in meta, touching her head, left hand in left jeans pocket, right hand to mouth*).

**S:** What's happening?

**T:** I was thinking about how they confirm each other, yes, I care for you, we want to be together, she is: I am fond of you, it's been difficult, when it was at its worst I wondered did I have to leave you, but I love you. It's like the words are there, but, it's like somehow, you can write books that don't touch (*hands to heart area*), but that small moment, it's as if nothing about saying I love you, but rather as she was saying (*breathing in, breathing out, yielding into and arms reaching for, opens up*).

**S:** Her entire body, emotional attunement. You were working with that there; previously, it was only from the head.

**T:** Yes, only, a combination of only from her (*head*) and shaming (*arms moving from top, down on him*) and when it's not shaming, and she says that as well, she describes her own deflection by I think maybe that I shut off and continue, and think that we put this behind us, we're through this, also with the no tolerance, we'll put it behind us, we're not supposed to be occupied with that anymore, like a straitjacket for the relationship. During the session where I've talked about and I've questioned it with "I don't know what the issue is about, but it's in a category that's illegal, are we talking about hitting and violence?" Oh, no, no, but he's been so-called outbursting, high voice and she works in a caretaking profession with children, and she says that this isn't good for children to grow up with, so I've checked out how bad it is. However, the fixation is that they've been through all kinds of therapies, and they've established rules, and I challenge this in how rigid does it have to be? I say initially that well shit happens, life isn't perfect, it's not always fair, it doesn't always go by the book, how do we cope with that? Can we live with how it is?

**S:** So, this is support, support and support to the relationship, and I'll put it this way, that this is an intimate moment.

**T:** There is a brief moment, a glimpse.

**S:** There is something that's released.

**T:** It's fascinating that with this couple it comes so late in the sessions that well it has to hang there until the next session.

**S:** It was like that the time before as well.

**T:** Yes, the last time as well.

**S:** That's interesting.

**T:** With regard to the organisation of this project, it's not obligatory to have a fourth session, however, they choose to do so.

**S:** Yes, I think sessions four and five and when the next comes, the fourth session, so there's something about inviting them to continue if they want to.

**T:** Right.

**S:** Then you'll see whether they're able to learn from the experience, as she did with the issue on relational trauma.

**T:** She is the one who is having the great aha-experiences and in some respect, he gains from that.

**S:** Surely, because he's so caught in shame, that he's the one who's wrong.

**T:** He is at fault, and he doesn't deserve to, you remember the first time they arrived, and he was just recklessly lying in the chair. I was just thinking; the initiative came from him and I thought, oh, my god, it was like he tried to be invisible.

**S:** Like he was during his childhood.

**T:** All the way and then in a relationship, where the start for the conflict with the son, and he explicitly says that I feel like a hounded dog, I run around trying to arrange everything, so it's like this small man who is disciplined and at the same time, when I try to come up close and try to support him, he finds it threatening or humiliating.

**S:** There's something like psychological abuse of him. You can have that as a hypothesis, from when he was small.

**T:** Mmm.

**S:** When you also choose to share about your mother. I wondered about that, what kind of mother did he have and what kind of father did he have?

**T:** Right.

**S:** Just small hints for the sake of creative adjustments, then he gets a partner who forcefully runs over.

**T:** Yes, and at the same time, if that's related to education, if there's some understanding or empathy, in that suddenly through the small sharing of my mother's story, she sees herself and her contribution in this and she says I am ashamed. No, she doesn't say shame, but she says that she feels guilty.

**S:** I wondered about her capacity for empathic attunement?

**T:** It's just like in this (*movement of shoving down on him*), I am the victim of this angry man, who has put all of his misery onto us and traumatised me and the children, so I have all the reasons to, I have no understanding, you are to blame, you are the guilty party. There is you know the victim who becomes the perpetrator afterwards, but when she suddenly sees his innocence because of the upbringing, for a brief moment, "oh, yes, you're also someone who is worthy of a little sympathy" (*looks at S and then takes her right hand to her mouth*).

**S:** I look at the time as we're moving towards the end... and also when you (he) are holding so much in, in the blaming, and then it explodes. If he gets the support to share more in a dynamic organisation, then it doesn't ignite in the same manner, you understand?

**T:** Mmmm.

**S:** It'll be interesting to see if he'll be available for support, however, if it's humiliating, there is something, mother and father, there must be something there for sure.

**T:** Yes, and there is in the moment, where I support them to be in somehow something of a dialogue about them, self,

**S:** Here and now,

**T:** Here and now, and not about the children and what happened the day before yesterday, and all the blaming that is all over, but in the brief moment where I'm able to hold them in the here and now and me and myself, then something can happen. This is hard work, to prepare for the moment where they're able to do a little of that, and maybe, maybe, they'll meet something there.

**S:** It might be the paradox of change.

**T:** Mmmm

**S:** Exciting. I wonder, we should have had one more supervision (*raises up and walks to the whiteboard*), what I become very interested in is what's at stake here (*domain 2*), and I'm sorry we're not going to have more supervision sessions so that we'll be able to follow them, the potential. Shall we sit down to wrap it up a little or do you need more of an analysis in the GMoD? To me it seems very clear.

**T:** Yes, I believe that it's pretty clear, and I must say, S, that in all the richness of that I think of on my part, I think I as a couples therapist am a work in progress, and this, the GMoD, when I arrived the first time and when I look at this, it's like how do I say it, what do you call what is outside the building when you're redecorating, that you hold onto.

**S:** Scaffolding

**T:** Yes, scaffolding, I hold, I have this kind of a ground structure that I build the couples therapist from, because this (the GMoD) makes so much sense to me, this ...

**S:** You make it very simple, in exactly the manner that I intended it to be used in order just to separate the elements.

**T:** Exactly, I separate, I have a piece where I can check ok and find and maybe the most important is that it prevents me from, what is valuable for me is that I can sustain staying here for a while (*indicating domain 4*), instead of rushing through too fast, it helps me to grade.

**S:** You are fattening this (*the figure of co-creation*).

**T:** Exactly.

**S:** What did you call it, you called it constructive dialogue, because they know that.

**T:** Yes.

**S:** They've learned that technically. However, the dialogue that is, emphatic attunement, it really belongs here in the first domain, they're not able to do that in their co-created relationship, they don't meet and then everything all this creative adjustment is at stake. How he shows himself, how she is pushing hard and I also wonder where does she come from?

**T:** Absolutely.

**S:** There's something there about how things are supposed to be, perfection, something mystical, the facade you have been touching on.

**T:** Yes, and with regard to the dialogue, I, and I said something about, our work here or my work here is to support you to become more aware of what's happening. I have two rocks and what I see isn't that you, bringing the rocks to touch each other, what I see is this (*moving in the arrows way*).

**S:** So nice.

**T:** You are talking about, and then oh is this how we do it or something like that, and then we come closer to the end and then there's a new topic about the kids, and I say, ah, right now I hear you're entering a dialogue and I see how the two of you isolate, you're going separate ways, and it's like maybe they're starting to see some of what I say, as they actually started, I caught it and I related it, away from the parrot.

**S:** The parrot dialogue

**T:** Where they don't meet and go to isolation.

**S:** This is very interesting.

**T:** I believe they're starting to understand a little of what they are doing, however, it's a blank canvas.

**S:** This is where psycho education supports, in that they understand what they're doing and it becomes easier for them to take themselves out of it, to have a meta-perspective, so here we go again with the rocks.

**S:** Yes, breathe out a little.

**T:** I just want to say, S, that this is so great, the model and how, I will be totally honest with you for a minute, I believe I've been a little awestruck, I've put you, as I think I can do with many, on a pedestal, where I can feel that I'm fumbling and clumsy, but I feel it has been so nice to come here and really, as I've done today, just throw myself into it together with you and we just become, and with regard to support I feel it mmm... it's exactly the support, well, I believe in you, in the feedback.

**S:** (*nods*) Yes.

**T:** I feel that ok, I can be a little anxious and incredibly fascinated and I really believe in it and that is the reason that I want to continue with it. I really believe in couples therapy.

**S:** The field of couples, it's magic. Even in such a demanding field, although they seem to practice "good form", what seems to be "good", you spot the fixation and what I write about as the Fragile Self Concept, have you read about that? It's in the chapter on trauma. He's as fragile as one can be.

**T:** Yes, I think again, that when your work, when it's in its form, I think I don't know what, it's like Vibeke Visnes couples therapy school, then it's like really rich and it gives a lot of opportunities and facets, and when, it's really not necessarily a critique of NGI, but, this incredible simplicity and variation of something, like a recipe, and I think about the few couples I've had, what did I really do? But, here I feel I can be with, the id, to be the engaged therapist that I am, and at the same time, your method is stringent, and there's something I really hold onto: the couple, how to support the couple,

**S:** Yes, and this was why you put the first couple together so you weren't a part of, I think it would never have happened, you put them together and boom, with that intervention.

**T:** Yes.

**S:** It's really fascinating, the timing..

**T:** This is where I'm kind of thinking: wow....



**T4: Ménage à Trois**

*Supervision after first session with the couple.*

**Supervisor (S):** Is this the couple that joined at the last moment?

**T4:** Yes, they joined at the last moment and that was ok and with them I'm in a different office, everything is turned around, so hmmm...

**S:** So, here you're in a different office.

**T:** Yes, and the chairs are larger, not easy to move and they're seated closer and I'm further away in an A-form (*moving chairs and sits down in T chair*). We start with the consent form, so I had time to breathe a little here where I'm sitting (*stands up and moves the left chair a little further away*).

**S:** Then you get the consent form. I'm moving and sitting over here as I also became aware to where and how I sit.

**T:** Yes (*sitting in T chair, looking straight forward, seat firmly seated, feet to ground, legs spread apart and left hand in a tight grasp in between the legs, right arm up tight to the chest and hand holding onto her chin*). Their mother tongue isn't Norwegian, and they ask whether we're going to speak Norwegian or English. I say that if they're comfortable with it we may as well do it in Norwegian, and they are. The strange thing is that I can't recall who started. In the beginning, she looks at me, we do the paperwork, and she faces me and so does he, then I get the papers and I put them away, hmmm ... (*hands folded in the lap*) ... hmmm.

**S:** I feel curious about how it is to receive them? There're coming ...

**T:** Do you know ... I want to say it ... everything's a little bit like this .... (*very soft and quiet voice, right hand moves up and fingers rubbing together in a movement-like feeling, sensing the untangible, tacit*) ... it's very quiet, low voices (*quiet voice*) ...

**S:** We tread lightly (*quote in Norwegian from a fairy tale*)

**T:** Yes, a little, low-key and proper.

**S:** Low-key and proper.

**T:** Yes, they do the paperwork, then when I start it's like I tell myself I have to do this in the right way, I tell them about project, I tell them about me if there's anything they need to know about me, so a little hmmm ... To come in, to contact one another ...

**S:** Do you know what country they're from?

**T:** Do you know, I think they're Polish, based on their names.

**S:** You think that they're Polish, good, then you know something about where in the world they're from, culturally speaking and they're attentive to doing everything the right way and with care?

**T:** Yes ... hmmm ... and speaking about them I'm totally perplexed because I'm unable to recall who started.

**S:** So, this is a phenomenon, yet another phenomenon.

**T:** Yes, indeed.

**S:** So how is it to sit there and be you?

**T:** I sit and feel a little nervous.

**S:** Do you contact your breathing?

**T:** It's just like I'm breathing a little lightly, as a light breath.

**S:** A little like breathing through a straw?

**T:** Yes, like breathing through a straw and it's like if I were going to breathe normally it would have this loud sound (*breathing very harshly out, like after jogging*). So, I breathe really quietly, it's a little constricted.

**S:** Yes, so it's tight.

**T:** Yes, it's constricted. Mmmm, yes, it is.

**S:** Mmmm.

**T:** I think I ask them to tell me a little bit about themselves. I think maybe she starts, but it's like I would say that throughout there're both attentive towards me, there're both turned towards me, even with the paperwork, I have them both towards me (*hands are reaching out to both chairs respectively, hands grasping and pulling towards*), she and he.

**T:** (*moves over to her chair*) The chairs are really big and it's like she disappears in the chair (*arms to chest, hollowing, legs lifting so toes barely touch the ground and moves to the right*), she turns towards him and this is how she sits almost until the end of the session, it's not like I'm cuddling up in the chair, but the sensation is that

she has withdrawn and is here and I, the T, am barely existing (*right arm in a dismissive movement*) and I'm here together with him.

S: Yes, and what does he do?

T: (*moves over to his chair, sits in a vertical, hands folded in the lap*) He tells me about the kids, activities, a little here (*a slight bow towards his partner, but then looking at the T*) but with the great need of telling me what they do. It's like ... yes ...

S: What's their request to you then?

T: Communication ... (*a slight breath slips out*).

S: Communication, fine.

T: Yes.

S: It might be safe to ask about that.

T: Yes.

S: In fact, you said previously that it was about communication. Fine.

T: Yes, because they have ... (*moving out of his chair and stands in the meta-position overlooking the situation*)

S: Is he looking at her, or ...?

T: Yes, he does. They do agree that they basically have a good life together. They've also been to different therapists, I don't remember what, they didn't name the therapies, but they've been working on their relationship and they've been together for 15 years. The oldest child has autism and the youngest is active, a lot of narrative about the family (*right hand moves like a circle between the therapeutic situation and attempt to sit down in T chair*).

S: I'm really curious, if you sit and embody her ...

T: (*moves over to her chair*) Yes ...

S: ... crawling up and sinking down, like you showed us and looks at him ...

**T:** Not that I'm sinking down, but rather (*back moves into retreating sagittally, bending the chair backwards, a strong retreating sagittal push*) leaning back, and she says sometimes I have to reflect, I have to think a bit. We're not looking at a sequence here, but during the session she says a couple of times, because he talks a lot, whereas she says I have to reflect a little (*pointing with her right index finger to the T*). Now I do like this because I've said to myself after the session I have drawn the three chairs and the communication like this, he talks to me, I address her and she looks at him (*arms moving in this triangular movement*). This is how we are, right.

**S:** What do you see when you look at him (*as her*)?

**T:** (*right hand touches the heart*) I want to say—see me! (*then whispering*) See me, see me. She also expressed that, it comes far into the story about the family and what they do and don't do, then she says something like, hmmm, but I want to be together with you, I want to be with you, I'll spend time with you. Yes, I can do a lot of things, but I manage by myself, I have my office at home, but I want to be together with you, and I wonder what do you want (*right hand supports the chin, looking down*), when you spend two hours gaming in the evenings?

**T:** (*moves over to his chair*) (*looking a bit to his partner, then to the T, talking a bit hectic, little yielding in the vertical*) Yes, yes, but we do things together, we go for walks, but I can't walk all the time, but we do things together. I'm together with you.

**T:** (*moves to her chair*) It may be a parody, but she responds, well, yes, yes, but ...

**S:** Yes, yes, yes, but, well ...

**T:** Like, yes (*nodding and laughing, moving arms in circles above on the surface*), yes, yes everything is ok (*then moving arms to the underneath, the subterranean*), but ...

**S:** I wondered when you sat there looking at him, a hero, do you look at him this way or?

**T:** I can say explicitly that she's afraid he will leave her, and there's something I don't really catch, like that time when, momentarily they're 20 years back (*arms lifting and going back and forth*), when they're talking together about what happened 20 years ago, where he says that it's not like that and that will never happen again, where she says, but I'm afraid that you'll leave me. Then he looks at me the T again (*arm moves indicating the attention from him to T*), then he explains to me again.

**T:** (*moves over to his chair*) Then I think culturally speaking of a great sin (*as T*), I had two girlfriends, I can't say this (*laughing and moving over to T chair*).

**S:** Maybe he laughs as well?

**T:** I don't know, but ...

**S:** Then he had to choose?

**T:** Yes, and that was very difficult.

**S:** To choose between the two of them?

**T:** It wasn't necessarily that it was that difficult to choose between them, but it was difficult that he had had two at the same time.

**S:** She was one of them?

**T:** She was one of them and obviously the one he chose. Now, I'm not aware of what I'm saying (*hand to heart*), but I'm thinking, ok, two at once (*giggles*), things like that happen (*arms out reaching to both of them, without a grasp in the fingers, then looking with eyes wide open at the S, hands folded between the legs, leaning forward*)! I don't know what's happening!

**S:** It's better that you laugh here than there.

**T:** (*hands face up, broad smile, laughing*). Ok, culture, big sin, I'm a little, but yes, yes, things happen.

**S:** Shit happens. Do you think it's like that for her?

**T:** Absolutely not, but it's a little like ...

**S:** So, what happens with her?

**T:** (*moves over to her chair*) ohh ... it's totally disastrous, oufff (*shaking her head, sinking in the upper body, hands folded in lap*), it lives in me, this is still present in me and (*moving towards him, searching with her hands like an animal digging in the ground*).

**S:** Yes, that was the sensation I got.

**T:** (*nodding*)

**S:** Like, can't get enough of you ...?

**T:** There's something that takes the form in terms of; I have to be totally sure that this is it, so to be really sure, can we do more things together, can we go for more walks, but, and she says that, there's something like, we're

approaching this moment now in the supervision, where she says explicitly, this movement (*arms grasping onto like a string, leaning forward towards him*). I'm afraid that you'll leave me, and I even think she says something like 'what do you think of that?' (*hands open up, grasping in the fingers*).

**T:** (*moves over to his chair*) And here you know, he continues to go for walks, gaming, but we this and that, he doesn't hear what she says (*looking at T*).

**S:** He doesn't hear the underlying message.

**T:** No, he doesn't.

**T:** (*moves to T chair*) Because here it's been a little like this (*moving in the triangular communication*), then I grasp onto (*grasping with right hand*).

**S:** He has two women here as well!

**T:** He has two (*looking at the S, touching her face*).

**S:** He really has another woman in you!

**T:** Yes (*catches her breath*), right, (*moves back to the reaching towards her*), but I feel that she's not available in a way (*arms symbolise the two of them*). But, in this moment I hear so clearly what she says and he continues with the walks and the gaming and is between me and her (*moves the chair as well as her entire body towards her, both hands reaching up and forward towards her*), then I focus on her and I say 'I hear that you, eh, it sounds like there's something about your need, a need to be seen or heard? I say it in a way to the couple (*indicating the in-between*), but, I explicitly address this to her (*arm up, grasping onto in her right hand, like catching something*). She looks at me and then I don't remember exactly, but something like 'I hear that you say that this is what you need' da da da (*looking at him*), then I put it out (*to the in-between*), because she says yes (*light voice, body in a yielding with, pushing against in the vertical*)! Yes, looking at him, this is exactly how it is!

**T:** (*moves to his chair, head turns to her and then to T*) He takes a glimpse at her and then at me and then he says, although maybe not in words but like 'what are you talking about now?', 'what happens now?', I don't get it. He doesn't understand, he hasn't grasped anything of what's been going on (*arms indicating the dialogue between her and the T*), and then he moves towards her (*arms gesticulating*), well, because this and that (*head shaking*).

**S:** He's not available ...

**T:** It's like something just passes by, hmmm, and then we're ...

**T:** (*moves over to T chair*) buzzing a little, I look at how they're buzzing and then it's like it dies a little, rewinding to the (*arms indicating arrows not reaching each other*) how they do it. Then I try one more time and then I do it, I explain to him, then I'm in (*upperbody in a sharp sagittal forward in-between, arms reaching out on to each of the partner*), you see how I am now?

**S:** Yes, indeed, you're really doing the intervention with her and him and then in the middle, you're rolling with your chair like this (*restrictions applied due to corona*).

**T:** Yes, now I'm really, really close and put it back, much more explicitly also with him and I'm still not sure whether he grasps it (*head shaking in a no*).

**S:** So, this is maybe the growing potential now, that you withdraw from the situation and put their chairs together.

**T:** (*hands folded in the lap, looking at S*) Yes.

**S:** You have to feel if it's possible, though, then you avoid the potential alliance there (*indicating him towards T*).

**T:** Yes, hmmm.

**S:** Because it becomes like a *ménage à trois*, do you know that expression?

**T:** Yes.

**S:** Interesting (*laughing*).

**T:** It's totally, with regards to, when I look at it from your perspective, it's what he does here as well.

**S:** That's really interesting.

**T:** Yes, and it's like they came into the room and they were really here and now and then poof, they were 20 years back in time and surely, he's here looking at her and telling me (*giggling, blushing a bit, right hand to chest, lips tightly held together in a smile*).

**S:** And of course, it's a couples trauma that she's sitting with and he continues to do ...

**T:** He affirms that this will never happen again, and this is a totally in the past.

**S:** That may be, in that he doesn't, but he continues to organise in this way.

**T:** And without at all being aware that he's doing it. He's convinced that he's with her (*arms up and hands indicating the two partners drawn towards each other*).

**S:** In suffocating confluence.

**T:** Yes, indeed, indeed.

**S:** It's good that they'll learn to differentiate.

**T:** Yes, indeed, because, if I look at them, this (*her movement of scratching like an animal*), then I can understand his need to disappear into (*movement of hands holding gaming remote controller, head bowed down*) this, gaming. Whereas, in this room, it's very unpleasant that it's not gaming that he vanishes into, but the telling about his life to the therapist. So in this respect, what I've drawn on my paper, he towards me, me towards her and her towards him, this triangular movement instead of between the two of them. Yes, yes, yes.

**S:** Yes, and that makes it more explicit if you move the chairs, you frame the field and you avoid coming into ... they will have to, and a way not to be drawn into, because most likely he will try to, is (for you) to look down.

**T:** Because I noticed that, I did that in a situation, with regard to what I showed you towards the end (*leaning forward into a sagittal upper body*), as a matter of fact I was leaning into and earlier in that sequence he talked to us at the same time and at some point I noticed that I nodded, just very briefly, just a small nod (*showing how she looks at him and leans her head in a nod towards the right*) and then he addressed her. I didn't even say (*hands move and right hand reach to her chair*) can you tell her, but just this small nod. So more of this, but more clearly.

**S:** In that moment, only that you're not latching on, you look at her and that invites him to look at her.

**T:** Yes, to look at her ... (*touching the back of her head, nodding*) ... yes ...

**S:** So, she's invited in and that's another dynamic. She longs so much for him to show her ... and that's the couples trauma.

**T:** Yes.

**S:** You can read more about that in the new draft where I'm more explicit about trauma in couples.

**T:** Here it's an explicit trauma (*both hands out in a V, reaching towards both of the partners*), that they were attentive to both of them.



**S:** And that they both try to solve.

**T:** Yes.

**S:** And here it's a healing potential.

**T:** Very much so, and in that respect as it's acted out here and he has no idea about how he does it.

**S:** I became very curious at the onset, when everything was blurry, that signifies the suffocating confluence. There's no emerging figure, you can't even remember.

**T:** No, it's like vague.

**S:** Really vague.

**T:** Fascinatingly vague as they both are very distant, and she disappears from me (*right hand to chin*). It's like (*shaking her head*), it's very sweet and accommodating, but she doesn't want anything to do with me really.

**S:** You're the competitor.

**T:** (*chair moved towards S, feet lifted, toes barely touching the ground, right hand to chin, blushing, timid smile, giggles briefly*) When I see it now in this light, I could sense, I was aware that she's disconnecting me. During the session I could feel well, she's disconnecting from me that's ok, I was very aware of her.

**S:** You have to work hard to reach her in fact.

**T:** So, in the moment when I heard her, she was like (*body with a push, in a vertical, sagittal, almost lifting from the chair, voice light like an implicit aha*) ohhh yes!, hmmm, how can I say ... it was like ...

**S:** I see it ... I see it ...

**T:** Yes.

**S:** It's like glitter and joy.

**T:** Maybe in that she really is seen in that, because he says he sees her in all the other things, going for walks.

**S:** It's like I see in you—enlightened.

**T:** Yes, indeed (*sighs, sinks in her chair, legs stretching out*) ... it's ... yes ...

**S:** Then you're finished.

**T:** Yes, do you know what (*back to the in-between with the chair, finding the middle, also in her vertical*).

**S:** You did breathe now, puhh. You can go out of it now,

**T:** Yes (*taking a meta-perspective*), with regard to the first couple, she's more explicit in that she could see her own projection, but they as a couple, they had a moment of full contacting. Whereas with this couple, it looks like she has a moment of full-contacting, and tried to explain to him, but he's a little like (*arms out, shaking head*), you two women, I don't understand anything, so there it's not between the two of them (*folding her hands and bringing them up to the chin*). Though, I sense, what I take with me which is nice is that she walks out a little strengthened.

**S:** Is there anything soft here as well?

**T:** With her?

**S:** With them?

**T:** Yes, yes, absolutely. Yes, right, like I'm worried that you'll leave me ...

**S:** So, it's related to much more than just communication.

**T:** Very much so. I sense that with the first couple, it's the negotiation and the co-creation, but there's something more solid, whereas with the second couple it's a different form of healing of, like you're saying, trauma.

**S:** Potential in therapy, that it's there regardless, however here the healing potential is in our form. What were you thinking?

**T:** I was just thinking if this couple, I don't think it was this couple who said something about the individual history of trauma. No, it was maybe just a fantasy about the culture (*putting a big woollen jumper on*).

**S:** There's a lot going on, so if we want to differentiate a bit, looking at the GMoD. I think about the therapeutic relationship, there's something about the vulnerability, awareness, it's like you're very careful in your voice, yes, aware.

Then he talks about his values, his shame about the infidelity and then really, it's a couples trauma related to the interlocking pattern, in-between, then there's a split where she's terrified, needy and wonders 'are you there for me' and what does he become ...? He's explaining.

**T:** He's explaining and talking and he's ...

**S:** He's one that organises and fixes?

**T:** Yes, he's a doer, you know.

**S:** A doer and underneath is the suffocating confluence.

**T:** I experience, the differentiation, he withdraws to isolation and rejects her, but, he rejects her ...

**S:** He doesn't hear her ...

**T:** No, right and he wraps it up in seemingly being together, if you know what I mean. We can talk about things and we walk the dog, in this we certainly are together. Not.

**S:** Not, right, it's suffocating confluence that's possible, and isolation and the growing edge is towards differentiation. Which is what's happening with her together with you, when she lightens up, when she feels seen, heard and met, what happened then again?

**T:** When she says, she doesn't say exactly but implicitly, I'm afraid of losing you addressed to him, or I need you or I want you.

**S:** That's really autonomous.

**T:** Yes, and when I hear that, I mirror that I heard that, I heard what you said.

**S:** In that you're afraid of being abandoned ... ohhh ... (*sighs*).

**T:** That's the first time she's been heard.

**S:** Then she gets an experience of something she needs.

**T:** Yes.

**S:** I'm writing about this in my new draft, if you've never experienced fullness, you don't know what you're missing. If you've never been met and confirmed, then it's the longing for that. It's not that strange when you hear what they've been through.

Also, the trauma and culture (*pointing at values, identity in domain three*), who are we, we're careful and how do we do it when we're new in this country. There're a lot of things. Lonely and dependant are also topics that are emerging.

**T:** I also think about the autistic child, again, there're a lot of things going on, are you there, is the world here for us, we need help, in some ways there are some things there as well, her need to know that she won't be abandoned in not the cultural only there's really a need for support, to know that they're not alone.

**S:** And in the end we're all alone. So there's something also about not knowing, we don't know, so there's something there about supporting her autonomy and to be self-sufficient in her differentiation. I'm me and you're you. This is to grow up, really.

**T:** Yes, but with regard to this, I experience that she's really talking about herself and what, how can I put it, she's doing and that she's really good at doing her thing, and now I realise I'm also talking about myself.

**S:** Ok ...

**T:** Yes. Something about this to be able to be accept fully that we're alone in the world, and not having much experience of actually being met. This is what I recognised, and I heard her very clearly. There's something recognisable in that, what you're saying about that, you don't know this experience of fullness or being fully met, if you haven't had any experience of having had that. That's an experience that I, I think I know something about, if not, I wouldn't have known what it was, and I don't think I could have become a therapist if I didn't have a small spark of that experience, fullness. It's shooting blindfolded if you don't know what it is. What it feels like.

**S:** You don't know about it.

**T:** You don't know what it feels like.

**S:** No, and it's obvious that she has an enormous longing for that ...

**T:** Mmmm.

**S:** And that the road to healing is to be nourished with that, that's the healing potential in a relation.

**T:** Yes, and what you say, in that to support her, in her and herself and it's like I want to say that she knows a lot about that.

**S:** Yes, that's the potential.

**T:** (*right arm in a reaching for, grasping onto and pulling towards, back and forth from the navel area*)

**S:** It's like you grab onto the umbilical cord, you know.

**T:** Yes, exactly.

**S:** The nourishment, in here (*mirroring T movement*). I know a lot about that as well, thinking of trauma, recalling meeting my husband that he at one point said, poor you, how much need you have to tell, and I'll hear you out. There haven't been many people who've listened to you in your life! And that's so true, and I'm also aware that at a sudden stage it changed. I don't need it anymore, it's like it's filled up, so to say. Now, I would rather have presents (*laughing, thinking of Chapman's five languages of love ...!*)! That wasn't so important before, but now I want roses.

**T:** (*rubbing her stomach*) So now that area's filled up.

**S:** Yes, that's full, and this is how I think, and I really believe in that.

**T:** I think about this couple and it's nice with all the activities, but it's not enough. First, I have to be full in the sense that you see me and then we can go for walks.

**S:** They need to be lying on the sofa, you know, eating candy (*arms indicating holding each other*), it's like I get the feeling that she needs him to hold her like this, all over her.

**T:** Right, and almost having her in his lap (*arms folded like holding a newborn*), and this is how she embodies herself in the chair and this feeling that if only someone could hold her (*bringing her arms still folded even closer to the chest*).

**S:** This was also my feeling, and then there's the question, what does he need? It's easy to feed into it and feel sorry for her; but there's something there as well (*pointing at him*).

**T:** Yes, that's ... fine ...

**S:** It's only a hypothesis that you can be aware of when you meet them again for the second and third sessions, in order to continue exploring. We won't bring this further now, since I think it's enough. We're not bringing it further. It's so exciting and your awareness.

**T:** Mmmm ... Fine ... Ok ... (*sitting down in supervisee chair*). I find it really fascinating, S, this what is it, how we started to talk when I came in totally absorbed by something and I experience sometimes that I have to spend some time to get into something and then I'm there 100 %. Then when we're coming towards the end, I notice the time and I become aware of how the other things are coming back. To be in it 100 % ...

**S:** I find it very inspiring (*right hand touches heart*).

**T:** It's fantastic.

**S:** And to facilitate (*movement of sparkling eyes and the pushing from the yielding into*) and this happens even more in couples therapy. The aha-experience has another dimension, so to say.

**T:** Yes, I really, I can see it now that you say it ... You think about it after supervision?

**S:** No, I think about the healing potential that's there, in couples therapy (*arms moving in a circle in-between*).

**T:** Yes.

**S:** Because the significant other is there, sitting there with you and they experience together.

**T:** Then I'll have to say, although it's a mortal sin, about taking a couple after having had one of them in therapy alone, but the couple that I had in the autumn. She came and wanted individual therapy, but something, I don't know if she talked about her couple relationship when she started, but, and I think that it's a strange thing to suggest, but I said if you want to bring your husband sometime. I've now worked with them and see what that meant to her. She could heal together with him. After three sessions she was miles apart from how she initially started.

**S:** This is what I think of as the healing potential.

**T:** It's really true.

**S:** It's a fast process. You don't get away with your strategies, because you have the one who immediately reveals you in the room with you.

**T:** And in the moment when it really gets vulnerable and moving, tears and shame, and everything, it happens there and then, and there's nothing to talk about or think about afterwards, because it has only happened.

**S:** I hear you say it's a mortal sin, I don't think so, I'm not rigid about that.

**T:** No, I don't think so, I say mortal sin ... because if we follow the principle that they come in on neutral ground, I think that they didn't do that. I'll never forget something E.E. said, she was my supervisor in the third year of training, what did she say, maybe she wouldn't appreciate being quoted about this, like, most things are possible if they're done with awareness and I sometimes feel that when I decide to take a chance, I'm in something blurry, but I'm aware of what I'm doing and I'm transparent with the couple, so I have, at least with this couple, it sounds strange to say it out loud, but, the three of us were all so pleased, we were so pleased about what we had experienced and I was open about it as being part of my education, I'm a student and I practice, I practice together with you and it became a kind of experience of practice together and there was no doubt that she, who came in first by herself, had done leap in her development within the couple therapy. So, I'm really eager.

*Supervision after two sessions with the couple (one cancellation due to illness).*

**S:** These are the ones who have postponed due to illness?

**T:** Yes, so I'll start with the second session I had with them then.

**S:** Yes. Which couple is that?

**T:** I still think they're Polish.

**S:** Ok, so this is the foreign couple.

**T:** Yes, the ones who joined at the last minute.

**S:** *(laughing)* And you still wonder ....

**T:** Yes, I was wondering why I was wondering, I don't wonder really when I'm thinking about it. But the fact that I'm wondering says something about my situation, I've written a project dissertation since I saw you last, and it's fascinating how much one is capable of keeping on a mind, it's a little vague up there *(her head)*.

**S:** So, what is it, do you want to embody them in order to bring them forward?

**T:** Just to bring them up, where we were ...

**S:** We don't have to bring up the last supervision session for my sake.

**T:** No.

**S:** That's really not important. What's important is what you're curious about.

**T:** What I'm wondering about. Oh, S, can I draw your model?

**S:** Yes, indeed, just go ahead. Exciting.

**T:** Let me see. I just don't remember some of the words, but you have intimacy right, then it's this one co-creation, then it's values and then it's ...

**S:** A lot of things ...

**T:** Yes, right, but I didn't turn the chairs around the first session. I think I have to start with that, turn the chairs and it was like wow! Because this couple, I was so aware when I started the second session with them (*moving over to the setup, sitting down in T chair, feet firmly to the ground, sitting in a vertical, slightly sagittal upper body, looking at the couple with authority*), that he's having a relationship with me and he has a relationship with her (*hands indicating the triangular relationship*).

**S:** Yes, now they're coming back to me.

**T:** Yes, from the supervision session, here and there's something about the two of them. So they sit down, we start and ok, can the two of you move your chairs (*showing with her hands how the chairs are moved from the triangular towards each other*) and this room is, I have to say something about that (*arms falling down to the sides and narrowing her entire body*), it's such a small room, so initially I thought it wasn't possible to have couples therapy there. The chairs, in the room that I co-rent, the biggest chairs, so when they put the chairs towards each other (*rising up and moving the chairs with just 40 cm between the legs of the chairs*), the chairs are very big, and like this (*arms showing how wide they are*), so it becomes like a small cocoon and this is how they sit. So quite quickly they're sitting like this opposite one another and the content of the conversation is similar to how it was in the first session. It's talking about, something like (*moves over to the right chair*) ...

**T:** (*soft voice that one can barely hear*) I want to be with you. This is her.

**S:** I got that (*opposite chairs from first session*).

**T:** I need, we will, I want to be with you, I want to be closer to you (*sitting with feet on the ground, in the vertical, hands folded in the lap*).

**T:** (*moves over to his chair*) Yes. Yes. Me too. We can go for walks. We can do this and that. We can go for walks (*feet on ground, slight collapse in torso, grasping onto left fingers with the right hand in between the legs*).



**T:** (*in her chair*) Yes. Yes. We can go for walks.

**T:** (*sighs on her way back to T chair, then moving up to look at the situation in the meta-perspective*). So this is like, it's like it's a harmonious merging, a lot of suggestions, they totally agree about what they can do more of, it's like a (*wave with the hands*) and at the same time this (*arrows that don't meet with the hands and chaotic*) and it's like they don't meet (*hands to head*). It's like it comes from here (*showing from the head and out*).

**S:** In the cocoon?

**T:** In the cocoon, yes, and there're really like pulled towards each other. I feel (*hands towards chest in a reaching for with a small grasping inward to herself, moving a little bit and then sitting down in T chair*) in that I've moved them together, I sit here, and I feel freer. Like him, with him, I don't negotiate with him anymore.

**S:** So, you're no longer the other woman.

**T:** No. So now I can sit and listen.

**S:** Yes.

**T:** They keep going for quite a while. It's like they're going into (*hands moving like two partners back and forth, separate*). They're talking about. Hmm (*sitting in the vertical, legs a little apart, a yielding with, pushing against middle mode position*), I don't remember exactly the onset, and I didn't the last time either, maybe a little infection control (*her other position in Covid times*), how can I intervene. Then I kind of stumble in an inelegant way, as I don't have a very clear figure. But I need to intervene into the cocoon, if not they could sit there the entire session, because they're so good at agreeing about everything, they don't need to do more of that.

**S:** So, you kind of stumble into the weaving of silk that they're doing?

**T:** Yes, a little like how can I intervene? I have this chair that I can't roll very easily, so I kind of come over like a little like this (*moving out of her T chair and wagging over to her, sitting down on right knee leaning onto her left knee with her left arm*), and I'm sitting down here and think I'll just start something. Ok, so how does it sound to you, how do you feel (*starting to laugh, rises up and touches her heart with right hand, left hand tense in a firm grasp*). Now I think it's me laughing here with you.

**S:** Ok. Yes. Are you embarrassed?

**T:** Yes, maybe a little (*standing in the meta-perspective, right hand holding onto the left hand*).

**S:** Because you become a little ... clumsy?

**T:** Yes, clumsy. It's a little like what was happening there in fact, whereas I feel really, I think maybe because I'm thinking myself in, I don't have any really elegant intervention, I just think that I need to get in, and I'm embarrassed when I say that (*both hands touch her chin from both sides*).

**S:** Yes (*soft, yielding voice*), yes, in there. Then I wonder if there's something intimate going on, do you think?

**T:** I think I become more self-aware, I become aware that I don't have any ... If I could say it less judgement ...

**S:** Yes ...

**T:** ... I think I go in there without really having any figure, just a sensation, more of an impulse.

**S:** The id function.

**T:** Yes, right, indeed, just it's like as, and as, and it's nice, right, but it's like it's fixed. It's like a tailwind. It's like sending the ball back and forth. So I don't have any figure.

**S:** Well, that's the figure.

**T:** Figure?

**S:** Well, that's the figure.

**T:** That's maybe the figure.

**S:** Yes, this is the figure.

**T:** And I need to intervene and what I do is that I go straight to the body.

**S:** So, what happened to me was that I became really curious! What happened then?

**T:** (*moving over to her chair, body leaning forward in a sagittal, sitting down in a 'crouch position*) It became quiet, you see, it became quiet, it's like I introduce something like WHAT? (*stands up again in a meta- position, looking at S*) in this weaving.

So in saying this, I feel the flow with me now, because then, I can embody it.

**S:** Yes, do that. You've already started.

**T:** (*moving over to her chair and sitting down, leaning into*) It's like this: What do you feel, how do you feel, what are the qualities (*indicating his presence with the right hand*), I don't remember exactly how it started but (*touching her chest with both hands*) going to the body, 'where in your body?'

**T:** (*sitting down in her chair, feet on the ground, vertical position, right hand touching the chest*) Yes, I feel a little here. Ok, and when I sit here it's like, to feel, to feel, yes, it feels strange, ok, I can feel a little (*voice very soft and subtle*). I don't think she says it, but this is how I feel.

**S:** (*mild, soft voice*) So how do you feel when you can feel a little?

**T:** I feel a little sigh (*looking at S and nodding, right hand touches the chest in a confirming clasping*) It's strange to sit here, S, I feel that I (*sighs again*) like her, I'm moved, ok, yes, it's like this. Hmmm. And I feel the softening, like her and now I see him, with this softness. Hmmm. And with this, what's happening right now, with this small smile (*fingers on right hand signifying the delicacy, sensations*) hmmm, there you are!

**T:** (*moving up to a meta-perspective, looking at S*)

**S:** (*responding with a softness in the voice, the yielding into*) oi, oi, oi.

**T:** (*arms moving indicating the infinity movement of the couple*) It's like in the therapeutic session, she's, she's the one where I start, I feel I can start with her, oh, yes, oh yes, she's connected.

**S:** And what happens with him? I'm really curious.

**T:** (*moving as T over to support him, leaning down*) Ok, so what happens when you hear her saying this? What happens with you now?

**T:** (*as him, feet to ground, hands folded in the lap, looking down at the therapist*) What happens? Yes, I think (*looking at her*) we can go for walks, and we can take care of the children, we can fix I fix.

**T:** (*as T, sitting down next to him, hands folded, voice soft*) Ok, so I hear a lot of thoughts (*hands up to head*) from your head, and I wonder if (*hands moving in a flowing movement down at the side of the body on both sides*) you can feel something in your body? I think I say something like that.

**T:** (*in his chair, looking surprised at T, then head moves towards her but looking down, and back again to T*) but we can go for a walk, I can fix, I don't know, I fix.

**T:** (*to her chair, sighs, looking at him*) I love you.

**T:** (*as T, left hand on left ear, looking at him*) I hear her and then I look at him, and then ...

**T:** (*moving to his chair*) Yes, I love you too (*nodding to partner, hands folded in lap*).

**T:** (*T chair, hands move up to indicate both partners, sits in a vertical, quiet*) Then they look at each other.

**T:** (*moves over to his chair, feet reaching more towards her chair, on ground*) Then they sit here, I don't know, for about 20 minutes, they look at each other and the tears are flowing, and they are in the cocoon.

**S:** In full-contact?

**T:** In full-contact, and just are, they're being with, being with.

**T:** (*moves back to T chair*) But there's something I do from here, that I love you came quickly (*sits down next to him*) I say, as he's saying something really important. He says, I say something like: Do you feel anything, hmmm ... and at some point I say, well, I'll hold you a little, I hear that you're really dedicated to try to come up with solutions. You have many good suggestions about how to be together. So what do you see there (*pointing towards her*)? What happens with you when you look at her?

**T:** (*his chair, looking down at T*) Yes, but I have to take care of the children, I have to arrange things.

**T:** (*moves to T, sitting next to him low*) Ok, you're so good at that, you as a couple (*including her with arm movement, then moving back to a middle position, still sitting in a squat position*), with the children, you're so good at arranging things, taking care of things, you're so good at that. But right now (*arms reaching towards both of them*), you can think that you're not supposed to take care of anything, just being here, let go of having to find solutions.

**T:** (*moves to his chair, looking at T, shaking his head and then looking at partner, hands folded in lap, legs down and feet on the ground, breathing and looking at her*)

**T:** (*moves over to her*) She's sitting here with this small smile and this I love you that came a little earlier (*feet on the ground, hands folded in the lap, breathing*) and then it's like (*head wagging, hands moving in flow movement in-between*).

**S:** And then the cocoon starts?

**T:** (*back to meta-perspective*) Then it's going, and I'm there like a spectator, looking at them and not trying to solve how they should do being together, ideas about how they should be, for a very, very long time.

**S:** Twenty minutes?

**T:** I really don't know, I just think I let them go, I look at my watch occasionally, should I stop them? Do I stop them? But this is what they've longed for, then they're going home to where they have to do so much and we have time (*arms moving in the infinity symbol of the flowing in-between*) and I think this is the therapy.

**S:** Indeed, that's what it is.

**T:** Just to let them be, in that, swimming in one another's gaze, smiles, small sounds, statements, just let them be (*indicating goose bumps*).

**S:** (*leaning towards T*) That you could be with!

**T:** Yes (*looking at S, nodding*)!

**S:** Yes.

**T:** When I've done a check-up, agreeing with myself in thinking 'this is the therapy' ...

**S:** Yes, this is the full-contacting ...

**T:** This is the full-contacting. This is, if this isn't what we're out for, looking for, what are we looking for then?

**S:** This is why I say that you sustain and you're not coming in clumsily and interrupting this (*arms moving in-between of the couple*), here you support them being in the cocoon.

**T:** Yes, and this is where I (*moving to the whiteboard, pointing at the intimacy and autonomy domain*) they're in this longing for a moment, just to be, here. But not in that demanding confluence, but really in this I'm here and you're there, I'm here for you and you're here for me. This moment when the tank on the roof is empty and you're filling the tank for both of them, with the gaze of love. And the moment comes closer, looking at my watch, that we need to close the session.

**S:** To wrap them up, so to speak.

**T:** Yes, to wrap them up, then I intervene. I could have let them sit there for quite a while, certainly, but they had been sitting there for what I would say was a long time.

**S:** Yes, twenty minutes like that is long, but I would really think healing.

**T:** Exactly.

**S:** How marvellous.

**T:** Really, in that to turn the chairs, it was like, wow, there you are, and at the same time in that mode of thinking (*hands to head in a spinning movement*) with regard to creative adjustment and co-created relationship. This couple that I think has been in a finding-solutions mode.

**S:** In doing, they have been absolutely obliged to do. This is what having small children is about as well.

**T:** They have an autistic child and they've found solutions as parents, and they've tried to find each other in activities, and that's also something they've had to solve. Then it's like when I go back and listen to myself I would think it's not such elegant work what I do with them, but it became what it was and good ...

**S:** To me this is wonderful medicine ...

**T:** Because, we arrive at this.

**S:** You do small interventions, first with her so she's able to soften. Then you arrive at softening him as well.

**T:** That was a piece of work, you see. What I show you here is what I tried once or twice. What I felt is that I really hold him, because he really goes to his head, and he can't access, I see that he really wonders what the hell are you after? He really doesn't seem to understand the concept! She's more like sliding into it, whereas he's more ...

**S:** We can go for walks ...

**T:** What do you want? I feel ... yes ... go for walks .... right ... and back there, and then to support him out of his head and in some way into his body ... and she sits there (*movement of towing in*) towing in ... at some point (*snapping fingers*) ... the bubble bursts and then he's out of it and in there with her. Then there's nothing left for me to do but withdraw, but I feel that I challenged him ...

**S:** It's like you risk a lot together with him here.

**T:** I feel I pushed him.

**S:** Yes (*fingers move to the sensation, the delicate gesture*), I think the creative artist is at work here, it's the grading, I'm really moved, all the way through, you're the therapist artist.

**T:** Yes, I also have goose bumps (*touching her arm*), because all the way through it feels like I'm risking something. I feel like I'm in the terrain where it's all or nothing.

**S:** Indeed, and you're following the id of the situation.

**T:** Yes.

**S:** It's here (*movement of the in-between*), I'm really moved.

**T:** There were some times, S, I had an individual client who I think taught me that, when there's a terrain, I'm in my head feeling a bit anxious, but then I decided to follow the id and I experienced that the client leads the way. Here as well, there's something (*in-between movement*), she's a part of this.

**S:** (*hands move in a triangular movement of the therapeutic relationship*) This is why, if we take the meta-perspective, what we're doing right now, and you say so many wise things, I think exactly about that, when we trust the id of the situation, like you do, it comes with experience really, don't you think? That you can let yourself be supported? I think the longer I've been a therapist, the more I can support myself in the id of the situation.

**T:** Yes, when I'm here with you, thinking about the GMod, I become a little self-conscious. But in the therapeutic situation and I think I've said something about that before, as a therapist I find myself sort of in the middle. I'm not a beginner and I'm not a dyed-in-the wool, very experienced practitioner, but with enough experience in that I think I dare. I dare and I don't let retroreflection, my own reflections about is this good enough, I think, excuse me for saying so, fuck it and go for it (*hands indicating throwing away, and moving to the gut and moving out*).

**S:** So, this is what's new, because this is what you were caught by at the onset, this is one of your personal issues (*left arm to show the meta-position, awareness of awareness*).

**T:** You have no idea! In the third year of training, I thought I could never become a therapist. I was so caught in self-judgement thinking this isn't good, I was so caught in you know introjection, retroreflection.

**S:** (*nodding, supporting*).

**T:** I've struggled to come out, and I think that during those four years of training, ok, maybe I'll try to be a therapist. So, in this, what I told you about having this one client that in one way or another I experienced as a therapist, if I as a therapist dare to trust what's happening and really let that guide me, then I can and I saw that this was working. This is happening with this couple as well, with him thinking, ok, trust.

**S:** First they're in the silk cocoon talking about ...

**T:** Mmmm ...

**S:** ... then it's like stumbling in, because the figure is, it's quite difficult to interrupt that, it's impossible so to speak.

**T:** Yes, I invite them to turn the chairs and then they disappear into this (*wind blowing breathing sound*), so just stumbling in and ok hmmm, I have to intervene and do something although on the surface it seems jolly.

**S:** This is the art at the onset, in that you spot that there's confluence, but underneath and then you stumble in.

**T:** Indeed.

**S:** And then she's soft.

**T:** Yes, she's soft, and it's like she learned something in the session before, in the way they co-create that they meet and they don't meet and right at the end there's an intervention where she grasps something, whereas he's like he doesn't understand what I was talking about. That was at the end of the session, so I just had to leave them with that. But it's like at this time she knows that I know and she joins me quickly in knowing they're just weaving the silk, so we're stopping that and she ... she ... is able to stay with whilst I'm working with him.

**S:** Giving support.

**T:** Supporting. I'm over here with him working with embodying, embodying and this is where I hear her, I don't see her, but I hear her saying, in Norwegian, she wouldn't have had to say it in Norwegian, and I hear it and think 'Wow' (*left arm from her towards T and him, like feeding in*). So I get a lot of support.

**S:** This makes it safe enough for him, with all this support, because he is putting in a lot of effort as well.

**T:** Really, it's like he's really open, I'm here, and I will, but it's like I don't understand what you're talking about?!

**S:** It's Greek, you know.

**T:** It's Greek.

**S:** This is where I think you're doing it very gently, you're such a part of it and you support, support and support, so that he doesn't disappear to his head in thinking about or in shame in all he doesn't succeed in. He can stay with; you do that, and she's doing that.

**T:** It's so easy to become aware of how they have been living, solving pressing issues during all these years and to come out of that is Greek. It's a little like if this, he said something like 'if I'm not a man, if I'm not the one taking care of things, almost like who am I then? What else can I do?'



**S:** Then he has this experience! Mind you!

**T:** Yes. It's so sweet I just have to say, as there're leaving, and it's a very quiet location, quite late in the evening and I'm just organising before leaving and I hear them down the hallway with my door halfway open, kisses, kisses (*smiling, blushing, laughing*). It's like they can't get enough of each other. It's so sweet.

I would have liked to have seen them in session three.

**S:** It's not that important. This is what it is. Now you have this experience, and you will meet them for sessions three, four, and five, and then we meet for the focus group. I say that I don't want to lay out any expectations or guidelines for the focus group, we form it together, but there is a lot of juice in what you're telling me now from the second session of your experience and how you teach them **the being** together.

**T:** Yes. Really.

**S:** You acknowledge that in looking at the GMoD in the intimate domain? In light of Stern?

**T:** Yes, there's something, I can see it like an elevator. From here (*the mental*) and boom ... right in the (*sounds like in a flow, downward (to the ground)*).

**S:** That was really cool, because I've had so much feedback about turning it around into one (from the top), two, three, four, because you know starting on top with four, it's four, three, two, one, but to me it can't be the other way around.

**T:** No, no, no ...

**S:** We've talked about that, but now you really gave me a good argument, it's top-down. The being with includes everything, the embodied, holistic experience.

**T:** Exactly.

**S:** Top-down.

**T:** Indeed. With this couple it seems nice, with the next couple I can feel maybe we're coming close to, whereas here, you know as with this couple, you know like with trap doors that open (*huisj, huisj, huisj sound, movement of hands like trap doors opening, in the layers, domains*).

**S:** (*laughing*) You know I'm thinking about that game you know, with the Norwegian *krone* (*movement of how you played the old game putting in the coin and then pushing the button to play and hit the holes*) right down.

**T:** (*laughing*) Just straight down and for my sake as well, wow.

**S:** This is the magic.

**T:** Yes.

**S:** This is magic, I really would say.

**T:** I don't really know, if this is a difficult couple or what. I hear that they've tried different things, and with children and everything they've certainly cared for, but the method or couples therapy, but not whatever couples therapy, but the method.

**S:** Were was the couple that had been to PREP?

**T:** No, that was the other couple, but I think that's interesting with them as well.

**S:** Well, right now, with the couple (*indicating the movement of the infinity in-between*), now this is available and just support more of that. It might be that this couple doesn't need more than three sessions. They don't have to come for five sessions.

**T:** No, I'm excited and interested in what else they want to get out of this. Was this really what they needed in order to find each other? Maybe they'll return for the third session to make it more explicit. We had a post-contacting sequence; but the air was so full of ...

**S:** (*shaking head*) It might be that you shouldn't talk that much about it then, it's an embodied experience that will process in their bodies.

**T:** What I feel right now is if it's not something completely different that emerges, this may well be the work.

**S:** The main job, which is what I say that some couples just come for a few sessions and then they don't need more, this was what they needed, and they know if there are difficult issues later on, you're there. So you don't have to arrange for five sessions with them

**T:** No, this is my feeling, that with them they don't need more, I don't think I ever push couples, but with the other couple, we have already made an appointment for session number four.

**S:** We can look at them right, as this couple I think it's quite clear. So beautiful and so exciting and I get interested in you as well, how you so gracefully follow the id of the situation, it's really nice to see, the id function in action.

**T:** Thank you for saying that S, you really have heard me being the one looking for things to criticise, and it feels so good to get the support that this isn't bullshit.

**S:** This is the art of Gestalt therapy! When I transcribe how inspired I am by the unfolding processes, it's so beautiful, which is what I find this is, really beautiful.

**T:** I feel this as well, I haven't ever doubted the method, but to have it confirmed, even more profoundly, again and again, I think I've called it magic during the training, whereas Daan didn't want to hear about magic, it's magic.

**S:** No, it's not magic, as you're in fact intervening.

**T:** Yes, I understand that, but the effect is magic and I'll say what I've said many times, I have confidence in the method, the unreserved trust that Gestalt is important, but I feel when I trust it (*pointing to the stomach*) and when I'm (*touching the head*).

**S:** So now, when you became what you called self-conscious, you could bracket off. You could say it out loud to me, now, I think now actually I laugh about and I'm aware of what's happening with me, and then you could actually bracket off together with me, and then move back into. This is what I think is the therapeutic development, when we're into our own traces, then we can put it aside. There was one more thing I wanted to say ... well, what I also find so exciting is that boom, when you put them together. When you withdraw and get out of the *ménage à trois*, so to say.

**T:** Yes, and with these two, in this room, it was like the context was a combination of the furniture, the room, and the fact that I was far away, it was no longer a triangle, it was very much the two of them, there were many things, so if we're to look at all the phenomena where I've been thinking of the room as a ridiculous room, but when we arranged to put them together, I think it could have been very demanding for a couple, the intimacy, the chairs, it becomes a cocoon, for others that would have been overwhelming.

**S:** Then you would not have put them together.

**T:** No.

**S:** Because that came totally spontaneously.

**T:** Yes.

**S:** Ok, so shake it off, baby ... I'll clear the board since you might want to draw for the next couple as well, and no leading on, drink some water and we can start again here if you want (*pointing to S and S chairs*) (1.2: 13:21).

**T:** Yes.

**S:** I don't know what you need, I need to air the room a little ... I'll close and you're ready?

**T5: Schmook**

*Supervision after the first session with the couple.*

**T5:** Yes, I think so. This is a couple that opted-in due to interest in the project. They aren't in the project because there's something they want to explore.

**Supervisor (S):** So that's the request, that they're interested?

**T:** Yes, you could say it like that.

**S:** I immediately feel my interest in that you can sit there being you (*indicating the therapeutic setup*), you're you ...

**T:** (*smiles and gets up from the S chair and sits down in T chair, adjusting the chair and rolling a bit backwards, upper body in the vertical, legs apart in a V with hands folded in the lap. Withdrawing chin and looking down, smiling*).

**S:** (*In the chair next to the setup*) So there you have a couple that comes because they're interested, but there are in fact no issues.

**T:** (*smiles and raises her head to a vertical*) And the first thing that happens with me is a little panic (*moving her chair towards S and looks at S*).

**S:** Ok ...! And how do you feel that?

**T:** (*back towards the in-between position towards the couple*) I can feel that a really clear thought comes to me and I also feel it in bubbles here (*her stomach*), but the thought (*indicates with her hands an impulse upwards, raising hands beside her torso and towards the head briefly*), a spontaneous thought, oh my God what am I supposed to do?

**S:** Yes.

**T:** This is what happens with me first, when there's no request.

**S:** So when you look at them now?

**T:** Then they're all smiles (*indicating with the hands the broadest smiles, fingers spread stiffly and smiles like a frown*), big smiles and a lot of excitement and expectations.

**S:** And you feel panic and withdraw in the chair (*leaning into a retreating sagittal*).

**T:** I feel that I breathe really deeply, and the breath stays here (*at the upper chest*) and I have to remind myself to breath out so there's room for the next breath in so that the lungs can do their work.

**S:** So here there are a lot of expectations is what I hear.

**T:** At least that's my projection. They come without any request other than ohh so exciting, being part of a research project. Both of them express interest in psychology, Gestalt therapy..

**S:** Can you embody them?

**T:** Yes (*lifts herself off the seat and then leans back again, holding her hands inwards on her thighs*), yes I can do that. Something happened after about half an hour that I'm interested in looking at, but I can embody the start as well?

**S:** You don't have to.

**T:** Because what happened (*arms out and towards each of the partners*) and what I feel changed the direction completely (*arms in a round movement*) was that (*moves out of the T chair and moves the chairs*).

**S:** So you move them towards each other.

**T:** Yes, they sat at a bit of an angle and with my Corona thoughts I have a wide room so they sat up to each of the walls in the room and I sat towards the wall (*arms indicate a triangle wide apart*) and they talked a little about how it is to be here, so I would have an idea how they talk together.

**S:** Yes.

**T:** Then they talk together for many minutes and they talked about how wonderful it was to be there together (*arms like a big bubble*). There was so much confluence and infatuation. Eight months and still so much in love. It just filled the room with infatuation. I just sat there smiling as I listened to them (*looking to the left, leaning towards and get up*). I can embody them a bit.

**T:** (*to the left chair as her, legs in a wide V, vertical, chin a bit lifted, hands folded in the lap and looking at the partner*) It was just amazing to find a kindred soul and understood and I think eventually we'll have a small farm, the day will be like this and this, and we'll have fun taking care of the animals and even when we come home we'll have work that we both enjoy and everyday life will be great, and great and great and dreams and dreams and dreams.

**T:** (*moving over to the right chair as him, smaller V, small grasp onto the right hand with the left hand, arms held into the torso in an inward push, a small frown between the eyebrows*) Ohhh, yes, yes, ohhh (*nodding and nodding*) yes, yes, I also feel that and it's so wonderful to find a kindred soul after I having been through this period of coming out from where I lived and the people I lived with and it's been so important that you've been there for me. That's been so important and it's so nice.

**T:** (*moves over first towards the left chair and then to a meta-perspective next to S and touching cheeks*) What happens then is that I see that there's something happening in her face (*the left chair*). I say 'I can see that something is happening with you when you listen to what he says (*the right chair*). I wonder what's happening? She says 'I'm really moved' (*looking at S*).

**S:** Yes, can you be her?

**T:** (*her chair*) I'm really moved.

**S:** I'm really moved (*touching her cheeks*).

**T:** (*in the her chair*) Then she takes a tissue from the box I put by her chair and (*wiping her cheeks*).

**T:** (*in his chair*) It's so strange to be so far apart when I see she's crying (*reaching for her and then looking at the T*).

**T:** (*moves to T chair*) The chairs can be moved, they're big, but they're light, so be my guest, by all means (*inviting the two with the hands out towards each of the partners, palms up*).

**T:** (*his chair, a slight freeze in a retreating sagittal*) ahhee (*then moves forward sagittal, hands touching the thighs*) Really? (*looking at T*).

**T:** Yes, really. Just enjoy yourself, do what you want. They're not heavy.

**T:** (*being him, hurrying up moving his chair and then hers, embracing her, embracing each other, grasping hard onto the hands*).

**T:** (*moving out of the chairs to a meta*) and this is how they sit for an hour afterwards. Intense, this is my impression (*grasping hard onto the underarm*), intense in a sense that there are armrests here, but their arms are above the armrests, not resting on them.

**S:** So they're clinging to each other?

**T:** (*arms out like questioning*) Maybe (*grasping hard onto*) There's a lot of (*holding the arms hard and intensely and hands in a tight grasp*) and (*moving over to her chair*) a lot of the time there are two hands.

**S:** On top of each other?

**T:** Yes, like a sandwich.

**S:** Yes (*sighs*).

**T:** And this is how it is for the remainder of the session (*moves out of the chair*)

**S:** Ohh, ohh, ohh and you become short of breath?

**T:** (*looking at S*) I become giggly and I smile and I share (*sitting down in T chair, touching her heart with both hands in a sandwich*) and I'm moved and I really enjoy how you moved your chairs together in a way that feels good for the both of you. It feels good. The word infatuation has already emerged there a few times (*pointing towards the couple*).

**S:** How do they respond to when you?

**T:** (*looking at S and shows a big smile*) and looks at each other.

**S:** (*laughing*) Yes. So we're talking confluence and infatuation.

**T:** Yes. (*rising up and meta*) After awhile, they talk a lot to each other. I'm fully aware, I'm really attentive to how much, I'm aware that I'm recording, and that reminds me to remember to put it back to the couple. He's talked about the fact that he has been in a difficult living situation, they talked about that and they talk to each other. Tell me a little bit about how you met, what did you recognise that you liked in each other and at some point, maybe about halfway through I make a choice that I'm not completely sure about, but I (*standing up and the hands grasping onto each other, pause a bit, sighs*).

Ok, what I thought was that this is great and wonderful and I wonder if there's anything they want to explore?

**S:** Yes, if there's anything ... like ...

**T:** How is to be, yes, they've talked about not living together, how it is to visit each other, how it is to meet each other's families. I get to know them and observe how they talk to each other. I hear content as well, how they agree about everything, how they discuss when they disagree. So I introduce that, they don't bring it in. But there's so much of this (the bubble) so much confluence, the infatuation, we hold onto each other, we move the chairs, and then it emerged that he ... Should I embody the situation?



**S:** Yes.

**T:** (*sitting as him*) Yes, we discuss, we do, and we don't agree about everything (*leaning onto her next to him like a two-seater sofa, and looking from her to the T and back*). I have a lot of temperament (*right arm moves in a circle*) I go to war.

**T:** (*moving to T chair*) So I make the same movement, mirroring.

**T:** (*moving back to*) Yes, like that (*laughing*).

**T:** (*her chair*) And my reaction when we disagree is that I withdraw, I become a little ... (*arms moving inward in a tight position, holding arms tightly towards the chest and diaphragm*) like this.

**T:** Yes, so you become like this (*towards him*) and you get warm, you come out is what I think, is that right? And he confirms this. And you (*towards her*), I see that your movements are smaller and they're up against the upper arms into the body. You're moving inwards. Yes, she confirms that.

**T:** (*moves to his chair*) I get a little afraid when you move inwards (*retreating sagittal*), you move a bit away and I'm anxious that you're disappearing.

**T:** (*moves to her chair*) Yes, and I believe this has to do with my childhood (*looking at T*) that I expressed myself excessively as a child, I could scream out loud and throw things all over and my parents ignored me. Then I did the opposite and became very quiet, reasonable, and explained everything and then I was seen and I got a response from my parents.

**T:** (*rises to the meta*) So they describe two different ways of being, he comes out and she withdraws. Then we talked a bit more about how it was and then she said:

**T:** (*sits down as her*) But last time I tried to risk saying something, I did come out and I said something when we disagreed.

**T:** (*T*) Yes, you made a conscious choice to come out and how was that?

**T:** (*as her looking at T*) That was really scary, really scary and a little bit fun. Then I became a little (*shaking her head slightly, as if dizzy*)

**T:** (*as him, leaning onto and looking at her*) and it was really wonderful. It was nice.

**T:** (*T, looking at her*) So in fact you did an experiment. You chose to come out a little more, to go beyond your comfort zone and see what happened.

**T:** (*her looking at T*) Yes. I didn't realize that, but yes, I did do an experiment.

**T:** (*To the meta*) So this is what emerged.

**S:** So you supported this.

**T:** Where I ... I digged a little, I found myself digging. At that point I found that I was a little unsure about whether or not I would let this pass.

**S:** So you differentiate a bit, you support the differentiation.

**T:** Yes, and what I thought afterwards is that I like when things are developing, thinking that this couple has the potential to do something new together. Everything was new with this couple. Together for eight months, the pandemic, still in love.

**S:** Right, fantastic.

**T:** (*his chair*) He said, I should dampen a little.

**T:** (*T, arms out*) Well, maybe and maybe not. I become more interested in how it is to be you when you get warm and start with this (*arms moving out*) and how it is for you (*towards her*) to feel it and to feel your impulse and to come out and do a small experiment to risk and enter or whether it's better for you to go in (*indicating a twisted pole in front of torso*). Do you have to change something? Is there something wrong with being a little warm? I think this is a possibility for you without necessarily having to change the way you are?

**T:** (*meta*) He liked that; I could see that it pleased him and she's a therapist so I could allow myself to use a little of our jargon. They had talked a lot about Gestalt therapy. So that's why I said that she did an experiment, because she knows what that is and obviously he did as well.

**S:** So what is it that you think that you do together with this couple?

**T:** I think what you said, to taste differentiation and how it is to be them when the infatuation bubble is no longer there.

**S:** So this is preparing for.

**T:** Yes, absolutely.

**S:** Very beautiful. Yes. So I look at them together with you in the confluence ...

**T5:** When you say that, I realise that we talked about that. When disagreements occur, they keep eye contact through the disagreement, they confirmed that. I said, how can they, I said that other ways of experimenting are the physical aspects and space.

**S:** But you're talking about.

**T:** We didn't do any experiments, there's not a lot of room.

**S:** I just think like as a working hypothesis, since they're coming back.

**T:** Yes, that's true (*nodding*).

**S:** There are some possibilities, what I experience here is that there's a lot of psychoeducation.

**T:** Yes.

**S:** Talk about, learning to take a meta-perspective on the relationship.

**T:** Yes and ideas to try something new together, so that they can come back with new experiences.

**S:** Where you, in a way (*walking to the board to draw and analyse*), what's interesting is that talking about the therapeutic relationship in the room, how you can feel all eyes on you and talk about a lot of expectations and what happens in you. I'm interested in that as a phenomenon, if that also belongs to the in-between of the couple.

**T5:** Yes!

**S:** High expectations. It sounds like they have very high expectations for their life, don't they?

**T:** Yes, they do. The first thing when I invited them to talk to each other so that I could get an idea of their communication, was their common dream about how things were going to be and there was absolutely nothing about here and now. It was just about what they've pictured.

**S:** Here (*moving arms in the bubble*) like airy expectations.

**T:** I didn't think about that. It was definitely a parallel.

**S:** Then I wonder, about values. Dreams are here, what do they want. Then you touch on the co-creation, confluence.

**T:** For all it's worth!

**S:** Then you introduce differentiation and they explore.

**T:** Yes.

**S:** In this, and I think this is the growing edge, but what's emerging is also how they do it, I can think of that as preventive, when they become aware of how they co-create when they talk about their backgrounds, when she withdraws and he gets warm, it's a development in that it may not be that fixed in the long term, due to what they do right now. Then there's something about the autonomy ...

**T:** Yes and I think that they, it might be a bit unusual that the infatuation lasts for eight months.

**S:** Chemically two to three years. They're in a good flow, so they can surf a bit on the wave. This is what's nice if couples come early and they're still riding the wave. But I think specifically about the potential in drawing them to the here and now, the castles in the air. They don't live together, do they have children already?

**T:** No.

**S:** So no children.

**T:** No, she's older, that came up now, she's some years older than he is, I remember now—and no children.

**S:** So what I would want to explore is to move the chairs apart and put it back to the couple, so that they can explore. This farm, is there anything concrete?

**T:** No. What happened with me when they were talking about that, it was a little like red light started flashing, because everything was perfect in that world. They were going to have fun with the animals. Ok, animals are a lot of responsibility. I grew up in farm country so this I know.

**S:** There's something about bringing it to reality!

**T:** Yes, this was something I thought about when I was fishing a bit, shall I find an issue, what am I doing, do I look for problems? I thought no, I hear what's happening when they don't agree. So when I heard them the first seven or eight minutes I thought, they're not here. They're in a perfect world.

**S:** In the world of ideals.

**T5:** They'll have a wonderful time together, when they get home from work after a bad day, after dinner they'll enjoy the animals, do some carpentry.

**S:** What happens with you when you tell me this.

**T:** I become cynical, that's what happens with me.

**S:** Me too.

**T:** And then I can appreciate the value of dreaming together. Yes, that type of life attracts the both of us. This we have in common.

**S:** So the growing potential is to put them together and talk about something concrete. To bring them out of the world of ideals, like Perls talks about illusions.

**T:** They came a little down, when I was doing like this, I asked about their jobs. She had worked and liked it for a long time, but now it was a nightmare. He had a job that was meaningful, but now he wanted to have an education. We talked about finances and how to make everyday life work, then it was more concrete.

**S:** She's a good deal older than he is?

**T:** Nine years.

**S:** Ok. How old is she, do you think?

**T:** They didn't fill in the regular form like clients usually do, but if I were to guess I would say he's about 25 and she's nine years older.

**S:** So 34–35, children are possible if they talk about that.

**T:** Yes it's time, biology, official systems if you have to adopt. There are many ways to create a family.

**S:** Then you put it back in.

**T:** Yes.

**S:** It's a hot potato. Isn't that how you would put it?

**T:** Yes, and I think it was completely natural that I didn't touch on this in the first session.

**S:** Certainly.

**T:** There's something about making it concrete.

**S:** Yes, and then what happens with them can happen to you. You can be fixed in the role of psychoeducation. It's nice as a working hypothesis, and it can be really supportive. There's a lot of support in what you're doing.

**T:** Absolutely. I think that I'm joke a little when saying that I'm the one who kills the joy in their confluence.

**S:** Yes. That's the price to pay for them. You know, we're not playing a game. This is real life and it sounds like they haven't really understood that.

**T:** When I think about the panic I got at the start it might be that it was because I knew I was going to supervision and be filmed, I recorded the session and I was going to talk to you. But I have experience with couples that've come to work preventatively, without any request other than they wanted to still be together when they were 100 years old, so they wanted to invest, they thought a good thing was to invest in couples therapy. So I have that experience that I'm not dependent on the couple having an issue to work on.

**S:** I think about Yalom, I have a book by him entitled *Love's executioner (both smiling)*. There's something here that I'm curious about, really.

**T:** When you talk about clinging onto, you used that word.

**S:** There's no yielding into, because they aren't resting in it.

**T:** No, they aren't. I noticed that, you know my chairs, that he was over.

**S:** He held.

**T:** Yes. I noticed the hands, they were a bit white. It was really hard, the grasping.

**S:** So that may be the confluence, the rescue. I take what you say about panic seriously, you're up there (4 domain), there's something there.

**T:** So in that respect it's about more than 'Oh my God, what am I doing now?' It's about the field.

**S:** I think yes, it's about the field. The grasping onto and the white knuckles, there's at least something to be aware of.

**T:** When you said rescue, I think that's also in fact a word that he used. His rescue. There's something about being rescued in a difficult situation, emotional rescue.

**S:** So in this you might explore where they're coming from (*drawing*), what they bring in, the arrows and the baggage that's landing into the relationship.

**T:** She was a little in that, like I showed you. He talked about his family, that's really close, a little sister who's now is in the military and a mother who's psychologically ill.

**S:** The mother?

**T:** Yes. It's been really difficult for the family. He has a close relationship with his father who lives outside of Oslo but comes in to visit. So he talked about being used to being close and that they already had met each other's families. It was so good for him to be respected and welcomed. So it's a lot of this (*folding hands*).

**S:** There's also a lot of healing potential.

**T:** Absolutely, no conflict with the other's family.

**S:** I think something about the clinging and the white knuckles and you say something about his story and you're down there (co-creation) and I'm curious as to whether he's used to taking on a lot of responsibility.

**T:** Yes. That's possible.

**S:** That's very possible.

**T:** Given the situation.

**S:** And he's found a grown-up woman. That's also interesting.

**T:** I didn't think about that.

**S:** (*quiet, soft atmosphere*) It's like (*movement above the couple*) they can also talk about, the age difference.

**T:** That's differentiating in itself.

**S:** Indeed. That'll be exciting. These are just hypotheses, there may be totally different thing that emerges in the next session.

**T:** Yes, but this is very useful.

**S:** I think you have a lot to play with here. It's nice also to have these kinds of couples.

**T:** Yes, absolutely. I left the session with a smile.

**S:** I have also had young couples, they don't feel a stigma in the same manner. It's best when we can work early, this is what PREP is doing. But we do it much more physically than mere communication. Just the knuckles, that observation, it might also be a possibility for intervention. I see you sit holding, how is it to sit and hold in this way. Then you're down here (*intimacy and autonomy*).

**T:** Do more of it or less of it?

**S:** More physical movements.

**T:** Actually I had an impulse that I wanted them to put the chairs back-to-back, but I held it back.

**S:** It may be that you can experiment with them in the non-verbal, to get information about the nervous system, regulation, due to the fact that they're so curious and willing. A lot of good will.

**T:** Open to anything.

**S:** So exciting. Good.

### *Supervision after the third session with the couple*

**T:** So now it's couple one, the lovebirds.

**S:** (*both laughing*) Do you know what book I brought home with me afterwards? *Love's Executioner* by Yalom.

**T:** We saw each other after the first session.

**S:** Yes, then they had been with you the evening before.

**T:** Yes. The second session I had differentiation in my head, because they started to schmook.

**S:** Like a working hypothesis (*hands showing a meta-perspective*).

**T:** Yes. I had to see what happened, but I remembered the schmook.

**S:** And then schmook, you know what *smokk* is [in Norwegian, a dummy for babies].

**T:** Yes, but like (*clasping hands together in a merging movement*).



**S:** Yes, but with the double meaning, they're *smocking* (suckling) each other.

**T:** Yes, not far from it. It started in just the same way, ohhh, so nice and it's so nice to hear, I'm touched, yes, which is beautiful. It fills the room with good vibes. Then I said, should I enact it (*moves out of S chair towards the setup*)?

**S:** Obviously, you're going to

**T:** Action (*moving chairs next to each other*) schmook (*sitting down in T chair*) (*laughing*). (Camera 2: 11:47)

**S:** Oh, my God (*moving out and sit in chair next to the setup*).

**T:** (*right hand to heart with flat hand*) You become so clear to me as a couple and it's so beautiful to witness, and I'm incredibly curious as to who you are as individuals. Can I invite you to do an experiment? (*pausing, breathing and looking down between the couple as they sit very close together, almost on top of each other*).

**S:** What happens with them then? (*laughing loud*)

**T:** (*In her chair, looking at him with their hands and fingers interlaced, then looking at the T nodding*)

**S:** Oh, yes! (*soft voice*)

**T:** (*moving to his chair, movement from sagittal with a little collapse in towards her, moving up in a vertical in an abrupt, fast movement, left hand grasping onto the right underarm, looking at T with eyes wide open*)

**T:** (*moves out of chair*) Like with a lot of interest. She's a Gestalt therapist and he's very interested in Gestalt and will start to study Gestalt in the autumn and Gestalt has saved the world.

**S:** So he's confluent even there.

**T:** (*laughing with*) Yes, it's like saying will you do an experiment is like saying shall we will pop a bottle of Champagne.

**S:** Grateful.

**T:** Yes, joyful I would say. So what if you take your chairs (*moving the chairs opposite each other about two meters distance from each other*) and sit opposite each other as far away from each other as is possible in this room.

**S:** Interesting.

**T:** *(in T chair looking at them)*

**T:** *(moves to her chair, sitting in a small retreating sagittal, middle mode with a balance of yielding with and pushing against in the vertical with somewhat of the retreating sagittal in the upper body and head tilted a bit backwards, legs reaching forward and feet crossed, smiling)* Hmmmm ... I haven't seen you from this angle before. Fun. I like it. Ahhh ... *(shaking the shoulders a bit, loosening)*.

**T:** *(moves to his chair, similar position, hands folded in the lap)* It's a little strange. It's a bit like *(reaching towards with both arms stretched out, hands reaching without any grasp in the fingers and then back folded in the lap, shoulders tense a bit lifting up and feet move back and up under the chair, toes barely touch the ground)* Yes ... *(then feet come back reaching forward)*.

**T:** *(T chair, feet in similar position, stretching forward, more of a middle mode in a vertical)* Yes, I hear that you say it's weird to see him from this angle, face to face *(addressing her pointing towards him)*.

*(Here it goes off course again – individual intervention (again), instead of inviting THEM to talk about how it is to sit like this and explore together) (2 – 13:57)*

**T:** *(in her chair, looking at T)* Yes, we usually sit next to each other so we don't look at each other in this way. *(Looking at him)* You're handsome.

**T:** *(Looking at her)* Yes, it's weird *(smiling, releasing the body and breathing)*.

**T:** *(Getting up and waving arms)* Then there's a lot of love in the air and now they're apart *(arms move apart)*. And now I'm curious *(looking at her)* about you as individuals as well. Who are you when you sit there? Tell me about yourselves. *(looking at S)* Something like that I don't remember exactly. But it was something like *(moves T chair towards him)* and you over there, tell me. So the rest of the session went on like that, I believe for 15–20 minutes.

**S:** What do they say then?

**T:** At some point they start talking about something that surprised them about the other. I think she started. Well, oh, I don't remember.

**S:** Well, you can embody her. I'm curious about when she talks about who she is, what does she say?

**T:** *(in her chair)* Well, now I remember actually. Yes, I'm the optimistic one that likes to be in a bed of flowers *(arms moving over the head in circles)* and it's so nice here. This is me. She says something about that.

**T:** (*moves to his chair*) Then something is said about , how was it like he, yes, something, you're, yes, I recognise that in what you say. That's great, it adds something to my life, that you're this way. Something like that. Whereas he `s...

**S:** More rigid.. or ...?

**T:** Things have to be in a certain way and I get very confused when somebody thinks differently than I do.

**T:** (*T chair*) What I remember from that session, other than the experiment, when I moved the chairs apart, differentiation eventually emerges.

**S:** Yes, I hear that.

**T:** Carefully.

**S:** So careful differentiation.

**T:** In the third session, they were schmook again (*moving chairs close together again*), so I didn't bother with that again. I thought well, this is it and another thing we worked on in the second session, I think before I separated them, I saw the arms were a little tense.

**S:** I remember that.

**T:** So I took a pillow and I said, have this pillow and put it under your arms, how is it to rest. I'm a bit uncertain, did I say that the last time?

**S:** No, that was the working hypothesis from the supervision.

**T:** So the second session we did that and yes, it felt much better. But I said, I see that your elbows aren't resting. So move the pillow a bit further back, and then came a moment when they could rest their arms and then I separated the chairs after they had been sitting like that for a while. So in the third session more differentiation emerged.

**S:** Yes.

**T:** (*moving to his chair*) Then he talked about, yes, when you talked about you and the flower bed, then you said that you listen to Cardi B. How can you listen to Cardi B?!? I didn't understand. I couldn't understand it!

**T:** (*her chair*) Yes, I listen to Cardi B and I admit it. It makes does something to me, and then they both laugh.

**T:** (*his chair*) Yes, I think, that's right, I don't understand.

**T:** (*her chair*)

**T:** (*T chair*) It's really hard to embody this. What became figural for me was that he has ideas about if you're this kind of person, you like this kind of music and if you're that kind of person you don't like that kind of film. We had talked about film as well and the Netflix fluff you watch, why do you spend time on that?

**S:** Then they're starting ...

**T:** Yes, then they're starting.

**S:** What does she say then? Was that when she said that she could stand for that.

**T:** Yes, and she steps up and says what she gets from it and what she likes about it, then I say (*as T to him*) I hear that it's difficult for you to accept, you have this idea about this person liking this kind of music, that kind of architecture, literature, that doesn't add up for you?

**T:** (*his chair*) No, it doesn't (*moving upper body to each side, swinging*) then comes this movement, then I know I can be a little like that (*stepping the right foot to the floor, putting the left hand like a boundary to the left knee*), a little assertive. Then I should, then he talks a lot about how he should be different, I should be different than I am.

**T:** (*T chair*) Yes, so right now I hear that you say that you should be different. You should do it differently than you do. It's interesting. First you shared that it was difficult, it doesn't make sense to you when a person does like this and not like that, and now you have thoughts about how you should do it differently, in a certain way. Then ... no, I'll tell you what became figural for me. I'm afraid I'm just making it up (*hands to both hips looking at S*).

**S:** Yes, yes, just talk, you go where you're interested.

**T:** Yes, because I supported them, and we did a small experiment, I remember, that's all fine. If it doesn't make sense to you, it doesn't make sense to you and do you want to try it out? Do you want to check it out? You're allowed to say what you think or jeez I don't understand this, what do you mean by that? Now I'm curious, I think totally differently and now I'm curious. Then something happens with him.

**T:** (*in his chair, looking at T, soft voice*) Yes, that I can do (*nodding*).

**T:** (*gets up, walks to T chair*) He becomes quiet in his body and words.

**S:** What happens with her then?

**T:** Yes, she's participating the whole way. My attention is towards him, whereas she's not quiet, she participates, she talks and it's a bit back and forth. But what's figural for me is him, because he shared what it's like being him for the first time ...

**S:** Rigid.

**T:** Yes, rigid, he doesn't use that word,

**S:** No, but we figure that ...

**T:** Yes, and it's evident, my interpretation is that he has an aha-moment and wow, is this possible for me to be me, with everything I think and is it so simple, I can be curious, and I can disagree and I can check it out.

**S:** Yes, because then I'm curious about how this is for her? Does she confirm that?

**T:** Yes.

**S:** How is it for her to hear about his rigidity?

**T:** She agrees.

**S:** She's experienced this. How does she experience his rigidity? How is that for her?

**T:** (*to her chair*) Yes, you know so much and you're so interested in so many things. You delve into things and you're so interested. Then laughter and so, so, so, and sometimes I think 'does it have to be that way?' Is it this important? Can we just let it be? And just watch the film?'

**T:** (*his chair*) He's laughing as well, yes, I know, then they mention a film I don't know, yes, when we watch that film I have to discuss that philosophy. I don't understand why they did that.

**T:** (*her*) Yes, there are high-intensity discussions. You're really engaged. She says everything in a nice way, but she's clear that sometimes it goes too far. Not like critique, she says it in an supportive way.

**T:** (*T, to him*) I hear that you're a person who really digs deep and wants to find things out and you (*to her*) are a person ahhh (*arms around the head*) who's a little more carefree, experiencing things as they are now, broad. Is that right (*to both of them*) and they confirm. So this is how you are. You're different in this respect and they agree.

**S:** So where, if we're going to analyse it, now in meta, if you go out of it and look at it together with me now, where do you become interested?

**T:** (*standing up, arms folded behind the back, standing solid, feet apart*)

**S:** Do you become interested?

**T:** Yes, I'm interested in how they experience the acknowledgement of differences, how they're different and that it's ok. That's where my interest goes. I was so sure, that I would remember the session from A to Z, so I didn't look at my notes from the session ...

**S:** That doesn't matter, that doesn't matter.

**T:** No, but that's where my interest is.

**S:** What I remember from the last session is that they were living in an illusion.

**T:** Yes.

**S:** It seems now that they're more (*breathing out*), grounded.

**T:** Yes, more concrete incidents and then one very fresh occasion when they had been at her parents' house on May 17<sup>th</sup> [national holiday) and they had brought a dog with them. The dog had peed in the parents' bed (*laughing, right hand covering her mouth*) and the way he felt really bad about it, and the way in which her mother took it. She told her about it after breakfast and her mother had said, when they talked about it afterwards that well, that dog would need to be castrated. Indeed. Then (*moving to his chair standing*), no, he was against castrating and then talked about the consequences of castration.

**T:** (*T*) talking about how it was to be him in that situation, with parents-in-law, so yes, this has to do with taking responsibility, you have an opinion about castration, you've thought this through. Yes. So being part of this situation and meeting someone who claims something that's totally against what you yourself believe, you meet that with good form and show a similar interest like we were talking about before. What do you think about that?

**T:** (*his chair, sagittal forward*) Yes, how do you mean?

**T:** (*T*) Well, you're against castration, but you're against it and you think differently about it, castrating, but you're listening to what she says, for instance.

**T:** (*him*) Yes, because I don't have to agree with her, I can disagree.

**T:** (*moves out towards meta*)

**S:** What happens with her then?

**T:** (*her*) Yes, I didn't hear about the castrating bit, because that's what my mother's like, she has a lot of opinions about different things (*right arm waving out in the air*) and then I did understand eventually that it became a bit intense ... (*moving out of the chair*).

**T:** Then she started to rock a little bit back and forth in the chair (*in the horizontal*) (*T chair*). I see that you're doing like this (*arms out, rocking back and forth in a horizontal*) and I interpret it as you were pulled a bit in both directions, between your mother on the one side and him on the other? She confirms that.

**T:** (*her*) Then I heard your answer and I thought you did that really well, I thought it was ok.

**T:** (*him*) I felt a little alone then, in that situation. I didn't know that you heard it, it seemed that you didn't take notice at all.

**T:** (*her*) Yes, I understand that. It could seem like that, I heard it actually and I thought that you answered well and then I didn't want to interfere.

**T:** (*T*) Then he relaxes, oh, yes, you heard that. I have an idea that this is emerging (*sign between them in circle*) and they talk like, yes what did you think, how did you feel?

**S:** There's no fixation.

**T:** No, they discover that this isn't dangerous or difficult to get immersed in.

**S:** That's beautiful, I think about it as dawning differentiation, somewhat of a sensitive differentiation.

**T:** Actually I used this one that you use (*hands folded and then differentiating movement with the fingers separating and standing up, towards each other, but clearly differentiated, in the vertical*). We talked about it, as she knows what differentiation is and he's interested. To be here (*hands in the same movement but further apart*), doesn't mean that it has to be a crisis, because (*smiling, hands touching at the bottom*).

**S:** Yes, because that's where there's development.

**T:** Yes, and you can't come here (*to confluence*) if there's no movement. It's the movement towards, to be in the good feeling of confluence and the movement apart when you have different opinions, there are differences in your personalities. It's the movement that's interesting (*a dynamic movement, pulse*) Not, whether you're here

(*clearly differentiated*) or here (*merging*), but how you do it. They liked that. I said it's my good colleague across the hallway who does this. I like that and it's meaningful, I find. It had a lot of meaning for them as well.

**S:** I think they do that beautifully. I hadn't expected that from the last session.

**T:** I was curious.

**S:** From the first session, when they were so much in the illusion.

**T:** A farm in the countryside after two months together.

**S:** Hardcore execution. I think that this is, may I say, with young couples, there's a lot of psychoeducation. They're not that stuck, they haven't become that fixated yet.

**T:** I talked about that as well, they became a couple during Corona and now things are starting to open up again. Now a new phase will begin, so to explore this together in the world as a couple, they've been in a Corona bubble and now ...

**S:** That can be risky enough in itself. It's there also. Do they live together?

**T:** No.

**S:** That's also there, in the air. Children we talked about last time. She's much older than he is. That has to find its rhythm. It can't be imposed, it'll be exciting to see what happens now in the next two sessions with the differentiation, the exploration. It's not that the topics shouldn't be approached with caution, as it's potentially a lot of investment in these topics, in the two figures that we discussed. But they have such good form, in the seen, heard, and met all the way through.

**T:** We didn't work further on exploring the world, being together with her friends and his friends. I just mentioned it.

**S:** That might be a topic for the next session.

**T:** Yes, because, now they're stepping outside their own sphere.

**S:** Now, I've read a new book that I'm curious about. It's about the same thing that I mention in values. There's something about, will they have children and how this is negotiated when they decide if they'll chose one another, will they continue to be a couple, what is the rhythm. Together or separated. Do they have any plans or ...?



**T:** The small farm.

**S:** There's something about timing.

**T:** Of course, of course. This also came up when we discussed Cardi B, the music, liking this and that. That wasn't appropriate for him with his thoughts about her, her as a milk maiden, on a small farm, that was where he wanted her to be, because that was his ideal.

**S:** Ohh, ahhh, was he the one who had a mother who had a psychological illness.

**T:** Yes (nodding).

**S:** Well, that might be a little, down from the pedestal, with Cardi B!

**T:** (*both laughing*)

**S:** Have you read *Getting the Love You Want* by Harvill Henrix?

**T:** No.

**S:** Well, that's about exactly what you're exploring right here. You fall in love with something that, everything you don't have yourself, what you project. He's rigid and she's flower power, that's what he finds so fascinating now. But that will eventually be the problem, when the relationship comes down from the illusion. When she's more than a milk maid and also likes Cardi B. She comes down from the pedestal.

**T:** Yes, that was when we explored that it was ok to disagree, to be curious, to explore. I don't understand anything about that! I'm interested in that—tell me more! By these two sentences ...

**S:** They're so interested so they just swallow.

**T:** Yes, I think a light went on, I saw it above his head when he realised that it was allowed. He has been really so into I shouldn't be like this, I should be like that every time.

**S:** So there's the rigidity as well. He's rigid out and he's also rigid in.

**T:** The rigidity out, that was when he realised that another choice is possible.

**S:** I don't hear him as rigid? He's not fixed together with her. But if greater challenges are coming, these creative adjustments, when one is looser and the other tight, that might be the challenge in a couple's relationship.

**T:** Yes, and if they practice negotiating these challenges when a less important topic comes up, like what kind of music you like.

**S:** Then you practice sustaining differences, to accept that you're different and the emerging differentiation and you're doing it with such a delicate form.

**T:** What do you think about disagreements, we explored that and had a really good discussion about it.

**S:** So (*drawing the GMod*) good form and dialogue. They're in the pseudo confluence, the infatuated confluence, this is in fact what's killed, in the 'normal', everyday living. That's where they're going, in the rhythm of the intimate, autonomous movement. This emerges when you explore values, really. That's where there's negotiation, to be able to accept differences, disagreements. In good form, the co-creation doesn't get fixated. They certainly have a potential for fixation in relation to their enduring relational theme. I can think about his preference for rigidity and her preference for being loose, this is also what can be developed together, which is what Henrix is talking about. What attracts you and what might be problematic? What you're really doing is psychoeducation.

**T:** This was extremely important, particularly for him, to be able to check-out together, to be together and be curious about the differences and be allowed to be him, it was really important that he take on board, that there's nothing wrong in me being as I am, my reactions. They are what they are and the woman I am together with you is totally different. How exciting. Wow! Surprising. Tell me more. This is to me the, then you can feel whatever you like (*movement on the side of the entire body*).

**S:** This is what I often experience with young couples, things are not that fixated, they take form. Preparing, I've had young couples, as they are, and I imagine that when we explore together, they don't go into fixation, that's not possible if you practice good form. Then life comes along. When things open up. Others start dragging you in different directions. There are choices to be made. You'll see whether that comes up, if they continue or what.

**T:** Well, both couples want to have the two last sessions.

**S:** Do you think they'll continue? I've told the other couples therapists, that in the last part of the fourth session, bring it forward to the couple whether they want to continue. If not, you prepare to close the therapy in the fifth session.

The other couple, she with that mouth, they would need you longer. But there are still two more sessions left, and we don't know how things will proceed and they have good form.

**T:** Another couple comes to me right now; they were in fact ready to continue on their own. She got really anxious about that, being without me, and I told them that I was going to work all summer and that they could reach out to me if that was necessary.

**S:** I think it's like that with couples therapy. You know I'm here if you need me. Some need it for security, I've had two women that I am thinking about that have wanted to make appointments since they knew that the men wouldn't participate again. It doesn't sound like that for your couple though. Well, good, soft, I think this is soft as well.

*(Back to S chairs)*

**S:** What do you see when you look at the couple again, as yourself now?

**T:** She said in the first session that she was experimenting with coming out more and that it was really scary, but it went ok because he could take her in. She's doing that and that has been there continuously from the first session. What I, where my interest is drawn is to him, as it's dawned on him that he can have the reactions that he has and that it's possible to practice. That it's ok that he's himself. I have my thoughts about that, that it hasn't been ok in his life to be himself.

**S:** With his mother. Then I got interested in the differentiation. How can they be difficult?

**T:** How they can be difficult together? *(laughing)*

**S:** *(meta movement)* Just like a creative experiment. How can they lock?

**T:** Absolutely.

**S:** There's something about self-disclosure, the weak points, the triggers. How much easier it is, when I think about my husband for instance, when I know about his hang-ups and I know where they come from.

**T:** Like in the user manual, the last page with the red triangle, what does it say?

**S:** What?

**T:** You know if you buy a new washing machine and the last page where it says what can go wrong.

**S:** I never read that!

**T:** I read everything. Last page, what can go wrong. What's on your last page of your user manual?

**S:** Really creative! Where are you losing it? *(both laughing a lot)* I just got in touch with a lot of laughter in that, in that they're so nice. So well behaved.

**T:** Very well behaved.

**S:** When are they not! He might be a little grumpy. He can be powerful.

**T:** Absolutely.

**S:** She might be frightened then.

**T:** Yes, she even said that it was frightening to come out and be clear and that was very scary and it was possible.

**S:** They're still infatuated, and have good form, but this will be preparations, like we discussed before.

## T5: What's Unsaid

### *Supervision after the first session with the couple*

**T5:** Couple 2. This couple is in a completely different stage in their life. They're a good deal older, she might be around 56 and he's 12 years older.

**Supervisor (S):** So he's close to 70.

**T:** There's a completely different form of confluence as their story mirrors my own to a great extent. They were married to others when they met, and then there was a bit back and forth, a quasi-turbulent period before they got together. Now they've been together for many years with children on both sides and what they talked about was, amongst other things, without me going into a lot of detail now, was that he brought something up that he said he didn't dare to bring up before.

**S:** Do you want to embody them there (*in the set up*)?

**T:** Yes, I want to embody that, but just as an issues and the other topic was how it was to relate to the other's children. Both of them had experienced it themselves and how they had experienced the other's relating to their own children.

**S:** How is it to be you in this setting when it's so similar to your own story?

**T:** I feel safe because I think this is a familiar landscape.

**S:** Can you sit there and be safe? (*pointing to the T chair*)

**T:** Yes (*getting up and walking to T chair*) I can do that.

**S:** Do I have to change the position of the chairs? (*moving to the seat next to T*)

**T:** No, that's how they are. I've moved them already (*the setup is in a triangle, neither towards the T nor the P, sitting down in T chair*). This has happened to me once before. That a couple has come in with this type of background and (*breathing out, loosening up her body, rolling the shoulders, arms resting in the lap on both thighs that are spread a little in a V shape, firmly seated in the vertical, rolling the feet and planting them, then moving up a little with the feet*) then I can lift my shoulders, I know a little bit about this. This happens with me. It's a good feeling. Not that I have projections that their experience is the same as mine (*touching her chest with arms in an x and both palms touching herself*). When this happens, both with this couple and the one before, I thought about something you said, this is a part of my expertise.

**S:** Yes. So this you know something about. Yes.

**T:** Yes. I have the idea that if and when I share a little that this creates safety in the field. At least it did the last time. Yes. So I can sit here and feel safe and I feel completely different than I did sitting with the other couple (*looking at S and smiling*).

**S:** Yes (*smiling also*), so here you really sit (*puh, strong vertical movement with the left hand signifying the verticality*).

**T:** Yes, I do.

**S:** But, not that you're fixed, as you're (*moving the body from side to side as do the T*) also very flexible.

**T:** (*touching her seat and moving upper body*) What I notice when pay attention to it is that it feels completely different in my upper body and particularly in my seat and under the thighs.

**S:** (*nodding*) Yes.

**T:** (*nodding*) Yes, really.

**S:** Did you share something about this with them at the beginning?

**T:** No, not at the beginning, but not so far into the session. I don't want to start by talking about myself.

**S:** No. So you hold back, bracketing off.

**T:** Yes. It's so nice to sit here and I could just keep sitting here, this is what I feel (*smiling at S*) (*then mobilising leaning forward, supporting herself with her arms pushing up and out of the chair towards right left chair (for the T)*) then I think it would be useful to embody them.

**T:** (*sitting down in the her chair, legs stretched a little forward towards the partner, yielding into the chair, looking towards the partner then to the T*) Now I look towards the T, then I explain how it's been for me, a little laughter (*right hand moves towards T, then down and left hand moves towards the partner in a reaching for without much grasping in the fingers*) and when he talks I look directly at him, I look at him all the time when he talks, sometimes I add something (*body very still*), most of the time I talk for a long time (*right arm moves again towards the T*) here, I talk a little here as well (*left arm towards the partner*), there's a response and a little talking about, but the most of what I say is to the T. I experience myself as flexible. It hits me when I'm sitting here that I don't feel that I ought to look in any particular direction (*to the T or the partner*). It's natural for me.

**S:** How do you feel your body there?

**T:** I'm a little (*touching the side of the chair*), in fact in this chair; the arms are a little off.

**S:** A little off, yes.

**T:** And when I was sitting in the room the armrest is a little like that (*high up*) (*right arm leaning on and left arm holding around the right arm*).

**S:** Somewhat held or?

**T:** Maybe, but the phenomenon is.

**S:** So how do you feel now then, sitting there?

**T:** What I feel is my shoulder (*touching the left shoulder with the right hand*), like the arm is sort of dragged around (*the left arm*), the right arm rests, I don't hold, but I feel, what I feel right now is that I'm not (*rising up in a vertical push, left arm doing the alignment movement*) vertical, but I'm a little (*leaning towards the right and collapsing a bit in the torso*).

**S:** So you're holding a bit? You don't have real support there?

**T:** I don't have real support (*nodding, looking at S, rocking a bit back and forth in the chair, holding her breath?*).

**T:** (*moving to his chair, sitting down in a slight retreating sagittal in the upper body, arms folded in the lap, legs stretching out, crossed down with the feet*) and actually (*moving in a sagittal, right hand with index finger pointing*) their toes are in contact.

**S:** Down there.

**T:** As a matter of fact almost during the entire session.

**S:** So this is how you maintain contact, with the feet.

**T:** (*leaning backwards again, right hand up towards the chest in a small grasping gesture, head slightly towards the right, looking up*) And I look up to the right when I talk, when I share, when I talk about. I look also (*leaning towards the T*) and explain, some background information. Here and now I feel, I'm saying it out loud, this is what I've thought about quite a bit (camera 1.2,: 13.08) and I'm saying it now for the first time. Ehh, Ehhh (*right arm moving like a dialogue inside out, twice*) ehh, ehh, I try to capture (*eyes move a bit restlessly up to the right and then down, right hand in a grasp movement towards the chest*), it's a little scary to say it. I'm a very

peaceful man, so as to it being scary, it's just a little scary (*showing with the right hand a small gap between the thumb and index finger*).

**S:** You deflect a little.

**T:** Well (*the body sinking a bit, a small frown in the face (retroflexion in the body)*).

**S:** You look out of the window. What do you see?

**T:** There's some deflection in the field, yes, because (*sitting still, like thinking*), it's not that (*leaning towards the partner, right hand reaches towards with the fingers spread wide and no grasp*) I'm not looking at her at any point, she responds (*moving back and forth in a sagittal towards*) and I listen to what she says. I'm a little anxious and at the same time I think that we're here in couples therapy and now I can say these things, here it might be safe to say it and then I go a little into myself (*right hand moving in circles beside right part of the head*) I talk about (*touching the chest with right hand flat*), I'm really attentive to that I should probably be better and somehow different with her children, but her children are so calm and quiet, whereas my children are all over the place and noisy and (*gesticulating expressively with both arms around*) around the dinner table the conversation is non-stop. They're younger, but that's not important. I like them, I really do, and I think they like me. Now, they're adults. I feel, I'm really attentive to the fact that I should have done it differently. I think I wasn't good enough with her children.

**T:** (*moving to her chair, sitting down, then getting up and walking to T chair, leaning over to him in a forward sagittal*). I hear you're having thoughts about that you should have been different. One thing I believe in is that we all manage as well as we can with regard to the outer and inner circumstances, so I think that wasn't possible to do it differently. What happens with you when I say that?

**T:** (*over to his chair, sitting in the vertical*). Yes.

**T:** (*moving to her chair and then gets up again*)

**T:** (*to his chair, pointing to T and looking at partner*) I hear what she says and I take it in, but I'm not sure if I can allow myself to believe it. That happens with me (*left hand on the chest*).

**S:** What I wonder here is how it would've been to support her to hear what he says?

**T:** That's the next thing that happened? By itself.

**T:** (*moves to her chair*) But it's really true what she says, I've told you so many times that you did the best you could and I don't have any thoughts about you not being good enough, I don't think about that. It was a new situation and we were going to create a family.



**T:** (*moves to T chair*) When this happens I become happy. The next thing I think, I got the feeling oii, be careful, it's not individual therapy, then I asked, I should've right away (*movement of bringing it back to the couple*) but then she grasps it.

**S:** What I really wonder is that they're also talking about, like deflection, so I wonder to bring it here, what happens with her when she hears him?

**T:** But that (*pointing to her*) is what's happening.

**S:** No, she immediately goes to explaining the situation.

**T:** Yes, I understand.

**S:** Instead of having the experience of how it is to hear him.

**T:** I understand.

**S:** Do you understand? So this is how they miss each other here.

**T:** Yes, that makes sense.

**S:** He isn't met with regard to how he feels about it.

**T:** Of course, oh, yes.

**S:** He feels that way.

**T:** And the only thing he gets is a contradictory message.

**S:** His thinking is wrong.

**T:** Yes, from the both of us (*laughing, looking towards the S and then shyly down with a smile*). I see it now. Thank you. Yes. Yes (*arms to the hips, chair positioned in the in-between of the couple, yielding into the chair and slight push*).

**S:** So in itself it becomes deflection.

**T:** I see that, deflection in this field.

**S:** That is deflection.

**T:** And we all contribute to it.

**S:** Yes. So I think the potential is to bring it to the couple and to explore how it is to be them, together, here, instead of talking about.

**T:** Yes. It gives me a deeper nuance of the difference between talking about and experiencing (camera 2, 19:12).

**S:** I would recommend in order to set boundaries in the field, so that your part is more secluded, that they sit opposite each other.

**T:** Yes. I would talk a bit because the chairs are broad enough, because I ask them as I do with all couples either to turn a bit towards each other and that's possible in those chairs or turn towards me and this can be done comfortably without having to move the chairs.

**S:** But then you don't set boundaries in the field.

**T:** Even when they're sitting opposite each other.

**S:** Even if they're sitting opposite. I have the worst chairs, but anyway I'm really cautious about, move the chairs. It's not the same as moving in the chair, because then you don't have the support, she's hanging outside the chair. So move them properly so they really can feel the qualities of feeling that they have their feet grounded. Train them in the differentiation or to float in, that's also easier then and you can withdraw and make them do the work.

**T:** Yes, that makes sense.

**S:** Because this is what they don't manage in the deflection.

**T:** Yes, deflection as the ongoing contact form. He was looking up and she was talking about and I didn't support her either in how it was to hear, she just had the contradictory message, as was I and I also brought in the theoretical perspective to support him that if it had been possible to do it differently he would have done it. That's also our theory, but what I did was to dismiss him, what he in fact was feeling. Theory as deflection.

**S:** Theory as deflection.

**T:** This was really what the entire session was about.

**S:** Ok, that they were talking about.

**T:** Yes, this was the topic. They also talked about, discuss, so that I could see how they were talking together, talk about how they met. Then all this emerged.

**S:** Yes.

**T:** Then it was that phase and when they had talked about that for five or six minutes, the difficulties, the children and how they were older, they were suspicious about how long I had been seeing her and she moved and I understood that she was about to leave me. Right, and that's the way they got together (*folding hands*) in that complicated terrain, then they talked about that together and it was nice to see and observe that they didn't interrupt each other, they didn't correct each other and they filled in for one another and then I thought oh, this is also my terrain.

**S:** So in this there's good form, there's good will, commitment and the waves of the narrative and the growing edge is to support them to more intimacy, don't you think? They're not seen, heard and met properly.

**T:** Yes.

**S:** That's not that easy, I think that's the potential here.

**T:** Yes, and I think this couple will manage when I have this intention.

**S:** When you become aware of this.

**T:** Absolutely. Absolutely. They're capable of reflection and the way you were talking about, how they talked about a difficult story and filled in and it was obvious that they have a good life together and that they've been in the storm together and they have the willingness to explore.

**S:** There's something about the quality of the relationship, the intimacy. Being close and being apart, I think about the feet that really are there together. I think that really what we are talking about in taking it to the here and now, what's also challenging when they are, they are obviously really great at deflection.

**T:** Yes, and I joined in immediately (*smiling and laughing*). Then (*touching her chest, like warming to*), when I get in touch with this, ohhh, he dared to say this, he really said that he wanted to say something he hadn't said before, he risked doing it and then he was met with.

**S:** I can bring this in when I think after I have a couple, and I might think that, there it was not really ok, I become aware that I've missed something, this is Lynne Jacobs 'We can't avoid making mistakes' or what you become aware of is the phenomenon, that's in the post-contacting and in supervision, and bring it forward to the next session, as a working hypothesis that you held lightly. I also invite, you know, when I close the session with

the chairs towards me how has this session been and blablabla and if there's anything you would want to bring with you for the next session, you are most welcome. This also entails that you (*the T*) might have thought about something from the last session. I often say that in the first session, that it's an overwhelming experience and task, also for me as a therapist, the first session, we have to get to know each other, we have to look at how things are experienced and I will definitely think about you until next time. That's a declaration of love from the therapist to the relationship I think. But take this with you this as a hypothesis that you hold lightly, because there's no guarantee that this will be what is there in the next session. It's also possible to bring it in as something you've been thinking about.

**T:** I've done that with individual clients, when something's become figural when I sit with the GDF, and I've thought ohh, *that's* what was going on. Then I can bring that in in the next session.

**S:** Then it's exciting to see what kind of hypothesis, and I say it again, because we're not supposed to have an agenda, right? It's more the potential of what's there. Then you'll have to see how it takes form.

Shall we go over there and reflect a bit more if you want to. (*checking camera, sitting down I S chairs*).

What are you sitting with now?

**T:** I sit with a good feeling, both with respect to a confirmation of what happened and having light shed on what was there that I wasn't aware of, in particular with the last couple, what I wasn't aware of. It happens fast even though I know that a contact form is something that happens in the field and everyone contributes in some respect, I can be so quick to think that this is deflection and I start to think about him or the one who does it, instead of looking at it as a symptom, the co-created deflection.

**S:** Yes and that you can use to know something about them, the co-creation and then we talk about intimacy with respect to how we in fact can contact each other better.

**T:** Yes, and it's exactly the same but from another side with the other couple, the ones that I started with, co-creation and confluence and differentiation are what we're working on.

**S:** Do you know what I became aware of when we started with this second couple now? I thought that we were not at all attentive to inner zone awareness with the first couple.

**T:** No.

**S:** Just as a phenomena.

**T:** I'm thinking about when I read about them before I came in today, the GDF that I had written and when you say this and the confluent couple, it was late last night when I filled it out and then I remember when I came to

the inner zone. I thought they said that they were so much in love, is that inner zone. Well, ok, to say that you are really in love is not the same as feeling it, it's talking about in the middle zone. So when you address this it resonates well with what I wrote in the GDF and my process with them. Yes.

**S:** Yes. There's no yielding with. They're up here, they're hovering above the chair.

**T:** And it's like this (*clinging onto*).

**S:** It is, really.

**T:** You can say, no yielding with in the chairs they were sitting in, either.

**S:** No.

**T:** They had to smoosh their chairs to each other, it was like they were sitting on top of each other.

**S:** There's one thing, something. Well, it didn't become figural in the situation, but it became figural because you embodied the other couple and then there was a lot of that immediately.

**T:** Yes.

**S:** Yes, you can just bring that with you. That can be the source of the grading as well.

**T:** Yes.

**S:** It will be exciting to see, we talked about the movement, but it will be interesting to see but this might be a small warning sign of grading when it's so held. It's almost like freeze.

**T:** Yes. It's interesting that you say this.

**S:** There are white knuckles.

**T:** When you put it into words, I connect with, disease isn't the right word, but there's something that doesn't sit right with me when I said that I sat with them, when I was sitting there I interpreted it as, I called it panic, I was a little panicked in what I could do with them, but there was something there ...

**S:** Panic in the field.

**T:** Yes. Not only my panic.

**S:** You don't appear to me as someone who panics.

**T:** What did you say?

**S:** You don't strike me as someone who panics.

**T:** (*breathing, reflecting, folding hands in her lap*) Not usually, no. Not usually. That also comes with life experience I think as well. To have experienced something and how easy it is to panic, and then to be able to tolerate the panic.

**S:** But I think that this is a phenomenon that resonates with something that you recognise that belongs to the field, and then we give it meaning when we reflect on this in the post-contacting.

**T:** It's so important to be reminded of that when I experience something, that it's a field phenomenon. Even though I know this very well, there's something about being reminded about this by a supervisor that can look at it, yes (*left arm moves in a circular above movement, then back to hands folded in the lap*) (Camera 2.3. : 3:00). The camera turned off.

**S:** Yes, I heard it as well. Now we were finished (*both laughing*). But what I really become interested in is, now we've been together for an hour. It feels like it's finished.

**T:** Yes.

**S:** Right, and it's like we're finished, it's not a matter of the more the better and I'm so curious as I have allocated half an hour to each of the couples and then half an hour to the fore-contacting and the post-contacting and it's like, because we've spent such a long time in the previous sessions and I saw that yesterday as well, how efficient it was and I believe it's because we know each other better now.

**T:** Yes.

**S:** It's not so much stuff, so when you say that I sit here and there's something about my story, then I'm with you at once.

**T:** Yes and sometimes I experience and you've probably experienced that as well, I bring a case and then I'm invited to feel into and (*arms move in squares beside each side of the torso, in the vertical*) ouhhh, something just falls into place, so it doesn't always happen that the supervision needs to be so long.

**S:** Right, because there can be too much information and it's just a matter of looking at what happens and then a hypothesis, which is what I think, that we hold lightly, but most likely it will be figural again, here like

deflection or what we've explored with the first couple that will be ... it's not as easy as it seemed, to put it that way.

**T:** No.

**S:** Far from it.

**T:** Yes, actually. Thank you sooo much. It's fantastic for me to be able to learn.

**S:** I look forward to seeing, I look forward to transcribing.

**T:** That's a lot of work ...

### *Supervision after three sessions with the couple*

**S:** So a lot is happening and now we're going to look at the research couples.

**T:** Yes, now both couples have had three sessions and let me think about the couple I want to start with. I want to start with couple two. This is the couple where I remember from last time that you were curious about the feet. The feet were back and they started, or he started to talk and he said just at the onset that much had happened since the last time.

**S:** Do you want to embody them (*indicating with arm to the triangular set-up*)?

**T:** Yes (*gets up spontaneously and walks over and sits down in his chair*).

**S:** So do they sit towards you or?

**T:** (*adjusting her chair*) Actually she has some problems with her neck so she asks to sit a bit more like this (*towards the therapist*) just because of her neck.

**S:** So is she looking at you then?

**T:** She sits like this (*towards him*) and then she moves towards me, but they sit towards each other almost all the time.

**T:** (*sits down like him, retreating sagittal in the upper body, feet crossed and stretched a little forward, head tilted a bit upwards*) He starts, yes, a lot has happened since last time (*eyes looking up and moving upwards*

toward T and her however not looking at), and it occurred to me that I was able to deal with things (*breathes and plants both feet on the floor, knees spread in a V, still looking to the right side of the partner*) I don't know if you remember (*then looking at her and leaning a bit forward in a sagittal, right arm reaching out with little grasping in the fingers, almost nothing, then sitting back again and looking away*) and I wanted to bring something up and then I was wondering how I would do that and then it hit me that I have a choice (*looking briefly at the T and back*) I don't know if you noticed (*moving in a vertical, slight sagittal forward to her*) but it went well and you just responded (*moving back to vertical and looking away*) and then I thought yes I can choose to bring things up in a different way ... bla bla bla ... (*right hand in circles at the side of the head*) (1 – 04:27). A lot of words, a lot of words about this.

**T:** Mmmm (*moving to T chair, sitting down in a vertical with yielding available, a little hollowing in the upper body, hands folded in the lap*). When I sit here and observe I notice that he's (*right arm again moving in circles*) looking up in the air and I do like this (*the movement*) he did something like that but there was something about this movement and that it's over there (*moving the arm out (away)*) and he looks at me a couple of times and he turns to her directly regarding the breakfast and I think that it's nice that he's discovered something and made a conscious choice. I share this with him in I hear that you've discovered something and that you made a conscious choice and that you did an experiment (*turning to her*). Do you recognise what he's talking about?

**T:** (*moving to her chair, sitting down towards the T in a vertical*) And here it's suddenly (*touching her jaws with fingertips*) ...

**S:** Tight, prudish.

**T:** Yes.

**S:** It tightens ...

**T:** Yes, and looking a lot down, almost no movement in the body and I get some thoughts about (*moving out of the chair standing*) that during the first 15 minutes she holds back tears.

**S:** Ok.

**T:** That's just a feeling I have.

**S:** So how do you feel it now then when you ...?

**T:** (*moves back into her chair, looking down*) There's something not quite right ...

**S:** So something isn't quite right ... you're pulling your lips tight there ... Do you retroflect?



**T:** Yes (*touching her jaws, then her throat*), oehh ... oehhh ... oehhh ... (*rocking a bit back and forth and then holding her hand to the chest*) I'm holding my breathing here and I'm looking here (*left hand pointing to the floor*) most of the time. I'm confirming here (*pointing and looking to him*) yes, yes, yes ... I didn't think about it and then we talked about it afterwards, I totally agree (*arms moving in circles outwards towards him*) and when I say that and I look at him I feel that it's loosening.

**S:** Ohhh ... yes ...

**T:** It's like it's totally ok, but it's not what this is about in my body.

**S:** That's what you feel?

**T:** Yes, I loosen up a bit (*arms again moving energetically towards him*) I confirm and what becomes figural (*moving out of the chair to T chair*) ...

**T:** (*in T chair*) ... in that session is that I hear that they're talking ... maybe I'll enact that ... I'm unsure (*moving back to her chair*).

**T:** (*in her chair*) Well you know, my story, I sit here talking about (*tempo down, looking down, body composed tightly*) when we spend every May 17<sup>th</sup>, all the birthdays, Christmas with his children together with his ex, her husband and I feel so excluded and there are memories, memories and there's laughter and do you remember when you ... and there's a lot of looking through photos (*gets up*).

**T:** So she's talking about this (*in a meta position, arms holding on the hips out*) and what happens is that he listens ...

**S:** (*points to his chair*) So how is it to hear this?

**T:** (*his chair, body tightening, feet crossed, looks straight forward on the left side of the partner*) I look at her when she talks, a small nod sometimes and I don't say anything. When I embody this now and feel and I don't have any words (*gets up*) .

**T:** (*back to T chair, standing*) What happens with me is that, and this is going on for about twenty minutes and I hear in the words I hear that that this is smoothed over and this is how it is and I find a way to tackle it, I go upstairs to the second floor and play with the children and with them I don't (*moving over standing beside her chair*) have any history with them and I can have a nice time with them and it's totally ok.

**T:** (*sitting down in T chair*) Yes, so nice that you find a way, but I think that you experience being on the outside a bit?

**T:** (*in her chair*) Yes, I'm and then bla bla bla.

**T:** (*T chair*) and what I feel here is that now (*towards her*), there's something that isn't ok. They continue talking about things (*arms moving between them, T facing with chair towards her chair which is also turned towards the T*) but I'm not able to move forward, I hear what they're saying and I respond, here and now I don't even remember what it was (*pulling the arms of her jumper up*), but I remember they talked about something else and twice more I came back to check out (*chair moving from the between position towards her*) and in the instance (*signifying with right hand up over the head and down to the lap*) ok, I'm aware of who I'm becoming now. Do I become the therapist who looks for problems? And I think that I even say that at some point, that I won't be the therapist who looks for problems if there are none, and then at the end I think that no! Now I'm going to follow my impulse and there's something that doesn't add up and I just say that I'm not able to let go of this so I'll share it with you (*sitting between*). The way it is for you (*left hand addressing her*) every May 17<sup>th</sup>, every other Christmas and all the birthdays, something happens with me when you talk about this (*hand moves in front of her stomach*) and then it comes.

**T:** (*to her chair*) Yes, I'm so glad that you said that because (*facing T, leaning forward in the sagittal, movement of right arm reaching out towards T*) brrrrrrrr ... brrrrrrrr ... brrrrrrrr ... (*right arm moves in circles*) ... it's just like it comes and comes brrrrr ... brrrrr ... brrrrr ... and it's not ok and are you aware of how it is for me (*looking towards him*) and I feel like I'm on the outside all the time and I don't think that you know what it's like.

**T:** (*T chair, right hand at the chest*) The first thing that happens with me is that I'm so relieved that I followed my impulse, then I get a little aha that I don't always that I trust what happens in my body. In this instance I did and that was important for me. That's half of what I'm thinking. This was an important incident for me as a therapist (*right arm moved to the impuls movement from the body*) and then I think that this was important for her and that means for them.

**S:** So what happens with him then?

**T:** (*to his chair, feet crossed forward, more yielding available*) He's breathing. I can't see a change in his composure and when I sit here I'm very relaxed. I say almost nothing. I look at her and I don't look away. I look only at her and at some point I say (*arms moving in rounds out*) and I interpret (*pointing at T*) that he hears her.

**S:** But do you explore that with them?

**T:** (*T chair*) Yes, I did. Do you want to be there (*addressing her*)? Do you want to be there in that situation?

**S:** What I feel that I want to do is to hold you in, is that this becomes individual therapy for me.

**T:** (*chair towards S*) Yes, in this part that I describe, but this part is just a few minutes out of 90.

**S:** Mmmmmm ...

**T:** And I'm aware of him while this is going on and then we move forward.

**S:** Mmmmm ...

**T:** Then what I do is that I say do you want to? Do you want to be there all these times? Then I'm thinking of them when I ask the question (*standing up looking at S*).

**S:** Yes, but you address that to her.

**T:** Yes, but they move forward.

**T:** (*sitting in her chair*) Hmmm then she turns her body a bit and is a bit here (*moving body between the him and T, back and forth*) towards both of us. Yes, I want to do that. I really mean that. It's the best thing for everyone, I really mean that for the entire family (*in the vertical, feet on ground in a horizontal V, voice loud and clear*) and I see how important it is for you to do that (*addressing him with both arms out in a round*) the thing is that it's so difficult for me.

**T:** (*moving up*) Then things start to happen here (*arm moving between*). Then he emerges.

**S:** So how does he emerge then?

**T:** (*his chair*) He starts talking to her. I can understand that (*cognitively*). I haven't been aware of how bad it's been. I don't think we've talked about this before?

**T:** (*her chair*) No, no. I've thought that you should've understood it, but when I say it now (*arms move up in a V shape hands upwards inwards with a grasping in the fingers*) I understand that of course you can't read my mind, but this is how it is for me.

**T:** (*his chair*) Yes. Yes. Now that I know this I can absolutely be aware of it and think about it in the situation. It's natural (*towards the T*) when a family comes together and the child says 'Do you remember Daddy when we did so and so', I can't say no.

**T:** (*her chair*) No, you can't do that. You can't say no.

**T:** (*meta next to T*) Then I can withdraw a bit, roll my chair backwards. I'm almost up to the wall already as the room is so small, but I pull myself backwards (*holding her hands on the stomach, drawn in*) because things are happening here (*infinity between movement*). It occurs to me that he really hasn't understood it and she's been in

this and hasn't shared. So this is what happened now they started to talk about and then I could. But I follow you when you say that it almost seems like individual therapy (Camera 1; 15:50).

**S:** We can look at what's happening in light of the model.

**T:** Yes.

**S:** Is this where you shared something from your own life? With this couple?

**T:** Yes, but not this time.

**S:** No, but in the first session I believe?

**T:** Yes, I shared that my husband and I got together in about the same sort of timeline as they did and my husband is older and he's older and I see parallels I told them.

**S:** Yes.

**T:** I did that.

**S:** So here it's living dilemmas that they're facing?

**T:** Yes, because, yes, she wants to. I needed to check that with her and I thought, it sounded like over-the-top, every May 17<sup>th</sup>, all birthdays, every other Christmas and I really relaxed when she confirmed that she wanted that.

**S:** Then you could let it go. So you hold onto the id-functioning when something isn't ok, and then you put it back to the couple. Then the snowball starts to roll.

**T:** Yes, but, I put it back after I checked it out with her. So it feels like, the first thing is that she brings it up, I get suspicious and it turned out that this was the first time she said something about this, but the small passage between us is only 60 seconds of the whole session of 90 minutes, it's not more than that.

**S:** I just do exactly the same that you do. I feel that I get a little unsure about the form. It's about the chairs that are positioned like this. About the field? Because this is a method to clarify the field, the boundaries.

**T:** When they don't turn their bodies to talk to each other, because of the chairs.

**S:** I know about your chairs, so I know about this thing.

**T:** She has the thing about her neck, so I haven't asked her to move the chair.

**S:** No.

**T:** But when they forget to move back to look at each other, I encourage that. When you talk to each other, move your bodies.

**S:** I've also been into that, so once you get into it you can relax the form, but I need to clarify that.

**T:** Yes. It makes a lot of sense when you remind me of setting boundaries in the field in this situation.

**S:** I think about it as a therapeutic potential as well and a bit like I can be attentive to, aware of, a little about the therapeutic alliance for instance. That he ... does he float with ... what is it that he's so attentive to how brings things up? In good form or ...

**T:** We talked a bit before about form and how they heard what the other said. I experienced it as just picking up the story from the last session and how he had experimented.

**S:** So he experimented, so what I think intuitively when I hear you now (*in the meta over the couple*) is that this couple is coping quite well.

**T:** Yes.

**S:** There's good will. Then we can be more relaxed with the form (*method*). Then it's not that risky.

**T:** I hadn't thought about it before, but it makes sense.

**S:** It might say something about that it works well because it's not that fixed.

**T:** So in a fixed field, the boundaries and the clarity of the field is more important.

**S:** It may be that it doesn't allow for them to talk together because it's too fragile. So there are different perspectives in how we look at it. So I needed to check this with you. (*drawing on the board*). So the relation, the therapeutic relation is quite flexible. Would you say that?

**T:** I'm not sure what that implies.

**S:** Flexible means that you can be looser with the format, with the structure.

**T:** Yes. I haven't thought about it as being out of the structure, but when you say it like that. One thing, when you say something about a small alliance and what happens with him. What's interesting is, particularly since during therapy I've thought about whether I'm building an alliance here (with him), without knowing and wanting it. He's the one who shares the most, talks up here (*arm moves around the head*). I have a feeling that it's floating out of him, much easier, to share and she has been and the last time, in session two she said 'I'm the one who has to practice most ...' So I said that that 'I hear you say that, but I don't think that there's one of you, this is something you do together'.

**S:** So she's checking it out with you?

**T:** Yes, as up in the air, yes. I hear that you say that and I think this is something you do together.

**S:** So in this, you can feel the pulling there as being strong (*between him and T*) and you can assert the balance (*pointing to her and T*).

**T:** This is what I hoped for, yes.

**S:** This is what might have happened here (*between her and T*) and then they can move back together and you could feel the impulse to withdraw.

**T:** Yes, because at a point in those 60 seconds and I wished the room were bigger because I felt the impulse to do that (*rolling back in the chair*).

**S:** So we're just exploring what's happening here. Well, and you had talked about good form the last session, that they take it back home and in fact are using, the therapy.

**T:** Absolutely, it wasn't only that he was thinking about it and experimented, but they also talked about it.

**S:** He has a new experience. What I also wonder about is whether they talk a lot about?

**T:** Yes, there's a lot of filling in with the story. In that way talking about and at the same time also, I've experience at least one time, twice for the both of them, they've shared what becomes clear, that they bring things forward for the first time that haven't been spoken about previously.

**S:** So in the co-creation, at least with the tight jaws, holding back (*retroreflection*) and understanding. They understand each other, presumably, about ...

**T:** They at least have projections about what the other is thinking

**S:** ... and then floating with that, the understanding.

**T:** At least when things are shared for the first time I think that this is an indication of confluence and they've just floated with ... But not only the being with confluence ...

**S:** No, it's a little like ... a little too tolerant to put it that way. Because that's what you challenge her with.

**T:** Yes, challenging to tolerate, to differentiate.

**S:** Then she floats with anyway, in understanding. She understands that it's important to be there for important celebrations.

**T:** Then I think when I challenged, 'do you want to', what came was a really definite yes, I want to, two things, this thing and that thing. Then I said that I heard that she had made a conscious choice.

**S:** But it doesn't mean that they don't have a potential for growth in this situation.

**T:** Absolutely.

**S:** And in values, how do we celebrate these birthdays? What I'm curious about is how about intimacy? The emotional intimacy. How are they there with each other? They merge (*in confluence*).

**T:** He's not there for her in those situations. He's seemingly back with the old family, something she does because everybody needs to be friends and she says, and this is my projection 'I see how important this is for him'.

**S:** Then I wonder how they can practice being there ... It's like there's a distance.

**T:** You think physically?

**S:** No, I think about this full-contacting potential. Do you see any full-contacting between the two of them?

**T:** (*thinking, mouth clenched*) hmmmmmm ... hmmmmmm ... I was just a sensor for coaching and I've been really attentive to the small full-contacting experiences like the small incidents, so I sit here trying to get hold of them ... I sit here sensing when I said 'do you want to?' (*towards her chair*) and she (*movement inside out towards T*) uuhhh ... and he heard it and took it in (*left hand flat to chest*) and said yes, I haven't been aware of that, when I hear that, then they started (*fingers sensing together like finding words*) at least he was at the giving end and a small full-contacting in that aha—is this how it is for you and she said yess ... so there it was, I think.

**S:** So this is where you're going, because it seems like contacting, contacting, contacting about topics and I wonder how is it to be IN this topic?

**T:** Because, the next thing I said, so ok so this is how it is to be you in these situations and you choose to be in these situations.

**S:** But can you put it to the couple so they experience in your session **to be in** these situations? You're going there when you withdraw, I think you start to explore that. This is what I think is the potential because your impulse is to withdraw.

**T:** ... So that they can experiment.

**S:** Not only talk from here (*the head*), I become interested in the embodied (Camera 1; 29:52).

**T:** I sit here thinking about just that. Can they experiment in a way where she does—and this about the neck as well. It's not ok to be her in the room when she doesn't see, when she isn't flexible and has withdrawn and the neck, the chair has to be a certain way because of the neck. This is a parallel when she wants to be in the therapeutic session it's not ok to be her and in the social situations it's not ok to be there either. How can she experiment in doing what she needs in the moment in the room and at the same time (*movement of the arm circling between the couple*) and at the same time that it happens here.

**S:** (*gets up looking at the therapeutic setup*) This is where there's a potential, it's like ...

**T:** I have to give them enough so that they'll be able to experiment.

**S:** (*moving the chairs of the couple towards each other*) This is just the aesthetics of it, so how can you feel your breathing, this is like yielding with, being in. Hmmm (*touching her heart with both hands looking up, then to the T leaning towards T*), because it's like she's doing it there for a brief moment with you in a full-contacting, when you contact her from your id ...

**T:** Yes ...

**S:** ... and then you're confluent in the acknowledgement, that comes from you.

**T:** Yes ...

**S:** So I wonder there's a lot of potential in having them experiment doing that together when you become the facilitator.

**T:** It comes, well now more is emerging ... there's been a lot of yes, but I've thought that (*pointing from her to him*) or something like that right, something comes from him as well, by all means, back and forth, but there's checking out.



**S:** Yes, you can start that with dialogue and they can talk about Christmas, but you will support them, what T4 said so beautifully, when the coin went down like an elevator ... ding ... ding ... ding ... so now they're up there (*in the head*), and we see the potential of coming into their bodies in this emerging yees (*with a sigh*), then she's down here (*pointing to the stomach*) but only for a brief moment.

**T:** Mmm, yes ...

**S:** Then there's yielding with, for a brief moment, and then they talk about again from the top floor, and this is what they can do and they do it well. Do you see that?

**T:** Yes, yes.

**S:** They bring that with them and they think about it and they work on it, and he practices differentiation in good form. He says something important at the breakfast table.

**T:** Mmmm ... and thinking about how he'll bring it forward...

**S:** From confluence to differentiation.

**T:** Yes, but I'm not certain about how they can experiment with it in therapy.

**S:** No, this is why this is just a hypothesis you have to hold lightly, it might be that they need the alliance with you there, I don't know.

**T:** It was ok for me in that situation to be able to address it, because he the one who has talked for the most part and that I got something where I could invite her in with something important. Because I've been a little anxious (*arm moving towards and between him and T*) in the two first sessions that this.

**S:** It's where you can be home free by making them sit opposite one another, then it will be more difficult for him to talk like that (*to the T*) and he'll be forced to talk to her and then it's possible to support with one sentence and then back and forth.

**T:** One thing that hits me right now that I've seen from day one and not said anything about, that's an experiment, you can continue to say what you are saying now, but look at her. I see that you're looking outside, look at her (*indicating with the right arm and invitation to look towards her*) and see if that's experienced differently.

**S:** How is it to look at her?

**T:** How is it to be looked at while you listen?

**S:** Or if you simply: what happens with you when you look at her? (*voice really soft*). That's support. Then I feel ... Sending it over ... Over to her ... So what do you hear him say? Most likely it will be twisted on the way over, so you'll have him say it again. Yes, how is it to hear him? It may be that she's not able to hear it. Maybe she'll clench her mouth, what do we know! But this will take away the aboutism ... to talk about ... It's not that I undermine that they're talking about important things, but it's like it doesn't sit (*taken in*) in their bodies, in a way.

**T:** Something started to happen in her body when (*breathing out loud, right arm moves up and out and upper body in a sagittal movement forward, yielding into the relation*).

**S:** Yes, something happened there.

**T:** So it's a part of her repertoire.

**S:** It's emergent and the id is here as a potential, you'll come back to that. So it's really about supporting more of that.

**T:** Yes.

**S:** When we think about that (*looking up and out*) and her, there's deflection.

**T:** Looking down and stay inside and talk here (*up and out with the arm and head*) ...

**S:** Yes, to avoid, so it can be very scary to be present.

**T:** Yes, I think (*pointing at her*) this can be scary.

**S:** This is why I say that this isn't something you have to do, it's a working hypothesis that's to be held lightly.

**T:** Yes, mmmm, it makes sense.

**S:** We're only looking at the emergent potential of the alliance, and maybe in this it has supported what's been brought about, so in this there's no right or wrong, we're just curious about it.

**T:** And be aware of ...

**S:** When you feel that there's a potential alliance, then that intervention (*addressing her*) recovers the balance in that she feels more seen by you.

**T:** I've also thought about deflection and now when you talk about it I was just thinking yes, yes, yes, all his words, I've thought that he wants to share, that's great that he wants to share, he's open, he's a man who is willing to share and bring forward what's there. I haven't thought about it, the number of words, continuing, continuing, continuing (*right arm spinning beside the head and up and out*).

**S:** I wonder where does it go?

**T:** And he looks up here (*in the air*).

**S:** How will it be when there's an intervention to bring it down ... ouchhh ...

**T:** Yes. So that was this one.

**S:** Yes, that was this one (Camera 2 : 08:39) Here is the lift greetings from T4 (pointing to all four domains) (*laughing*). I will transcribe it so it will be included. It made so much sense when she said that in supervision. It's like top down. Do you understand? It's from the top floor (*touching with both hands to the head*) and down (*moving her hands in a gesture down, softly and bending knees*) in the body. This is why we cannot turn the model around. Many have said "why is it 4, 3, 2, 1 (from top down in the GMoD)", well, this is exactly why, because it's top down, it cannot be the other way around. That was so obvious when she described it. That is the value.

**T:** Yes.

*Checking cameras and moving back to the triangular setup. T in S chair.*

**S:** And there's a flow somehow, it's not like I have to shake it off. It's very soft in itself, which is interesting. It's information as well. That became figural for me now.

## **T6: To Be or Not To Be**

*Supervision after the first session with the couple.*

**T6:** For them it's like to be or not to be.

**Supervisor (S) :** Couple 1?

**T:** Couple 1.

**S:** To be or not to be. Oh my, was my response. So they come to figure out whether or not they'll stay together?

**T:** Yes. She's in a crises. They've been together for about 14 years, I don't remember exactly but they're in their sixties, something like that. She is, one thing is that she wonders about, I think she used the word, I don't remember the word, but she wonders if she's bisexual and if she likes women more. But it's not only that, it's also their relationship, because he becomes a servant for her, and she doesn't want that, because it isn't intimate. He is very clear in that he wants her, he loves her and he wants them to be together. But he wants her to have it, he wants her to find out.

**S:** So I become interested in how they organise themselves and what happens with you together with them.

**T:** So should I be me first?

**S:** I don't know. Where does your interest go?

**T:** In one way (*standing looking at the couple in the set up*), what I'm most interested in is him (*pointing to the left chair*). I'm also interested in (*reaching towards her chair*). No, it's him.

**S:** So do you want to embody him, the servant who loves her?

**T:** I think I want to be me first (*sits down in T chair*).

**S:** What happens with you in that chair?

**T:** Right now?

**S:** Yes, when you take them in?

**T:** What I remember the most, what is figural is my breath and with him I notice, when I talked to him (*struggling with breathing, sounds like drowning*).

**S:** So almost no breath.

**T:** No, I'm struggling to get air.

**S:** Throwing yourself backwards (*retreating sagittal*) in the chair.

**T:** Yes. My chair is way too close. I don't mean to interfere with your setup and the filming.

**S:** No, no.

**T:** I usually sit at this kind of distance, even maybe further away.

**S:** Yes, and you're working on your breath.

**T:** Yes, it's striking. I need to withdraw even more.

**S:** Yes, you really have to withdraw in this situation.

**T:** With her, (*taking time*) first a bit unengaged, then eventually more interested, she became more vivid and I, yes ...

**S:** She became more vivid, well.

**T:** And I did as well, at the same time. So this was the start of the session, with her and me and him.

**S:** How is it between the two of them, where they're sitting (*facing the T*)?

**T:** I can be him (*getting out of the T chair*) and I didn't put them together. I rarely do in the first session.

**T:** (*him*) (*drawing chair a bit back, retreating sagittally backwards in upper body, hands folded tight in front of the torso, wide bulging chest, tight shoulders, inward push, head tilted in a small forward sagittal, jaws tight, moving the left leg*) I feel that my legs are moving up. The stomach is, I just remember this enormous chest, like a panzer.

**S:** Struggling to get air.

**T:** He struggled as well, as I did.

**S:** Yes.

**T:** Right now I see very little (*hands shaping just a narrow perspective forward*) I think it's a little scary (*then looking down, sinking a bit in the chair, chest still high (false floor)*).

**S:** Whats happening with you now? Are you thinking about him?

**T:** Yes, I just thought about them in a way.

**S:** So if you just get out of him then. You can go to the meta if you want to. What did you think about them?

**T:** (*moving to a meta*) I was just thinking about how they contact one another.

**S:** He saw very little. It was almost like he had tunnel vision, or?

**T:** Yes, now, but maybe not all the time. I think I embodied the onset, the worst. It was strange, but there seem to be many things there.

**S:** It was almost as if I got an image of survival (*movement of swimming to keep above water*).

**T:** Yes, I think so. Very scared.

**S:** To be or not to be, as you said to start with.

**T:** (*her chair*) I will try to be her (*left leg crossed over the right, hands folded in the lap, looking down to the left*) I want mostly to do like this (*then looking up towards him, eyes narrowing, small smile in the face, left foot moving up and down, looking down to the left, head horizontal away*) I don't remember anything about this foot. It just started (*pause, sitting with the rocking leg, looking down, soft, quiet voice*), maybe a little impatient. When I look there (*at him*) I become a little sad (*touching her chest and down with right hand, a sigh*).

**S:** Impatient and sad.

**T:** (*her*) (*soft voice, quiet, breathing shallow in the chest area, head up and looking down to the right at the floor, hands folded in the lap and left leg crossed over right leg*). Yes ... (*quiet, long*).

**S:** Do you feel frightened?

**T:** Yes, (*a frown between the brows, moving head towards the left, looking down*) I think so. There's a lot that is good here (*indicating the relationship*) and then I don't know if I want to. That's difficult (*sitting up in vertical, soft, quiet, then lips are tightening*) ... and also a bit like (*face moves into a frown, angry face, right hand clutching in front of the belly, tightening her body*) huh ... (*angry sound*) some irritation, I feel.

**S:** Yes, what the hell ... like ... and that's something that goes over to him. Something that you said before, that he's in a service mode and you don't like that.

**T:** She can't stand it. No, I can't stand it, I don't want it.

**S:** No.

**T:** And he doesn't understand what she means and starts to explain.

**S:** He explains. How does he do that (*pointing at him*)?

**T:** (*his chair, bolding chest, left fingers grasping around the right fingers, retreating sagittally, tilted head and wagging a bit back and forth to the sides, horisontal with upper body*) It's strange how these feet are moving up (*can't see them because of camera position*). Well, when I'm going to get a sandwich I think that I might as well pick up two, it's no extra work for me (*looking at S, frown on his face*) A little like this (*lips tight, vertical*).

**S:** How is it there, to sit there and it's no extra work for you?

**T:** (*tightening the eyes to very small, narrow*)

**S:** Do you see anything there?

**T:** I don't understand ... I think I'm wrinkling here and it's a kind of what ...? (*wagging, shaking head*) Can't we just ... have a good time ... why is that so difficult ...? (*moves out*)

**S:** I don't know if you want to be you (*T chair*) or do you want to think a bit about this in the meta? This is their co-creation. How they do it. How they co-create their relationship.

**T:** (*in meta*) Mmm ... I think that she gets really frustrated that he isn't authentic, right, that he doesn't show himself, his vulnerability and his needs. It makes her go nuts. He will, he comes to couple therapy, he says that he wants to change, that he wants to work on that, but he doesn't really want to. He doesn't want to change. His entire body shows that. The 'doesn't want to' is very strong. So it's really fixed and she's like HELLO!!!

**S:** What happens with you in that (*the T*) in that co-creation? Who do you become?

**T:** (*T chair, breathes*) I notice that it's easier to understand her.

**S:** When you're embodying them?

**T:** When I'm talking about it now, when I'm embodying them, yes. I know something about where he's coming from, so I do understand. So who am I becoming? That's difficult to answer. One thing is that it's easier to understand her.

**S:** Than him?

**T:** I understand him too, the chest becomes figural, it takes a lot of space, it takes the lot. The entire chest is just, I understand why she's frustrated ...

**S:** ... and you understand something about where he's coming from, his creative adjustment.

**T:** Yes, he has a background of being bullied a lot, a lot and I think there are other things behind that as well. He has always felt like an outsider, he still does and he doesn't have any friends, which also makes her crazy. That becomes a burden to her. She has a lot of friends and wants to go out. He wants to join in with her friends (female) and she just nooo ...

**S:** So when you looked at your notes, to retrieve them, what became figural for you then?

**T:** It was that chest and I had forgotten about her thoughts about being a lesbian. But I hadn't thought much about them before supervision, so it might have been that it would've emerged, probably. And that she was like 'hello!'

**S:** Is this what would be the essence of the session, what you've described now?

**T:** Yes, I think so.

**S:** Do you know what I become attentive to?

**T:** No?

**S:** That you don't become someone who's supposed to fix them.

**T:** Ohh, yes. I guess I feel the urge to fix him, but I understand that I'm not supposed to!

**S:** Yes, you understand that. What would you have said to him if you were to fix him?

**T:** What I would say to him if I was supposed to fix him, what I'm not supposed to do?

**S:** Yes.



**T:** Now you have to stop hiding!

**S:** Yes. And you can be with him, too!

**T:** I think that he can be supported in what he's doing in that he can become aware of how he is doing it, how he stops and doesn't let her in.

**S:** Do you want to try that?

**T:** Yes. There are many ways I can do that, do you want me to embody them or just from here?

**S:** I don't know.

**T:** I think that in the next session I would've tried to. With this couple I felt (*snapping fingers*) that I was working with them very fast, so I was almost about to put the chairs together.

**S:** So even though there's so much fear there, (*him*) there's somehow also something that allows for support together.

**T:** Yes, but I held back a little; like with her, I think could have done a lot of things.

**S:** She also needs a lot of support to see if she'll succeed in passing the panzer.

**T:** Yes, with her I think I could've just have put them together, but with him I became, I didn't do it. But the thought passed through my mind and it was something I could've done.

**S:** If I think about the GMoD and the domain, working hypothesis, then I think about the GDF and fear and organisation. What do you think about him as to fear?

**T:** That's high, about the upper half—about a seven.

**S:** Just seven?

**T:** Yes, because there was also something that he succeed in doing. I thought about putting them together, which isn't what I do with all couples.

**S:** No.

**T:** At the start.

**S:** Could he yield more into the chair eventually?

**T:** I think so.

**S:** Because I think about how fixed is he? The softening. The more yielding into, the more he will be able to feel himself.

**T:** Yes.

**S:** So just to breathe together with will allow for more feeling about.

**T:** Or just, I become aware of your chest, what do you feel here? I notice that you sit a bit like this, how does this support you? Then I think should I have done that when he sits together with her?

**S:** I think that can be a good opportunity to intervene and roll over, and not to point to too much, that can be shameful.

**T:** Yes, yes. That needed to be graded and maybe just a little.

**S:** Yes, and then send it over. I become curious about how it impacts her, so he can hear it from her.

**T:** Instead of from me, yes.

**S:** That's interesting. Then you have the theories to support whether he is able to lean forward.

**T:** Yes, I do that quite a bit, to bring it in-between the two of them. What I become curious about is what I invite them to explore. How they experience it.

**S:** What you describe is the co-creation, quite extreme, the panzer and there is a lot going on with her as well.

**T:** She became very hopeless, I remember that now. That comes up in me.

**S:** Yes, because they are fixated. I would appropriate that to the working hypothesis in the fear and the fixation GDF. It says something about the degree of suffering in the field. With her identity crisis as well, to be 60 and start wondering if you're more attracted to women, isn't that a little desperate as well?

**T:** That must be quite overwhelming for her.

**S:** So with regard to grading, he might not be able to delve into without his panzer. What happens with you now then?

**T:** I ... I don't know. I don't know how I would go about it. I'm very attentive to what arises in the situation and for some reason I'm not that afraid of asking about the panzer.

**S:** No. Exciting!

**T:** Yes, and it's something about how you ask about it as well.

**S:** That'll be interesting towards the next supervision.

**T:** To see how it is then.

**S:** Yes, because that's something you eventually will try out now.

**T:** (*his chair, embodying the panzer, feet lifting*) The feet (*hands moving parallel upwards*), I don't think about it and then.

**S:** They're lifting from the floor and the chest comes as well.

**T:** I get the urge to (*moving back with the chair*) and I hold myself here. I feel my heart beating faster (quiet).

**S:** So it becomes quiet.

**T:** No, I don't really think so.

**S:** What happens when you sit like that then? Is it quiet there or a lot of thoughts or what?

**T:** There are no clear thoughts really (*hands move up and around the head*), it's more like fluttering.

**S:** I got dizzy and then if you move to her. How she's impacted.

**T:** (*her chair*) I feel that my arms are burning a bit (*they are moving up, lifting above the thighs*), just like they are ohhh (*lifting arms*) losing energy.

**S:** So you're getting into hopelessness.

**T:** Yes, I become numb. It's like I'm unable to lift my arms. I'm not completely seated on the chair, I'm a bit above it, I'm holding a bit under, I feel. No words are coming.

**S:** Do you want to come back up? What I wonder about, when you were embodying them, do you think they're beyond the window of tolerance? A freeze and one collapse.

**T:** Maybe, not totally, but quite. High and low on activation.

**S:** Right. When the responses are so significant.

**T:** Yes, they're maybe not that activated all the time, but, close. This is something they're fixed in, I think.

**S:** And they're coming to you.

**T:** Yes, and it was nice. They both thought it had been a good session and I thought that as well. I think it's very difficult for him.

**S:** For her as well.

**T:** For her it's a relief to look into it, but for him it's just (*a crunching sound*).

**S:** Yes, and after all she's able to sit with more yielding available. In fact, something new has to happen. The stagnation is very figural.

**T:** Yes, it's not good for them. I'm not sure how I will intervene actually, right now.

**S:** Yes, I just think you'll be there to see. I trust that you're capable of sitting there and support what's needed in the situation. There's something, I was moved hearing about the freeze there and how she also loses all her energy in the organisation in-between them. That'll be the best sense of the grading needed, the sensitivity to what's needed to support this fragile field. It's trauma work.

**T:** There were two things that I thought about as important in the session. The first thing was to establish safety in that I was the person who wished them both well. I think that's important. Towards the end of the session, he was so much into that 'you'll have to decide, I'm just sitting waiting for you to decide' and I needed to be clear that I thought this wasn't what this is about. We would need to bracket that off for now and we'll have to work with what's between the two of you regardless. That's what's important in this room. I think it was important to say that. He didn't understand it or didn't want to understand it.

**S:** Or is unable to understand it, right, in that it's the symptom of what you're addressing. It's a symptom because she's desperate. There has to be a change and there're also a lot of nice things. You've heard that as well.

**T:** Yes, they have a good life together, which is what she's struggling with.

**S:** Being 60, I think that's also important. It's not only to neglect that. So this will be the exploration. They can sit together and talk about that. They might have done that already. What they have that is good.

**T:** I think they've talked about that.

**S:** But not with you?

**T:** No, they refer to it both of them. It sounds like they've talked about that quite a bit, they like similar things.

**S:** So that's the glue. That might be an intervention to explore good form between the two of them and to see if he'll be able to defrost a bit, without it being so scary.

**T:** Not to go into it directly, so they can practice.

**S:** Look at values, what they like and this is a way to enter the co-creation, the resistances, and they have come to you, who sits solidly in your chair and sustains being with them.

**T:** Yes, I believe so.

**S:** I trust that.

*Supervision after three sessions with the couple.*

**S:** So, really it's like a regular supervision. Where are you and what are you curious about?  
What's figural? What do you need? It's also supervision for you.

**T:** Yes. In what I wonder about, that 's not figural for me. I have to say that very often when I have supervision, I don't have a particular question. I'm more like I have to look more closely at this.

**S:** Yes, yes. It's more like who are you becoming together.

**T:** Yes, there's one thing I remember clearly and that's from the last time, two things became very clear when we, you and I looked at it, I became very aware of his chest. That was here (*bulging chest*). I don't know if you remember that?

**S:** Mmm (*nodding*).

**T:** And that he wasn't breathing and seemed very activated and I sensed that in me. That changed a lot in the second session, then it was the stomach that stuck out.

**S:** Does he sit there (*pointing to the left chair in the set up*)?

**T:** No, they've changed seats.

**S:** So that's how they do it.

**T:** Yes, that's also how they do it. They've changed seats.

**S:** Well, you might go straight to embodying them if you want. Or yourself?

**T:** Well, I just want to mention the two things I found to be different. Both of them much more present, less activated. The breathing (*voice lower*). The panzer. It wasn't there at all.

**S:** Isn't that fascinating?

**T:** Yes. It was quite fascinating, the huge difference.

**S:** Did he have any experience with therapy from before, or?

**T:** I think so, I don't remember I exactly, but I think so. He's aware of having 'issues'. I'm a bit unsure, because she tells him that he should go to therapy, but he doesn't want to.

**S:** He's in therapy (*indicating the couple setup*).

**T:** Yes, and I think he thinks it's enough.

**S:** Because I wondered about the mobilisation and then he has one session of experience that might allow for him to be more present.

**T:** Yes, that was a really big difference. What becomes figural between the two of them, is that she, and who starts one never knows, but she's frustrated with him and becomes critical and tells him in quite a harsh way and then he responds to that by being submissive. I don't remember exactly, I can look at my notes. He just goes along with it and she go nuts about that.

**S:** Then here they go.

**T:** Yes, then they're on their way. What was weird you know and I asked her, it was vague. What's happening, then I asked her, what are you feeling. It was vague and then the frustration escalated while they were sitting in, but it was vague and I asked her what she was feeling and then suddenly she freaked out on me you know and said 'NOW, I feel irritated and can you ask about something other than how I feel', and I felt you know (*retreating sagittal upper body, still in supervisee chair, arms resting on the chair, legs crossed*) ohhh, that was pretty violent, then she excused herself afterwards, but it was quite figural.

**S:** Yes (*breathing as support*), do you want to look at it?

**T:** Yes, I could do that, this was the other thing that became figural. She comes out very strongly.

**S:** And I become curious about this and form.

**T:** Can I read my notes first or ...

**S:** Do you need that ... it doesn't matter does it?

**T:** Well, it's just that I feel there's something I'm leaving out.

**S:** With regard to the id of the situation. Do you remember me talking about that?

**T:** Yes.

**S:** Well, there you go.

**T:** Well, it could be that it was a little different than (*stands up and moves towards the setup*). There's something I might have forgotten.

**S:** Do you know what, what happens with me is that there's something that's vague (*indicating the movement in-between*). The couple and everything, there's something that's vague. That's interesting.

**T:** (*stands in front of T chair*) And that's the precursor of this, it was vague.

**S:** That's why I think it's interesting not to read the notes. Just let it emerge. That's the figure, also between us. I hear, however, what I would call acting out.

**T:** Yes, that was very peculiar. I've had one client who's been seeing me who's been like that. One time.

**S:** (*sits in supervisor chair next to the setup, both S and T sit with legs in V horizontal, arms folded between the legs and hands grasping onto, S leaning forward towards the T and T sits in a vertical looking at S*). Yes (*nodding*).

**T:** For all these years. I understand that it's annoying being asked, but not having that capability to regulate at all.

**S:** Yes. So where is she now (*looks at the chairs*)?

**T:** With me or ... (*looks at S*)?

**S:** Where's she sitting?

**T:** Right, in that one, yes (*pointing to her left chair with her index finger, head tilts down, lips sealed, left hand grasping around her torso*), she's there.

**S:** So, she's sitting there and he's sitting there (*points to the right*).

**T:** Yes, so they've changed seats since the last time I saw you (*right hand supports her chin*).

**S:** Are they sitting towards each other or towards you?

**T:** In that sequence where she freaked out, they sat towards each other.

**S:** So, maybe you'll organise them towards each other?

**T:** Yes (*stands up and walks to her chair*), I did put them together, I did put both couples towards each other in the second session (*then moves his chairs as well*).

**S:** And there it's vague between them?

**T:** Yes, I'm sitting there thinking it's vague and what's really going on between them? And I ask to try and figure out where are they? I try to explore where they are (*standing up and right hand indicates in a circular movement, something like hard work, with force*). Then she experiences that as, yes, that triggers her and pow (*seated in T chair, legs in the V firmly grounded, right hand sharp edged like cutting, slight sagittal forward upperbody*), she moves like this.

**S:** Almost a fight.

**T:** Absolutely a fight (*nodding, arms hanging 'loose' in between her legs, slight hollowing torso, yielding (collapsing?)*). Then she regulates down quite quickly and apologises (*looks serious, questioning, and wondering towards S*), but she does it, I've seen her doing that to him (*both nodding*).

**S:** So that becomes a figure. Then he needs to be cautious.

**T:** Yes. Because I remember this (*right arm moves in a flowing movement from one to the other partner like a wave, then face wrinkles, forehead wrinkles, leaning forward to her, but with the chair still in between the couple*), so, what happened with you now (*addressing her in the sagittal, then moving back to vertical and touching in front of her chest and down to her stomach, indicating inside*).

**S:** What are they talking about together?



**T:** I don't remember.

**S:** Something vague ...

**T:** Maybe it was something about whether they would move to the South, maybe Spain. Or it might have been something about how they are at home. She gets frustrated by him (*rubbing her chin*), that he's making her a cup of tea all the time, this and that and that he's such in a service mode.

**S:** Then I remember them ...

**T:** Yes. That might have been what it was about. I remember that I found it vague, that I asked about how they were feeling about it and I remember how she freaked out.

**S:** Is she the one who wondered about being in love with a ...

**T:** Yes.

**S:** And now they wonder whether they'll move to Spain instead?

**T:** Yes. Because (*sitting in the vertical and looks at her*) ...

**S:** What happens with you then?

**T:** It gets vague.

**S:** I feel a little giggly.

**T:** (*leans back, looks up briefly, shaking her head like clearing it, then in the vertical*) I haven't felt particularly giggly with them, I have to say (*looks away towards the whiteboard to the left, mouth tense, face tense (a little freeze...?), hands folded softly between her legs*).

**S:** (*laughs, leaning back in the chair, yielding with, supporting her head with her right hand*) Nooo, but say that this is also vague: on the one hand she wonders if she's going to leave him and on the other hand she wonders whether they'll move together to Spain.

**T:** (*looks from S to her chair, then back to S, held, retroflecting body?*)

**S:** (*touches her chin with both hands*) Now, I feel my jaws (*eyes wide open like freeze*), then a word emerges, unpredictable?

**T:** Yes (*nods, quiet voice*).

**S:** (*low voice*) Vague and unpredictable.

**T:** Yes. Vague and unpredictable.

**S:** If you were to score that on the GDF?

**T:** What do you think about that then, awareness?

**S:** I think about fear and organisation.

**T:** (*looks down, face serious*) Well, there's some fear, there, I don't know how I would score it—and there's something vague, about the organisation.

**S:** When you get this kind of acting out towards you, how afraid do you get?

**T:** (*looks at S, brows up and nodding*) First I was a bit shaken, I felt that and my reaction was (*forehead in a frown, right arm out and hand with fingers spread out in reach and no grasp, and drawing the arm back*) I retreated a bit, (*knees move towards each other*), then I needed some time to sit by myself and compose myself and find out how I would approach this. And I think I, I believe I and I think they continued to talk and I was a little (*face in a frown, upper body moving back and forth sagittally*), hmmm, shall I ask her more or not. Then I made (*right arm indicating the vertical*) a choice, I'm the therapist in this room, they come to see me, I intend to continue being the therapist and then, I did become a bit more cautious and I told her later, because, I don't remember completely when and in what order things happened. Well, yes, she stopped after a while and said, I want to apologise to you, now I feel (*touching her chest*) that it wasn't OK. I want to apologise to you. Then I said, something like, I don't remember exactly but something about how I felt that I reacted to this and I withdrew a little (*right hand to chest*) and that it impacted me quite a bit. It did.

**S:** How did she respond to that?

**T:** She analysed it in a way (*thinking in a frown, taking time*), because you're blah blah, explained herself a bit, not between us. But I thought it was important to say something about what happened with me, to be transparent and what I became aware of (*sinking down in her chair and a sigh*).

**S:** So, you just breathe a little.

**T:** And him, I don't think he said anything and I don't think I explored what it did to him. I should have ...

**S:** I don't know about that, T6.

**T:** No, but I think that would've been very interesting.

**S:** Well, if we look at it in light of the GMoD, at least what happens with me, is that I'm thinking something about the working hypothesis (*stands up and walks towards the whiteboard*). How can we put it ... there's something about ... the unpredictability and the fear ... and if she's going to fight it may be that she's much more afraid than she shows. To me at least it generates and indicates something about the 'unhealthy' relationship. It's not a well-functioning couple. The absurdity in the impasse, as well, it doesn't add up.

**T:** No, it's quite unhealthy, they're very dysfunctional when they co-create in this way, it's fixated, they don't get anywhere. And I believe we've made really explicit, the figure of the co-creation. This they've got. The co-creation is clear.

**S:** I think that her acting out is 'worst case', it's been thrown at you and this is what he's exposed to as well.

**T:** And he was exposed to that in the second session as well.

**S:** So it might be not that rare of an occurrence.

**T:** No, at least, when something's a brighter figure, this is what emerges and if not she withholds and the way she comes out...

**S:** Bang!

**T:** (*stands up and walks to fetch her bottle of water*)

**S:** Loose cannon on deck.

**T:** Yes, a loose cannon and that really knocks him for a loop and he asks of her to have another form and she answers—I can't be someone I'm not (*drinking*).

**S:** So, she doesn't take responsibility for her behaviour, not even with you, she apologises and then she can't take you in, and makes excuses explanations.

**T:** Not right then, but at the end of the session (*right hand to chest*), I want to work on my form.

**S:** Ahhh, that's softening.

**T:** Yes, then something happened and something more happened as well, it's coming back to me (*arm in a circular movement between them*). They started to talk about the glue between them and that was really nice. Because they really have something nice.

**S:** What was the emerging glue?

**T:** To be there for each other, to take care of each other, could be herself (*softening body and head tilting to one side and then to the other*), so on the one hand I can be totally me and on the other hand, not at all. The part of me that can be there, it's fantastic.

**S:** So, that's the healthy part.

**T:** Yes. That was very important to her and meant a lot, and that hadn't been that obvious to her before, when she came for the first session. What she also said was that when they arrived they were in a crisis, and now they aren't.

**S:** So, now they're not in a crisis.

**T:** She doesn't think that she'll leave.

**S:** So, they're out of it and he could allow himself to sink down.

**T:** Yes, it was like that in the second session as well, it wasn't that clear then, but it might have been there, but not spoken about. It might have been there anyway, that he sensed that.

**S:** There's at least more yielding available in him.

**T:** Much more and much easier to relate to him. But he's kind of weird.

**T:** (*stands up and walks over to his chair, looks briefly at S with small ticks in the face and then back to his partner*)

**T:** (*T stands up and laughs towards S and walks back to T chair, sits down and laughs out loud*) This really strange thing, like a flirt or I don't know what the h\*\*\* it is. Not flirty, flirty, but a little like (*reaching out, with a small grasp in the right hand, head tilted as if shy, and with a pulling towards, smiling and laughing*).

**S:** (*laughs loud and bends over*) Hahaha!

**T:** Very strange guy. And they are sort of sweet, as well.

**S:** It's good that they sit towards each other so that the alliance isn't threatened. In the pulling too much towards you.

**T:** Yes, because I believe I've felt that she wants me to say something to him and that's why she gets frustrated when I'm asking her, right. She wants me to tell him, what he does wrong. And that's why she wants him to go with therapy. I'll tell him.

**S:** (*laughing*) I'm thinking about how they talk and what happens between us. How they're loosening up, in their form.

**T:** Yes (*more relaxed in her chair, left leg crossed over the right leg*). Yes, something loosened up when she acted out with me. And something happened when I was honest. I considered and made a choice, whether or not to say something.

**S:** You assumed a high degree of authority, differentiated and showed them good form.

**T:** I made an active choice as to whether or not to share. I thought that this field needs this, it was the right way to act in this situation, to share this. Then she said something that it was easier, and I agreed with her, but the form still isn't OK. She thought it was pretty good, because it resulted in something, but I didn't ...

**S:** So, you model something that demonstrates good form. I think about a supervision with Daan with regard to a lack of good form in class when I teach, where he said something, that that's something he doesn't tolerate in the setting. (*touching the her chair*) You don't want to be spoken to in that manner. So you set a boundary and it might result in her softening and she practices good form. It may be that she can't take it?

**T:** I think she can take it. Yes, because it was like (*a 'dawning' movement from above the head and down*) dadada ...

**S:** If we look at it as a creative adjustment in how she hasn't learned how to regulate herself.

**T:** No, obviously not. It's about this.

**S:** So it's about flowing in the confluence that's just, how would you describe it? I'm very visual so I get this picture of the couple ... You do describe it. If you were to describe when you say, what's going on here?

**T:** Yes.

**S:** Then you try to clarify and she can't tolerate that.

**T:** Well, I don't really know how to describe it. I think about it maybe as mud. They're swimming around in mud.

**S:** I got swamp.

**T:** Right (*both laughing*).

**S:** Like this fog that clouds the, like a veil.

**T:** And there's something heavy about it.

**S:** Yes, like a muddy confluence.

**T:** And I visualise her sitting there (*arms move in circles on each side, upper body rocking a bit back and forth horizontally, seemingly soft face in a frown between the eyebrows, mouth tight inward push*) following, doing what she's supposed to do, staying with and the pow, acting out.

**S:** And it's not possible to differentiate. With him.

**T:** And she can't differentiate with good form.

**S:** And she could tolerate you when you differentiated. She sustains differentiation.

**T:** Yes, when she'd calmed down a bit.

**S:** Yes.

**T:** I didn't see it right away, because I had to collect myself a bit before I knew what to do. Yes. In the first session I was very curious about him, but now I was much more attentive to her. Yes.

**S:** And to me when we look at them now (*hand in a meta-perspective*), they are very clear.

**T:** Yes, in how they co-create.

**S:** And you've seen the 'worst' of them (*pointing at her chair*), we don't really know that, but she's shown her worst form. That's good, that it emerges.

**T:** Yes, that's good and it might contribute to her becoming more aware and to develop an understanding of why he reacts to her, when I've also done so. Because she didn't listen much to him in the first session about this, when the same thing happened, and he told her and he asked her to come out differently and she answered that you can't change me.

**S:** And now she said that she wants to learn a better form.

**T:** Yes, towards the end of the session she said that, and those were absolutely not words I put in her mouth. I thought about it and that we'll see what happens, I didn't feel like pushing it further at all and then she said it completely by herself.

**S:** Imagine that! And look for the softening (*sensitivity movements with her hands*) and if we think diagnostically (*arm in meta-perspective*), I can think about this fragile self concept, she's much more fragile ...

**T:** Than she seems, yes, absolutely, I believe so. He appears much more obviously fragile.

**S:** And now you're becoming aware of her fragility and I believe that's important information, in the regulation. The softness that's emerging and I become curious about what happens when she start feeling. There's a lot of yielding available in the chair right now, I notice (*in T*) (*moving over to sit down in S chair next to T chair, leaning forward, inquiring face*).

**T:** I don't remember.

**S:** Do you want embody her?

**T:** When she feels, senses?

**S:** Yes. When she acts out, for instance. How is it to sit there and be her?

**T:** In that situation or afterwards?

**S:** Well, whatever ... When she sits there looking at him, for instance.

**T:** I become numb (*looking down, knees and feet pointing inwards, hands between the thighs, mouth narrow and tight*).

**S:** Yes, and the feet (*notice the feet are restless up and down, only heels planted*) and your mouth withdraws.

**T:** Yes, it's like an ambivalence here (*touching around her mouth*).

**S:** And the feet are a little ...

**T:** (*feet moving faster, rocking in her whole body, nodding with her head*) Yes, I'm here, this is where I am, come on (*reaching for him with the right arm with a clear grasp in her hand*)! (*then smiling towards the S as if confirming*)

**S:** Yes and the mouth?

**T:** I don't know if I want to say so much to you.

**S:** No, right, come on!

**T:** Mmmm ...

**S:** Do you feel anything there?

**T:** (*pointing to the jaw with the right index finger*) I feel tightness here (*moves her hand to the diaphragm in circular movement briefly*) and a bit annoyed (*nodding*).

**S:** A bit annoyed, does it escalate?

**T:** No, it doesn't (*adjusts herself in the chair by moving a bit forward and leaning back again*).

**S:** It looked like it and then it faded. It might disappear you know.

**T:** Yes (*sitting still*). I don't think she sits like this, there's something wrong with the posture (*lifts left leg across the right, left hand in a tight grasp onto her right hand, head a bit tilted down*). She might be a bit more withdrawn (*adjusts to retreating sagittal in her upper body, the buttocks just at the edge of the chair, slight yielding and tight upper body, a frown between her eyebrows*) I don't know ...

**S:** So, this is vague as well. What I ... if you want to come out of it ... (*both in meta*) what I wondered over there, it's like there's an impulse and then it evaporates so quickly.

**T:** Maybe ...

**S:** If we think about the contacting sequence and we move upwards towards awareness to feel and you're embodying the (*body up and down in the torso and the left hand moves from down a bit up and quickly down*) and she doesn't manage to mobilise towards, at least it makes sense with regard to the vagueness.

**T:** Yes, it felt really vague so in this I really understand that it's difficult to say what she feels. That's the intention as well. And thinking about it, it was maybe what she tried to tell me as well, that there wasn't much there.

**S:** She has so little experience (*sense movement with right hand*) with sensing (*S and T look at each other, breathing, softening*) and they have, both of them (*soft voice*). Maybe he feels more, or?



**T:** I think she feels more, at least when she's calm. Him ... maybe he feels more, that has emerged gradually. But I believe she's felt more than he has from the start and I experienced her as much clearer initially, it was easier to relate to her. But that's changed now, in the third session, maybe a little in the second session also. Yes. The first session, when she talked about whether she was more interested in girls than, and if she could stand being in, yes, it was clearer then, really.

**S:** Or was it intellectualisation, talking about?

**T:** No, I don't think it was only that, no. There was contact as well, I remember it well, I felt more of it then, than now.

**S:** So, now you're in their sauce (*indicating the relationship with her right hand*).

**T:** Right, and it's like this.

**S:** Yes.

**T:** Yes, because in the first session I didn't put them together. Then we were in a triangular relationship.

**S:** Who knows what, it's like the vagueness becomes figural.

**T:** Yes, this is what emerges, and very clearly.

**S:** And you can be with them, with the softening in that.

**T:** This was what she could take responsibility for towards the end, when she said she wanted to work on a better form. She acknowledges that her form contributes to the vagueness.

**S:** They both do this to the best of their abilities, they have their pasts that impact the relationship.

**T:** Yes, they both do and we talked a bit about that. I drew that on the board in the first session. Then I explained that our work with you will be about the two of you (*indicating the relational movement*), where you're in your process and we can talk about that, but we look at the dynamics between the two of you, because he was thinking that she just had to decide.

**S:** It may be that they decide that they're better off separating.

**T:** Yes or that she decides to leave, because he doesn't want to.

**S:** Well, it might clarify the mud that they make together.

**T:** We don't know how it will develop.

**S:** Well, if we look the GMod, the values, moving to Spain.

**T:** Yes, we talk a lot about that, what do you want? She wants to talk about what she wants and she wants to hear what he wants and she doesn't want to hear that he wants the same things she does.

**S:** Yes, and I think that's a safe way to move towards the second and first domains. It's really the grading, the theme isn't that important to you. What's important is how they form, that's what's underlying. But it's a very elegant way instead of them talking about how they do it together, because it will emerge.

**T:** We've also talked about how they do it together, but this thing about Spain. They are very clear about what they want in life. Do they want to be pensioners, do they want to work, what's the meaning of life right now.

**S:** So that's a good opportunity to differentiate, to talk for myself instead of just merging with.

**T:** Yes, and that's what she can't stand. He clings to her, to them, to the us. She leaves the choir, he leaves the choir. You don't have to quit the choir even though I quit! Yes, but I was in the choir because you were in the choir.

**S:** Talking about suffocating confluence! And they are pensioners?

**T:** They're considering it.

**S:** How long have they been a 'we'?

**T:** They've been together for twelve years and then they have had other lives before. Twelve years I think, and they're married.

**S:** So they've dedicated twelve years to a 'we' and now differentiation emerges.

**T:** What was nice though, when things became clear, what emerged was the glue.

**S:** Yes, a paradox of change, in fact.

**T:** Yes, and that was kind of hmmm (*touching her chest*) for the both of them. It was good for both of them.

**S:** So, what I hear is good therapy, don't you think?

**T:** Yes. A lot is happening and I think they're experiencing quite a bit. I question though how much we're capable of doing in five sessions.

**S:** Well, they can continue with you if they want to.

**T:** Yes, they can if they want to. But I don't know how it will feel when they've had five sessions for free, if they think it's expensive, or ...

**S:** That's in the contract.

**T:** Yes, it depends what they want.

**S:** Well, that emerges though and what I've said in the other supervisions is to bring it forward towards the end of the fourth session.

**T:** Yes, we can talk about that.

**S:** Yes, to bring forward whether or not they want to continue.

**T:** Yes, because the next session would be a closing session, or not.

**S:** Yes, that's why I think it's wise to bring attention to it in the fourth session, because what you're experiencing together is definitely something new.

**T:** I'll do that towards the end at the fourth session.

**S:** Yes, bring it forward and then they can think about it if they want and it will be something they can say something about in the check-in in the fifth session.

**T:** Yes, they might also have to make that decision after the fifth session.

**S:** Exciting. Interesting couple.

**T:** Yes, interesting and I don't think they're any less demanding than the other couples I have, to put it that way. It's equally complex.

**S:** Yes, there's so much 'juice' in these couples, I'm ... not overwhelmed because I'm not, but I could say amazed, I would say about the complexities in these couples, that's really inspiring.

**T:** Yes, that's great.

**S:** It explores the ‘warning lights’ and what’s dysfunctional, more dysfunctional than I expected. I didn’t think that the really ‘unhealthy’ couples wouldn’t opt-in. Don’t get me wrong, I believe they have, your couple here would benefit from more therapy than just five sessions. It’s short term, I thought I’d have more short-term couples opting-in. These are longer-term ...

**T:** Yes, sometimes I have couples that we discuss after three sessions only.

**S:** Yes, and these couples come in with themes that are in need of good quality couples therapy.

**T:** In my other couple there’s no less.

**S:** Right. And maybe it says something about this is how it is.

**T:** Yes, because I think about that, what’s out there ... people have their issues ...

**S:** Yes, there’s a lot of poor form ...

**T:** Yes, there’s a lot of poor form ... and I think about that, if we had a concept of teaching good form, then people wouldn’t need ...

**S:** This is what we’re doing, that’s our mission you know.

**T:** (*moves over and sits down in supervisee chair*) I just sat down here ...

**S:** (*films the whiteboard*) I’ve had couples that have just come to one, two, or three sessions.

**T:** Absolutely, there are some couples like that as well. I had a mother and daughter and they came for two sessions of couples therapy and it was a lot of fun.

**S:** Then they function better. When I say more dysfunctional they’re more rigid or it’s maybe even more about no boundaries than it’s rigid, or what becomes figural is the vagueness, the unclearness. OK. We’ll have to close them.

**T:** Yes, off they go.

**S:** Well, what I didn’t ask you over there was if there was anything you needed?

**T:** (*quiet*) ... Now you mean?

**S:** Well, between now and the next session, is there anything you need? What did you become aware of?

**T:** I think at least to keep my feet on the ground, to be really aware of my grounding, to keep enough of a distance.

**S:** I could see the emerging yielding in you towards the end. When we started to laugh out loud together. But I believe that's also a field phenomenon. There's more yielding available in him, in that his chest is released and she could be really soft in that she could say that she wanted good form, that's softening. I could also see that happening with you. We could say that the field softens. If I think in terms of Stern, being with in the first domain. The co-creation, yes, but I'm curious about what they know about being with. Then maybe they know something about that in their talking about the glue.

**T:** Mmmm.

**S:** Do they talk about that from the perspective of being with (*the intimacy, close*)?

**T:** I don't know what they talked about, it was about the little things. It was more of the feeling, the sense. Yes, it was more of ...

**S:** ... yielding ...

**T:** Yes, less of the up towards, and less inward push.

**S:** So, they can regulate here and that they're not in very high activation (*soft voice*).

**T:** Yes.

**S:** So being with, not in the mud, but with awareness.

**T:** I don't know how much awareness there are. I don't remember. But I had, as you say, more yielding and less of a push and then a lot of my awareness inwards, I had that.

**S:** And that's what they need to learn, because this is what I noticed in you.

**T:** Yes, so I need to be aware of myself, to differentiate, to be in me.

**S:** Yes, to breathe, to find you, and in that I see you freer.

**T:** Yes, because I noticed how I became activated by her, I was shaken and didn't know.

**S:** Then I can be quite forceful myself, high authority is a lot of a push and then when something happened with you, when we started to laugh.

**T:** Yes, something with his face.

**S:** Then it's also a field phenomenon, because it also happens with me, and I notice what happens with you. I see your softening. So it's the balance of the two and the regulation. It's like what appears as trauma-activation both with him and her.

**T:** Yes, I definitely think that, I do.

**S:** And he was more regulated down, and that happened with her eventually as well.

**T:** Yes, I'm curious to see what happens in the next session. How is it when two weeks have passed.

**S:** What do you think?

**T:** I think she might bring something with her.

**S:** Have you experienced that with clients before, the egotistical nothing in, same thing out?

**T:** Yes, indeed.

**S:** We've had that in supervision once.

**T:** Yes, one of my crazy couples was like that, everything was gone and then she came alone and everything was there, do you remember I told you? They were supposed to divorce, and now everything's settled between them. They came back after six months and they was such demanding sessions, but they came and eventually we finished therapy and they said that they had enough support and we're able to continue together. It's good enough and we want to grow old together. What a difficult couple it was. She came alone and she wanted to get divorced and after one session I had with her alone, she was so moved and said that she didn't want to get divorced.

**S:** I feel how I soften and I become soft towards them (*pointing to the triangular setup*).

**T:** By all means, they have their reasons. They do things to the best of their abilities. We talked about that.

**S:** And it was the softening that I also could see in you. It was obvious and it was so nice to see.

**T6: Living in the Past**

*Supervision after the first session with the couple.*

*Reading her notes from the session for quite some time ...*

**T6:** I say can a little to start with. I noticed when I fetched them in the waiting room that it was **very** nice, both of them. When I start, they're both nodding and participating. There was small talk to start with and it was all very nice (*breathing out loud*). Then he starts to talk, I ask them to talk first one then the other, and then he talks and talks and talks and talks (*smiling and shaking her head*), and I couldn't stop him (laughing). He talked for almost half of the entire session.

**Supervisor (S):** Really!

**T:** Yes, and I became, after a while I became like (*arms down facing upwards, then grasping onto the chair*), now I have to stop this, now I don't want him to talk anymore (*sitting up in the vertical, adjusting herself in the chair (still in the S chair)*), but I couldn't manage to stop him. Well, in the end I managed, but it was very difficult.

**S:** Yes. What did he talk about?

**T:** He talked about his ex.

**S:** Oh, my (*both nodding carefully*) ...

**T:** Who was dead.

**S:** Who was dead.

**T:** Dead and traumatised and he probably was as well, with that relationship and before that as well probably. She was much calmer, took her time and she didn't say much, at least compared to him, but she conveyed what was necessary, I feel, but he took such a lot of the room, time.

**S:** Time ...

**T:** ... to talk ...

**S:** ... about his trauma.

**T:** Yes.

**S:** With an ex-wife?

**T:** Yes and with whom he has children. This couple has been together, they started dating about five years ago and they've lived together for about a year. Both of them have quite grown-up children, how old I don't know exactly, I think at least his children are adults, or all their children, but there was something about an adolescent moving in and out, something like that.

**S:** What did his wife die of?

**T:** She had cancer, the mother of his children and she was a psychologist and blah, blah, blah ... How she had, apparently, she was very traumatised, this ex, the wife.

**S:** In her life?

**T:** Yes, violent father and all of this I sit and listen to. It became comical after a while, and I couldn't put an end to it.

**S:** How long since she died?

**T:** About five years, 2015.

**S:** Then he met her right after?

**T:** No.

**S:** Almost right away.

**T:** Almost and there were a lot of details about that. He also talked about that, their, when they met and how that was. I'm a bit unsure if that was ok for her or not. She said something about now you took charge of the entire story, or something like that and that was the first thing she said. It sounded a bit accusing, but I couldn't totally grasp what was going on with this. What she felt about it, but there was something accusing in there and it was difficult to grasp what she felt. I think confluence is what happened, also with me in that I was unable to stop him (*pointing to the relationship*). I just became totally like (*body in a collapse movement*).

**S:** He even took charge of the therapy session as well.



**T:** Yes, he took charge of it all, at least to start with. Eventually it became more about them. I was able to leave the wife a little, but so little awareness going to couples therapy with your new partner and just talk about your ex-partner for half an hour!

**S:** I notice I stopped breathing. What happens with you?

**T:** Right now, I also stopped breathing. So maybe that's what happened, I was just knocked out by the whole situation, and it was really serious what he was talking about. Her death and I couldn't stop him.

**S:** So that's the phenomenon, we're just looking at the phenomenon and this is what happened in the first session.

**T:** I also thought about the recording, and that I sat there paralysed for forty-five minutes in the first session.

**S:** With regard to fixation (*both laughing*). That tells us a lot about the field (*situation*).

**T:** I haven't listened to the recording, just the beginning and then I hear how I ... he he he ... he he he (*imitation small supportive laugh*), just laughter to (*movement of smoothing things out with her right arm in circles over*) and it was a nice atmosphere, I noticed that it really was.

**S:** That's kind of paradoxical.

**T:** I was caught by it.

**S:** It was really nice, and then came that story. It doesn't really fit with it, does it?

**T:** It wasn't that it was nice while he was talking about it, more at the onset, when they arrived. Their story is demanding, very much so. She also has a relationship with the father of her children, where she didn't want it to end, I guess they are in their 50s and she didn't want it to end and she's still sensitive in that she feels that she was the one who destroyed it. I haven't gone into that, what it was about, but this is what she brought in.

**S:** Ok, so they both have their stories about abandonment, in different ways.

**T:** Something about he talked about his relationship, it was very unhealthy is what I think, because he became the one who was the strong one, the one who could fix everything, but not any intimate relationship, no sex for many years and he was also a kind of service employer.

**S:** So how is the emotional intimacy between the two of them?

**T:** Well, at the start, they've been to couples therapy before, this couple together, but that was quite early in their relationship, and he felt much more ready now. But she gets very frustrated that he doesn't share from himself, that he's not aware of his own needs and that he can't express that.

**S:** So, he's more oral, words, more like (*movement in circles from the mouth and out*), it's the same thing, more like listening to a tape recorder. Does that resonate with you when he talks? Is he in touch with his emotions when he talks?

**T:** No, not much.

**S:** He talks about.

**T:** Yes, I believe this is how he does it, talking about and not feeling and that drives her crazy.

**S:** He talks about and doesn't feel and she gets mad about that.

**T:** Yes, I really want to check my notes, is that ok?

**S:** Sure.

**T:** Just to be clear about (*scrolling through the notes*), so what they wanted when I asked what they wanted to get out of the therapy, he said that he wanted to be more alive, more present, closer, and she said more contact, closer, more alive and present. Very similar. There's something really fixated, particularly with him.

**S:** And he says that now he feels more ready for it.

**T:** He wants to do something about it.

**S:** He comes with good will.

**T:** Yes, and he's started to understand that, it's taken a long time and I think the last time when they were in couple therapy, he didn't understand how he was doing it. There came a lot of accusations from her and the he had difficulties in how he was doing it and what he didn't do and now he's started to understand more of that. He's in his own bubble, yes (*reading from her notes*), talks a lot and it's unclear to me if he's taking her in at all.

**S:** To me it sounds a bit egotistical; he's not even tuned into the therapeutic situation at all.

**T:** She's much more leaning towards him at the onset, whereas he was facing me. He's struggling with taking responsibility, he actually thrives in his bubble, whereas he admits to some of what she says. He's really good at adjusting, putting his own needs aside and he doesn't really know what that is.

**S:** And at the same time he fills the entire room.

**T:** He fulfils some of his needs without having awareness of how it influences the situation he's in.

**S:** In that he also becomes very lonely. I would want to look at how you sit in that, when he's been talking for forty-five minutes and you've been listening to him, flowing with.

**T:** (*moves to T chair, sitting down firmly seated in the middle mode, legs in a small horizontal V, arms resting between*) Yes, I've been flowing with, you're right.

**S:** Yes, do you think it makes him feel safe?

**T:** (*quiet, looking a little to the side*)

**S:** So what happens with you there?

**T:** I try to understand what I think, if it makes him safe. My first impulse was to say yes to that question, hmmm, (*looking down to the left*) but I'm also thinking that I shouldn't always do that ... (*looking up and laughing at S, eyes narrowing*).

**S:** No, no, I just think about the phenomenon.

**T:** No, understand that you don't think I should do that, but I think that it might be safer (*hands folding in a tight grasp, white knuckles*) when I differentiate in a good way.

**S:** It sounds to me that it's a fixated field, seemingly very cosy, but with a lot of fear. Two people (*arms out to each of the partners*) who are hurt from previous relationships and between the two of them they don't have good form, as there's a lot of blaming between them.

**T:** Blaming. That's what I think they've worked on previously, the way they talk to each other.

**S:** Here she attacks him, accuses him of taking charge of their story.

**T:** It is a little diffuse in how she's complaining, it was (*face tightens in a grimace towards her chair, upper body in a retreating sagittal*), but I wondered a bit about that.

**S:** I'm interested in how that influences her.

**T:** What?

**S:** What she defines as taking charge, it could've been, if he was talking romantically about it, it could have been a response.

**T:** Yes, it was really (*moving out of the chair*), I don't know if I'll enact.

**S:** Yes, do enact, it was your impulse

**T:** (*her chair, adjusting the chair to face him more, left leg across the right, hands folded in the lap, head a little tilted towards the right, looking a bit down towards him*) Now, you took charge of the story (*then looking away and then shaking head and looking at him*) and it was sort of nice as well.

**T:** (*up and back to T*) and I became a little (*ambivalent in the body, back and forth to the sides*) taking charge and nice, oh, and this is maybe what it is (*in a meta, looking at S*). I got confused.

**S:** About what's happening here (*subterranean push*)?

**T:** Yes, uaaahhh, it isn't as nice. That may be what the confluence is about as well, above.

**S:** So here it's foggy, cosy.

**T:** Yes, although when they started to talk about things it wasn't that cosy, then it was (*snapping fingers and arms in opposite directions*).

**S:** Ok, so that happens after a while?

**T:** I guess she's quite direct.

**S:** So how is she direct?

**T:** (*moving towards her chair*) Well, I don't remember really.

**S:** Just embody her. You know the feet come if they're supposed to.

**T6:** (*her chair, adjusting towards him*) More like this and maybe a little leaning towards as well, obviously interested. You do like this (*face in a frown, tight, eyes narrow, moving upper body back and forth, head shaking a little no*), and you do this, a lot of you (*right arm in a circular movement from the mouth from her to him*) you, naaa,naaa, naaa.

**S:** So you do this and you do that.

**T:** That's what I remember really.

**S:** A lot of blaming of him, defining him.

**T:** Yes, indeed, really.

**S:** What happens with him then?

**T:** (*his chair, facing T, looking down, right arm moves from the face and down*) The gaze is avoiding and then he becomes, well you're right and then I become (*shrinking together and body turns away*)

**S:** (*mouth drops*) This happens with me.

**T:** Then sometimes it was like he woke up, talking, talking, talking, and then sometimes (*in the vertical towards the T, right hand directly towards T*) there was eye contact and then, it was so nice, I really felt that we met, (*movement in a together back and forth*) and then it was gone (*back down in withdrawing*).

**S:** Yes, and it's like the shooting comes from here? You're like this and like that. Is it like darts coming?

**T:** Not exactly. It's more diffuse the blaming (*getting up standing*), maybe a little like how I said it before, now you took charge (*in a vertical strong push*) and it was sort of nice as well (*in a moving back and forth horizontal with a sweet voice*). It's somehow ambiguous.

**S:** Both of them, and you.

**T:** Yes, particularly to start with. I gradually improved.

**S:** Can you show me how you improved?

**T:** (*moving the chairs towards the T, sitting down as T*) I don't remember that well. Like this.

**S:** Well, you embody it forth. So, there you had eye contact several times.

**T:** Yes, and with her as well. But it was very figural with him, particularly as he eventually became more and more strange. I was more aware of how he occasionally reached with his eyes and then disappeared.

**S:** He reaches for, but doesn't grasp onto and pull towards.

**T:** No, possibly not.

**S:** He doesn't take you in. He avoids and withdraws.

**T:** Yes, he doesn't take me in, definitely, I really got the feeling of the bubble with him.

**S:** Then there's something about contacting out and then withdrawing.

**T:** I think I eventually (*looking towards him*) would like to hear from her, but first (*narrowing her eyes, a slight sagittal forward towards him, right hand rubbing the chest*) I wonder what it's like inside you right now, when you tell me all this.

**S:** How did he respond then?

**T:** I don't remember, I imagine that there were a lot of words, he doesn't feel much.

**S:** Then he disappears in the explanations again?

**T:** Yes, I think so. He might have said that it was a little scary or something like that, but I don't remember much. Eventually I became a little more like, we have to, hello.

**S:** He could sustain that, talk a little there (*in the chest*).

**T:** Yes, a little and then talking again and I said OK. Very little awareness (*looking at S*). It's strange to be in couples therapy and talk for forty-five minutes about your ex.

**S:** In the first session.

**T:** Imagine being her (*pointing at her*), to sit and listen to that (*arm in a circular repetitive movement*), luckily after awhile it emerged that it hadn't been that good, that was at least better, to start with it sounded like it was great. First I thought, wow, are you sitting here grieving after five years in couples therapy, he might do that after all.

**S:** It might be that it's possible for him to contact something. That might be what's emerging here, and to see if you're able to bring him here.

**T:** Yes, and she as well, she needs to be able to sort because things are coming out a little bit like (*fragmented, polarised arms, in jumping movement in the chair*) (*arms folding and laughing towards T*), here and there.

**S:** And it doesn't come in good form. The communication point 'speak for yourself about your needs'.

**T:** It comes like projection.

**S:** You do like this and this, blaming.

**T:** But a bit camouflaged.

**S:** She's good at it. Now you've outed her, you know.

**T:** Yes, because she does sweetly. I think there's something there (*arms moving between and then to the vertical movement of the spine in front of her*), to be more clear, to sort out, to find a better form, but I think it has a lot to do with sorting, becoming more aware, there's a lot (*arms back and forth around the head*), things are coming out a bit all over the place, I think she doesn't know.

**S:** It sounds chaotic.

**T:** That was the feeling I had afterwards, this wasn't that obvious. With the other couple it was clearer, whereas here.

**S:** Unclear, chaotic, and nice, and a really special start with something that was not nice at all.

**T:** Yes, there's something about what you say right there, it was really nice and then he brings that in, this serious stuff and talk and talk and talk.

**S:** With little atonement, a fixation if we look at the GMoD, up here (fourth domain). Very fixated, we're sure about that, three quarters of an hour without any sense, then something happens, to put it that way.

**T:** Some of it was an introduction, but he talked for at least half an hour.

**S:** Then there's a large amount of narrative, that lands in the relationship (*drawing the rucksacks*), the luggage, the couple's luggage.

**T:** Yes, the couple's and just before that, a little but not much about their lives before that.

**S:** No, but you have a hypothesis about their creative adjustments, she feels that she was the one who destroyed, in that trauma.

**T:** And guilt.

**S:** Here they don't meet (*contact*) and that's what isn't working between them, in the fixation.

**T:** If we think about the co-creation; he retroflects or deflects, I don't know exactly, and she's please I want contact (*reaching for movement, like knocking*), in a pinching way so that he disappears even more.

**S:** She projects a lot of stuff.

**T:** Projecting and blaming, so that he does more of the other.

**S:** Isn't it like he isolates quite a lot?

**T:** He talked about that he really liked to sit behind a book.

**S:** It's like there nothing goes in. Isolation. She also supports that with her arrows. Isolation, projection. This is a discussion we need to have in the focus group. Can we talk about isolation in the field, situation here?

**T:** Yes, partly. Isolated, he does that.

**S:** Do you feel isolated where you sat?

**T:** Yes. I did. I didn't feel connected to.

**S:** You talked about confluence as well.

**T:** Flowing with, though I improved after a while.

**S:** It's like in that confluence it's so foggy, in such a curious way. It's so nice and at the same time so gruesome. Something paradoxical about the situation. Could you think about it like that?

**T:** Absolutely.

**S:** I'll just write the paradoxical couple. But they want to be together. What do you think about that?

**T:** Yes, I think so.

**S:** If I think about Frank's subterranean push, what's beyond what's so strange above? What's underneath?

**T:** I think they both want to. That he's afraid of showing himself and she wants more of him, but she doesn't know how to ask for that.

**S:** Vulnerability. Shame. You talked about that before.



**T:** Guilt. Shame. She talks about that because she's certain that she destroyed her past relationships.

**S:** This is how they're fixed in their narratives? Fixated in their stories.

**T:** We could say that she does the same thing he does, something similar.

**S:** They're both caught in their separate stories, they've been together for five years and she's still mourning her past relationship.

**T:** They did spend a lot of time figuring out whether or not they should be a couple, even if they both wanted to. She was unsure as well. They've been together for three years and fought for it. Maybe they've also ended it at some point, I wonder.

**S:** When I mention them being caught in their old stories, does that resonate with you?

**T:** That they're living in the past in a way? Absolutely. I was thinking that in the session as well, that there's a lot of that here.

**S:** So how can you bring them here, to the here and now, in their vulnerabilities together? If not, they don't stand a chance.

**T:** Yes, they can't continue like this, they're also aware of that. The timing is much better now than before. That was just shortly after, he was so shaken by the experience, so he wasn't ready to understand her wishes.

**S:** If you think about the working hypothesis, to teach them about intimacy and autonomy? Good form.

**T:** Yes. Differentiating and good form. To become more aware, to bring it forward and to listen (*the infinity sign*).

**S:** Confluence, differentiation, since here there's mostly isolation apart from on the outside it's very nice.

**T:** Well, they have good things together as well.

**S:** Do you know anything about that?

**T:** What's nice?

**S:** Yes, the glue?

**T:** (*shaking her head*) No, I don't know much about that. I don't think we talked about that at all, I don't remember.

**S:** Do you become curious about it?

**T:** When you mention it, yes. I'm quite convinced that they both want to be together. He as well, although he's frightened, he comes to couple's therapy. There was something about how she addressed that, asking him 'do you want this now?', because he has a lot of explanations that takes him off track.

**S:** They want to be together both of them, and they both live in the past. That might be deflection, because it's so scary to be here. There's so much at stake. What's beneath? To show their vulnerabilities.

**T:** In this I wonder what the glue is and I don't doubt that there is glue.

**S:** I have a couple that has been with me and I was just thinking, I couldn't understand why they were together, I couldn't see the glue and I wondered. I don't remember how I intervened, what I said, since it grows out of the situation, but I remember I had those thoughts, and I couldn't figure out why they were together. I think she answered first, saying that I could be myself 100 % together with you. Even though every other aspect was difficult, they didn't talk much, imagine, I get goose bumps just telling you about this. He said exactly the same, a love declaration, and they learned how to communicate and how to be together as a couple. It really supports the relationship. I'm curious about this couple, about her, she's here regretting. Is it possible to put an end to that? What happens with you when I say this?

**T:** I was thinking, not to conclude, is she finished, or isn't she? I think she was, but, well.

**S:** It doesn't really matter.

**T:** It depends how she ...

**S:** I can think that there are things we can't end, think about him and his loss, the mother of his children. I think that a marriage and breaking up is always something that you bring with you. But it might be safer to be in it, so you aren't so disappointed here. The way she enters this, the ambiguity, with her and both of them, yes, but yes, but?

**T:** It was first and foremost her. I didn't grasp onto her, like here and now when you're in charge of that ... and it was sort of nice as well ... His output was just diffuse. It was obvious that he had a need to say something, but it drowned in all the words. The volume and little contact.

**S:** How about her contacting?

**T:** It seemed much more available. She spent a lot more time, talking about how she felt, I could see how she felt, but I also have an idea that it was sort of chaotic in there and that she in fact didn't really know that well. I don't know really, much more.

**S:** Well, right now my impulse was that you should get out of the chair, we'll play a little you know (*laughing a bit*), so walk around a little and then we'll go to the second session.

**T:** Yes, right, to be me or?

**S:** Yes, be you and welcome them to the second session. Feel you.

**T:** (*sitting down in T chair, moving further back with the chair*) So I move back (*breathing out, looking at him*). I'm curious about it, what comes now (*vertical, serious face, right leg crossed over, more yielding available*), will I imagine something about them as well?

**S:** No, I was just thinking about your awareness when you start. You're curious.

**T:** I'm curious, I feel the push a little, I don't want to flow with in the same way.

**S:** So, you feel more differentiated?

**T:** Yes, and I want to continue with that, holding onto myself (*rubbing her thighs*).

**S:** And you know something about how difficult it can be to stop him.

**T:** Yes.

**S:** Which is what he needs. He needs to practice becoming aware, as does she.

**T:** Yes, I think so, to sort it out. I think that she might feel but I don't think she knows what it means.

**S:** Yes, how to use it.

**T:** Yes, what do I need when I feel this (*from the inside (gut) out movement*).

**S:** And send it over.

**T:** To say the least.

**S:** To see if he will be able to receive any of it.

**T:** Yes, I'm very curious about this. If we will be able to explore what's happening between them and how they can meet and not meet, when it stops and when it doesn't.

**S:** Thinking about Frank, grasping onto, which is where you feel the sense of belonging in the world. Reaching for and in the reach lies the grasping, pulling you towards me to make you mine. He had the reaching towards you, but the sense of belonging, I wonder, it seems that they don't manage to do that and live in the past. Do you have any sense of full-contacting experience?

**T:** Between the two of them? Not that I have seen.

**S:** Or with you?

**T:** No.

**S:** No. There's the fore-contacting and contacting and then the rupture.

**T:** Yes, that was what I felt after the session, the no ... (*laughing*).

**S:** (*laughing with*) Yes, it's kind of unfulfilling, it's fixated, so in this what happened now really? Well. Great. We'll just go back to the S-S setup.

**T:** (*drinking water*) Cheers. It was exciting.

### *Supervision after three sessions with the couple*

**T:** They were there last Friday and then they were there about two and a half weeks prior to that. Then I did something I've never done before, in the third session. I said that now I've been thinking a bit and I've read through my notes and I'm aware of some issues and I wonder if you would like to hear about that or do you want to say something first?

**S:** So you checked in with this?

**T:** I started with that and whether they wanted to hear about that.

**S:** Yes, yes, in the post-contact from the previous session.

**T:** Yes. I just wanted to try that.

**S:** Fine. Do you want to embody that situation or are you through with it? Or do you want to talk about it?

**T:** I think I just want to talk about it. It wasn't that ... but I think maybe something good came out of it, because there was also, well, it was about accusations and defense. There were a lot of accusations. That's one of the things. What was that there was one more thing. And then I thought that it was strange that I said just a few things, but then I thought afterwards that it was good that I just said a few things.

**S:** (*hand in meta-perspective*) Accusations and defense is the first thing you tell them and then another thing.

**T:** That's gone.

**S:** Well, is it about co-creation?

**T:** Yes.

**S:** How they do it between them?

**T:** Yes.

**S:** So, you address that. That's very clear. How did they respond?

**T:** Well, that's interesting. She became very, like, it's good that you address this. She doesn't say much, she spends time sensing and feeling, yes, it's good that you say this and I become aware of an episode yesterday when you address this.

**S:** Where does she sit?

**T:** She sits there (*pointing to the left chair for the T*) and he, he comes with a long, he was the one who spoke for half of the first session about his ex, you remember?

**S:** The one that you couldn't stop?

**T:** Yes, in my world right there and then he was, to me, in that field. It was.

**S:** Can't you just embody this?

**T:** (*stands up*) Yes.

**S:** That sequence.

**T:** It would have been nice to remember what I said.

**S:** Yes, but you remember the one thing!

**T:** Yes, I do (*sitting down in T chair, yielding available in a soft vertical position, legs a slight V, feet on the ground, hands folded in her lap with a small grasping onto her left hand, head slightly tilted and looking at him*).

**S:** It will emerge.

**T:** I think the other was important.

**S:** It will emerge and now you're addressing this to the couple and they're sitting like this, towards you.

**T:** They sit like this (*hands reaching out to each of the partners towards her*).

**S:** It's the start of the session and you have something you want to tell the couple, you want to try it.

**T:** I want to try this.

**S:** Nice.

**T:** I'll just start there?

**S:** Yes, you've already told me what she says.

**T:** She feels, and she comes up with an example and she doesn't know whether or not to bring it up.

**S:** Then she starts?

**T:** I don't remember who starts. It might have been him actually, shall I be him?

**S:** Yes, embody him.

**T:** (*his chair, slight sagittal upper body leaning backwards in the chair, right leg high up crossed over the left leg*) Well, I think that when you say this I become interested in blah blah blah and I think this and that and the on the one hand and then she says that (*hands out in horizontal and rocking to each side*) (*looks at S and laughs*) Like that (*nodding*).

**S:** (*laughs*)

**T:** This is what it seems like to me (*pointing at T*).

**S:** I was thinking about something, the Duke of Fog, I know who was called that, Morten Harket in Aha was called that. It's a bit like that.

**T:** Yes. Yes. Blah, blah, blah, blah. What are you really trying to say?

**T:** *(moves over to her chair)* Then her *(yielding in her chair, left leg over right leg, looks at him, but slightly turned away from, body towards T, a slight hollowing in her right feet that touches the ground only on the outer edge, head tilted a bit left, sighs deeply, quiet ...)*. Quiet for a while, I sense that my eyebrow is napping a bit right here and then I sense a little bit in my leg and then a slight anxiety here *(pointing at the left side, outer edge of her stomach, very low voice)*.

**S:** Do you send that to *(pointing to T chair)*, T6?

**T:** Yes. And I'm thinking about *(very low voice, like a whisper)* an episode from yesterday, that I don't know if I should say *(looking at T)*.

**T:** Now I'm exaggerating, but *(leaning forward about to stand up, looks at S and laughs softly)*.

**S:** *(laughs towards)* Yes.

**T:** *(stands in front of the T chair in meta)* Then they're really going *(pointing to each of the partners and then brings her right hand to support her chin, looking at S)*.

**S:** Then they're going?

**T:** Yes, because then he becomes ...

**T:** *(his chair)* What did you really mean just now? When you were quiet for such a long time *(frown between his eyebrows and voice in a push)*, then I wonder if I've done this and maybe that was wrong *(moving in horizontal, arms gesticulating and hands with a significant grasp, like holding a ball, then back and forth sagittal)*, if not *(sighs)*, yes *(stands up)*.

**T:** And she just *(moves to her chair, sits down and then raises up and walks to T)*.

**T:** And after a couple of these I said *(in T chair, arms out to both partners, with palms up like stop)*, well now I'm just going stop you a bit *(arms between her thighs, hands flat together)* because now I feel we're going and now I feel like you should turn your chairs towards each other *(indicating with her hands)* and that you can talk about this and I'll support you and I become interested in exploring together with you. Is this OK?

**T:** (*moves over and regulates the chairs*) This was the second time they'd done this so it was OK, like this. Then she ...

**T:** (*her chair, left leg across the right, head turned towards T, the right hand light touch on her chest*) where she (*then turns towards him, eyes closed, head tilted inwards*) Yes ... I feel ... that you ... Almost like I feel that you (*in sagittal forward, hand moves from the chest, then towards him, then retreats back*) aren't authentic. She could say things like that.

**T:** (*his chair, more vertical*) Well, when you become so quiet, I feel I have to talk and then when you don't want to, because at some point she didn't want to (*looks at S, pointing with index finger at her*), when you don't want to, I feel that I'm the one who has to take responsibility and then when you, should, wondered about and then I have to say it all!

**T:** (*her chair*) Then she's 'Uahhh', she doesn't say it that way 'What' and becomes annoyed.

**T:** (*meta*) Both of them really become annoyed. I perceive her as very accusing, in the way she says things. But she thinks that he is. Very much so. He also accuses sometimes but really more confused and doesn't know what to do and searches in here (*hand to head*).

**S:** What happens with you when they go on like this?

**T:** (*T chair, looks at both partners*) I become attentive to form (*looks straight ahead and face a bit clenched, narrowing her eyes, quiet, vertical, somewhat sunk in torso, right hand grasps onto the left*). I really remember so little. It's almost like, I remembered more things about the other couple, something happened, and I surely made notes (*looks surprised at S, biting her lips*).

**S:** Yes (*moves around the couple and left hand up in meta*) If we look at it in a meta-perspective, their co-creation. I find that you're very good at that, what's significant for this couple, raising awareness of how they do it.

**T:** Accusations and defense.

**S:** Accusations and defense.

**T:** It becomes accusations, defense/accusations, because who does what and defense becomes accusation.

**S:** It's not easy to know who does what, when, in a way. That's the ping-pong. T6, you're quite funny actually.

**T:** Do you think so? What do you think about it?



**S:** I'm laughing together with you. You smile.

**T:** Well, I exaggerate.

**S:** That's good, you make it very clear. The Duke of Fog.

**T:** Very much r ... (*can't hear what's she says*) with him. I understand why she gets frustrated.

**S:** What I wonder (*meta with left hand*)—is it deflection? He has so much deflection.

**T:** And her.

**S:** And she ... she doesn't know ... it's about...

**T:** What's happening between them is that she's trying to talk about one thing. Then he starts to talk about ten things, that's how she experiences it. He doesn't feel that way, he feels like he's talking about one thing. But she falls off track and gets really frustrated because she was into one thing (*narrowing body, arms setting boundaries like looking at something up close*).

**S:** It sounds like me and my husband a while back, floating out (*pointing at his chair*) like me (*her chair*), more rigid. I think about Siegel, he's got this drawing in his book about the road and there's chaos on the one side, have you seen that?

**T:** Yes, I've seen that.

**S:** Here it's floating out in chaos (*him*), but he doesn't think that he does that. I can hold about ten different topics.

**T:** He's also very confused.

**S:** Yes, and there's a lot of deflection talking about whatever and it's interesting to follow when you embody him. How he doesn't really (*moving head from left to right*).

**T:** It's like how he comes across.

**S:** Yes, and with her how she feel a little itch in her toe, a little pinch here. It becomes difficult to mobilise further in a way (*indicating the contacting sequence*).

**T:** They're not able to hold onto **one** thing.

**S:** No!

**T:** It just evaporates. Then they talk about how they talk together, and they don't manage to do that either. They're not able to talk about anything really.

**S:** There's no figure formation.

**T:** Not a joint one.

**S:** It just falls and falls and falls.

**T:** And there's a lot of frustration with regard to that and then accusations come instead of taking responsibility of how they do it together and it doesn't work. You're wrong.

**S:** I heard him differentiating at some point.

**T:** He's at least willing to look at himself.

**S:** And she's not?

**T:** I think he's more willing to look at his contribution.

**S:** Because I heard him say something about ...

**T:** When you don't want to start, I feel that I have to do everything. I have the full responsibility.

**S:** That's the differentiation and it's clear.

**T:** Yes, he said that right there and then. He says things like that sometimes.

**S:** And he's clear.

**T:** Inside all of that (*arms in a wide movement from mouth and out*), some of this comes.

**S:** (*left arm in a vertical movement*) So, this is unpacking in a way.

**T:** Yes.

**S:** (*next to her chair*) And then she starts in.

**T:** Yes, because she feels that he's blaming her I didn't hear that she projected responsibility on him.

**S:** OK (*pointing at him*), so there's differentiation, but also an arrow?

**T:** Yes.

**S:** And she fires back and then they're on their way.

**T:** He interprets. Interpretation, interpretation, interpretation. That's it. It wasn't what I addressed initially, but it was the third thing I'd thought about that I didn't say. But towards the end of the session that emerged, you interpret each other and you interpret each other incorrectly.

**S:** So, projections.

**T:** Projections, projections, projections. And the possibility of checking out. This session was about form and projections and accusations.

**S:** Yes (*to the whiteboard*). Form.

**T:** Then I thought about your model and how we can't reach intimacy, we'll have to be here on top and sort out first. It's not possible to go anywhere as long as the form is so poor.

**S:** Yes, and in this holding of the 'I'—send it over, hold on to each one of them. Hold on to them. And so slow.

**T:** She's so slow.

**S:** I would have lost my patience before she said anything, so to speak. And that's when laughter came.

**T:** And in a way he's equally slow, but there're all these words instead. He doesn't hit the target any faster.

**S:** (*laughing*) No, they're just reaching their something differently, like their verticality, so to say, they're swimming around in the horizontal.

**T:** After a while something happened, it would be interesting to look at my notes really.

**S:** Do so!

**T:** Both of them felt like (*stands up from T chair*) here there was something, both were quite optimistic after the session, especially him. He felt that he had understood something. He doesn't understand anything about her. He doesn't understand what she's trying to tell him.

**S:** No wonder, when she just puts it back to him. Well, you got it, T6.

**T:** (*looks at her notes*) Well, there might be something of interest here.

**S:** Something you find exciting.

**T:** I think they, especially him, now we've found something, and I understand something I never understood before.

**S:** Oh, that's nice. It's to become what you are (*both sitting down in S chairs*).

**T:** I'm not getting into (*logging in to journal*).

**S:** It's not expected that you read your notes today. That makes me smile. I'm very different from you. Embodying without notes.

**T:** Do you think that I don't do that?

**S:** I think that very often you're very clear.

**T:** How?

**S:** What happens when you don't find your notes?

**T:** Well, I just wanted to look at my notes. I have the feeling that there's something I don't remember. I sometimes have a bad memory. With the couples themselves it's not a problem. That emerges when we're together.

**S:** That's why I'm wondering why you're so occupied with that.

**T:** Well, I think it's interesting for you to know, since I think there was something more.

**S:** I think there's more than enough juice here.

**T:** Yes, yes, but I think that we arrived at something here you see.

**S:** OK.

**T:** Do you think it's strange that I'm so dedicated to finding my notes?

**S:** No, but I find that I'm more attentive to what you need, that's what I become aware of. It's not I who's in need of, do you understand? I'm interested in what you become interested in or what do you need to explore with this couple?

**T:** Ehhh ...

**S:** Then I recognise, and I see that you are firmly seated in your chair (*pointing to T*) so there's something about how clear you are, your experience ...

**T:** I'm not afraid of that, I know we're in a good process and this is progressing. I know where we are and what we do will emerge. It's more that I want you to ...

**S:** ... to have the juice in the project?

**T:** Yes, if there were more things that I don't recall.

**S:** That might emerge in the focus group as well. What I'm aware of though is what do you need from this supervision?

**T:** That's not so easy to say, what I need today and in general, supervision to me is a nice opportunity to look closer at, what I sense, feel, become aware of. All these things can be even clearer or more things emerge. It's not that I need one thing. It's more to get to know it better in a way.

**S:** I just remember from a long time ago, when we got to know each other. You said something about experiments.

**T:** I'm not very good at that!

**S:** Then what happens with me is: what do you mean by that (*laughs*)! You know, I don't understand what that implies! There's something about, when I say to you that you're funny, is that something you've heard before?

**T:** I don't look at myself as very funny, I must say.

**S:** No, but to me that's to be loose in form. There are some resources there that I became curious about. That's also creative, you know.

**T:** Yes. I think I know something about being here and now, with them. To be with whatever comes up. I practice that and I think that's good. We create together.

**S:** And how can you be free? Do you let yourself go?

**T:** With these?

**S:** No (*hand in meta*), I'm thinking more about what you said at the time when you said that you sucked in experiments and experiments to me is more about process.

**T:** I think I'm creative in some ways, in that I, but to jump around with balls and things like that just isn't me.

**S:** That's maybe not your form.

**T:** No, that's not my form, at least not up until now. But I don't feel that I'm not creative, I think I'm always creative, because I'm always in the moment and do what I do according to the situation.

**S:** That's what I'm thinking is the id of the situation.

**T:** And let's use the balls, because I think it's a good idea, but not because it mirrors the situation.

**S:** It doesn't emerge in and of the situation. I agree, I don't use a lot of balls. I just became so curious, because it was like I saw the softening first, in the id, with the first couple and then how I go along with you in your spontaneity and very giggly and also like a field phenomenon. To me the id belongs to intimacy. There was something ...

**T:** Yes, I think so too.

**S:** When we can come to the id of the situation, there's something more about being with, the spontaneity. I think spontaneity and vitality is there, in the intimate domain. This couple is very fixated. They're not very spontaneous.

**T:** I remember last time, you said to me, what's the glue between them? And do you know what I didn't see any and it was gone to background. I did think about it in the session before that, but we didn't manage and there hasn't been room for that.

**S:** To ask about that?

**T:** To enter into, it hasn't been figural for me, but why are you together really? What is it that you like? It's not obvious to me and I'll bring that with me.

**S:** Do you think they'll be able to answer that?

**T:** It would be interesting to check it out.

**S:** I wonder if they'll be able to find a sentence about that, if it's possible. Maybe that's why it doesn't become figural to you?

**T:** Yes, because it really isn't. I've thought about it. What do you really have together?

**S:** I don't think they'll manage to talk about that, thinking about how they're struggling up there, in the dialogue. They need to say the 'I' first. The glue might also be a ball, something that you're supposed to put back, but that really isn't there. It's too early really.

**T:** Yes, I've been thinking about it and it hasn't been there.

**S:** I think about the first session where he only talked about his ex. The entire session.

**T:** That was horrible.

**S:** Terrible. So, then it doesn't becoming a figure, because it's not possible.

**T:** She's taken him along to non-violent communication, because they have a nagging voice towards the sons in particular.

**S:** This happens with me (*question-mark face*), and he goes along?

**T:** He goes along and yes; I want to learn.

**S:** The Duke of Fog.

**T:** Now I remember what I initially said! It was about accusations and defense and then I said that both of you have said that you want to be more present and more vital.

**S:** That's spot on what we discussed about intimacy.

**T:** Then she said, it's interesting that you mention that, I wonder, do you wonder, and I said that he was very clear to me that that was what he wanted. Yes, I said that.

**S:** Then she comes with her arrow right away.

**T:** Yes, she starts immediately.

**S:** So that's what they want, what we wrote there (*at the whiteboard, intimacy*) and they're fixated.

**T:** They're fixated and don't manage and that became a clear figure in the third session. And he expressed how this became clear to him, I don't remember exactly, and I don't remember how it was for her. I think she was very tired, yes, very tired and he was relieved that things became clearer as to what and how they do.

**S:** It's not easy to hold them, really.

**T:** No, I'm happy with this, it's an advantage to have some experience. Well, now there's about half an hour left, now I'll stop you. We have to talk about what we've done and what you can learn from this. If not, it just evaporates.

**S:** Then it's just process and they're unable to use it really.

**T:** So, then we talk about it for half an hour. The chairs back towards me and then we, I don't remember if I drew, I often do and that comes with experience, because that wasn't something I did before. I wasn't strict enough to stop in time, so we didn't have enough time to talk about and learn.

**S:** I just think that it was difficult with the other couple as well, but it was different. It was more like what do you feel? Here it's the stream of words, and the arrows.

**T:** The topics and the knife wounds?

**S:** (*Laughing*) and now you're being funny again, you see. But it's your perception, you have a clear perception of.

**T:** That's nice to hear. I wonder, I'm curious about how much she's able to learn, really. He, he's in the fog, but he's willing, but she, she's only nagging him. I'm curious as to whether she's willing to take responsibility, I'm curious about that.

**S:** Since she uses what you give as a compliment to the couple (*pointing at T*), or a working hypothesis about spontaneity and vitality, she uses that to shoot him. Good luck!

**T:** I'm very curious about how she'll come across and all the time she tries between herself and me, we have a common understanding. Can't you just explain that to him? Can't you say that again, so that he'll understand!

**S:** Does she understand? You can ask her.

**T:** Yes, I might ask her. Do you need that?

**S:** Or maybe that can be an intervention. How is that for you when I say this? What do you become aware of?



**T:** This couple, I look at them as a three-quarters-of-a-year couple.

**S:** I do as well. So nice for them.

**T:** We'll see, if they want to spend money on this. Both couples have previously been to couples therapy, so they understand that it's possible to spend some money to be helped.

**S:** Yes, and then when things are moving forward, one-hour sessions might be enough.

**T:** Well, one and a half hours! Now, I've learned that from you and now I have that!

**S:** Well, I could say that when I've had couples and they've learned good form, then they come into it quickly. I would definitely say that one and a half hours is the best here, for this couple.

**T:** I really like one and a half hours, but then I spend a bit more time on fore-contacting than you do.

**S:** I don't know about that, that depends. I don't always turn them towards each other. It really depends.

**T:** I like very much what I've learned from you, one and a half hours, I think that's very comfortable. But it might be that I can be more flexible about that. That's how I've done it and all the couples are happy with it.

**S:** This couple is very slow, but I think if it's about money, it's better than nothing.

**T:** Yes, and now it's even more expensive with the VAT as well.

**S:** Then it's better to continue with one-hour sessions instead of nothing at all.

**T:** Then they might come more often instead. Because for some there are long intervals. Then it takes a while to pick up on the process again.

**S:** But, after five sessions. Well, I agree with you. I hope these couples will continue to see you.

**T:** It'll be interesting to see. What's really nice is that both couples are really dedicated to the process. They come at the right time, they haven't asked to move any sessions.

**S:** That's fantastic.

## **Focus Group Dialogue Questionnaire**

### **Notes to Self: After supervision session 1:**

As a supervisor I did sometimes share what happened in me at some stages in the supervision. I chew on that. It resonates with Spagnulo Lobb's method, but not much with the Cape cod. I will remember this, and I will bring it to the focus group as an inquiry.

I got a bit restless at times in the exploration, however it was a lot of information that the supervisees got and at some stages I felt they did have too much information about. How much is needed for a "working hypothesis" to be held light? How does this support / or becomes disruptive to a phenomenological approach in the next two sessions? I wonder ☺

Also, when I have transcribed it becomes evident that we spend quite a bit of time to the experience of the clients respectively. The therapists embody their clients, getting a lot of information about the felt sense of embody them.

There is also a theme that emerges that I did not foresee and that is about the differences of the therapists, their qualities. I enjoy how they do it differently, however, within the Gestalt method as the frame of reference.

### **Notes to Self: After supervision session 2:**

After 3 sessions with couples the next supervision is taking place. I experience these sessions as much calmer. The therapists are more into the phenomena, the co-created figure than interested in information about. Less focus is on the individual partners experiences and we are looking more at the co-creation and explore the therapeutic interventions in moments that the therapists are interested in.

What emerges to me even more in these sessions is to how I perceive the qualities of the therapists. As my therapeutic sense is much oriented towards the felt, embodied sense and visual impressions I start to think about them in names

T1 – The Intuitive

T2 – The Humorous and Charming

T3 - The Sensitive

T4 – The Intelligent, Personal

T5 – The Cognitive, the Coaching therapist

T6 - The Held, Forceful, Authoritarian

I feel most drawn towards the therapeutic style of T1,3 and 4. I believe that T2 – a senior practitioner can get away with a lot in the therapeutic relationship, her style is very assuring, there is room for whatever, however there is a challenge in the method itself, that her style is more on an individual, cognitive style. The growing edge of T6 is to be more into the id of the situation, whereas T5 I seriously question myself whether this is couple therapy, or is it individual therapy with the respective partners. I feel I am not succeeding in giving supervision towards a relational method where the client is the couple. She is however a fairly new therapist, graduated a year ago and is more stuck in a form of doing the “right” interventions like “mirroring” by repeating what the client said, and less into the relational id and putting it back to the couple. My impression is that she is more a coach doing psychoeducation than doing therapy. I feel critical and have to work in my bracketing off towards the focus group interview. I have not transcribed any of her sessions whilst writing this. I have transcribed only the first sessions with therapist 1, 2,3 and the second session with T1 only in order to have a sense of the transcriptions and qualities of the experience before I will meet the therapists for the focus group meeting tomorrow (16.6.2021).

### **FOCUS GROUP DIALOGUE 16.6.2021. (6 months delayed due to Covid)**

Semi-structured interview with the 6 therapists and researcher.

Emerging figures from the group’s dialogue where I the researcher am looking for answers to the research questions:

- What is the figural co-created phenomena that contribute to stagnation in a couple’s relationship?
- How do relational difficulties manifest in the non-verbal experience of a couple’s co-creation?

- How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?
  - Does the Gestalt Model of Domains in Couples Work support the therapist in figure formation and case formulation (working hypothesis and (Gestalt) interventions)?
1. Check in
  2. Overall reflections on their participation in the Research Project and to do the five sessions of therapy. Results? How many couple finished? Continues on ordinary terms. Drop-out?
  3. Feelings about the quality of therapy including therapist resonance about the total experience.
  4. Significant points? Reflections? Supervision?
  5. Usefulness of the GMod?
  6. Theory feed-back and questions.

My feelings and thoughts:

- From supervision – overwhelming amount and demanding process in session 1 – is similar to how I perceive first session with clients at a general level, before I know more what they are about.
- In this respect I am happy that we have had time to get to know each other better in the workshops but since the research had to be postponed I had individual supervision with each of you to keep it in your awareness, to embody more and I found that as support in the supervision between me and you as well as it gave me insight to how we need time to cultivate this new method in contrast to doing individual therapy. What do you think about these reflections? I plan to start a post training for one year at NGI in order to cultivate the method over time. Thoughts? Feedback?
- I am assisted in using GDF – and now reflecting on the couples using GMod. What do you think? If they have not answered already
- What surprised me? How I became much more attentive to the therapist qualities they bring to the situation in itself and how this was important for the therapeutic relationship and alliance.

- How they object/resist to put the chairs together, the method and what I see when it is useful – some reflections about how the alliance was avoided (T4?) and when the situation was too fragile (T5?)
- How do you find the figure – intervene?  
Does the GMod help in finding figure and working hypothesis? What was/is not helpful?
- Suggestions for improvement?

Information about progression:

1. Transcription and Analysis using NVivo 12
2. Looking for emergent themes
3. Creative synthesis and writing up
4. Deliver – April 2022

**FOCUS GROUP DIALOGUE JUNE 16<sup>TH</sup> 2021.****Part 1:**

**S:** Welcome, all. I feel myself becoming really serious. I need to say that I've told you all that I'll be filming instead of taping on my phone because it'll be easier for me to transcribe and sort. So if any of you think this is difficult, you have to say so now. If not, this is the given consent. (*They all nod*) I'm not going to identify you, I've named you T1, T2, T3, T4, T5, and T6, which is all I write.

So what I thought we would do first is to arrive and do a check-in, really, but first make yourselves comfortable, do you need any props (*They all adjust*) ... Ok ...

It's been a long time since we last were gathered together. So, what I've done is that I've made a short list of questions, a structure, but I didn't send it to you beforehand, because I think this is supposed to be a dialogue more than an interview. It's called a focus group interview, but I think it's more of a dialogue. I have some questions that I want to check out with you, they may emerge, but I'll check towards the end that we've covered what I need.

We work until 4 pm (from 1 pm), with a small break about halfway, 10 minutes. I think that I'll want to keep you longer when we're finished, we likely won't be finished, but we have to do the best we can.

So if you now zoom into yourself, as Rulla says, find yourself, arrive (4:19). Check in with whatever (4:54).

**T6:** (5:29) Shall we just begin, or ... ?

**S:** Hmmmm

**T6:** Then I can start (*looking at the others*). I feel I haven't finished taking you all in, it's nice to be back in the group together. Inside I feel pretty calm, I notice I'm eager for what we're going to talk about, I'm curious and interested and I think I'll enjoy it, and I notice also with three hours, what will we have time to discuss and I notice I get a little busy inside. This is something I recognise I have to say, I feel my stomach.

**S:** And I need to breath ...

**T6:** What comes, comes. (*nodding together with S*) Yes ...

**T2:** My awareness goes to you all and us, I'm so super curious about the experiences, the sessions we've had. I'm excited about that and I feel calm, what I've done, I've done the best to my ability, I've found that I've been good enough for the couples so I'm not as attentive to that now as I was at the first supervision session. I'm so curious about what this will be and I'm looking forward to it, and I'm proud, she's doing a doctorate

(*laughing*). This is where I'm, and a small parallel process going on, my ex from 10 years ago, he has started to call me, wondering, he's leaving a relationship and he's wondering, and it's so similar to couple 1 that has been with me (*she's leaning forward blushing*). Noooo, this is not what I want, I don't like it, I can't have it (*laughing, sitting up again*). Well, I have to talk with you, and I say no, and it happened today naturally, first time I was home alone, now he knows I'm in Oslo. Well, I had to share that because it's with me.

**S:** Thank you for sharing.

**T2:** Yes.

**S:** I feel really touched. I have to get a shawl, I feel really touched so I need to, also when T6 was talking.

**T3:** I feel my pulse is fast. I'm excited and maybe also a little nervous actually. I think it's really nice to be here and to see you all. I've been thinking about you a lot during the process and I've felt a little bit alone. So now, I'm taking you in and I don't feel that. I started as a couples therapist with a bam! when I joined this project and this has been really a steep hill to climb, yes, and ... yes ... the one couple really resembled my parents, so it was really a trial by fire, so now I've been with them for five sessions and I'm still alive and they're still alive, and I'm still digesting and processing. It was hard.

**S:** (touching her chest) Breathe ... (nodding towards)

**T3:** Yes ...

**T1:** (11:20) I notice that I breathe a little to feel myself arrive in the room and it's good to see that we're here as a group, because you did finish T3, right?

**T3:** Hmmm

**T1:** Because you were looking down, so I took that as an invitation. I've thought absolutely nothing about today, I read your mail, fine, nothing to prepare beforehand, good I don't have to think. I haven't had the capacity; I'm working really a lot nowadays. I'm finishing my work in a support centre for abuse, because I've started in a new position with the official health authorities ... as a Gestalt therapist ... I find that really encouraging, my name with the title Gestalt therapist.

**All:** Congratulations !

**T1:** I feel goosebumps ... (*laughing*). I was really strict about that when I signed the contract, that I was going to have the title Gestalt therapist. But I know nothing about the section that works with children and youth and this is my life at the moment, many new things, my daughter is leaving home, my boyfriend is moving in, a new job, this project—being a couples therapist is new and I feel that I sit comfortably in this position. I said so earlier

today when I had supervision (breathing), I sit and I'm not flying—and we (pointing to a colleague in the room) have started a new therapeutic practice together, not least. I really feel touched and bubbly and wanted to share this.

It's also been satisfying with regard to being a couples therapist, as a matter of fact, it hasn't been as scary usual when I experience new things, because there are so many new things, so I jump into it, and I'm unsure if I'm going to be a couples therapist or not. I don't know. But I have had some new couples and last night I sat thinking, wow, I enjoy this, it wasn't related to this project but with another couple, and I thought how I enjoy this and I want to do more of this so it's a little bit like this (moving arm up and down) ... and when I say this, I feel myself even more grounded. I'm really excited to hear the experiences and I'm really curious. Yes. Thank you.

**T5:** (14:06) I'll continue since we're sit next to each other. It's good to hear you first and I notice that it was joyful and strange to come up here, because I've just left this practice and moved to .... where we're enjoying the environment a lot. I'm right in the middle of a really long to-do list, where there are things, I need to know more about, I get things done little by little, but I feel it's dragging me down. I've enjoyed having the couples, there's something spooky about it because once we started I got so many requests for couples therapy, it was fun and a little bit strange ... I'm excited to hear about the others' experiences, because I did connect with what you were saying (nodding to T3), to feel a bit alone. Although I have people around me all the time, to be part of the project, while I'm doing my things. As you said T1, I got your mail and great, I don't have to think about anything. That was nice and, yes, it's good to be here.

**T4:** I relate to what you said (T5) about being overloadd, I've said something about that previously, about being late for supervision. I could sit here for a minute and noticed being calm, that I relate to being trained to stay with the unknown, a lot of x-factors and have learned to sustain not knowing, and I think that I've brought this with me to the couple's work. I haven't been that worried really. I haven't worried about being alone, although I'm not part of a therapeutic practice with colleagues. But I've taken great pleasure in the supervision sessions, and I'm in touch with a beginner's mind. There's something about being all new and also being able to tolerate that. So, I'm sitting here thinking ... hmmm! Nice place for me to be me right now. Maybe I'm able to hold myself better and tolerate not knowing, not being the competent one, yes, here am I—for me and I'm really curious to hear about your experiences.

**S:** Ok, now it's me. I woke up first at 5.15 am this morning and luckily I was able to go back to sleep and woke up at 7.30 and have had a quite morning. My husband was working late last night so he was sleeping when I was about to leave home. I went to see him and told him that I have a feeling similar to the one I have on Christmas Eve (*laughing*), and as I say this I'm touched, as there's something that really fills me with awe. I feel touched (*hands to throat*), almost like crying. There's something big about this. So, I feel touched when you all are sharing now at the onset—so much that I needed to get a shawl.

And I'm also prepared, I've prepared something for us after we finish, I've prepared notes and I also worry about the technicalities. My son (the assistant) tells me that I'm hysterical. Yes, I'm, because there's so much at



stake, and I used to work as the manager of a large conference centre in Norway. So I know something about what may go wrong, the technology, so I also think that I'll tape us to be extra sure (20 mins).

**All:** (*Small talk about the technical things*)

**S:** That being said, there was one more thing ... what I also wanted to share thinking about Christmas Eve, is how extremely demanding this has been and how much has been at stake; recruiting you (the therapists), recruiting of all the couples, postponed from October to January and then from January to April. Then we pushed GO and then I get goosebumps just saying that, because there was a lot at stake; will you have to quarantine, will I have to quarantine after you all did the first session with the couples, if that would have happened the project would have gone to pieces, so this has been more than ... I've run many large weddings in Stryn (*my previous profession of being manager and owner of a wooden, cultural-heritage sixth-generation—now sold—hotel by a fjord*), so I have a lot of experience with bigger projects, whereas with this project I think we've had more than enough of challenges, so it's very precious to me that we are all gathered here today, all of us, all the way through. That's big! Ok. So, let's go for it!

And now it's my turn to be critiqued, is also what I think. And I really think feel free. I don't have any agenda. This is the Gestalt way of doing it, this has to emerge. We also need to be critical about things; after all, it's a research project. When I say critical, we're critical in different ways, if there's anything that doesn't sit well, it's most welcome. In this respect I've taken notes, as I think there are things that I've picked up.

(22:45) I'll just look at the steps forward (finding the notes). Overall reflections. The first thing I wonder. One couple withdrew after the first session. Are there other couples that haven't attended five sessions?

**T4:** My two couples haven't done all five.

**S:** So how is this, is it like you've terminated them, they haven't come back, or is it that you haven't managed to do all five?

**T4:** The one couple is coming back, but they're in summer holiday modus. The other couple, there's illness, so I'm uncertain about the way forward.

**S:** So, there are natural causes as to why they haven't been able to do five sessions? I think about another couple who couldn't come due to quarantine.

**T5:** Yes, I did two sessions on video.

**S:** Right, so that's not the same as withdrawing from the project.

**T4:** No.

**T5:** My couples have come for three sessions each, the one couple has said that they want to do the five sessions, and the other couple has said that they want to continue for a longer period of time. There are practical reasons as to why they haven't been able to come.

**S:** So then you haven't seen them after we had the supervision after the third session?

**T5:** No. One of the couples had an appointment, but there was illness and now, both of them, like you said they're in holiday mode, and the other couple, if I understood correctly, they could make appointments whenever they liked for the two remaining sessions?

**S:** No, they should have had all the five sessions before we met today.

**T5:** Then I've misunderstood. One of the couples misunderstood as well, that it was the three first sessions where progression was very strict.

**S:** Yes, that was strict, but then I've recommended, but this was to be tight as we were moving towards the summer holiday. I think that it's not a good idea for you to stretch it out longer, but now it's up to you, because the project is finished after today's session.

**T5:** Yes, that was how it turned out.

**S:** But you haven't been able to evaluate after the third supervision session .

**T5:** No, after the last session, no.

**T3:** I had the last session with couple number two last night at 6 pm.

**S:** Right! So, then you've had five sessions with two couples?

**T3:** Yes, by the deadline!

**S:** I know, it was a bit tight towards the end, it was because we had to postpone and were approaching the summer. This is how it had to be, when we had to postpone so many times.

T6, you're also finished with the five?

**T6:** Yes, and as I said, one couple had the two last sessions digitally.

**T1:** At 6.30 pm last night (*smiling and pointing at T3*). I thought oh we can't have any illness here now. Because previously I had to be in quarantine. I had to postpone appointments; so everything was delayed. That was how it

was. But we managed. I was in a waiting quarantine, if it had been covid the ordinary, I wouldn't have been able to see it through. Apropos, it's been really tight! It occurred to me now that if I would've had to do a full 10-day quarantine I wouldn't have been able to make it, or maybe digitally if I weren't ill myself. But it went well.

**S:** Yes.

**T2:** All of mine. I had the last session on Monday, because the last couple had to do a longer break, so I've been really strict in finishing them before today. But they've had a complete understanding, maybe because I've been really clear about the progression and that we had to finish before today, five sessions with both couples. Both couples want to continue, I thought maybe they wouldn't (*laughing ironically*).

**S:** So, you're stuck with them (*laughing as well*) ...

**T2:** Ok. This is very interesting also if we as a group are supposed to draw on our experiences after supervision. It occurred to me, the one couple where I had a breakthrough after supervision after the third session, but I don't know, they still fight a lot, but now, I feel differently. I was much calmer and not that discouraged. I could just let them fight. Well, this is how it's.... And after the fifth session they said that they would like to continue, but once a month. I was thinking to myself, well, we'll see ... But we do have an appointment.

**S:** Sounds good. Which couple was it?

**T2:** The "impossible" couple.

**S:** I don't remember them; it's like I'm in the beginner's mind together with you.

**T2:** The ones that I ... well now I'm mixing them up ... couple one.

**S:** I'll just say that I don't remember, I can't keep the couples straight, and I think this is actually a benefit, I've transcribed the first session with three of you, and one session after the third session, just to have an impression, a feeling, for the material. Then I'll transcribe the rest in August. Then, what's become evident is how I actually mix things up, and that doesn't really matter, because I think I'm in the phenomenological position when I've done the supervision with you again. Now, I'm really in the woods as far as who has which couple and has done what. What's the phenomenological figure?

**T2:** I've found in my notes they're the ones who are completely stuck, totally interlocked and they're not succeeding in not latching on, they're just arguing, my couple number one.

**S:** So ... The ones ... it's the couple where she's attacking him?

**T2:** Yes.

**S:** With the child welfare authorities ...

**T2:** Yes. And that has not finished after five sessions.

**S:** No.

**T2:** But they're a little bit more, what happened in the last session was that, is that they can listen to me when I clearly address what I see. He's become able to wonder (camera 2), he's curious and finds it interesting, wondering "why is it like this". He's really changed. To start with he was just coming to, and now b he's interested in her reactions, he wants to understand.

**S:** He's starting to visit her ...

**T2:** Yes, and she just pushes him away, with accusations.

**S:** Whereas he's moving towards unlocking then, is what I think.

**T2:** Yes, in his way, yes.

**S:** Yes, in his way. The potential is there.

**T2:** This was exciting.

**S:** And you could sit differently with them?

**T2:** Yes, in the fourth session in particular. Maybe in the fifth as well, but really after the fourth session as I was walking home in the evening, it was late because they have so many things so they can't make an appointment before 7 pm, so when I was walking home at 8.30 pm, I felt so much at peace, something was different. Then in the fifth session it was more of the same, really a lot of back and forth. I was not anticipating being so overwhelmed by the negative pattern in the fifth session. She always finds something to blame him for, she's sn't able to fix, it's all her fault and then it's his fault.

**S:** Then we're moving to the working hypothesis, when you're describing the dynamics of, I'll just stop you a little, I have to look at my notes, my questions. What you're telling me now is something about the resonance from the therapy. You describe after the third session, how you could feel yourself more in the chair.

**T2:** Yes, in the fourth session yes.

**S:** Then you'd been to supervision. You could feel yourself differently. Now what's emerging between us, the group, how has the quality been for you?

**T1:** I would like to respond to what you address (T2), because it became so evident to me, I recognise, I had the couple who came in, then disappeared, so I've had only one couple.

**S:** No, you've had two couples.

**T1:** Yes, I've had two couples, but one couple just for one session.

**S:** But it gave meaning (*in supervision*) as to why they didn't continue.

**T1:** Yes, indeed.

**S:** It's like we did understand when we looked at it from the perspective of the first supervision.

**T1:** Really.

**S:** It was so evident when we summarised it together in the second supervision.

**T1:** In retrospect this was really important to me, because this was a couple that came in like a whirlwind, and whirled out again, and I was sitting there wondering: what happened now? This was also what it was like in the forecontacting, in the session and afterwards. To have supervision with you was really necessary to keep me from going into my pattern of being the most incompetent therapist.

**S:** It gave a lot of meaning, in-between the two of us.

**T1:** Yes, very (*hand on her heart*).

**S:** In that the commitment to therapy, it wasn't there.

**T1:** No, not at all. Then they chose and we chose not to recruit another couple.

**S:** No, that wasn't an option as this couple also belongs to the research. It's like there are couples that just come to therapy for one session, it's not unusual.

**T1:** No, and then, when you speak T2, the other couple, the ones that are going to continue, however, they can't afford to come that often, when they came to the fourth session fighting, like I've never seen anything like it, it was really beautiful, because what's really difficult emerged (*stretching arms apart*). I could really feel that here I sit safely, it's not dangerous, and then I assumed my authority as therapist, and that's been important to me in the supervisions, to find myself as therapist in the room with the couple and to be able to be an authority, no not

an authority, well, yes that too, to find the sense of agency in me, to dare to intervene by for instance, now I need a time-out (*indicating a time-out to the couple*) to breathe together and that's been of real importance to me, I feel that I've developed as a therapist.

So, after this fighting, they didn't leave in a fight, because I needed us to land a little and I said now we need to breathe, and the last session, it was totally wow, that was the one last night. Then, they said that this isn't our trauma in the fighting, it's just words, we can explore this together, it's fun. They thanked me for being able to stay with them when they were fighting that much. I feel I'm getting goose bumps talking about this.

**S:** (2- 5:57). Right ... yes ... and you did, didn't you?

**T1:** Yes, indeed, I feel much safer in the role of a couples therapist, I do. It became so evident that something happened after the supervision, as you said (*looking at T2, nodding*).

**T2:** Hmm, yes, I stopped being so annoyed at them, in the session, that really happened. Because, I was really annoyed and hopeless, thinking ... what's the point? But they do want to come ... so ...

**S:** So, after supervision you could support them better, to stay with them?

**T2:** Yes, that's what I think.

**S:** They do this to the best of their ability. I think about Marina (Berg), she said: "we must look at the functional in the dysfunctional" or the ones who are fighting that much, (addressing T1), you could see the functional in that they're exposing themselves, they're really doing something new, but to be able to stay with them in that storm.

**T6:** Let me just ask you S, are we starting the discussion about the couples now?

**S:** Yes ...

**T6:** That's what we're supposed to do?

**S:** Yes, and the felt sense ... if I could just say that when I've done the research what has emerged for me, what has surprised me, is how curious I've become about the therapist and how I've experienced you all as so different in form and at the same time Gestalt therapeutic throughout. This is really an emerging theme, and this is also partly an aim in my research that I'm not only fixed onto what I want to see, but how we take form together. Yes, there, yes there (reaching towards the therapists who have shared and then turning to T5). So this is why I address what's your resonance? So I'm interested in what's happening with the couple and how you experience yourselves as part of the situation. So, here we are, in the middle of the discussion.

**T6:** mmmm...

**S:** It's beautiful how you're picking up. So you go.

**T6:** I just have to understand where we are.

**S:** Well, that I don't know. I'm not that structured, I can have 15 conversations going, well that's how I structure. You go ...

**T6:** Yes, just as I understand ...

**S:** Was there anything you felt you wanted to say?

**T6:** Yes, I might as well. There's one thing that I was thinking about, the couple that I met digitally twice, they were in the fight-defence thing, she was attacking him, so I recognised that in what you were talking about earlier. In the fourth session, and that was after supervision, I felt that we had a breakthrough, where he looked at her while they were arguing, and then everything changed. Because he could suddenly see her, and he was no longer frightened, he hadn't seen her before. He'd just withdrawn and kept his distance, while when he could see her, properly, then only, ahhh, everything calmed down, and he could meet her. It was so beautiful, goose bumps and we could process a lot of this together and it was really good, and then in the fifth session, they're back again ... to the fighting ... it was gone ... It wasn't totally gone, because he could address it and they were both engaged with it, but she wouldn't give into anything, she continued to argue. She was much more fixed, even though from the first session I addressed the fighting-defence strategy, she was much more fixed than he was. She would argue and he started to defend himself. Yes ...

**S:** What happened with you then w...? Together with them?

**T6:** I felt it was a bit difficult because it was video. I tried to hold onto a high degree of authority. It was much about my push, I feel I have a growing edge in using the push as a couples therapist, and to hold them more in it. But it's also something about being able to see it, I have to see what I'm going to hold onto. What becomes figural and where I intervene. Sometimes there are a lot of things going on, I don't really know where I'll intervene, so when I know, then I'll find the push. That's easier in the room than on video. I do it on video as well, but I find that I lose more energy, are you going back there again .

**S:** With her?

**T6:** Yes, and then he's also sliding back, to the same. You know, he's the one who was talking so much.

**S:** Ahh, so it's him ...

**T6:** He talked for three quarters of an hour in the first session, and I was unable to stop him.

**All:** (*giggling*)

**S:** With regard to the push!

**T6:** There was no push, I didn't have one impulse as to how I could stop him.

**S:** No, so that's also a figure.

**T6:** Really fascinating.

**S:** I just ask because what happened to me, when you started to tell us, I remembered the SMS that you sent with the breakthrough, because you asked me if it was ok to do it digitally. And when you tell us now about how he could suddenly see her now, I felt myself soften.

**T6:** Yes, because there was the softness, hmmm.

**S:** I could feel myself now, together with you, really soft. For them. Then I think about yielding with, softening into the relation, I think about the "always look for the softening", then there's a quality of yielding with even though you have only seen it once, and they return to the pattern, it's available and they've had a small taste of it ...

**T6:** Yes, absolutely, and they'll continue therapy.

**S:** Yes, I really hope so ...

**T6:** They want to continue, and I told them that normally it's not usual to finish after five sessions, I think that most often not.

**S:** That's what I think as well. I think it's so beautiful to look for the softening, because then something happened with me, as you're telling about us it, and how you say it's more difficult digitally, but it's there.

**T6:** Absolutely.

**S:** At the risk of putting words in your mouth, I think you're into the intimacy.

**T6:** Yes, that's the moment of intimacy that I had with that couple.

**S:** Where there's really very little of that as I recall it from our supervision.



**T6:** Yes, there's been so little, and we've discussed what's really the "glue" in their in-between them, but after that soft moment, well, here there's a lot of glue ...

**S:** Imagine that! Then you have seen ...

**T6:** And then at the same time, it was gone! I really felt disappointment!

**S:** Yes, and then there's something in being able to stay with what's (*touching chin softly as for self-support*)

**T6:** Yes, and I do that!

**S:** Yes, and I just support you a little extra. I think it's really demanding. I've seen ... I've been with such a couple for two years ...

**T6:** Yes ...

**S:** The fixation was so rigid. This is what we're not able to see, and what I can feel a little sadness about, what inspires me to want to do a longer study, over a longer period of time, because if it's that fixed, as I have seen in some couples that I've worked with for a long time. What I write something about in the chapter on the diagnostic aspect, not that I imply that this, your couple is there.

**T6:** But I believe there are things ...

**S:** If it's that fixed, and I would say that I have had two couples where the women have been able to do the softening, when we do some softening, and then for the next session it's like starting back from scratch, every time. For two years!

**T6:** I've also had some of those ...

**S:** In the end the women have left, the relationships have ended.

**T2:** I just think that, you were saying something about the softening because you were saying that in supervision after the third session, and I felt somewhat of a softening with him. When they came back, I understood, and so does she, something about what he wants to say, what she's understood as an accusation is really despair, because he says: but she's so angry! Every session has started with, she's so angry. (2: 15:54). I've thought, all right, and that gets her going about why she's so angry, and half of the life story, the children, dogs, not having children and everything, she has a lot of reasons to be angry, and then when I say, well, now I hear a lot of despair from him, he's wondered why she's so angry, and when she realises that he wants to understand her, then, they could reach each other. But, it didn't last that long, but that was after the fourth session, and that was

when I could, I said to him if you can say it in another way, then it lasts for a little while, but then it's back to all the things ... the fourteen points ...

**S:** This is the “subterranean push”, what's beneath, the despair, the things that are projected as arrows that contribute to more triggering, but the softening, the despair, that you're becoming aware of, that's the softening. Then I think that instead of understanding why, then we're at the content, we're looking more at form.

**T2:** Yes, but I think it's worthy that he wants to understand her, without accusing her. As when he says you're just like your father, then they're starting ...

**S:** Then he defines her ...

**T2:** Whereas I try, when I say that maybe something you have learned somewhere, maybe that hasn't been beneficial for you, with regard, then I feel that he's on her team, understanding ... but that lasts only for a few seconds ... I thought when I found you that you were going to be on my team ... right ...

**S:** And how does that feel ... this is only what we will be able to taste a bit of here, like you were saying T5, we don't expect miracles after five sessions.

**T3:** (2 – 19:00) I got a kind of aha-experience after the last supervision, about the softening, when you were telling me about your softening together with me and my couple, how I could use, even though I don't see the softening, but how I can feel it here (touches her heart) together with them, that became an expansion of—how can I say—my tool kit—that I really appreciate and that I look forward to exploring more. To feel it, to feel for it in me, in my chair, together with the couple.

**S:** Then I need to breathe with you, I'm really touched. This is how I believe I can't do Gestalt therapy without doing just that. What I hear you describe in the non-verbal, what resonates in the therapeutic situation. When this is available in you, as what becomes available in me together with you T5, when you're telling about them, that's more than a thousand words, to me.

**T3:** Yes.

**T3:** With the other couple, where I became activated and frightened, how, working with breathing and my yielding with, and not doing that much, how that affected the couple, that's so fascinating and I have the feeling that I have just started to look into that forest, and how I'm eager to explore that even more.

**S:** That's music to my ears ... And you know how I've told you about my client who I sat breathing with for an entire year, twice a week, there wasn't anything else we could do other than regulate, but it was also being with, being with, as I sat there being able to be with her, sustain being with her, without doing anything and when I say that I

dreamt about her last night. I learned so much from that experience, working with trauma, and that it has such a big effect on the couple as you say.

**T3:** Much about my process has been that I felt I had to DO so much, that I was required to do, and to sit back and to be with, to breath and to be together with, and I still do that, I'm in touch with my shame when I don't know what to do. It's not that I'm so supposed to do that much when I don't know and now I can sit there, breathe and just allow myself to be there, present. I have this sense that I've just begun after these five sessions. I feel the beginner's mind, I really feel like a beginner and that's also what I am as a couples therapist.

**S:** What I also hear is ... I call it cultivated beginner's mind ... this is really what might be the most difficult, to sustain being with ... and something about Marina saying... love in ... How we cultivate an attitude of love ... and sustain being with the couple as is and to be with ... And the effect it has on the relationship ... how they learn to be with each other in a loving atmosphere.

**T4:** (2 – 23:52) I was touching on something about the beginner's mind, when I'm sitting feeling like having to present something from the mind, whereas I've taken with me from supervision, that became clear to me, something about being able to sustain staying with, and now I'm here (camera 2.2), the impulse, something in the stretching between; when I'm able to stay within, when it's not only coming from the head, but I really succeed in coming down into, I'm more in touch with the impulse, and I'm not that much in the "beginner" or the mind. This is something that may be the most important, the experience, but coming for supervision, to make it figural, to work from the impulse that really makes sense and the softening, that we're talking about, and what I really notice is that when I'm able to sustain myself, in myself then I also sustain them. The sustaining, there's something, I've really had some moments of release, moments of magic, and it's really not magic, it's Gestalt therapy, but it feels like magic in these moments. I think we all know what that is and it's releasing.

So maybe it's couples, and I still think it's a challenging field, and I've had something of an inspiration from that field, because it's clear to me that I may in fact get more in touch with that impulse in this particular field than I do with individual clients.

**S:** My impulse, right now together with you, as well as from our supervision, is that you're really enjoying it!

**T4:** Yes, really!

**S:** Like a fish in water!

**T4:** Yes, indeed! And it's like I experience myself more clearly with couples. This is really what it's been like now, and it will be interesting to see going forward.

**S:** With regard to the id of the situation, that I now choose to follow.

**T1:** I was just thinking about that yesterday, with regard to working with couples, to ground myself is easier, when I have enough distance, because this has been a crucial insight, that when I want to delve into, I have to retreat into the sagittal with my chair, it's like a tool for me now, I was thinking yes, with couples it's easier to feel myself than in individual therapy, where I'm more involved really, that occurred to me yesterday. And I also have used something you have said S, to be able sustain sitting there until something becomes figural. I've really been attentive to this afterwards, how I've been aware of, I haven't been able to work with the chairs, I told you this, but I've had to do it my way. I just had to put that away and do it my way. I think I succeed in attending to one and then to the other, although in these Corona times it's been difficult to have to keep the distance, and I look down when they're supposed to talk to each other. That's really effective. And when I say that I need a time-out, I need to notice what happens with me, and then I just let them sit there and I bring attention to my need for a break, and I think I got that from supervision as well, wow, when they're able to land (yielding into) in a different way. That's really been a journey, to be able to stay with them.

**T5:** With regard to withdrawing by rolling the chair back, we were talking about that in the last supervision, when I still had a small office with no room to withdraw, and now in my new office, with another couple, I could experience how nice it felt to roll back and forth, and to feel the impact on myself and on them.

I had a couple who "schmook" (*clasp hands together folded*), still so much in love after eight months in their Corona love bubble, I did have their chairs initially quite far apart, the first thing they did was to move them close together as tight as they could, and they were sitting right next to each other and everything was so wonderful, they didn't look at me. Usually I experience the opposite, where I have to say that you can look at each other, it's not rude if you don't look at me all the time, but these two, leaning towards each other, they were there. To have supervision after the first session was helpful. The next session I could address that, I was curious about who they were as individuals as well, could I invite you to do an experiment by pulling the chairs apart? "Oi, that was strange. I don't think I've ever looked at you from this perspective before", as they had always been glued to one another. Then this was interesting, and it's still interesting, because then it emerged, carefully, where are the differences between the two of them, because it's there somewhere. Two people aren't glued together for a lifetime, so really with care they started to explore their differences (with good form) And this was really beautiful to see, as they were really careful with one another, they listened to each other and responded to one another.

**S:** I think about this as a very clear emergent differentiation, to support that.

**T5:** (3 – 01:35) I think also with the other couple, they didn't argue either, but there I learned something really, really important that I take with me from them, they should have sent me a bill really! I learned that I choose to ignore or ignore without choosing what happens with me. I thought that was long gone, but here there was something that bothered me, and I couldn't manage to bracket it off, I felt that I was the therapist who created the problem. But I didn't manage to put it aside, so finally, the discomfort mounted in me, and finally I said, excuse me, but I just have to say this one more time. Not that I'm hunting for problems, but, and then as it turned out, it wasn't all right in fact, and then she burst out with what was really not ok. It still wasn't arguing, but there

was something that was bothering her, that I got in touch with, in what they'd been doing together for many years, it was one isolated type of gathering that happened a few times a year, and it wasn't easy for her to be her in those circumstances.

**S:** So, here you support differentiation in the relation.

**T5:** Yes, but it was really figural for both of them in the session, to support differentiation.

And the other thing that I take with me, there are certainly many smaller things, but the big things that is emerging is to practice bringing it back to the couple. My story, certainly comes up, because I'm the one who tries to fix things. In many respects this is something I've been working on, and that I manage with individual clients with greater success, but here, with couples I practice how to bring it back to the couple, bring it back, bring it back.

**S:** I think what you address, really, is the most challenging, to sustain sitting with, being with, because it's what's happening is so dramatic. How easy it is to go into the "fixing" mode, just to become aware of that. How you for instance, T6, allow yourself to be with the man who talks for 40 minutes, that's so demanding not to be the one who fixes.

**T5:** Then I also think something about "good form", to hold the authority; I did that more often to be able to land beforehand, in myself, when they came, when we start, and I notice how they're talking about the other one, and they don't talk for themselves. Then I could say that I might, when we are working with communication, I might interrupt you often, so if you feel that it's interfering feel free to tell me, but it's really about support. It's not to bring forward what you do wrong, but it's to support you in another way of communicating. When I had said that, it was much easier for me to interfere. I think that "good form" is a term that I understand in a vague way, but if I were to explain what it is, how would I do that?

**S:** What I think about are Jan Atle Andersen's rules for communication, they're good for that, and there's also something ... what do all of you think about this? Good form? The felt sense ... Who had have that couple who fought ... ? Hmm?

**T1:** I did ...

**S:** Yes, and it's not necessarily that that's not good form, I think ... Once again I think about Marina's functional in the dysfunctional. What comes to mind is a couple I had where it was easy to think that it wasn't a good form, because there wasn't softness, it was really rough, but I had to force myself to sit, looking down, and to listen, and this is something I use when I sit leaning down, I can come out of being fixed in what's going on, my values for instance, and I can concentrate and listen to what's really going on ... and what I remember clearly is that emerging, although the form is not something I would think of as "good", I could hear how they could bring up topics, how they discussed, agreed and were able to close, but in a form that's not "brilliant", so to speak. But I'm able to bracket off my own values and ideas and be together with them, look at what they actually succeed in

doing, and this might also be something to bring back to the couple, a compliment to the couple, what they do well.

Wasn't it you, T4, who became fixed in the "Cape Cod model"? That you're supposed to give the couple a compliment? I stopped doing that.

**T2:** Can you give an example of bringing it back to the couple?

**S:** I remember so well T5, how you had the experience of the embodied competence of bringing it back to the couple?

**T5:** Yes. I became aware of that, I did just that.

**S:** Emerging from the inside, impulse (*a holistic movement*).

**T2:** You share what you're sitting with?

**T6:** What you see or feel or ... ?

**T5:** What happened with me that time was that I felt that they did send something towards me and what I would rather do was give it back to them so that they could work on it instead of me working for them ....

**S:** So, you were bringing them to the in-between instead of in the triangular relationship.

**T5:** Yes ... the don't work harder than you client. I could really feel that this was a demanding situation and instead I did bring (*moving from the therapist to the couple's in-between with the arms*) back to them.

**S:** It's how you bring it back to the relationship, so they're the ones who continue the process work, instead of you, the therapist, being the one who is working.

**T6:** What I've taken from that is that I bring back to the relationship awareness of what I notice, what becomes figural, of what's happening between them and in this way they become more aware of what's happening in a meta-perspective.

**S:** So, then you bring it back like a compliment, or support for the loving relationship, maybe, whereas this might be an opportunity for them to learn something about how they're doing what they do (their co-creation) and talk about it in-between the two of them. For instance, can the two of you (with their chairs towards each other) talk about how it is to hear this from me? Then you've brought it from the meta-perspective, awareness of awareness, back to the couple's process, where they continue to work between the two of them.

**T2:** So if I for instance draw the couple's co-created dance, with the arrows. Usually I would just let them leave, but this time I drew, and I don't think I did it that time, but what I understand now is the potential for an intervention, to ask: how is it for you to hear that I'm talking about it like this?

**S:** And talk about it between the two of you!

**T2:** How is to hear how I describe you in this way?

**S:** And talk about it between the two of you!

**T2:** So how is to hear me describing what I notice, and can you talk about it together?

**S:** Because then you're supporting the softening and the qualities. I get really curious when you T6 describe the softening that you even notice digitally. So how can we support the softening, support them to come out of the interlocking, how they trigger one another. This will be to choose an intervention, a polarity, but it has to be in and of the field, it has to be in the fresh, the novel, in order for it to resonate. To me this is where we find the "gold", we really have a lot of examples here because there've been a lot of "moments of magic", what I have been part of in our supervision sessions. I also look at our timing (3 – 10:47) because we're having a really good discussion, time is running away from us ...

I have to look at my notes ... Significant points, I've noticed, this is exactly these breakthroughs. It may well be in communication and good form, in the fourth domain. You said something T6 when the fear was reduced ...

**T6:** Yes, when he saw her, he wasn't afraid anymore.

**S:** There's a significant point, with regard to both domains 4 and 1, if we can put it that way?

**T6:** Yes, absolutely. He thought she was his mother until he was able to look at her, he responded as if she were his mother. He had thought a lot about that until the next session and started by sharing that insight, but once she started to pick on him again, it was gone ...

**S:** So, this is how they organise the co-creation. How can she get the support not to become the mother? Because then she becomes the nagging mother.

**T2:** I have an extreme tendency to share, it may be a little too much sometimes, from my own experiences when I'm seeing things like that. I might project, I see that I could only see my mother for instance. I can share how I wasn't able to participate in a group with a participant where I only saw my mother in her. I share this as a means of support. This may have an impact as to ok, if this is like this for you, I can better accept and live with it, when we now understand what's going on we can look into that.

**T5:** I do that as well, share from my own life, my thought and my intention is that there might be a lot of shame, when these patterns emerge. I think about how if I were to be in couples therapy with my husband, I would feel like Bambi on ice. I wouldn't know what would come out of it and I would be afraid. This is how I also think about couples, that this might be a possibility. Then I think that it might contribute to reducing the shame in the situation. But this just a hypothesis I have.

**T2:** I think I'm very attentive to that, shame. It may be overkill in fact, but I really feel that sharing as support, even though I have all this training and understanding, can also feel that I'm just seeing my mother, and I can't cope with that. Then I understand that it took a long time before I was able to look at the person and understand ok, she's not my mother, but I learned that this may be how stuck it is (3: 12:43). It took me a really long time to realise this. This is what I think if this is a part of the co-created relationship in the couple.

**S:** What I really have to stress is how they co-create their relationship, how they do it together. We have to look at it within the relational perspective from a meta-perspective. It's not only you who is making her the mother.

**T2:** But did she understand that?

**T6:** She hasn't understood that completely. She's partly understood something. She says yes when we're talking about it, but it's not integrated, she continues to do the same thing, so it's fixed.

**S:** It's her creative adjustment.

**T6:** It's her creative adjustment. I've been having supervision with Ruella Frank, and I've become very interested in the phenomena of introjecting, projecting. You project what you've experienced before, for instance, in relation to your mother, how that becomes figural in the moment here and now. What is it you're experiencing now? What do you think that the other is thinking about you, right now? To bring awareness to the projections of both partners, to release, because this is what interlocking is, really. They become fixated in their projections. I find this useful. But we have to be cautious so that this is not only allocated to one person, it happens on both sides and what happens when they do this together.

**S:** Yes, because I'm very attentive to how they latch on—together. I think T1 about your couple where she became the therapist and he the client. They do it together. From my own research hypothesis, this is really what I think the growing edge is in the profession, and I know a lot of colleagues abroad that I don't find to be so relationally oriented. As I think T2 that it's not your responsibility alone that she becomes the mother, it happens in the co-created organisation. When he T6 becomes aware of how he sees her as his mother, then we can work with this as a figure. We can't work with it before it becomes a clear figure; obviously it emerges in a different way.

Another thing T6 is that I kind of don't follow you when you're talking about the introjecting, projecting phenomenon. Can you explain that again? Maybe you can draw it?



**T6:** I don't know if it will make any more sense if I draw it, but I'll try.

*(Drawing—the couple opposite each other with backpacks on both of them).* Here are mum and dad right and the lenses through which I look at the situation, I only see this (the mother/father), to bring to awareness that you really don't see the person, you don't as you usually draw the infinity symbol, we only have the ping-pong, the backpacks, so the lenses are so coloured from what's in the sack (the story, narrative, or ground) that we aren't able to discriminate, differentiate. There are so many tensed emotions allocated to the situation. When these feelings emerge, when you become aware of these emotions, then you can start to clear out what's in the here and now and what's in the story. This is what I did in that moment.

**S:** Where is the introjecting, is she introjecting?

**T6:** The introjection is the understanding of who you are, how others look at you?

**T5:** How is this different from I hear you have thoughts about her, can you check it out with her?

**S:** This is where we bring in the individual support, when you see the mother, there's the potential to support one of them and when, for instance, I would've supported her "when you hear him saying that you look like his mother, what happens with you?"

**T6:** Yes, what happens with you, yes.

**S:** Or maybe I would go even further back, rewind, and ask her "do you hear what he's saying?"

**T5:** I would've said, I hear that you have thoughts about her.

**S:** But then you're going to him.

**T5:** Yes, but there are different ways of approaching this. My objection is that what I've heard people say about Ruella, I have heard other places.

**S:** I'm not into Ruella right now. I look at the couple...

**T5:** Yes, but I'm interested in the concept of projecting/introjecting, because these are contact forms. I could have said I hear you have thoughts about her, how is to hear these thoughts and then support the other. This is because there are more ways of bringing to awareness what I hear, and at the same time I bring it to the couple.

**S:** To me, right there, to be able to bring it even more to the couple, I would have gone to her and made her do the work.

**T5:** This is what I say, I say I hear you have thoughts about her, what happens with you when you hear him saying his thoughts about you?

**S:** To me, you're still much more active, I would have been more passive.

**T5:** Even though I then withdraw and let them talk about, I clarify the phenomenon.

**S:** I think it's she who will clarify the phenomenon. She'll make figural what she's hearing. This is what I mean when I say rewind. You'll capture if she's hearing it through the lenses of the introjecting/projecting drawing, instead of me telling them about the phenomenon.

**T6:** The phenomenon.

**S:** Yes, because I'm not hearing it through her ears. I'm curious as to what she's hearing. Maybe there are so many obstacles on the way from him to her, that she hears "big sister", whatever, what do we know? It's a way of capturing what in fact she's hearing. I want to draw ears on this drawing as well, and what they see.

This is where the individual support, really rewinding, very slow work indeed, in order to really bring to awareness what she's hearing, this is where she's getting so fixated.

**T6:** Yes, she's really so fixated, that he becomes the "wrong" one.

**S:** I need to breathe ... Because, instead of this going through the therapist as I hear that you see your mother and bring it over there, I would roll over to her and I would have asked her so "what is it you hear him saying?" and the response may be whatever. Then I would sit there and ask him to say it again. It might be that he's lost it, maybe he has needed to push again, not being able to stay with the softness. If I see that I would rewind and move back to him, this is exactly what you have prepared the ground for. "Can you allow yourself to bring it back, let's breathe a little together, so what do you see over there (soft voice)?" "I'm aware that I see my mother. "Yes, let's breathe a little bit, what happens when you see your mother? "I get angry". Roll over to her, "So what do you hear?" And maybe I wouldn't have asked him what happens with him, maybe I would just have rolled over, and supported her. "What did you hear him say?" "I heard, no I really didn't hear anything. I just, everything became a blur, or I just had this beeping sound in my ears". A lot of things might happen here, because we might enter a traumatised field. Right now I feel a little shaky. This might indicate that she might be far above the window of tolerance, or maybe below, where she loses all her vitality, sense of agency. Then she needs therapeutic support to be able to self-regulate within the window of tolerance. This is what the support for softening is really all about.

**T2:** I think that often I take on the role of an interpreter, so there's a lot of me.

**S:** So, give it back to the couple.

**T2:** I think it's sort of "wrong", but sometimes I think it's necessary to have the role of an interpreter.

**S:** Yes, but then I would sit next to and use it as an intervention. To support them towards the resonance of the in-between, instead of the resonance going via the therapist.

**T2:** What I become aware of, looking at the drawing, is what I do most often and when I become aware of, then I can try to avoid that role and see what's happening. I see that I do a lot of interpreting.

**S:** Then I would like to say what I really intended to say before we started today where I have to touch my heart, as the benefit in having to postpone twice is that we have had the time to be together, me with you all individually in supervision. This is a different way of working with. It's Gestalt but very different from individual therapy. I feel that these six months have been beneficial to bring to the foreground the relational potential of bringing it back to the couple. I've come to understand, you're all guinea pigs de luxe, this has to be post-graduate training over a year, where we practice the embodied relational movement, the bringing back and the potential in this. I get goose bumps.

**T6:** Yes, is my immediate response!

**S:** I'm really touched by what you've drawn here. It's really unique is what I think.

**T1:** And there's also something very challenging in this way of working. To stop them, there's so much that they want to say, to get out. What I have been much better at is the time-out, let us stop now.

**S:** This is the gold.

**T1:** I also become aware of my old introject "you don't interrupt!"

**All:** (*Laughing out loud*).

**T1:** This is so clear to me

**S:** Now you're aware of that!

**T1:** Exactly, and how important it's been to me to use, find my push, how I use my chair, and how I need to jump a little forward (sagittal), and it's helpful to be aware.

**S:** Now, I'm going to interrupt you, and the importance that you acknowledge how you do it, T2, or you T4, here is the edge, here is where we risk together, and we might also disagree, differentiate. I'm interested in my form, and this has emerged for me, when I've shared that I really have become interested in who are as therapists, how

you're different. I've thought T2 that you get away with a lot, because of your sense of humour. It means that you can allow yourself a lot of leeway; that doesn't mean that everyone has humour as an asset in a similar way. But this does impact the therapeutic relationship so this has emerged for me during this research process.

S: Well, now I think it's time for our break, 10 minutes what do you think?

*Break*

## **Part 2:**

S: It's so exciting to listen to you. I have to nail two things, when we're interested in this, referring to the drawing of the couple and the topic of co-creation and projecting/introjecting, to me, we're into the theoretical landscape. Where I invite you also to be theoretically critical, like you did T4 when you reflected on what Ruella says and what can be said in different ways, she's saying it in her way, and others say it in different ways.

T5: Yes, but Ruella is referred to a lot in this group as well and I notice how I think about how I can interpret this into, so one thing I have had to work with with regard to the GMod, is what does this mean?

S: Yes, indeed, some feedback you had on the GMod when we met last time in the group, when we had to postpone and met for a "refresh", you talked about how we talk about confluence, whether one is confluent or whether it's a field phenomenon, the relational perspective. I'm "old-school" from the NGI and we talked about "me being confluent", that's how I was trained. I addressed this at a meeting at the NGI last time and asked "how do we really talk about this", when we adhere to the relational way of speaking, the relational language and this is very demanding. The more into the writing of the GMod I've come, I realise that it's a life-long project, because there are so many layers and it's somewhat overwhelming. That I have been able to write up anything at all is a miracle! I've written it from how it has lived in me, this is what I've written up, then you all got the first version and then you got a second version and I know that not all of you have managed to read through it. But I made quite a big change in the synthesis, I brought it together more and now it's written simply as one, two, three, and four and I'm not drawing only on Gestalt theory. I'm not obeying Gestalt all the way through, but I'm true to the Gestalt method, and this is what we've discussed, the phenomenology, form, and process work.

It's to be able to find a figure that's been the intention throughout in order to be able to navigate and this is what I'm asking you: how has it been, has it been helpful, what do you think of the GMod?

T4: To me, the domains have been a really great support, usually not during, but more often afterwards, ok, where were they? To help me understand, ok, this is where they were, this happened. I think that's great.

T2: I have pasted it in like this (*showing a copy in her notebook*), I haven't it posted in my therapy room, that's a bit too much, but I have it in my study where I often sit and read and I've posted it and I think that this has been

very useful. I've spent a long time trying to understand not so much Stern, although I had to pick up his theory as well, but not really that much the structure of top-down either, but the domains in the middle, the core-self. I understand it with my head, but I don't know.

**S:** I understand, the more the GMoD lives in me, I'm not that focused on Stern's theory in itself, really, but it was these domains that created an idea in me as to how I could organise, all that theory found a form. I think that being with and co-creation is really where Stern is most important.

**T2:** This is where most couples don't succeed, in the being-with in the relationship, which is where we all are "wounded", so to speak. I can at least speak for myself. I've worked a lot with being in the relationship, I've worked a long time in my therapy with that.

**S:** I see that you're all nodding at this, I might draw it.

**T2:** Core values is also from Gottman, to negotiate. This has been useful to me to know something about.

**T5:** Values.

**T2:** Yes, values and negotiation, core values and these things.

**S:** So that you understand?

**T2:** Yes.

**S:** Then you talk about being with and co-creation. I don't hear that there's anything you don't understand now?

**T2:** No, but it did take me some time to find out what it did imply, how I could use it. Like emergent self for instance, what it really is.

**S:** Then you really touch on his developmental theory.

**T2:** Yes.

**S:** I don't write that explicitly really, I write that it can't be directly transferred to Gestalt as we think more relationally, whereas he's more individualistic.

**T2:** Yes, but I feel it's been useful to understand something about attachment theory as well, for instance about secure and insecure, this couple where one is secure and the other insecure, how that's being figural in the co-created field.

**T1:** What was useful for me in supervision is that we did go through the GMoD afterwards, that supported me in the next sessions with the couple, because for me the GMoD isn't intuitive, I have to spend more time chewing on it. It has to do with my capacity that I referred to previously, I've been too busy to sit down with the GMoD. I have read it again, but I would've wanted to chew on it a bit more. But it's been very helpful in what we've done during supervision, we did skip it in a session remember, but then we had to do it anyway, do you remember?

**S:** What I remember very clearly, and I thought that was in a supervision with you was that it became evident to me that I can't turn it upside down, arrange the structure differently.

**T1:** Yes.

**S:** How you said something about it coming from the head and down to embodiment, in the non-verbal. That was such a great picture.

**T1:** And the GMoD became so clear to me in the session yesterday, when we, how we interlock in our trauma and then they realised the disagreement was that they understood words a bit differently, how they crashed in the interlocking and then we could disconnect, then the GMoD became clear to me. When they spoke together, ah ... now you're in a different place. Yes.

**S:** What I hear is that they work at different levels, they're interlocking, and they're working with communication. Then you can navigate.

**T1:** Yes, that happened—ah, and this happened with the couple. I could use it.

**S:** Then you're working with intimacy, in the being-with, and then with the communication and with good form. What's really good form when it comes from the embodied sense of self, then you don't get into trouble if you talk from that place, at least not in the same way.

**T3:** What I've been missing in order to grasp and try to understand. I've understood bits and pieces when I've added experience.

**S:** Yes.

**T3:** I've been thinking, ok, it's ok to understand it in bits and pieces. I've felt disoriented so what I would have liked was examples from cases and which interventions ...

**S:** ... what ...

**T3:** ... interventions, really specific, for instance about softening, when I bring my softening to the couple, that was a specific intervention how ... The GMod is working for me in terms of identifying and creating a working hypothesis and then it's like I'm searching for interventions in the different domains ...

**S:** Look at me now ... (a *gesture of hands moving to her heart, nodding and laughing*), because this is what you're giving me. It's so beautiful when I'm writing up the supervision sessions. It's like it unfolds, the entirety ... The thought of trying to cut out, I really want to bring the entire sessions, one supervision session is 36 pages ... so I'll have to cut it, but there are so many beautiful examples. So that will be incorporated ....

**T3:** Hmmm ... (*laughing*) ...

**S:** That's you in the text ... exactly

**T3:** That makes sense.

**T4:** I had one supervision session with you where we ... or I can feel that I understand that I have a really clear sense of the one column, with communication, values, interlocking, intimacy, that - that's the only little navigating aid I have together with the couple in all that they're talking about. Ok, now they're there ... and what might be the greatest support for me is that I support myself and allow myself to sit and then something emerges, and I don't know if that's a good example, but we talked about the domains and we talked about it has to be top-down. It was like ching, ching, ching and pow and they were in intimacy. I could see the domains as trap doors opening up. That was when I made them turn the chairs, we talked during the break about turning the chairs, and how I did find the courage to, in the really small office and the big heavy chairs, and I was thinking, ok, I turn the chairs. It made them sit as if they were in a cocoon and suddenly, the request was to communicate and then there was intimacy. I could just sit back, and it was like (sound of kissing).

**S:** So, it was we that talked about top-down.

**T4:** Yes, we talked about top-down, and I don't know if I understand much more, but I have read Gottman, a little bit everywhere, but that column is what I find today, I don't know how to express it, but it's extremely useful and with that I dare and I also dare to sit back and withdraw. I'm not that engaged in whether I'm good or not good, which interventions. You know I know about the Cape Cod model and the steps, but now I've found a new thing to hold on to with this GMod, and I've integrated, and I use it.

**S:** I think it's really a good image, when you illustrate with the trap doors. It's really such a good metaphor, and the top-down. Then it was when I said that it became evident that I can't turn it around, because it's exactly that we work from the head and down.

**T4:** And also, what I find that it allows me not to push forward, but I can work subtly in the fourth domain with the couple and sustain with them, ok, maybe we are working with values, I really am less pushy in that I know that there's more underneath, maybe it will emerge. There's a really good support in that.

**T3:** I notice that I'm sitting here nodding as I think that it's so nice to hear you.

**T2:** I also think that.

**T3:** How it supports you. Inspiring. May I look at the GMod.

**T2:** It's where you start with therapeutic alliance.

**S:** I think that's sort of where you have the essence of the GMod itself, then you have the other columns as a skeleton, the theory underneath the GMod that supports the model in itself. I also only use that column and those domains when I'm working, to manoeuvre.

**T6:** The column that we were talking about now?

**S:** Yes.

**T6:** Because that makes a lot of sense to me as well, that has been the most clear, were you in the middle of something (*pointing at T4*)?

**T4:** I would like to say something, I think maybe it has something to do with you pre-understanding, what you bring in. This is my experience from the last time we were together, depending on what you coincidentally or not coincidentally have read. I'm interested in the totality of the GMod; but I've been interested in theory in general and not necessarily only Gestalt theory. Then I'm not that worried about not having a total understanding of it all, but that one column in particular makes a lot of sense.

**T6:** I recognize what you're saying in my experience. To me the GMod has been unclear, but in supervision when we discussed how we work from the middle zone of awareness towards the embodiment. I jump a bit back and forth and I believe I have to look at the interlocking to be able to work with communication. They have to unlock a little bit before they're able to communicate, because there are such strong feelings attached to the interlocking co-creation. Then it became clearer to me that I can think about it in that way, and keeping to that column is easier. To me I have been to your workshops and then I have training in family therapy, they have similar thoughts structured in a different way, so to me it has evolved gradually through the workshops, what you're writing, the GMod. The GMod wasn't evident, but in the first supervision that we had it became clearer, and I remember I asked at a workshop "What's the model? What's this supposed to be?" I would've wanted that to be clearer from the onset, how I was supposed to make use of it, it was a bit unclear.



**T2:** If we look at the third column, that you're referring to T4, the one that I also find the easiest to relate to. What do you think, I've tried to use the whole, all of the columns of the GMod, what do you think, is it supportive theory?

**S:** Hmm ...

**T2:** We go through the therapeutic alliance, find a figure, then we start to explore identity and values ...

**S:** Well, that depends, it's more like you map, let's look at the couple where you, T4, had a felt sense of something not being ok, when there was something she was holding back, in confluence (*folding hands to underline the merging*), and you had the bad feeling, the recurring figure of something not being right and it turned out it had to do with Christmas Eve.

**T4:** May 17<sup>th</sup>, Christmas and all the birthday celebrations.

**S:** So that in the family system, what you look at in family therapy for instance, how are we doing it, then we look at the values and negotiations. But at the same time you're working on their co-created dynamic and the communication around the topic and if they're able to meet. So, in fact all four domains are constructed in order to be able to differentiate possible figures, and it's an overload of possibilities for interventions and theories, in all domains, so that has been a real challenge to find out how I would approach and include all that I know.

**T1:** So, this is what I experienced in the session last night, when they were able to unlock, and they discovered that they really are much more similar than they believed they were ...

**S:** Ahh ... so then they're here ... (*Pointing at intimacy*).

**T1:** Yes, they're in intimacy, but the different domains overlap, so they were a little bit everywhere.

**S:** Absolutely ...

**T1:** That can create confusion as well ...

**S:** Yes, indeed, and that's why this field is particularly confusing, because there are so many things going on at the same time and the intention with the GMod is to differentiate in order to find where I can intervene. For instance, your couple T6, when you've seen the softening, by the working hypothesis that you hold gently now you know that this is there, how can you support them to experience more of that. But it might be that you have to start on top again in the next session, because they're not good at communicating. I lean on Stern's theory and Ruella Frank with the yielding with and pushing against, because this is really to support the being-with, (*samværsfasen*) and the co-creation you describe to the point when they're entering into the negative dynamic.

**T6:** Yes, that I really like, the co-creation, it makes sense.

**S:** How we look at these case studies when we experience the unlocking and something new is experienced.

**T4:** I think about what you say about differentiating between the topics, there's something, not a hierarchy, but there's a structure in that something is over, and something is under. If it were just to differentiate, I don't know if I would have experienced it in the same way, but there's something about how I can move from the top and down, hmmm, I'm really attentive to that it's not only differentiated, but that it's captured like this (pointing towards her body from head to stomach and up again). It's something about that that makes me feel that it's possible for me to sit with it (staying with).

**T2:** Your description of the trap doors that opened up is fantastic ...

**T4:** Yes, that occurred only once ...

**T2:** Yes, because I think that it doesn't always happen ...

**T4:** No, far from it.

**T2:** So, it's not certain that it's a sequence either, because the couple might suddenly move directly to intimacy and autonomy without you having been through all the domains, that might happen isn't that right, hypothetically?

**S:** Absolutely. I had this couple where I was sitting thinking I don't understand why they're together, by no means am I able to understand what keeps them together, they don't talk much to each other, they have nothing in common and everything seemed to be really different between the two of them. Then I just asked, what I really did was bring back to the couple (movement of the in-between), what is it that keeps you together? In that I was sitting there wondering, like you did T4 with a recurring figure, there's something that's dodgy here that I can't grasp, so then I did put it back and then they said that, each of them, that together with the other I can be fully and completely myself. Choo ... (*hand shows the movement down to the domain of intimacy and autonomy*). I still get goose bumps from that experience, all things aside, there it was in an instant, but all the other things were a lot of work, with the rucksacks, like I think you drew so beautifully with the parents and the family system. Many clients come and say that they come from perfect families ...

**T6:** Mmmmm ...

**S:** Well, yes, then it's difficult to stretch, it's a felt sense, and I'm usually very careful in how I bring this forward, how I open up the backpacks, I look at them as the rucksacks you go hiking with, and they're really firmly closed. Then we have to do it with care.

**T6:** Then I think it's so useful to stay with the phenomenology. Just to stay with what's happening, when I see you looking away, what's happening with you right now, how is this for you when you regulate. Then it's there and you can approach this in one way or another.

**S:** That's the gold of Gestalt therapy, I can feel my heart, because all other couples therapies I've read, they don't have that, so, that has been really inspiring for me with you. Particularly from the first supervision what emerged was that we were working a lot with how they regulated themselves together, their co-creations. Whereas in supervision after the third sessions, we're much more into the working hypothesis, I would call it more hardcore. This is what I'm going to analyse, but it's like I experienced the supervision sessions very differently the first ones and the second ones; the first ones much more chaotic, and I recognise that from the first session of therapy in general, and after the third sessions something was much more clear together with you. This is how it's been for me. I don't know if you've you experienced it in the same way, I think this is something of what I sense?

**T6:** That it was clearer after the third session?

**S:** Yes when we have analysed the co-creation? I realise now that I'm leading you on ... You can continue to talk ... (*taking up the questionnaire*) let me have a look ... is there anything that hasn't been said about this ...

*2 – 2.1 – camera*

**T1:** I would like to support a little about what you said T3, but what am I supposed to do? I found that very useful to hear you now, the interventions, to write it up, a little more to attach it to. I feel that I need that, also because I have little experience. I also started as a couples therapist when we started together, for better or worse ...

**S:** I just do like this (raises her arms up in a victory posture). This is new landscape. It's research. We're doing something new. This also gives me goose bumps. I'm totally with you in that. It hasn't been done before, then it wouldn't be research, I would never have been allowed to bring it on. So, in that all I have to bring out from the supervision sessions, that I find so beautiful, it's fun. I never thought it would be fun to transcribe and it's like all these stories unfold. What happens with you when I'm saying this?

**T4:** I get really curious.

**S:** You get curious? I really want to bring that back to you.

**T1:** I feel really proud.

**T4:** Yes!

**All:** (*laughs*)

**T1:** I'm so proud of having been a part of this (*laughs*). That happens with me.

**T5:** I feel relieved that it's not terrible to transcribe, because that's not always fun.

**S:** Well, I'm really touched, it's like I feel moved and when we are starting today, I feel emotional, like crying, but from joy. I also said to myself that it might be that you find this GMod really shit, ok, if so, then it would be that that's happening. Regardless, there's something that I feel is fertile.

**T6:** I really like to hear you. I feel a little nervous that you're going to listen to all the tapes (*Interpersonal Recall method tapes*).

**S:** I'm not going to listen to them. I'm not going to listen to them. It's merely for the research project, to have it, to make it through (the Learning Agreement).

**T6:** Did you take the memory stick?

**S:** Yes, I've collected them and they're over there. So, it's only the videos that I transcribe and then they'll be erased, then you're all anonymised. I'm sure I'll extract bits and pieces from breakthrough passages, where I find that this illustrates the softness for instance, so what is it that, what is it that we do, how does this unfold.

**T6:** Mmmmm (*nodding*)

**S:** Then this is going to be allocated to the different domains, this is what I think now, but I don't know before I do it, but it's what I have in mind.

**T6:** Are we looking further into the GMod, is that what we're doing now?

**S:** Yes ... ?

**T6:** I just wanted to say one more thing, I think it's so good that you've made this model, and I believe it's very useful. If I would have had that when I started as a couples therapist, I would have thought that it was marvellous, I remember sitting while I was studying to become a couples therapist, writing down some sentences from the book that I could say at the onset, and I was really on slipping ice. So if I had had that model then, it would've been very different. Maybe, particularly if that third column were highlighted.

**S:** That's maybe what emerges as the essence if I'm going towards a conclusion, to take away the scaffolding.

**T6:** Maybe that will be sub-points.

**S:** Is what I gain ...

**T2:** You can emphasise that it's support, because I, I think, it has given me meaning, the concept, but it makes sense, but what about number four, is that the ultimate goal, but that's as support (Brings up her notes with the model). The working hypothesis, contact and form, it supports the fourth column, more Gestalt therapeutic.

**S:** Where are you now exactly? The one on top?

**T2:** Yes.

**S:** That's really what emerges for me when I'm doing supervision, how interested I become in what you're actually doing, how do you bring yourself in, parallel processes have come in, where it also has been safe enough for you to tell me, I'm nervous or this is happening with me and we have been able to work through in order to bracket off, or when you've shared from your own narratives, how that also supports the field. I have some examples, where you've shared from your own story with the couple, and boom they're in the intimate moments. There's something about the therapeutic qualities, when I say to you though a little ruffled, "you get away with a lot", it's because you have a therapeutic form that makes it possible, it makes a safe environment, hence the therapeutic relationship is very important.

**T2:** Yes... mmmm...

**S:** And the method ... it's sort of the foundation. We are not doing individual therapy; we are all the way through working within the frame of the relationship as the client. That's unique and as such it needs to be captured in that it's the foundation.

**T2:** It became so obvious in the last session with my couple, where she's training to become a psychotherapist, but not in Norway, and she has come to Norway because of him and they've had a child, and she has trained as a Gestalt therapist, has her own therapist and a therapy group, where she's originally from and the confluence that has been in the field between the two of us, maybe because she's a therapist and knows a lot of therapy and maybe due to the fact that I have a lot of experience and am quite sure about what I'm doing, particularly in a confluent field in some way, so she returned to the next session saying that "I have to thank you today because you shared, and then suddenly I understood that ..."; and I shared that I have a black belt in retroflection, so then I (*with the self-irony embedded*).

**S:** So, then you bring that back to the couple (*indicating the movement of the in-between with the arm*), because that's grading in the field, like you said T1 that it was impossible to put the chairs together, it wasn't possible. Then, in the sharing, you're really working here in the first domain, but we regulate the field in order to provide for a safe emergency.

**T2:** Yes, this is what comes to me now, we were really sharing an intimate moment, because she's really struggling and I've made it more clear to her, it's not only her fault or that she's a fault, because this is her story of being the flaw.

**S:** But what's an emerging theme and this is not one of my research questions, but what I'm getting really curious about is how you're all different therapists and how that influences the therapeutic relationship and how you take form in the field. The research question doesn't address that in particular, so I can't answer that particularly, it's a part of the GMod so I can answer some of it in relation to that, I can't not include this.

**T4:** This is where I say that I get so curious, I'm really curious about all the parts, us, and the uniqueness, I imagine you T2, and I really sense how we all are incredibly different and how interesting it must be for you S to see this?

**S:** I'm really surprised by this in fact, because we are all guinea pigs, this has really sparked my interest as well. I also think about all research literature at the moment, the results haven't been impacted by the methods, the common factors, the therapeutic qualities is where research is at now. I really feel like doing this now, a long term study, where we can include all of this, because I really have such a belief in the magic that's happening, what's happening when he's seeing her and allows himself to soften, how you have facilitated this.

**T6:** mmm ...

**S:** That's the aesthetics.

**T1:** I would like to say one more thing ...

**S:** Just bring it on!

**T1:** The model of yours with the infinity sign, when it emerges in the sessions. I see it in front of me, so this is how, how do they do this. This picture has been so important to me, in the middle of all the words, precisely this movement of the in-between. With this couple that has been with me for five sessions, where she becomes the therapist with all the answers and his story becomes the problem, I say, but you, you remember this model, you do it together, so what's your contribution? And last time, it became so evident, and I could say that now I will support him a little bit (with a wink of the eye), because when he says this word, I think it's from the west of Norway, I understand it in a similar way, it doesn't imply the same thing you say, and she was so surprised ... oahhh ... so this movement of the co-creation, I've used that a lot.

**S:** And do you see how she's charming?

**All:** Yes ...

**T1:** (*laughing out loud*).

**T6:** Yes, I feel totally (*right hand in front of her chest like tingling feeling, smiling to T1*).

**S:** This is a quality of yours, and how you can support the field in that, and you also address something very important, you know I'm married to a Swedish man, and we have argued so much because he has stress in the cadence of his sentences that sounds so negative, you know how Swedish is going down ...

**T1:** I really resonate with that ...

**S:** ... and I go up, I have had the impression that he's grumpy and that he has started a fight.

**T1:** Yes.

**S:** So, it's something about how you support them, and that's related to the fourth domain (looking at the notes again), you just go ... I just have to look ... the usefulness of the GMoD which is what I call it now, we've said something about, theory feedback and questions ... yes, we haven't ... I look at the time and I'm attentive to us to watch the time ... So the research questions are:

**1: What's figural in the co-created phenomenon that contributes to stagnation?**

This is what I've tried to address, where are they triggered? Those may be the ones who are just arguing, you're shooting at each other, they're in the fourth domain, or they co-create the therapist and client or the mother and son or whatever they are. So this is a different phenomenon that we have explored a lot in supervision.

**2. Then I'll say something about how this manifests in the non-verbal.**

This is a lot about how we've looked at how they organise together.

**T5:** That makes me think about the schmook couple (*smiling*)!

**All:** (*Laughing*)

**S:** A very clear example, then I just have to say that after that I took *Love's Executioner* by Yalom home with me from my practice ...

**T2:** Then I wonder, why did they come to therapy?

**T5:** It was this project, it was exciting.

**T2:** Ahh, in that respect, right.

**T5:** They were really interested ...

**T2:** So, they wanted to contribute to the project.

**T5:** And it was exciting to learn even more about themselves ...

**S:** Just look at her ...

**T5:** (*Smiling and merging her hands*)

**T2:** I think that my couple, or both really, they joined because it's for free, and now they have been to five sessions for free and they think that it might be worthwhile to continue. Both couples have really bad financial situations.

**S:** You have really had extreme couples ...

**T2:** Yes (*rubbing her thighs*) ...

**S:** This has also been extremely interesting; there's such a difference ...

**T2:** The one couple where she came from abroad and he's very ill, and every day she's terrified that he'll die, that's her thing, and in this they have a child and the man says that he's not going to die, but we know that they're not going to live forever. In fact he has lived eight years longer than expected ...

**S:** This is the existential figure emerging.

**T2:** She comes from an ice-cold European family, has been sexually abused, without anyone taking notice of that, as a young adolescent from young boys, not from adults as a child.

**S:** So, you've had extremely traumatised couples.

**T2:** Yes ...

**S:** I think about you T1 as well, in that you couldn't put the chairs together, it was far too risky and that they need the triangular relationship, via the therapist.

**T2:** And the humour as well, I use it to reduce the shame.



**S:** To me that emerges out of the situation of which you're a part. I believe the other therapists would have had other figures.

**T2:** Hmmm ...

**S:** This refers to the therapeutic qualities ... to bring the chairs together for instance ... which a few of you have addressed. This is also a potential, because we are practicing a new method and obviously when we are trained in the I-Thou in individual therapy, it's demanding to suddenly be taking a different position.

**T2:** I think that sometimes they're talking together, but I'm the one who interrupts. I don't allow it, they manage, but I'm the one who is taking the bait ...

**S:** Yes, this is what you become aware of now. This is where I lean forward and look down indicating that I don't want to be contacted and to take the bait. I make myself unavailable. I recognise that from doing group therapy as well, where I want to put it back onto the group, a similar movement of the in-between, and I don't want to be the one who is the helper in everything.

**T2:** I'm also wondering, as you asked me in supervision after the third session, what am I afraid of, when they talk about not being physical, having sex for instance, with both couples that's an issue that they don't have sex.

**S:** And you were the one who got a call today!

**T2:** *(smiling broadly and airing her jacket)*

**S:** Do you see what's happening with her?

**All:** *(smiling)*

**S:** That was my projection ...

**T2:** That's also the story of my life ...

**S:** Hmmm *(serious face)* ...

**T2:** Then I wonder what's mine and what belongs to them, I'm joking, there's something there that I also do, for me certainly as well ... yes, yes, it's possible to live together without having sex. That's not a problem ... I don't say that to them, but that's what's going on inside of me ...

**S:** I think also about the third age, which I'm also entering now, there might be other values that might be of importance as well, you know something about that.

**T2:** Yes, indeed ...

**S:** This is exactly where I believe the growing edge is for us as well, where to go to supervision or in individual therapy, to refer to you T3, when you were talking about the parallel process and that you had to ask for extra supervision externally, and where we learn so much about ourselves. Who said that, yes you, T4 said that, really together with couples you learn really learn an amazing amount, because they have the significant other together with them in the room. This is different to how we're supposed to be the significant other together with our clients.

**T6:** It's much stronger.

**S:** Yes, it is isn't it?

**T6:** Hmm ...

**S:** Do you all agree ... ?

**All:** (*nodding*) hmm ...

**S:** Maybe it's stronger in a different sense?

**T6:** They have such a strong impact on one another.

**S:** Yes, yes ...

**T6:** Than I have an impact on an individual client.

**S:** Yes, and the impact on me is different than when I'm in individual therapy.

**T6:** Yes ...

**S:** I've become much wiser in my own relationship after I became a couples therapist ...

**T6:** So have I ... absolutely ... ohhh ... ahhhh ... (*laughing*) ... So it's possible to do it like this ...

**All:** (*laughing*).

**S:** I feel totally shy ... I'll share from my own life ... I, the master of confluence, I was sitting by the dining table, two, three days ago, and I said to him, because we have big family issues going in our family system, with

one of my children and not our common child and then at once it poses different issues, it's much more demanding than dealing with our common child, it becomes so ... I'm squeezed in a different way. I have a good example that I served him across the table that when we became a couple it was like no children in the bed and I had one who was eight years old and one who was nine. Then you had your own son, and he was allowed in bed until he was twelve. It's just something that's different, and this is difficult sometimes. Then returning to our conversation I said that you know what I don't want you to talk to me like this. It's not ok (*sign of success with arms*). I should have said that 16 years ago! Apropos good form, we're in the fourth domain. But it's taken me that long to come to that point in my own development to be able to stop and also keeping it from escalating. I experienced it as a great victory, for me. I didn't show that to him, but I felt like sending a message to my daughter, I didn't do that either. Then I went into the kitchen afterwards, and I did feel how insecure and frightened I became.

**T5:** You felt ... ?

**S:** I felt how frightened I became, and I can feel my entire trauma embodied in my tissues, because it's been so dangerous to differentiate in my life. So, how did I end up sharing this ...

**T4:** It was something about the impact of the couple in the here and now, what's happening with you. I, who am not even in a couple relationship, I can't take it home with me. But there's something about the learning in this field, I'm self-developing when I'm with couples.

**T2:** You say that you're learning a lot about yourself?

**T4:** Yes, I am!

**T2:** That's important as well, although you can't take it back home with you ...

**T4:** I take it with me in all other relationships, with my family and friends, and with an imaginary man in that I keep away from men who I would want anyway, because it becomes clear to me who I am and what I want. I haven't said it aloud, but I carry it with me inside, when the one I don't want, it emerges in my head and I'm thinking YES! YES! differentiation. So it's fantastic as a frame of learning and also probably in individual therapy, but that's more unclear to me. I think it's wonderful that they're here, I can see and learn and be a part of it.

**S:** How they influence and are influenced and how their rucksacks are triggered.

**T4:** When you were drawing the rucksacks I felt like, ohhh ... At least for my own sake, I got in touch with who I become in relation to the rest of the world.

**S:** What I really became curious about when I differentiated, which was really not a big deal at all, there wasn't even much at stake, just something about form, but in the kitchen when I could be aware of how this is embodied in my system and how trained I am to be in my own traumatic landscape, how difficult it is to be aware of that fear. That really fascinates me.

Well, it all makes a lot of sense. Well, back to the notes. We have talked about:

How do therapeutic interventions....

Well, there I have a lot of information, how that impact, do you remember the research questions? Shall I repeat it for you? It's just to remind myself.

**T6:** No, I don't remember.

**S:** Shall I read them properly?

1. What are the figural co-created phenomena that contribute to stagnation in a couple's relationship?  
That's the first one.
2. How do the relational difficulties manifest in the non-verbal experience of the couple's co-creation?
3. How do therapeutic interventions addressing the figural phenomenon and the non-verbal manifestations support the couple to explore new ways of contacting and being with each other?

There's the client, therapeutic relational in-between (movement), how this, when you're intervening moving from the one to the other, and how it shifts when they come together. This is what you, T3, have asked for, can we have that kind of example. This is how, the felt sense, and how you talk, T1, about how you intervened, differently. It builds on both supervision sessions really, in the first supervision, how they co-created and how you intervened, and this will be a challenge as to how I'll construct and put the pieces together. Where I extract from what you have done. Where there are moments of full-contacting, as dense as possible.

**T4:** Can I just say, S, what became obvious to me, as I stumbled in when I misunderstood the start of the project, and I had a supervision session with you ...

**S:** Yes ...

**T4:** I think it was on Teams ... but what became so clear to me after the first session that was really chaotic, I understand that after a first session, I need to have a supervision session, it's when it's so difficult to sort out. Then I have supervision to be supported in sorting out, and then I find the GMod. Then I come to supervision,

and I get things in order and then I can move on. I believe that certainly I will manage to have couples without having supervision with you, but it felt like a great support. I got “on track”.

**S:** This is my experience as well; this is why I’ve constructed this. I always find the first session also with individual clients most demanding, and then after I have had experience as an individual therapist I’ve used the GDF to think about what happened, as a working hypothesis that I hold gently so with the four domains, I believe that you’ll be able to supervise yourself.

**T4:** Yes, after a while probably, but there’s something about finding, to come out of the experience, to the mind and then really reflect on, and to manage that on my own. I believe you when you say that I’ll manage that one day, but for now, when you talk about the development from the first to the second session, I really connect with that.

**T2:** You took part in supervision with Parlett?

**T4:** No, not that much in fact.

**T2:** Ok, well he says that in his five explorations that he writes in his book about what he takes notice of in terms of how they’re doing so and so, points that he goes through. I had supervision with him with regard to a couple, and he asked me if I had gone through the five; like he’s checking out how autonomous you are, a lot, I don’t remember, I just remember I have a post-it note, that I’m supposed to check out, to have the check-out points in your head. He thinks I can use that on couples as well.

**S:** I guess they’re incorporated in the GMoD, all Gestalt theory is incorporated. I think for instance the contact sequence, if they’re in full-contacting, they’re in the first domain certainly.

**T2:** He’s really field oriented, that’s important as well.

**S:** So, how we become together. Yes, maybe this is where I get a little critical, because I think that there’s very often individual therapy in couples therapy. I find that my method, it’s not only mine, it’s a fusion of what I learned at Metanoia and NGI, but that we support the couple in learning the infinity, in-between, co-creation dynamics by themselves, instead of being dependant on us. This is what I find other modalities do and the Resnicks as well, it’s individual therapy instead of bringing it to the couple, the couple’s autonomy.

**T2:** I think that’s very important, as I notice that I’m mostly trained in doing individual therapy within the couple. I admit to that, even though I’m sitting here.

**S:** As you have done training with the Resnicks most of all?

**T2:** Yes, I think that the potential in couples therapy is somewhat that, that we do exactly what you're pointing out, which I believe is the total essence; but it's also difficult because it's so easy to fall into the, yes, not to put it back to them. I say rather reckless that I can't come home with you so you have to figure this out by yourself, but I do help them an awful lot, to rephrase, to say it in another way.

**S:** This is the support that I find that can be a growing edge, if you want to. I think that E. E. for instance (another senior practitioner) would not want to join this form, as she's interested in other things than I am. Ok.

I have the last question:

Does the GMoD support the therapist in figure formation and case formulation? That's ...

**T6:** Yes (*smiling*)!

**T5:** In figure formation, I mean the figure, the figure emerges, so I think, if I understand the question about the model of domains does not support the figure formation, but it can support my understanding of what happens?

**S:** Does it support your awareness of finding a figure?

**T5:** That's a good question. I haven't thought about the GMoD in this way, and I want to chew on that for a while. What I've been thinking, yes, I'm not sure and I like your question. The way it's formulated did create a misunderstanding in me.

**S:** Ok, so let's look at it again. Because, really ... T6 said yes at once, what did you say yes to then?

**T6:** If it's that word, what is it again ... ?

**S:** Formulation.

**T6:** Yes, I say yes to that, formulation. I think it's to formulate, to become aware of what's figural here.

**T5:** Ok, sorry, is it formulation twice, because I thought?

**S:** Figure formation and formulation.

**T6:** So, formation I do agree ... it's ...

**T5:** So language-wise, no, because the domains don't support the figure formation, but they support my understanding of what the figure is.

**S:** Yes, but something becomes clear to you, this is something about what becomes figural?

**T6:** Mmmm

**S:** It emerges in and of the situation?

**T5:** Yes, but they're not emerging from the domains. It emerges in and of the situation and the domains help me to understand.

**S:** Yes, and this is exactly the question.

**T5:** No, not really.

**S:** No, this is where you're coming in ...

**All:** (*laughs*).

**T5:** I totally agree.

**S:** At the onset I wrote a Gestalt Model of Domains to Couples Work, and then Christine Stevens says that you can't say that. It's really finely nuanced and to write in another language so what you're pointing out (*T5 is a native American-English speaker*), this has passed through, to say it in this way, even with Christine, but there's something you misunderstand, and it's really important to me.

**T5:** Because figure formation, if something supports the figure formation it supports the figure that emerges, but if something supports my awareness of the figures, that's something else, and that's not what's there.

**S:** No, because here it might sound like it's the GMod that creates the figure.

**T5:** Yepp.

**S:** And that's not the intention.

**T6:** No, I agree with you T5.

**S:** Because it's supposed to be something that can support you in finding a figure.

**T5:** (*raises her left arm*) Then I say Yeeeeessss! (*laughing*)

**S:** And when we're finding a figure, we're creating a "working hypothesis", if we use awareness on awareness, the meta-perspective on the co-created relationship. This is what Daan [van Baalen) says in that we need to have a working hypothesis. Oi, (*noticing that T6 is getting up from her chair*).

**T6:** Yes, I need to move and sit over here.

**S:** We're soon finished, do you want another chair?

**T6:** No, I'm ok over here.

**S:** We have like two more minutes. I'm really attentive to the analysis that happens after we've finished the session, when you're analysing the situation, like we use the GDF from Daan, it's not a recipe for the next session. This is something you addressed T6 when you became discouraged in the next session with the couple who were back to "scratch", in the next session you have a "beginners mind", the working hypothesis will be that this has happened once (*arm indicates the infinity movement*), it's there, as a potential, but they're starting with the similar interlocking pattern.

**T2:** With my couple, for instance, even though she understood how she nags, she doesn't want to use it.

**S:** She does it to the best of her ability.

**T2:** Even that she has been soft for three seconds, she's determined that if he doesn't quit doing such and such.

**S:** This is how they trigger the relationship again.

**T5:** Then something is activated.

**S:** It's the best they're capable of doing in this situation and relation, and then you know about another way of being, but they don't own it yet. I will say that I've personally been on a long journey in that to be able to unlock and what I realise is that we no longer co-create the negative, interlocking co-creation; it's like it's by-gones. In that unlocking, it's a really different way of co-creation. It doesn't mean that we don't trigger anymore, but it's not the same noise anymore. I recognise what you describe that there may be glimpses and then we're back in the co-creation in the negative pattern. I write about this from Clülow, who wrote about the interlocking, people can live like this throughout their lives and really re-traumatise one another within the couple.

**T5:** Like the one where it wasn't really ok, but who contributed anyway, playing with the children, and she was really bothered about this beforehand every time.

**S:** Imagine that ...



**T5:** That was an interlocking pattern that exploded ...

**S:** And the potential, the felt sense, to explore that.

**T5:** Yes, then I learned, I just say it again, it was like this big light bulb that went on (*hand moving in front of her belly*), trust what you feel ...

**S:** This is exactly what T4 is saying.

**T5:** Yes ...

**S:** Yes ... ok... I want us to do it the way we do it ... Checking out ... I just have to double check again, I think I've checked my list as well as I can ... and I really would have liked to explore even more on the fourth question, but we can't cover everything, no ... so before we celebrate ...

**T5:** I just feel like saying in my checking out how immensely useful the supervision sessions have been! I got so much. Thank you very much!

**S:** (*Hand to heart, moved*).

**T5:** I've learned so much.

**S:** And so did I. Is this what you're checking out with?

**T5:** Hmmm ... That was my checking out. It feels like now I can land after saying that.

**T2:** I think that we are so different and that you're so interested in that, us as therapists, how we do it and that's really exciting. That takes away somehow some of the performance anxiety, have I done it correctly, am I wrong, but you're interested in the difference, and the last question where the two of you had a small discussion about how to understand and I think that's really the key question. I feel that I suddenly started to think that you should have done an in-depth interview with each one of us, because then you would probably have gotten the confirmation that the GMod really supports, now I started to move into the next project! That's typical me.

**S:** That's something I could take note of for a post doc, because there's been something about this project that has been so immense, I thought that it would be about my own personal journey, and then narrow, narrow, narrow.

**T2:** And I thought it would be like, I'll check out with that, if I did it correctly and this is not at all what it's been like. That's what I want to check out with really.

**S:** Hmm ... And I really would have wanted the in-depth interviews and I appreciate you addressing this, it says something about the limitations of the project that I have had to adhere to.

**T2:** That's life, yes ...

**S:** And that inspires.

**T3:** I sit here feeling a huge smile inside of me and gratitude for having been a part of this together with you. It's been so inspiring and supportive and I've learned hearing you all in different ways how it's been, how it's hit you and your experiences. So thank you so much for all the sharing, that's been great, I have the feeling of fullness.

**T4:** With regard to differences, everything has been really meaningful, but in that you put back to us that we're so different, and then I feel supported in that I can continue to be me, and that that's good enough. So this as well as the supervision allows me to admit that I really enjoy it. I also feel humble in that there's a lot that I don't know, and that it's enough support to be able to continue and not to give in, because I can be me in this really demanding therapeutic field with a lot of support in the GMoD and no more Cape Cod. I'm really grateful for that, and it opens up a lot of potential.

**T6:** I'll continue. I'm also very grateful and full, and I've found it very exciting to hear all of your experiences and thoughts about this. I'm also interested in the differences, I sit a little back because I have a bad back, but I'm interested in the differences, and I feel supported in being different, and maybe I can be even more different, maybe I can be even more of me and that I find very inspiring. Also when you were showing a little, T1, how we are different I feel that we are different and it's so nice. I'm also really looking forward to reading what you're writing ...

**S:** Oh ...

**T6:** I think it's theoretically really interesting and I appreciate on behalf of the profession that you created this model and that you're doing this, it's really important. I believe it will help so many couples. I'm really glad to be here. I'm touched here (hand to heart), I feel bubbly.

**S:** I do as well.

**T1:** I also feel very filled up, what did I sit with right now, I just felt that from the moment we sat down until now, I've been extremely curious, and it became obvious to me what a journey this has been. From the first time we were gathered here until today. The safety I've experienced in supervision, that has been really essential for me. I appreciated you addressing that T5, it's been so useful. I was also thinking when the post-graduate training is starting, will I apply to it. I also could feel a lot of shame, then I know that I need to say something about it.

It's like, now S is going to analyse, now I will become visible, now I'll be revealed, this is happening with me. Ok, then I'm aware of well there you're my companion.

**S:** Do you need anything, to check something out?

**T1:** To check something out ...

**S:** It's very good that you can say it, I think.

**T1:** I think there's something that triggered it, concretely, it's nice that you just asked. You said something about in supervision and that you would extract something, ahh, now she's going to listen to the recordings and then I was wrong and then it started (illustrating the roundabout in her head). That happened with me.

**S:** I'm going to look at the supervision sessions that we've done together, that's what I shared starting this afternoon, how fascinated I became when I started. I think about a book I have by Polster, *Every Person's Life is Worth a Novel*, and I'm touched, because this is what I'm fortunate to be a part of each one of your supervisions it's like this unfolds in all its beauty, is what I think, and this is something that has really touched me, although you're all doing it differently, it's still the beauty, that I'm a part of. And out of this there will be the analysis in a computer program that will code, what belongs where, so I'm not really certain what will come out of this as of now. Then there's, like T3 talked about, I need to show it applied, this is what I'll use to illustrate the GMod from the supervision sessions. You will all be anonymised, but I guess you'll recognise yourselves when you're reading it. Does this frighten you?

**T1:** A little and I can deal with it. These are my issues.

**S:** Yes, but it also happens here.

**T1:** I know that if I'm not going to be fixed in shame, there's something about sharing.

**S:** I was fixed in shame when I started with group therapy groups, every time I locked up after the sessions, I still can be shameful teaching for instance, when I know, what has been brought to my awareness as an emergent theme, that I as a matter of fact am doing the best as a teacher, when I succeed in putting it back onto the group, is where I feel most shame. When the group exists independently of me, then I'm the excess, I'm not "good" enough, whereas this is when I'm actually competent, but then shame emerges. But just to be aware of it has really been a development for me.

**T1:** This is what I acknowledged when I felt really proud previously, that we are so different and my way might also be a good way, when I got in touch with that, then shame emerged. To be proud is soooo difficult for me.

**S:** Right ... yes ...

**T1:** Now it became more nuanced and it feels really right.

**S:** There's something about embracing shame instead of being caught by it, is something I say, which is what you're really doing right now.

**T1:** Yes.

**T2:** I like so much what you're sharing, I've been there so often, and I feel ohhh, I recognise and to me it's not like that anymore. I feel my mind like Teflon, I think that it's not like that anymore, then I get another round again, but right now it's not like that and I appreciate your sharing, because I've been so retroflective, in groups particularly, always. Here it's not like that.

**S:** For you.

**T2:** For me, right now, and you remind me of that, and that makes me happy. I get happy for me.

**S:** I feel (*acknowledging the whole group*) I will say what I was going to say later, I don't think this is the last time we'll see each other (*laughing*), and won't say more right now as I was thinking this morning to keep my mouth shut, ihhh, don't say anything ... don't say anything ... let this land ... (*showing the final contact phase*) ... in for the summer.

**All:** (*laughing loudly*) ...

**T5:** There's a lot you can say (*copying the keeping the mouth shut movement*) ...

**S:** (*laughing*) Now it's done ... a big piece of work, also on your part. I'll just say that I'm incredibly grateful that you all wanted to participate, just imagine everyone who attended module two of the workshop wanted to participate. It's us, the guinea pigs, that we have to call all of us, so that I'm grateful for. I think I've shared once how I was going home, downhill, when I did, I checked on my life situation, do you remember, and there was one thing that I would want to change in my life and that was that I haven't had enough champagne, so today it's not sparkling wine, it's the real thing, because I believe we're worth it!



Frø: Jean Marie Robine

Emne: Re: Re, Request for Academic Consultant.

Dato: 19. april 2020 10:52:38 CEST

Til: Vibeke Vines

Research Journal

Hi Vibeke,

I had a quick look on your pages and mostly on the theoretical dimensions of your presentation. I am impressed by the methodology of your research. I am not so familiar with such academic way of writing!

On a theoretical level, I feel uncomfortable with 2 or 3 concepts you use:

- Phenomenology. You use this concept the way many American gestalt-therapists use it, which has very little to do with what phenomenology is. Phenomenology does not mean « lived experience » or « description of our sensations or feelings ». See many papers of Dan Bloom, Michael Miller, Sylvia Crocker, or some others, even Peter Philippson from GB or Jacques Blaize, Patrick Colin in France.

- Co-created field. Of course, I know that GT has not a monopoly in this concept of field which is used in hundreds of meanings and contexts. But in GT, the concept of field such as introduced by our founders is « organism-environment field ». You and me cannot create such a field because in our meeting, in my experience I will always be 'organism' and you will be part of my 'environment' (and vice-versa, of course, in your experience). So... what could be common or co-created? What is co-created is **the situation**. See PIKJ or my writings about these themes in my book 'Social change begins with two'

- Domains. Maybe because I have read too quickly but I did not see what you mean with this concept. Is it in the same meaning as Margherita Spagnuolo? With the same contents? Have a nice time, as much as possible in our difficult context...

Jean-Marie

I was pleased to have such a spontaneous feedback and certainly that these points were not described in a detailed discussion in the Learning Agreement, so I wrote back saying how I was happy to have him as my Academic Consultant and that this was more of a draft towards theory formulation that I was going to embark on and that he would receive the research theoretical proposal in the end of the summer. I did send it beginning of July and received his feedback.

*17. aug. 2020 kl. 06:20 skrev Jean-Marie ROBINE*

*I finished a first reading in depth of your draft.*

*As a gestalt-therapist, I am a little bit frustrated not to see much references nor much uses of our theory and methodology in your descriptions and analysis.*

*As I told you previously, I miss some keys for understanding your project. These keys should give the reader a direction of meaning allowing to place the many elements and information that you bring to us. Thus, these elements could get much more strength if they were more clearly contextualised.*

*Your topic of 'domains' is your starting point, not your 'finish line'. don't forget that!*

*I do hope that my comments, somehow confronting or challenging, could be helpful and not discouraging I feel sure, from what I have read, that you can 'model' something creative using the same 'clay'.*

*Jean-Marie*

In receiving this mail with the enclosed document with not that many comments, however the few that were there I perceived as daunting, my first impulse, the id of the situation (PHG xx) was: "I have to rewrite it all!". Then I did put it away as I was busy preparing for teaching and workshops in couple therapy based on the process model, the method, for Gestalt therapists. I had to let the feedback simmer and not act on my immediate impulse. In the essays DPY 4 Reflective Learning (Appendix ) and DPY Professional Knowledge Seminars (Appendix ) I describe how my relational story, traumas and creative adjustments, continues to impact me in the here and now, being easily attuned towards others and neglecting my own needs, I go to a horizontal attunement, in confluence. It is in the id function of self, however, with a long story of psychotherapeutic process I know my creative adjustments and how to be better able to take care of myself, finding my verticality, differentiation. In the first impulse of "rewriting all", my immediate response was to yielding into, giving into the opinions of the "significant other", Mr. Robine.

By putting the feedback away, I spent time to find the verticality "I". I discussed the feedback relating to field in particular with some of my colleagues, who are senior practitioners, teachers at the NGI. Gradually I could find more of a differentiated position to his feedback into which I will turn to as part of a theoretical analysis of some important concepts.

Emne: Your thesis/ part 1

Dato: torsdag 11. november 2021 20:17:57 sentraleuropeisk normaltid

Fra: Jean-Marie ROBINE

Til: VISNES Vibeke

Dear Vibeke,

Here is a first part of comments about your pages 13-23.

I feel comfortable with the way you establish a background for the forthcoming ideas.

Only a few details below :

We are participating in a field. (p. 16, last but one line)

When you use such a wording, field become an entity distinct from the "we". For me it would be better to write : "we are participating in a situation", or "we are participating in a given environment"

I like very much the quotation from Merleau-Ponty p. 17

About Wheeler's ground and his "structure of the ground". (pp. 18 ff)

Although Gordon was one of my best friend since the late seventies, I always had conflict with - like many colleagues - about his ideas about ground. In his approach, ground becomes an entity while I am those who consider that ground exists in connection to a figure. There is no figure without a ground and without figure there is no ground. Except if you decide to consider that "ground" is synonymous to "body" for instance... And how to study the "structure of ground" ? To do so, you have to make the ground becoming figure... and thus it is no more ground.

I remember in our conversations when he published his book that he was criticising the gestalt-therapists too much focused on the figure, that's why he wanted to enlarge the focus to the ground. But I think that GT has not to focus on figure nor on ground, but only on the relationship figure-ground...

The word "functions of contact" is ambiguous

Seeing, hearing, touching are ways the contact can function...

I think that we must not consider the "between" and the "contact-boundary", as equivalent (and I think that I could have confused these 2 sometimes, sorry!)

The between could appear as a kind of entity, or reality, which belongs to both partners, or almost existing independently from both partners (sometimes spoken as "third pole")

while contact-boundary is mostly an experience of what happens for a given organism in contact with his/her environment

I agree with you disagreement with some thesis of the Italian Schools of GT but I need to read more about the critic that you announce in pages 21-22 which are too much "short" for me to be sure how I disagree or agree...

"To be continued" ... asap !

Jean-Marie



Emne: your thesis

Dato: onsdag 1. desember 2021 16:42:17 sentraleuropeisk normaltid

Fra: Jean-Marie ROBINE

Til: VISNES Vibeke

Dear Vibeke,

Excuse me for the delay in reading what you had sent me/ I was very busy in leading groups abroad and not very much available, and when back home (and even now) I am in huge pain with unknown diagnosis up to now and under the influence of strong analgesics.

However, little by little, I could read your pp. 43-101.

I had difficulties to follow the supervision verbatim because I often was lost about "who was speaking" via the many-voices of the therapist.

But I liked most of your comments and analysis.

Most of my reluctances are linked to the concept of domains (and of self) inspired by Stern and introjected by our Italian colleagues, but since you place it as a major tool of your theorisation, analysis and practice, of course I prefer to respect your choice and try to enter into your world...

a few details :

pp. 86 ff.

when you write about creative adjustment, important not to forget that when PHG created this concept, it was because at that time, a common attack to therapy was that it was working too much on the level of "adjustment", i.e. adaptation of the individual to his/her environment. Of course they recognized that without any adjustment, one cannot survive nor one g-has to accept to be transformed by the influence of our environment, but by the same token, we have to be transformative of our world, i.e. creative and not only conservative. "Creative" meaning able to invent solutions in front of novelties and/or able of new responses in well know situations or patterns.

In the same page you mention the thesis of Wheeler rejecting the concept of resistance. I often had the opportunity to discuss this with Gordon in the early nineties : in the Cleveland school - where he was embedded - resistance was the "family name" for introjection, projection etc...(which could be the best forms available for contacting) a mistake highly spread e.g. by the Polster's (who recognized later on rthat it was a mistake). So when Gordon wants not to use this concept, it means with that content...

However if we define resistance as an answer 'NO' in front of the anxiety created by growth experienced as a threat. So, to "analyse resistance" can be a consistent pupose for psychotherapy...

On page 93, when Beaumont speaks of "fragile self" (I don't know his book), he probably uses the concept of self in the common sense - closer to the "personality function" of GT or of the Ego of some psychoanalytic theories.

On page 94 (last but one line) the sub title of PHG is Excitement and Growth in the Human Personality, not "Human Potential".

Best wishes to go on...

Warmly

Jean-Marie

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## 2. supervision

### 2GMoD

2Therapeutic Relationship and ...

2Co-Creation

2Intimacy and Autonomy

2Values and Id...

## 1. Supervision

### GMoD

Therapeutic Relationship ...

Co-Creation

Intim...

## Therapist

Reflections

Qualities

Process

**The Researcher:**

Reflexivity and Transparency

Embodied Relational

Gestalt Approach

Phenomenological Attitude

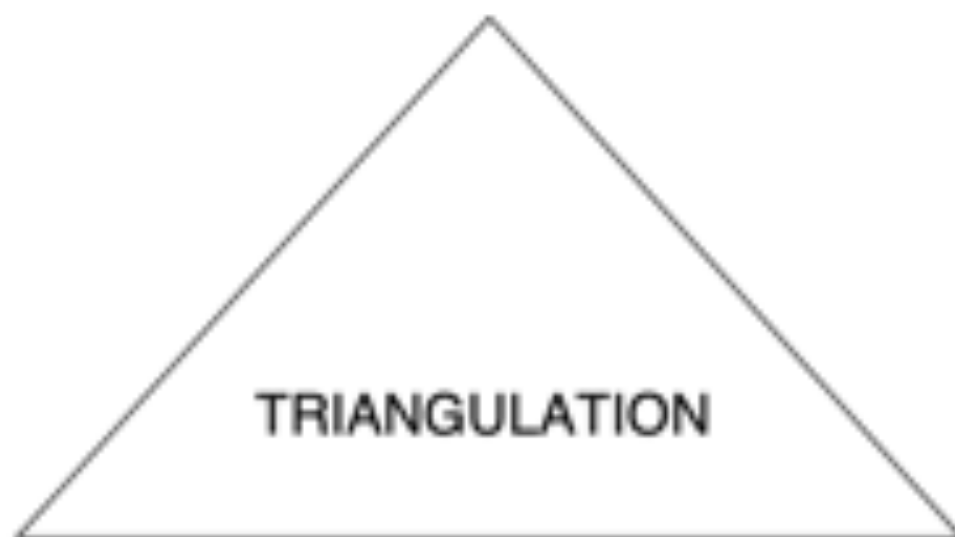
**Method and Data Collection:**

Academic Consultant

Critical Friends

Six Therapists

Supervision/ 12 Case Studies



**Theory- building:**

Academic Consultant

Two Critical Friends

Six Therapists

Focus Group Dialogue

**Advanced Training Program in Clinical Couple's Therapy at the Norwegian Gestalt Institute – an outline**

1 year program comprising of 4 modules of training as well as 4 supervisions in between.

1. Session – September  
The therapeutic relationship and the Relational Process Model (RMP)  
  
Supervision in October
2. Session – November  
Gestalt Model of Phenomena in Couple's Work (GMoD)  
  
Supervision in November/December
3. Session – January/February  
Attachment Theory and Developmental Somatic Psychotherapy (DSP)  
Co-created Relationship and Interlocking Pattern, Intimacy and Autonomy  
  
Supervision in February/March
4. Session – March/April  
The Wider Field – Identity and Values in the GMoD  
  
Supervision in April/May

Vibeke Visnes

## **THE VERTICAL "I"**

*Finding My Voice in Research*

A Tribute to the Doctoral Journey

Essay

## **Professional Knowledge (PK) Seminars and the Structure of my Doctoral Journey:**

**Year 1 2013/2014:** 6<sup>th</sup> December, 2013:

PK Seminars Introduction Seminar with Dr. Marie Adams

**Year 2: 2014/2015:**

1. 12<sup>th</sup> December, 2014. "*Reflexive Writing for Academic and Professional Development. The Memory Work Method*"

PK Seminar with Dr. Mona Livholts

2. 8<sup>th</sup>, May, 2015: "*Mapping Phenomenological Research Methodologies*"

PK Seminar/Masterclass with Dr. Linda Finlay

**Year 3: 2015/2016**

3. 11<sup>th</sup> December, 2015: "*Critical Thinking*"

PK Seminar/Masterclass with Prof. Colin Feltham

4. 20<sup>th</sup> May, 2016: "*Creativity in Academic Writing*"

PK Seminar with Dr. Marie Adams & Dr. Sofie Bager-Charleson

**2016 – 2018**

Leave of Absence

**Year 4: 2018/2019** New Academic Adviser, Dr. Christine Stevens

**Year 5: 2019/2020** January 2020: Learning Agreement

5. 16<sup>th</sup> October 2020: "*Mental Imagery*"

PK Seminar with Dr. Val Thomas

12<sup>th</sup> June 2020: PK Review Seminar with Dr. Rupert King

**Year 6: 2020/2021**

21<sup>st</sup> February 2021: Research Academy

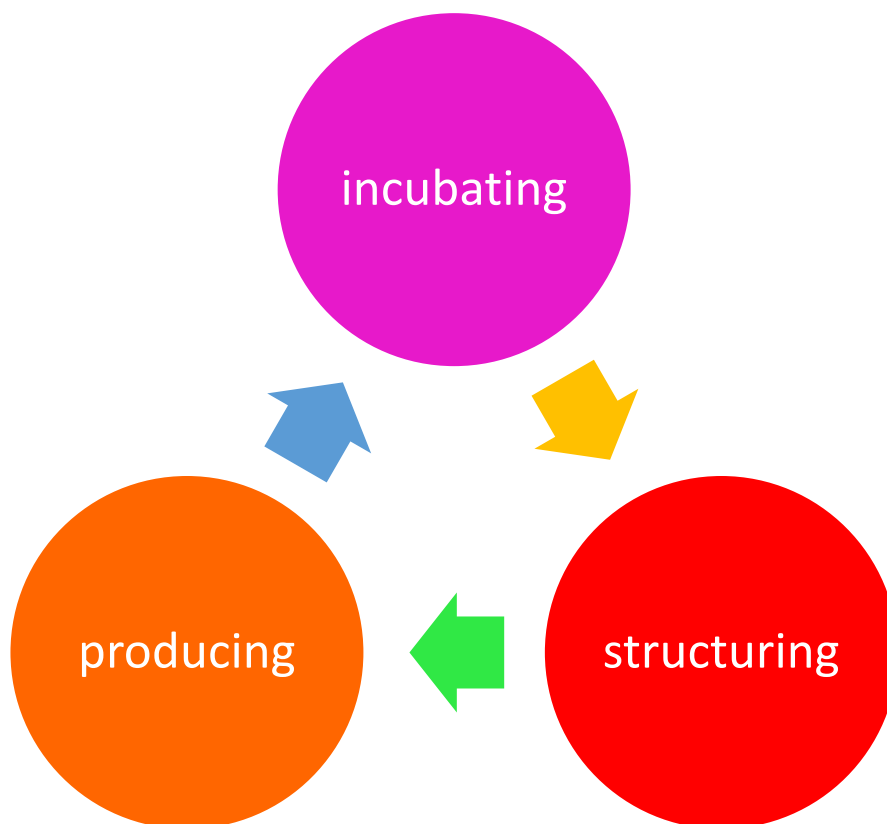
6. 11<sup>th</sup> June 2021: "*Arts-based Research*"

PK Seminar with Dr. Vicky Karkou

**THE VERTICAL “I”. FINDING MY VOICE IN RESEARCH.**

In the last of the PK seminars, on Arts-based Research, I collaborated with two peers in a small-scale research project using Artistic Inquiry. We were instructed to notice our bodily response to the research question “What is your relationship with research?” to find a movement for the response and to do a drawing. In the small group session that followed we were to look for similarities or differences between the drawings and create a new expression that would capture the essence of the total experience. As we looked at our drawings it became evident that they were each very different. However, as we delved into the experience, we found that we were in different stages of our research process, and we ended up with this model that illustrates our different stages of the doctoral journey.

## Our Doctoral Journey



*Figure 1: Our Doctoral Journey (Dieger, Dempsey & Visnes, 2021).*

The experience of doing this small experiment and sharing the experience in the group gave us great pleasure and, for me, it carried with it an acknowledgement of where I currently am in my research journey - the producing stage - and how much I have learned in the years that have passed since I started in 2013. In this essay I am going to reflect on that learning in light of the Professional Knowledge Seminars (PK Seminars) I have attended. It is a tribute to the doctoral journey, in which I am developing a theory-building case study within a phenomenological, Gestalt methodology (Perls, Hefferline & Goodman, 1951) in order to create a “Gestalt Model of Domains in Couples Work”.

An important theory in my doctoral project is “Developmental Somatic Psychotherapy” by Frank (2001, & Le Barre, 2011, in Robine 2016). It is about how movement is the first language. It is not pre-verbal, but a language in and of itself. It describes how babies form in their environment, beginning at the horizontal dimension in which they are scanning the environment and being horizontally nursed by their mothers and then developing to a vertical dimension when they are standing up, differentiating themselves, setting boundaries and acknowledging their own needs, in the vertical to a sagittal forward of reaching for the other. Movements are formed in the first year of our lives but continue to live in our adult bodies. The title of this essay refers to how I have worked through the doctoral journey towards an authority as a researcher and senior practitioner, in the vertical “I”. This has been a demanding task due to the complexity of the research process itself. However, I think that my creative horizontal adjustment to the needs of others has impacted me in many different ways throughout my doctoral journey. This essay explores how I have grown into my verticality, finding clarity and the implicit authority of a senior practitioner and researcher and how I hold in high regard the importance of dynamic movements using the range of possibilities within each of the relational dimensions.



***Year 1: 2013/2014***

The introduction to the PK seminars raised my awareness of how to reflect on knowing, competence and professionalism. This was facilitated through Dr. Adams' questions: "What do you "know"?" and "How have you come to "know" it?" as well as her differentiation of "Professional Development vs and/or Professional Knowledge". I include these reflections because they have been important in my research journey and they reflect the topic of this essay: the difficulty I have had recognizing myself as a senior practitioner and researcher. At first I did not feel like one. What I experienced in the first year of the doctoral program and in "The Research Challenges" module was far from knowledge, I felt overwhelmed and dizzy. There was so much information to assimilate and I was also working full-time to provide for a large family and earn money for fees and travel. Our peer group did not work together well, so there was little support. I experienced the journey as a lonely enterprise and at the same time I was inspired by the Module Leaders and the content of the program.

I tried to digest the learning and simultaneously work on my research ideas. In supervision my academic advisor du Plock exclaimed ; "Usually, I have to work to get the students to open up, but with you I have to keep drawing you in and I wonder: How does it feel?" This comment points to a horizontal movement, I was like a seismograph scanning the environment, from which you get impulses, are informed and create ideas (Csikszentmihalyi, 1996; May, 1975). This is a creative capacity that I hold in high regard and consider necessary for a researcher not to be "stuck" with one's own ideas. The challenge for me was to move to the vertical and differentiate, arriving at a place at which I could select and narrow my field of interest and attention and to trust my own capacities.

I now return to the experience of the Artistic Inquiry and my discussion with my fellow peers who were in different stages of the process than me; one was at the outset of their journey (incubation stage) and another was preparing for the PEP-project (structure stage). When they shared their experiences and feelings emerging from the processes, I recognized the phases from my own journey. I too felt overwhelmed and dizzy at the outset full of ideas and overloaded with information in the incubation phase in the horizontal movement, then finding a structure in the Learning Agreement: in the vertical. When we shared our experiences, it felt reassuring and healing to see I was not alone in my experience, my shortcomings. Their movements resonated with my journey from self-absorption in the first years of study. Eventually I had to protect myself and the amount of input I received in order to maneuver in

the flow of information I was getting. We agreed that the program is tightly scheduled. I think it would have benefitted from being spread out over two years to allow participants to process the information alongside the research design itself. This is the critical, vertical "I". I realize there are peers who have much more experience in research and progress through the program much faster than I have done. I have maximized the amount of time available and I believe the project has benefitted from that. I am not that immersed in the topic of couples therapy itself, rather the research hypothesis draws on my personal experiences in what is described as a heuristic inquiry process by Moustakas (1990).

In the second year of the program, I switched from doing a Practice Evaluation Project (PEP) to a Recognition and Accreditation of Learning (RAL)7, due to the scope of my project. In the first submission, Reflective Professional and Personal Learning (RPPL), I received positive feedback, whereas in the RAL7 I struggled to find my verticality as a senior practitioner. Even though I was well qualified and knew that intellectually, I did not embody it. In my relational story this had serious consequences when I expressed my own needs. I was shamed and abandoned. As such, producing the RAL 7 was a new facet of trauma work. In the RPPL I drew on much of what I already knew from personal work in therapy, but in the RAL 7 new consequence of the relational abuse emerged and it took great effort to write to meet the criteria. In the process I realized my growing edge and what is important to my vertical self, that I hold the authority with a humanistic, relational and dialogical attitude. This is precious to me as it aligns with the Gestalt methodology, defined by Buber as I-Thou (1923/1992).

### *Year 2: 2014/2015*

#### **1. December 12<sup>th</sup>, 2014: PK Seminar (1) with Dr. Mona Livholts. "Reflexive Writing for Academic and Professional Development. The Memory Work Method"**

My tacit sense in the first of the PK seminars was that this was something that I knew something about. The focus on reflexivity was an important aspect of why I chose to follow the doctoral program at Metanoia in itself. The PK seminar expanded on and introduced another aspect that had been important to me implicitly but was now explicitly formulated: "Feminist writing" (Livholts, 2012). The purpose of writing close to experience is precious to me, Livholts brought poetic examples of her own publications and the methodology relates

well to heuristic and phenomenological writing. There are methods to access writing experientially and in the memory work we explored this method of “shaping perceptions”. The seminar nourished the embodied knowledge, going from a tacit sense to conscious knowing. I felt encouraged to experience this creative form in the academic environment, it has continued to be important in my thesis and the PK Seminar fed the vertical “I”, my knowledge of writing for academic purposes.

## **2. May 8<sup>th</sup>, 2015: Professional Knowledge Seminar/Masterclass (2) with Dr. Linda Finlay: “Mapping Phenomenological Research Methodologies”**

As previously described, I struggled in the research challenges module. In June 2014 we were supposed to celebrate the end of the first year and the formal teaching in the program with the “Festival of Research Proposal”. It was not a festival for me as I found it challenging to find a research design to fit my project! At the time I was considering whether to employ Heuristic Inquiry (Moustakas, 1990), however I felt the program leader was reluctant to embrace this idea. In retrospect I might question whether I was too sensitive to his response and horizontally attuned. Eventually, the research design took a different path. The heuristic inquiry was included, but not as the methodology in itself. I had to read about a large number of methodologies before I was able to narrow down the project and find what felt right for a Gestalt therapy project; phenomenological research.

Dr. Finlay’s PK Seminar confirmed that my choice of a phenomenological methodology was suitable. I was introduced to nuances of phenomenology previously unknown to me. Even though I am phenomenologically trained, a dawning awareness of my training’s lack of depth emerged and inspired an interest in different phenomenological methodologies. Dr. Finlay’s papers and books continue to be a major inspiration in exploring and implementing a hermeneutic, relational methodology (Finlay, 2008, 2009, 2011, 2012; Finlay & Evans, 2009; Finlay & Gough, 2003) and is of great importance to my research design and theoretical discussion.

***Year 3: 2015/2016*****11<sup>th</sup> December 2015: Professional Knowledge Seminar/Masterclass (3) with Emeritus Professor Colin Feltham: “Critical Thinking”**

The PK Seminar on Critical Thinking increased my awareness of the manner in which people employ critical thinking as an academic practice in the psychotherapeutic field within a historical, theoretical context. In my post-graduate training, I enjoyed a module on group process in which criticism became the figural phenomenon, and in which I learned to appreciate the critical “I”. I became aware of how critical I can be, previously I had not “owned” in the sense of “embodied” that aspect of myself. “When you become aware of what is, then you can choose” is an important methodological perspective formulated in Beisser’s “paradoxical theory of change” (1970) in Gestalt theory and, through this post-graduate training, I was able to bring the critical “I” to my verticality. The critical “me“ has been a major force in my development as a researcher, driven by my curiosity to find out more about what I have experienced as missing links and the critical examination of the existing literature and professional psychotherapeutic practices.

The PK seminar itself has stayed with me in a curious manner, as this seminar was the only experience I had at Metanoia Institute in which I did not feel inspired. The group was quiet, and we did not engage in the vivacious discussions I usually enjoyed. As I look through the presentation again, I notice that it is packed with information. I remember the Emeritus Professor’s long list of publications and achievements were presented, and I cannot help but wondering if he was not that engaged himself?

I dislike what I now feel to be like “back-stabbing”, in that I was unable to address this lack of inspiration there and then and take the responsibility to engage more. Reflecting on the Learning Outcomes (the criteria for this paper) and considering the ethics in a power-balance and how to cultivate authority brings me to thoughts of Buber, the I -Thou and the teacher-student relationship. I have cherished the atmosphere at Metanoia Institute, where I find the issues of power is balanced. When I consider Professor Emeritus Feltham’s age as well as how the issues of power has changed over time, I see now that the professor-student position was played out in the seminar as Feltham gave a lecture and we were unable to engage in a discussion.

In the PK Seminar on Arts-based Research, Professor Karkou defined this as a new paradigm in research and presented a different perspective on validity in research: trustworthiness. This perspective helped me better appreciate the criteria of this PK Review paper itself, aspects of which, such as critiquing the PK Seminars and the requested academic form, I have found difficult. In phenomenology, the methodology on which I draw and in which I position myself as a practitioner, a basic skill is to look at the unfolding experience itself in a non-judgmental position, to stay open to what is and employ a dialogical approach. I am most interested in the tacit sense, the resonance of experiences and how we take form. Trustworthiness could be defined as the balance of the Aristotelian ethos, pathos and logos (2018), significantly different from the often-hierarchical definition of authority in academia where validity is something to “argue”, in contrast to a trustworthy dialogue. In this respect I have experienced Metanoia Institute as a cutting-edge institution. I believe that the reflections on validity and trustworthiness add an important quality to how we practice and cultivate “critical thinking” as an academic virtue and how we need to be ethically aware of holding power and grade authority in our profession. This is now implemented in my thesis where trustworthiness is built throughout instead of arguing the findings at the end.

### **20<sup>th</sup> May 2016: Professional Knowledge Seminar (4) with Dr. Marie Adams & Dr. Sofie Bager-Charleson: Creativity in Academic Writing”**

Having “tracked” down” my alley of phenomenological research, many PK seminars topics seemed interesting, however, to hold on to my thoughts, I needed to balance the input and output, create and write out. I chose another PK Seminar that offered more of what I already knew, creativity in writing. However, the PK Seminar turned out to be more of the writing process itself, the different stages in writing.

I was encourage in the PK Seminar to learn about the tedious process research is and particularly by Adams self disclosure of how many drafts she produced before publications. I continue to find it a challenge to write close to experience, to keep a tight structure and the I-Thou perspective. I have to go through many drafts to find the balance of ethos, patos and logos. What also complicates the process is that English is not my mother tongue. However, every draft draws me closer to the essence of the experience, what phenomenology is about.

The PK Seminar did also address how research is a lonely enterprise and to consider how we would stop ourselves in the process and how to get support . The seminar was itself a supportive, wonderful and warm experience: I quote from my research journal: “On my way home to Oslo that Friday evening and the whole weekend I enjoyed staying with the experiences from the seminar. I was filled by a reflective, harmonious mode as during the seminar it became so evident to me why I am investing so much (in all respects) in this project.” Throughout the research process I have learned to reach out for support in the vertical and sagittal movement of contacting others for instance my critical friends and colleagues to discuss details of the theory, individual therapy in times of parallell processes, supervision or simply complain when I have struggled to grasp the complexities of the project.

In 2016 I was introduced to clairvoyant practices, of which I had previously been critical and dismissive. By coincidence I worked close with two colleagues in different psychotherapeutic projects, and I was interested in how their “spiritual” perspectives connected with an awareness of Gestalt (PHG 1951). I was curious and was invited to a reading. That experience pointed to the importance of the research project.



*Figure 2: The Akasha Library*

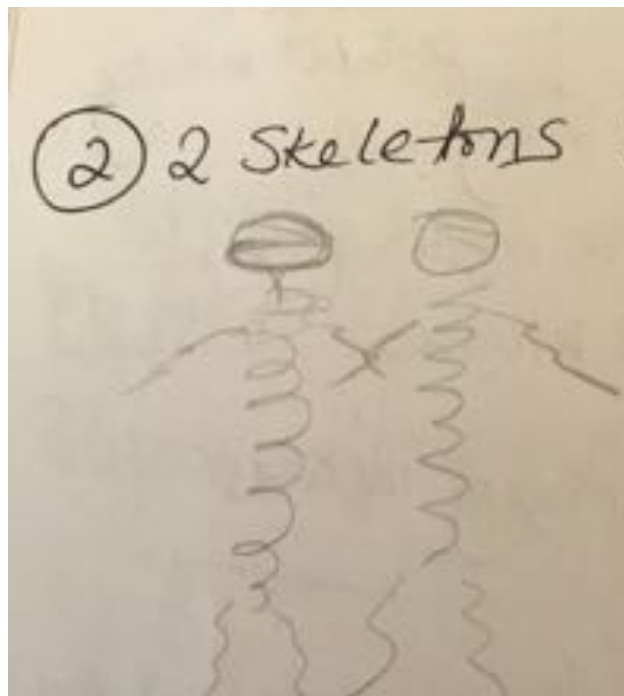
It represents **why** I embarked on the doctoral journey and continues to be a metaphor of importance. Akasha in Vedic traditions refers to the essence and being of all things in the cosmos. The possibilities of universal interests in the sharing of personal experiences touches directly on my Heuristic Inquiry process. The initial title of my project was “The Need to Belong. Relational Trauma and the Healing Potential in a Relationship” which refers to the personal experiences that I bring to the research project and that I believe is of interest to a wider field. However, I needed to narrow the project and make it into a manageable size with less focus on trauma and more on the overall structure of phenomena in couples’ relationships that is synthesized in the created model. This mental manifestation of this “inner motivation” of the project allowed me to increasingly embody the authority of “the Vertical I”.

In May 2017 I had my first experience of presenting the research project to an academic audience in an international Gestalt Research Conference. I was mobilized and prepared for a “dissection” so the positive response, warmth and encouragement I received came as a surprise. Reflecting on my relational story of experiencing much resistance, receiving such a warm welcome did astonish me and I think from there on I really knew explicitly that my research topic **is** important. The experience changed my movement from a horizontally attuned sense of others towards a vertical sense of self, where I could finally own my position as a senior practitioner and researcher.

**Year 4: 2018/2019.**

After a leave of absence from 2016 due to illness and then the loss of my father, to whom I had always been very close, I returned to Metanoia in the autumn of 2018.

This led me to another reading and surfaced visual imagery of the two “obstacles” that, I would need to pass to progress “freely” with my prospect:

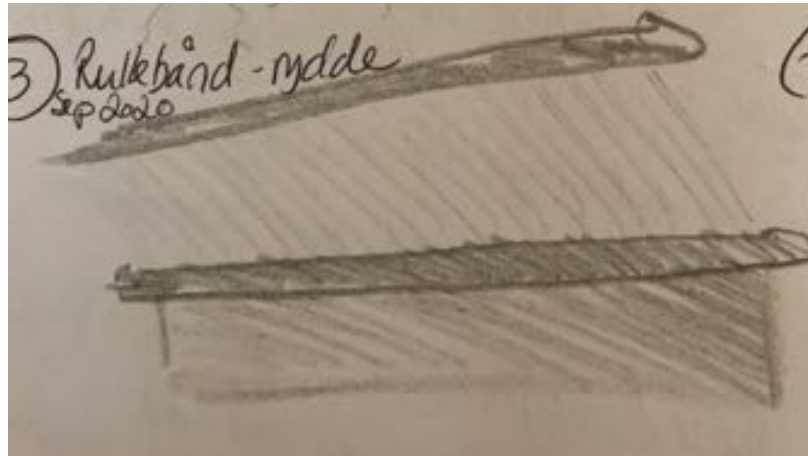


*Figure 3: 2 Skeletons, the DPY 4442 Research Challenges and DPY 4444 Learning Agreement*

**Year 5: 2019/2020**

I passed the Learning Agreement (LA) in January 2020. From then on, I was able to write with flow. It was difficult but the words were rolling out of me.





*Figure 4: The Conveyor Belt. Organizing. Producing.*

### **16<sup>th</sup> October 2020: PK Seminar (6) with Dr. Val Thomas on “Mental Imagery”**

When I received the articles I had to read before the PK Seminar, I was moved by the courage of Dr. Val Thomas and her doctoral project, which was the background to the presentation. It felt very courageous to embark on something that is attached to labels such as new-age and superstition and is far from science of the tangible. Indeed, I too used such labels prior to my experience of readings and dialogue with my colleagues! I have included my visual images, which are at the heart of what clairvoyant reading is about, in this context because they have provided important metaphors and supported me in my doctoral journey. This was also the content of the PK Seminar, visual images as metaphors and experiments that brought forth visual images of the research process in guided meditation. I recognize all of this from Gestalt therapy experiments, which involve readings from the inside out instead of another person reading. In my practice as a Gestalt therapist I experience visual images and metaphors growing in and out of the relationship between the client and myself. In this I believe Dr. Thomas' contribution was important to enhance the potential of visualisations and metaphors as an academic, reflective practice.



*Figure 4: My Practice. My Office. My Library.*

This is the drawing from the seminar itself and it represents a dream. It manifests something I long for, my space, where I can think and write in my own “creative bubble” and it points to where I see myself in the future, after the doctoral project. The small owl and the plane in the left corner were explored as the most important part of the visualization and to me they represent wisdom and international travels. When I am writing this now, I see a link to the first drawing of the Akasha Library.

## **Year 6:**

### **June 7<sup>th</sup>, 2021, Arts-based Research with Dr. Vicky Karkou**

I started this essay by introducing the outcome of an Arts-Based Inquiry process from a PK Seminar and how it inspired a meta-perspective on the research process. In the last sequence of the seminar Dr. Karkou presented products from research she had participated in, the last of which was a dance performance of depression. In the reflective space that was opened

afterwards the group was quiet, I perceived the lack of engagement to exhaustion because it was late in the afternoon. The next day, I reflected on the experience in a new light and my sense was that it was the impact of the performance itself, the depressive state, that I recognize from my own experience of depression following a second break-up. I found it inspiring to convey the feeling of something that is difficult to describe in words. This has sparked my interest in doing a post-doctoral project with a colleague who is a dancer and Gestalt therapist. We have previously discussed coming together for a project to which I will bring the Developmental Somatic Psychotherapy by Frank and she her experience from dance therapy. Now, again, being a creative person with many interests I must keep to my verticality and not move into the horizontal (merging with creative ideas) but keep the structure and keep producing in order to see the present research thesis through. I find that the last two PK Seminars have directed me to areas that I am interested in, and they both represent something courageous and refreshing.

Due to the Covid pandemic the progression of the research has faced many challenges. I was going to attend more PK Seminars as well as the Research Academy in 2020, however it was cancelled. I therefor joined the Research Academy in 2021 as Stiles was having a seminar on theory-building, the method I am drawing on (2007), what I would have benefitted from a year before when I was writing up the methodology. However, in the discussion that followed after his presentation he mentioned Grounded theory and Interpretive Phenomenological Analysis (McLeod, 2011, 2013) as methods that go well with theory-building. In this I found my self questioning his suggestions I mobilized and challenged his perspective. It resulted in an interesting dialogue between us, where I cherish his ability to be curious together with me. Afterwards I have found this to be another shift in my authority as a researcher. I recognize how research methodologies are now an embodied knowledge, what Adams addressed at the introduction to the PK Seminars. I have described the PK Seminars and significant points of developments in my research process that has shaped my knowledge and interest in research, which is a tribute to the journey and how I have found and continue to develop my voice as a researcher, the vertical, relational "I".

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**POST QUALIFICATION DOCTORATES ASSESSMENT FORM**

**Professional Knowledge Paper DPY 5547**

**Vibeke Visnes**

**Have the following Module Learning Outcomes been evidenced: Yes/No**

<b>A1 (Knowledge)</b> Ability to critique approaches to research in the field of psychotherapy and understand the philosophical and epistemological challenges in professional, practitioner led, research.	
<b>A2 (Research and Development Capability)</b> Ability to select an appropriate research focus for project work, develop a coherent research design for project work, and evidence knowledge of appropriate methods, their limitations and uses. Ability to evaluate and critique research approaches and methods in various contexts and to justify their selection in project work.	
<b>A3 (Ethical Understanding)</b> Critical understanding of ethical issues in a range of contexts.	
<b>B1 (Analysis and Synthesis)</b> Ability to reflect on, and integrate, what constitutes quality in a practitioner doctorate.	
<b>B4 (Evaluation)</b> evidence your ability to understand and critique material presented in seminars.	
<b>C1 (Awareness of Operational Context and Application of Learning)</b> Ability to make connections between the requirements of your specialist field and your proposed research project such that the project may be of significance to the professional community.	
<b>C2 (Use of Resources)</b> Capacity for identifying and engaging with the knowledge, skills, and collaborative support required to develop a substantial research project.	
<b>C3 (Communication/Presentation Skills)</b> An ability to write in an engaging and insightful manner which enables colleagues to appreciate your research design and focus.	
<b>C4 (Responsibility and Leadership)</b> Evidencing your understanding of your role as an expert practitioner and initiator of innovation in your field who is initiating a research project in collaboration with fellow professionals.	

**Assessment:**

**Assessment Outcome – Assessor to tick appropriate box**

PASS		RESUBMIT		FAIL	
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**Assessed by:**

**Date:**

# *Certificate of Attendance*



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has  
attended

*Dr Mona Livholts*  
*Professional Knowledge Seminar*  
Academic Reflexive Writing and Memory

at Metanoia Institute  
on 12<sup>th</sup> December 2014

Workshop Facilitator: *Mona Livholts*

Date: *12/12/14*

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Has attended a

**MASTERCLASS**

*Mapping Phenomenological Research  
Methodologies*

at Metanoia Institute  
on 8<sup>th</sup> May 2015

*with Dr Linda Finlay*

Workshop Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_

*8 May 2015*

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*Vibeke Visnes*

Has attended a  
**MASTERCLASS**

*Critical Thinking*

at Metanoia Institute  
on 11<sup>th</sup> December 2015

*with Professor Colin Feltham*

Workshop Facilitator:  .....

Date: 11/12/15

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this is to certify

*Vibeke Visnes*

has  
attended

**Dr Marie Adams & Dr Sofie Bager-Charleson's**

**Professional Knowledge Seminar**  
*Creativity in Academic Writing*

at Metanoia Institute  
on  
20<sup>th</sup> May 2016

Workshop Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_

Registered in England at the  
above address No. 2918329  
Registered Charity No. 1056175



# *Certificate of Attendance*

this is to certify that

***Vibeke Visnes***

has attended

**Dr Val Thomas's**

**Professional Knowledge Seminar**

*"Using Mental Imagery to Enhance Reflexive and Conceptual Processes in Research"*

at Metanoia Institute online via Zoom

on 16<sup>th</sup> October 2020

A handwritten signature in blue ink that reads 'Valene J. Thomas'. The signature is written on a light blue rectangular background.

Workshop Facilitator:

Date: 16<sup>th</sup> October 2020



# *Certificate of Attendance*

this is to certify that

*Vibeke Jansson Visnes*

has attended

Professor Vicky Karkou's

**Professional Knowledge Seminar**

**'Arts-based Research – Uses and Applications'**

at Metanoia Institute online via Zoom

on 11th June 2021

A handwritten signature in black ink, appearing to read 'Pupendrijp'.

**Workshop Facilitator:**

**Date:** 16<sup>th</sup> June 2021