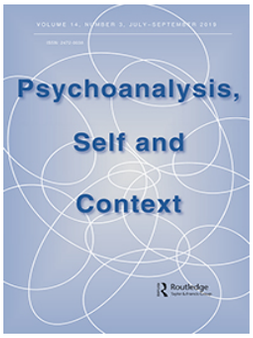

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SELF PSYCHOLOGY–INFORMED FAMILY THERAPY: INCREASING SELFOBJECT EXPERIENCE BETWEEN FAMILY MEMBERS—AN IMPORTANT COMPONENT OF PSYCHOANALYTIC TREATMENT OF CHILDREN AND ADOLESCENTS

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SELF PSYCHOLOGY–INFORMED FAMILY THERAPY: INCREASING SELFOBJECT EXPERIENCE BETWEEN FAMILY MEMBERS—AN IMPORTANT COMPONENT OF PSYCHOANALYTIC TREATMENT OF CHILDREN AND ADOLESCENTS

CARLA LEONE, PH.D.

This paper applies basic tenets of contemporary self psychology to conjoint sessions with parents and children – a neglected topic in the psychoanalytic literature in general and the self psychology literature in particular. The author advocates for greater utilization of conjoint sessions in the psychoanalytic treatment of children and adolescents due to the modality's unique contributions to promoting change. The concepts of selfobject experience and needs are applied to understanding what family members need and seek from each other and the various factors that can contribute to parent-child relationships going awry are highlighted. A treatment approach informed by self psychology is detailed, and the questions of when to do family sessions (or not) is discussed. A detailed transcript of a session with two adolescents and their parents, in which the teens and mother attempt to confront the father on his alcoholism, is presented and discussed to illustrate key points.

Keywords: family therapy; psychoanalytic treatment of children and adolescents; self psychology

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INTRODUCTION

"You don't think my dad's as much of a jerk as Mom and I do, do you?!" my 13-year-old patient demands accusingly as she storms into our individual session. Startled, I meet her glaring gaze intently, feeling momentarily guilty, as the saying "out of the mouths of babes" flashes to mind. I take a breath and confirm quietly, "Well, yeah, I guess that's true. And I see where that would make you pretty upset and mad." She scowls, apparently unmoved, so I try again. "Or maybe surprised, or confused?" Another glare, as her eyes search mine, and finally her face softens and she rolls her eyes, looking more like her usual self with me. "D. All of the above!" she announces as she plops down on my couch and assumes her usual half-reclined position. And we proceed to spend most of the session discussing why she very understandably sees her dad as a "big jerk" and why, although I can easily understand her viewpoint, I have a different experience of him.

Jessie was referred by her pediatrician due to frequent somatic complaints resulting in school absences, significant difficulty falling asleep at night unless she slept with her mother, and significant difficulties in peer relationships. Early on, it became clear that her mother, Marcia, was significantly depressed; her father, Nick, was an alcoholic; her brother Tom was doing everything he could to distance from his dysfunctional home life by being home as little as possible; and the parents' marriage was highly conflictual and disengaged.

The approximately three-year treatment of Jessie and her family included, at various times,

- individual sessions with Jessie, including the one just referenced;
- parenting consultation with both parents, initially separately and eventually together;
- many mother–daughter sessions, a few father–daughter sessions, two sibling sessions, and several family sessions with all four family members present, one of which is detailed in this article;
- and couples therapy with the parents only, after Jessie chose to end her individual sessions, join a therapy group, and essentially hand her parents over to me.

I believe that my willingness and ability to use all of these modalities at one time or another, as they seemed to emerge as an attuned response to Jessie's and other family members' needs over time, are among the major factors that led to the ultimate success (overall, relatively speaking) of this treatment. The case thus illustrates the importance of therapists who work with children and teens being comfortable with and competent in both individual and conjoint treatment modalities. Unfortunately, the long tradition in psychoanalytic circles of child therapists/analysts working only or primarily with the child patient—perhaps seeing the parents without the child for parenting consultation once/month or even less but almost never doing joint parent–child sessions—can result in less-than-optimal care in some cases.

Because family therapy was historically largely developed outside of psychoanalytic circles, and to a large extent in opposition to psychoanalytic theory, many psychoanalytically-oriented clinicians have no training in conducting conjoint sessions and/or may think of such sessions as "not psychoanalytic" or not consistent with their professional identity. Some experience what I call "family therapy anxiety"—avoidance of conjoint sessions due to feeling inadequately trained, worried about things getting chaotic or out of control, and/or something akin to a fear of public speaking when faced with more than one or at most two patients at once. Yet contemporary self psychology and related psychoanalytic principles are ideally suited to application to conjoint work, and those well-trained in individual treatment can expand to including conjoint work more easily than many may think. A solid theoretical framework can hold the therapist and significantly reduce fears or concerns, as I hope to show in this article.

LITERATURE REVIEW

Although Kohut never wrote specifically about families or family therapy, he did describe people as being "born into a matrix of responsive selfobjects" (Kohut, 1985, p. 257). Thus, healthy families can be understood as functioning as a source of attuned responsiveness or reliable selfobject experience for their members, as I discuss further below.

Anna Ornstein (1981, 1985) was the first to apply Kohut's ideas to the treatment of children and parents, with her Child-Centered Family Treatment model. She advocated the use of individual play therapy to understand the child's inner world, an understanding that is then "translated" to the child's parent(s) in separate parenting sessions. Others have addressed the application of self psychological concepts to work with parents (Eldridge & Schmidt, 1990; Beebe, 2003; Amerongen & Mishna, 2004; Joelson, 2007; Sherry & Ornstein, 2014), but only a few articles have specifically discussed family therapy or conjoint parent–child sessions from this perspective (Jacobs, 1991; Leone, 2001, 2007; Shaddock, 1997; Unger & Levene, 1994)—and none for well over a decade.[1] In contrast, several papers on self psychologically informed couple therapy have been presented or published during the same period (e.g., Greenspon, 2007; Leone, 2008, 2013a; Livingston, 2009; Ringstrom, 2014; Shaddock, 2017a, 2017b). The lack of comparable attention to family therapy is very unfortunate, as self psychological principles are just as useful in family therapy as they are in couple therapy, as I hope this article illustrates.

BASIC TENETS OF THE APPLICATION OF SELF PSYCHOLOGY TO FAMILY THERAPY

As I noted in previous papers (Leone, 2001, 2007), viewing the healthy family as a "matrix of responsive selfobjects" means that the overall goal of family treatment is to

[1] The last one, in 2006, was mine and merely a revision/reprint of my 2001paper.

help family members function as such a matrix for one another. In other words, the goal is to help members respond to each other in a more optimal, empathically attuned manner, as appropriate to their roles, ages, and abilities, such that the family, individually and together, functions as a reliable source of selfobject experience for its members.

How do we achieve this goal? The answer depends on what is causing the misattunements or lack of optimal responsiveness to begin with. In some cases, misattunements can be due to something as simple as a lack of needed information. Parents may need information about normal child development, why the child may be acting as he or she is, how best to respond to the child's feelings and behaviors, and so on, whereas children and teens may need clear information about what behavior is desired by the parent and why. In such cases, psychoeducation, advice, or explanations by the therapist can be quickly helpful, especially if the family members have an idealizing transference to the therapist.

However, far more often, misattunements and empathic failures between family members are related to significant deficits in one or more members' sense of self, capacity for affect regulation, and capacity for reflection and mentalization (Fonagy et al., 2005). They are also typically related to problematic preconscious organizing principles (e.g., Stolorow, Brandshaft, and Atwood, 1987) about oneself, others and the world, and implicit or procedural relational knowledge (e.g., Lyons-Ruth, 1999) that interferes with attuned responsiveness to others. This is why, in most cases, efforts to "educate" parents or give them advice about how to parent differently don't work. On the contrary, they can be a grossly misattuned response or significant empathic failure by the therapist—thereby modeling for the parent the very kind of response we are trying to help them reduce.

Contemporary relational self psychology tells us that changes in the sense of self, affect regulation abilities, reflective functioning, organizing principles, and implicit relational knowledge can occur to some extent through new understandings, awarenesses, or insights but largely happen through new relational experiences that result in change in patients' implicit relational knowledge. Conjoint treatment therefore involves the therapist establishing a selfobject relationship or deep sense of connectedness (Geist, 2008) with each family member and fostering such connectedness between the family members.

Doing so involves the therapist immersing[2] herself equally in the inner world of each family member—whether through play, in the case of child (and some adolescent) patients, or talking. It may mean feeling her way into the inner life of parents who are abusive, neglectful, or painfully misattuned to their children's needs—a difficult task, especially when the therapist is attached to and understandably protective of vulnerable child or adolescent patients.

[2] I am aware of the concerns about the term *empathic immersion* and do not mean to imply that it is ever possible to separate from our own subjectivity. However, for me the term captures my experience of trying to feel my way into the patient's inner world and affective experience much better than any of the proposed alternatives.

Other basic tenets of the self psychological treatment approach include the following:

- The therapist asking herself, "What does each family member most need from me right now?" and attempting to respond accordingly (e.g., Bacal, 1985, 1990; Stern, 2017). This may mean *not* providing psychoeducation or advice-giving responses, even when the therapist has ideas that might be helpful, if they are not experienced by a particular family member (typically the parent) as an empathically attuned response in that moment.
- Closely monitoring the state of the self of each family member and intervening quickly to repair narcissistic injuries or empathic ruptures.
- Facilitating a collaborative, empathic dialogue with each family member, and eventually between family members, which includes experience-near empathic interpretations or conjectures when they are experienced by family members as attuned, responsive, and helpful in improving connections between family members.
- Listening for and highlighting the "forward edge" (Tolpin, 2002) or growth-seeking aspects of even very dysfunctional, grossly misattuned, or abusive behavior by any family member. For example, aggressive behavior is seen as motivated at least in part by the need to protest or communicate the experience of threat or injury and/or to elicit a needed selfobject response.
- Facilitation of new relational experience between family members via coaching, choreographing, or "doubling" (speaking for or as someone), when doing so is experienced by the family members as an empathically attuned or needed response and one that results in more attuned interactions between family members.

This latter is the aspect of family work that differs the most from individual treatment. However, individual work can involve gentle advice regarding interactions outside the consulting room at times, especially when patients seek it and their experience of it is explored and understood (e.g., Leone, 2013b). Family sessions involve more of this, but the therapist's understanding and responsiveness is not that different—it is just applied to more people at once and to live, witnessed interactions.

WHEN TO DO FAMILY SESSIONS?

As I have discussed elsewhere (Leone, 2001, 2007), given that the purpose of joint sessions is to improve family members' abilities to respond to one another in a more empathic, attuned manner, they are indicated only if family members are having difficulty doing so and are able to make use of such sessions to improve these abilities, something that sometimes can be determined only through trial and error.

I typically don't do joint sessions until I have some evidence that the family members to be included have at least some ability to listen to one another, or at least

to refrain from interfering with my efforts to listen and respond empathically to each of them. At a minimum, family members must be able to avoid treating one another abusively or traumatizing one another, so the therapy does not become yet another unsafe space. With family members who have severe deficits in their sense of self and ability to self-regulate, mentalize, and so on, I often work with them separately for long periods before seeing them together. When I do bring them together, I try to thoroughly prepare all parties beforehand so the topic and possible responses have already been identified and processed separately first. Despite this, if a joint session seriously deteriorates, I suggest (sometimes insist) that one or more family members wait in the waiting room while I work with the other(s) separately for a while.

Last, the decision about whether to do family sessions depends in part on which modality is experienced by family members as most empathically attuned and responsive. Some patients have a strong preference for joint sessions over individual sessions, or vice versa. While I eventually advocate for the modality I think will help most, I also take each potential participant's preferences strongly into account and try hard to understand why the person refers one modality to another.

Many of these concepts are illustrated in the following description of the treatment of Jessie and her family, introduced above.

CASE EXAMPLE: JESSIE AND FAMILY[3]

Course of treatment prior to session to be presented: As noted, the treatment began with 13-year-old Jessie as the "identified patient." Jessie and her mother, Marcia, came to the first session, insisting that Jessie's father, Nick, would never agree to attend, which appeared to be just fine with them. "My dad says therapy is a lot of hooey," noted Jessie. "But he gets drunk all the time so he probably thinks you'll tell him to go to rehab and he doesn't want to hear it," she added, as Marcia nodded. (This was my first indication that they had some capacity for empathy with or at least acknowledgment of Nick's experience.) I focused on trying to connect with both mother and daughter, including with Jessie's obsessive interest in everything "anime," and her intense anxiety about separating from her mother—and Marcia's chronic fatigue and growing frustration with Jessie and Nick, both of whom she felt would not be able to change.

The first six months of treatment involved weekly individual sessions with Jessie, frequent individual parenting-oriented sessions with Marcia, and some mother–daughter sessions, usually focused on Jessie's school refusal and inability to sleep without her mother. Marcia gradually became somewhat less depressed and more able to both comfort Jessie and set empathic limits on her. Jessie gradually became more able to sleep by herself and attend school regularly, although she still complained vociferously about her father's drinking and continued to have significant peer-related problems.

[3] Although everything reported is true to the spirit of what occurred, the case is an amalgam of two fairly similar cases in order to protect confidentiality. I did not think it appropriate to contact either family for consent years after their therapy had ended.

Up to this point, Nick had refused to attend sessions, but he gradually became willing to talk to me by phone, usually to blame Jessie's difficulties on Marcia's depression and difficulty setting limits. We gradually developed a warm, somewhat humorous telephone relationship, and Nick eventually acknowledged his desire to have a better relationship with Jessie and agreed to come in. We met alone on several occasions and did a few (heavily coached by me) father–daughter sessions in which Nick was somewhat able to apologize to Jessie some for some of his upsetting alcohol-related behaviors, although he still minimized a great deal. The vignette that opened this article occurred right after the first father–daughter session, when Jessie had first seen me interact with Nick in front of her. Last, somewhere along the line I had one session alone with Jessie's older brother Tom and one or two sessions with Jessie and Tom together, which seemed to help them repair their relationship considerably.

At the point of the session to be presented, Nick adamantly maintained that his drinking was only a problem on rare occasions—"every now and then," or a few times a year. He believed that Marcia exaggerated the extent of the problem because she came from a family in which there had been no drinking at all and that his children's objections to his drinking were primarily due to their having been "brainwashed" or otherwise influenced by Marcia's opinion. I was aware that a previous attempt at couple therapy had ended after the first session, when the couple therapist refused to schedule another appointment until after Nick had stopped drinking—which had deeply offended him and resulted in his refusal to attempt therapy since. Viewing defensiveness as a necessary means of self-protection, I instead prioritized trying to immerse myself in and resonate with Nick's subjective experience. Doing so allowed me to gradually come to understand his drinking as his major source of comfort, soothing and vitalizing—a strategy learned at a very young age.

Thus, before the session to be presented, I had a fairly positive connection with all four family members. We had just begun discussing whether to have a family session with both parents and Jessie, which Jessie was opposed to—I think afraid of—when I got a series of calls or texts from all four family members after a huge fight occurred during a family outing. Marcia and Tom reported that Nick had been so enraged that he was driving erratically (even though he apparently had not been drinking), and 18-year-old Tom had had to insist that his father pull over and allow Tom to drive the rest of the way home, which Nick eventually did. Since all four had been involved, and all four contacted me, I suggested we try our first full family session. They all agreed, somewhat reluctantly, and we scheduled for several days later. In the interim, I spoke with or texted with each one in order to connect with them, process the traumatic incident some, and frame the upcoming session as an opportunity to better understand what had happened, how to avoid similar scenes in the future, and ultimately bring the family closer.

FAMILY SESSION

Carla: Hi. [I try to make eye contact with each family member, trying to sense their experience and connect nonverbally. I hold Jessie's gaze especially warmly since she is

my primary patient, as well as the youngest and most visibly anxious. There is dead silence. All four family members look at me warily or look down.] Umm … so, ok, it looks like this is pretty awkward, hmm?

[All four convey agreement nonverbally, but no one smiles or speaks.]

Carla: Yeah, sessions like this are always a little awkward, especially when you've never done one before. But I think it's great that you all came anyway, because most people find it's worth it in the end. So, OK, despite the awkwardness, does anyone have an idea of where to start?

[Silence. Marcia and Nick glance uncomfortably at each other, then back at me. Both kids look away or down. This is the kind of moment I used to dread when newer to this work, but I now know from experience that if you stay empathic long enough, eventually someone will talk.]

Carla [seeing that no one can start]: Well, it sounds like this fight after the movie last week was pretty awful for all of you, would that be right to say? [General agreement, everyone nods. A pause, still no one speaks, so I continue, still making eye contact with each in turn and trying to feel my way into their experience] And … uh … I'm guessing maybe now no one wants to get back into all that after it's sort of blown over a bit, something like that? [This appears to have captured their experience well enough; all four nod vigorously and the mood relaxes just a bit.]

Nick [nodding, maybe wanting to help me out a bit]: Yeah, I don't think any of us want to get back into all that now, it's done and over with, but that's what we're here for, so … all right, I might as well start. What happened was, I wasn't feeling well that night and didn't want to go out. But they wanted to go to a movie, so I said, OK, you guys just go, I really don't feel like it. But they kept saying, oh, come on, you should come, you never come, blah blah blah, on and on, so finally I said, fine, I'll sit through the movie even though I feel lousy. And the movie wasn't that good anyway, but whatever, so finally it was over and I just wanted to get home, but now they want to go get food. So I say, fine, just drop me at home first, but no, that was too much trouble …

Marcia, Tom, and Jessie all jump in immediately, talking over each other, conveying that their home was way out of the way from the restaurant they'd all wanted to go to, that Dad only wanted to go home to drink, that he can't spend an entire evening with them like normal families. I eventually signal with my hands like a traffic cop for them to stop and say it's important that we hear from everyone, but one at a time. I look at Tom since I know him the least and he looks the most eager to speak, and signal for him to go first.

Tom [angrily]: To be honest, I didn't want to go either, OK? I would rather have been with my friends, but hey, I went, to be with my family. They wanted to go, so I went along. And here my dad can't do the same. [Nick starts to interrupt to disagree and Jessie and Marcia to agree, but Tom talks even louder, over them.] And anyway, if this was just the first time something like this happened, it would have been fine, but it happens all the time. It's the story of our lives.

Nick [angrily]: Hey, didn't I just finish saying I was tired, I'd had a long day and wasn't feeling well? Did anyone hear that? I went to the movie, that should have been enough. And I said before, if it was about drinking, I could have ordered a cocktail in the restaurant for God's sake! It was pretty simple: I was tired and not feeling well and that should have been that.

Carla [leaning forward, nodding]: Right, I can see that, Nick, I actually see how you and Tom would both be feeling the way you are. I mean, of course, if someone's not feeling well, if they're tired, sick, had a long day or whatever, and already went to one thing to please the others, of course that person wants to hear something like, "We're sorry you don't feel well, you just go home and relax, we understand," and so forth … [Nick nods appreciatively and says "Right!" slightly triumphantly, but I signal him I'm not finished and continue.] … And yet, at the same time, of course, if you feel like your own father or your own husband doesn't really enjoy being with you, or would rather be alone than with you a lot of the time, and if that happens pretty often, then of course that's going to be pretty hurtful and painful—which is going to make it a lot harder to be all understanding and sympathetic and everything … [Mom and kids nod appreciatively also, and the mood quiets.]

Nick [less angrily, a little chastened]: OK, wait one second here, my wanting to go home had nothing to do with my not liking them! I love them, of course I love them, that's why I went—because they wanted me to, I was trying to make them happy. But it's never enough. And who gives a damn about whether Dad's tired, or has a headache, or whatever? No one. All they care about is themselves and their food.

Marcia [softening slightly]: The problem isn't that we don't care about you, it's that you don't care about us! If you did, you wouldn't drink so much, you wouldn't isolate yourself, you could have a quick bite to eat without always having to rush off …

Nick [frustrated, louder]: Like I said, if it was about drinking I could have had a drink at the restaurant!

Carla: OK hang on a sec, of course Dad's right [to the other three], he certainly could have had a drink at the restaurant if it was just that he wanted to drink … and [to Dad] of course it must really hurt to feel like your own family doesn't care if you're tired or have a headache—that they care more about their own needs than yours. [He nods and meets my eyes.] I can totally see that, and I think we all know that you've felt that from a pretty young age, long before they were even thought of. [I sort of slip this in and continue, without giving him a chance to really react.] But, Nick, they aren't just saying that you wanted a drink that one night, they're saying that in general you seem to need to be alone a lot, away from them. It makes them feel like you don't want to be with them. [Jessie says "Right!" and the others nod.]

Nick [a little softened]: A lot of times I do, like I really enjoyed that bike ride Jessie and I took the one time. [Nick and Jessie smile at each other briefly.] But sometimes I don't, I do need to be alone sometimes, I do like to relax and have a few drinks. I know that's been a problem, but I'm working on it, I've been cutting down. That's why I went to the movie, I was trying.

Carla: Mmm-hmm, yes, you were trying, I see that. The movie was your way of trying to do something for them, to put their needs first, be more involved with them, and so on, which is great, good for you. And I'm sorry it ended so badly when you started out with such good intentions, but …

Jessie [interrupting]: I thought it was good he came, I appreciated it and everything, but God, why can't he stay out a little longer? Why does he always have to be such a party pooper?

Marcia: Exactly! [Tom nods, agreeing.]

Carla: OK, so you all appreciate what he did do, and maybe realize it was his way of trying to improve things in the family a little, and maybe you appreciate that. But it sounds like you three just don't understand why it couldn't have been a little more, a little longer, and Dad doesn't understand why it wasn't enough, especially since he wasn't feeling well. [General agreement] I wonder, Nick, could you see where it might look to them like you can only take them in pretty small doses? And where that could feel really bad to them, just like it really hurts you when you feel like they care more about themselves and their food than they do about you?

Nick [pause]: Well, I guess I can see it, I'm sorry they feel that way, but [I nod approvingly to Nick here and suggest with my head, eyes and hand that he turn to them and speak to them, not me. He accepts this and looks directly at the others in turn.] All right, look, I'm sorry you feel that way, I really don't mean for you to feel, um, to feel … [He hesitates, not sure of the word, glances up at me for help.]

Carla [tentatively]: Like, rejected?

Nick: OK, I guess rejected, yes, but you shouldn't take it that way. Why can't you just accept, look, a man's got a headache, he worked all day, why does it have to be I'm rejecting you?

[The other three all start speaking at once again, talking over each other, explaining again that it's because it happens all the time, and start giving various examples in an attacking manner while Nick rebuts them. I lean forward and make the Time Out signal again.]

Carla: OK, everyone, time out a sec here, hang on. I can see why you're all so hurt and angry, I can feel how much pain you've all been in, for so many years now—Dad too. But let's really talk about this together. First I'd like to help you three answer Dad's pretty understandable question, about why you feel rejected or hurt just because he wants to go home early, because the answer to that is really important. But we have to be careful, we don't want anyone to feel too ganged up on in here or so attacked that they miss the main message or point—that you wish Dad was around more and closer, that you'd like to have a closer family …

Nick: I don't know about that, I think they just like having a whipping boy. Don't worry about me being ganged up on though, Carla, I'm used to it.

Tom [sarcastic, disgusted]: Oh, right Dad, we're making it all up, is that it? Because we like having a whipping boy?

Carla: Wait, hold on here. I think we can all see why Dad could feel ganged up on at times—it *is* three against one in your family, that's actually partly what you're all complaining about here, that it's a three and one family instead of a four family, right? [I illustrate by holding up fingers; general agreement] So Nick, if you want to tell them, look, I'm feeling ganged up on here, you should say that and they should listen. After all, you've been in that whipping boy position enough in your life, you don't need that from your own family now … [Nick: That's right!] … but still, you don't want to do it in a way that sounds like you think they don't have any valid complaints at all, that the problems are all their fault and you don't contribute at all, right?

Nick: No, I don't mean to blame it all on them, I know I drink and I isolate, I know I'm not perfect, but the point is I'm working on it. And I get no credit for that.

Carla [nodding]: Mmm, I hear you. It can be really hard when you feel you're really working on something, trying to change, but the people around you aren't seeing it or appreciating the effort and instead keep right on complaining just the same. That happens a lot with families like yours. Does that sound right?

Nick: Yes, it does, and now I'm thinking, some of why I stay away is because of this, because this is what I get: pick, pick, pick, it's no wonder I drink …

Marcia [rolling her eyes]: Oh, God, please, here we go again. Don't start blaming us as usual …

Carla [interrupting]: Of course you don't want him blaming his drinking on you! Of course that would make you furious and make you roll your eyes like you're doing. But I'm not sure, Nick, did you mean to imply there that feeling picked on or criticized was the 100% total cause of your drinking?

Nick [taking my hint]: No, of course not, I know it's not the only reason. But it's part of it.

Carla: OK, I get that, but good for you for admitting that it's only one part, because I think there are probably a whole bunch of reasons why you drink—important reasons, and probably painful reasons. And I understand why these three don't want to feel like you're minimizing those other reasons and blaming them too much. They want you to know how your drinking and isolating hurts them, and you want them to know how their criticism and not seeing how hard you're trying hurts you. And I bet those two are related, like the more you isolate in the basement, the more hurt and angry they get, so the more they blame you and criticize you—or "pick, pick, pick" as you call it [he half smiles]. Which only makes you want to stay away from them—and on and on it goes, [I draw a circle in the air]—and who knows where's the chicken and where's the egg at this point! Does that make sense? [All shrug, nod, acknowledge this.] We can talk more about that another time, but we should start to wrap up for today. But first can I ask, how was this meeting for each of you? Was it what you expected, how do you think it went and so on?

There is general agreement that it wasn't as bad as expected but that everyone is glad it's over. They agree to another session in the future, although Tom emphasizes that his work schedule is quite busy.

Discussion of session: In the lengthy silence that began this session, I repeatedly tried to sense and articulate each family member's experience, including the experience of not wanting to be there, not knowing what to say, feeling uncomfortable and awkward, and so on. Once they began talking, I continued trying to grasp each family member's experience, perspective, and needs about equally and to respond equally empathically to what each family member and the group as whole seemed to need. This included my bringing up the fight myself once it became clear that they were unable to do so, offering empathic summaries or reflections that named and highlighted family members' more vulnerable affects—such as feeling hurt, rejected, uncared for, and unappreciated—and translating their complaints into the language of unmet selfobject needs, such as those for closeness, connection, understanding, and appreciation. It also included making experience-near empathic interpretations or conjectures, as when I hinted that Nick's experience was more painful because it felt similar to painful childhood experiences, and when I described the family's interactional cycle (the more Dad isolates, the more critical the others become, which makes Dad isolate further, etc.). Last, attuned responsiveness included empathic limit-setting at times, as throughout the session I watched carefully for signs of narcissistic injury or vulnerability and stepped in to interrupt such processes and protect family members and the dialogic process as best I could. The entire session was one big effort to repair an empathic rupture.

EPILOGUE

Although no one's mind was changed dramatically in this hour, it did contribute to a gradual shift in their interactions such that over time the family became more able to have and sustain an empathic dialogue with each other—a dialogue that gradually made it more difficult for Nick to continue to minimize the impact of his drinking. The series of several conjoint sessions led to an increasing sense of connection between all family members, and there was never another scene like the "Movie Night," as we came to call it. I don't believe this level of change would have been possible without the inclusion of the conjoint sessions in addition to Jessie's individual work and the separate parenting consultation.

Jessie continued to improve and eventually chose to end her therapy with me and continue in a girls' therapy group I had referred her to. Marcia and Nick began couple therapy with me and after considerable *Sturm und Drang*, Nick went into individual therapy and eventually stopped drinking. They ended their couple therapy in part for financial reasons but were doing well overall. I heard from Jessie years later that she had finished college but was having trouble finding a job, that her father was still sober, and that her parents were doing well overall although they were "still bickering."

SUMMARY AND CONCLUSION

As I hope I have demonstrated, conjoint family sessions can facilitate change and further the goals of psychoanalytic treatment of children and adolescents in a way that

is not possible in individual treatment or separate parent consultation sessions. I therefore believe that all therapists/analysts who treat children and adolescents should be prepared to incorporate conjoint sessions when appropriate or indicated and that training in the psychoanalytic treatment of children and adolescents should routinely include training in psychoanalytic conjoint or family sessions.

While "family therapy anxiety" is understandable, contemporary self psychology offers a wealth of concepts that can make the task less daunting. With the overall goal of promoting selfobject experience between family members as a guiding principle, self psychological concepts can help therapists better understand and address the many factors that can interfere with such attuned responsiveness between family members. Viewing herself as functioning as a potential source of selfobject experience for each family member, the therapist is focused on equal empathic immersion into the inner world of each family member, balanced attuned responsiveness to each, and experience-near, collaborative interpretation that emphasizes the forward edge of even very dysfunctional behaviors (such as substance abuse and angry outbursts). The approach also includes close attention to narcissistic vulnerability and the rupture and repair sequence and may involve coaching or educating when doing so is experienced by the family members as attuned and responsive to their needs.

References

Amerongen, M. & Misha, F. (2004), Learning disabilities and behavior problems: A self psychological and intersubjective approach to working with parents. *Psychoanal. Soc. Work* 11:33–54.

Bacal, H. (1985), Optimal responsiveness and the therapeutic process. In: *Progress in Self Psychology* (Vol. 1), ed. A. Goldberg. XX, pp. 202–227. London: Routledge

Bacal, H. (1990), The elements of a corrective selfobject experience. *Psychoanal. Inq.* 10:347–372.

Beebe, B. (2003), Brief mother-infant feedback: Psychoanalytically-informed video feedback. *Infant Ment. Health J.* 1:24–51.

Eldridge, A. & Schmidt, E. (1990), The capacity to parent: A self psychological approach to parent-child psychotherapy. *Clin. Soc. Work J.* 18:339–351.

Fonagy, P., Greeley, G., Jurist, E. & Target, M. (2005), *Affect Regulation, Mentalization and the Development of the Self*. New York: Other Press.

Geist, R. (2008). Connectedness, permeable boundaries, and the development of the self: Therapeutic implications. *International Journal of Psychoanalytic Self Psychology*, *3*(2), 129–152. doi:10.1080/15551020801922971

Greenspon, T. (2007), Desire, vulnerability, and interweaving worlds of experience: An intersubjective systems sensibility in couples' therapy. *Group* 31(3):153–170.

Jacobs, E. J. (1991), Self psychology and family therapy. *Amer. J. Psychother.* 45:483–498.

Joelson, A. (2007), A girl, her mother and her analyst: A study of self and interactive regulation in child treatment. In: *New Developments in Self Psychology Practice*, eds. P. Buirski & A. Kottler. New York: Aronson, pp. 85–99.

Kohut, H. (1985), *Self Psychology and the Humanities*, ed. C. Strozier. New York: Norton.

Leone, C. (2001), Toward a more optimal selfobject milieu: Family psychotherapy from the perspective of self psychology. *Clin. Soc. Work J.* 29(3):269–290.

Leone, C. (2007), Toward a more optimal selfobject milieu: An intersubjective, self psychological approach to family treatment. In: *New Developments in Self Psychology Practice*, eds. P. Buirski & A. Kottler. New York: Aronson, pp. 103–126.

Leone, C. (2008), Couples therapy from the perspective of self psychology and intersubjectivity theory. *Psychoanal. Psychol*. 25:79–98.
Leone, C. (2013a), Helping couples heal from infidelity: A self psychological, intersubjective approach. *Internat. J. Psychoanal. Self Psychol*. 8:282–308.
Leone, C. (2013b), The unseen spouse: Pitfalls and possibilities for the individual therapist. *Psychoanal. Dial*. 23:324–339.
Livingston, M. (2009), Sustained empathic focus and its application in the treatment of couples. *Clin. Soc. Work J*. 37:183–189.
Lyons-Ruth, K. (1999), The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanal. Inq*. 19:516–617.
Ornstein, A. (1981), Self-pathology in childhood: Developmental and clinical considerations. *Psychiatr. Clin. North Amer*. 4(3):435–453.
Ornstein, A. (1985), The function of play in the process of child psychotherapy: A contemporary perspective. *Annals Psychoanal*. 12–13:349–366.
Ringstrom, P. (2014), *A Relational Psychoanalytic Approach to Couple Therapy*. New York: Routledge.
Shaddock, D. (2017a), Una poltrona per tre: Pazienti e analista nella terapia di coppia (Italian Edition). Chapter 3. Milan, Italy: Franco Angeli Edizioni.
Shaddock, D. (2017b), Una poltrona per tre: Pazienti e analista nella terapia di coppia (Italian Edition). Chapter 7. Milan, Italy: Franco Angeli Edizioni.
Sherry, S. & Ornstein, A. (2014), The preservation and transmission of cultural values and ideals: Challenges facing immigrant families. *Psychoanal. Inq*. 34:452–462.
Stern, S. (2017), *Needed Relationships and Psychoanalytic Healing*. New York: Routledge.
Stolorow, R., Brandshaft, B. & Atwood, G. (1987), *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale, NJ: The Analytic Press.
Tolpin, M. (2002), Doing psychoanalysis of normal development: Forward edge transferences. In: *Progress in Self Psychology* (Vol. 11), ed. A. Goldberg. Hillsdale, NJ: The Analytic Press, pp. 167–190.
Unger, M. & Levene, J. (1994), Selfobject functions of the family: Implications for family therapy. *Clin. Soc. Work J*. 22:303–316.

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