ABSTRACT: This paper seeks to explore triangular dimensions in individual psychotherapy. In addition to serving as the dyadic object of transference projection and/or as "selfobject" for a person in psychotherapy, the therapist may be called upon to help the patient work on relationships with certain early, important people or their representations and on the interplay between such relationships and the therapeutic one, that is, in a triangular configuration. Because patients' attempts to introduce "others" into individual psychotherapy are sometimes experienced by therapists as "resistant" rather than as integral to the therapeutic process, I propose an empathic reconsideration of such patient efforts to get us to help with the complicated dimensions of human relatedness.

INTRODUCTION

People in individual psychotherapy will relate to us therapists as people trying to help and as if we were important people from the past in respect to whom they will attempt to protect themselves against old dangers as well as to transact old emotional business. Certain patients will also deal with us as if we were someone in an early life triangle from whom help (acknowledgement of significance and difficulties) with his other essential, but invariably problematic relationships, was needed.

As needy for relatedness, a holding environment, a corrective emotional experience, being understood, insight, or change and growth as patients may be, some will not step readily into one-to-one relatedness to us. Some seem actively, even primitively involved with us, while at the same time appearing to be fighting us off and as if their attention were anxiously focused elsewhere. Some speak interminably of others: spouses, lovers, friends. Others frankly depreciate us as unworthy human objects, sometimes in unspoken comparison to an early, problem-
atic human object. Still others, like Rhonda, presented later on, quite literally bring others onto (or near) the "stage" of the therapy.

Such activity on a patient's part may induce feelings in the therapist such as jealousy and a sense of depreciation, as if we had been put into the "Chalk Circle" to compete for the care of our patient. Such patient activity may seem to impede the therapeutic work, dilute the transference, and may feel to the therapist to be in the service of what we have come to call "resistance." Herbert Strean (1985) states in a recent book that resistance "always implies the client feels that some kind of danger is impending" (p.1), more specifically, that clients "may be worried that they will be punished for their aggression, entrapped for their sexual wishes, demeaned for their dependency, or scoffed at for their childishness" (p.x). To this we may want to add the patient's fear that he may be asked to let go (prematurely) of his original human objects (or their representations) or that he will be leaving out of the psychotherapy the relationship with essential people and the interplay between more than one important relationship, which may have contributed to the genesis of the difficulties.

It may be argued that the more problematic a primary relationship has been for a patient, the more appealing the therapist will be as a perceived substitute. Counterpoised to this, however, is the fear of letting go of the original human object (or its representations) due to the way in which one's primary relationships are an integral part of one's historical sense of self or "self-history," a component of "a sense of a core self" in Daniel Stern's (1985 p.71) term, and self-esteem. However we seek to explain this, the human tendency referred to was early noted by Freud (1917): "... it may be universally observed that man never willingly abandons a libido position, not even when a substitute is already beckoning to him" (p.154).

I want to suggest that some so-called "resistant" activity on the part of certain patients may serve to introduce a triangular dimension to the therapeutic work. Patients who "insist" unconsciously upon bringing in others will have had triangular issues in their object relations and are seeking to rework such triangles. Patients who need to do such work may have had inordinate difficulties with (at least) one important person (loss to death, mental or physical illness, separation) and may have failed to receive good-enough help with this from another important person. That is, no other person has, simultaneously, acknowledged both the fundamental importance of the relationship with the (lost) other and the inordinate difficulties presented by that relationship for the patient. In such instances, the patient may call upon the therapist to perform this function as an essential element of the work.

What follows includes a discussion of natural triangles in the human relational environment of the young child, which, in light of new