Treatment of the marital dyad in a foursome: an illustrative case study

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THE aim of this paper is to describe some of the key psycho-dynamic issues involved in a marital conflict and its attempted resolution in psychotherapy. We feel this is most vividly done through an account of a marriage which the writers have tried to help. We want to focus, in particular, on two distinctive aspects of our work in the Marital Unit of the Tavistock Clinic: the fact that the couple are always seen together and that there are two therapists, a man and a woman, thus constituting a foursome.

The couple we are about to describe asked their general practitioner to refer them to the Tavistock Clinic for marital therapy. We have seen them for about seventy once-weekly sessions and their treatment is still in progress.

Mr Bleak, aged 40, a solicitor, is a big, handsome man, married for 15 years to Mrs Bleak, aged 34, a reader in a university department of physics, a small, average-looking woman. They have four children of school age. They came to treatment because there was a situation of despairing deadlock between them. Mrs Bleak declared that she was determined to leave but couldn't. Mr Bleak wanted the marriage to continue. Sexual intercourse had ceased to occur. Mr Bleak would approach in a half-hearted manner, which Mrs Bleak would rebuff.

Mr Bleak came from a family of strong women. The father was absent from the home for years at a time, and was left epileptic by a war injury. The mother ran the home and the family business. He has one sister who is another highly successful business woman and mother. When he was 10, he was evacuated from London and was extremely homesick. He has told us how his anger over separation from his mother was augmented by her failure to visit him when he had a septic leg, which he feared might have to be amputated. When he returned to his mother as a teenager, he was for a while angry and rebellious with her. Thus, he remembers making poisoned telephone calls to frighten her. He could not, however, maintain this angry attitude for long, and feels that he capitulated and became a compliant son to her.

From this we infer that he emerged as a young man accustomed to powerful women but that he also had reason to harbour considerable resentment towards them. Lacking the example of an effective

father he had not learned how to distinguish masculine assertiveness from a destructive outburst of anger. He acted as if he feared that he could not be masterful without destroying the woman he loved. When he once described himself as a breast beater, we suspected that it was not only his chest but some woman's breast that he would like to strike.

Mrs Bleak came from a family where women were undervalued. She has several older sisters; then one much-prized brother, followed by herself, the youngest in the family. She has been able to tell us very little about her parents who both died when she was in her early teens. We gather that she felt unwanted and undervalued until the arrival in the family of a powerful, intellectual uncle who 'took her in hand'. He got her teeth and nose straightened and masterminded her education. She welcomed his interest in her, though she was left with the feeling that she was not acceptable and lovable as she was. We infer that as a result of his influence she learned that intellectual skills could be used to protect her from re-experiencing the humiliation and helplessness she had felt when he had brutally set about improving her. Her sense of vulnerability was reinforced when her mother and father died before she had acquired independence.

Thus, she emerged into adulthood uncertain of her acceptability as a woman. On the one hand, she was fascinated by powerful mentor-type men. On the other, she retained a resentment towards them and a fear that as a woman she might be weak and undervalued.

When Mr and Mrs Bleak met, he was 24 and a qualified solicitor and she an 18-year-old secretary in the same firm. For Mrs Bleak, he was a potential mentor like her uncle but one who prized her as a woman. For Mr Bleak, she was an admiring young woman who was gifted and able like women in his family but (as yet) not dominant and powerful like his mother.

It was a hopeful start for them. In spite of her fears about being in a weak position, she chose a man of much greater achievement and experience of the world than herself. And Mr Bleak, in spite of his equation of masculine assertiveness with destructive anger, chose a woman who was inexperienced and vulnerable and in relation to whom he would

be required to assert himself. She may have hoped that their marriage would provide for a benign experience which would allay her fears that to be a woman and at a disadvantage is unbearable. He may have hoped that his experience of being masterful and in charge would prove unfounded his fears that to be assertive with a woman is to destroy her.

With hindsight, we can say that at the unconscious level both of these people shared a specific fear that if a man has power over a woman he will use it to harm and humiliate her. Against this fear, his defence has been resentful compliance to women, and hers the acquisition of verbal and social skills which would give her pseudo-independence. Their marriage could be seen as an experiment to test whether they had to remain locked in these defensive postures. She did allow herself to be vulnerable and he did put himself in a position of power. For many people marriage does provide an opportunity to discover that their fears about male/female relationships are unfounded; their experience of marriage is reassuring and the personalities of the partners are enriched.

We don't know why these hopes did not materialize in the case of Mr and Mrs Bleak, but our suggestion would be that their underlying unconscious fears proved too powerful to be allayed by their experience in marriage. For example, let us imagine Mr Bleak losing his temper with his wife. At this time his fears about being destructive to women would be uppermost in his mind, and his wife's reaction would be crucial as to whether this experience would be devastating or reassuring. What he would most fear would be that she would collapse, thus confirming that he had been very destructive. This would have been the situation, unfortunately, that she would be most afraid of and would have led her to react with great alarm if not a collapse. Instead of broadening their experience, this episode would have confirmed their worst fears and led to a further constriction of their relationship.

We surmise that the situation in which he had advantage over her proved unbearable, and this impelled them to launch on a programme of turning her into a powerful woman: she took 'A' levels, went to university, obtained a high class honours degree, and embarked upon a very distinguished professional career, which was not interrupted even by the birth of four children. Mr Bleak's career did not show a corresponding advancement, and soon she was earning more money than he. She also became the more decisive partner, irritated by his passivity and dependence. At the point they came to see us, all the emotional power seemed to reside in her. He was a helpless, despairing man, unable to influence his wife's decision to leave him. She was also refusing him sexually.

Their shared endeavour to turn her into the powerful woman had succeeded. They need have no anxiety that he might harm her since she was so clearly in control. They bought relief from this central anxiety at a high price, however. Having turned her into a strong, powerful woman like his mother, he could no longer approach her sexually in a confident manner. And she, having turned him into a weak, passive man, could no longer feel the excitement for him which she would have felt towards a more aggressive man like her uncle.

We have seen that Mrs Bleak's greatest fear is to feel weak, helpless and unwanted. By putting her husband in such a weak position, she was seeking to dissociate herself from it. Correspondingly, because Mr Bleak feared that to be potent and effective is to be destructive, he unconsciously manoeuvred his wife so that it was she and not himself who was decisive, effective and cruel. Thus, both of them contrived to have the other personify those aspects of themselves which were most painful to them. But the use of this projective system entailed a number of penalties:

- (1) The projected characteristics in this couple are very closely associated with each partner's sexual functioning. Because he expresses his masculine striving and decisiveness through her, he has lost touch with this aspect in himself and cannot use it in the sexual act. Correspondingly, her repudiation of weakness and dependence in herself and projection of it into her husband prevents her from being yielding and responsive sexually.
- (2) Because whole areas of their own personalities are unacceptable to them and dealt with by massive projection into each other, their personal experience and development have become constricted. The bleak appearance of Mr and Mrs Bleak and their lack of close friends are evidence of this impoverishment.
- (3) The use of projection also leads Mr and Mrs Bleak to hate each other. What was repudiated in themselves, each now attacks in the other.

Projective identification involves the risk that the carrier may give such extreme expression to the projected characteristics that the 'projecting' partner feels more alarm than relief. We surmise, for instance, that at first Mrs Bleak found some relief from her depression about her parents' deaths in Mr Bleak's 'morbidness'. But the latter's extreme preoccupation with morbid thoughts eventually alarmed her as she realized that she could control it even less in him than in herself. She then had to attack it in him.

- (4) In spite of Mrs Bleak's expressed intention to leave her husband, she has found it impossible to do so. Many of the usual reasons which make it difficult for spouses to leave each other operate to some extent in their case, e.g. their attachment to the children. Nevertheless, we think that the crucial factor is that to do so would oblige them to face in themselves the feelings they have projected into each other. On her own, she would feel vulnerable, unwanted, and helpless. On his own, he would have to face his destructiveness and callousness towards women, which is so frightening to him.

The penalties (listed above) involved in their attempted resolution of their central unconscious fears were among the factors bringing them to us for treatment. Equally important was the fact that, despite all their problems, they had retained some of their original hopes that through their partnership it might be possible to reclaim those parts of themselves which they had suppressed and lost in their childhoods. Broadly speaking, our approach in treatment was to try to enable them to 'experiment' once again along the lines of their earlier trial when they chose each other for marriage. We hoped that this time in the safer setting of psychotherapy his attempts at masculine assertiveness might prove less alarming to him, and that she might find it bearable to express her dependence and responsiveness towards him. Thus, it was our aim to help them to resume the experiment embodied in their original choice of each other, but with a happier outcome.

Joint treatment of the dyad

In accordance with the general practice of the Marital Unit of the Tavistock Clinic (which varies from the more usual approach of seeing partners separately) we have been seeing this couple in treatment together. Such joint treatment, in our view, has distinct advantages, some of which are illustrated by the case of Mr and Mrs Bleak.

(1) *Shared ethos*

Seeing them together we were very struck by various aspects of their marital ethos:

(a) In appearance and manner, they are remarkably grey and bleak, even though smartly dressed. Typically, the therapy sessions start with some expression of optimism which is soon dismally punctured and dismissed. It requires continual struggle and effort to retain hope in such an atmosphere.

(b) They view the world in competitive terms and are very preoccupied with their possible fates as winners or losers. For example, after the first three sessions of therapy, they reported a spectacular improvement in their relationship. This improvement

did not persist but, at that time, they were highly delighted at their notion that theirs was the fastest cure the Tavistock had ever produced.

(c) They are both extremely intellectual. They prize enlightening ideas that arise in therapy rather than the emotional experience that it involves.

By seeing them separately, we would have learned about their individual assumptions and modes of behaviour, and could have deduced the overlapping or shared culture. But seeing them together made inference unnecessary, since what we observed directly was specific to their relationship together.

Since our aim is to understand and change the relationship, we feel this is best kept in view by having both partners present together in the treatment setting. There is less chance of becoming side-tracked by those aspects of their personal problems which are not shared and which, therefore, are less central to their relationship.

(2) *Shared conflict*

In addition to sharing agreeable assumptions such as intellectuality, Mr and Mrs Bleak share assumptions which are painful and anxiety-provoking. These assumptions relate particularly to unconscious fears regarding the catastrophic consequences of the use of power, as we have described.

Again and again these disturbing preoccupations manifested themselves in their conversations with us. In one session, for example, Mr Bleak was pressing Mrs Bleak to tell us of an incident at her office which she was very reluctant to relate. After a period of vacillation, in which they were neither able to tell us, nor able to leave the topic alone, it emerged that the incident concerned a powerful woman boss who broke down and cried because she had not been invited to a party at her office. Mr Bleak's interest in this incident derived from his unconscious wish to attack powerful women but his anxiety about such impulses led him to hide his interest and deal with it through his wife. For Mrs Bleak, the incident was too close to her own feared collapsed state for her to relate it with ease. The fact that they were both reluctantly pre-occupied with the same theme enabled us to locate their shared fantasy. Had we seen them separately, we could not have been as certain that this fantasy was not purely personal but one central to their interaction.

(3) *Synchronization of change*

In contrast to individual therapy, the focus of marital treatment is on exploring and hopefully shifting the *relationship* between the two partners. Because of the depth and duration of the relationship, the marriage has great therapeutic as well as anti-therapeutic potential. Just as shared fears can re-inforce each other so that the marriage is disastrous or deadlocked, similarly a benign circle of

reality-testing set in motion can have a cumulative effect.

As an example, we will describe one type of interaction between the Bleaks which repeatedly occurred in the sessions. Mr Bleak would present himself as a long-suffering, dutiful spouse bringing some fragment of hope, which his wife would promptly go on to demolish. She would appear at such times to be very uncaring and callous. Mr Bleak would thus appear as the wronged party and Mrs Bleak as the guilty one. It took us some time to realize that Mr Bleak had unconsciously perhaps set up the situation which would reassure him that it was she and not he who was full of angry, cruel wishes and guilt. This realization on our part was facilitated by our seeing the couple together because we could observe in the 'here and now' how each partner obliged the other to enact the repressed, unconscious parts of himself. Thus, it can be said that the partners bring their unconscious to the therapy in the behaviour that they elicit in their spouse. As a result of interpreting and working through these unconscious feelings, it became possible for Mr Bleak to tolerate some of his own aggression, which provided opportunities for Mrs Bleak to see that his aggression was not after all as devastating as they had both feared. Feeling freer because less burdened by his accusations, Mrs Bleak was able to show the softer side of herself. We had simultaneously been helping her to reveal and tolerate her fear of being lost and helpless. As a result they were able eventually to make love to each other. At this time, it was our hope that these benign processes set in motion by therapy would gain impetus within their marriage, so that they would be able increasingly to test reality and enrich themselves as individuals.*

Because marital therapy focuses on the relationship between the couple, rather than on the individual pathologies of the two partners with the aim of starting a benign circle which mobilizes the emotional support of a close ongoing relationship, it is perhaps possible to treat in marital therapy patients who, as individuals, would have required longer and more intensive therapeutic care. Our observation of Mrs Bleak during a stressful phase after the last summer break suggested strongly to us that in individual therapy she might have regressed to a level requiring more prolonged and intensive treatment.

Treatment of the dyad in a foursome

In our account of this case so far we have not discussed our role as the therapists and, in particular, the fact that there were two of us.

Having two therapists together in the sessions offers a number of advantages. It encourages self-scrutiny and recognition of the counter-transference.

*See last section on reality testing.

When it works well, as in a well-functioning marriage, it gives rise to resilience and diversification of function that would be more difficult for therapists working separately. For instance, when one therapist is hotly absorbed in interaction with the couple, the other has the opportunity to think and observe the over-all pattern of what is happening.

We intend to describe our participation from three points of view:

(a) The relationship between the two of us as it reflected the tensions within their marriage.

(b) The patient's relationship with the therapist of the same sex.

(c) The patient's relationship with the therapist of the opposite sex.

(a) Effects of the patient couple on the therapist couple

In the early stages of treatment, JT tended to be more active and HG tended to follow and re-inforce the interpretative themes introduced by her. This mirrored the major defence adopted by the Bleaks, viz. the woman had to be seen as powerful. As the therapy proceeded the therapists found that JT felt less impelled to be the more active therapist and that HG felt free, from time to time, to take the dominant position in the partnership. In retrospect, JT feels that her earlier activity may have arisen from her fear that if HG was allowed to be forceful, he would not be caring. This was again a reflection of the Bleaks' shared fear that a woman has to be active and phallic in order to protect herself from the harm men can do to her.

Thus, the therapist couple can become invaded by the assumptions and the ethos governing the patients' marriage. As illustrated above, it was also our experience that changes occurring in therapist and patient couples can be interestingly parallel.

While this phenomenon has been described by marital workers even when they were seeing the husband and wife separately, it is particularly vivid and powerful when it occurs in the actual therapy session as it does in a foursome. When a married couple is seen separately, the two marital workers may privately gain a lot of understanding of the marriage by observing their own interaction. We think that it is a particular merit of the foursome that the patient couple can directly observe the effect of their marital ethos on the therapist couple and share in any clarification or learning that may ensue.

In this connection, there are two risks in a foursome therapy, which we would like to mention:

(i) The dynamic issues relating to the patients' marriage may get obscured if the therapist couple are pre-occupied by differences of personality and technique, which they can't resolve because they lack insight or skill. In that event, it would be the

dynamics of the therapist couple, rather than of the patient couple, which would dominate the foursome.

(ii) By contrast, the foursome can become so pervaded by the assumptions underlying the patients' marriage that the two therapists cannot remain sufficiently detached to observe and comment upon what has happened to them. One safeguard against this is for the two therapists to have a regular time for discussing the case and what is happening in the foursome.

(b) *Patient's relationship with therapist of same sex*

We noticed that in the early sessions the two therapists came to adopt roles which at times were markedly different from each other's. JT felt impelled to be softer and gentler in her attitude towards the patients than she would normally be. HG, on the other hand, tended to make his comments in a manner which was rougher or blunter than is customary for him. The patients' perception of our behaviour, though more extreme, corroborated our impression that this was happening. HG was described by them as hurtful and aggressive; JT, by contrast, was seen as sympathetic. Take, for instance, one issue which came up repeatedly for discussion—Mrs Bleak's sexual refusal of her husband. This can be seen as an aggressive, castrating stance towards her husband but also as a protective reaction on her part to her fear of being hurt by men. While both of these components were obviously involved in her frigidity, we were struck by the fact that HG tended to focus on the aggression in Mrs Bleak's behaviour while JT pointed out the fear underlying it.

To put it another way, we feel that we were impelled to give a somewhat exaggerated expression to certain of our personal characteristics because these characteristics corresponded to the repudiated aspects of the patients' personalities. JT expressed the gentleness and responsiveness which Mrs Bleak was too scared to show herself. HG expressed the forcefulness and aggression which Mr Bleak so noticeably denied in himself.

This mechanism by which the therapists come to express the repudiated aspects of the patients' personalities can serve a useful function for the patients: it enables them to witness the fate, at one remove, of people who do express the characteristics so frightening to themselves. Reassured that no calamities ensue, the patients may feel that they can themselves experiment with the formerly feared sides of themselves.

An instance, which illustrates this mechanism, occurred when Mr Bleak's uncle died. Mrs Bleak, having mentioned it to us, could not discuss it further, and neither did her husband. Noticing that the subject had been dropped by both of them (and remembering that sudden deaths were a feature of

their parental histories), JT decided to enquire from Mr Bleak concerning his feeling about this recent bereavement. After some hesitation, Mr Bleak was enabled to express his grief about the death of this uncle and also of his father. This interchange between JT and Mr Bleak continued for a while and he seemed visibly comforted. When HG commented about the way he and Mrs Bleak had allowed the other two to continue so long with that theme, Mrs Bleak said she was relieved that JT was helping Mr Bleak with his grief in a way she was scared to do herself. Thus, using JT as the stalking horse, Mrs Bleak was, by the end of the session, able to indicate her wish to comfort her husband, despite her fears of appearing soft.

A corresponding example of this mechanism occurred when, after an unhappy summer holiday, Mrs Bleak was making a great many difficulties over appointment times. As usual, Mr Bleak reacted with helpless impotence. When, in spite of our going to considerable inconvenience in suggesting alternative times, she declared she still could not manage any of them, HG insisted firmly that they needed to be seen regularly at this stage and that she *must* find a way to arrange this. She stormed out of the room, but somewhat to our surprise, they both came to the next appointment. Mr Bleak opened the session by asking HG how it was that HG could get Mrs Bleak to comply with his wishes when he himself could not do this. This led us to examine how firmness could be an aspect of caring and not necessarily an attack. Since then he has been able to show concern for her more forcefully. For instance, when she walked out of a session, he got up resolutely to attend to her, instead of remaining seated, forlorn and helpless, as he did in the past. (Once Mr Bleak had intended to say that HG represented the masculine side of himself, but said instead that HG represented the masculine side of his wife—this slip of the tongue revealing double displacement of his feared masculinity.)

(c) *Patient's relationship with therapist of opposite sex*

We have just seen how Mr and Mrs Bleak unconsciously contrived to have the therapist of their own sex enact those aspects of themselves which caused them conflict and anxiety. This was not the only force which was impelling us to adopt the roles we did. HG, in addition to expressing the repressed forceful side of Mr Bleak, was also unconsciously cast by Mrs Bleak as the dominating, almost bullying, but fascinating uncle of her childhood. At one stage in treatment she even applied for a job in one of the organizations with which she knew HG was associated. Her manner towards HG combined resentful combativeness with occasional animation and flirtatiousness that we never saw in her relationship

with her husband. Her contrasting reactions to her husband and HG could be said to represent her underlying ambivalent feelings about men: she could feel safe with weak, despised men but could not feel sexual attraction to them. Strong, forceful men fascinated her but she feared and resented their possible domination of her. The aim of therapy, from this point of view, was to reduce this split in her perception of men. We hoped that reality testing provided by her experience in the foursome, particularly in her relationship with HG, would lessen her fear of masculine domination. This, in turn, might enable her to be less apprehensive of the repressed forceful side of her husband. It was after considerable exploration of her attitude towards her uncle and HG that she did (before the summer break) 'put her head above the trenches' and resume sexual relations with her husband.

What Mr Bleak projects into JT is much more obscure. He tends to keep her at a distance and avoids discussing his feelings towards her. In the example quoted earlier, JT felt that it was rather hard work for her to reach his feelings and comfort him. This sense of effort and distance which JT experiences in her contacts with Mr Bleak may correspond with what Mrs Bleak has told us of her husband's unresponsiveness to her when, in the early days of their marriage, she took the initiative in love-making. Once, in response to an interpretation by HG, he stated that he would either want to run into JT's arms for comfort or assault her.

We became increasingly aware that behind the overt problem of Mrs Bleak's castrating attitude to him, lay the problem of his anger towards women expressed through impotent, frustrating withdrawal. In a recent session when JT insisted that he should not mask his own feelings by drawing attention to his wife's, he told us how after having driven a car for a number of years, he gave it up soon after getting married. He and his wife both felt that he would be a dangerous driver. Even when they had a double income and four tiny children, they endured the frustrations of public transport, until Mrs Bleak could stand it no longer, bought a car, and learned to drive.

It was very noticeable in that particular session that the discussion of Mr Bleak's withdrawal and frustrating ineffectiveness was initiated and maintained by JT. We pointed out how he was obliging JT, as he did his wife, to assume an active phallic role because he was afraid to show his anger to women by more direct and active means.

It was probably as a result of the work done during the same session that in the following week he did at long last make arrangements for a conversion to the house, which his wife has been asking for for years. His passive ineffectiveness about this conversion had

been a source of considerable strife in their marriage. His activity in this matter was greeted by her with delighted appreciation. His psychological potency and her responsiveness in this venture was followed by a resumption of sexual intercourse.

Reality testing in the therapy and elsewhere

We have now reached a stage in therapy where the couple are beginning to experiment with the aspects of themselves they have habitually repudiated. Our sessions are marked by an extraordinarily painful sense of tentativeness. We are aware that they are very impatient for change to occur and at the same time incredulous and afraid that their worst fears will be confirmed and that they will again be disappointed. In spite of the fact that they have resumed sexual intercourse, started to entertain socially as a couple once more, and initiated the conversion of the house, they both preserve their lines of retreat. In our sessions there is considerable discussion as to whether their current behaviour is indicative of their true selves or is acting. They are anxious, wary, feeling exposed and seemingly ready to bolt back to their former positions. This, we feel, is the hallmark of a real process of working through, in contrast to the flight into health and magical recovery which they had reported in their fourth session with us.

When patients are risking the expression of formerly repudiated parts of themselves in this way, the nature of their current life experience becomes crucial to the outcome. In the case of Mr and Mrs Bleak, we had noticed before the last summer break a similar readiness to experience his aggression and her vulnerability. At that time, too, they had resumed sexual relations and there was the same sense of precarious fragility. Unfortunately, this hopeful start was reversed by a number of crises and misfortunes: his uncle and then his mother died, this at a time when we were discussing his repressed anger with her. Simultaneously, her dominant uncle collapsed emotionally because of the rebelliousness and sexual acting out of his children. The coincidence of these events with a 6-week summer break further added to their stress and they appeared to slip right back.

We are hoping that this time reality will be kinder to them in their present hesitant steps towards realizing a mutually enriching relationship rather than one which keeps them imprisoned by assumptions from their pasts.

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