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THE CREATIVE COUPLE — THE CONTAINING SPACE IN THE FAMILY AND COUPLE THERAPY

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difference

creative couple

co-therapy

Summary

This is the second part of the article about the issue of cooperation of two therapists in family and couple therapy. The title of the paper refers to the state of mind in which the idea of the relationship provides a third position for two individuals creating a couple. The article deliberates on the questions if and how co-therapy can be useful for both the therapists' work and for the patients or if co-therapy helps the patients to make changes. It also raises the issue of therapeutic relationship development and the impact of it on the whole therapeutic process. The paper describes how some developmental achievements allow seeing a different perspective and taking in metaposition. The following part of the article presents specifics of supervision for two therapists. The conclusion contains the reflections on the *difference* in achieving the therapeutic change. The paragraph dedicated to the meaning of sex in co-therapy suggests the necessity to do additional research work considering gender difference. The collected material is a result of individual searches during a long-term psychotherapy practice based mainly on the Milan systemic therapy and taking into account the unconscious dynamics running in families and couple relationships.

Introduction

Among the many theories that support my thinking about working in co-therapy, a particularly important concept for me is the *couple state of mind* introduced by Mary Morgan [1]. It mainly concerns the marital relationship but it comes from the psychoanalytic conception of an *inner couple*, which can arise in the intrapsychic world. A creative couple can, therefore, be an element of mental resource, as well as the effect of two people working together, who can collectively create a new quality, something more than just a simple sum of the two individuals.

Constituting a creative couple in co-therapy

The usefulness of the therapeutic couple will depend on the ability to build this kind of relationships in the pair, in which there can be a creative connection, psychological exchange, and in which they feel that together they can achieve some kind of complement.

At the root of the concept of *a creative couple* is the idea of *the third position* introduced by Britton, which means "the ability to build emotional relationships with others, without nullifying the ability to observe one's own experience and other people's experiences" [2, p. 159]. *The couple state of mind* is achieved by taking *the third position* in relation to the parental couple, thanks to which we obtain permission for the coexistence of such feelings as love and hate. This is a state of mind for which both the couple in their lives and the therapist "must constantly struggle to regain when adult mental functioning involves shifting between the schizoparanoid and depressive positions" [3, p. 29]. *The third position* provides access to perspectives on the meta-level. It is a developmental achievement that enables the adoption of different perspectives, and, thus, allows you to generate and then test hypotheses about life and the dilemmas that it inevitably brings. The ability to adopt a metaposition means that "a different or sometimes opposite perspective of the other person is not experienced as annihilating for one's own perspective but can be accepted into the psyche of an individual to find its place there and connect with one's own thoughts" [4, p. 41]. When patients come to therapy who have experienced very little contained–container relationship during their development, it is sometimes difficult to maintain the therapist's thinking because "*thinking with* is impossible, *thinking about* is terribly dangerous" [5, p. 19].

Working with a second therapist can help maintain *the couple state of mind*. According to Stanley Ruszczyński, work in co-therapy is particularly useful, for example, when in a pair of patients "the predominant defence includes splitting, as the two psychotherapists may find that between them, they hold the full picture of the couple's shared internal world, either split between the two partners of the relationship or split between them as a couple and the external world" [6, p. 32]. "If the therapeutic couple is able to contain (and not act out) the contents placed in their relationship, as well as think about and process them, it helps the married couple to pursue these functions independently. […] Thanks to this, the couple internalizes the foundations of the ability to better cope with the containing process and the ability to transform terrifying feelings" [7, p. 214].

Like every couple, a pair of therapists develops the ability to mutual containing various internal states and the assisting feelings that arise in response to interaction with patients. Warren Colman introduces different concepts of containing in his chapter "Marriage as a psychological container" [8]. On the one hand, therapists can provide each other with Winnicott's holding, *i.e.* they cooperate in creating safe conditions for each other and for patients, in which the couple/family can develop at their own pace. On the other hand, a pair of therapists can develop a Bionian containing apparatus capable of transforming the projections of both patients and each other.

One of the most difficult phenomena to transform is projective identification. When the only way for patients to tell about their suffering is to make the therapist share it, the therapist may lose their sense of reality. While working with one of the couples, for example, I felt I was not good enough a therapist, convinced that I have not supervised this case even once. I persisted in this delusion for a surprisingly long time until I realized

that I had in fact supervised this couple many times. The presence of a second therapist helps you come back to reality much faster.

To illustrate how Bion's mutual *containing* by therapists helps patients maintain the state of mind of a couple, I will refer to an example from the therapy of a conflicted couple, with a high level of criticality and requirements towards themselves and each other. As co-therapists, we began to experience similar states very quickly. We had critical thoughts and comments towards the other therapist. Our willingness to talk about our feelings, supported by supervision, made it possible for us to reflect on the tension between us, to contain feelings of anger and resentment, and, thus, to imagine how difficult it is for the patients to remain with their feelings, and how strong the pressure is to get rid of these feelings as soon as possible. In the mutual criticism of the therapists, also the following attitude was recaptured: "I don't need you," which was derived from the stories of both partners who denied that each of them has ever needed a father, and also expressed in the words: "I don't like to ask for anything" or: "I will leave you and then we'll see what you are going to do." Regaining contact with the needful part was associated with feelings of humiliation. Moreover, when one person in the couple allowed to approach more gently for himself/herself, he or she was immediately the target of furious attacks from the other partner, out of envy. When we realized the feelings we were undergoing, we could begin to empathize with ourselves and make efforts to show mutual favour and appreciation for each of us contributing to the therapy. It also helped us to be more sympathetic to the patients' various acting-outs and to see them in desperate attempts to protect themselves from suffering. Thanks to this, we could better understand the patient whose mother, fearing that she would not be able to manage alone, shouted at her daughters, and similarly the patient, when she was afraid, also shouted. And it was also possible for her partner to comment on his own reaction: "I might have reacted differently, but if I show my anger, I feel better." He gained insight that it was very difficult to him to stay with his feelings and he gained the opportunity to develop by looking for other ways to manage: he might be alone with them first and then bring them to the session.

I see the potential and possibilities that co-therapy brings with it. I am learning that the feelings that arise between co-therapists are *about something*, not *against*. In the example I have described, it has become useful for the therapy process to reflect on and reverse the destructive acting-outs that we as therapists used towards each other, and to discover what kind of sufferings were unspeakable.

There may also be a defensive containing in a pair of therapists, where one therapist begins to contain the regression of the other therapist, and is going to become the "receiver for projection," or when the defence is used interchangeably. Projections are then placed in the interaction partner but are not transforming for the therapeutic process. This can be expressed for example in the fact that one of the therapists tries to protect the other from his feelings (maybe because they seem to be destructive to him) by giving up his own activity, withdrawing, or – on the contrary – by taking the initiative or taking excessive responsibility for the relationship, for the therapeutic process. A co-therapist who is withdrawing from activity, believing that the

other therapist knows something better, may undergo some kind of idealization, overestimation, which in fact may be a contradicted underestimation. Underestimation is not seen, but the defence against envy in the form of idealization is visible. Moreover, an interaction partner may want to be idealized when he experiences various feelings as too difficult to feel, restraining the opportunities of development both for the patients and the therapists and limiting the chance of becoming a useful tool for change for the patients.

The more accurately therapists in co-therapy recognize the sources of their emotional disturbances, the more useful they are to their patients. The stages of development of the therapeutic couple were described, among others, by James Dugo and Ariadne Beck [9]. According to the authors, "the development of a mature relationship in a co-therapeutic couple facilitates the group's own developmental processes, has a positive effect on the course of psychotherapy, both short-term and long-term, increases its effectiveness and reduces the concurrent risk" [9, p. 1]. Development stages described by Dugo and Beck include, in the given order:

1. Creating a contract, *i.e.* a dialogue on how the process of change in therapy is understood, or the way it is conducted.
2. Forming an identity in such a way that it is possible to establish what is common for the co-therapists and to contain the differences of their views and personalities.
3. Building a team, the process of learning about each other and from each other while respecting differences; developing a common style of leading the group.
4. Developing closeness. Experiencing closeness and shaping of boundaries. According to the authors, this stage reveals the potential of the co-therapeutic relationship as the background against which changes in the group take place.
5. Defining strength and limitations – developing a realistic view of the relationship.
6. Exploring possibilities. Conflict-free stage, facilitates reflection.
7. Supporting self-confrontation. Confronting what can stand in the way of development.
8. Integrating and implementing changes. Redefining the co-therapeutic work. Making a decision as to whether to continue working together and support each other in the future.
9. Closing a relationship or its reorganization. Recognition of the role and importance of the partner. Discussing what was not achieved.

One may wonder what kind of relation is between these stages and the stages of conceiving a creative couple, that it "can be a challenge to narcissism and omnipotence, of which very rarely, if at all, is abandoned without regret, sadness and protest" [4, p. 33]. An important factor enabling the development of a co-therapeutic couple is joint supervision and also discussions and meetings with other therapists. For me, the space for building mutual trust and openness is created by the collegial Couples Therapy Seminar in which I

participate[1]. Meetings with therapists and co-therapists serve to deepen the knowledge about couple psychotherapy, exchange ideas and jointly reflect on what is happening in the therapy process. They also fulfil an important role in building understanding by creating a common lexicon of meanings, which forms the common identity of the psychotherapist of families and couples.

The relevance of difference in the process of psychotherapy

Just as psychoanalytical psychotherapists emphasize the developmental character of achieving Britton's *third position*, which allows accepting more than just one perspective, psychotherapists appealing to systemic concepts draw inspiration from the thoughts of Bateson, who believed that two descriptions are better than one because in cognising reality the *difference* is very important [10]. "To produce a message about difference, *i.e.* information, two entities (real or imagined) are necessary such that the difference between them may be inherent in their relationship to each other; […] and the difference becomes information because it makes the difference" [10, p. 96]. This is due to the nature of our senses, which are able to perceive reality, provided that it is assisted by the experience of difference. "Our sensory system […] and the mental systems behind our senses […] — can only operate with occurrences that we can call changes" [10, p. 132]. Thus, Bateson emphasized that "the mind can only derive from difference [and further that] information consists of differences that make a difference" [10, pp. 134–135]. Gaining information as a result of experiencing the difference enables you to energize the action towards change[2].

Enabling the family/couple to achieve change through psychotherapy requires a psychotherapist's perspective different from that presented by the patients. The founders of the Milan school believed that the reported problem was the result of a specific narrative about the difficulties. Therefore, solutions and changes were sought in finding other versions of the description of reality. That is why a cooperating team was joined to work with the therapist. The goal was to generate as many descriptions as possible. When two therapists meet with a family/couple and there is no difference between them, it should make them alert and reflect on what may be the reason.

I could observe this in my work, when, after the first consultations, I and the second therapist agreed that one of the partners in a pair of patients was more mature and had more possibilities of insight. This compliance worried us. We saw the other partner as the one who needed more help. Of course, it happens that in a pair, one of the partners struggles with his or her individual problem. But in such cases, as therapists, we focus on how the partners talk about it, and how it matters to them. Here, however, we wanted to make one of

[1] The collegial Couples Therapy Seminar has been held regularly once a month since October 2018 at *Ja Ty My Family Development Centre*

[2] Bogdan de Barbaro and Szymon Chrząstowski also wrote about it, quoting Bateson: "Circularity means focusing on differences. As a consequence of the existence of differences, there is a change" [12, p. 50].

the partners the identified patient. We could not take, even hypothetically a different perspective, which indicates that something in the couple's relationship remained unrecognized by the therapists and required supervision. This is an example of how the lack of difference can lead to a narrowing of the perception of the problem and a deadlock in therapy.

In my work, I very often experience situations in which one issue is the figure for me, and another issue is the figure for the other therapist. Or the other therapist is better able to name what the background for the figure is. The attitude of the second therapist and the difference that appears between therapists stimulate asking questions, researching hypotheses and supporting the maintenance of an attitude of curiosity. The disclosure by the co-therapists during the meeting with patients of the fact that their points of view differ is conducive to emerging from various unfavourable transferences, *e.g.* perceiving the therapist as an ideal mother, or as someone judging, an expert, or a persecutor. This implies modelling by therapists who contain emotions associated with the situation of the *not-knowing-stance*[3], a readiness to observe the reality in a non-anxious way. When therapists share their doubts in the presence of patients, it may avoid beliefs that the group leader will solve all problems. This has been described by Bion [11] as one of the possible assumptions that groups in psychotherapeutic work take as a result of an anxious attitude towards reality[4]. When the family/couple takes such an assumption, they are not interested in using the content contributed by the therapists to think for themselves, and then it is only up to the group leader to make an attempt to change. Therapists can model attempts to confront an uncertain/unknown reality. If they are ready to see their wrongs, they also weaken the struggle-flight tendency of patients. On the other hand, there can be new possibilities of defensive reactions also described by Bion, for example, the belief that a pair of therapists will bring to life the Idea – the Messiah, which will save the group (in this case the couple/family) from feelings of destructiveness, hatred, and despair.

Thanks to Barbara Amanowicz's[5] comments on this text, my awareness has increased that the difference does not always have to favour the development of a pair of co-therapists and the therapy process, because experiencing the difference evokes feelings from very different areas and sometimes they are difficult to contain. I realized more clearly that the difference can also be unacceptable and unreconcilable, which we know very well from what couples and families bring to us in therapy. Differences are also an area of struggle, sometimes very dramatic. As therapists, we can create something in a pair but also destroy something. A couple can be creative and it can be destructive. It also happens between therapists that something in the pair

[3] [see:] de Barbaro B, Chrząstowski Sz .Constructions, multi-image, not-knowing (and other non-obvious ideas), *i.e.* about postmodernism in psychotherapy [12, pp. 61–85].

[4] Working with a couple/family can be treated as working with a group (which was also postulated by Dugo and Beck) and Bion's conclusions can be transferred to the phenomena occurring in couple psychotherapy. Following Obholzer quoted by Stanley Ruszczyński [6, p. 32] "there is no contradiction or conceptual difference between our approach as a way of understanding an individual, couple, family, group, or institution [...] unconscious processes in all the above settings are derived from the same sources."

[5] In supervision conversation

will definitely break down. We can ask, to what extent a couple of therapists have burst something that came from both of them, and to what extent it is something that has come from a couple of patients.

Systemic concepts introduce the concept of *optimal difference*, indicating that to some extent, the difference has the potential to stimulate the creative abilities of the participants of the interaction, however, when it is too large, it provokes resistance and can become destructive. "According to Andersen, in order for the conversation to become a vehicle of change (solution to the problem, symptoms disappearance, *etc.*), the difference between what was in the client's mind so far, and what appears during the conversation, should not be too great" [12, p. 98]. At the linguistic level, systemic therapists, for example, make sure that the concepts or phrases they use are taken from the conversation with the family, so that they are not too distant, incomprehensible, or "strange" in the patients' experience.

How therapists experience differences between themselves and how they deal with feelings aroused towards the experienced difference depends on many factors. External factors such as education (many family and couple therapists have completed more than one psychotherapy school), interpersonal (a mature relationship helps contain tension), and also intra-mental factors are important.

I have been working in a variety of places and I have experienced different ways of working and different ways of thinking, and along with this I often felt chaos, confusion that requires ordering and defining my attitude. It is not about an undefined openness to everything that therapeutic practice brings but rather about developing your own consistency and facing the experience of various therapeutic situations that may bring disappointment and resentment. In the case of using the one-sided mirror, there is a division into the active therapist and the co-therapist, who is writing. This is quite stable. On the other hand, being with the family in the office as a team gives more opportunities and the activity of the therapists is more diversified. The characteristics of the patient has a bigger influence than even such a stable trait as the therapists' temperaments. The most important thing is to reflect on your reactions. Psychotherapeutic education, although acquired in various modalities, is in each case combined with one's own work and supervision. The experience of difference in the co-therapy team confronts the distinctiveness of each therapist and the ability to experience hatred in the face of some limitations (H+), which, like every feeling experienced and received, passes away, giving way to the gratifying part in which the therapist is able to open up and become enriched by *the other*.

Gender difference in co-therapy

The issue of the relevance of gender in psychotherapy has many aspects and would require a separate study. Gender is an important topic for research and consideration in the context of differences between therapists. The gender of the therapist and the gender of the patient influence the perception of each other in therapy. When considering the influence of gender on the therapy process and the relevance of gender in co-

therapy, a distinction should be made between biological sex and cultural gender. Gender is something that we continually create throughout our lives. Numerous studies cited by Barbara Józefik and Bernadetta Janusz [13] indicate that biological sex is important for establishing a therapeutic relationship and in the therapy process. Although the sex of the therapist generally does not affect the effectiveness of the therapy, in some cases, the gender compatibility of the patient and the therapist is important. Most studies and conclusions, however, concern people with a heterosexual orientation (and were probably also designed from a heteronormative perspective) and it should always be considered to what extent their results can also be applied to non-heteronormative persons. Although the authors of the publication indicate the need for the therapist to dialogue inside themselves about "how my gender and the beliefs and stereotypes related to it have an influence on the perception of the patient," they also indicate the need to reflect on how patients project their own expectations on therapists depending on the therapists' gender. Therefore, it seems that a pair of therapists who differ in gender may create wider possibilities of using different personal experiences and create the possibility of more varied transferences to therapists. Marta Wasilewska and Jakub Kryński in their article *Luke, Leia and the magic mirror. The meaning of psychotherapists' gender in the work on self-image in intensive psychotherapy based on the method of group analysis conducted at a day ward* argue that "it is possible that the advantage of group management by two therapists of different sexes is the possibility of getting acquainted with more than one point of view, which allows a better understanding of the patient. Additionally, such a pair allows for a symbolic reconstruction of the family system in a group" [14, p. 69]. According to this, the therapists would be a kind of model parental pair, which is an object for identification, a screen for projecting the world of patients and a container containing everything that the group could not accommodate. However, also in these studies, the authors make a restriction that the experience of working with people of non-heterosexual orientation and people of gender identity that differs from their biological sex was not taken into account.

In therapeutic practice, I observe that some couples are looking for a therapy that is conducted by a gender-mixed couple, and then, during the session, they address their messages emphasizing the therapist's gender, with the words, for example, "You are a woman, so maybe you will understand better what I am trying to say," or they indicate that it is important for them to maintain both a male and a female point of view. But there are also couples who declare that the sex of the therapists does not matter to them. Mary Morgan puts forward a fairly categorical thesis that perhaps "transference does not know the gender" [1, p. 124], which would mean that transference changes essential for the process of the therapy take place regardless of whether the pair of therapists is of the same or different sex. However, the significance that patients give to the sex of the pair of therapists may be a result of the individual predispositions of the patients depending on the developmental level that is actually revealed in the therapy.

It seems to me that first of all, it is helpful to be aware of the diversity of human experience, also taking into account the experience in the non-heteronormative dimension. I ask myself what it means that both the couples – the couple of therapists and the couple of patients can be different genders and the same gender.

That both therapists and patients are steeped in the currently dominant cultural narrative, that they unconsciously both succumb to stereotypes, which sometimes take the form of prejudices. On the one hand, it is something that allows us to understand each other better, and on the other hand, may perpetuate an unfavourable way of functioning, *e.g.* in the ground of submission and power. It is not possible to get clear answers to these questions. However, this does not mean that we should give up this search. This is certainly an area that needs intensive research. It is only known that when working with a couple, "issues of gender, sexuality, and also sexual orientation are often the key issues of the whole therapy" [1, p. 124].

Supervision in co-therapy

What is unconscious, difficult to think and name in a pair of patients has a tendency to act out among psychotherapists in co-therapy. Similarly, some important phenomena occurring unconsciously in the therapist's relationship with the patient are reproduced at the level of supervision.

"It also came to be understood that if this initially unconscious communication can not be translated into the psychotherapist's consciousness, for whatever reasons, then that which has been stirred up in him may be reflected, or acted out, either with the patient or in other situations – for example, in a supervision session or case conference, or in the relationship with other colleagues. This thesis was developed in an interesting way by Searles, who suggests that the emotional experience of the supervisor in the relationship with his supervisee may be of significant informational value about the relationship between the supervisee and the patient being discussed" [6, p. 30].

Therapists working in co-therapy need to supervise the therapeutic process together. This seemingly simple observation causes some difficulties in practice. In the Family Therapy Team, I have the opportunity to use supervision in a group, together with therapists with whom I work in pairs. Despite group supervision, I felt unsatisfied with discussing the process of psychotherapy in the context of the dynamics of relationships between co-therapists and using this experience to better understand the processes taking place in couple therapy. Like other therapists, I also supervised myself individually. The supervisor together with the supervisee also has the opportunity to conceive a creative pair. In the therapy of families and couples, it is helpful that the co-therapist always transcribes the session, which allows for a fairly faithful reproduction of its course during the supervision. When I supervise myself individually, the therapist with whom I work appears in this supervision through the transcription of the session he has done. However, together with the supervisor, we discovered that the form of supervision that excludes the other therapist does not serve the processes of couple therapy, in which the topic of experiencing exclusion is always very essential. Couple therapists struggle with organizational difficulties, especially when it comes to working in co-therapy in a private office. I think these organizational difficulties reflect the intra-psychological effort to make good conditions to form a couple. Group supervision helped me deal with this dilemma but it turned out to be

insufficient. I believe that the supervision of a co-therapist couple is optimal to their development and, thus, to enable the development of the couple or family being in therapy. Monika Kułynycz-Górska also shares her experience in a paper delivered during a meeting of the Lower Silesian Association of Psychotherapists entitled "Thinking about a couple and working with a couple – psychodynamic *not-knowing"*[6]: "At that time, supervision of work with a couple/family was in a group or individual for the therapist who was in charge of the family, the co-therapist did not participate in it. I experienced a big difference when, while working with one of my colleagues, we changed individual supervision of our work with a family and a couple into supervision in a diad. It was some kind of intuitive decision, the meaning of which we did not consider then, and despite the chaos arising from being between two paradigms, I remember this time as the most creative."

I asked myself why I was looking for individual supervision in the first place. For what reason did supervision in a therapeutic couple seem to be too much difficulty, something difficult to achieve? On the one hand, one of the most important competencies of the inner creative couple is the ability to tolerate being excluded from the couple. For example, a co-therapist from a therapist-supervisor pair. Or a supervisor from a pair of therapists. For the idea of an internalized creative couple "includes the ability to observe and tolerate other people in relationships from which we are excluded, as well as the ability to engage in relationships with others and be watched by people who are excluded from this relationship" [15, pp. 294, 295]. On the other hand, the reason why the therapist excludes the therapist from supervision may be the desire to protect himself from learning about someone else's perspective, the fear that it might be something difficult to experience, the fear of being unheard and misunderstood. Or, it may be a desire to prevent the therapist from revealing their feelings towards him. You may sometimes think that the absence of a second therapist during the supervision will allow for greater openness. It also reminds of the situation of a parent with two children who may face a sense of resentment that they do not have an exclusive relationship. Feelings of resentment undermine the faith that one can be known and accepted. It seems to me that the fear of exclusion sometimes drives the therapist's decisions, or people in general, precisely because it touches deep experiences in relation to internal objects. Individual supervision of the couple/family therapy process conducted in co-therapy can, on the one hand, be seen as the use of the ability to survive or withstand exclusion from the couple, and on the other hand, as a defensive organization aimed at protecting the co-therapist against experiencing exclusion. Sometimes it can be an element of acting–out originating from the dynamics of mental processes of a couple/family, *e.g.* the therapist notoriously does not come to the supervision when the co-therapist supervises a family (whether in the case of group supervision or in a dyad).

[6] Delivered on April 18, 2015, published on the Association's website: https://psychoterapia-wroclaw.org/2018/04/29/myslenie-o-parze-i-praca-z-para-psychodynamiczne-nie-wiem/

Conclusions

The specific nature of therapeutic work in co-therapy is a broad issue and I hope that more than one study on this topic will be published. I am interested in how the theoretical concepts presented by me can be used in psychotherapeutic practice, as well as in how the described phenomena are revealed in a co-therapeutic relationship. The way in which therapists develop their relationship and cooperate with each other creating a containing environment for the patients' experiences is worth in-depth analysis and reflection. In my professional experience, the significance of the difference resonates strongly, in which there is a potential for transformation but also for destabilization and destruction of relationships, both in co-therapy and in a couple or family seeking help from a therapist.

I am grateful for the conversations and meetings during the collegial Couples Therapy Seminar with associates therapists, who helped me integrate my current knowledge and expand it with new theoretical approaches, and whose invaluable hints enriched my knowledge and thinking about psychotherapy in general.

A special person who stays in my mind is Patrycja Broniszewska, a psychotherapist who, with her never-ending enthusiasm, built the Family Therapy Team from scratch and was an ardent advocate of work in co-therapy. Patrycja passed away all too soon, setting before us the task of developing and popularizing therapy of families and couples, which I am also trying to do.

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