

# WORKING WITH COUPLES

by Serge and Anne Ginger

Our first workshop on couples took place exactly forty years ago, in 1959. Our reference was then the "Triadic Psychodrama" (Anne Ancelin-Schützenberger), associating Moreno's psychodrama, group dynamics (Lewin) and post-Freudian group psychoanalysis. After ten years of work nourished by those three combined approaches, we discovered *Gestalt therapy* in the United States and, in 1970, we imported it to France, adapting it to the French cultural context. We are still teaching it within the *Paris School of Gestalt (Ecole Parisienne de Gestalt, or E. P. G.)*.

Every year, we organise one or several *intensive residential workshops* in group psychotherapy, for *couples only* (married or not, stable or temporary, heterosexual or homosexual — the requisite being that both partners have shared a private life for a certain time and have registered together to the same workshop). Of course, we accompany couples outside of these workshop also. Furthermore, we organise *advanced training* workshops for graduated and experimented Gestalt Therapists, who wish to specialise themselves in accompanying couples.

We will review here some thoughts stemming from a long clinical practice, limiting ourselves to our reference period in *Gestalt Therapy*.

## The couples' request

### Which are the main situations we are faced with?

- The couple wishes to remain together, review and enrich their relation
- The couple is contemplating separation: they wish to attempt "a last chance", or else the decision is already taken but they wish to prepare, and *succeed in their separation*, without too much disruption to their personal life or to their children
- The couple is *already separated* and wishes to review and solve residual, affective, material, family or social problems
- One of partners wishes to undergo couple therapy, and the other refuses
- The problems arising are essentially:
  - emotional
  - sexual
  - social or legal (divorce, custody of children, sharing out property)
- Particular couples:
  - elderly couples (or presenting a great age difference)
  - inter-cultural couples (or inter-racial)
  - homosexual couples
  - mother-child couples (or father-child), whether or not in mono-parental homes
  - brother and sister couples (or twins)
  - co-workers or co-therapists

We wish to underline our involvement in a "prevention therapy": we do not wish to limit ourselves to receiving couples in difficulty; we encourage "normal" couples to periodically come and *review their situation*, clear out latent conflicts, enrich and diversify their relation, avoid drowning in routine... We believe, as Perls, that therapy is too good to be limited to ailing people and we affirm not only the right to happiness, but "the duty to happiness"<sup>1</sup> (family and social duty to shine around).

We have no *prejudice* regarding the future of couples: the solution may be to overcome current problems or, on the contrary, to face them and envisage separation. In this case, it should not be brutal, but elaborated optimally. Thus the "success" of a couple therapy may just as well be *maintaining* the

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<sup>1</sup> GINGER Serge (1995) : *La Gestalt: l'art du contact*. Guide poche Marabout, Bruxelles. 3<sup>rd</sup> ed., 97

couple (and improving its functioning) than a concerted *separation*. No traditional "happy end" programmed in advance.

We are extremely vigilant with couples presenting an *important age difference*, for example a 20-years difference. It is not rare that problems arise insidiously, after several years of harmonious couple life, namely when the younger partner matures and claims more autonomy, or when the older partner can no longer keep up with the younger partner. Here prevention is necessary.

### What are the main motives for couples to consult?

- *sexual* difficulties: impotence, premature ejaculation, frigidity, vaginism, non-consumption of wedding, lack of desire (anaphrodisia), disgust for, or non-sharing of, sexual practises (fellatio, sodomy, triangular relations, etc.)
- *emotional* difficulties: disinterest of partner, feeling of solitude, unfinished mourning for a previous partner, jealousy, adultery, problems with in-laws, conflicts around children, work, leisure, money,...
- *social* difficulties: separation, ill-accepted divorce, children's custody, alimony, housing.

### The answers

First of all, we need to emphasise that there is a great variety of work conditions. As an indication, here is a series of possible *settings* — some are very classical, others more original, yet sometimes presenting a particular interest:

- **Individual therapy:**
  - a person is undergoing *individual* therapy, centred on his/her problem within the couple
  - *each* member of the couple is followed in individual therapy
    - by two *different* therapists
    - by the *same* therapist
- **Couple therapy:**
  - both members of the couple are met *simultaneously*
    - by *one* therapist
    - by a *couple* of therapists (married or not)
  - *alternating* sessions, together as a couple and individually
  - *intensive residential* sessions of the couple ("couple retreat")
- **Group therapy:**
  - *individualised* work in an ordinary group, on the theme of married life
  - work as a *couple* in an ordinary therapy group (punctual or ongoing)
  - work as a *couple* in a group for couples only (punctual or ongoing)
  - *uni-sexual* group (group of women, group of men, homosexual group).

We shall not comment here on each of these formulas in details, but simply share some brief remarks:

- it is clear that in *every* psychotherapy, the topic of life as a couple (its difficulties, its wealth or its absence) regularly arises and one could say, in a broad sense, that every psychotherapy is in fact a "couple therapy", since it has a direct impact on the life of the couple. Amongst the frequent themes of individual consultation one finds: conflicts within the couple, sexual difficulties, separation(s), grief, loneliness, broken dreams, etc.
- when *only one* of the partners in the couple is in therapy and the other does not question him or herself, the situation sometimes worsens, contrarily to the client's expectations: indeed, the gap widens between the partners and a feeling of mutual incomprehension may grow, instead of waning. Therefore we often suggest therapy for the partner in parallel.
- Two individual therapies *in parallel*, conducted by the *same* therapist with both members of the same couple is usually not advisable. Of course it implies a particularly *strict therapeutic secret*, which is sometimes difficult to preserve, be it due to roundabout allusions, whether or not voluntary, from one or the other client. The therapist is then on the *alert* and therefore less available for spontaneous interventions. This formula, however, is encountered rather frequently in practice:

- on the one hand, there may be only one therapist in the area and partners are not ready for joint work in common as a couple
  - on the other hand, when one of the partners has already been in therapy for while and the other solicits help *with the very same* therapist (either because s/he has observed notable progress and does not want to be "distanced out" or because, on the contrary, s/he is encountering increasing difficulties). In this case, we advise the solicited therapist to refuse in the first instance, unless there are particular reasons which need to be analysed with his/her supervisor. This formula may also be envisaged during a short period, in preparation for a joint couple therapy, in order to compensate imbalance (the therapist is well acquainted with one of the partners but not the other, and may even hold prejudices against the latter, due to the subjective description he has been given).
- A *couple of therapists* receiving a couple of clients is a classical and logical formula, but can this couple of therapists be a *real* couple of people sharing their daily lives? There are certain traps in this instance:
    - For the *clients*, this couple may rapidly become "a mythified or inaccessible model", thereby generating jealousy, aggressiveness or depression (we'll never succeed)
    - For the *therapists*, a couple followed jointly *over a certain time*, may become a concern, encroaching beyond the therapeutic framework and contaminating their private lives. This danger is considerably reduced by a brief and intensive intervention: workshops for couples or "retreats" for limited periods.
    - This formula implies regular *supervision* for the couple of therapists
    - It is often advised to effect periodical and deliberate "reversal of alliances" in order to avoid any unconscious identification phenomenon
    - In practice, it is often much simpler to work with an outside colleague.
  - As for *alternation* between couple sessions and individual sessions, we will refer to this at length further on, as this formula seems to present many advantages, provided a certain number of precautions are taken.
  - Another interesting formula seems to be the *intensive residential session*, such as a couple "retreat" for an *entire week*, for example, away from the marital home and its numerous obligations, with daily sessions of therapeutic work and long face-to-face periods for the couple. This formula has been developed in French, namely by Noël and Marie-Noëlle Salathé, in Switzerland. Amongst other benefits, this formula avoids endless couple therapies — which have the reverse effect of *chronicizing*, instead of overcoming, problems.
  - Finally *group* therapy allows for much enrichment:
    - *de-dramatisation* of the problem by comparison to those of other clients
    - *heartly support* from "companions in misery" who share difficulties in many ways comparable
    - encouragement in addressing certain delicate or *guilt ridden* aspects, namely problems of marital fidelity, sexual problems, prior sexual abuses, etc.. In a group, there are always certain more hardy —or even provocative or exhibitionist- members who will facilitate the approach of issues "forbidden" by the surrounding culture.
    - groups gathering *couples only* are particularly mobilising, in all these aspects, namely when conducted as *intensive residential* sessions (for example, according to our preferred " format": three full days, without seeing the children, cut off from daily obligations and habits). The presence of *homosexual* couples among classical heterosexual couples often brings an unexpected enrichment.
    - groups or subgroups gathering *one gender only*, provide for an easier approach to certain specific themes: compulsion to seduce, disgust for certain sexual practises, fear of ageing, etc.. In our usual couple workshops, we always block off certain work sessions (two hours, for example) where we separate partners, *men on one side, women on the other*, with the agreement that sessions are covered by *secrecy* and that contents should not be directly revealed to the partner when meeting again. One solely talks about one's own discoveries or questions, without alluding to others'. Certain "revelations" done amongst peers and in secrecy are often very stimulating.

## Therapeutic intervention

### Couple therapy has its specificities:

It is generally a *short or medium-term* therapy. It cannot go on forever without prejudice to the daily life of the couple (and potential children). One is pressed by the social reality of the here-and-now. It is therefore not a question of trying to "solve" everyone's problems ! One cannot venture into *in-depth* therapy for several years, reviewing in particular each partner's respective childhood problems, archaic parental relations, potential childhood traumas, etc.

This implies an "intervention therapy", where the therapist does not hesitate to *re-centre the exchanges* around the current (real and fantasy) life of the couple. Yet it is not "directive" for that matter! What we mean is that the therapist does not give instructions nor advice; he does not push the couple towards this or that solution, but intervenes to reframe exchanges, to "avoid avoidance", refuge in the past or irresponsibility.

In this way, this seems a *Gestaltist* approach to us: one starts from the here-and-now, from the deep emotional feeling in each person, favouring the expression of needs, encouraging each member to face his or her own present responsibilities — even if it is clear that the past has left a deep imprint on each partner. Psychoanalyst Jacques Lacan reminds us that "any interpretation nourishes the symptom", instead of dissolving it. Thus, when Andrew realises that his mother has constantly over-protected him and has left no space for his "trampled" father, that he has never been allowed to take initiatives or risks, this may explain partly his current impotence; this will in no way help him to overcome it, on the contrary, he will merely have found a justification for his disorders — for which he no longer feels responsible. The question raised is: What can he do today to overcome this difficulty?

As stated by a Jean-Paul Sartre, "what counts is not what has been done with me, but what I have done myself with what others have done with me" <sup>2</sup>.

### Must we say everything?

We are therefore not in favour of systematic *joint* investigation of each partner's *deep-seated* problems: for us this belongs to *individual* therapy and not to couple therapy. It is not necessary for the partner to know everything of the other's childhood, this would present the risk of inducing "therapeutic" or "parental" attitudes of understanding or absolution. This is not the role of a partner! Too great a knowledge of the partner's past intimacy may even prove harmful. Thus when Matthew learns -- during therapy -- that his wife has been raped by a neighbour, he flies into a (useless) rage against the latter, then he "understands" his wife's sexual reluctance and "no longer insists"; furthermore, he finds her "dirtied" by this experience... This revelation will finally lead to separation.

The "myth of transparency" is just as dangerous in the current life of the couple. Is it necessary to "say everything", as the young bride and groom naively promise each other? Is Truth good in itself? Are love and respect for the other not superior values? A popular allegory presents Truth, naked, at the bottom of a well. This is where she should stay protected, and hide!

When Paul admits to sexual unfaithfulness to Laure, his companion, with a view to disclosing "all the truth", he is in fact responding to the egoistic urge to rid himself of a cumbersome secret. By admitting his "sin", he believes he is half-forgiven and implores leniency from his partner. In fact he is ridding himself of his burden by placing it on Laura's toes! Now *she* has to prove generous — otherwise she is the one lacking noble-mindedness! In fact he is *hurting her twice*: she must shoulder his unfaithfulness and furthermore she now feels guilty of her own jealousy! The remaining questions are: is it an occasional acting out, or a deep love that will likely jeopardise their couple? What are the advantages *for Laura* to have been made aware? True love is centred on the needs of the other.

Of course, we do not erect a rule around this discretion. *The only rule that suffers no exception, is that there is no rule without exception!* It may well be that the partner prefers to shoulder the truth rather than be ravaged by doubt. Every case deserves prior careful reflection. There are no universal laws: *Law was made for man and not man for the law!* Let us not be the slaves of principles, but available to each particular case. Gestalt insists on the "right to differ". It is a "therapy of exceptions!". A

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<sup>2</sup> SARTRE Jean-Paul, in an interview given to the "Arc", in October 1966.

map is required to travel, but it is not a prison: one may take a short-cut that is not featured... provided one knows where one is and where one is going.

Of course, we are careful to avoid *confluence* and *symmetry*: each partner of a couple is a different person: one may love music and the other, sport (the couple will not force themselves to go to the concert or stadium together); one may wish to know everything and the other, prefers ignoring; one may take sexual initiatives in the couple, whereas the other may awaken only when solicited, etc. No need to be identical, nor to hold onto the mythical models of serials where, at the first encounter, both partners simultaneously reach a breathtaking orgasm! Gestalt ceaselessly prompts us to chase out underhand *introjections* that have nourished our education, without our knowing.

### **How to live with someone from another species?**

Yes! Both sexes are different — more than is usually believed!

Not only their *sexual* reactions and the usual rhythm of orgasmic satisfaction are often different – of which everyone is aware through readings and experience — but also their *perception of the world* differs. On the basis of average statistics, and whilst not losing from sight the often considerable individual differences, we know that :

- when a woman *reads* this chapter, she does not read the same thing as a man, since she is mobilising a non-negligible part of *both* cerebral hemispheres, whilst a man reads essentially with his left brain. Thus man has a rational and critical approach to the text, whereas the woman reads it with a concurrent *emotional* participation, which subjectively underlines for her the significant passages. Contemporary research of brain imagery has thus confirmed that woman has a more Gestaltist approach of the world than man!

- when she *listens* to a conference — or to compliments or music — woman hears (always as a statistical average) *twice as loud* as man. She can therefore have the impression that man is screaming of rage when he is simply asserting himself. Her hearing is clearly more developed, and more eroticised; hence the importance she lays on words of love, tone of voice, music... we may note, by the way, that women sing six times more in tune than men.

- man, on the contrary, has developed the sense of *sight*. It is stimulated by the production of testosterone (in males of all species): the *male's vision* is eroticised, hence the importance for woman to dress appropriately, to wear jewellery, to make up... or to blush with emotion or desire<sup>3</sup>. Thus men are generally more excited by erotic or pornographic magazines or films, whilst women are often indifferent, if not disgusted. It is to be noted that women's eyesight is eroticised *after menopause*, when the balance between their male and female hormones changes.

- as regards *olfaction*, it varies considerably during the menstrual cycle of women, and may be up to 100 times more developed than smell in men (with the exception of professional tasters!); hence women's sensitivity to flowers. Beware Gentlemen! Your companion may spontaneously detect on you the smell of a woman you have met several hours earlier!

- according to certain neuro-physiologists, these major differences — hardly negligible in a couple's love life — would be consequences of the development of our species: during *prehistoric* times, man went off hunting for wild animals, whilst woman stayed at home, in the cave, to watch over her offspring.

Nature has stimulated her attention to babies' cries and to smells, as well as to the early development of *language*: at nine years old, girls show an average verbal lead of 18 months over boys and, as adults, women talk (always as an average) 20 minutes per phone call... against six minutes for men (hence the current trend of women's cellular phones). It is to be reminded, however, that in 96% of all cases, men are the ones responsible for *interrupting* a conversation!

Meanwhile, *testosterone* (produced 20 times more in man than in woman – although essential in woman, since it is the female testosterone that generates *her sexual desire*) ensures in man (and in any male) the development of:

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<sup>3</sup> Cf. "the shameful rash": a reddening of the upper part of a woman's chest (emphasised by her low neckline), which signals to the man that she is touched by an affective or sexual emotion. Man hides his reactions under a thicker skin... and with his tie !

- the right brain (which generate space, whilst the left brain manages time — essential for the mother)
- the sense of orientation (to find the way back to his family or tribe, after the hunt)
- the musculature and healing (for hunting, competition and war)
- the hunter's instinct (including sexual!).

Studies in *psycho-neurology* have confirmed that woman is no more emotional than man; she simply *expresses* her emotions (anxiety, depression) much more, whilst man has a tendency to *suppress* them (anger, desire).

During couple therapy, it is useful to recall once in a while the *fundamental differences* in hormonal and *neurobiological* functioning in general, which overstep cultural conditionings. The point is not to reach a grey and dull compromise, but to develop one's own natural colours; neither is it a matter of making "mutual concessions", resulting in mutual impoverishment, or reaching an agreement, but of "agreeing on disagreements!"

If required, one can underline the best known differences, enumerated by John Gray<sup>4</sup>:

- woman needs to *express* herself and to be listened to whilst man tries — in vain — to look for *solutions* to her grievances. He wants at all cost to be useful, whilst a woman mainly asks to be understood and loved.
- woman needs regular tokens of love, not rare and sumptuous presents.
- man often needs periods of solitary retreat.

### Games and exercises

We sometimes use some *games or exercises* to highlight these differences in the perception of daily life: thus for example, we may ask each partner to write his/her account of yesterday's evening together, and then compare both accounts; we may ask each partner to draw a rough sketch of their flat or house, and to pencil in red the places "where I feel at home"; in green, those places which are more the domain of my partner; in yellow, parts invested equally by both members of the couple. Comparing drawings often yields surprises...

During *workshops for couples* we like to propose the classical experience of "trust walk", two by two, where, for some ten minutes, one member of the couple accompanies or leads, with open eyes, the partner who keeps his/her eyes shut. In this way, attitudes of over-protection or abandonment, of "capturing" (unconsciously forbidding any meeting with a stranger), risk-taking attitudes, etc, may be observed. This classical game is enriched by the two following sequences: same exercise again but with a *different partner* (not from the couple); then a *third* sequence with one's usual partner again. Every sequence is followed by a verbal exchange two by two then, within the larger group, with a few comments. This simple and amusing game is often very revealing of the couple's relation.

Thus couple therapy proves to be both *active and interactive*: if one generally abstains from giving advice, one may at least give *information* or suggests readings especially on the topic of *sex* (where school information often remains notoriously insufficient), and in the field of *neuro-psychology* (where scientific discoveries are particularly numerous and the evolution of concepts very rapid). As is the practice in sex therapy, we sometimes suggests "homework", such as, for example:

- when you argue, give your partner *ten full minutes* to speak *without interruption*, whilst listening carefully (without taking notes — which would imply reading over his/her arguments as though you were not sure to remember them) and without any "right of reply" (thus taking no distance whilst listening to prepare your response or defence). One may content oneself with *re-formulating in one's own words* what has been heard, to make sure one has understood clearly, and with repeating the stronger or *charged words* one remembers: "you told me that... you insisted that... you used the words...". Above all, one will refrain from asking one's "own" ten minutes to "re-establish the truth". The point is not to look for truth, but to perceive whatever the other *feels*, and to accept it. Of course, on another occasion, it will be the other partner's turn to express him or herself; in this way, the endless escalation of arguments and counter-arguments is avoided.

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<sup>4</sup> GRAY John. *Men are from Mars, women are from Venus*. Harper Collins, New York, 1992.

- in a more prosaic way, one can suggest *physical* exchanges, such as massages or caresses, without sexual penetration, and possibly with a verbal sharing of emerging feelings.
- these exercises at home will more often than not be *imagined jointly* with the couple and adapted to the current problem.

### **An "incarnate" therapist, with "controlled involvement"**

Couple therapy is also interactive with the therapist: s/he's *not neutral*, but practices "controlled involvement", fundamental in Gestalt therapy in general and especially in couple therapies. Sharing his feeling, his "counter-transference", or rather his personal *responses* – "resonance" as coined by Mony ELKAIM — proves to be particularly enriching. Of course the therapist does not express *all* that he feels, but only what seems to him to have a mobilising impact on the client. This is *controlled authenticity*: I do not say everything I think or feel; but everything I say, I think and feel. Thus the therapist will allow himself, if need be, to very partially uncovering his own experience ("self disclosure"), whilst emphasising the right to be mistaken, or even "the duty to imperfection", i.e. of *humanity*<sup>5</sup>.

The *therapist's experience* is indispensable but, as opposed to what is sometimes heard, he may perfectly well accompany someone where he has never been himself: otherwise how could I accompany the dying? Or more simply, a pregnant woman — if I am a man? In fact the reverse is sometimes delicate: accompanying someone on a road I've too often travelled. If I recognise myself too much in the other, I risk *projecting* onto him my own problems (my experience of women, of illness, of concentration camps, of death...).

This personal involvement results in *likes and dislikes* due to quite *temporary* preferences for the attitude of one or the other partner in the couple. Here again we do not seek in vain to remain *neutral*, but rather to remain watchful and conscious, in an *awareness* of each and every moment. It is a question of managing and taking advantage of the "games of alliances", rather than avoiding them. These may be put in words and analysed in common. We will also try to *vary* alliances, especially when working in co-therapy. The strategies may be elaborated during regular supervision sessions.

If it is illusory to try and remain neutral, it is important to grant as much time and attention to each partner. This sometimes leads to balancing out the relational situation. This is quite often the case when one has followed a client in *individual* therapy who requests couple therapy after a certain number of sessions, and with the agreement of his partner. Evidently if one agrees to this request, the situation is dissymmetrical: I am polluted by the unilateral information that have fed my prejudices. Thus Mathilda would often talk to me about her husband, a domestic tyrant, both authoritarian and demanding, who held her under his thumb. What was not my surprise when I had the first interview with this man – who seemed timid and withdrawn... reporting to be paralysed by the continuous demands of his wife!

When dealing with such a request, we always start by a series of interviews, alone with the yet unknown partner; this is to ensure ourselves of his true personal motivation to undergo couple therapy and to "intimately familiarise" himself with his own personality. Evidently, we are particularly vigilant to keep everything each of partners discloses secret, without forgetting to remind this fact on several occasions. When trust is established on both parts, and only then, *may* we initiate a joint therapy of the couple, alone or with a co-therapist — whether of the same gender<sup>6</sup> or not.

### **Alternating therapy**

In fact we often carry out an *alternating* therapy of individual sessions and then sessions with both members of the couple together. Experience shows that different things are said in different settings, when there is a *sufficient guarantee* for secrecy. Thus one or the other — and quite often both — partner(s) tell us of secret extra-marital adventures or relations, and sometimes of painful experiences (sexual abuse) which had never been disclosed to the other partner (nor to anyone else, usually). As we mentioned earlier, we do not regard this type of revelation as indispensable within the couple itself.

<sup>5</sup> Cf. The "good enough" mother by WINNICOT.

<sup>6</sup> Anglo-saxons duly distinguish sex and gender (masculine or feminine); here we could use "homogender" and not "homosexuality" in a couple of male or female therapists.

Neither is it indispensable in the secret setting of therapy but, quite often it enables us to better assess the situation; furthermore, these confessions relieve the client and de-dramatise the situation.

Thus we may adopt different rhythms:

- a one-hour or one-hour-and-a-half session with the couple, every two weeks, alternating with an individual session with each partner the following week;
- regular sessions with the couple with some exceptional individual session, from time to time — and *particularly at the beginning of the treatment*.

In all instances, we take care to maintain a *balance* between both members of the couple. When we work as a couple, each of us can follow one of the partners but, after a certain time, a switch may prove enriching. In such a case, we duly advise the clients that we are strictly respecting secrecy on *what one says about the other*, but that both *co-therapists freely share* their information and feelings. Here again there may be some motivated exceptions.

### A Gestaltist approach

During couple sessions, we adopt a *Gestaltist* positioning: centred on the *how* as much as on the *what*, on movements and postures as much as on *what* is said, we pay attention to *emotional* manifestations and not only to rationalisations, and to the current process of the *here and now* of the *session* as much as to reports on previous external facts. We suggest *repeating* certain sentences and *amplifying* certain spontaneous movements, in order to see them better and in order for the client to confer his *own meaning* on them — without neglecting the characteristic *polysemy* of any language, whether verbal or gestural.

We suggest to our clients to speak *to each other* and not to the therapist(s). But from time to time, we share our *feedback*. At certain times we suggest *a change of roles* between partners (generally with a swap of places). As we have already stressed, we avoid spending too much time on childhood memories — which we keep if necessary for individual sessions. On the other hand, we obviously accept that partners talk about *present* relations in the family... and mother-in-laws are often put on stage!

As we have already mentioned, we pay special attention to the themes of personal *responsibility* as well as to the various mechanisms of "resistance":

- Excessive *confluence* in the couple, which never separates or where one answers for the other
- *Introjections* of principles and prejudices which are far from always proving to be true:
  - Doing everything together
  - Seeking *simultaneous* orgasm at all cost
  - Sharing tasks equitably
  - Sanctions up to the father, rewards up to the mother (the father's kiss and the mother's spanking are not pathological!)
  - Saying everything to each other
  - Making mutual concessions
  - Sacrificing oneself for the children (above all they need to see free and happy adults)
  - The husband *must* attend the wife giving childbirth (this may traumatise and later parasite sexual relations)
  - A child may only develop harmoniously if it has a mother and a father at home
  - Children from recombined families have more problems; etc...
- *Projection* of one's experience on the partner: "he surely wants to...", "he doesn't like it when..."
- *Retroreflection* of anger or desire (generating suppressed anger!)
- *Deflection and avoidance*: in humour, in activism, in silence, in escaping
- *Profection*: "isn't that so that...?", "what would you think of..." (instead of expressing *directly* one's thought or one's desire).

We take into account the *ambivalence* inherent in all human beings and couples: *desire* to change and *fear* of changing: the couple has established itself in the provisional and relative "comfort" of ironed out mechanisms, and challenging the family's balance is not without danger for the whole "system".

I remember a young woman, Alice, who had come to participate in a monthly therapy group (a monthly residential weekend) upon the request of her elderly husband — who complained of her *frigidity*



and who had therefore intimated that she should "undergo treatment". During the third session, Alice reports with strong emotions the *rape* which she was victim of during adolescence, and which she had *never* disclosed to anyone. We re-enact the scene — as a symbolic psychodrama —, she expresses her shame and anger; she physically fights with her "rapist"; I also suggest that she switches role and plays the aggressor (so that she does not set herself in the role of the victim). A long psycho-corporal work is done around this dramatic event. The day after she phones me, thrilled: "At last, I've reached orgasm, it's wonderful!»

But the story does not end here: the husband also phones! He is furious: "What have you done to my wife? Who taught her to make love? What is going on in your groups? This is a scandal!» A few months later he asks for a divorce: "I am sure my wife betrayed me! I had married a sweet little girl and here she is, taking all sorts of liberties! She has become totally autonomous and no longer listens to me!...» The (neurotic) balance was broken and the couple fell apart. Maybe it is not to be regretted in this specific case (!)... but the risks do exist.

As mentioned by Robert Neuburger (1995)<sup>7</sup>, "Any external intervention on the couple, even with a therapeutic aim, may be experienced as a violence, especially if it is based on the idea of helping one of the partners and if it overlooks the power of the ties of belonging."

### I/Thou/Us

*The whole is different from the sum of its parts.* The couple is more than the sum of two people. It is not the traditional "two shall become one" of the Bible! This would reduce each partner to a half! The new arithmetic is:  $1 + 1 = 3$ . Each person plus the couple as an autonomous entity which "leads its own life".

And why not  $1 + 1 = 7$ ? Meaning: me, you, us; you in me, me in you (the images of the other that we harbour); the ideal couple in my mind, the ideal couple in yours. A created, fantasised, mythified couple.

The couple leads its life: it is not a definitive and stable *state*. It lives, it changes, it grows, it suffers, it is sick... and sometimes, independently from its "components" — who may be feeling very well! For example, each partner may have initiated an outside relation steeped in joy... and the couple is suffering or dying.

Among the *prevention* measures, we suggest a yearly "honeymoon" for every couple: a period of a few days away from the marital home and its obligations, without children (to be entrusted to the family, to friends or to a holiday institution); with nothing else to do but to meet each other face-to-face, make love, review the situation, "renegotiate the contract" each year point by point: What is working? What is no longer valid? What are our projects for the relation this year? A time to focus on "us".

By the way, I am ending this chapter (which we are readjusting together, paragraph by paragraph). I'm ending this chapter here, because we are preparing our suitcases: tomorrow morning, we are leaving for our traditional annual honeymoon...

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<sup>7</sup> NEUBURGER Robert (1995). *Le mythe familial*. ESF, Paris (p.90).

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