

Three in the room

Catriona Wrottesley

describes the all-important 'third position' held by the therapist in couple therapy

Tony and Clare, both now in their 50s, had been married for 10 years (it was a second marriage for both). Between them, they had four children, who had all left home. They came for therapy because Tony had met another woman, and he wanted a divorce. He said he could no longer live with what he called Clare's 'aggression'. She was, he said, dismissive, critical and angry; nothing he did for her was ever right. He had done his duty by staying until the children left home, but now he had found a woman who made him feel good about himself again, and he wanted out.

Clare was devastated by his decision, but acknowledged that she often felt frustrated in the relationship. When difficulties arose, Tony would refuse to discuss them, she said; he'd tell her to 'stop going on and on' and accuse her of 'always finding fault'. She needed to talk about how she felt, and he experienced talking as an attack. His parents used to fight, and he was determined not to replicate their relationship. Hers never fought, and retreated into cold silences; she was equally determined not to be like them.

Tony told me about a row they'd had about a painting he put up in the living room. Clare objected to it. It was a painting of a place where he had spent many holidays as a boy, and he felt Clare was being unreasonable: why shouldn't he be allowed to put up a picture in his own living room?

Clare explained that she wasn't angry because she didn't like the painting, but because she hadn't been consulted. Tony had previously bought a set of second-hand dining room furniture and installed it without asking her. The final straw was when he bought a sofa and brought it home, when she had specifically asked if they could choose one together. He blew up, and accused her of never being satisfied: 'You said you wanted one, didn't you? It was a bargain.'

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Tony couldn't continue in the relationship, he said, because he was frightened of her anger. Clare had found a way of 'being herself' outside of the relationship, seeking emotional closeness with friends and family, and satisfaction at work, which compensated for what she felt was lacking at home with Tony. She experienced him as controlling, and said she was equally afraid of his sudden eruptions of anger, interspersed with the periods of ignoring her. She had resigned herself to 'This is as good as it gets'. Then Tony announced he wanted the divorce.

In the room

Tony and Clare are, of course, fictional people, although their problems are typical of those brought to us by clients seeking help. The most obvious difference between couple therapy and individual therapy is that, in couple therapy, three rather than two people are present. Most importantly, the relationship for which help is sought is in the room, so the couple therapist is able to see, feel and hear for herself what is going on, and has a first-hand emotional experience of how the couple relate to one another.

The immediacy and impact of this experience of the couple's relationship and the access to their shared unconscious phantasies are not available in individual therapy, where only one half of the couple and the couple's projective system are in the room, and the absent partner's behaviour, feelings and intentions are described through the distorting lens of the client's own perceptions, projections and internal world.

The interaction between the two partners is the principal focus for the couple therapist,¹ as the couple enact their relationship and projective system in front of her, intimately involving her in their struggles through the transference and countertransference dynamics of the therapy. In individual therapy, the therapist works with the transference to herself, whereas in couple therapy there is the transference between the couple, their individual transference, and their transference as a couple to the therapist. The therapist's countertransference helps her understand and work with the couple's difficulties.

This view of couple interaction as a dynamic to which both partners contribute and one that is shared is something special offered by the model of couple psychoanalytic and psychodynamic psychotherapy, developed by Tavistock Relationships over the past almost 70 years. Fundamental to this model is the view that 'the relationship is the patient',² and that couple therapy is not about 'offering two individual therapies in parallel'.² The couple therapist seeks to have and maintain what Morgan calls a 'couple state of mind'.³ She defines this as the therapist's capacity to take a 'third position'⁴ in relation to the couple: 'that is, being able to be subjectively involved with both individuals, but also, at the same time, being able to stand outside the relationship and observe the couple'. This, Morgan maintains, is 'a primary factor in containment

of the couple'. A 'couple state of mind' is not simply 'holding both partners in mind, though that is part of it... It is about keeping the relationship in mind'.³

In individual therapy, the therapist hears their patient's version of their relationships, and, in effect, listens to one half of the story. The couple, however, represent two halves of a projective system that together form what Cleavely refers to as the couple's 'joint personality'⁵ (a term originally coined by Dicks when he did his seminal work on marital tensions and dynamics⁶). In this system, 'frightening aspects of their "joint personality" are located in the partner who, both unconsciously agree, will best keep them safe and controlled'.⁵ These dynamics, as with many repeating patterns of relating, will be unconscious before the couple enters therapy, as will be the 'marital fit' that attracted the partners to one another, whether for defensive or developmental purposes!

When working with couples, therapists have in mind the idea of a shared unconscious phantasy.⁷ Couples share a way of relating to others and situations through unconscious phantasies: for instance, that love, anger, or conflict is dangerous, or that talking about difficulties will lead to catastrophe. This then leads to the establishment of shared defences to cope with these phantasies, resulting in relationships in which sharing feelings is avoided. These couples, in coming for therapy, may present with a difficulty with intimacy or sex, or with feelings of distance and loneliness in the relationship.

Triangular dynamic

The three-person constellation of couple therapy offers hope, but it can also stir anxieties. It recreates the original triangular Oedipal situation of parental couple and child, with all the feelings relating to inclusion, exclusion and envy that this arouses. Warring and unhappy partners may each enter therapy anxious that the therapist will join with the other in identifying them as 'the problem', that one will be preferred to the other or get more of the therapist's attention, understanding or sympathy. The desire to get the therapist to declare who is 'right' and who is 'wrong' can be powerfully enacted in the therapy in a way that puts the therapist under pressure to act as judge and jury.

The much-needed 'third position'⁸ is adopted by the couple therapist, who can then empathically connect with each partner's experience, and validate and hold it without taking sides. The therapist also has the task of taking a meta-position, or overview (in effect, a couple state of mind⁹) in relation to the couple's interaction - one that is not identical with either partner's viewpoint - in order to understand and, over time, communicate to the couple the nature of the shared unconscious phantasies, anxieties and defences that are preventing them from having a mutually satisfying relationship. This meta-position is a forerunner; it is hoped, for the development of the capacity in the couple, over the course of the therapy, to take such a 'third position' themselves, in relation to their own relationship. ▶

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'Sharing psychic space' without feeling taken over or psychically annihilated may also be a profound difficulty for the warring couple.²⁴ This can be seen when each partner has a different viewpoint, and a fear arises that one will invalidate or obliterate the other. These couples may have become trapped in an 'either/or' struggle between 'my way' and 'your way', where there has to be a winner and a loser, with inevitable damage to the relationship. In seeking therapy, the couple has, consciously at least, agreed to try to find another way, and the involvement of a couple therapist, who is temporarily allowed into their relationship, offers the possibility of a third perspective.

This difficulty in sharing psychic space presents a challenge to the couple therapist. If they offer a different perspective that is not in accord with one or both partners, it may be experienced as an attack, or as refusal of one or the other's reality. When couples seek help, it is generally when the projective system has got stuck, or, as Morgan calls it, 'gridlocked'.⁹ This is characterised by a quality of certainty in each partner that they 'know' what the other thinks and feels, and also what they intend, which is generally construed as in some way malignant, harmful, or rejecting of them. Each may be trying very hard to get through to the other and to be understood through increasing levels of projective identification, while the other is trying desperately to defend against this unwelcome intrusion and to force the other to take in their understanding of the situation, and so the cycle goes on. In the therapy room, this can manifest as a very stuck pattern of attack, defence and counter-attack, in which neither is heard and neither is able to listen, while the levels of frustration and distress escalate. This is where the presence of the couple therapist, who witnesses and can feel what it is like to be in the presence of this interaction and not a participant, can be very helpful.

Keeping the relationship in mind

There can, of course, be many pressures that make it difficult to keep the relationship in mind, including each partner's sense, sometimes amounting to a conviction, that the other is the problem and, if only they would change, all might be well. With that in mind, many couples enter

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therapy with a wish for the therapist to 'sort out' the other partner. Other challenges include that of one partner communicating with the therapist by email, letter or text between sessions, and excluding the other from the communication.

Within the session, the couple therapist may become conscious that they are engaging for a while with one partner and leaving the other on the sidelines, so to speak. When that happens, it is important that the therapist remains mindful of the partner who is not for the moment the main focus of attention, and does not get drawn into a collusive dynamic with the partner who is the focus at that point, and may wish to be the 'special' one. It may be that the other partner feels left out, and has disengaged and internally left the room, although they are physically still present. Sometimes the therapist may need to pause and check how that partner is feeling before resuming the interaction; they may even stop the interaction if the excluded partner needs help with managing difficult feelings. This may be a familiar dynamic for the couple, when one partner takes him or herself to the sidelines, preferring a position of exclusion to involvement, and then feels miserable, wishes they could be found, and bitterly resents their partner and the therapist for leaving them out.

Helpfully, in the couple therapy space, each person can at various times be both witness and participant in a relationship: one partner may witness the therapist and their partner relating in a way that echoes the repetitive dynamic that led the couple to seek help, perhaps affording the opportunity to see the therapist responding in a different way.² The therapist may find herself excluded from the couple dynamic as they join together in a defensive or destructive interaction, and, through awareness of the countertransferring feelings that get stirred up, gain insight into the kinds of anxieties and fears that are being defended against, as in the case of Tony and Clare.

Tony and Clare

In the therapy room, Tony and Clare were turned away from each other, as, initially, they only addressed me. They struck me as a polite couple, who were careful with each other in the room, despite the bitterness of their complaints about each other.

At first, the unreasonableness of Tony's unilateral decisions was apparent, and it was difficult not to sympathise with Clare. However, I was struck by Tony's vulnerability and fear of Clare, who could be forcefully articulate. As the therapy progressed, I witnessed how Clare could be relentless in her criticism of Tony, which was how she expressed her pain and need.

Clare was equally forceful with me when she felt I was not understanding her point of view. Her rigidity in insisting on her viewpoint as the right one, leaving little room for Tony's or my views, gradually became clear. I could see how Tony watched and listened carefully to see how I managed when Clare was pressing her point and

becoming angry if I did not appear to be sufficiently on 'her side'. Clare was equally attentive and quiet when I was addressing Tony, including when he insisted that he was innocent of ill intent and that he had 'not meant anything by' whatever he had done that had upset Clare.

My capacity to retain a 'couple state of mind' in caring for their relationship without siding with either partner gradually helped them see how much they really wanted and were terrified of the same thing: both wanted to feel safe and loved in their relationship. Ostensibly, Clare wanted to be able to talk and argue and be tolerant of each other's differences, and Tony wanted things to be 'pleasant' and free from anger. However, underlying this apparent difference was a shared fear of rejection, and of love. Their shared fear of being unwanted defended them against the dangers of being wanted.

In the course of the 18-month therapy, Clare and Tony were gradually able to withdraw some of their projections and begin to really listen to one another in a new way. A significant breakthrough came in a session when I linked Clare's fear and resentment of her bullying father, who had 'ruled the roost' at home, to how she experienced Tony's unilateral decision-making. Tearfully, she said this was true; she had tried so hard to marry someone very different, but had ended up marrying her dad. Tony had seemed the opposite of her father when they first got together, because he was so kind and considerate. She recalled a time when he had made her jelly when she had a sore throat and high temperature, because she had once told him that was what her mother used to do for her as a child.

Tony was clearly moved that she had remembered this, and offered her his hand to hold. He said it meant a lot to him to hear Clare say that, because sometimes he felt that nothing he did for her was right. He volunteered the information that, as a boy, he had struggled with the feeling that his mother was disappointed in him, because she used to compare him unfavourably with the boy next door. He had tried desperately to please her, but nothing he did was good enough. I put it to Tony that, at times, being married to Clare felt like being married to his critical mother, and that a part of him had decided to ignore her feelings and please himself instead. Tony looked a bit shame-faced and relieved, and said I was spot on. He said he knew he could be a bit of a steamroller, but he felt that, if he wasn't forceful, Clare would completely take over.

I then put it to Clare that her fear of being dominated meant that she could be a bit of a bully herself at times, so Tony then had an experience of what it had been like for her as a child with her dad. Quietly, Clare acknowledged that sometimes she felt she had turned into her dad when she was 'going on and on', as Tony put it, because she was determined to make him listen to what she had to say.

I was aware that making these links was challenging for both of them, but felt confident that, by then, their trust in me and the therapy was sufficiently established for them to take in these interpretations and think about how they each

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contributed to their relationship difficulties. The fact that they responded by sharing their respective vulnerabilities demonstrated to me that the timing had been right.

These insights set off a long period where they worked through the accumulation of hurt and misunderstanding that had brought them to therapy, but there was a marked difference in their capacity to listen to one another and to think together. There was now space for two people's thoughts, wishes and feelings in the relationship - not just one. As Tony put it, now that he and Clare could understand where they were each coming from, they had far more patience and understanding for each other. They could, in effect, step outside the relationship when they got into difficulty, into a 'third position', and think together about what was going wrong.

The development of this 'third position' signalled to me that they were ready to end the therapy. For 18 months, I had represented the 'third position', but they had now internalised this way of thinking about their dynamic, and I felt confident that they would be able to find a way through difficulties when they occurred, without the help of therapy.

Working with individuals

Tavistock Relationships now offers an MA training in psychodynamic couple therapy that includes working with individuals from a relationship perspective, because we are aware that this capacity to hold a 'couple state of mind' is also important for those working with individuals. Many people come for therapy because they recognise

that they have difficulty in relationships, whether they have never had or are no longer in a relationship, and are aware of repeating destructive or unhelpful patterns that they cannot understand and want expert help with. In our view,

couple therapists who are trained to work with individuals have much to offer clients, and therapists who come to do a couple training with us tell us that their individual practice has been radically changed. After working with couples, they can never again listen to their individual patients talk about their relationship difficulties without being mindful that what their patient is recounting is but one half of their couple projective system - that, effectively, there are three people in the room. ■

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