

## **The Heart has its reasons, which Reason does not know (Pascal<sup>1</sup>)**

### **Developing couple-mindedness in primary care**

Published in Healthcare Counselling and Psychotherapy Journal, April 2006, Vol 6, No 2.

How and why do couples stay together? Can we afford to continue ‘turning a blind eye’ to the powerful impact that couple relationships have on almost all aspects of individual functioning? Primary Care is structured around the care of individual patients. When relationship problems are obviously in the foreground these tend to be exported, referred elsewhere. Could counsellors in General Practice be more encouraged to take on such problems, and in turn to alert the Practice to the importance of thinking about the couple even when that is not an obvious part of a patient’s initial presentation? It is likely that such a focus would be a useful approach for many of the difficulties they do bring. For example the NICE guideline for Adult Depression<sup>2</sup> concluded that

“Couple-focused therapy should be considered for patients with depression who have a regular partner and who have not benefited from a brief intervention”. (p28)

Among the evidence this guideline refers to is the research by Leff et al (2000)<sup>3</sup> which found that where the nominated patient has a partner, couple therapy worked better than anti-depressants in the treatment of adult depression.

D’Ardenne and Morrod<sup>4</sup> looked at a wide variety of health settings from surgeries to infertility clinics to STD clinics to psychiatric departments, where all too often only one partner is considered the patient. Frequently the problem at issue does in fact belong between the two partners. Both are involved, and if both can be enlisted to work at it, there is a much better chance of change.

There is evidence that couple relationships affect all aspects of the life of the family – the physical and mental health of the adults and children as well as the children’s development and achievements at school<sup>5</sup>. The direct and indirect costs of not attending to this, for individuals, families, the Health Service and the state, are enormous<sup>6</sup>. As the NICE guideline on Child Depression<sup>7</sup> put it: -

“Family risk factors for depression in children and adolescents include parent-child conflict, *parental discord*, divorce and separation, parental death, parental mental illness and parental substance misuse. The risk is thought not to lie in the variable per se but in its effects on attitudes, behaviour and relationships within the family” (p62-63, my italics).

To date, direct work with couples is an under-used form of intervention in both public and voluntary sectors and indeed is still largely located in the voluntary sector. However there is evidence that couples, when they do seek help together, tend to make their GP or Health Visitor their first port of call<sup>8</sup>. Undoubtedly some counsellors and psychotherapists in Primary Care settings are coming under increasing pressure from GPs and patients to do couple work<sup>9</sup>, and where this is not yet happening it is likely that it would be a useful service development.

Part of the problem is that the employment and supervision structure for counselling in General Practice are subject to such diversity, and erosion, in many places at present that paid time for training, and financial support for professional development are only available to a few. This must be short-sighted and deeply regrettable at this time when we are increasingly aware of social and relationship factors in health and individual development.

This paper describes a way of thinking about the relationship between two partners in a couple which can help us to understand and work with difficulties in this area. Developing such understanding involves taking account of the difficulties both in and outside ourselves about doing it, which we are likely to encounter. Those wishing to take this thinking further are likely to seek some specific training – see the information at the end of the paper.

Whether or not an individual is actually seen together with a partner, having a ‘couple perspective’ in mind can contribute a valuable dimension to our thinking. After all everyone is part of a couple in some situations, however transiently, for example when an individual is in the consulting room with a counsellor or psychotherapist. In our ‘one-to-one’ contact with patients or clients, we engage them in a relationship which will tend to reproduce their ways of relating to others in their world. In addition, of course, everyone has an image of a couple relationship

inside themselves, a mental picture of how they came into being, which underpins the way they deal with others in their current world.

For example Jennie, who came to see me for a while, spoke in a slightly aggrieved ‘little girl’ voice which conveyed a feeling that she was not sure she could decide or do anything for herself, so that even my first experience of her, when she rang to make an appointment, evoked a certain irritation in me, which I controlled but noted. It turned out that the problem she was bringing was of being trapped in an unhappy marriage but terrified to leave it. She felt helplessly empty inside and could only yearn for someone else to ‘make things nice’. It seemed that if the other did not comply and fit in with this she was faced with nastiness (in the other and if she dared to think much about herself, also inside), which she simply couldn’t deal with. We explored the striking extent to which she mirrored the way her mother had dealt with the world, and the degree to which she had always had to keep her own mind blank to maintain ‘niceness’. She found it very hard to stick with coming to see me, because psychotherapy involved risking that she and I could in fact face knowing more about what went on inside her than this.

Jennie had come with her husband John, and he too had difficulty in feeling all right about himself, but dealt with it in the opposite way, by being a kind of double dose of villain. The worse he felt about the kind of husband and father he was, the more he drank and retreated and became abusive. Both of them, I think, yearned to be loved but succeeded only in evoking the opposite from each other. A partner for someone like Jennie might equally well have been someone who would collusively share her demand that things be kept nice, so that they both end up seeing all nastiness as located outside the relationship. And such alternatives are also likely to be mirrored in the relationships either of them have with GPs or others around them, providing the opportunity, if grasped, to learn and understand more rather than simply repeating past experience.

### Why might we avoid seeing couples together?

Making the judgement about whether to use a couple-focused intervention is not always a simple or even a rational matter. Often ‘helping’ professionals do not feel equipped to see couples together, or even to explore what difficulties there may be in the relationship when one partner

presents. Of course there are structural obstacles, for example that the referrer only sees one partner and the other may be registered with a different doctor. Or there may be no room or time suitable for seeing two people together. There is often a lack of knowledge of relevant concepts. But on top of this I want to suggest that we are all prey to anxiety about intruding into the intimate space shared by two other people.

We may be half aware that we find any excuse to avoid getting into the situation of seeing a couple together, or to limit the encounter. We find ourselves seeing the two partners separately, in turn, or controlling their interaction in our presence by 'history taking' or task setting. We may seek to impose this sort of control for fear that they will quarrel. How do we avoid taking sides? If one partner seems more passive, helpless or inarticulate, some of us will want to support them, others will find them irritating or subtly aggressive, and will sympathise more with the other partner who may seem more perceptive, or active, or to some, perhaps, bullying. Our responses are of course partly informed by our own history and make-up, and these different identifications are bound to go on within a session. We know that unconsciously everyone is engaged all the time in an interaction between their inner world and the environment around them, and we cannot be immune. But we are responsible for processing these responses, for trying to make use of them to understand better what is going on.

I think our anxieties reflect a real underlying discomfort which exists within all of us about being a 'third' in the presence of a couple. 'Two's company, three's a crowd'. This common saying embodies a powerful feeling we all know about. No one likes to be the 'gooseberry'. The sourness of the fruit in the metaphor suggests the bitter feeling of being left out of something. Almost inevitably there are anxieties on both sides associated with being in this position. Will the 'newcomer' simply feel excluded? Or will he or she break into the couple relationship too far, become a threat to it, make the couple feel intruded upon, or worse, take sides and set up a new pairing, making someone else feel like the outsider? These feelings are intensified by the fact that a couple relationship is, at least potentially, a sexual relationship; this knowledge can stimulate primitive phantasies, desires and terrors associated with childhood feelings about our parents and their relationship. As one counselor I supervised put it, 'I always feel like the child when I see a couple together'. This can make it hard to ask questions about, and think with them about their sexual relationship, for example.

Developing ways to deal with being a newcomer joining a dyad is something we all have experience of in one form or another, from very early in our lives. As infants we are faced with having to share our primary carer with other people or needs in her life, and the way we coped and were helped to bear this gradual separation has come to be seen as one of the cornerstones of our psychological development. The process provoked powerful wishes to get between 'our person' and the other in her life, to have one person to ourselves and not to have to deal with a rival for their attention, as well as huge guilt about such wishes, and fears about the consequences of them. I think both the fears and the wishes can be represented in our preference for seeing one client at a time!

To equip ourselves to bring a couple together (even in our minds, never mind in the consulting room), we need to be prepared to contemplate some of these anxieties and talk about them, whether together or in more private space. We need to consider what models of coupling we carry inside ourselves, which determine what we expect, what we fear, what we want to impose.

There is another way in which seeing two people together can be threatening. We would be putting ourselves in the presence of two people's needs, two people's search for attention or wish to avoid the limelight, two people's histories, two people's internal worlds. The amount of data hitting us can seem completely overwhelming.

To deal with this, we need some organising ideas, some theory, to orientate ourselves towards thinking about a couple as a unit, as a system in which two people choose each other, and affect each other in a semi-permanent way. Some familiarity with concepts about couple interaction can enable one to step backwards from being drawn too far in to what each presents, and to listen to all that either of them presents as one shared pattern. Then whatever is said by one or other is looked at in a particular way as a product of both.

#### Beyond common sense: Concepts for thinking about couple interaction

The exploration of these ideas depends upon being willing to think about unconscious processes. Much of what binds two partners to each other goes on outside of their awareness, unless they

have help to recognise it. If you ask a couple why they got together, or why they stay together, of course you will get an answer of sorts. They will talk about finding each other physically, or intellectually, or emotionally compatible or attractive. But we may still look at them and listen to them and be baffled, or find ourselves much more sympathetic to one than the other and wonder why on earth they chose each other or why one doesn't leave the other. To understand more deeply we need to take account of the things they may be unaware of, underlying anxieties, the things they each learned to fear, or expect, and the defences or patterns of relating they developed to ward off those things. The roots of these patterns lie in their early history but the evidence for which is visible in their current ways of relating, if one knows how to look.

At the heart of this approach to working with couples is the assumption that partners are bound together by an unconscious as well as a conscious contract<sup>10</sup>. The relationship is founded on a relatively fixed unconscious system of mutual projections, which fit together, based on shared anxieties and defences. Each sees in the other things which fit with their own inner world, in one way or another. Their choosing of each other is/was fuelled by a complex mixture of early family experiences and what they have made of them. Usually we can discover that there is an unconscious phantasy about the nature of coupling that is shared.

Surprisingly often, if you are listening for this, there turn out to be matching sets of histories, at least in some significant respect, which are not difficult to spot, for example that both have dominating mothers, or absent fathers. Or one may have a father who is a bit of a bully, and the other may have a mother who was particularly subservient for some reason.

Often a fundamental part of why they have come together is to do with engaging with, and probably also protecting themselves against, unconscious expectations and anxieties they share about intimacy and separateness. As part of this fitting together, we may see apparent polarisations over different issues, which then suddenly reverse if one or other of them shifts their ground slightly. For example the husband complaining that his wife always avoids sex may, if she does become more receptive, suddenly find reasons why he cannot go through with it. The partner who passively avoids taking responsibility for something or refuses to respond may be relying heavily, unconsciously, on the other partner to express and carry protest or aggression or concern or thoughtfulness or the pursuit of intimacy on their behalf. We think of this as a system

where each 'projects' onto the other aspects of themselves which they find difficult, which they may both fear and also yearn for.

A 'mutual projective' system like this may function developmentally at times, so that each seeks to acquire some of what the other stands for, or at other times it may function destructively, where all that happens is that each attacks what the other represents. If things are not going well, the projections may become more and more extreme, each provoking the other to fulfil their worst fears, and at the same time it can become clear that what each is terrified of is very similar. For example the wife who is socially somewhat promiscuous and manic may well be defending herself against just the same terror of being left alone as is her clingy possessive husband, but unless this can be more understood each is likely to goad the other to increasingly provocative acting out.

What we need to do, as the professional in the presence of the couple, is to think all the time of what either of the partners says or does as part of the whole system between them, to listen always for what one may be expressing for both, and how the other's position fits with this. In this way we are treating the relationship, rather than the two individuals. So if one partner is much more silent, or more expressive, or more aggressive than the other we need to comment on this but always seek at the same time for a comment on the part the other is playing. One is representing one side of a joint internal scenario, and the other representing the other side of a shared conflict or ambivalence. The hope would be that through therapy both sides could become more owned by each partner so as to increase the flexibility in the system and allow room for each to be more fully themselves<sup>11</sup>.

There is no doubt that we get stirred up by encountering other people's unconscious communications. Some of that stirring up is useful information about the others, but only if we can separate it out from what comes from ourselves, which may involve having some personal therapy.

Seeing two partners together

When might we think of referring two people together, or seeing two people together for therapy, as opposed to all the variety of other possible responses? Some couples know that it is their relationship that is the problem. Some seek help together because to come for help alone would have been too difficult or frightening. They feel that to have their partner there makes the situation feel safer. Some may want to bring along the other one because they see the other as the guilty party, and seem to put the blame for any difficulties outside of themselves.

We often sense that individuals we see as part of a couple would never have sought help on their own, for all sorts of reasons. Coming together for therapy as a couple can mean that aspects of one which are 'held' by the other can more easily be brought in to the picture. These aspects may be conscious, such as one partner's capacity to see emotional links with the other's early history, and maybe remind them about incidents or relationships which are being left out of the story but which may be relevant. Or the aspects one partner can bring on behalf of the other may be outside of conscious awareness. One partner may be thought of as carrying a double load of anxiety on behalf of both, or one partner may find it easier to seek help than the other, or may look more 'ill'. Joint sessions provide a particular kind of opportunity to grapple with the parts of the self which have been disowned or unconsciously located in the partner. They may be located there because they can be kept under control in that way or kept at a distance (for example 'craziness' or 'being stupid', or weakness or emotionality), or on the other hand because there may have been a hope in the original choice of partner that some of those qualities which the other provides could be acquired, could become more familiar and available in the self, through a developmental process in the relationship. This is what we mean when we sometimes say that people 'marry their problems'.

If we think of seeing a couple together, there is still the question of whether they both want to participate in this way. If one partner has made the first approach, how does the other feel about joining them? How does the professional (or neighbour, friend or relative) feel about raising the idea of a couple approach? What is it like when such an approach is suggested? These questions imply a process, a variety of issues to be negotiated and thought about in order to arrive at a judgement about how best to proceed. Even where the couple request to be seen together, there is an assessment to be made<sup>12</sup>. There are situations in which one's best judgement is that therapy

together will make things worse, although in my experience these situations are much rarer than our fears may suggest.

## Conclusion

In this piece I have outlined some of the considerations involved in developing couple-mindedness, in the hope of promoting a grounded approach to a kind of work which is increasingly in demand. Undoubtedly too it can lead to very interesting and rewarding encounters.

Monica Lanman

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<sup>1</sup> Pascal, B., *Pensees*, ed. L. Brunschvicg (5<sup>th</sup> edition 1909) iv.277

<sup>2</sup> NICE guideline on Adult Depression. Department of Health web-site.

<sup>3</sup> Leff, J., Vearnals, S. et al (2000) 'Randomised controlled trial of antidepressants versus couple therapy in the treatment and maintenance of people with depression living with a partner: clinical outcome and costs' *British Journal of Psychiatry* **177** 95-1000

<sup>4</sup> D'Ardenne, P. and Morrod, D. (2003) *The Counselling of Couples in Healthcare settings: A handbook for clinicians* Whurr Publishers Ltd, London

<sup>5</sup> Cowans, Carolyn Pape and Philip A., (2005) 'Working with Couples during Stressful Transitions', Chapter II in *The Family on the Threshold of the 21<sup>st</sup> Century: Trends and Implications*. Dreman, Solly, (Ed), Ben Gurion University.

<sup>6</sup> McAllister, F. (1995) 'Marital Breakdown and the Health of the Nation', One Plus One, London

<sup>7</sup> NICE guideline on Child Depression. Department of Health web-site.

<sup>8</sup> Simons, J., Reynolds, J., et al. (2002) Randomised controlled trial of training health visitors to identify and help couples with relationship problems following a birth. *British Journal of General Practice*.

<sup>9</sup> Rosenthal, J. (2002) 'Couple Counselling within Primary Care', *HCPJ* July

<sup>10</sup> Ruzsyczynski, S., ed. (1993) *Psychotherapy with Couples*, Karnac, London

<sup>11</sup> Mattinson, J.(1979) *Mate and Stalemate*, Tavistock Institute of Medical Psychology, London.

<sup>12</sup> Lanman, M.(2003) 'Assessment for Couple Psychoanalytic Psychotherapy', *British Journal of Psychotherapy* 19(3).