Lesson 12:

You can save this PDF and refer back to it after listening to the audio.

1. **A recap of Lesson 12 audio:**

Read this PDF for a recap of Lesson 12, Part I and Part II.

Find articles and book resources at the end. This PDF also has a section on implementation activities.

Part I

Psychoanalytic Couples Therapy

No matter what we do, some couples don't budge, we can't seem to make a dent, or we make a bit of progress, only to see the repetition of patterns of interaction that do not seem to be amenable to our logical explanations or attempts to modify them. One or both partners don't seem to be able to see their partners as their allies and continue to see them only as their enemies.

When that happens, we are most likely in the presence of mechanisms that impact the relationship in profound ways, of which couples are not aware because they are unconscious.

Psychoanalytic couples therapy approaches and their related psychodynamic models are insight-oriented models.

I will be talking about psychoanalysis briefly and will spend most of the time describing two psychological mechanisms, that were described by the early psychoanalysts about 120 years ago: Projection and projective identification.

There are many schools of psychoanalysis and it's very difficult to agree on a clear definition of what is or isn't psychoanalytic. In spite of these difficulties,

the differing schools share the idea that there are hidden, formative issues that shape mate selection and patterns of relationships within intimate relationships. These patterns are deeply ingrained, personal, and unconscious and illuminate the way couples deal with conflicts, intimacy, autonomy, and differences.

Most people are not aware of these patterns. A couples therapist using a psychoanalytic lens, would propose digging deeper into each partner's life and past. As we get to know a couple better, and take a deeper dive into their lives, couples therapy ends up resembling individual therapy in the presence of the partner. If each partner becomes more aware of their scripts, fears, longings, desires, protective defenses and disowned parts, their relationship will improve. If, after doing this work, uncoupling is their choice, they will be able to do so in a less destructive way.

The proponents of these models think that individuals need help accessing their hidden fears, thoughts, desires and conflicts. When couples therapists understand individual protective measures used as defenses against their anxiety, and their origin, they can deliver well timed interpretations about the ways in which their intrapsychic world affects their interpersonal relationship. All psychoanalytic and psychodynamic based frameworks are centered on the idea that it is necessary to uncover individual psychological issues—trust, autonomy, self-esteem, shame, identity, intimacy, ambivalence, to name a few—that cannot be explained by systemic or behavioral concepts alone.

There are many more conceptual ideas related to the psychoanalytic and other psychodynamic frameworks that are beyond the scope of this lesson. I chose projection and projective identification because they are two powerful ways of understanding couples' distress, for some psychoanalytically-based models.

When some of our best interventions don't improve the couple relationship, something else is taking place. Projection (P) and projective identification (PI) may be playing a part in the couple's distress, and often does.

Projection

P and PI can be understood as mental processes used to defend against anxiety, a primary motivator in humans.

Projection refers to a type of defense mechanism in psychoanalytic theory, whereby unacceptable feelings and self-attributes within an individual are disavowed and attributed to someone else. Some analysts use the word transference to refer to projection because of the way people transfer from one person to another what they think, feel, and fear, and project them onto another person, like a projector on a screen. People tend to distort motivations and behaviors, based not on reality, but rather on their own unconscious wishes, hopes, and fears, and transfer them, attributing them to their partners.

Projection and transference are universal, unconscious attributes of human beings, and they happen in many human relationships. It's as if we can only see another person through the lens of our own experiences. Projections are self-protective defenses in that they always imply some view of the self in relation to another person and this view of the self is also subject to potential distortions. So, the distinct hallmark of some psychoanalytic models is that its proponents seek to understand 1) *how we perceive our partners, 2) how we perceive our partners perceive us*, and 3) *how we react to that perception*. The way some people think their partners perceive them can be a distorted projection. Some people seem to unconsciously reenact past scenarios in their current partnerships to ward off anxiety and ambivalence, among other reasons.

Couples therapy is often requested at the stage in which partners engage in attempts at offloading their shame, guilt or low self-esteem by attributing it to their partner. Undesirable self-images, and disowned negative character traits are the most common projections, "I worry that I am too needy" may become "He will not give me what I need"; "I'm not sure I love him" may become "He doesn't love me". "My own aggression troubles me" may become "He/she's angry at me". A pervasive sense of the own unworthiness

of partner A may get projected onto partner B who is now perceived by partner A as seeing partner A as unworthy. A persistent fear of abandonment may make partner A project onto partner B the idea that it is he, partner B who wants to abandon partner A: "He doesn't love me and eventually will leave me". One useful way to think about projection in a couple is to say that how badly partner A treats partner B is directly related to how badly partner A treats him/herself psychologically. Most people are unaware of the anxieties they are trying to ward off, or of their projections.

Couples' impasses can be understood as simultaneous and interlocking projective mechanisms, which explains their tenacity and pervasiveness. Not only are partners unable to provide support for each other, but their positions make matters worse by providing confirmation of the validity of their projected fears. In many cases, couples have been solidifying these negative expectations of each other for many years before we see them in our offices, and we often wonder if we can help them dislodge these negative projections.

Projective Identification

Therapists often observe that partners not only fear certain outcomes, they also tend to elicit them. PI is an interpersonal defense mechanism by which one partner A (the inducer) unconsciously recruits the other partner B (the recipient) to help them deal with unacknowledged, painful, or intolerable intrapsychic distress. The recipient then identifies with the projection, and begins to act accordingly. In a very simple example, a woman who is uncomfortable with her own social anxiety perceives this as being her husband's characteristic: "He never wants to go anywhere" (*This is the projection*). This could be a distortion that improves her own image of herself as it locates the problem in someone else. It could make her feel superior and provide an excuse to skip an upcoming social event. She then *induces* the behavior in her partner. As a last step of these complicated PI mechanisms, the recipient is not only misperceived as an unacceptable part of the inducer but ends up feeling and acting accordingly (*identifying with*

the accusation). The man who has been repeatedly told he is the socially anxious one (the *projection*), may begin to doubt himself and start acting in a socially awkward way (the *induction*) and the complaints of the woman now appear to be confirmed by his actual behavior (*the identification*). The husband's behavior confirms her projection, which is why this is such a complicated dynamic to dislodge and helps explain why people stay in relationships that they complain about ad nauseum and why the repeated complaints lead nowhere.

Some induced outcomes appear to be unconsciously rewarding even when they are simultaneously the subject of complaints. The projection allows for a certain kind of psychological reward: "This is not me", "That could be me", "That was once me", "I wish that were me", "I'm glad that's not me", are variations of the unconscious relief experienced by the inducer. A relentlessly critical partner will often induce inadequacy in the other, a repeated accusation of "flirting", can induce an affair, a non-stop accusation of spending too much money may result in excessive spending. But some projections provoke a partner through inaction, as Art Nielsen describes it. A lack of worry in a dangerous situation induces anxiety in another person. Unresponsiveness, inaction, or psychological blindness in one partner can result in the anxious, aggressive, or exaggerated reaction in the other, to the astonishment of the unresponsive recipient partner: "What did do? I don't get why she's so upset!".

As the recipient of the inducer's projection, partner B may actually become the aggressor, the cheater, the spender, the ineffective parent, the under-functioning partner that partner A is accusing partner B of being. He may have had those tendencies before, but they now become entrenched and polarized.

Not only do people misrepresent others (projection), but they also, unconsciously, provoke others into playing certain roles to reenact certain scenarios (identification). They induce their partners to act in certain ways. The concept of projective identification is complex and can lead to polarized

roles which powerfully interfere with a couple's well-being. It explains better than any other idea why people repeat behaviors that do not lead to good outcomes and why couples stay in relationships that make them so miserable. The outcome of the projective identification is in some cases unconsciously rewarding, and that's why they keep occurring. They have some kind of unconscious benefit, though from the outside, that benefit can be hard to see. When clients put themselves repeatedly into painful situations without intending to, it may be a sign that projective identification is taking place. The unconsciously rewarding compulsion to repeat the misery, is one way of enacting scenarios as an attempt at mastering previous traumatic events. But things get complicated because of the simultaneous, interlocking projections that make it difficult to dislodge these unconscious patterns.

There are several variations of the PI dynamic, some more complex than others.

People seeking to disown certain internal states may get attracted to someone who already has those traits.

People who are hoping to acquire certain psychological capacities they admire, but don't have, may seek someone who appears to have them.

As mentioned, a more complex version of PI is when people create scenarios to master some problem they were passively exposed to developmentally, for example. Some people seek partners with whom will reenact earlier life trauma. People get attracted to and married not only with a conscious choice but also with an unconscious choice. There is a kind of *fit* of which the partners are unaware. Lost parts of the self are seen in the spouse and this gives the hope that, through marriage, unacceptable parts of the self can be expressed vicariously. This "*unconscious complementarity*" leads to the formation of a joint personality. In a healthy marriage this works well. In a problematic marriage, it can lead to entrenched impasses.

An adult intimate relationship has the potential to offer the devotion, commitment, intimacy and close physical proximity, that we didn't have or longed for. Particularly for people with developmental trauma or history of substance abuse, certain parts of the self may seek expression directly or indirectly. There are mutual attempts to heal and make reparations through projective identification. Sometimes it goes really well (we generally don't see those couples in our practices), and other times, it's a recipe for repeated painful misery. Sometimes these unconscious contracts work for a while, and couples often present for therapy when the unconscious contract no longer works for one or both partners.

Once PI is suspected, often when other interventions fail, it is important to forego thinking about the here and now, resist the urgency to solve problems, and collaborate with clients to help them buy into doing more in-depth work. Doing intrapsychic individual work in the presence of their partner, to understand the origin of their sensitivities, vulnerabilities and projections can be more powerful, and often more productive, than individual therapy.

I may say to a male, after I get to know his history: "It makes sense that when you feel criticized, it makes you think of yourself as small and inferior, the way you felt when you were being bullied in junior high and you react by trying to overpower her to avoid feeling small and inferior to her. And, since you feel anxious about where your own aggression may take you, and you are not sure you can contain it, you start thinking that it is *she*, not you, who is aggressive with you".

I may say to the female partner: "It makes sense that when you feel unheard, you think of yourself as unworthy of love, the way you felt at home with your mother during your chaotic childhood. And since you find it uncomfortable to think of yourself as unlovable, you think it is *he*, not yourself, who doesn't love you".

There is a lot to take in here and it requires a strong therapeutic alliance, a good grasp the disowned part of themselves, which takes time to unravel,

and repetitions of the same kind of interpretations, to begin to make a dent. Over time, a couple may allow the therapist to help them stop scapegoating each other and stop viewing or casting their partners as their enemy.

Change doesn't happen with one interpretation and it's not always easy to convince a person to tolerate what was once an intolerable or unknown thought or feeling. This is often a slow process, particularly for couples who are re-enacting or mastering developmental trauma. But it's important to keep in mind that the defenses and projections were not necessarily developed because of what actually happened. How they defended themselves, how they coped, how they survived, are idiosyncratic for each individual. They provide relief from painful feelings, so they're repeated, even though they are no longer necessary or helpful.

Sometimes couples therapy sessions need to be alternated with individual sessions to increase therapeutic alliance, or to contain the emotional upheaval.

Many couples therapists give up on couples, or lose hope or sympathy.

This approach to couples therapy is not easy to learn without specific training. Couples therapy has the advantage of observing the interpersonal dynamic in a way that an individual therapist may never have access to, and provides an opportunity to address the ways a couple scapegoats each other. Sometimes, when PI mechanisms are softened, couples can be helped to uncouple in a less destructive way. Many terrible divorces occur as a result of unrecognized dynamics involving P and PI.

Not all couples' conflict or polarization is a result of projection or projective identification, but when other interventions don't work, this is often at the base of the impasse. And though often there are interlocking P and PI, sometimes one partner projects more than the other.

Criticisms of psychoanalytic couples therapy.

Some practitioners consider psychoanalytic couples therapy to be an outdated form of therapy, its case studies unsupported by research, its treatments too long, too focused on insight and not enough on cognitive, behavior, or systemic patterns. But I think this criticism is unfair. Most analysts have incorporated a variety of contributions from outside the field of psychoanalysis, which has resulted in fruitful modifications of theory and technique. In the last several decades psychoanalysis has become open to the influence of brief therapies, humanistic psychology, Gottman, EFT, systemic thinking, feminism, multiculturalism, and social constructivism. The opposite, however, has not been true. Basic psychoanalytic ideas have not influenced more current approaches to couples therapy. Without cross-fertilization, psychoanalysts remain the only group—and quite a small one at that—of mental health professionals open to delving in to these deeper individual issues in couples therapy.

The work or Art Nielsen is a good example of the importance of integrating psychoanalysis with other frameworks. I agree with him that insight is generally not sufficient to stop the destructive interactions. To help some couples with entrenched patterns, we need to help them attain insight into their own unconscious defenses. But we also need to understand them *systemically AND help them behaviorally*. Most couples did not grow up in equitable, collaborative, and engaged families. What do they need to do differently? How do we help individuals with P and PI strategies to self-regulate their emotional states? What do we need to do so couples nurture and comfort each other? This is our job. Insight alone is not enough.

Part II

Countertransference

Clients not only project their disowned parts on their partners, they also project them onto their therapists. And therapists, as human beings, also

have their own histories, scripts, and unconscious disowned parts of themselves, which they project onto their clients.

This is why couples therapy is so challenging. This is also why it is so important for therapists to do their own family of origin work on scripts, legacies, and vulnerabilities. Understanding the roles they played or still play in their families of origin, will make them much less reactive to the inevitable breaches of the therapeutic alliance that occur in couples therapy. Doing their own intrapsychic work about the ways in which they grew up, developed their defenses and their patterns of relationships, is as important as consultation and supervision.

Having a countertransference reaction is not a sign of immaturity or inexperience. It's a normal aspect of the work.

Clinicians can, and do, exhibit a host of countertransferential reactions. These could include: annoyance, rage, sorrow, frustration, sympathy, envy, pride, fear or boredom. It is the lack of attention to, and awareness of, these feelings that makes them dangerous in a clinical situation. Without awareness, counselors tend to "act out" their countertransferential reactions. Countertransference may interfere with the therapist's ability to understand clients and may adversely affect the therapeutic alliance.

I want to distinguish two kinds of countertransference:

Type 1. The therapist's emotional reactions to the couple are based on the therapist's unconscious needs, projection mechanisms, and other defenses. We bring into our interactions with our clients our characters, values, ideas about a good life, a good marriage, and good parenting. The personality, worldview, and theoretical orientation of the therapist have an enormous impact on the nature, type, and outcome of the treatment.

Type 2. A projection of the couple's issues that the couple brings to the table onto the therapist. Sometimes, as we get to know our couples better, we can begin to understand the projected parts of one or the other member of the couple: When partner A makes us feel inadequate, blamed, or bored,

this can help us understand how partner B feels in relation to partner A, among other feelings that can be revealed during the process.

When one partner makes a big deal out of something that is not a big deal for us, it could mean the client is projecting. When we lose empathy for one partner or a client makes us upset, it could be that we are reacting to something from our past: one of our parents or siblings affected us in a way that is now awakened by the interactions with our clients. Whatever the issues, we need to increase our ability to disentangle how much of our reaction and feelings come from our own life, and how much belongs to the client.

Not infrequently both kinds are taking place simultaneously. In either case, clinicians can become anxious, ignore their feelings, or be blinded by their feelings, making them impaired from doing good work.

What to do?

An ongoing effort at self-awareness, via individual therapy, couples therapy, or supervision is a must for therapists who wants to be effective in any kind of clinical work. These are even more necessary activities for anyone who wants to work with couples effectively.

- Think of your thoughts and feelings as a diagnostic tool. Your reactions and feelings have meanings in the context of the relationship with each client of the dyad. It is not a good idea to try to get rid of or ignore thoughts and feelings, whether negative or positive. If you have strong feelings, welcome them into your awareness and explore fully, because they are data about the couple and about yourself. If you can think of your feelings as data, you will become more open, more curious, and you will be able to disentangle them.
- Think of your thoughts and feelings as your internal gyroscope. You know yourself better than anyone else. If you lose your center, your composure, your usual way of operating, it may be a signal that you need to pause and go inward, during or between sessions to understand what's going on.

- Tolerate uncertainty and ambiguity. We don't always know why we feel the way we feel, and we don't always understand what's going on. People are complex and contradictory. But uncertainty can make us uncomfortable or anxious. Tolerating uncertainty and ambiguity, and allowing the process to unfold is an important part of the process.

Lack of awareness of countertransference leads to acting out. It is not uncommon for therapists' reactivity to lead to behavior that can border on the unethical. Abandoning clients, arguing with clients, saying bad things about clients to colleagues, are some of the signs that countertransference is playing a role.

Find in the Toolbox of Module 12:

- The three-memory exercise
- The modified attachment interview

For further reading

Nielsen, A.C. (2016). *A Roadmap for Couple Therapy: Integrating Systemic, Psychodynamic, and Behavioral Approaches*. New York: Routledge.

Nielsen, A.C. (2017a). From Couple Therapy 1.0 to a comprehensive model: A roadmap for sequencing and integrating systemic, psychodynamic, and behavioral approaches. *Family Process* 56:540−557.

Nielsen, A.C. (2017b). Psychodynamic couple therapy: A practical synthesis. *Journal of Marital & Family Therapy* 43:685−699.

B. Implementation Activity for Lesson 12.

1. If you are in the early stages of your practice as a couples therapist:

- Practice doing some intrapsychic work in the presence of a partner in couples therapy by utilizing the three-memory exercise or the modified attachment interview. See if you can pull one or two themes of longing, hidden wishes, or difficult to accept parts of your client that the client may not be fully aware of. Then, begin to hypothesize a link between the themes and the problems the partner has in the current relationship. Repeat the same process with the other partner.
- Are you aware of your repeated countertransferential reactions in a session? Practice becoming aware of your feelings and your thoughts during sessions. Keep a journal for each couple for a while to become more aware of feelings and thoughts that a couple elicits. See if you can identify where in your body you feel a feeling, and try to become clear of what your reactions are to each of the members of the couple separately.

2. If you are in more advanced stages of your practice as a couples therapist:

- Reread or hear Lesson 12, paying particular attention to the concept of projection. Review the cases that are not making progress or are regressing. Can you identify a projection mechanism that one or both are using to ward off anxiety? Can you find a way to deliver a hypothesis about it to your couple?
- If a couple you've been working with is eliciting strong feelings recently, explore what type of countertranference reaction you may be having. Type 1 or Type 2? If you are aware of Type 2, what are some of the ways in which you could use this information in a therapeutic way?
- What are some of the ways in which your own history affects how you react to certain partners? Try to identify who "pushes

your buttons" and explore what steps you can take to make some progress. These questions may help:

- Do you always feel protective of some clients more than others?
- Is there a type of client who gets on your nerves?
- Do you feel like abandoning certain clients?
- Are there couples that make you cringe?
- Are there clients you wish wouldn't show up to a session?