

Problems in a 'creative marriage' following the birth of the first child – An account of a conjoint marital therapy

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This description of the marital therapy of a couple treated conjointly by the authors illustrates the profound effects of the couple's childhood experiences of their respective parents' relationships on their own subsequent marriage. The precipitating effect of the birth of the child in the marriage in awakening dormant unconscious conflicts stemming from these early experiences also emerges in the history of the couple and in the material of the therapeutic sessions.

Introduction

Our paper describes the treatment of a couple seen for 18 months of conjoint marital therapy. We first outline their difficulties in the context of the history of the marriage and of their family histories. We then sketch the course of the treatment. Finally we comment briefly on questions raised by the clinical material to do with the impact of the birth of the first child on their marriage and creativity.

Our method of working was derived from discussion in an ongoing supervision seminar and from our understanding of Object Relations Theory as developed in relation to marriage and marital therapy (Dicks, 1967; Bannister & Pincus, 1971; Gill & Temperley, 1972). Choice of partners in marriage is influenced, on this view, not only by conscious, but also by unconscious factors, including, importantly, a degree of 'fit' between the partners' unconsciously shared assumptions about marriage. Conjoint marital therapy aims to create a setting within which these assumptions may be brought into awareness and explored with a view to change. Treatment aimed at revealing such shared processes can be facilitated if carried out by two co-therapists, male and female, who then provide an alternative 'marriage' in relation to which unconscious assumptions can be tested.

The birth of the first child represents a major psycho-social 'transition', or even 'crisis', for the married couple (Caplan, 1961; Breen, 1975). The case reported here illustrates one married couple's difficulties at this stage and traces these to shared unconscious assumptions about family relationships which were developed in childhood.

Background to the therapy

Mr and Mrs Hassan are a lively intellectual couple in their forties. They date the onset of their difficulties from the birth of their now 6 year old daughter, Sarah. Since then their previously idyllic relationship, of 10 years standing, gradually deteriorated into a series of shouting matches, after which Mr H. would retire into silence, and Mrs H. into depression. Their quarrels arose out of the difficulty of being together with their daughter in a threesome. When they were all together Mr H. inevitably felt his wife excluded him, and that she sabotaged his attempts to discipline the child. Mrs H. felt her husband was oversensitive to feelings of exclusion. She felt he demanded that his rights as husband and father must come first to an unacceptable degree. At the time of referral they had evolved a pattern of avoiding the threesome situation. Father and daughter or mother and daughter would do things as a couple, rather than as a family. The couple's sexual relationship too had deteriorated.

They sought therapy because they thought that the break-up of the marriage was inevitable if nothing changed, and that this would be a violent rather than a considered process. They valued the marriage and saw therapy as a possible route to the regaining of the good relationship they had enjoyed until their child was born.

Family histories

Mrs Hassan was brought up in a Welsh country village, the second illegitimate child of two artists, having a brother 1 year older. Her parents never married and were disapproved of by the local community, so that Mrs H. and her brother were ostracized. Another factor contributing to the ostracism of the family was that their father had affairs with local women that invariably became public scandals. At the height of one such scandal, when Mrs H. was 15, her mother consulted with the two children and a family decision was reached that father should be thrown out. Mrs H. was extremely upset because of the break-up but was comforted by her brother. In recounting this story Mrs H. cried bitterly and declared that she had always felt a 'mixed-up kid', and that she had often wished only for death. Despite this difficult childhood Mrs H. had been able to establish herself successfully as a designer.

Mr Hassan was born in Lebanon of parents who were both civil servants. His brother was born 10 years later. He described his early childhood as a 'paradise', centring on a 'beautiful' and exclusive bond with his mother, and a love of nature. He always imagined his father looked sad, sensing that he felt excluded from the close mother-son couple. When Mr H. was in his early teens his parents moved to a different town, but Mr H. insisted on staying in the original home, where he began to live alone, tended by nearby relatives – a set-up for a teenage boy unheard of in his culture. When Mr H. was nearly 20 an uncle died, and, following complicated feelings about his loss, including a sense of responsibility for the death, Mr H. left Lebanon and came to England. He became established as a writer, but never once returned to Lebanon.

History of the marriage

The couple met while Mrs H. was an art student and, following a period of living together, they married. They described the first 10 years of the marriage as idyllic, 'one long holiday', in which both were busy with their separate creative worlds, he with literature, she with design. For financial reasons (ostensibly) they delayed having children, but when finally, after 10 years, they decided to try to have a child, Mrs H. contracted pulmonary tuberculosis and was confined to a sanatorium for some months. She felt the illness to be a 'special' disease of creative people. As soon as she recovered she became pregnant. Mr H. then felt it vital to record memories of his own childhood. He felt he must do this before the birth of his child and the expected visit of his mother to view her grandchild. He sensed that once these two events had occurred his childhood memories would be irrevocably lost. Mr H. achieved his aim, but then experienced a total drying-up of his capacity to write.

We noted that Mr H. waited 10 years before having a child, just as his parents had waited 10 years before having another offspring, which he experienced as a traumatic event. Probably the arrival of S. was an unconscious equivalent of the arrival of the little brother.

The story of S.'s early years gave us the impression that as long as S. was a very small baby there were few problems. Both Mr and Mrs H. enjoyed mothering the baby and their good relationship continued. Only when S. grew older, and explicitly aware of the difference between mother and father, and of their sexual relationship, did the problems of rivalry and exclusion emerge.

First phase of the therapy – Splitting of the therapist couple

In the two preliminary consultations with the couple we were able to explore their history and current difficulties, but once therapy began they used the sessions only to continue their violent quarrels. Interpretative work was impossible. Our early role was simply that of showing the couple we could tolerate these quarrels and try to understand with them what was at their source. When we pointed out how their quarrels paralysed us as a therapist couple, in the way a child can prevent parents having space for themselves, they began to listen.

The first material we would like to present concerns the way in which the therapeutic contract was offered and our response to this. The couple wrote a joint letter of application for therapy, yet only Mrs H. appeared for the first consultation – Mr H. was in bed with a cold. By presenting themselves thus, as a couple separated, they revealed their central difficulty – the issue of separateness and togetherness in the couple. Unwittingly we then presented ourselves as a similarly split therapist couple in that, rather than explain how long we could see them (our usual practice), we announced that as Mr C. would be leaving the clinic in 16 months' time the therapy could continue only until then. We feel, looking back, that by presenting ourselves as a separating couple we colluded here to avoid dangers unconsciously associated by Mr and Mrs H. with the triangular situation of a child confronted by an alive intact parental couple – the very problem they needed to work with in therapy.

In a similar way we allowed ourselves to be separated (again unwittingly) by our arrangements for the first (summer) break. Our holidays overlapped so that a break of 6 weeks would have occurred had we stuck together. To keep it shorter we staggered the break. There were to be two threesomes with Mr C., 2 weeks holiday, then two threesomes with Dr C. There was soon evidence that Mr and Mrs H. experienced our holiday arrangements as proof of a feared capacity to split us as a couple. Their anxieties were expressed in sudden holidays, which not only threatened to precipitate the final break-up of the marriage, but also made it look as though the therapy would be cut short. The pattern of acting out mirrored our ' threesome ' holiday arrangements. For example, Mr H. took S. away for a weekend and absented himself for longer than expected. Finally, both took separate holidays with the child, disrupting therapy without notice.

Belatedly, we interpreted in the transference that their separate holidays mirrored our split. We suggested that they 'experienced an intense wish to have one parent to themselves, but that at the same time they were frightened of their apparent capacity to split us, the therapeutic parents, in order to obtain this'. These interpretations were met with mild amusement by Mr H. and open disbelief by Mrs H.

Second phase of the therapy – The survival of the therapist couple

When we resumed foursome interviews the atmosphere of sessions became more reflective and the acting out ceased. The couple were still on the defensive, perceiving our interpretations about their wishes to split us as accusations. Then Mr H. brought a dream in which Mrs H. was trying to set up an Italian restaurant in which, because of staffing problems, only afternoon tea could be served, English-style. As Dr C. is Italian and Mr C. English, we took this dream as evidence that they were beginning to be aware of the existence of the therapists as a couple, from whose relationship they might benefit, albeit in an idiosyncratic way. In the following session they talked about a bomb attack on an Italian restaurant (one of the IRA London bombings). Whilst acknowledging the reality of IRA attacks we suggested to Mr and Mrs H. that as soon as they had been able to perceive a potentially creative link between the therapists, as evidenced in the previous week's dream, they felt our relationship to be under attack. Though Mr and Mrs H. found it difficult to take this seriously we persisted in pursuing this line in the transference, trying to link these current preoccupations with the shared childhood experience of separated parents. The atmosphere of the sessions and of the marital relationship began to change around this time. They brought material to do with giving and receiving gifts. This led on to talk about joint responsibility for gifts, and then for children. For a time there was a sense of the couple's having been able to glimpse the possibility of the creative, giving parts of themselves and of us surviving destructive attacks. They then began to envisage the possibility of having another child without necessarily being destroyed as a couple themselves.

Another linked theme of these sessions was raised by the couple's concern that we care for a particular pot plant (Coleus, or Flame Nettle) in the consulting room. Mr H. warned us that we should remove the flowers because if we allowed their transformation into seed pods the leaves

would lose their attractive colouring. Typically sessions began and ended with such horticultural advice. Whilst recognizing the couple's botanical knowledge, we took this material as more evidence of their shared unconscious belief that the creative relationship of the parents (the main plant with its attractively coloured leaves) is vulnerable to attack from the child of their intercourse (the seed pods).

In spite of their resistance to this interpretative line, changes began to occur in the marriage. Mr and Mrs H. began to become increasingly able to contain their daughter, S., and to become closer as a couple. We discovered that in allowing themselves to be separated they were colluding with a jealous child part expressed for them through S. We learned that until recently the couple had been unable to exclude S. from their bed at night, but that they were beginning to be firmer, keeping S. in her room till morning. Before then they had tacitly preferred to avoid the inevitable temper tantrums that this policy stimulated in S. Such tantrums felt unbearable and invariably aroused their own quarrels. In one session during this phase we learnt that, for the first time, they had jointly managed one of S.'s tantrums, maintaining a united policy which, to their surprise, resulted in S. being calmer than she had been for years. In the same session Mr H. announced that in these last weeks he had been able to write again for the first time since S. was born.

The therapists' tougher, united interpretative line, combined with the concrete evidence of our intactness, suggested in our taking the next holiday at the same time, appeared to enable Mr and Mrs H. to introject a creative parental relationship strong enough to survive jealous attacks.

Final phase of the therapy – Resolution or regression?

The changes described occurred in the period leading up to the anniversary of the beginning of the marital therapy, which coincided with the couple's wedding anniversary, one day before their daughter's birthday. The Easter break, too, was approaching. A furious row broke out between the couple when Mrs H. remembered their daughter's birthday but forgot the wedding anniversary. Simultaneously Mr H. felt his wife was again undermining his authority with S. rather than supporting him. Though we interpreted that Mr H. had colluded with his wife to attack the recently developed capacity to put their marriage first, and linked these events with feelings of pain, anger and frustration about the imminent termination of the therapy, there appeared to be a regression to the earlier phase of treatment when the couple could not bear any knowledge of the link between them and of the creativity of the therapist couple.

During the Easter break Mrs H. took S. to her own mother, while Mr H. remained at home. This return to the pattern of exclusion of the father was consolidated by their announcement soon afterwards that Mr H. was to move out of the home to a nearby flat. Both appeared very happy about this arrangement, but were upset and surprised that the therapists did not share their satisfaction. From the couple's point of view we had saved them from a painful, total separation, enabling them to separate in an adult manner. They rejected any interpretations of defensive aspects of what was happening, their only concern being for the effect on S., and they thought of referring her for individual psychotherapy.

Mr H. then brought another dream which both felt expressed exactly their feelings about the move. In the dream Mr and Mrs H. watched a beautiful, giant goldfish which was swimming up in the air above a small pond. The beauty and independence of the large fish contrasted with fish in the pond which were small, indistinct in the muddy water, and numerous because they tended to multiply rapidly. Mr H. suggested that the big goldfish represented the happiness of the marriage now they had taken the step of deciding upon a form of separation. Mrs H. agreed warmly with this interpretation.

The proposed move and the dream material threatened to separate the therapists once more in a different way. A debate developed between us (which continued in the supervision seminar which was also split on the issue) about what was happening. To Mr C. it appeared that the

couple had given up hope of ever being able to internalize an intact parental relationship with a child, and had colluded with S. and their own jealous child parts to let themselves be separated. The giant fish, on this view, represented an unrealistic, inflated version of the situation. Meanwhile realistic creativity was belittled and attacked by being seen as a muddy, small pond, full of tiny, dirty fish. Their internal situation on this view appeared unchanged. To Dr C. the separation appeared less complete and she was struck by the fact that the couple experienced a revival of sexual feeling for one another and began sleeping together more frequently. Dr C. also felt that the dream need not be seen as containing such a polarization between an idealized and a devalued form of creativity. On this view it could be argued that their internal situation had been modified in that a step towards recognition of the couple had occurred.

In trying to understand this material we felt repeatedly placed by the couple in the position of their child. We interpreted to them that we felt like excluded children, confused and curious about what was going on between the parents. These two people who had, until before the beginning of therapy, felt the strain of constant tension and bickering which very nearly caused the marriage to break down seemed to have found a mutually satisfactory solution through spending happy weekeneds together, then separating on Mondays.

Discussions and conclusions

The foregoing material suggested the following picture of this couple's shared 'internal family' or, in other words, of the shared model of family life deriving from their overlapping early experiences. Their shared 'internal family' was one in which the relationship of the 'internal parents' was felt to be so vulnerable to the attacks of an excluded and jealous child part that, in an attempt to protect and preserve the 'internal parents', their creative (sexual) relationship was vigorously denied.

Looking at their early experiences, both Mr and Mrs H. felt they had, as children, come between their respective parents, and both felt they had succeeded in capturing mother for themselves by excluding father. This meant both could indulge in the early infantile fantasy of an undisturbed, idealized union with mother, but there were also Oedipal implications. *Mr H.* imagined he had succeeded in having his mother for himself by ousting father, and his having taken possession of the family home appeared to reinforce this belief. As a writer and a father *Mr H.* felt equally vulnerable to the attacks of the child part, continually anxious that he would be ousted in exactly the way he imagined he had ousted his own father. *Mrs H.* had little experience of being parented by a couple. Her acute distress and feelings of being a mixed-up kid probably reflect the intense ambivalence of feeling aroused by the banishing of her father when she was 15. This clearly gratified the early infantile wish for an exclusive link with her mother. In addition, however, an infantile fantastic explanation of the absence of a link between mother and father seems to have been the fantasy that this was a result of her Oedipal wishes. In her marriage, therefore, *Mrs H.* felt very vulnerable to the accusations of her husband that it was *she* who was ruining the marriage, as she feared she had done exactly this in her own family.

The apparent success experienced by the child parts of Mr and Mrs H. in jealously splitting the parental couple felt simultaneously an exciting triumph and a catastrophe. When they married, the couple had developed a defensive collusion to deny the existence of the marital bond. Both set up separate creative worlds. Unconsciously they re-created an idealized version of the mother-child bond where mother's links with others, particularly father, are denied. When they decided to have a child this defensive, collusive denial was threatened. The birth of their child meant that Mr and Mrs H. were forced to become aware of their relationship as parents-in-intercourse and thus awakened inner conflicts. Their inability to allow the parents to unite in their internal world was caused by their child parts' feelings of jealousy. The jealous attacks of the internal, excluded, child part were projected onto their daughter, who acted these

feelings out with manifest and clever attempts to divide her parents. Violent conflicts flared up, the only resolution of which was to avoid the potentially catastrophic triangular situation as far as possible by acceding to the demands of the jealous child to get rid of her father so as to have her mother to herself.

This history illustrates how early experiences of the parental marriage in families of origin are internalized and can significantly shape the children's subsequent marriages. Marriage, conception, childbirth, and childrearing are potent triggers for the return of hitherto repressed identifications with parental figures. With the birth of the first child, in particular, identifications with the child and parents reawaken powerful conscious and unconscious memories and conflicts from the earliest stages of childhood and infancy. The 'internal family' deriving from past family experiences emerges and interacts with current experiences to shape the new family in which both novel and archaic elements coexist.

Our behaviour in early sessions was shaped by the couple's 'internal family', leading us to become, like them, a separated couple. In response to interpretation of their difficulties with a united couple Mr and Mrs H. were able fleetingly to introject and identify with us as a parental couple robust enough to withstand jealous attacks. With the end of treatment came, however, an ambiguous resolution of these conflicts, leaving questions about how far they could hold on to this change.

Acknowledgements

We are grateful to Dr E. Lewis, Mrs J. Stephens, Mrs A. Shooter, and other members of the Marital Unit, Adult Department, Tavistock Clinic, who formed the supervision group.

References

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| <p>BANNISTER, K. & PINCUS, L. (1971). <i>Shared Fantasy in Marital Foursomes</i>. London: Institute of Marital Studies.</p> <p>BREEN, D. (1975). <i>The Birth of a First Child: Towards an Understanding of Femininity</i>, pp. 25-30. London: Tavistock.</p> <p>CAPLAN, G. (1961). <i>An Approach to Community Mental Health</i>. London: Tavistock.</p> | <p>DICKS, H. V. (1967). <i>Marital Tensions</i>. London: Tavistock.</p> <p>GILL, H. S. & TEMPERLEY, J. (1972). Treatment of the marital dyad in a foursome: An illustrative case study. <i>Post Graduate Medical Journal</i>, 48, 555-560.</p> |
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Received 1 October 1977; revised version received 29 March 1978

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In November 1977 this paper was awarded a Section of Medical Psychology and Psychology prize for a paper by students of psychotherapy. It was presented at the BPS Conference at York in April 1978.