

Shared Phantasy and Therapeutic Structure in a Brief Marital Psychotherapy

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ABSTRACT: In this, the first of two related papers, the process is examined by which a couple were helped to separate, temporarily and emotionally, through a brief offer of psychodynamic therapy. The therapy comprised six weekly sessions of one hour's duration, an input often considered inadequate for effective analytic psychotherapy. The paper examines the interrelationship between an unconscious shared phantasy which had produced deadlock in the marriage and two structural aspects of the therapeutic offer - its brevity and the decision to see the partners separately. The concept of shared phantasy is discussed in the second of these papers which describes in the context of one model for outcome assessment, in what terms the therapy might be said to have been effective.

The Problem

Mr and Mrs Frazer referred themselves to the Institute of Marital Studies *(IMS) asking for help to separate. For eighteen months they had talked about parting but had been unable to break their deadlock and make a decision. Shortly before they applied to the IMS, their fourteen-year-old daughter had been seen at an out-patient psychiatric clinic for behaviour problems. The sixteen-year-old son of the marriage was showing signs of distress at home but was functioning well at school.

Even before seeing the Frazers the two therapists who accepted their referral were predisposed towards making a brief conjoint offer of therapy. They were interested in the claims made by conciliators that brief structured interventions (rarely extending beyond six sessions) are particularly effective as a means of helping couples to separate constructively. While the Frazers were not in the same category as those who consult the rapidly-growing conciliation services in this country (they had chosen a therapeutic and not a conciliation agency), the nature of their presenting problem caused us to question whether a brief intervention might be more helpful than the longer-term therapy usually practised at the Institute. A further reason for making a time-limited offer was the reluctance of the therapists to perpetuate the impasse of the past eighteen months by an open-ended offer of therapy, whose very structure might unwittingly communicate a lack of urgency in addressing their problem. As it turned out, Mr Frazer made it clear he would not have tolerated an open-ended commitment had such an offer been made.

*The Institute of Marital Studies offers dynamically-orientated marital psychotherapy to couples as one of its three main functions: practice, training and research.

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Towards an Assessment

Mr and Mrs Frazer were seen together for an assessment interview. They were an attractive couple in their forties, strikingly dissimilar in the impressions they made upon their therapists. Mr Frazer was brisk and business-like in his approach, but very engaging in his manner. Only when under pressure did the effort to contain his feelings become evident. In contrast Mrs Frazer seemed pale and exhausted; she sat curled round in her chair half turned away from the others in the room.

Talking about their marriage they conveyed a strong sense of despair and paralysis. Mrs Frazer tentatively expressed the hope that her husband would leave but was conciliatory in her approach, indicating that she felt guilty about her request and unsure of the consequences. Mr Frazer was evidently still fascinated by his wife but held himself in reserve during the interview, exercising caution about committing his feelings to words and himself to therapy. When she mooted the possibility of his moving out, he became stonily unresponsive; when she retreated from the implications of ousting him from the home, he became reassuring and accommodating. In this way the deadlock was preserved.

One event in their marriage retained a traumatic momentum for each of them, but especially for Mr Frazer. Some years previously Mrs Frazer had been admitted to hospital suffering from *anorexia nervosa* following a period of withdrawal and depression. Because she had refused to accept that she was ill it was left to her husband and the family doctor to recognise the seriousness of her condition and to act on her behalf. Mr Frazer had been, and still was, angry and bewildered about what he saw as an attack upon himself and the children.

Their strongest communication, however, was a sense of deadlock. Because of this (and their therapists' interest in testing what might be done through a brief therapeutic involvement) six meetings were offered, all but the first to be held conjointly; the first single session was to allow for further assessment.

Mrs Frazer

Mrs Frazer, a librarian by occupation and a thoughtful, reflective woman, used her single interview to express the personal dilemma in which she felt the marriage had placed her. The overriding theme of the interview was that she felt out of tune with the kind of woman she believed her husband wanted her to be. At first he had been attractively certain of himself and her, but over time she thought he had developed a romantic, starry-eyed picture of her as a soulmate and ever-available sexual partner to which she decreasingly corresponded. She believed that her wish to develop professionally met with his hostility; she sensed her moodiness and depression were greeted by him with a cool remoteness. At the beginning of the marriage she had conformed with his picture of her but at the cost of alienating herself from herself. Now she wondered whether he was at all interested in her as she really was. In the marriage it seemed as if she was left to choose between rejecting him to preserve her own sense of integrity, or playing the kind of woman she thought he wanted her to be, an option which made the experience - and the relationship - false for her.

For some time she had decided upon the former course, withdrawing from the marriage sexually and placing her hopes on effecting a separation. Yet she remained concerned for her husband and anxious to manage the separation without turning everything bad. She talked as if separating might damage him in some way. She said she was cautious about pressing him to leave for fear of triggering a breakdown in him.

It was only later that Mrs Frazer disclosed, in the context of her own experience, the reasons for her protectiveness. Her parents' marriage had broken down when she was fourteen, the current age of her daughter. Before their divorce she had felt under pressure to choose between her parents. Following their divorce she thought her mother had become martyr-like, as if she was now permanently sentenced to being the same sadly misused woman she felt herself to have become in the marriage. Later on in life, and at a time when his social and physical activities were rapidly deteriorating, she had renewed her involvement with her father. He came to stay with her but she had experienced his presence as too demanding, especially at a time when she had young children to care for. Wishing he would go, yet unwilling to ask him to leave (because of his poor state of health) Mr Frazer acted on her behalf and asked him to go. Shortly afterwards he died. For Mrs Frazer this had echoes of another occasion when, at the start of their relationship, her husband had freed her from an involvement with another boyfriend. He had subsequently committed suicide.

Her therapist's interpretation of this account, although not substantiated by historical evidence at that stage, ran as follows: Mrs Frazer had an uncertain sense of herself. She had been attracted to Mr Frazer because he seemed secure, certain and more confident about himself and her than was she. As time went on, his certainties about her and the kind of relationship they had together decreasingly corresponded with her own experience of either, causing her to withdraw from him to preserve her own sense of herself. More than this, she equated, at an unconscious level, the self-preserving act of separation with her own aggressive impulses which she feared might have damaging consequences if they found expression. For this reason she directed these impulses against herself. Her depression and nearly lethal self-starvation were a self-destructive means of separating (ultimately risking death). While ostensibly serving to protect her family they experienced it as an attack; they were no longer worth the effort of staying alive for.

Mr Frazer

Mr Frazer, a professional engineer and a Scot, used his interview to talk about his family background. He did this in a way which engaged his therapist and enabled her to make what were, for him, revelatory connections between his history and his present predicament. Coming from humble origins Mr Frazer was the elder and brighter of the two boys in his family, and the one to receive a university education. In this he sensed that he gratified his mother's thwarted aspirations for academic recognition and achievement.

He dwelt on his relationship with his younger brother who was born when Mr Frazer was ten years old. He recalled having no inkling that his mother was preg-

nant and it was a complete surprise when she went into hospital for the birth. He said he was delighted about the baby and recalled decorating the house with 'Welcome Home Mum' banners. In general he thought his childhood had been very happy and secure. Nevertheless he recalled an important event. He remembered standing alone in his parents' garden. It was the garden of their new house, bought not long after the birth of his brother - 'a great Edwardian heap ... not the snug bug of a home we had lived in till then'. He had become 'aware of the cosmos and the hugeness and impersonality of the universe'. He laughed at the memory, deprecating it as kid's stuff.

Four years after Mr Frazer married, when his own children were very young, his younger brother arrived at the house 'stark, staring bonkers, raving mad'. Mr Frazer commented 'he's huge, like me, so it was very frightening'. The brother was uncontrollable and Mr Frazer had to have him forcibly admitted to hospital where he was later diagnosed as suffering from schizophrenia.

Talking about his marriage, Mr Frazer conjured up an enthusiastic and romantic view of the two of them in the past as the ideal couple 'living in Rupert Bear country'. He had been 'very happy, very much in love' and could not, would not, see her developing depression. The early months of marriage had seen his mother dying a wasting death from cancer, and his father dying from a heart attack three years later. When some time later his wife remorselessly lost weight ('she was like something out of Belsen') he had become frightened. By reading he discovered she was dangerously close to death. With the help of the family doctor she was admitted against her wishes to hospital. He recoiled from remembering this period, feeling it had been a terrible attack on him and the children. The marriage never recovered, and yet he still loved her despite her sexual and emotional absence from him. He described their offspring as 'super children' and saw them as unaffected by the difficulties they were having, temporarily making his therapist forget that his daughter's behaviour had instigated the referral.

Reflecting on the interview his therapist speculated that the cost of fulfilling his mother's aspirations and getting on and out of a constricting environment had been to sever himself from his roots, especially the roots which bound him to less-than-rosy images of family experience. Blinkering himself from a sense of displacement at home, from his brother's impending breakdown and from his wife's looming depression, he was a man unaware of how much he and his wife had been shaken by the chain of death and disaster which had rocked the early years of the marriage. The other side to this denial was his sense that he had been a 'complete disaster' to his wife. Indeed the 'chain of disasters', a list added to by both therapists from their interpretations of these accounts, was an important link which provided an historical basis for the shared phantasy in the marriage.

The 'Chain of Disasters'

1. Aged 10 Mr Frazer is displaced by his brother's birth; the family move house.
2. Aged 14 Mrs Frazer's parents separate.
3. Some time prior to their marriage Mr Frazer releases Mrs Frazer from a relationship with a man who subsequently kills himself.

4. Shortly after their marriage, when Mrs Frazer had recently become a mother, Mr Frazer's mother dies emaciated through stomach cancer.
5. Shortly after the birth of their second child Mr Frazer asks his father-in-law to leave their home; he dies without Mrs Frazer seeing him again.
6. One year later Mr Frazer's younger brother has a schizophrenic breakdown and is compulsorily admitted to hospital.
7. Two years later Mrs Frazer begins to suffer from depression culminating in her admission to hospital with *anorexia nervosa*. Her weight drops to six stone.
8. Three years prior to contacting the IMS there is a short period of separation in which Mr Frazer lives platonically with one of his wife's friends; he keeps closely in touch with his wife during this time.
9. Eighteen months later they agree upon separation but cannot implement their decision to part.
10. Their daughter develops behaviour disturbances and is seen at an out-patient psychiatric clinic.

The Marriage

Although Mr and Mrs Frazer were sufficiently worried about their own problems to have been drawn towards individual psychotherapy, they had in fact approached a marital agency and drawn attention to a specific problem between them. The problem was therefore neither Mr Frazer's denial nor Mrs Frazer's depression but the deadlock in their marriage. Their defences complemented each other precisely, and can be understood as having resulted in a shared defensive system in which Mr Frazer's denied (even 'deathly') depression was borne by his wife, whereas her vigorous and aggressive claim to life was worn as a mantle by her husband.

In magnified form the Frazers illustrate a conflict central to all marriages: the survival and development of self within a highly significant personal relationship and social institution. Mrs Frazer believed she could not survive within the marriage; Mr Frazer believed he could not survive outside it. Mrs Frazer believed she could only have her separation at his expense; Mr Frazer believed he could only have the marriage at her expense. Their inability either to live together or live apart, and the paralysis induced by the double-bind they had created for themselves, reflected a powerful unconscious shared phantasy: that life for self risked death for others; life for others implied the death of self. It was this, concluded the therapists, which exerted its vice-like grip on their marriage.

In formulating a psychodynamic hypothesis to explain their difficulty in separating, two propositions were made. The first was that each spouse defended themselves against the full recognition of their own feelings about themselves and each other because, unconsciously, they linked such awareness with disastrous consequences. The choice of an idealised and idealising partner had, as its unconscious aim, protection from further traumatic experience. The second was that they shared an unconscious phantasy that each would be damaging to the other if they separated from the other. They avoided being realistically self-assertive and appropriately separate from each other because they could not distinguish the

consequences of such actions from what they saw as their own destructiveness and fear of abandonment. The catastrophe they believed would be avoided by maintaining such a defensive system concerned sanity and life itself. Paradoxically, maintaining the system involved similar risks, and so their unconscious arrangement for mutual protection was in danger of breaking down. From these propositions the therapists surmised that an opportunity for surviving the expression of their differences, focused at that time upon whether or not they should separate, was likely to be the most therapeutic offer that could be made within the limits of the six planned sessions. It was intended that the partnership of two therapists would make the process safer by withstanding the effects of phantasy and by allowing each partner to be attended to separately within a conjoint therapeutic context.

The Therapy

Therapists may propose but clients dispose. At the next conjoint meeting an ambiguous discussion took place about Mr Frazer's negotiation to secure a flat. Faced with the prospect of an imminent decision each partner reacted very differently. Mrs Frazer was conciliatory, wanting to stay with her husband in the sessions to help him to go, but fearful that any positive signals might be interpreted by him as her agreement to a reconciliation. Mr Frazer was stonily angry saying the single session was more useful than joint discussions where he became confused. He said if he was to go he had to believe that she meant what she said about wanting him to leave, and he had to see the fault as being hers. While he had to hate her and cut himself off from her in order to be able to leave, she had to conciliate, to keep talking to him, to be able to ask him to go. In the end Mr Frazer insisted upon being seen separately and the therapists agreed, feeling there was little option for them if the therapeutic relationship was to continue. There followed three individual sessions with each partner and a concluding joint meeting.

Mr Frazer's Individual Sessions

Alone, Mr. Frazer continued to talk about whether he could 'bear it', 'it' being his feelings about both leaving his family and facing his wife in joint meetings. He was quite conscious of his need to scapegoat her at that point saying there would be time to become 'more civilised' later on. Inside himself he struggled with the idea of leaving, sometimes referring to 'when' he would leave, and sometimes to 'if' he left, as though it might not have to happen. His inner struggle was manifest when he secured and signed a lease on a flat but hovered about moving in.

His therapist focused on why he found the idea of separation particularly awful, although appreciating that the wrench from his family would, in any case, be very traumatic. She commented on the gulf between his hope for a reconciliation 'miracle' and his despair about the marriage, his idealisation of the early years of their relationship and his wife's depression and anorexia, the feelings which still tempted him to think they were a perfect couple while at the same time convincing him that he had been a 'total disaster' for her. He responded by saying he had never before appreciated how blinkered he had allowed himself to become, and

how 'black and white' his vision tended to be. 'I must grow out of my romanticism', he lectured himself. At the same time the challenge to his established views was painful and felt, he said, like 'major surgery'.

When his therapist commented that he must have known some awful separations, he wept. She suggested he had needed to see his adolescence as better than it was because of his feelings about being displaced by a younger brother. 'That does not get me like some of your remarks - when it is like being winged by an electric fan', he replied. Then he said how awful it was going to be on his own. He had a 'frightening memory' of a green gate, when as a child he wondered whether it existed and how he might know. His therapist suggested that he must have wondered whether his mother existed in the same way for him after his brother had been born. Perhaps, she asked, his wish to recover the earlier time was one reason why he had never been able to see his wife clearly nor to adapt to the real woman he had married.

At the last of his three single sessions he arrived announcing 'I've done it'. He had moved into a one-bedroom flat situated only a quarter of a mile away from the family home. The central heating had not worked and no plumber had been available to mend it, but despite an overwhelming desire to return home he had instead borrowed a heater from work and stayed put. 'But it's been hard keeping away', he added, 'I've kicked and screamed inside; it's like being in a padded cell'. Nevertheless there was some modicum of comfort for him. His children had visited him, and while he said he could not permit himself to think too closely about their feelings (especially those of his son) - 'it would be too much to bear, it might send me over the edge' - yet he talked about their distress. A concern for their well-being and that of his wife gained prevalence in the session over the earlier anxiety about his own survival. In particular he showed concern for his wife 'who has not got a good track record' and 'gets sucked dry' by demanding events.

Mr Frazer's involvement with his therapist developed rapidly and intensely. At the first single session he had talked about an earlier attempt to leave the marriage when he had stayed with a woman friend and found asylum. His therapist, recognising an allusion to her importance for him, was at first drawn into feeling that the six session offer was ludicrously short and that they might need more time if disaster was to be avoided. She had caught their anxiety about how he would manage on his own. It was Mr Frazer who held to the boundary of the offer. After exploring her view of his condition and being told he was 'not ill, but sorely troubled and going through a very strenuous transition' he thought he should end. While he felt he had 'a thousand miles to go' he considered the work they had done together was fundamental, allowing him time before having to make up his mind about further therapy.

Mrs Frazer's Individual Sessions

On her own Mrs Frazer's ambivalence about the marriage became pronounced. This was evident in three areas. Firstly, she was ambivalent about him leaving because she was as capable as he of having romantic hopes. With Christmas on the horizon she talked about her regrets that the occasion no longer held surprises for her and the children. When Mr Frazer promised it could 'all be lovely' if he

stayed, she was almost tempted to agree, but then she became anxious that he might not leave and so withdrew. Then again she was ambivalent about the marriage because of her own uncertainty about herself. In the early stages of their relationship she had been impressed by his confidence, stature, and conviction that she *must* be someone if she moved in the circles she did. Later she resented him making her into the kind of person she did not feel she was, and although she reacted against his wanting her to be different, as she saw it, she was herself conscious of 'wanting to be a different person'. Within their system of projective defences it was sometimes difficult to know to whom the dissatisfaction could most properly be ascribed. Finally, she was ambivalent about realising what she wanted (his departure) for fear of what might happen to him - and to her. She feared he might not survive the separation, or if he did, that she might not. She went on to talk of what she described as her fear that he might kill her for making him leave.

In her second session Mrs Frazer talked of other experiences of separation, prompted by her feelings about Mr Frazer going away for the weekend on business (which elicited a sadness she had not anticipated) and ending with her troubled family and friendship histories. It was in this session that she disclosed the information referred to earlier. Events had added to her conviction that she was in some way not good for people, or that separating herself from others made her 'not good' in the light of the consequences which befell them. She therefore listened with interest to what was happening in her husband's sessions. His therapist was reportedly turning things bad - 'she keeps sticking darts in me' was Mr Frazer's phrase - yet they both appeared to her to be surviving and profiting by the experience. In the last of her sessions she by-passed the reception desk and arrived at her therapist's room unannounced. She was very distressed and vulnerable at this meeting. By then her husband had moved into a nearby flat though he regularly looked in on the family at home so she was still not sure whether or not he had left. She was having a struggle keeping going at work, and this extended into her work in the session. Her therapist became acutely concerned about how she would manage without the sessions, and experienced the same indecision his colleague had about keeping to the time-limit of the original offer.

Concluding Session

Mr and Mrs Frazer were seen together for the last session. Whereas Mr Frazer's therapist had become more confident about his survival during the single sessions, Mrs Frazer's therapist had moved in the opposite direction. At the final meeting, as at the first, she looked pale and said she was feeling sick, whereas Mr Frazer was again brisk and business-like. On the positive side both were reassured that Mr Frazer was surviving the separation and each was freer to talk about good aspects of the marriage. However Mrs Frazer was more in touch with her own misery now she no longer had a tangible explanation (her husband's continuing presence) for her unease with herself. Independently they came to the conclusion that they needed a break from each other and from us before making any further decisions about the future. Their therapists accepted this, although for them the price of keeping to the time limits of the treatment offer - of allowing them to leave - was a

nagging anxiety about whether they had taken enough from the sessions to survive what felt like the rupture of ending.

The Therapists' Evaluation of Therapy

Both therapists were convinced that much had been achieved in this brief piece of intensive work. Rapport had quickly been established and they sensed they were engaged at a conscious and unconscious level with the couple's dilemma about separating. Through their counter-transference fears that the Frazers might not manage without therapeutic support, the therapists had been touched by the shared phantasy which permeated the marital system. By letting them go (aided and abetted in this by the couple), they refused to allow unconscious forces to have the last word.

Three factors of therapy were of particular importance in breaking the deadlock. The first was an interpretative framework which placed their current dilemma into a wider context, allowing for some recovery of a less distorted recollection of experience and thereby relieving the grip of phantasy. This was a particularly important process for Mr Frazer who described it as 'salting the tails of his ghosts'. Secondly, through separate sessions they had a kind of trial separation in which they explored the feelings and phantasies each associated with actual separation. This had not been planned by the therapists, but they came to believe that Mr Frazer's insistence upon separate sessions had allowed for a controlled separateness in the marriage which had been used most fruitfully. Thirdly, the limited nature of the offer required the Frazers and their therapists to face the inescapable issue of terminating their relationship with each other when much business remained unfinished. Living with this was a therapeutic experience in itself because it raised the fears and uncertainties which paralysed them in a constricting pattern of interaction in the marriage, while demonstrating that these fears were surviveable.

Each of these factors were set against a background of mutual involvement between couple and therapists, an involvement influenced by the structure of the therapy and a dynamic central to the marital problem - the shared phantasy that separation had life and sanity-threatening consequences. The therapists hoped that the structure of therapy had worked to free the marital system from the deadlock imposed by the phantasy. However, over and above their liking of and concern for the couple the phantasy had a reciprocal effect upon the therapeutic structure and upon the therapists themselves. In part it was a concern to see whether the Frazers had survived their separation that led to the decision to invite them to a follow-up interview eighteen months later. The next paper describes the results of this interview and considers how they might be interpreted and assessed.

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The Outcome of Maritally Focused Psychotherapy offered as a Possible Model for Marital Psychotherapy Outcome Studies

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ABSTRACT: A model for describing and judging change in a *couple relationship* is set out, drawing on a follow-up method established at the Tavistock Clinic for the assessment of change in *individual patients*. We present the follow-up work done with the couple in the chronological order in which it occurred.

Our aim is to show how a psychodynamic formulation of a relationship can be made by using the concept of the shared unconscious phantasy as a factor which describes and justifies treating separate individuals as part of a single system. We suggest that such a framework provides an economic method of formulating a base from which to assess change.

Introduction

(The diagnostic and psychotherapeutic work upon which this paper is based has been set out in the preceding paper.)

In our attempt to deal therapeutically with the adhesive nature of emotional turmoil and character and behavioural disturbance, the problem has always been to avoid both the trivial and the omnipotent. Because respect is given to what a person thinks and feels, including any resistance to change, the highly disciplined and economic technique of psychoanalysis and its related psychotherapies commands considerable trust. The importance of this face validity should not be underestimated in any attempt to account for its survival and standing. Indeed, it may be for this reason that psychoanalysis and psychoanalytical psychotherapies may not altogether depend for their survival on the inevitably limited attempts to test their efficacy objectively.

The nature of the therapeutic encounter is so complex that the task of establishing measures that do it justice, while remaining objective, can seem to be beyond our capability. As a result those involved in outcome studies have to make choices between the kinds of potential bias that they accept in order to make any statement at all about the effectiveness of psychotherapeutic work. Despite these difficulties it is impossible to avoid asking whether, and if so how and how well, analytical work helps those with the problems it addresses. We must ask these

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