
Using Psychodynamic Approaches with Voluntarily Childless Couples: A Literature Review

Counselling de divers groupes : Utilisation des approches psychodynamiques avec couples volontairement sans enfants

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ABSTRACT

Culturally sensitive psychodynamic and psychoanalytic concepts and methods are an effective means to address the unique needs of voluntarily childless (VC) couples. The discussion will describe voluntary childlessness and outline the issues of marginalization faced by this growing demographic of individuals and couples, based on a comprehensive literature review. Additionally, the discussion will outline how the inclusion of psychodynamic/psychoanalytic couple therapies, such as object relations couple therapy, will facilitate culturally sensitive therapeutic practices. Lastly, this article will describe and suggest measures that could increase professional competencies and cultural sensitivity in established and in-training counsellors and mental health professionals who intend to, or who may currently, work with VC individuals and couples.

RÉSUMÉ

Les concepts et méthodes psychodynamiques et psychanalytiques, sensibles aux différences culturelles, sont des moyens efficaces pour répondre aux besoins uniques des couples volontairement sans enfant (VSE). L'article décrit l'infécondité volontaire et recense les problèmes de marginalisation rencontrés par ce groupe démographique d'individus et de couples en croissance. En outre, la discussion décrira comment l'inclusion des thérapies de couples d'approche psychodynamique / psychanalytique, telles que la thérapie de couple de relations d'objet (ORCT), facilitera les pratiques thérapeutiques sensibles aux différences culturelles. Enfin, le présent document décrit et propose des mesures qui pourraient accroître les compétences professionnelles et la sensibilité culturelle des conseillers et des professionnels de la santé mentale en emploi et en formation qui ont l'intention ou qui travaillent actuellement avec des individus et des couples VSE.

There are many interpretations of what cultural awareness embodies. People of varying professional backgrounds will provide differing responses to the discussion of how people can demonstrate cultural awareness. In the therapeutic context, Arthur and Collins (2010) discussed the importance of cultural awareness in relation to their model of culture-infused counselling. Arthur and Collins further indicated that all people presenting for counselling have differing viewpoints, values, and cultural identifications. To address this diversity, Arthur and Collins stated, "to be effective with a broad range of diverse clientele, counsellors should

be willing to engage in continuous reflection about their cultural assumptions and their application of cultural knowledge” (2010, p. 102). Without such reflection and application of cultural knowledge, counsellors run the risk of perpetuating marginalization toward nondominant and underrepresented cultural groups in the therapeutic setting.

This discussion explores culturally sensitive therapeutic practice with one underrepresented cultural grouping: the voluntarily childless (VC). Making the cognizant and educated decision not to have children has become a trending alternative lifestyle for both single individuals and those in relationships (Gobbi, 2013; Rijken & Merz, 2014). The growing number of persons and couples deciding not to have children warrants research to address issues of marginalization of this demographic (Chancey & Dumais, 2009). A comprehensive literature review describing the decision to remain VC, the accompanying lifestyle, and the historical development of this growing demographic will provide the necessary background for exploring culturally responsive counselling practices.

The need for exploration of culturally sensitive practice with VC relationships is twofold. First, the dynamics and structure of the traditional nuclear family system are in a state of change and adaptation to the current climate of marital and reproductive choices (Moon, 2012). Therapists should ensure that their practice of relationship and family therapy also adapts to the same changes. Second, when VC individuals and VC couples present for counselling, the therapeutic relationship must be supportive and understanding of the strong moral and ideological values that VC persons have regarding their reproductive choices (Nichols, 2006). Therapists need to employ methods that are conducive to sexual, reproductive, and relationship alternatives to the traditional norm (Hudson-Allez, 2005).

Within the therapeutic context, this discussion emphasizes the significance of culturally sensitive practice and a strong working alliance, or holding environment (Arthur & Collins, 2010; Norcross & Wampold, 2011; Winnicott, 1960). These are essential factors for therapeutic success when working with all persons and cultures, inclusive of persons in VC relationships. Couples presenting for counselling have differing needs, circumstances, and cultural considerations (Arthur & Collins, 2010). The implementation of a therapeutic approach that is adaptable to the unique needs of the relationship, and the individuals within the relationship, is paramount. A culturally sensitive psychodynamic and/or psychoanalytic approach, with its emphasis on developmental and historical factors, may assist in the creation of a strong working alliance with VC couples and the individuals composing those relationships.

This article will begin with a review of the literature on voluntary childlessness and the issue of marginalization of the VC lifestyle. Next, I will review the traditional and proposed therapeutic approaches for work with VC individuals and couples. Finally, I will address the need for cultural sensitivity and competencies in therapeutic practice as well as proposed areas for future research.

VOLUNTARY CHILDLESSNESS

Over time, there have been numerous conceptualizations and definitions of VC individuals and couples. Peterson (2015) defined a VC person as someone “without biological children, who expects none in the future, and has an intention or choice not to have children” (p. 2). In her article, Peterson discussed how the decision to remain childless was once the epitome of women’s liberation and how that contention has evolved over time. The conceptualization of the VC lifestyle as indicative of freedom from traditional social and gender norms might now be less accurate, since this alternative lifestyle is becoming more apparent in North American culture (Peterson, 2015). Voluntary childlessness is a trending lifestyle choice, and the prevalence of this choice will continue to grow and gain acceptance in society (Chancey & Dumais, 2009; Graham, Hill, Taket, & Shelley, 2013; Peterson, 2015).

VC Lifestyle

Bartlett (1995) argued that persons who decide not to have children understand that parenthood is a serious commitment and should not be attempted without thorough contemplation and planning. Further, Bartlett discussed that VC persons (both male and female) recognize that parenting is not something that all people have the ability to do successfully; it requires qualities and characteristics that not all people possess. Overall, Bartlett recognized that “the ground is shifting ... motherhood is increasingly viewed as one aspect of a woman’s life, not its entirety. Given choice and opportunity, women want to extend their lives beyond the boundaries of maternity and seek new possibilities for themselves” (1995, p. xiv). Additionally, Bartlett acknowledged that even 20 years ago the traditional gender and reproductive roles of women and men were already changing. This prediction has carried forward to today; now, individually or within the context of relationships, men and women are challenging traditional reproductive and relationship norms (Nadelson, 2013).

Recently, Sun Life Financial Canada (2016) released a commercial relating to an alternative life trajectory to the traditional norm. The commercial suggested that there are now two prevalent life paths. On one life path, people choose to get married, have children, have grandchildren, and retire. The commercial then noted a secondary life option that includes not having children, getting an education, and travelling. The advertisement proposed that both life choices are valid and that both require their own financial planning. Indirectly, this ad highlights the additional reasons that VC persons may have for their decision not to have children; career aspirations, physical/personal choice, fertility issues, and overall freedom (Bartlett, 1995). Furthermore, this particular advertisement indicated financial institutions are recognizing the growth and prevalence of the VC lifestyle and are, therefore, addressing a much larger and culturally inclusive demographic (Sun Life Financial Canada, 2016).

Trends and Prevalence

Nadelson (2013) discussed that due to the significant presence and accessibility of contraception today, it is now possible for people to choose to remain childless and embrace their sexuality. Access to contraceptives helps both men and women in asserting control over their sexual and reproductive decision-making. This control has led to an interesting trend: rates of childlessness are increasing among women overall (Livingston & Cohn, 2010). According to Livingston and Cohn (2010), nearly 20% of American women enter their midlives without ever having had a child. This percentage is double the 10% of women without children in the 1970s (Livingston & Cohn, 2010). Interestingly, the authors found that although it remains most likely that women with higher education levels will remain childless, there has been an upsurge in women with lesser education joining the trend, notably “women with less than a high school diploma, whose likelihood of bearing no children rose 66% from 1994 to 2008” (Livingston & Cohn, 2010, para. 15). Although these findings were from 2008, such notable and steady increases in childlessness rates will arguably have continued to today. Since more individuals and couples are postponing or abstaining from childbearing and making use of the numerous contraceptive options, people today have the ability to plan and prepare for lives as parents or nonparents (May, 1997; Richards & Barker, 2015).

Relevant to the growing trends of the VC lifestyle is Nadelson’s (2013) finding that couples without children “either discredit the worth and value of parental roles and experience or maximize or exaggerate these, with the implication that they cannot be good parents” (p. 38). Further, Nadelson outlined that VC persons may simply favour the feelings of independence and the lack of restrictions placed upon them. This indicates that VC persons take great care and consideration in making their decision, which is perhaps a derivative of the strong convictions of VC persons today.

Shapiro (2015) conducted an extensive literature review pertaining to the VC lifestyle and arrived at a number of conclusions, particularly surrounding the gaps in research that exist in addressing both current and historical conceptualizations of, and stigma toward, the VC lifestyle. Specifically, Shapiro found that childlessness is encouraged in unindustrialized areas and among persons of low socioeconomic status in developed areas. Additionally, Shapiro found that the key benefits of childlessness include liberation, independence, and individuality. The discussion of these benefits therefore identify the individual and contextual influences for the decision to remain childless.

Lastly, Edalati and Ridzuan (2010) discussed traditional values and the impact those values have on women. The authors found that, currently, women are generally dismissing traditionalist social values relating to gender roles (Edalati & Ridzuan, 2010). This sentiment correlates with the discussion of traditional ideologies pertaining to women, marriage, and childbearing. As such, VC people and relationships are, therefore, in direct contrast to traditional social and reproductive

norms and are negatively regarded (Edalati & Ridzuan, 2010). Shapiro (2015) also highlighted the issue of stigma and negativity directed toward VC persons and the VC lifestyle altogether. Overall, Shapiro contended that such negativity toward VC persons creates the opportunity for an endeavour to break down the traditionalist viewpoint correlating adulthood with parenting.

THE ISSUE OF MARGINALIZATION

Throughout history, when individuals and groups have made the decision to go against the norm, they have faced opposition. Persons who are childless by choice experience marginalization because of their decision not to reproduce (Edalati & Ridzuan, 2010). As indicated above, many VC persons often feel they must justify their decision to remain childless. Goffman (1963/2009) discussed the concept of social stigma, which refers to a type of stigma based on “race, nation and religion ... that can be transmitted through lineages and equally contaminate all members of a family” (p. 4). This form of group stigmatization relates to Jung’s (1959/1980) notion of the collective unconscious, wherein there are levels of unconsciousness in which shared memories and experiences exist among a group of humans. It is within this realm of inherent learning that children may develop, and adults may perpetuate, the bias and discrimination that exists around them socially (Goffman, 1963/2009; Jung, 1959/1980). VC stigma exists due to an inherent cultural belief that supports the traditional notions of adulthood and thus a mandatory assumption of childbearing in adulthood (Shapiro, 2015). VC persons may therefore face stigma as a result of their (conscious or unconscious) defiance of this assumption.

VC people may feel the need to behave and communicate defensively as a result of a lack of understanding of others or because other people may demand to understand the VC persons’ reasoning for making such a decision. Childlessness has been perceived as socially unacceptable (Goffmann, 1963/2009). The inherent and unconscious belief that the definitive cornerstone of adult humanity is the bearing or presence of children precedes these incorrect assumptions (Goffman, 1963/2009).

Limits to Reproductive Freedoms

With regard to reproductive norms, VC persons face particular bias and marginalization with regard to their sexual and reproductive freedoms (May, 1997; Richards & Barker, 2015). Despite the historical fight for women’s liberation and sexual freedom, voluntarily and involuntarily childless persons today still experience limitations on their freedom of reproductive choices (Edalati & Ridzuan, 2010). Since abortion continues to be a legal concern worldwide, persons facing unwanted pregnancies continue to experience discrimination for their desire to terminate their pregnancies (Richards & Barker, 2015). This notion is applicable to the childless by choice. People experience discrimination when they decide to abort an unborn child, and they experience similar discrimination if they make

the informed decision not to reproduce. This conflicted notion strengthens the need for social justice, which Arthur, Collins, McMahon, and Marshall (2009) identified as comprising “advocacy, equality, consideration of contextual influences, self-fulfillment, equal opportunity, inclusion” (p. 26). This double standard is one example of the gaps in the literature relating to the inherent bias projected onto VC persons making use of their reproductive (or nonreproductive) rights and freedoms (Rijken & Merz, 2014).

Marginalization and Counselling

There is thus a large sociocultural misunderstanding of VC persons and couples, which may exist unconsciously among mental health professionals. Arthur, Collins, Marshall, and McMahon (2013) stated that psychological professionals must be prepared to address their own inherent biases, and this acknowledgement pertains to the social norms of adulthood when working with VC clients. Collins, Arthur, Brown, and Kennedy (2013) reported that the mental health professionals in their study argued that culture is a foundational component of all therapeutic practice. This is not to suggest that professionals consciously consider alternative lifestyles illegitimate. This sentiment refers specifically to a collective unconscious, an inherent or underlying bias that exists deep within society as a whole (Jung, 1959/1980). It is this unconscious, learned bias that helping professionals must strive to be mindful of and to address when needed (Moon, 2012; Rijken & Merz, 2014).

There are some additional gaps in research pertaining to professional and non-professional bias toward VC couples. A gap was found in the available literature that identified a lack of a modernized, positively inclusive family systems approach to couple therapy, inclusive of the VC lifestyle (Hillier, 2015). There was limited information available within current family systems or family life cycles literature that included the VC family as a recognized option for family composition. Another gap in research was noted as the absence of current literature related to addressing inherent, culturally, and collectively unconscious bias toward VC couples specifically. Much of the current literature related to the VC lifestyle focuses on the female experience of childlessness, and is noninclusive of couples' experience as mutually childless by choice (Bartlett, 1995; Graham et al., 2013; May, 1997). The following sections aim to close the gap and focus on VC couples within the therapeutic context.

COUNSELLING WITH THE VC POPULATION

This discussion will outline the historical family and couple therapy approaches utilized in the past. Additionally, this section aims to outline how historical approaches to marital and family therapy may not be applicable to the VC population, and how the implementation of a modernized psychodynamic approach would accommodate the unique needs of the VC couple presenting for counselling.

VC Couples and Traditional Family/Couple Therapy

Nelson (2012) described current and historical approaches to family and marriage therapy. Nelson provided details about a number of different therapeutic interventions and what goals each approach aims to achieve. Additionally, Nelson (2012) indicated some commonalities among these approaches, the most predominant being the systemic foundation and the role of therapist as expert. One of the most notable family approaches is Bowen Family Therapy (1993). Bowen discussed how a systemic foundation, inclusive of the therapist as part of the system, could assist individuals within a family system to achieve their individual goals and, overall, achieve the goals of the collective family unit. However, this viewpoint does not speak to the entirety of systemic approaches, simply the Bowenian model.

One of the foundational assessment methods used for families/couples in Canada is the Calgary Family Assessment Model (CFAM) proposed by Levac, Wright, and Leahey (1997). This systemic approach to both family and couple therapy indicated that “by improving the wellness of the whole family, each individual member’s health is enhanced” (Levac et al., 1997, p. 3). Unfortunately, VC couples do not fit well within the realm of family lifecycles as depicted by R. Gerson (1995), since they bypass a majority of the so-called normal stages of the life cycles. Specifically, relationships that are childless (based on R. Gerson’s family life cycles) remain stagnant at the coupling stage. The absence of children in a marriage, therefore, leaves the couple simply awaiting the retirement stage, or in a perpetual empty nest state (R. Gerson, 1995). In my experience, VC couples would strongly disagree with this outdated assessment.

Erford (2013) articulated that for family systems approaches:

The family, not the individual, is the unit of change ... family counselors focus on assessing the family system ... [D]etermining what to assess in a family depends on the nature of the family, the presenting issue, and the professional counselor’s theoretical orientation. (p. 375)

In assessing the therapeutic needs of families and couples, implementing a systemic approach may be helpful for some and not for others, as is the case with all therapeutic approaches (Erford, 2013; Walrond-Skinner, 2014). As such, implementing a family lifecycles-based systemic approach could be problematic in addressing individual needs in treatment with families and couples (Erford, 2013). The development of an effective working alliance, inclusive of unconditional positive regard, empathy, and congruence (Norcross & Wampold, 2011), halts if VC clients feel that they must justify their life choices to their therapist.

Psychodynamic and Psychoanalytic Couple Therapy

Richards (2015) described how the popularity of psychoanalytic practice has diminished because of today’s focus on the short-term medical models (e.g., solution-focused therapy; de Shazer & Dolan, 2012), which has left little room

for long-term, in-depth approaches. However, it is clear that psychodynamic approaches are striving to return to the forefront of therapeutic practice by means of modified and inspired new practices of psychodynamic therapy (Benjamin, 2013; Richards, 2015).

Theoretical background. Psychoanalysis is a psychological approach and theoretical framework that strives to address neuroses through examination of the conscious and unconscious aspects of an individual's psyche in an attempt to make the unconscious conscious (Feist & Feist, 2009). M. J. Gerson (2009) discussed how psychoanalysts and psychodynamic practitioners are most interested in deciphering patterns and comprehending those patterns as they relate to the clients' development of transference throughout their infancy to the development of their adult relationships. Jung (1957/2006) stated that the therapist "has to establish a relationship with both halves of his patient's personality, because only from them both, and not merely with one half with the suppression of the other, can he put together a whole and complete man" (p. 74). This sentiment is relevant to the treatment of couples. The therapist must strive to develop relationships with both members of the relationship and with their individual personalities in order to aid couples in becoming whatever conceptualization of "whole" is applicable to the respective couple. A culturally sensitive psychodynamic and/or psychoanalytic approach, with its emphasis on developmental and historical factors, would assist the creation of a strong working alliance with VC couples, as the identification of past patterns of conflict would aid in present treatment planning.

The theoretical underpinnings of psychoanalytic/psychodynamic couple therapy are rooted in the works of Freud, Jung, Horney, Klein, and Winnicott. The collective theoretical frameworks of these psychoanalysts fit under the umbrella of psychodynamic therapies (Feist & Feist, 2009). Overall, the conceptualizations of traditional psychoanalysis differed depending on the practitioner utilizing the framework. Freud focused quite heavily on the significance of the sexual and aggressive drives of the client, as well as the stages of psychosexual development (Freud, 1938/2012; Nelson, 2012). Jung placed much emphasis on symbolism, archetypal imagery, synchronicity, and the unconscious as contributors to one's self on the path to individuation, or wholeness (Jung, 1959/1980, 1957/2006; Jung, Hull, & Shamdasani, 1960/2010). Both of these psychoanalytic frameworks contain concepts and approaches that would be applicable to the VC couple presenting for counselling; however, both Freud and Jung focused primarily on individual therapeutic treatment (Feist & Feist, 2009; Moon, 2012).

Klein, Horney, and Winnicott expanded psychoanalytic practice to become inclusive of women (Horney, 1939/2013), children (Klein, 1928/1966), families (Nelson, 2012), and couples (Winnicott, 1960). Melanie Klein (1928/1966) was one of the primary contributors to the development of object relations theory, which focused primarily on interpersonal relationships. Kleinian theory stressed a greater significance on maternal roles versus the paternal roles emphasized by

others (Klein, 1952). This emphasis on the nurturing, mothering role relates directly to Winnicott (1960), who proposed the notion of the holding environment (similar to the working alliance) as the necessary space that the therapist must create for the client to feel safe and embraced by the therapist. All three of these psychoanalysts contributed to the overall development of object relations theory and the implementation of object relations to family and relationship therapies (Feist & Feist, 2009).

Evolution from individual to family/couple therapy. M. J. Gerson (2001) discussed couple therapy in terms of a ritualistic, psychoanalytic process. The author indicated that couples are involved in every aspect of each other's lives, inclusive of emotional states. Gerson further postulated that couples who bond together throughout day-to-day life become astutely accustomed to each other's expressions, sensitivities, and reactions. Gerson stated, "I believe that in couple's therapy an important ritualized process does occur, which involves intensified bonding and a redefinition of selfhood ... [I]n couple's therapy the transformation of consciousness is shared and transpersonal" (2001, p. 454). This contention of a ritualistic undertone to the psychoanalytic treatment of couples is akin to the Jungian emphasis on spirituality and ritual and is therefore closely aligned with the direction of traditional Jungian psychoanalysis (Jung, 1938/2014).

Sander (2004) described psychoanalytic couple's therapy as supplied with more irrational and insubordinate methods than the conservative approaches. The sense of rebellion against the norm is applicable to the treatment of VC couples, as their lifestyle itself rebels against the norm. Psychodynamic and psychoanalytic practitioners are also rebels against the current therapeutic norms and, as such, share certain rebellious commonalities with the VC population. These commonalities may create the potential for a strong therapeutic alliance. Sander proposed the modern application of psychoanalytic thought to couple therapy. Sander argued the significance of the

Pygmalion–Galatea process, [which] is nothing other than the ubiquitous transference–countertransference, with its current emphasis on the two-person nature of the psychoanalytic situation. This core concept (there from the start of psychoanalysis), along with unconscious fantasies and conflicts involving the power of past infantile sexuality in the present and the role of aggression, guilt, shame, and the therapist's relative neutrality, is easily applied to couples because of the "shared" nature of the core conflicts of closely related individuals. (2004, p. 378)

The traditionally psychoanalytic concepts of transference, levels of consciousness and unconsciousness, as well as the significance of various developmental, historical, and emotional factors constitute the Pygmalion–Galatea process (Feist & Feist, 2009; Freud, 1938/2012; Sander, 2004). These concepts relate to the treatment of VC couples and are beneficial not only to VC couples, but to traditional couples as well. VC and traditional couples are typically quite sound in their reasoning and decisions regarding childbearing (Graham et al., 2013).

But if a therapist, when working with VC couples, incorporates these historical and developmental factors into their discussion of presenting issues, they may be able to identify patterns of and responses to behaviours and situations of the individuals and the couple together while embracing their choice to remain childless. Although this pattern identification may be a goal of other therapeutic approaches, a psychodynamic couples approach for VC couples may speak to the unconscious contributors to the couples' presenting issues and would not assume that their decision to remain childless was indicative of marital problems.

Object relations family and couple therapy. Klein (1928/1966) and others presented the theory of object relations within the realm of psychodynamic therapies because of their specific work with children. She argued that early childhood development played a key role in the development of interpersonal relations (Klein, 1928/1966). Overall, object relations theory considered "human contact and relatedness—not sexual pleasure—as the prime motive of human behaviour" (Feist & Feist, 2009, p. 139). Although Klein's work with children inspired her theoretical development, psychoanalysts who followed Klein understood the significance and relevance of object relations theory to marital and family therapies.

Scharff and Scharff (1977) expanded Klein's (1928/1966) original conceptualization of object relations theory to become inclusive of couples and families, thus creating object relations family therapy (ORFT). ORFT, like traditional psychoanalysis, strives for deep, enriching dialogue and the discovery of the unconscious contributors to the individuals' current psyche (Scharff & Scharff, 1977). Additionally, Scharff and Scharff described ORFT as incorporating the use of transference and countertransference (projection of emotion onto others) between respective family members, as well as transferences with the therapist in a positive manner. To psychoanalysts, transferences are not problematic. In fact, the incorporation of transferences into therapeutic discussion is helpful for the purpose of strengthening the therapeutic alliance and creating a safe, holding environment for the client (Klein, 1952; Winnicott, 1960).

ORFT differs from traditional psychoanalysis "in that it deals with the actual interpersonal relationships in the family context, as well as with the internal object relations set of each individual and the shared internal object relations set of the family group" (Scharff & Scharff, 1977, pp. 7–8). Furthermore, as ORFT does not argue that sexual and aggressive drives are the primary motivations of an individual's behaviour (which Freud proposed), ORFT does not suggest that such drives may not be secondary or tertiary motivators (Freud, 1938/2012; Scharff & Scharff, 1977). These correlations to, and differences from, traditional psychoanalytic treatment strengthen the argument of applicability of ORFT toward VC relationships, as VC relationships act as both interpersonal relationship and the primary family unit. The members of the coupling embody both spousal roles and familial roles to each other.

Zinner (2008) expanded on Scharff and Scharff's (1977) ORFT and proposed object relations couple therapy (ORCT). Like object relations theory and ORFT, ORCT remains rooted in deep, psychoanalytic thought, theory, and

practice (Zinner, 2008). The difference with this reapplication of object relations theory is that ORCT assists partners to “discern how past life experiences as individuals can limit their possibilities in the present as a couple ... [It] clarifies how unconscious processes can promote conflict and disappointment [and allows couples to] take ownership for ... their individual perceptions” (Zinner, 2008, p. 581). Overall, ORCT aims to help couples understand how their individual pasts may be affecting their current relationship and how the individuals within the relationship can move forward together (Zinner, 2008).

The primary theoretical contributors to this argument are Freud, Jung, and Klein. The secondary contributors are Scharff and Scharff (1977) and Zinner (2008). The research suggests that a combination of Freudian and Jungian concepts, incorporated into the practice of the modernized psychodynamic ORCT may provide a culturally sensitive working alliance for VC couples presenting for therapy. Specifically, Freud’s emphasis on historical/childhood factors and sexual and aggressive drives would aid in determining potential root causes of the presenting issues of the couple (Freud, 1938/2012). Jung’s overarching therapeutic goal of individuation, wholeness, self-actualization (Jung, 1971), synchronicity, or an acausal connection of various psychological and/or spiritual incidences (Jung et al., 1960/2010) would aid in determining patterns of behaviour and assist in goal-setting. The utilization of an object relations approach would assist in connecting the individual issues to the relationship overall and create a collaborative environment in which the couple may work together to achieve relationship satisfaction (Hillier, 2017).

Culturally sensitive practice. By implementing a theoretical framework and approach that is positively inclusive of the unique needs of the VC couple presenting for counselling, therapists thereby exhibit cultural sensitivity in their practice. Crowe (2012) stated that in addition to having the primary therapeutic skills when working with couples (e.g., fairmindedness, understanding, positivity), “the therapist must be tolerant of variations in sexual practice and sexual needs, and able to discuss sexual matters without becoming embarrassed, imposing their own ideals or taking a judgemental attitude” (pp. 158–159). Although sex may not be the presenting issue for VC couples, the therapist working with them must be comfortable discussing subject matter that may be culturally or personally taboo, without judgement. Since cultural norms are learned and inherent, addressing one’s own bias (if it presents itself), whether through supervision or through disclosure to the client(s), may assist in reducing the continued marginalization of the VC population (Hillier, 2017). Each mental health professional who may or may not work with VC clients should explore their own inherent biases, values, and worldviews to ensure a strong working alliance.

Arthur and Collins (2010) outlined four core competencies required for the development of a culturally sensitive working alliance. The first competency described was to cultivate a culturally inclusive, honest, and courteous working relationship. When working with VC couples, the creation of a holding environment that allows the VC clients to feel safe from judgement and respected by

their therapist will facilitate a positive working relationship (Winnicott, 1960). A therapist demonstrates respect for VC clients' cultural identity if the VC clients do not feel as though they must justify their decision to remain childless. The second and third competencies described by Arthur and Collins (2010) require the counsellor to work collaboratively alongside the client to create therapeutic goals, subgoals, and tasks that positively reflect the elements of the client's cultural self. ORCT emphasizes the collaborative nature of couple's therapy, and thus when VC couples work in tandem with the therapist they may set the goal of commencing the couple's path to individuation (Jung, 1971).

The fourth competency noted by Arthur and Collins (2010) is to "engage in social justice activities to directly influence the systems that negatively affect the lives of non-dominant populations" (p. 105). Applying a psychodynamic approach to work with VC couples addresses a mutual understanding about nondominant populations. In doing so, researchers may continue to pursue social justice through means of publication and education in hopes of affecting the overarching systems that may be negatively affecting the lives of VC persons and other diverse groups. Overall, utilizing a psychodynamic-based ORCT approach with VC clients may demonstrate the four core competencies described by Arthur and Collins for the development of a culturally sensitive working alliance.

Lastly, Moon (2012) indicated that therapists must know themselves in order to demonstrate cultural competency in practice. Moon indicated that in order to be successful with a client of a diverse or unique background, therapists must consider their personal levels of comfort with the subject matter and lifestyle of the clients presenting for counselling. Working with marginalized groups requires mental health professionals to assess their own inherent bias (Arthur & Collins, 2010). Some of the potential issues that VC couples could present in counselling may resemble presenting issues similar to those of couples who choose to reproduce, such as communication, sexuality, and future planning. However, VC couples may seek therapeutic assistance for issues specifically related to the discrimination they face from nonsupportive persons. Overall, it is possible that utilizing a psychodynamic couples-specific approach (like ORCT) may reduce the risk of further marginalization, as the focus would remain on the couple and not the presence or absence of children.

FUTURE ACTIONS AND DIRECTIONS

As voluntary childlessness continues to increase, it will become imperative that traditional family and couple therapy approaches strive to become inclusive of the VC lifestyle as a legitimate and valid alternative life trajectory for individuals and couples (Bartlett, 1995; Chancey & Dumais, 2009; Gobbi, 2013). As such, it is imperative that a re-envisioning and modernization of the family life cycles be undertaken (R. Gerson, 1995) to become positively inclusive of VC relationships and other alternative family compositions (e.g., polyamorous relationships). Additionally, further research must be conducted to determine

prevalence of adults within reproductive ages who are living alternatively to the norm. Nichols (2006) described examples of alternative lifestyles: cohabiting unmarried relationships; open relationships; swinging relationships; bondage/domination and submission/masochism relationships; lesbian, gay, bisexual, transgendered, or queer partnerships/relationships; and married but living separately relationships. Persons living alternatively to the norm deserve validation and acknowledgement of their lifestyles as legitimate.

Shapiro (2015) suggested the need for continued research in two areas: the variety of factors contributing to the decision to remain childless and the conjecture that having children is the norm and not having children is therefore rebellious. These two particular areas directly correlate with VC couples' unique reasons to remain childless and the issues of marginalization and bias toward VC couples. The research on the prevalence of these alternative life trajectories and relationship types may help researchers rejuvenate previous conceptualizations of family life cycles, traditional family compositions, and outdated family therapy approaches.

Another future action for consideration is the updating of counsellor education programs. Chancey and Dumais (2009) found that the research available for undergraduate students pertaining to voluntary childlessness has been different over time. The themes in available literature noted by Chancey and Dumais included the notions that VC persons chose career and personal freedoms instead of childbearing. Overall, there is limited information available in textbooks about voluntary childlessness as an alternative life path for individuals and couples.

Collins et al. (2013) found that graduate-level counsellor education programs are not sufficiently preparing students "to meet the diverse needs of clients or to expand professional roles to address the contextual and systemic factors so often shaping clients' experiences" (p. 291). This finding is pertinent to the VC population. If counselling students are not equipped with the cultural knowledge and sensitivity to work with VC persons, or any underrepresented or diverse group, they cannot provide effective, culturally sensitive therapeutic treatment.

Counsellor education programs, which must already provide students with a multicultural counselling course as a mandatory component for professional registration, should include a module about alternative lifestyles inclusive of the VC within the culture course provided (Hillier, 2017). Since counsellors must complete continued education credits yearly to maintain their licensing, therapists who may work with VC clients would greatly benefit from obtaining training and research about this trending lifestyle, perhaps by making the previous proposed alternative lifestyles module available for the public.

CONCLUSION

Voluntary childlessness is trending, yet persons of the VC lifestyle continue to receive negativity and judgement from others (Goffman, 1963/2009; Livingston

& Cohn, 2010). Conscious or unconscious adherence to traditional marital and reproductive cultural norms is the inherent root cause of such discrimination (Jung, 1959/1980). Without continuing education and the ability to address personal bias, counsellors run the risk of perpetuating the existing stigma and marginalization that exists toward VC individuals and couples. If a counsellor is aware and mindful of their own internal dialogue relating to VC couples, they may be able to avoid the projection of any unconscious inherent bias (Arthur & Collins, 2010).

Culturally sensitive therapeutic practice is essential in establishing an effective and, ultimately, successful working alliance with all cultural groups, especially minority or underrepresented groups (Arthur & Collins, 2010). By employing culturally sensitive psychodynamic concepts and methods within the framework of ORCT (Zinner, 2008), a therapist may be able to effectively address the unique needs of the VC couple presenting for counselling. The application of ORCT within the psychodynamic foundation will allow the therapist to utilize concepts and approaches that relate to the unique and alternative lifestyle of the VC couple by emphasizing the significance of historical and development factors. Furthermore, the psychodynamic approach itself embraces the positivity of living contrary to social norms and emphasizes the significance of setting individual and relationship goals collaboratively (M. J. Gerson, 2009; Jung, 1959/1980).

Overall, the traditional practice of family and marital therapies would do well to become positively inclusive of not only the VC lifestyle, but also the numerous other alternative lifestyles apparent in today's society. No longer does a nuclear family resemble the nuclear family dynamic of ages past. Our world has changed drastically, and family compositions no longer look like they once did. Mental health professionals working with VC couples may already adapt these traditional methods to fit the modern climate of the changing family, yet the resources available to train family and couple's therapists require updating (R. Gerson, 1995). The incorporation of a psychodynamic framework (e.g., ORCT) into practice with VC clients may assist mental health professionals to establish a strong, culturally sensitive working alliance, and foster a secure holding environment for successful therapeutic outcomes (Norcross & Wampold, 2011; Winnicott, 1960; Zinner, 2008).

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