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# Non-Medical Marital Therapy
## The Growth of the Institute
## of Marital Studies*

This paper deals with the evolution of a Tavistock-linked non-medical thera-
peutic unit concerned with marital problems and their implications for the work
of community services. Until 1968 it was called the Family Discussion Bu-
reau, and thereafter, the Institute of Marital Studies.

*The Evolution of the Unit and the Field*

A COLLABORATIVE PILOT EXPERIMENT

Citizens Advice Bureaus (CABs) had been set up as part of the war effort. With
the peace, they became concerned with problems resulting from social disloca-
tion and with the many questions raised by new social legislation. The director
of the Bureaux in London, Enid Eicholtz (later Enid Balint), recognized the
leading part played by marital problems and related family stress in the
ostensibly practical difficulties of the people served.

CABs in London had been administered by the Family Welfare Association
(FWA), founded in 1869 as the Charity Organisation Society, whose social
workers were increasingly presented with marital and related family problems
that defeated them. In 1948 Enid Eicholtz initiated the formation of a small
group of FWA staff to explore the possibility of offering more effective help.
Technical support had to be found outside the FWA and beyond contemporary
social casework. Help was sought from the Tavistock Institute of Human
Relations (TIHR) with its psychoanalytic and socio-dynamic orientation for
staff training and problems of organizational and strategic development. Par-
ticularly through Dr. A.T.M. Wilson (1949), the Tavistock had designated

marriage and marital stress as one of its central concerns. There was sufficient agreement on the part of the FWA group with the Tavistock approach for a joint steering committee to be set up to guide the new endeavor. Among the tenets agreed were:

- The need to link training and research with casework to close the gap between theory and practice and provide opportunity for the formulation and testing of working hypotheses.
- That marital problems could be studied at the necessary depth only by making use of therapeutic situations. That the advance of understanding required an opportunity for reflection combined with skill derived from practice.
- To endorse the casework principle that nothing effective can be done to or for people, only with them (Wilson, 1947a; 1947b; 1949).

Five years were allotted to a pilot experiment. Survey research was undertaken in two areas of London to discover needs and to develop acceptable approaches to marital and family problems. Group discussions with a wide range of people who had not openly sought help confirmed the need for a new service (Menzies, 1949). Severe problems existed within the healthy part of the community; the line between so-called normal families, who could cope, and those threatened by crisis proved difficult if not impossible to draw. At that time stigma was attached to marital difficulty. Few people were able to ask for help before difficulties became acute, but, with that point reached, help was acceptable if made available in a way that did not imply social failure. The majority of clients would be referred by workers in community services.

These open discussions led to the use of "Family Discussion" in place of "Marriage Welfare." Family discussion was neutral, applicable alike to preventive and therapeutic work, and suggested the joint, client/worker nature of the endeavor (Bannister et al., 1955).

The second task was to explore the possibility of using a psychoanalytic theory of personality in the development of casework. Those seeking help seldom regarded their problems as medical or themselves as psychiatric patients, but some of the special knowledge of the psychoanalytically trained psychiatrist was necessary for those wishing to give effective help to people with problems stemming from motives of which they were unaware. Making such knowledge available raised big issues for the analysts, but their doubts were met by the forceful argument that troubled marriages existed and, because the "dis-ease" was not medical, couples in difficulties were not getting the psychological help they needed.

The FDB group needed to gain such understanding of themselves as would keep them free from the emotional pressure exerted by clients and permit them

to see the conflicting forces at work with sufficient detachment to get a clear picture of them (Sutherland, 1955). They had to learn to reflect on and evaluate their own subjective experience; "a limited though considerable change in personality was necessary for the new skill, though the amount of change necessary could only be judged as the work progressed" (Balint, quoted by Sutherland, 1955).

The focus that then developed was not so much on the psychodynamics of the individual as on the marital relationship—the process of interaction between the two individuals concerned. The marital relationship was conceived in system terms from the start, as was the family of which this relationship was the nucleus.

The container within which reflection was combined with the experience of clinical practice was the weekly case conference. Learning took place through the relationship developed between a consultant analyst and the group of caseworkers and also among the members themselves (Balint, M., 1954; Bannister et al., 1955).

The third separate, but complementary, component of these initial explorations was an investigation of patterns of living in ordinary urban families. A social anthropologist and a social psychologist collaborated with FDB consultants, case workers and psychologists from the Tavistock Clinic. This research developed new insights into conjugal roles and family networks (Bott, 1957; Vol. I, "Conjugal Roles and Social Networks"). The study was of marriage as much as of families and the interpretations and hypotheses developed enriched the texture of interdisciplinary collaboration in the group as a whole, adding to the concepts emerging from the casework.

## THE MOVE TO THE TAVISTOCK AND ITS IMPLICATIONS

When the time allotted to the pilot project expired the question of continuing the unit on a permanent basis became pressing. Preoccupation with the development of professional competence in its specialized field and close involvement with the Tavistock militated against its integration into the professional life and culture of its parent organization. A solution was found when in 1956 the FDB became one of a growing number of Clinic-linked activities of the TIHR.

A marital unit had existed within the Clinic as part of the National Health Service since 1949 and was available to those referred through medical channels. With the addition of the FDB an alternative non-medical pathway became available.

A professional tension lay in the uncertain distinction between casework and psychotherapy. The staff were caseworkers, a professional identity pre-

served for many years until that of "marital therapist" was assumed in the mid-1980s. The tension is implicit in a contemporary paper by one of the Bureau's consultants:

> You will observe that personal analysis has been excluded from the training. In the Family Discussion Bureau we have deliberately held to a policy of not requiring it, and our experience has shown that good work can be done without it. Whether or not the work is better without it, it would be impossible to say. Certainly some of those caseworkers who have not been analysed previously do not wish to take this training now, as they feel they might then want to become more like the analyst. On the other hand, those who have had some personal analysis find that they can work easily at the same "levels" and in the same way as other caseworkers (Sutherland, 1956).

Operational tensions were related to changes in the patterns of referral and the network of community services with which the FDB was connected. When the transfer to the Tavistock took place the Bureau's clients were exclusively referred by CAB workers, social workers in various settings and probation officers. Thereafter, medical referrals, notably by general practitioners, progressively replaced them and still preponderate among referred cases. Latterly, self-referred cases have become the majority but there are often "hidden referrers" and many of these are doctors. Thus, operational connectedness shifted towards the medical network. While the unit's experience has been that the distinction between the "social" and "medical" in this field is unhelpful, some sociologists and social theorists remain critical of what has been called the "medicalization of marriage" (Morgan, 1985).

Institutional tensions were inherent in a situation in which working relationships with the National Health Service Clinic preponderated over those with the independent TIHR, which carried legal, administrative and financial responsibility for the unit. In this respect the FDB was in the same position as other Clinic-linked units. However, these had been generated within the organization whereas the Bureau had been introduced from outside. An important factor in the negotiations leading to its transfer from the FWA had been the judgement that, with support from central and local government, it would become self-financing. This was (and has continued to be) a difficult position to achieve. On numerous occasions survival was only secured through the willingness of TIHR to underwrite prospective deficits, thus affording a breathing space in which to reach solvency. For a time a small number of staff holding Clinic posts were seconded part-time for work in the FDB.

Government grants-in-aid are permissive, not mandatory, and subject to the ebb and flow of economic climate and political opinion. The community's concern about the social and mental health implications of marriage breakdown and stress is, in part, reflected through official funding. However, the paradoxi-

cal nature of marriage as a personal relationship and as a social institution makes for ambivalence at governmental, organizational and personal levels. Notwithstanding changed attitudes and increasing openness, support for intensive study and therapeutic intervention remains equivocal.

## The Mix of Practice, Training and Research

The concept of the practice, training and research "mix" as a total function was articulated in the pilot experiment.

In the years immediately following the move to the Tavistock, energies were mainly devoted to staff development and to a fuller exposition of the Bureau's work than had hitherto been possible. *Marriage: Studies in Emotional Conflict and Growth* (Pincus, 1960) described practice with a range of troubled marriages. It took account of unconscious processes that influence an individual's choice of partner and discussed the nature of conflict in the interaction between couples. It emphasized the benign as well as the destructive aspects of conflict for personal development and maturation in marriage.

The four-person therapeutic technique developed out of the pilot experiment. Because the possibilities of creative change in the marital relationship had been found to be greater when both partners were involved, the Bureau had come to work exclusively with couples. However, the involvement of one caseworker with two clients so added to the complexities of transference and countertransference that two workers were deployed to avoid them. It had been realized that this technique had a potential for staff training, the less experienced learning from their more experienced colleagues (Bannister et al., 1955). It was later observed that the relationship developed between the caseworkers tended to reflect important aspects of the client-couple's interaction. That is, the therapeutic relationship system was influenced by that of the clients. Scrutiny of this unconsciously determined phenomenon advanced understanding of the couple's difficulties. Some characteristics of the weekly case-conference where such scrutiny took place have changed over time. The staff have become more sophisticated and those with and without analytic experience and training more evenly balanced, so that the role of the psychiatrist/psychoanalyst has become less prominent. The distinctive influence of the case-conference has been described as follows (Pincus, 1960):

It is clear that in order to keep their vital self-awareness and to understand as far as possible the extent to which their own involvement may be distorting their understanding of their clients' difficulties, the caseworkers need a medium in which they, too, may develop and feel free to involve themselves in relationships. Without such freedom it would become very difficult for them to avoid

working in mental blinkers which would prevent them from seeing anything except the rational content of their clients' complaints and fears, and of their own anxieties. The group provides a setting in which these anxieties can be aired and tolerated. Caseworkers have an opportunity to discuss their cases in conference, but the constant gain in casework experience which this provides is seen as incidental to the vital atmosphere created by the group which can be internalized so that workers carry it with them to their clients. It is essential that the atmosphere should be predominantly accepting and supportive so that the workers can be spontaneous in their discussions, knowing as they do that these will reveal hidden aspects of their own personalities. But, in so far as the group avoids a destructively critical attitude, it must, nevertheless, make demands on its members, the chief being for a disciplined and discriminating attitude to their work.

## The Training of Allied Professionals

The training of allied professionals began in 1956 as a result of a request for a training course for probation officers whose matrimonial casework service in Magistrates' courts was growing. The implications of stress in marital and family relationships for work with offenders became increasingly apparent. The courses sponsored by the Probation and Aftercare Department of the Home Office were held annually and continued without a break for thirty years. This longevity, though significant, was not their most important feature, which lay in their function as a laboratory in which to develop concepts, test patterns of training courses and apply learning gained in the working-group.

The term "working-group" has particular connotations. It is no accident that practitioners concerned with marital problems should find themselves paying attention to the group as a vehicle for containing and working through the emotional impact of working in this field. They could not be unaware, in themselves as in their clients, of resistance to personal change. Bion has documented processes by which members of a group can unconsciously co-operate to avoid the struggle with their real task (Bion, 1961). Couples can also unconsciously co-operate to maintain illusions about themselves. Alongside the impetus for change and development goes what Bion described as a hatred of learning about the self and of the experience of uncertainty which this invariably entails—until the individual gains some mastery and is able to assume that degree of personal autonomy which is required for reality-based co-operation with others. Bion's work had a profound influence within the Tavistock as a whole and stimulated what came to be known as group relations training (Trist and Sofer, 1959; Rice, 1965). FDB staff became progressively more involved with group relations conferences as part of their own in-house training and as conference staff.

The work with probation officers was precursor to a wide range of extra-mural courses and training events involving allied practitioners and their employing institutions in the statutory and voluntary services, such as marriage guidance councils, in addition to universities and training organizations in the United Kingdom and abroad.

The beginning of intra-mural training was also linked to work with the probation service following an approach to the Tavistock Clinic by the Home Office. In the year following the first extra-mural course, the first experienced probation officers were seconded for supervised marital casework in the unit. They, and the officers who followed, became in-service tutors to colleagues undertaking marital work in the courts.

The FDB received foundation support for the provision of fellowships for United Kingdom and overseas post-graduate students. These comprised practitioners and practitioner-teachers, principally from probation and social work and, increasingly, from the marriage guidance movement in the UK, as well as medical and social workers from abroad, who would return to key roles in their employing organizations. It became policy to "train the trainers" a corollary being the extension of supervisory skills outside the specialized setting of the FDB.

The growing volume of training stimulated collaboration with others in the Tavistock concerned with inter-disciplinary teaching, primarily the Clinic-linked School of Family Psychiatry and Community Mental Health. An important aspect of training is that it enables direct contact to be maintained with the preoccupations and working problems of those in the field and with developments abroad. Training is also an important source of recruitment when internal students or those invited onto the staff of training events apply and are selected to join the unit. Their experience in other settings enriches its knowledge base and, through them, links with community services are strengthened.

RESEARCH AND PUBLICATION

The appearance of *Marriage: Studies in Emotional Conflict and Growth* in 1960 stimulated research and publication. A national conference organized by the FDB was held for a multi-disciplinary group of trainers and social work teachers. This produced a widely read monograph (Institute of Marital Studies, 1962).

The study and comparison of cases showed the operation of phantasies shared by couples at different levels of personality development, the basis of unconscious collusion, and distinguished between different patterns of defense against anxiety. This led to better understanding of the four-person relationship, the variable use of conjoint (foursome) and individual sessions and the

enhancement of the therapeutic process (Bannister and Pincus, 1965; Lyons, 1973). A parallel study was devoted to brief intensive work and its prerequisite: help for practitioners to withstand the pressures exerted by disturbed clients in crisis (Guthrie and Mattinson, 1971).

Wider applications of experience and theory included the submission of evidence to government and others regarding the personal and family services of local authorities, and reform of divorce laws. This was the basis for an outline strategy to promote comprehensive services for the family, preventive as well as remedial. It took account of the interdependence of the mental health aspects of marriage and divorce, the impact of social change and the requirements of professional training, practice and co-operation (Woodhouse, 1969).

An examination was made of the marital participation and interaction of couples previously resident in a hospital for the subnormal in an attempt to understand why many subjects considered handicapped when single had been able to use the commitment to their partners for their own personal development (Mattinson, 1970). Other work, arising from consultancy in a children's hospital, was based on treatment of couples having a child suffering from recalcitrant illness (encopresis and asthma). This led to efforts to develop an approach to understanding and helping such sick children through working with the marital interaction of their parents (Mainprice, 1974). A third area of exploration derived from long-term collaboration with university teachers of social work students and their fieldwork supervisors (Mattinson, 1975).

The FDB had now become an advanced center in its field and took the title of Institute of Marital Studies (IMS). This affirmed its identity among organizations with which it had growing links. It became one of the five autonomous units reporting to the Council in a reorganized Tavistock.

By the end of the 1960s therapeutic work and training were making important contributions to IMS budgets. So were the staff through considerable unpaid time and the making over to the unit of all income from writing. Research costs had been met out of general funds. A period of rapidly rising inflation now raised financial uncertainty to an insupportable level. Technical innovations were inextricably bound up with these pressures, the more so in a small working group organized to ensure collective responsibility for its affairs.

Negotiation of long-term training commitments which provided a continuing interface with the managers of community services became more prominent. Technical and financial considerations combined to promote research supported by trusts and foundations. The first such project was undertaken in a London Social Services Department. Over a period of three years four IMS staff were participant observers in the Department and worked with clients to whom the organization gave a high priority (Mattinson and Sinclair, 1979). The project began a process through which experience of negotiation with

other institutions was widened and deepened. It established a pattern of collaborative action-research which was to be influential in the unit's development. It provided direct experience of the stressful working-world of colleagues in community services. Through the staff involved, task-related anxiety was brought back into the IMS. The new work had to be accommodated emotionally as well as organizationally by the total working group, including administrative staff. An equivalent of the case conference had to be found for such action-research projects. The search was broadened for relevant theory through which to explain the phenomena encountered. The project gave added emphasis to the need for expansion. A "critical mass" was needed sufficient to accommodate this kind of research, the development of therapeutic work and training, and to enable the IMS to respond to unpredictable events and opportunities.

Intensification of relationships between the IMS and other related organizations through training and field-based action-research had parallels in the area of policy. Regular *consultation* between the IMS and the other major organizations in receipt of government grants-in-aid for marital work was by now well established. Consideration of their different but complementary roles resulted in a joint approach to central government. This approach sought a national review of marital work and services in the light of knowledge and experience gained since the field had last been officially reviewed in 1947. As a result a multi-disciplinary working party was set up on which the IMS was represented. It published a report entitled *Marriage Matters* (Home Office, 1979).

The report confirmed the span of agencies and professional disciplines involved with marital difficulties in their various guises. These agencies and practitioners, while varied in terms of their primary tasks, had in common the need to understand the nature of marital interaction and its effect on their work. Problems of inter-professional collaboration were emphasized. A coordinating role was envisaged for government with a small central unit to promote the better use of existing local resources. The aim of *Marriage Matters* was to stimulate debate as a prelude to change within government and among the many professionals and agencies involved.

Following a change of government, however, the necessary central initiative to implement change was not forthcoming. The emerging social climate revealed increasingly stark contradictions. There had been growing recognition that collaboration, interdependence and the interplay of differences were prerequisites for the development of institutions as they were for individuals, couples and families. At the same time anxiety was increasingly voiced about the finite nature of resources in the face of escalating demands. This led to defensive, reactive strategies. The external boundaries of groups and organizations tended to become less permeable as preoccupation with survival and stress among practitioners increased. Lack of resources was invoked as an

irrefutable reason for limiting the time-span of commitment. Tension between autonomy and dependency was increasingly dealt with by an aggressive emphasis on independence. Reliance on techniques in treatment and training, and the avoidance of sustained relationship grew; a premium came to be put on short-term remedies for the ills of a growing number and range of "casualties." Reductionist attitudes rather than those encouraging attention to process and the interplay of the inner and outer worlds of those in difficulty were reinforced. As Sutherland (1980) pointed out, "the pluralism in approaches thus reflects a situation not so much stimulating differences within a healthy enterprise as one with serious and dangerous contradictions."

## Later Developments

The changing focus and practice of the major part of TIHR gradually became less congruent with those of the IMS and, in 1979, the unit transferred to the Tavistock Institute of Medical Psychology. This charitable foundation—the founding body first of the Clinic and then of TIHR—having retained a supportive role in relation to both organizations, assumed legal responsibility for the IMS. The new arrangement aimed to leave the unit free to maintain its working relationship with the Clinic and relevant activities of the Institute and to adopt a distinctive form of organization more suited to its future adaptive needs.

### NEW PROJECTS AND THEMES

In its new context the unit engaged in a series of collaborative and substantially funded enterprises following on from the Social Services Department project. One—with groups of health visitors—concerned the development of a preventive model for enhancing a couple's capacity to contain the tension inherent in the advent of a child, particularly the first-born. It questioned the proposition of "crisis theorists" that pregnancy is a propitious time for prophylactic mental health intervention (Clulow, 1982). Other work involved participation in a program in the Probation Service aimed at effecting settlements between divorcing couples subject to welfare enquiries to protect the well-being of their children. The work cast doubt on legal and other procedures based on the premise of essentially rational conflict resolution. This leads to an underestimation of the primitive nature of the hostility between many couples who fail to act in the best interests of their children (Clulow and Vincent, 1987). Workshops for practitioners in a variety of settings were held in three diverse areas of the country to compare experiences of work with clients when one or both partners in a marriage had become unemployed and to study the psycho-

logical impact of the loss of the opportunity to work. Attention was drawn to the reluctance of relevant professionals to involve themselves and reasons for this were investigated (Daniel, 1985; Mattinson, 1988).

The issues raised by *Marriage Matters*—particularly the need to promote interdisciplinary training and collaboration—were a continuing concern. When it became clear that no central initiative would materialize, a three-year training-cum-research program was mounted involving 50 practitioners from front-line medical and non-medical services. It focussed on the impact of marital stress on the five participating agencies and on the task-related anxieties impeding inter-professional collaboration (Woodhouse and Pengelly, forthcoming).

Alongside collaborative action-research, there were successors to earlier endeavors in therapeutic practice and training. A study of a psychodynamic marital therapy again highlighted the perceptions and subjective experience of the two therapists as much as those of the couple, but paid further attention to the process of referral and to the assessment of the outcome (Clulow, 1985). Factors relevant to brief marital therapy and the problem of assessing outcome were also considered (Clulow et al., 1986; Balfour et al., 1986). The couples in both instances were actively engaged in assessing the work, re-emphasizing the original conception of the therapeutic encounter as a shared enterprise.

Extended experience of training groups for social work supervisors in an inner London local authority drew on earlier IMS work when exploring the nature of the tension engendered by the supervisory role and of the anxiety commonly associated with it (Dearnley, 1985). Two new courses were added: an internal one, the first of its kind in the UK, leading to a Diploma in Marital Psychotherapy, with an extra-mural foundation course linked to it.

Continuity was also evident in continuing collaboration with referring general practitioners. There was joint examination by a medical and an IMS practitioner of the way patients present marital stress to their family doctor (Cohen and Pugh, 1984). Meanwhile, therapeutic work prompted consideration of such contemporary issues as cross-cultural marriages (Cohen, 1982) and the effect of abortion on marriage (Mattinson, 1985). International work continued. An international summer school began in 1983. Links have been maintained with colleagues in Europe and beyond. The chairmanship of the Commission of Marriage and Inter-personal Relations of the International Union of Family Organisations passed to the IMS in 1986.

## INTEGRITY AND UNCERTAINTY

As Clulow (1985) observed, the Greek word "therapy" is commonly assumed to mean *curing* or *healing*. Its first meaning is, however, *waiting on, serving,*

*attending.* Marital therapy in the IMS is a process of attending to couples and their unconsciously motivated interaction. It calls for informed listening, is reflective, essentially responsive and is concerned with the mutual influence of couples and therapists.

An interventionist, entrepreneurial mode, however, had increasingly to be adopted alongside the responsive one with clients; the pursuit of financial viability had to go hand-in-hand with professional development. Pressure on limited resources increased; it was never possible to keep the contending claims of practice, training and research/publication in anything but uneasy equilibrium. The different work patterns required in these three areas were often in conflict. But the overall outcome of managing these stressful boundaries has been creative. The culture developed by members of the working group embodied an effective social system of defenses against the anxieties inherent in the unit's therapeutic and other work and in its boundary position within and beyond the Tavistock.

Recent social and political trends are testing the integrity of the IMS and the coherence of its tripartite role. Progressively reduced financial support from central government and restrictions on local government services signify changes in political philosophy and social theory—and therefore attitudes towards the relationship between welfare and personal development. Whether or not the changes in society are radical, or part of an oscillating process, only time will tell.

The unit perforce became less dependent on direct public funding. The balance between technical development and financial necessity moved sharply towards the latter. Reciprocal processes with the practice, training, research mix have been seriously affected, giving rise to concern, not least as regards effects on the unit's core activity—service to clients—demands for which have escalated.

Changes in the field of care have inevitably affected the pattern of the unit's relationship within its professional network. Probation and social workers have become increasingly concerned to apply treatment techniques in work with specific target groups. The trend has been away from casework with its emphasis on psychodynamic processes. The non-statutory marriage guidance movement has also been affected. There has been a proliferation of many diverse forms of counselling and other types of help for personal problems.

Training and consultation continue with members of all these groups. As would be expected, institutional change is uneven. Some members continue to seek help from a psychodynamic approach to their practice. Growing numbers of general practitioners are becoming more aware of the relational aspects of their primary task. One outcome has been the establishment of the Group for the Advancement of Psychodynamics and Psychotherapy in Social Work (GAPS) and, since 1983, the publication of its *Journal of Social Work Practice.*

The medical/social dichotomy, though still relevant to the IMS, is less of an issue than it was, but differences between psychodynamic approaches and those concerned with a "technology of behavior" (Barrett, 1979) have become more so. The areas of relevant uncertainty have widened considerably for the IMS no less than for other practitioners in the field of care. Uncertainty generates anxiety. The evolution of the IMS to date supports Menzies' proposition that "the success and viability of a social institution are intimately connected with the techniques it uses to contain anxiety" (Menzies, 1970). Much will turn on the efficacy of the unit's social defense system in enabling members to maintain the integrity of the IMS in the face of environmental changes different in kind and quality from those hitherto confronted.

## Conceptual Developments

### THERAPEUTIC PROCESSES

#### CONFLICT AND ANXIETY WITHIN THE PERSON AND IN MARRIAGE

The partners bring to their relationship all their previous experience. This includes their internal, unconscious relationship systems. There is the person with a visible, acknowledged identity together with aspects of his or her personality which have been split off and repressed in the early stages of his development. These processes take place as a means of dealing with—that is, defending against—anxiety aroused because the needs inherent in these "sub-selves" are experienced as incompatible and their expression impossible if reciprocal relationships with the environment are to be sustained.

This view of the person mainly derives from the work of the object relations school of psychoanalysis, though by no means exclusively so. It has been found relevant in working with the several thousands of couples seen in the unit and the many more considered with colleagues in other settings. An understanding of the legacies the marriage partners bring to the relationship, and their influence on its characteristics and vulnerabilities, is based on it. Some facets may obtrude more than others in any given instance, but the part played by unconscious anxiety arising from conflictful relationships within the person and between the self and others is central; the psychic strain and restrictive effects of maintaining defensive splits are all too obvious.

#### EMOTIONAL CONFLICT AND GROWTH

There can be no emotional growth without emotional conflict. Conflict does not invariably lead to growth but is an important ingredient of it. Change is

feared when it threatens an identity evolved as a means of coping with uncon-scious anxiety. This is so even though the resulting partial experience of the self, perceptions of others and meanings ascribed to events give rise to un-satisfying or painful experience. Emotional growth, i.e., maturation, involves the reintegration of, and an altered relationship with, those aspects of the self which have been split off, repressed, denied. It therefore means a modification of the image, including the sexual image, the person has been impelled to assume and, through selective perception, has seen others as confirming—indeed has often coerced them into confirming. In some marriages conflict between the partners has the quality of a fight to the death, reflecting the violence with which the internal image of the self is liable to be defended when it is felt to be threatened.

Marriage is a transference relationship *par excellence*. The partners become a fundamental part of each other's environment; each is both subject and object and each is the object of the other's attachment. By its nature, the relationship is a primary one and the most direct heir to childhood experience in adult life. In it, emotive aspects of earlier actual and phantasy relationships are trans-ferred by each onto the other; indeed, their interplay ensures that uncon-sciously, as well as consciously, experienced aspects of the past and the conflict and anxiety associated with them, are re-evoked—but in a new and present dimension. Thus, stress in marriage reflects conflict within the person, exter-nalized and acted out in the partnership.

SHARED DEFENSES, INTERACTION AND THE POTENTIAL FOR DEVELOPMENT

This process makes the internal dilemmas of each partner accessible through their interaction. As well as biological imperatives and the basic human need for attachment, such interaction reveals the developmental as well as the defensive potential of the dynamic relationship system in which both partners become deeply involved emotionally, even if negatively. Such involvement is perhaps unremarkable in relationships of long-standing; together couples build up a psycho-biological system, one which becomes enmeshed in and supported by a complex of social roles and responsibilities. Therapeutic experience, however, leads to the conclusion that the original choice of each by the other in any continuing relationship is unconsciously purposeful in that complemen-tarity is a dominant feature; each recognizes aspects of him- or herself, of which they are not consciously or willingly aware, in the person of the other. It shows that couples have deep-seated psychological preoccupations in com-mon, notwithstanding differences in the way they may be articulated.

Developmental—and therefore therapeutic—potential lies in the fact that what is feared and rejected in the internal world, and is located in the person of

the partner, is not lost but is "lived with." It is therefore available experientially and may be assimilated. Along with fear and rejection, there is evidence of a psychic need to reunite what Laing (1960) called the "divided self."

A basic role in marital interaction is ascribed to the mechanism of projective identification and the defense of projection (Klein, 1932). The less the projection, the greater the possibility that each partner may become more of a separate, autonomous person and less the receptacle of what the other rejects and denies. However, the process of withdrawing projections and of reintrojection is precarious and fitful. Both partners are collusively involved and each may confirm the worst fears of the other, especially when an emotionally significant life event disturbs the equilibrium or when change is attempted. Stress can become such that the containing function of the relationship (Jung, 1925) is threatened or overwhelmed. If help is sought, it is the task of therapy to afford a breathing space and a containing environment within which the implications of change for both partners may be tested.

Constellations within dyadic systems are infinitely variable as are patterns of attachment. At one end are those where mutual defenses support a shared unconscious purpose of the relationship which is anti-developmental—to avoid engagement with life. At the other, are couples where the mutual value of defenses lies in furthering the capacity to deal with internal conflict and external stress, supporting their containment and thus fostering growth (Morris, 1971). In terms of the defense of projection, developmental potential turns on how much of the personality is got rid of in this way; how violent is the mental act of projection; and the rigidity with which the defense is maintained.

INTERACTIVE PROCESSES IN THERAPEUTIC RELATIONSHIPS

A critical advance in marital work was to see that what the partners complained of in each other was an unwanted part of themselves (Sutherland, 1962). Caseworkers/therapists are also bound to become the object of their clients' projections, good and bad. With an emotionally significant relationship established, they too have transferred onto them feelings and attitudes arising from clients' internal needs which are not predominantly a reaction to the "real" workers; and the workers' responses are bound to be affected.

At the beginning of the unit's life, the emphasis was mainly on enabling staff to manage the sometimes disturbing experiences to which sustained relationships with clients can give rise and on safeguarding them from inappropriate responses—counter-transference in its original sense (Freud, 1910). Through supervision during training, and continuously in the work of the case conference, ways were found to help staff to become aware of these phenomena, to find an appropriate distance from clients and to distinguish between

what in the work was a function of the client's and what of their own trans-
ference; to understand the detail of the former in any given case and to accept
professional responsibility for the latter. The use of the four-person therapeutic
relationship was an added safeguard. As they are different people, the counter-
transferences of the two caseworkers are also different. The interaction be-
tween the therapeutic pair and their subjective experience of each other was
gradually recognized as an added source of information about the dilemmas in
their clients' relationship (Pincus, 1960). To give a simple example, it is
common in four-person work for one of the therapeutic pair to feel that his or
her colleague is colluding with one or other client to the detriment of the
treatment. He or she may be. But how these differences are articulated and the
difficulty of their resolution is frequently found to be an unconscious reaction
to the clients. The workers' behavior has important similarities with the cou-
ple's defense against anxiety in confronting specific differences. The process
and its meaning may only become clear when the case is presented at con-
ference which is a formal part of the therapeutic procedure.

Recognition that such reactions were not solely a product of the personal
or technical deficiencies of workers was contemporary with what Mattin-
son (1975) saw as the widening and enriching of the concept of counter-
transference by those "who perceived the counter-transference as a function of
the transference of the client. The reaction of the worker to the clients'
transference need not be condemned, but could be noted and used for increas-
ing the understanding of the clients' behavior."

Following Searles (1959), Mattinson summarized the IMS position on
counter-transference in therapeutic interaction as

> an innate and inevitable ingredient which is sometimes a conscious reaction to
> the observed behaviour of the client, or which is sometimes an unconscious
> reaction to the felt and not consciously understood behaviour of the client, and
> which can be used for increasing understanding of the client. (In addition) . . .
> the resolution by the worker of the counter-transference (is) one of the main
> ingredients of casework which enables the client to resolve and relinquish the
> transference.

It is not that classical counter-transference, i.e., workers' transference, is
disregarded as a factor militating against effective therapy. It is the change of
emphasis that is important, one which points to the need for workers to be free
to engage with clients in a human interaction within a structured, containing
therapeutic environment. They have to discover what, for each of them, is the
appropriate closeness to and distance from their clients in the knowledge that
"you can exert no influence if you are not susceptible to influence" (Jung,
1931); that emotional involvement is the vehicle for change; that without it one

is denied the opportunity to learn about critical aspects of clients' unconscious intra- and interpersonal conflicts which, being so, cannot be expressed in words.

## INTERACTIVE PROCESSES IN TRAINING: THE REFLECTION PROCESS

The IMS was slow to recognize the full implications for training and trainers of what had come to be taken for granted in the unit's practice: explicit attempts to make use of the workers' unrecognized responses to clients' unconscious defenses against anxiety. This experience had indeed been taken into training aimed at helping practitioners develop understanding and skill in work with marital and related family stress relevant to their own setting and field of work. But so far as trainers were concerned, the emphasis had remained on helping them extend *their own* casework in the firm belief that what the teacher can offer trainees is bounded by his own practice experience.

In IMS courses, supervisors of social work students insisted that attention be paid to their supervisory problems as well as their own practice. Shared work on these issues enabled material to be assembled supporting the thesis, first put forward by Searles (1955) arising from his supervision of analytic work with psychiatric patients, to the effect that processes at work currently in the relationship between client and worker are often reflected in the relationship between worker and supervisor. Searles used the term "reflection process" to describe this mirroring phenomenon.

Simple of expression, the application of the concept can be more difficult in practice, the processes often being subtle in their manifestation. Included are

- the degree of involvement with the client that trainee workers or staff members are able to allow themselves
- the strength and flexibility of workers' psychological boundaries (a personal dimension)
- the capacity of the setting to facilitate and contain the work and its associated anxiety (an institutional dimension)
- the distinction between conscious and unconscious counter-transference (for example, negative counter-transference may be a response to the clients' projections, but it may also be a conscious reaction to objectively unpleasant or abhorrent aspects of their behavior which are not understood
- the extent to which the worker's responses are out of character and defensive, this being an indication of the degree of disturbance encountered

The full range of the reflection process is evidenced when a third-party (the supervisor in this instance) also reacts unconsciously. That is to say, when there is acting out in response to the trainee and his material which, while it may convey his consciously felt anxiety, is false and leads to an impasse between them. It was a supervisor's bewildered discomfort at her persistent and un-characteristically "waspish" treatment of an apparently impenetrable student, whose defensive lack of involvement in the supervision was seen to be similar to that of a mother with her delinquent son, that focussed attention on the process. It is one through which unconscious defenses against anxiety within one relationship system (the clients') can be carried over, via the "bridging" worker, into another adjacent one. When the meaning of this kind of interaction is unravelled, understanding of the client's defense is advanced and the trainee's work can change.

## PROFESSIONAL AND INSTITUTIONAL PROCESSES

The institutional dimension is an important variable in the worker's response to clients and their relationships. Training work showed that marital problems were intimidating for subjective as much as technical reasons. Working with a focus on a couple's interaction could threaten the psychological distance social workers were generally enabled to maintain between themselves and clients when addressing the particular difficulties their agencies were established to treat—delinquency, mental illness, child neglect, etc. Marriage and marital problems, however, were often too near home for comfort. For the majority, their specialized institutional setting provided little or no support in managing this boundary and the anxiety engendered by work with the intimate relationship of marriage (Balint, E., 1959; Woodhouse, 1967).

By the mid-1970s, organizational boundaries in the personal social services had changed; many of the specialized services had been amalgamated; social workers, like their agencies, now had multiple roles and tasks. These changes and a better grasp of the functioning of open systems required a fresh assessment. Hence the importance, in the present context, of the local authority social services project and the relevance of the direct experience of IMS staff when practicing alongside social work colleagues.

The evidence suggested that a large proportion of the Social Service Department's time and resources were devoted to a core group of married clients with severe relationship problems, which it was ill adapted to treat. These clients evoked ambivalent responses from social workers who wished to help but feared being overwhelmed. Worker/client interaction was liable to reinforce the pattern of ambivalent attachments and the defenses of denial and splitting dominating the clients' lives. The culture and mode of functioning of the

organization, itself under pressure from proliferating demand and increasingly restricted resources, abetted practitioners in avoiding or defending against the anxiety inherent in providing the kind of reliable, sustained though time-limited help appropriate to these deprived and demanding clients. Indeed, the institutional framework, in association with the clients, in itself stimulated anxiety. It diminished the ability to address their practical and emotional problems as interdependent and to do marital work.

Concerning the problem of engendering change in local authority social services, the setting in which the majority of social workers operate, Mattinson and Sinclair (1979) point out that

> If the workers are continually subjected to the splitting mechanisms of (these) clients, they too may become predisposed to this mode of behaviour, and as the individual worker can reflect his client's defence, so too may some of the organizational practices which the worker is expected to perform. The problem is that whereas the individual worker may eventually use his reflection constructively in understanding the client's emotional problem, it is much more difficult for the organization as a whole to do this once a particular practice has become institutionalized. Unfortunately, just as the resistance to change is believed to be greatest in clients exercising the most primitive psychic defences (and splitting is a very primitive defence), so group resistance to social change may be greatest in social systems also dominated by this mode.

Institutional resistance to change helps explain the constraints on the outcome of training. Trainees are potential change agents. Their attempts to introduce new perspectives on practice may be met by ambivalence if these are at variance with established social defenses. Reviewing a training course and their subsequent working experience, a group of well established probation officers reported feeling "like Christians in the catacombs" back in their agency.

## INTERACTION BETWEEN INSTITUTIONS

The Social Services Department project graphically confirmed that there is a strong tendency for the internal problems of individuals, couples and families to be externalized and to be mirrored by the relationship between practitioners to the detriment of collaboration. More recently other therapists have commented on the same processes (e.g., Reder, 1983; Will, 1983). Britton (1981) coined the phrase "complementary acting out" to describe their manifestations at the level of the service network.

However, it is clear that practitioners are not passive recipients of clients' projections. Not only do they have personal susceptibilities to anxiety and

idiosyncratic ways of defending against it which they take into their work, they operate defenses which are embedded in their agency's culture and expressed in its rules, organizational procedures and ways of interpreting policy.

The common need for defenses against anxiety is an important factor in the cohesion of associations (Jaques, 1955). Staff whose psychological needs are sufficiently met by the prevailing social defense mechanisms will support and seek to preserve them. The alternative is to leave. Even a worker with mature ways of coping with personal anxiety will find it hard to resist a well developed professional or agency defense, particularly if, as is often the case, the nature of the work arouses strong and primitive anxieties (Hornby, 1983).

The program undertaken by Woodhouse and Pengelly (forthcoming) involved the study of work with more than a hundred cases that preoccupied experienced workers in one locality. It lasted three years and was mainly conducted in mixed-discipline workshops. The majority of the worrying cases brought into the program raised just such strong and primitive anxieties.

Anxieties of this kind and quality can threaten a practitioner's sense of professional adequacy and personal autonomy. The defenses discussed by Hornby (1983) were variously enacted by participating practitioners in their casework and in the program: denial to avoid experiencing envy of other workers' opportunities and skills; displacement of hostility; splitting off and projecting feelings of inadequacy and, especially in the few cases worked jointly, projective identification which could ensure that skill and competence was vested in one practitioner, uselessness and helplessness in another. The defensive use of boundaries—around the worker/client or doctor/patient relationship, or around agencies—was also prominent. The testing of mutual perceptions through working relationships was generally avoided and the tendency of practitioners to isolate themselves from one another was evidenced in case discussion and reports which showed workers behaving as if colleagues in other agencies relevant to the work did not exist or were unapproachable.

Collaboration involves the exploration of differences and the revelation of uncertainty. Such experience in itself can generate depressive and persecutory anxiety which takes time to modify. This was achieved to some extent among participants in the containing and enabling environment the program aimed to provide. It represented a "temporary institution," analogues of which are difficult to establish in local service networks, a fact recognized in *Marriage Matters* by the recommendation that local multi-disciplinary training and development groups be established.

All the processes described impede collaboration, but there is a further and more entrenched one. The socially structured defense mechanisms operating in agencies and professional groups, while they have features in common, are distinctive. They stem from the unconscious as well as the conscious anxiety inherent in the tasks practitioners are employed to perform. They are related to

the work of doctors with the sick and dying; health visitors (community nurses) with mothers and babies and conflictual parent/child relationships; marriage counsellors with stress in intimate heterosexual relationship; probation officers with delinquents and tensions between conformity and individual liberty; and social workers with the disturbed and rejected and with parents who fail to care adequately for their children. However, such tasks afford practitioners their professional identity as well as the sentient group with which they identify and on which they depend for emotional support (Miller and Rice, 1967). Defenses against task-associated anxiety command deep emotional loyalty. They characterize their organizations but are seldom manifest in situations where they are accessible to the kind of work-related scrutiny that can facilitate modification and the mastery of the anxieties.

When workers share responsibility for clients or patients or engage in joint work, incompatibilities between agency defenses tend to emerge. These are accentuated when the clients involved employ primitive projective defenses, when their difficulties give rise to high levels of objective anxiety and, at the same time, stimulate powerful unconscious phantasies. The higher the level of anxiety, the greater the reliance on institutionalized defenses is likely to be and the more emotionally hazardous it becomes for practitioners to enter into each other's working-world for fear of losing hold of their own. Thus, in situations where collaboration is at a premium, as when children are at risk, it is often most difficult to achieve.

Other factors also influence inter-professional and inter-agency relationships. Some emanate from the personal characteristics of individuals; some are structural; others have to do with values, status  and professional and wider politics. Dire consequences can follow failures in inter-professional and inter-agency collaboration. When they do, and public concern leads to official enquiry, refinement of practice guidelines and improved administrative and legal procedures are mainly looked to for remedy. Valuable as these are in themselves, such rational prescriptions commonly fail to embody recognition of what Will and Baird (1984) have called "real inter-professional vulnerabilities." Gross failures in collaboration between practitioners and agencies are invariably multi-faceted. Unless the inevitability of intense unconscious anxiety and conflict is acknowledged and their corollary in institutionalized as well as personal defenses against them accepted rather than denied or condemned, improved working relationships, especially under stressful conditions, are likely to remain elusive.

The meaning and purpose of stress and conflict in the relationship between couples point towards the need for an integrated approach to understanding them. This demands creative interaction within and between the discrete but interdependent open systems which, operating at different levels, constitute the caring services.

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