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1

THE PSYCHODYNAMICS OF THE COUPLE RELATIONSHIP: OBJECT RELATIONS THEORY

Each individual brings unique expectations, wishes, fantasies, conflicts, and style of relating to a couple relationship. Some of this material is conscious and amenable to therapeutic interventions that develop the partners' skills in listening, negotiation, compromise, and 'fighting fair'. However, much of that which drives repetitive couple conflict lies within the unconscious realm, is laden with strong affect, originates in early relationships, and is much less amenable to these conscious attempts to positively restructure interactions (Donovan, 2003). We believe that the couple therapist needs to be able to understand and work with the unconscious yearnings, internal conflicts, and expectations that underlie the repetitive cycles of conflict in distressed couples, if they are to be effective with many of those presenting for treatment.

Fortunately, there are now a number of conceptual 'maps' to help the therapist understand the psychodynamics of the couple relationship. In this chapter and the next we will introduce the theoretical models and concepts that we have found to be most helpful in fostering our understanding of the unconscious dynamics that play out in the couple. These include the object relations approaches to couple therapy (Clulow & Mattinson, 1989; Dicks, 1967; Ruszczynski, 1993; Scharff & Scharff, 1991; Siegel, 1992), the self-psychological and intersubjective approaches (Livingston, 2001; Shaddock, 2000; Solomon, 1989), attachment-based models (Bowlby, 1988; Johnson, 1996, 2002), and the relational approach (Mitchell, 2002).

Although all these models emphasize somewhat different aspects of psychoanalytic theory, they share a number of underlying principles. These principles are also central to individual psychoanalytic

approaches. However, our focus will be on illuminating how they are relevant to understanding couple dynamics. These core principles include the dynamic unconscious, transference, and how anxiety and defence are played out in the couple relationship.

Underlying principles of psychodynamic approaches to couples

The dynamic unconscious

Within all analytic approaches to couple therapy, the major underlying principle is that behaviour is determined by unconscious, as well as conscious, motivations, and it is the unconscious motivations that need to be explored and understood to help the couple achieve equilibrium. These unconscious motivations evolve from infancy and childhood, where the developing child builds a 'working model' (Bowlby, 1988) of relationships and how they function. This working model in the child's inner world corresponds with early experiences of parents, siblings, and other caretakers, and the way they have satisfied or frustrated the child's needs and wishes. As Ruszczynski (1993) states,

Because the infant's emotional and intellectual capacity is very limited, he is unable to apprehend the "reality" of those around him and tends to experience emotions in extreme form. "Good" experiences become idealized and raise the phantasy of omnipotence, and "bad" experiences become terrifying and persecutory. This inner world has a compelling reality, and external situations are interpreted in accordance with it. The ways in which the human being relates to his environment and to others in it are characterized by his earliest experiences. . . . However, residues of the more primitive images remain and may be reactivated by certain situations, relationships, or life events. Each new relationship throughout life is experienced against the background of these internal images, the more "mature" as well as the more primitive.

(Ruszczynski, 1993, pp. 7–8)

Intimate relationships activate these earlier internal images and experiences in all of us. When this revival of archaic material occurs in a marriage without too much threat to an individual's adult or sexual selves, growth and development can proceed. In such

marriages each partner believes that they are held securely enough in the other's love (Cleavelly, 1993).

However, when these internalized images derive from overwhelming experiences in childhood, for example neglect or abuse, they are likely to create great difficulty in the couple relationship. Indeed, couple relationships provide an opportunity to begin to deal with the unresolved conflicts of these early relationships. Unconsciously, we are driven to repeat the dynamics of early relationships, in part so that we can get in touch with the experience and find a better way of dealing with it in the present. There can also be a pressure to repeat the dynamics in an attempt to convert the couple relationship into an ideal relationship. The more damaged the early relational experience, the more the couple relationship will need to carry idealized hopes and wishes, which will become increasingly difficult to sustain (Cleavelly, 1993). The notion of the *dynamic unconscious* has been used to emphasize the interaction between the dynamics of the current relationship and that of past relationships. There is a lively interaction between conscious and unconscious processes. The unconscious is dynamic in that it constantly seeks expression, normally towards another person who might be able to meet or respond to repressed needs and wishes (Rusczyński, 1993). The unconscious is never fixed, but is in a state of flux, as new relationships modify old templates, and old 'working models' influence new relationships.

Transference

Transference can be understood as the process by which a person's current pattern of relating is unconsciously shaped by their experience in key relationships in earlier life, especially in early childhood. Some of these early relational experiences were what the person needed at the time — 'good enough' experiences, in Winnicott's (1965) memorable phrase — in order to facilitate further emotional development. Other relational experiences were not 'good enough': they were disappointing or were even missing entirely, or were perhaps too overwhelming in terms of the level of excitement or frustration involved, for optimal emotional development. Together, these 'good enough' and 'not good enough' experiences provide a base from which each person develops their own unconscious 'agenda for relationship', the uniquely personal pattern of what the person looks for, expects, fears, and longs for in their adult relationships. This becomes the personal lens through which the person

instinctively, *and unconsciously*, perceives and experiences, and therefore manages or organizes, their experience of relationships. What the person unconsciously *expects* to see or to have happen in their relationships will be what they respond to, regardless of the other person's intent; this is especially the case in emotionally significant relationships, or at points where there is uncertainty, anxiety, or tension in the relationship (Grant & Crawley, 2002).

Transference typically occurs when the client unconsciously reacts to the therapist according to these patterns established early in life through interactions with parents and siblings. It includes feelings towards the therapist, expectations about how to behave, and what the client anticipates from the therapist (Grant & Crawley, 2002). For example, the client may expect the therapist to like them or approve of them, to be critical of them, to understand, or to abuse, neglect, or abandon them.

However, transference does not just occur in therapy relationships. It is ubiquitous and also occurs in relationships with partners, friends, lovers, bosses, and others, especially those with some significance or intensity (Balint, 1993; Grant & Crawley, 2002). We unwittingly assume others will respond to us as we have been treated before, particularly by our mother, father, or siblings. We then behave according to those assumptions (Grant, 2000). Because being in a relationship arouses so many unconscious fantasies and expectations, the transference to each other is likely to be very intense. This may include the more positive *idealizing transferences* or more difficult hostile or rejecting transference experiences.

Couples will bring to therapy their more 'focused transference' towards their partner. However, they will also bring a shared contextual transference (Scharff & Scharff, 1991). This shared contextual transference concerns their shared hopes and fears with regard to the therapist's ability to provide therapeutic holding for their couple relationship. We will talk more about focused and contextual transferences in Chapter 7.

Anxiety and defence

The role of anxiety and defence is central to understanding the evolving dynamics of the couple. All of us experience from time to time impulses or feelings that give rise to anxiety; this anxiety, in turn, arouses a *defence* or protective mechanism. Defences help to protect the individual from intolerable anxiety and conflict. They reduce the impact of a threatening experience by moving it from the

conscious to the unconscious realm (Grant & Crawley, 2002; Juni, 1997). In this way, defences may protect self-esteem, ward off dangerous sexual or aggressive impulses, or protect the individual from frightening or painful feelings.

In the couple relationship, the defences of projection and projective identification (which will be discussed later in this chapter) are particularly important. With projection, traits and needs such as aggression, ambition, dependency, restrictiveness, and control or lack of control can all be disowned in the self and projected onto the partner (Grant, 2000; Grant & Crawley, 2002). This process can interact with gender identity (Grant & Porter, 1994). For example, a male partner may project his dependency needs onto his female partner and then experiences her as being 'needy'. This defence allows him to distance himself from his own dependency needs and maintain his masculine identity as an autonomous being (Grant, 2000). Positive traits may also be projected. For example, a female partner may project calmness and sensitivity onto her male partner, and then assume that he will carry these qualities for the couple. This protects her from looking at her own insensitivity to others.

Much of couple therapy concerns helping partners to withdraw their projections from each other. Sometimes, these projections are very intense and entrenched. For example, Nick, who is married to Alison, has had a series of affairs. However, he cannot bear the anxiety of looking at the impact of his behaviour on the relationship and instead continually accuses Alison of wanting to leave the marriage and of engaging in extramarital relationships.

Another common defence in couple relationships is to utilize anger, control, withdrawal, and rejection to defend against feelings of sadness and vulnerability. These feelings arouse anxiety that is dealt with by utilizing *secondary emotions* — emotions that cover the *primary emotions* often reactivated from childhood because of the intensity of a couple relationship. For example,

Mary and Don are both young professionals with demanding careers. Mary is frequently enraged with Don because he is often late for either scheduled social activities or dinner at home. In his view, the lateness is due simply to important business pressures and meetings, which he feels unable to exit to meet his other time commitments. He feels that Mary is very controlling and completely unreasonable in her expectations. He would like her to be more understanding of the multiple pressures in his life. Mary,

however, feels that the lateness is not just rude, but a clear signal that he does not respect her or care about her needs. She is so enraged by the time he arrives, she attacks him with accusations of self-centredness, deliberate cruelty, and immaturity, and threatens to leave the relationship. This pattern normally escalates, with Don eventually withdrawing by leaving the house. With some gentle exploration in therapy, it emerged that Mary experienced Don's lateness as abandonment, and the later he was, the more distraught she felt. When she was young, Mary had experienced extreme emotional abandonment from both parents, who were too self-absorbed in their careers and glamorous social life to give her very much attention. When she was 15, they had put her in a flat on her own because they felt she was troublesome. Essentially, the primary emotion in Mary was sadness at feeling abandoned by Don; this was defended against by rage at him, part of which belonged with her parents. For Don, Mary's threats to end the relationship were terrifying, because he had been unceremoniously kicked out of home at 17. However, he was not able to express his fear to Mary, but instead protected himself by withdrawing, which enraged her more.

Object relations approaches to couple therapy

A brief overview of the major object relations couples theorists

Henry Dicks (1967) was one of the most influential writers on couple therapy. A psychoanalyst, Dicks applied Fairbairn's (1952; 1963) object relations theory to the couple relationship. His book *Marital Tensions* was based on his work at the Tavistock Clinic in London during the 1950s and 1960s, with predominantly working-class couples. Dicks articulated three subsystems involved in marital choice: (i) public aspects such as social class, ethnicity, and education; (ii) central egos, which focused on aspects such as personal norms, personal choices, conscious expectations, values, and attitudes; and (iii) unconscious fit between the pair, which stressed the *unconscious complementarities* between the partners. He argued that it was difficult for marriages to survive well if there were significant differences in two or more of these subsystems.

At about the same time that Dicks was formulating principles of couple therapy, a separate group at the Tavistock Institute was also experimenting with psychoanalytically informed therapy for couples. Established first in 1948 as the Family Discussion Bureau, this group

eventually evolved into what is now known as the Tavistock Centre for Couple Relationships (TCCR) (Ruszczynski, 1993). In their work the TCCR have drawn upon a wide range of analytic theories to help understand couple dynamics, including Freudian, object relations, and Jungian perspectives, and has been highly influential in developing theory and practice in psychodynamic couple therapy.

In the United States, David Scharff and Jill Scharff (1991; 1982) have been the most prominent proponents of object relations therapy with couples, and have developed an International Institute of Object Relations Therapy. Both psychiatrists, who have trained in psychoanalysis, they have integrated material from Fairbairn (1963), Winnicott (1960), Dicks (1967), Ogden (1982), and Racker (1968) in their approach to couple therapy. Also in the United States, Judith Siegel (1992) has made a significant contribution to object relations couple therapy by integrating theory from the American object relations theorists such as Kernberg (1987) and Jacobson (1964), and the self-psychology approach of Kohut (1984). Each of these theorists emphasizes somewhat different aspects of psychodynamic theory; however, our concern here is with introducing the practitioner to some of the core constructs in the object relations approach that are most helpful in thinking about the dynamics in couples, rather than with the finer points of difference between theorists.

Internal object relations

A cornerstone of object relations couples theory is the development of *internal object relations*, which are so important in the unconscious ties between partners. Internal object relations refers to the notion that we have all developed expectations about how to relate to others based on our experiences in the past. Early relationships with parents, siblings, grandparents, and teachers leave their mark in the form of *internal objects* — mental representations of others and ourselves (Dicks, 1967; Donovan, 2003; Scharff & Scharff, 1991; Siegel, 1992). The term ‘object’ is somewhat unfortunate, but refers to the notion that the other person is a recipient of unconscious needs, conflicts, and wishes that are directed towards them (Ruszczynski, 1993). In this way, the notion of object makes it clear that the experience of another is not simply interpersonal, but also holds an intrapsychic dimension. These images are often not conscious, but nevertheless drive our expectations, responses, and behaviour towards others, particularly in intimate relationships. For example, if we had parents who had high expectations in academic and social

areas, and who were highly corrective, we may expect our partner to be critical of less-than-perfect performance and may also judge our own mistakes harshly. We might also expect that love only accompanies achievement in work or social spheres. That is, our internal object would be that of a corrective, critical parent, with accompanying expectations of both others and ourself.

When there is too much anger, anxiety, or guilt, the child *represses* the object relationship into the unconscious (Dicks, 1967). This object relationship includes an affect, an object (another person or part of another person), and a self-representation.

Fairbairn (1952) suggested that the child represses *libidinal object relationships*, those based on frustrating sexual or loving experiences, and *anti-libidinal object relationships*, those based on dangerous, rejecting, abandoning experiences with significant objects. In current theorizing, these are often referred to as the *exciting* and *rejecting* parts of the self and the objects (Scharff & Scharff, 1998). Children repress these object relationships because they are too overwhelming to be integrated into the conscious self. For example, as a young boy, Don feels rage (affect) at being rejected by his contemptuous father (object) and made to feel weak and unlovable (self-representation), but this rejecting experience is too much to bear, so he represses it and thinks about his parents as normal parents who did the best they could.

Dicks (1967) argued that *repressed objects* or *object relationship experiences* re-emerge in the couple relationship, as each partner attempts to get the other to meet the needs which have been repressed from childhood experiences. When Don experiences Mary's contempt with his perennial lateness, he again experiences feeling weak and unlovable, feels rage, and either lashes out at Mary or withdraws. It is as if Mary becomes his contemptuous father who will abandon him. This split-off object relation is still charged with psychic energy, because it has never been worked through enough for it to be part of the conscious ego. Like most repressed object relationship experiences, it pushes through to express the rage involved. Once this process begins, Don feels unable to simply apologize for being late, or hear Mary's distress; in that moment she *is* the contemptuous father who makes him feel weak and unlovable.

One of the reasons why this is such a helpful theoretical framework is that it begins to explain some of the desperate intensity of serious couple conflict. Using an example from the libidinal or exciting part of the self, if you are not only fighting for loving tender sexual attention in the present, but also unconsciously trying to get

your partner to provide the missing loving attention from your distant absent father, you will fight with a distressed intensity that originates in your fear of abandonment as a child. As a therapist, we often talk to couples about the past experiences adding fuel to the fire, so that what might have been a small blaze that could be easily put out becomes an inferno. It is not that it is all entirely in the past — there are realities in the present relationship too, but the emotional intensity will be much higher if the past is fuelling the present experience of relationship. Through unconscious processes of transference, projection, anxiety, and defence, we tend to recreate our internal world in our relationships, and our more intimate relationships will foster greater intensity in re-experiencing that dynamic. This is why individuals who are able to remain rational and calm in other settings can find themselves responding with waves of emotional reactivity in their closest relationships (Donovan, 2003).

Marital fit and partner choice

When Dicks (1967) wrote about marital fit, he was most interested in the subsystem that had to do with unconscious complementarities between partners. Using the complex notion of internal object relations, he developed three elegant hypotheses about when unconscious couple conflict was most likely to occur:

1. When the partner is chosen because they are like a cherished parent, but then does not match the idealized parental role for which they were selected, eliciting invidious comparisons.
2. When an individual marries a partner because they seem to provide the opposite of a disappointing parent, only to discover that they enact similar dynamics.
3. When the individual sees the repressed or disowned part of themselves in their partner. Although they may have chosen their partner to complement their personality, the qualities they were attracted to in their partner are qualities that are denigrated in the self, and so may also become denigrated in the other.

Using these principles, Dicks set out to understand the unconscious object relationships causing conflict for the couple. The notion of *unconscious marital fit* — that partners choose others to fit their unconscious internal world — has remained an important concept in understanding couple dynamics (Balint, 1993; Fisher, 1999; Lyons,

1993; Ruszczynski, 1993). Part of this unconscious marital fit has to do with the *internal parental couple* — that is, the partly conscious and partly unconscious internalized picture of the relationship of one's own parents (Fisher, 1999; Scharff & Scharff, 1991). Whether we seek to emulate that relationship or avoid recreating it, the *internal parental couple* forms the basis for strong expectations about how partners should engage with each other.

Partners choose each other both consciously and unconsciously. The unconscious agenda for relationship sometimes has to do with our unconscious need for a second chance to resolve difficulties we could not resolve earlier; at other times it seems more to do with finding someone onto whom we can project — and then identify with — disowned aspects of ourselves (Grant & Crawley, 2002).

Intimacy

Intimacy involves endowing one's partner with an idealized representational world. However, the partner is endowed with the negative parts of the inner representational world, as well as the idealized parts. Because early objects were felt to be magical and all-powerful, this power is transferred to the new object (Siegel, 1992). The partner is then invested with the power to regulate security, self-esteem, and other internal functions as well as the power to reject and abandon. This psychic investment in the other helps to explain the dependency and regression that arise with intimacy. The experience of dependency in a couple relationship often activates strong responses related to early experiences of dependency. Fears of engulfment, abandonment, or being controlled can lead to self-protective attacks on the relationship. The partner will be expected to provide loving resources that may not have been originally provided. The capacity to become truly intimate eventuates when internalized early experiences were sufficiently responsive and validating to allow trust and closeness to emerge (Siegel, 1992).

Intimacy requires that one be able to depend on one's partner and to be depended upon. The inability to depend creates as many problems as excessive dependency. Intimacy requires a *related individuation*, which is the capacity to be close enough to bestow others with important psychological functions, but to remain an individual who can pursue goals and take responsibility for oneself (Siegel, 1992). There is always a tension between independence and dependence in any couple relationship. Maintaining a close connection while pursuing one's own agenda for development is a balance

that needs to be addressed recurrently throughout a relationship. As well as dependency, intimacy arouses issues of self-esteem, trust, responsibility, control, autonomy, and self-assertion.

Projective identification

The concept of projective identification is central to all object relations approaches to couple therapy (Ruszczynski, 1993; Scharff & Scharff, 1991; Siegel, 1992). Projective identification goes beyond transference and is considered a core process in couple conflict. Projective identification is an unconscious process that involves an individual projecting a part of the self into another person and then inducing them to behave in accordance with the projection (Scharff & Scharff, 1991; Siegel, 1992; Solomon, 1989). This part can be a good part or a bad part — angry, hostile, persecutory, or contemptible. The receiving person identifies with some aspect of the projection and is induced to behave in accordance with it. But the projecting individual may also begin to identify with what he/she has projected, which may be a part of the self or an aspect of an object; for example, the projection may be a self-representation such as a needy, weak child, or a part of a parental object such as a controlling, angry mother (Fisher, 1999; Scharff & Scharff, 1991). Couples change each other through these processes. What is more, couples usually engage in mutual projective identifications, so that projections go both ways (Scharff & Scharff, 1991; Siegel, 1992). Let us consider an example to clarify this somewhat complicated mechanism.

Amanda is an under-confident 40-year-old with poor self-esteem. She grew up in a family where she was overlooked because of her older sister's closer connection with her mother. Her mother was preoccupied and her father was rarely home, and Amanda grew up with little positive attention or guidance. She married Alex in her twenties, partly because he was confident and self-assured and seemed to know where he was going in life. She now experiences Alex as controlling and as inattentive to her needs for reassurance and positive feedback. Amanda projects her inattentive mother into Alex, and then increasingly begs for reassurance about herself and her capacities. The constant request for reassurance exasperates Alex and induces him to push Amanda away and tell her that he wants her to be more independent. Alex, who is busy building a successful career, partly identifies with the mother, who wanted her daughter to be independent so she could get on with her life, and

accuses Amanda of being 'needy'. Amanda then experiences the same loneliness and lack of interest in her that she experienced as a child; in a desperate attempt to engage Alex, Amanda becomes angry and accuses him of being selfish, withholding, and not loving her. The fight about this issue is always intense, with both partners wondering whether they may be better off apart.

It is as if what you are not able to tolerate or are very frightened of in yourself is then located in the other, where it is attacked. These processes help to explain the high degree of emotional reactivity that is often seen in distressed couples. Fisher (1999) outlines two main types of projections: (i) the subjective aspects of the self such as rage, anger, sadism, and persecution; and (ii) the internal objects which consist of figures that inhabit the internal world, such as the internal parental couple, an abusive father, or a self-absorbed mother. He argues that it is the interaction between these subjective aspects and internal objects of the self which leads to an impulse to attack or retaliate. This process can lead to more persistent and sinister projections and counter-projections, leading the couple into a vicious cycle of attack and retaliation. This process can lead to the experience of mutual loathing often seen in couples who cannot part, but who are held together in a shared contempt or hatred (Fisher, 1999; Solomon, 1989). They cannot part because they carry the unacceptable traits for each other and must keep the other close to preserve control.

From an object relations perspective, the central goal of couple therapy is to assist each individual to recognize and reacquire lost parts of themselves that have been projected into the partner (Fisher, 1999; Scharff & Scharff, 1991; Siegel, 1992). This means the individual must work through the conflict internally, and begin to recognize why these aspects of the self are felt to be so intolerable. As this occurs and the projections are reintegrated, there is a better chance that the couple can return to a more balanced position. In this respect, the aim is not to help the couple to solve the external conflict, but to assist them to face the conflict through reintegrating their projections (Fisher, 1999). This is accomplished through interrupting negative destructive cycles and offering an empathic understanding towards the feelings and experiences of each partner (Siegel, 1992). Conflicts will continue, as they do for all couples, but what changes is the ability to tackle the conflicts, understand them, and solve them. Once the projections are reintegrated, the bitter intensity that has previously made the conflict so difficult to resolve is often not there.

Ideally, we might think that when a couple come to a point when they can think together about their emotional experience instead of trying to control the other through intrusive projections or emotional abandonment, they are also ready to be free of the therapy. The couple hopefully have come to a point at which they are able in the dynamics of their relationship to allow the other the kind of emotional freedom that either makes the continued loving presence of the other a gift, or allows the other to leave to form a new relationship.

(Fisher, 1999, p. 283)

Containment and holding

An important concept that guides practice is that of *containment*. The notion is borrowed from Bion (1967), who defines it as the mother's capacity to take in the infant's uncontainable, and therefore projected, experience, think about it, and give it back in a less toxic form. Bion thought this was also what an analyst did for their patient. This is similar to Winnicott's (1960) notion of *holding* or the *holding environment*. However, the holding environment refers more to the consistency, dependability, and responsiveness of the parenting. Both of these concepts are important in couple's therapy (Crawley, 2007). The couple needs both holding and containment. In therapy, the holding environment refers to the structure provided, in terms of regularity of sessions, the timing of session, fees, and the accepting and non-reactive attitude of the therapist. The therapy also provides a temporary container for the couple, where projective identifications can be absorbed and understood rather than repeatedly enacted (Colman, 1993; Scharff & Scharff, 1991; Siegel, 1992). If both partners need continual containment, there will be a struggle over 'who gets to be the baby' (Lyons & Mattinson, 1993). However, one of the important aims of couple therapy is to promote the capacity of the couple relationship to function as a psychological container for each of the partners (Colman, 1993) until the container function of the marital relationship can be restored (Fisher, 1999).

Countertransference

For the object relations couple therapist, therapy is primarily about understanding the internal world of the couple through their mutual projective processes (Scharff & Scharff, 1991; Siegel, 1992). Therapists share their thinking with the couple through interpretations,

explanations, and non-judgemental acceptance. They watch the couple closely over a number of sessions to identify the unconscious forces that propel the repetitive patterns that keep the couple stuck. In order to do this, they use their own *countertransference* to the couple and the individual partners as the best guiding beacon to these unconscious processes.

The Scharff & Scharff (1991) have emphasized, articulated, and detailed this process most fully. They describe how they notice and make sense of their own emotional responses, images, and fantasies of the individuals and the couple in order to fully understand the couple dynamic. They pay attention to how the couple deals with the therapist and also the impact of the couple interaction on the therapist. Using their own personal and professional experience with couples — their parents, friends, prior relationships, therapeutic relationships — they seek to understand the patterns in this particular couple.

Gradually we become familiar with the defensive aspects of these repeating cycles. We do this over and over, covering the same ground and making inroads into defended territory, which we find particularly accessible at times when the couple's transference has stirred a countertransference response through which we can appreciate the couple's vulnerability. As trust builds, we can help the couple figure out and face the nameless anxiety behind the defence. Our help comes in the form of interpretations of resistance, defence and conflict, conceptualized as operating through unconscious object relation systems that support and subvert the marriage.

(Scharff & Scharff, 1991, p. 104)

Sexuality and the psychosomatic partnership

Most psychodynamic couple therapists work actively to understand the couple's sexual relationship. Winnicott (1960) talked about the *psychosomatic partnership* of the infant—mother couple. Borrowing Winnicott's term, the Scharff & Scharff (1991) have shown how the adult couple also has a psychosomatic partnership. This partnership has its origins in the mother—infant relationship, where emotional and physical closeness are united. This very close emotional, physical, loving, nurturing relationship is then replicated within the adult couple sexual relationship. The sexual relationship is the place where the physical interaction of the couple resonates with the

couple and individual internal object relationships. The psychosomatic partnership needs to foster 'good-enough sex'; that is, it needs to express intimacy, contain frustration, be a tension-reducing good-enough part of the relationship, while at times meeting the couple's needs and fantasies. The concept of good-enough is helpful — it does not need to be perfect or meet all expectations, but needs to be a satisfying, intimate activity for at least some of the time.

The Scharff & Scharff (1991) argue that the sexual relationship renews the energy in the dyad, repairs wear and tear of ordinary life, and expresses loving aspects of internal object worlds. When it is good, it supports the mutual holding in a couple. However, when it is problematic, it also can amplify repressed internal objects — both rejecting ones and exciting but frustrating ones. In this case, it then attacks the sense of loving, nurturing, and safety in the relationship. Because sexual expression is guided more by unconscious than conscious forces, it is often a difficult area in which to foster change. The Scharff & Scharff suggest that a difficult sexual relationship is usually the result of object relations problems, but that an unsatisfying sexual partnership adds a further burden to the couple relationship, creating a self-reinforcing negative cycle.

The Oedipal drama in the couple relationship

Although object relations theory has been primarily concerned with how early relationships with others are internalized and then replayed in the couple relationship, attention is also given to how the later Oedipal conflicts replay themselves in the couple relationship. In the original Greek myth, the parents of Oedipus order that their infant be murdered to preserve themselves (Grier, 2005). Oedipus is saved by others and grows up; as a young man he unknowingly murders his father and marries his mother. Freud used this myth as a metaphor to understand the passions of the young child for the parent of the opposite sex and the envy aroused in the child by the other parent who has an exclusive sexual relationship with the adored parent. Essentially, the Oedipal conflict is about the anxieties of the triangle, which for a child have to do with being excluded from the parental couple or overly included with one or other of the parents (Fisher, 1999). The myth of Oedipus indicates how complicated, and sometimes how devastating, going from two to three can be.

As an adult, of course, one of the most common disruptions to the couple relationship is the arrival of children. Again, the anxieties are

around inclusion and exclusion. Will the new baby take all of the mother's love with none left for the father? Will the child need to be distanced in order to preserve the couple relationship? When the mother sees her husband smiling lovingly at his infant daughter, does it arouse pangs of envy? The arrival of a child is unconsciously connected to the earliest experiences of love, hate, disappointment, and rivalry with parents and siblings (Fisher, 1999; Grier, 2005). The Oedipal drama is about this triangular space, which requires the individual to face the disturbance that comes with being excluded from the parental couple as well as being part of a couple that excludes another (Fisher, 1999).

Frank was the eldest, with four younger sisters. He always felt like he did not belong and found it difficult to establish his own masculine interests as a child. His father was physically abusive and only interested in whether Frank would achieve in sports. Frank fell in love with Doris, who was very loving and responsive to Frank's needs for a close, connected relationship where he felt he belonged. The relationship was strong until after the arrival of their baby, Jessica. Doris loved being a mother and devoted a great deal of her energy to parenting Jessica. Frank felt miserable and on the outer edge of the family. He did not know how to join in the close dyad of mother and baby and felt continually excluded from the mother—daughter partnership. This had felt so devastating that he was now thinking of leaving the marriage.

However, rather than a baby, the third party may be an important friendship, intense interest, sustained focus on work, or an affair. Like a symbolic child, it can threaten closeness, intimacy, and exclusiveness, and engender envy, hatred, and jealousy (Balfour, 2005; Grier, 2005). These experiences will be connected with the earliest experiences of rivalry, love, and hate with parents and siblings. These experiences can promote development in the couple or be experienced as catastrophic, much like the original tale of Oedipus Rex (Fisher, 1999; Grier, 2005).

Susan and Tony have entered therapy to deal with the impact of an infidelity of Tony's. The infidelity occurred on only one occasion and was not associated with any ongoing attachment to the woman. Tony was horrified with what he had done and was willing to do anything to repair the damage to the relationship. The relationship was a very loving, solid marriage of 20 years'

duration, and neither partner had been unfaithful before. Susan found it extremely difficult to understand what had happened and was ready to leave the marriage, as a defensive manoeuvre to prevent any further possibility of hurt. Susan's experience of the breach of the marital boundary was explored and processed with the couple over a number of sessions. When the therapist enquired into Susan's experiences in her family of origin, it eventuated that Susan was the eldest of two girls and her younger sister was her mother's favourite. Because her father was frequently absent from the home, Susan could not turn to him for a different kind of relationship. She was often lonely as a child and felt 'unlovable and unchosen'. Although this was painful material to process, it helped Susan to understand how devastating the marital breach had been for her. She had projected an idealized loving connection onto the couple relationship, and in this she was lovable, loved, and chosen — and the only one. The infidelity punctured this picture and aroused old feelings of despair, hatred, and envy.

An additional dynamic is common in the couple relationship. This has to do with individuals feeling caught between fears of engulfment and fears of abandonment. These dynamics originate in the negotiation of the Oedipal situation — how close it is safe for one to be to a mother or father and will they be taken over — engulfed or swallowed up — if they are too close? Can one parent be used to moderate the intensity of the love relationship with the other? These threats, when unresolved, are then replayed in the couple relationship and can produce a deadly quality of desperation and the threat of annihilation in the consulting room (Balfour, 2005).

Gail and Max struggle with issues of closeness and distance. Max would like far more time alone together, while Gail is keen to pursue other friendships and activities separately. Gail was raised in an intense, enmeshed household where her attempts to differentiate herself were met with anxiety and cloying attention. What feels close enough for Max to meet his needs for intimacy feels like engulfment to her.

Of course, the consulting room itself is a triangular space, with the couple and the therapist. This can provoke strong feelings of inclusion, exclusion, and envy in each of the three individuals, including the therapist, as different configurations of closeness, intimacy, and understanding evolve.

Conclusion

The major aim of an object relations approach to couple therapy is to assist couples to become aware of their own conflicted self-images, thereby lessening the projection of them onto their partners. An underlying assumption is that the couple relationship creates the condition for intensive attachment which activates some of the good and bad experiences of early childhood. This approach to therapy operates through a non-judgemental, accepting space where the couple can explore the current conflict and its link with earlier conflicted relationships. The major interventions are an empathic stance, containment, processing of emotional experiences, and understanding of unconscious object relations — often through the therapist's countertransference and interpretation.

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