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 all had 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, domineering, 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, and 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 she was determined not to replicate their relationship. They never fought, and remained in cold silences; she was equally determined not to be like them.

Tony told me one day they had argued 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 for he didn’t allow him to put up pictures 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.’

‘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’

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 therapist3 as the couple enact their relationship and projective system in front of them, 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 in 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’, and that couple therapy is not about offering two individual therapies in parallel.2 The couple therapist works to have the patient or couple understand what Morgan calls a ‘couple state of mind’.2 She defines this as the therapist’s capacity to take a ‘third position’ in relation to the couple. That is, being able to sub unconsciously involved with both individuals, but also, at the same time, being able to stand outside the relationship and observe the couple. This allows Morgan to maintain, ‘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.1

In individual therapy, the therapist hears their patients’ 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’2 (a term originally coined by Dicks when he did his seminal work on marital tensions and dynamics).4 In this system, the relationships of their aspects of their ‘joint personality’ are located to the partner who, both unconsciously agree, will keep them safe and controlled.5 These dynamics, as with many repeating patterns of relating, will be unconscious before the couple enter therapy, as will be the ‘malfunction’ 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.2 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 dynamics

The three-person constellation of couple therapy offers hope, but it can also stir up fear. 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’ 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 ‘couples state of mind’ 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 ‘fourth’ person, 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.
Sharing psychic space ‘without feeling taken over or psychologically assimilated may also be a profound difficulty for the warring couple.’ 10 This can be seen when each partner has a different viewpoint, and a fear arises that one will introduce or obliterate the other. These couples may have become trapped in an ‘infract’ of struggle between ‘my way’ and ‘your way’, where there is to be a winner and a loser, with inevitable clumsy endings. In such instances, it is generally when the projective system has got stuck, or as Morgan calls it, ‘gridlocked’. 9 This is characterised by a couple therapist, who is temporarily allowed into their relationship: one partner communicating with the therapist by email, letter or text between sessions, and excluding the other partner from the communication. Within the session, the couple therapist may become conscious that they are engaging for a while with one partner, and then 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 collaborative 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 one of the couple members feels left out of 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 posture 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. Helpful, in the couple therapy space, each person can at various times 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 offering the opportunity to see the therapist responding in a different way. The therapist may find herself excluded from the couple interaction, but he or she can take this as a form of destructive or interactive interruption, and through awareness of the countertransference feelings that get stirred up, gain insight into the kind of anger and rage 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 usual, and quite simply, they were not talking. They stuck to their colleague, while they were careful with each other in the room, despite the bitterness of their complaints about each other. At first, Tony spoke about Clare’s unassertive and passive position, and his feelings of the partner who is not for the moment the main focus of attention, and does not get drawn into a collaborative 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 one of the couple members feels left out of 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 posture 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. Helpful, in the couple therapy space, each person can at various times 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 offering the opportunity to see the therapist responding in a different way. The therapist may find herself excluded from the couple interaction, but he or she can take this as a form of destructive or interactive interruption, and through awareness of the countertransference feelings that get stirred up, gain insight into the kind of anger and rage that are being defended against, as in the case of Tony and Clare.

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For 18 months, I had represented the ‘third position’, but they had now internalised this way of thinking

REFERENCES

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