The Interlocking Model Scene

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A sexual relationship is like learning a script neither of you have read. But you only notice this when one of you forgets your lines. And then, in the panic, you desperately try and remember something that you haven’t really forgotten. You hope the other person will prompt you. You start to hear voices off. You bring in another character.

(Phillips, 1996, p. 77)

Introduction

This clinical paper delineates the ways in which conflicts between couples that bring them into the consulting room often take the form of an intersubjective drama that I call ‘the interlocking model scene’. Through therapy we often discover that the origin of many enmeshed marital conflicts derive from unconscious and unresolved traumatic complexes deriving from childhood. A contextual cue which reminds one of the original trauma will inadvertently trigger this system and disrupt the sometimes fragile sense of intimacy that was present a moment before. Such complexes often manifest themselves in the replay of a particular scene which encapsulates a developmental trauma. Its organising principles (Brandchaft, 1993) are so fixed as to determine the relational choreography that ensues. In place of the improvised flow of dialogue which is characteristic of true intimacy, a form of language Meares calls the traumatic script (Meares, 1998b) encodes this scene. One’s partner is unconsciously auditioned and co-opted to play out his or her allotted part in this drama. What makes the situation even more confusing is that there is often a dove-tailing of two such scenes so that the individual ‘model scenes’ of each partner are superimposed such as to interpenetrate and interlock. Couples relentlessly reenact this in their intimate relationships, as well as in the consulting room.

‘Liz’

‘Liz’, a woman in her early twenties, presented for individual therapy due to sexual difficulties. She said she had been passionately in love with her partner Greg prior to the wedding day, but ‘as I walked up the aisle with my Dad, it was like some kind of curse was put over us—Greg suddenly seemed an alien … And since the wedding day I can’t bear him coming near me.’
As we worked together we discovered many of the issues she was having with her sexuality stemmed from the ways in which she felt that her father, rather than celebrate her newly emerging beauty as she entered adolescence, had caused her to feel shame about her womanhood. Now it was all too easy for her to feel exposed and ashamed with her husband, and to attribute to him the characteristics of her father.

She described a scene the previous Saturday afternoon, when she was dancing alone in the living room:

The music took me up into another realm, and soon I was whirling and swirling like a Sufi dervish! I felt my heart beating in time with the pulsating rhythms, my feet stamping an accompaniment to the deep throbbing of the drums, and my arms circled like serpents above my head. I imagined I was with a group of women dancing in the desert, enjoying our bodies and sensuality.

But this wonderful fantasy was rudely broken by her husband Greg opening the door and saying, ‘Hey Liz, wanna cup of tea?’ followed by a look of shock: ‘Good heavens, what are you up to?’

Liz’s face turned from reverie to horror, from horror to a crumpled look like a child about to cry. Then something else came over her and she stood towering above Greg as she screamed, ‘Get out, get out! How dare you interrupt me like that!’

Greg shuffled out, retreating to lick his wounds, mumbling under his breath, ‘I was just offering her a cup of tea’, leaving his wife in a state of humiliation and confusion about what had just occurred between them.

Talking over with me the scene described above, Liz suddenly remembered an incident with her father, when she was in early adolescence:

I was in my bedroom with my younger sister. We were both naked and were dancing around to music with these bits of fabric, having such fun noticing each other’s growing curves and budding breasts, pretending to be Arabian princesses, doing a dance of the seven veils. Suddenly the door opens and father pops his head round the doortelling us dinner is ready. Then the look on his face when he realises we’re naked. He yelled: ‘What do you think you are doing? Get dressed immediately! That’s disgusting!’ We just cowered and covered our nakedness. Couldn’t look him in the eye ever again …

As Liz remembered this event she started sobbing to her imagined father: You had no right, no right to take away from me my pleasure in my body, my sense of joy in being a woman.’

Thus her husband’s barging in on her as she danced alone in her living room ten years later shocked her out of an experience of joyful euphoria such that Liz was neither in the deserts of Syria, nor a suburban house in Melbourne, but in a time warp relating to the shame-evoking events which occurred in her adolescence. She did not realise she was in the grip of a traumatic memory, but experienced what was going on as if it were happening right ‘here-and-now’. The link between past and present only emerged in the analytic context.

It was as if her father handed over at the altar not only his daughter but also a malignant dowry
consisting of a legacy of shame-inducing father-daughter interactions which became played out in her adult intimate relations.

The husband’s intrusion upon her private zone of experience triggered what Meares calls a traumatic memory system (Meares, 2000) in which her husband Greg plays not an errant knight but a deflating, shaming father. Meares defines the traumatic system as ‘a collection of memories concerning similar traumatic events, which is stored in a memory system beyond the reach of reflective awareness’. This system is ‘triggered by contextual cues which resemble, in some way, the original trauma’ (Meares, 2000, p. 53).

Thus, instead of the imaginary lover so enchanted by this dancing woman in the deserts that he sweeps Liz off her feet and carries her off on his charger, Greg asked her something very prosaic and deflating, ‘Wanna cup of tea’?

Liz was able, through therapy, to uncover this memory which enabled her to realise that a contextual cue (the husband barging in on her) had triggered the memory of her father barging in. But at the time of the incident she was not able to make such a link. She was in the grip of a traumatic memory system in which she was re-experiencing the past event as if it were the present. This is because the incident in which her father barged in on her and her sister’s dancing encapsulated more chronic father-daughter dynamics surrounding a shaming of the two girls as they entered adolescence. Thus the single event came to stand for a repeated trauma.

Liz’s outburst had its origins in a past of being shamed by her father leading to a form of dissociation with a concomitant disturbance of memory. Her husband’s bursting in evokes memories of past shameful experiences, but since these were largely unconscious, neither Liz nor her husband realised she was in the grip of a traumatic memory system. Liz presented for therapy due to feelings of shame and inhibition with her husband, unaware that she had transferred the memories and feelings associated with her father to her husband.

The Intralocking Model Scene

Such a traumatic memory system tends to be organised in the form of a particular scene. Shameful events in Liz’s childhood became re-enacted in Liz’s marriage and were encapsulated in the scene witnessed above. I call this encapsulation of a traumatic memory system an ‘intralocking model scene’. The intralocking model scene is:

- **intra** from intrapsychic—concerning one’s own internal world;
- **intralocking** because it is a like an *idée fixe*—a system imprisoning the individual in the relentless replay of such scenes. There is no room for reflection, or changing the script in the light of new information. It is ‘locking’ in the sense of an imprisonment—one experiences oneself as a passive victim in a system, without agency or power;
- **model** because it sets down the blueprint for all subsequent intimate relations. Model implies that a system has become mechanical like a hard-wired lock;
- **scene** meaning a concentration of complex, scripted and choreographed directions that
are projected and re-enacted again and again.

Conscription and entrapment

In couples relationships each partner brings, as part of their psychological dowry, an intralocking model scene which comes to be imposed upon their relationship. Part of this unconscious theatre is the way they may ‘audition’ the partner. The other person, due to compatible receptivities in their own internal world identifies with the unconscious communication of projection. They can come to behave or appear like previous significant parental figures. Each partner, thus co-conscripted, replays these stories which can feel as if they are repetitive, intransigent interchanges, like the hard-wired model.

Intimacy and alienation: the improvised and conscripted modes

Couple intimacy is based on improvisation rather than conscription. One is able to be spontaneously receptive to one’s partner as he or she presents him or herself in this moment. What distinguishes this from the conscripted mode, based on pre-formulated and entrenched scripts, is that it is adaptive, fluid, creative and responsive. A free flow of imagination, curiosity and emotional resonance is afforded by a sense of containment and trust. Further, one is able to tolerate and enjoy rather than be threatened by the revelation of the partner’s alterity, i.e. the capacity for difference. This requires the existential courage that Grotstein calls ‘ontological courage’ in the dialectic of ‘to be or not to be’: ‘whether to become, to create, to explore, to do, to challenge, to undertake risks, to rescue, to initiate, to think’ … (Grotstein, 1997 p. 595).

The improvised and conscripted modalities involve different forms of memory systems. In the conscriptive system the person finds him or herself in the grip of a traumatic memory system which is not recognised as such but is experienced as the reality of the present: it is as if it is happening right here and now. Other characteristics of the conscripted system include its repetitiveness and incapacity for transformation in the light of new experience. There is an absence of a capacity for reflective awareness, metaphoric usage, symbolic function, philosophical treatment, or an ability to form links between past experiences and present circumstances. It takes the form of a script in which no discrepant information can enter.

There is a vast literature on the topic of different memory systems I cannot go into here. All make a distinction between those systems which depend on language and a sense of continuity of self, and those prior to this achievement which are thus preverbal and therefore also somatic.

Preverbal memory systems include repressed material and somatic memories. Such preverbal systems make use of an emotional body which tries (and sometimes fails) to organise experience, negative and positive, at a somatic level. Certain theorists have located this in the primitive layers of the brain-mind (reptilian, and palaeo-mammalian). As Jean Knox (1999) points out, implicit or procedural memory systems store information in a different part of the brain which is completely independent of the declarative memory system. As well as storing sequences of actions and general rules, it also stores information about patterns of relationships. Thus we can be influenced by such memories without us being consciously aware of them. Peter Fonagy (1999) proposes that it is implicit memory that forms the basis of psychic structures which organise the person’s awareness of current relationships while remaining outside awareness.
Meares (2000) has made a major study of this phenomenon as it appears in therapy. He shows how traumatic events are recorded in a more formative memory system than the episodic memory system which depends upon language and reflective capacity as well as on a sense of an internal, imaginal life. Traumatic experiences tend to create an uncoupling of consciousness, and lead to the creation of quasi-narratives (scripts). These can be built up of several episodes of traumatic experience or injuries to self-esteem, a layering of ‘knowledge’ of negative self-characteristics, persecutory anxieties etc.

If this traumatic system is triggered, the person finds themselves in the grip of a past memory system which is not recognised as such but is experienced as the reality of the present: it is happening right here and now.

**The Interlocking Model Scene: Two Intralocking Model Scenes Combined**

Due to the complex interaction of unconscious factors dictating partner choice, shared images of marriage and the unconscious covenant (Grotstein, 2000) operating between couples, there is often an interlocking such that the individual ‘model scenes’ of each partner are superimposed. While simultaneously living in one’s own traumatic zone one, often without even realising it, is inadvertently playing a prescribed part in the other’s internal drama. Two plays are performed simultaneously. In many cases the imaginal space between the two partners can be seen as a two-sided projection screen, upon which are superimposed two separate phantom plays, both projected on each side of the screen.

But if we think of this projection screen as the site on which these two shadow plays are projected, the superimposition of the two individual scenes upon the projection screen creates a third play: the ‘play’ that is the co-created combination of these two individual model scenes. Three plays are being performed simultaneously. The interlocking of two intralocking model scenes becomes not just a superimposition of two systems. There is an entanglement of systems because firstly each person does not know the extent to which he or she is locked up in his or her own system and thus how he or she is also co-opting and entrapping the other into playing the part of the traumatising adult. Secondly one does not recognise that while one has been catapulted back into the experience of the traumatised child, one is inadvertently acting the part of the traumatising adult in the other person’s world. Thirdly, each part is being unconsciously played out by the combination of the interlocking of two systems which gives rise to this third play.

For Liz, her husband’s ‘innocent’ offer of a cup of tea and bemused expression when he interrupted her dancing was constructed by Liz as being like her embarrassing father. As Liz was in individual therapy our understanding of Greg’s experience can only be hypothesised. We don’t know what might have been going on for Greg. Conceivably, at that very same time that he was being constructed as Liz’s father by Liz, he may have been triggered into a reciprocal model scene of his own. Perhaps the little boy Greg once came in on his mother getting dressed and mother screamed at him to get out of the room. In couples therapy we would have attended to both the
individual scenes of each partner as well as how they intersect to create this ‘third play’.

**A Shape-changing Cast of Characters**

Object Relations theory proposes that as children our disappointing experience with primary care givers becomes internalised. Our unconscious symbolises entire scenes with all its participants. These scenes, people and experiences become introjected, not as whole people or memories, but as parts. Our internal world then is made up of symbolic fragments, or, as this theory is called, part objects.

In later life when a contextual cue triggers this memory we find ourselves compulsively acting out this scene, projecting various parts onto those around us. Furthermore, given that the entire disappointing inter-relational dynamic has been internalised, we may identify with any member of that drama, not just our childhood self. Thus we may also act out the part of the mother or father and treat our loved one as our mother treated us, switch from being the one who feels victimised to the victimiser. For example, the experience of a mother who is preoccupied and does not respond to a son’s exuberant displays may be internalised in such a way that the psyche will contain both the vivacious child and the uninterested mother. Later, as an adult, this son might find that whenever he enthusiastically launches into a display of intellect he has an anxious expectation that his partner will not be interested. His partner picks up this expectation from facial cues and tones of voice and responds accordingly. On the other hand, the son, having internalised both positions (uninterested mother and deflated son) is just as likely to identify with that rejecting mother, in other words, a form of identification with the aggressor. Thus such a person may also be disdainfully unenthusiastic towards his beloved’s exhibitionistic displays, because he in that moment identifies with the uninterested mother in his own original experience.

In addition, the reactions of any other family members who were present (or just as significant, absent) will also be incorporated. Various ideas, fantasies and projections onto the reactions and interactions of others are also internalised. This leads to a mass of self-positions, other object positions and object relations with which we identify and replay giving rise to an extremely intricate internal drama.

Thus when two such intricate model scenes are superimposed in a marriage, the possible combinations operating simultaneously lead to an impossibly complicated marital drama.

**Audition and Conscription**

The following vignette shows the processes of what I define as auditioning (selection), constructing and conscripting in the dynamics of a superimposed interlocking model scene.

**Case Illustration: Martha and Christian**

Martha brought a somewhat reluctant suitor, Christian, to therapy. They had met through an introduction agency, and had been going out for a few months, but she was desperate to know what Christian’s intentions were. She demanded that if he didn’t propose by the end of this first
session that would prove he was like all the rest. Christian shuffled a bit uncomfortably in his seat.

I suggested perhaps we might give ourselves a bit of breathing space to ponder what might be going on behind the scenes here.

For Martha, the traumatic catch-cry, like an idée fixe, was that ‘no one will ever want to marry me, time’s running out, I’ll be left on the shelf at forty with no man and no baby’.

For Christian two things were going on. Firstly he felt as if he was in a ‘Catch 22’: if he proposed in response to her insistent request, she would just think, ‘Oh he’s just saying that to make me feel better, he doesn’t really desire me’. He was desperately waiting for her to back off so that he could go down on bended knees and propose romantically in a way that she’d feel truly cherished.

On the other hand, some of Christian’s prevarications had to do with his own very private insecurities about his own sense of worth.

Martha had had a birth defect which left a facial scar. She threw herself into her studies as an escape from the merciless teasing on the playground but her mother kept saying ‘no one will marry a bluestocking’. As a child Christian suffered a mild case of polio which left him with a slightly atrophied leg which made him very self-conscious on the sporting field. His father, not able to tolerate any sign of weakness, put enormous pressure on him to ‘get over it’ and enrolled him in a prestigious school famous for its sporting achievements. When he felt pressured by Martha to make up his mind, it tripped him back into how he felt as a child when he was made to jump through hoops for which he was not emotionally ready.

Thus, due to his own insecurity he was wondering about what he could possibly offer her. She, due to her feelings of being unattractive, read his hesitancy as ‘he doesn’t desire me’.

The image for Christian was of a shotgun at his head ‘make up your mind and do this now’ coupled with his own rejoinder ‘no, no give me time, I’m not ready’.

Thus Christian, while being experienced by Martha as rejecting, was feeling inadequate and hounded as by the overbearing demands of a school coach. She, meanwhile, was feeling rejected and undesirable, while acting the part in Christian’s drama of a demanding adult.

Through therapy we uncovered the origins of this overlapping system, and over time were able to untangle and disarm this system enough to allow Martha to back off and for Christian to ask her to marry him. We all hoped it might be ‘and they lived happily ever after’, but of course, life in the marital therapy room is never as straightforward as a fairy tale ending …

**The bookshelf**

Martha and Christian rang nine months after getting married saying they were having difficulties resolving a few issues, could they come back for some more therapy?

They were renovating the house that had been Martha’s prior to their marriage, in preparation for selling it so that they could buy a house together. They were packing up Martha’s book collection.
Martha: We couldn’t believe how much conflict this seemed to create—such a simple task! We’ve done so much work to understand what presses our buttons. We could recognise when our stuff was getting stirred up and that was good: we’d each stop, think about it, back off, say sorry, but what was so weird was that as soon as one backed off the other would start up again. It almost felt like some sinister third party was directing us …

Three Thirds: The Marital Third, the Analytic Third and the Malignant Third

In working with Martha and Christian I found time and time again that it was as if a sinister third party was present in the system which seemed to function to re-instate the system at every juncture that a break-through was imminent.

In dealing with the interlocking model scene phenomena, therapists need to remember that they are not just speaking to the patient’s conscious parts but to other internal, unconscious figures. These aspects vociferously defend against consciousness and change, and being challenged, changed and disarmed.

In couples therapy there are a number of foci: there are the two partners, the complex network and dynamics of relations between them, and the relationship itself which creates a fluid, interpenetrating and interactive field, which I call the intersubjective marital third (after Ogden’s analytic third 8), revealed by the communications of the individuals, but controlled by neither. A second order interplay exists between the marital third, the two partners and the analytic third which may exist between the therapist and the couple. It is this interplay that is the work of couples therapy.

A contrary element, operating almost like a malignant third presence, seems to conspire to perpetuate the grid-lock. It serves to attack linking, re-enforcing the pyrotechnics of the repetitive destructive marital dynamics. This contrary element I call the ‘malignant third.’ 9

Therapeutic Theatre

In couples therapy there are times when the couple get locked into a replay of their unconscious communication system before the eyes of the therapist. However, the very act of relating their stuck pattern to the therapist does something to the chemistry of the interaction. The therapist’s reflection represents their own missing self-reflection and this reflective quality becomes incorporated so that gradually the reiterations may begin to become more conscious and thus more amenable to understanding. They may be gradually integrated into a different order of mental processing more allied to episodic memory.

Couples need to develop faith in the incremental nature of change which is about moment-by-moment alive responses. Such fluid states of improvised interactions are enhanced when defensive anxiety is relieved via the ‘borrowed’ containment of the consulting room and therapist,
which gives one the sense all can be slowed down and thought about.

Although the malignant third by its nature represents non-mutation, it can change via the ‘alpha functioning’ (Bion) of the therapist which is gradually internalised by the couple. It changes because it represents something no longer actual but a memory of something actual, and our understanding of such past experience can change our memory of it. As the couple uncovers the individual ‘selected facts’ and the ‘conjoint selected fact’, the interactional system can be slowly processed, deconstructed and integrated into the ‘here and now’.

A chief characteristic of an entrenched interlocking model scene is that it precludes if not destroys symbolic thinking. This is partly because the intralocking model scene represents a stuck moment: e.g. a failure to mourn a lost object and hence to symbolise. It is also concretising in the way that a traumatic memory system is an immovable, non-dynamic system. There is no ‘as if’ quality.

Retelling—re-enactment: therapist as mirror (or recording device)

The therapeutic issue is how to transform a stuck, conscripted system into an improvised ‘modus vivendi’, how to see what is enacted as metaphor or symbol, not absolute fact. We can enlist various metaphors, including the theatrical, to describe the various therapeutic processes which occur.

I will put forward the idea of the re-play of a marital dynamic in the consulting room, as the manner in which a mirror is held up to nature, thus catching a two-fold unconscious traumatic system in a moment of consciousness.

Frequently couples come in and say ‘we had this terrible fight this week’ and go on to give a blow-by-blow account. First of all there is a retelling of what has happened between them, but what all too frequently occurs then is that as the couple relays the story and we start to unpack the incident, the retelling of it trip-switches the system. The grid-locking complexes are constellated and the therapist witnesses a re-enactment of the interlocking model scene before his or her very eyes.

When the system is thus constellated in the consulting room it is not just a re-enactment of an interlocking model scene as it would be if they were at home. Two things are different: the therapeutic setting and the thinking, reflective, containing presence of the therapist creates a sense of containment and the hope that even the most entrenched system might be thought about.

The therapist’s position at this point is, as it were, saying ‘I can see you, I can see what is going on, what you are doing to each other’. At this point the couple, depending on the intensity of their positions, take a fleeting glance at this reflection and then turn away, or turn a blind eye. Or they may look squarely at their reflection in the mirror, and reflect upon the reflection.

The difficulty is that once an interlocking model scene has been triggered and is in the full swing...
of its re-enactment, there can be little capacity on the part of the players to reflect on what is going on. They are possessed by their complex 10.

The therapist could passively sit back like an audience at a gladiators’ battle and think, in response to the amazing pyrotechnics of their petty squabbles, ‘My god, how appalling’ or if a more sadistic object emerges in the watching, sadistically ‘What fun!’.

But unlike a member of an audience at a play, the therapist is more likely to pipe up and say ‘Mmm, I guess what’s happening is that you are wanting to communicate to me just what does go on at home’. In this sense the therapist is more like the classical Greek Chorus than a member of an audience—involving in taking in, pondering, discerning and communicating what is going on.

Thus the couple is not just locked into compulsive repetition, rather it is an iteration with a constant other element of reflection eg Enactment plus reflection (E+r). Thus the enactment with therapist-as-chorus already contains a new element which belongs to a different form of mental processing, a different memory system to the traumatic system.

**Therapist as representing reflective capacity and couple as traumatic memory system**

To transform the traumatic memory system into episodic memory system two positions need to be attained and met: firstly a sense of containment and so a lessening of anxiety; and secondly the insight of the reflective capacity which is able to make links between what is going on now and past traumata—the prophetic (i.e. reflective interpretive) element. What is going on in the present conflict is the manifestation of an enormously complex system deriving from childhood and from interpersonal history including the marital history. Enactment with prophetic reflection creates mutation 11.

**Therapist-as-chorus**

So too the therapist must seek to uncover and communicate the links between the three layers of history which may lie behind the present issue: possible intergenerational components, the family-of-origin experiences, the couple relationship marital history, and thence interpret their unconscious affects.

**Negative capability and the conjoint ‘selected fact’**

Bion utilises a term coined by the French mathematician Poincaré 12 which refers to one of those moments where, out of the chaos of a mass of disparate, disunited, elements, there is a dawning of insight which makes sense of it all. What was previously a seeming mass of confusing, fragmented elements suddenly becomes coherent. This he calls the ‘selected fact’. This depends on the analyst’s ability to sit with and contain primitive anxieties and chaos, without jumping to quick interpretations.

I posit a double ‘selected fact’ in the case of unlocking the gridlock of an interlocking model scene. We have two mysteries to unlock. In the case of Christian and Martha both had a moment
of insight into what the bookcase symbolised for themselves which amounted to a double ‘selected fact’ since the bookcase was a symbolic trigger for two different traumatic memories. Yet it is not only realising the meaning which the bookcase had for each that helped unlock the system, but the fact that both could see both meanings simultaneously. This I call the ‘conjoint’ selected fact, in the sense that it refers to the third thing created by the combination of the two facts. It is related to the intersubjective marital third.

It is not until such time as you have got to the heart of what is going on in each and in both—the system of each person, their interlocking system, in other words a central conjoint ‘selected fact’—that the therapist is in a position to make an interpretation. There is often considerable emotional pressure to make an interpretation too soon, as the therapist gains an insight into what is going on in the individual internal world of one or other person’s object relations, but has not yet seen how all this works together. Often one person sees something in the other, but not their own position, just as the speck in the other’s eye is more glaringly obvious to us than the beam in our own. They may even have some inkling of what is going on and where it comes from for them. But only when the ‘double’ ‘selected fact’ emerges can we get to the heart of the jigsaw of the system and disable the central locking device.

The emergence of the two-fold ‘selected fact’, gives rise to the sense of ‘hitting the nail on the head’. The therapeutic trio experiences a dawning of an insight when we understand the central element of each person’s system and how it dove-tails into the marital dynamics. Then, when an interpretation is made, it can communicate that insight effectively. Each person often experiences an extraordinary sense of relief, an ‘aha’ experience which dissolves the glue that sticks the system together. Martha and Christian realised that the bookcase had an essential symbolic meaning for themselves and for the other, and that what it meant was quite different for each. ‘Oh my God, so the central fact for you, Martha, is having a book thrust into your hand and for me, having it grabbed out of my hand’.

Thence one is able to shake the system because we have made the necessary links of recognition and understanding which liberate the couple from their structural prison.

**Summary of Therapeutic Interventions**

I will now outline the progression of therapeutic interventions aimed at deconstructing the interlocking model scene:

- Re-telling a recent conflict within the therapeutic setting tends to constellate the traumatic complex leading to a re-enactment of the interlocking model scene in the consulting room;

- The role of therapist-as-mirror represents a reflexive capacity which gradually becomes incorporated into the couple’s system and ability to seek understanding of what goes on. This ipso facto adds a new element (the analytic third) which creates mutations;

- The iterations and reiterations of the system now contain an incorporated reflective element. When these incidents occur, the couple is beginning to be able to ask themselves ‘What is going on here?’ but at the same time is able to suspend judgement or premature
understandings;

› In retelling this again to the therapist in an atmosphere of reflection and non-defensiveness we can unpack the intricacies of what occurred still further until such time as a ‘selected fact’ emerges (prophetic function, therapist-as-chorus);

› Yet the moment of feeling liberated from the system by this revelation is all too often followed by a reversal, a turning back, a re-instatement of the gridlock, which is often experienced as occurring under the operation of a third destructive force in competition with the analytic third, which I call the malignant third;

› It is only when we have found the central ‘selected fact’ in each individual case as well as the conjoint ‘selected fact’ that we can really begin to disentangle the system;

› Thereafter, what begins to occur is that they themselves recognise the triggers, catch it in the moment of its constellation and then can back out;

› This backing out is a moment-by-moment transition. If either one ‘loses it’, reverts to script, ‘back-slides’ then the system will get the upper hand again and be reinstated;

› Expressions such as ‘here we go again’, the conscious recognition of being drawn back into the system indicate incorporation of reflective function.

The therapist as anti-director

In a sense, one could see the therapist as an anti-director, working against the malignant third which is the hidden, ghostly, but nefariously potent director of the play. The therapist’s role is to unpack the drama behind the scenes in order to free the couple from their over-rehearsed, over-directed manoeuvre into a capacity to improvise, to live out life as new, unrehearsed moments of imminent intimacy, ‘this moment, here, now’. As they start to replay their scenes, the ultimate aim is to remind them that they are getting sucked and stuck back into their old loops. A therapist can say something like: Wait a minute, what happened just then?’ so that they can see they have slipped from being improvisers back into a stuck system. This can re-create a sense of safety from which reflection rather than action can be reinstated.

The therapist is not always in the luxurious seat of observer but is transferentially incorporated into the drama and one finds oneself having the experience of ‘being manipulated to play a role in someone else’s phantasy’ accompanied, at the moment one realises this, by ‘anxiety and humiliation leading to retaliatory impulses’ and indignation. Where the therapist is able to withstand and use such an experience lies in their capacity to not act on that impulse while remaining able to think about what is happening to me and how I am feeling (Meltzer, 1978, III, p. 14). Symington calls this ‘an inner act of freedom’ (Symington, 1983) rather than acting out a malignant counter-transference. The ability to think one’s thoughts, in the midst of such a traumatic scene, with its characteristic invariant, stuck, concretised attributes, is necessary for survival and therapeutic change. Rather than perpetuating various aspects of the scene, the feelings in this scene need to be defined, contained, named in shared words. The state of freedom for one’s own reverie, even while closely engaged, is the most powerful antithesis to the
Conclusion

All perceptions we have of one another are a shifting combination of reactions to ‘real’ persons, and the projections of internal complexes, object-relations of the *dramatis personae* built up over life. We simultaneously enact our own scenarios while playing the parts ascribed in the other’s fantasy, at times interchangeably playing several characters at once. This is a repetitive script and a conscription of a limited range of characters—the same old play(s).

But sometimes the curtain comes down, the clear light of day reveals two real embodied people to each other, face to face at last. We are thrown from relating as figures and old internal relational patterns and therefore projections stemming from our internal dramas, by the iconoclasm of disillusionment. The shock of recognition when we discover the external, independent reality of another human being, breaks the enchantment, dispelling and exorcising the hauntings, and the phantom figures retreat backstage, for a while … before the spell is recast, by fear or by a contextual cue, provoking new fantastic manoeuvres.

As Grotstein says ‘the knowable object’ is a living, interactive, constructivist mannequin that always cloaks and dissembles the ineffable ‘Subject’ (Grotstein 1996).

This illustrates the ways in which interlocking model scene systems, deriving from the past, function to imprison us in an old mode of being. Such systems hijack the relationship, such that each partner is not relating in the here-and-now as an ordinary, vulnerable lover, but as a traumatised-child-and-persecuting-parent.

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**Endnotes**


2. *Idée fixe,* from the French meaning ‘obsession’, was a term coined by Berlioz to denote a musical idea used obsessively. At around the same time Balzac used it in *Gobseck* to describe an obsessive idea. It came to be used as a clinical term denoting unreasonable obsession.
3. Such a malignant system is ‘an internal and automatic replication’ of early traumata or other disappointing experiences (Brandchaft, 1993, p. 215). Such a system is characterised by its ‘invariant organising principles’ (Brandchaft, 1993). The individual is trapped within the confines of the system. Meares calls this a traumatic script. It prescribes the role the individual is living out as well as the supposed role of the other. He or she will unconsciously build a life around the repetitive script.

4. Meares’ (2000) traumatic memory system could also be called a traumatic complex. As Jung writes: ‘a traumatic complex brings about dissociation of the psyche. The complex is not under the control of the will and for this reason it possesses the quality of psychic autonomy. Its autonomy consists in its power to manifest itself independently of the will and even in direct opposition to conscious tendencies: it forces itself tyrannically upon the conscious mind. The explosion of affect is a complete invasion of the individual, it pounces upon him like an enemy or a wild animal’ (Jung, 1928: paras 266–267).

5. Various terms are used for the form of memory system which is dependent on language: explicit, episodic, autobiographical, declarative etc. The verbal memory system is concerned with conscious retrieval of past events and experiences. However there is also what has been called implicit or procedural memory from which information is retrieved without conscious awareness or remembering (Schacter, 1996).

6. Grotstein uses the term ‘the covenant’ to refer to the ‘fact that every relationship, whether between two or more individuals or between internal subjective objects, is always characterised by an implied and unconsciously mutually accepted agreement as to the rules of engagement’ (Grotstein, 2000, p. 107). This ‘agreement’ has its conscious and its unconscious aspect.

7. Fairbairn argued that we only internalise disappointing, negative experiences. He said, ‘I can think of no motive for the introjection of an object which is perfectly satisfying … As it seems to me, it is only in so far as the infant’s relationship with his mother falls short of being completely satisfying that he can have any conceivable motive for introjecting the maternal object’ (Fairbairn, 1994, p. 16).

Grotstein (1994) points out that the word dis-appointment is apposite—meaning literally what was apparently an ‘all good’ object has critically failed to keep its ‘appointment’ leading to a state of dis-appointment which becomes an internalised sense of impotent rage, hurt, and shame.

8. In ‘the same moment that analyst and analysand are created, a third subject is generated a middle, third thing which sustains and is sustained by the analyst and analysand as two separate subjects. More accurately, analyst and analysand come into being in the process of the creation of the analytic subject’ (Ogden, 1994, p. 5). Ogden calls this the analytic third or the intersubjective analytic third.

9. This is similar to Ogden’s ‘intersubjective subjugating third subject of analysis’ which, as Grotstein describes it, is formed by mutual unconscious transprojective identifications of both parties into the third area, ‘including subjectivity (being-ness, personification), omnipotence, intentionality, and agency. This new invisible entity is felt by its creators to have taken on a life of its own, one that omnipotently directs and controls each of them; they are therefore unwitting “ventriloquists” for this mythic, preternatural homunculus’ (Grotstein, 2000, p. 114). The therapist as embodying the analytic third may also at times carry the transference of the
malignant third such that the therapist is conscripted and entrapped into the system.

10. This sense of the complex operating almost as a malignant third party was articulated by Jung in his Tavistock Lectures. (Jung, 1977, pp. 72–73).

11. The therapist takes in the mass of destructive and chaotic beta elements, processes, thinks them through, metabolises, understands, via her healthy alpha functioning, and then communicates her understanding via a well-timed, sensitively put interpretation. This changes the system: r has been added.

12. Poincaré describes the selected fact as follows: 'If a new result is to have any value, it must unite elements long since known, but till then scattered and seemingly foreign to each other, and suddenly introduce order where the appearance of disorder reigned. Then it enables us to see at a glance each of these elements in the place it occupies in the whole. Not only is the new fact valuable on its own account, but it alone gives a value to the old facts it unites' (Poincaré, 1952, p. 30).

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