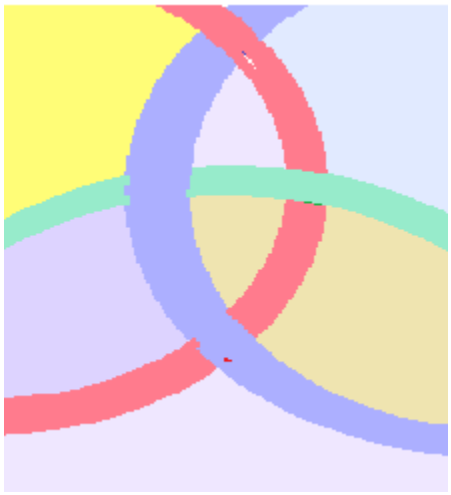
COUPLES' TRIANGULATION AS A CENTRAL ELEMENT OF THERAPY

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A couple's triangulation comprises one of the basic issues that create severe problems in the spousal and family life, and often, becomes the central theme one has to confront in couple's therapy. "Triangulation" in the couple may be formed through several factors, such as children, parents, work, friends, extra marital relationships etc. The goal of couples therapy is to "de-triangulate" (from the pathological triangle), and to return to a dyad with the capacity to communicate, especially through "metacommunication". What is interesting in this case is that a basic element of couples' therapy is the "therapeutic triangle", which refers to the creation of a triad comprising of the couple and the therapist. There is a multitude of examples from therapeutic experience that can be discussed.

Let us begin by defining the concept of the triangle from the biology of living beings—the human triangle. A human being is created through the union of the woman's oocyte with the man's spermatozoon. Thus, the product of the fertilisation, the offspring, becomes the third part – the product – of the double relationship. Of course, the evolution of life will go on to produce antitheses, as the living creation is carried within its mother's womb, and following its emergence into the world it will, probably, also be fed through its mother's breast. Thus, it is possible that the biological triangle will default into a "dyadic relationship", which is often intense. This could result in transitioning from a triangle to "triangulation", that is the "relationship of two against one", the enmeshment of two and the expulsion of the third person.

Even if we examine the issue on the level of relationship/system, the couple is a dyad that is defined by a third point, namely "the relationship" that defines the boundaries and the behaviours of the two members. Yet, it is exactly the type and the formation of this relationship that defines the reality of the interaction of the couple, and the form of the subsequent triangle. In fact, certain authors, like Virginia Satir (1967), refer to the normal and useful existence of the primary triangle. This is the triangle that can become a source of learning and evolution for the person, during the early stages of their life, as it becomes a field of understanding of the person's relationships with other people, dyads, triads and groups of people outside the family. And all these develop intensely as the young person's age progresses. For example, the person's enrolment in school creates dyadic and triangular relationships with teachers, classmates, children in different classes etc. Furthermore, scholarly commentary on John Bowlby's "attachment theory", points out that the mother-child relationship that has been studied as self-contained, needs to also be studied in the context in which it exists and evolves, namely the relationship of the woman with the man , as well as that of the child with its father. That is because the relationship between the two (i.e. mother-child) affects the relationship of every member of the dyad with a third person, like the relationship between the child and its father, the relationship between man and woman etc. Therefore, in order for the processes of emotional attachment to become clearly understood, the mother-child-father relationships within a triadic system should be studied. Of course, here, the order of the members of the triad changes, depending on the specific events of life that have an effect on the relationships or the effects that relationships have on the conditions of life. In this context, many scholars have observed and described the concept of the "primary triangle" that begins with the birth of the offspring. I would add the beginning of the pregnancy or even the decision of the couple to procreate.

Naturally, the aforementioned descriptions of the "family triangle" refer to a triad comprised of the two parents with one child. Yet, we need to proceed with our investigation and description to families with more offspring, which move from "one triangle" to "multi-triangular" and "multi-factorial" circumstances. And of course, by placing the family in the wider family, work and social context, we can move from the "primary triangle" to the wider "triangulation", like the forms described by Ibsen – the "Ibsen triangles[3]" – and the consequent psychopathology.

One of the founding teachers of systemic psychotherapy, Gregory Bateson, has referred to the "message triangle" of human communication. This is a "triadic constellation between messages", where the interaction of two messages includes a third message that defines

[3] Ibsen triangle: There is a significant difference between the concept of the "triangle" (and especially the "primary triangle") and that of "triangulation".

"meta-communication". The concept of metacommunication is a basic element contained in every kind of psychotherapy, and especially that of couples and families. The absence of this third message is observed in dreams, and in schizophrenia, where the person identifies with their fantasies without being capable to judge them within a framework. It is exactly this capacity to judge that comprises the "third point" between emotion, mind and environment.

Additionally, there are basic elements that define the "parent – child" triad that connect the child with each parent and also exclude it from the parental couple. For instance, the couple's sexual relationships take place though the exclusion of their child. Then the child can feel like being the "third point" between the "parental dyad", the mother and father as a "couple". This is the healthy side of the triangle concept.

And as the child's and the family's lives evolve through time, new forms of the family triangle in the relationships emerge. For instance, the young person, the adolescent falls in love and forms a romantic relationship with another person. This may mean the exclusion of the parents from this new dyad. And even the professional choices, the social relationships/ friend groups, or even the child's political positions introduce and consolidate new triangles, that could just be relationship evolution points through the passage of time, or conversely, create unhealthy antitheses by introducing forms of "pathological triangulation".

Let us now move on to the concept of the triangle as it is described in couples' therapy; the so-called "therapeutic triangle". First let us begin with the "setting" in which couples' therapy is performed. During my training in family psychotherapy in Brussels, I, along with other trainees, watched both family AND couples' therapy sessions through a one-way mirror. And naturally, this is the way that I also started out my own therapy sessions in the Family Therapy Unit in Pagrati. HOWEVER: Along the way, we found out that the presence of other people behind the mirror had an unhealthy effect on the couple's therapeutic process, as there were other people intruding into the dyad of the couple with the therapist, as "voyeurs" and "peeping Toms" of sorts. This would distort both the duality and the therapeutic triad. Thus, this practice was abolished altogether. Furthermore, some therapists utilise a "therapeutic couple" of either the same or the opposite sex. This too was discontinued (again in the context of not disrupting the therapeutic triangle), with the exception, maybe, of certain cases where the presence of violence or severe psychiatric disorders in the members of the patient couple introduce the need of supporting the therapist with a "therapeutic dyad". This support can also come from the "therapeutic team", when the therapist discusses their issues with colleagues or teachers.

Thus, discussing the therapy setting containing a couple and a single therapist we defined the concept of the "therapeutic triangle". As the therapist enters the interior of the

therapeutic system, he too becomes part of a triangulation. Here, there is a substantial difference from the forms discussed previously: The therapeutic process leads to a *meta-triangular* position, where the place of the therapeutic triangle is taken by a triad with the capacity to discuss, comprehend, and "de-triangulate", through the capability of "metacommunication".

By referring to my personal experiences of couples' therapy, I personally can reflect on some that were very good, others that were good, and others that were somewhat good. Yet there is one that I would categorise as a total failure, as the therapeutic triangle turned into a "pathological triangle". The (young) couple came to therapy following the woman's decision, as the relationship was characterised by distance and violence. From the very first session, the woman was talking constantly, blaming her husband and describing difficult and violent situations between the couple. The man remained silent. She continued talking incessantly and he remained silent. I tried engaging him, asking him, yet he continued to not respond; not a single word. We only had a few sessions. In the final one, the man remained completely silent and the woman was still as loud. She told me that they would not return, as I had not offered them anything since my help was worthless. The therapy ended there with me as the worthless therapist. Soon afterwards, I was heading towards a meeting with colleagues from our Association that would take place in a hospital. As I approached the hospital, I saw the husband of the couple sitting outside the entrance. As soon as he saw me, he got up, he smiled, called to me loudly: "Hello, how are you? I am glad to see you! Do you have work here?" I suppose I was speechless. It was an initial surprise that I subsequently managed to interpret. The "therapeutic triangle" that had formed with the couple and me had the following pathological traits: When the woman talked and approached me, the man, being the third party, was excluded and remained silent. When I happened to run into the husband, the wife had been excluded, and he approached me in a warm manner. Consequently, the manner in which each one of them related with a third person by communicating with them and excluding their spouse, was repeated with me. The triangle never became truly therapeutic, as it was unable to introduce "meta-communication".

I suppose that many couples' therapists, as well as couples in therapy, will have both positive and negative recollections concerning the issue of triangles in the couples to share.

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