

The application of contemporary self psychology to couple psychotherapy*

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ABSTRACT

This article summarises what the author sees as contemporary self psychology's main contributions to understanding and treating couples. The concepts of selfobject experience and needs, the "forward edge" of even very dysfunctional behaviour, and the centrality of the sense of self, add to our understanding of couples and the reasons for their difficulties. In addition, the theory's emphasis on listening from the patient's point of view, empathic attunement, viewing the therapist as a source of selfobject experience for the patient, close attention to narcissistic vulnerability and the rupture and repair sequence, and a collaborative, experience-near interpretive process are all at least as useful in couple treatment as they are in individual treatment. From this perspective, the goal of couple therapy is to improve the partners' abilities to function as a reliable source of attuned selfobject experience for each other by targeting the various factors that interfere with their doing so, detailed in this article. The article also proposes that in some cases, psycho-education, coaching, or suggestions can be experienced by the partners as attuned selfobject responses and/or can facilitate such responses between them, and thus can be appropriately part of a fundamentally psychoanalytic couple treatment.

Keywords: couple therapy, self psychology, psychoanalysis, psycho-education.

Introduction

Throughout his life a person will experience himself as a cohesive harmonious firm unit in time and space, connected with his past and pointing meaningfully into a creative-productive future, only as long as, at each stage of his life, he experiences certain representatives of his human surrounding as joyfully responding to him, as available to him as sources of idealised strength and calmness, as being silently present but in essence like him, and, at any rate, able to grasp his inner life more or less accurately so that their responses are attuned to his needs and allow him to grasp their inner life when he is in need of such sustenance. (Kohut, 1984, pp. 51–52)

This description of what people need from each other and their environment resonated with me and piqued my interest in self psychology from the minute I read it. I immediately thought of its implications for couple and family therapy, as it seemed to beautifully capture the kinds of experiences partners and family members need from each other—and from their therapists. The more I

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learned about self psychology—through reading Kohut’s original work and that of many who came after him—the more helpful I found it in my work with couples and families, as well as individual patients. This article summarises my view of the theory’s major contributions to work with couples, including my belief that psycho-educational or advice-giving interventions can be consistent with its basic tenets in many cases.

A growing literature has discussed the application of self psychology to the treatment of couples, beginning in the late 1980s (Leone, 2008, 2013a, 2018, 2019; Livingston, 1995, 1998, 2001a, 2001b, 2007; Ringstrom, 1994; Shaddock, 1998, 2000; Solomon, 1988; Trop, 1994, 1997). Most of these authors also incorporated concepts from the intersubjective systems theory proposed by Stolorow and his colleagues (see, for example, Stolorow et al., 1987), and Ringstrom (2012, 2014, 2018) recently integrated both of these with concepts from American Relational theory (see, for example, Mitchell & Aron, 1999). A few authors have noted that there is often an educating component to psychoanalytic couple treatment (Livingston, 2001b; MacIntosh, 2019) and/or have presented cases in which some educating-type responses were included (see, for example, Pizer & Pizer, 2006). I have been influenced by all of this work and intend this article to build on and extend it.

Understanding couples and their difficulties

The tenets of self psychology I see as most relevant to understanding couples include:

- the concept of selfobject experience and selfobject needs
- the idea that even overtly very dysfunctional behaviour can have a “forward edge” or “leading edge”
- viewing the sense of self as central to health and functioning, including relational functioning.

I will discuss each briefly before moving to treatment principles and their application to couple therapy.

Selfobject experience and needs

Kohut defined selfobject experience somewhat differently at different times, but the quote I opened with best illustrates the way I use it: selfobject experience is a dimension of our experience of others or the environment that functions to strengthen our sense of self and sense of connection. This includes any experience that is affirming, vitalising, comforting, or otherwise enhancing; one that increases the felt sense of being understood, resonated with, and responded to, in an attuned manner. Kohut proposed three types of selfobject experience—mirroring, idealising, and twinship experience—and posited that we all need all three throughout life for healthy development and functioning (Kohut, 1984). Later authors have suggested that all three can be seen as different ways of help processing affect (Stolorow et al., 1987).

Although Kohut never discussed the potential application of his work to couple therapy, in the endnotes of his last book he commented on “the mutual selfobject functions that partners in a good marriage provide for each other” (Kohut, 1984, p. 220). He also repeated his frequent quip that “a good marriage is one in which only one partner is crazy at a time” (*ibid.*, p. 220), and explained this means “a good marriage is one in which one or the other partner rises to the challenge of providing the selfobject functions that the other’s temporarily impaired self needs at a particular moment” (*ibid.*, p. 220). Thus, healthy couples can be seen as functioning as a reliable source of self-object experience for each other, in a mutual, reciprocal, “good-enough” (Winnicott, 1953) manner. Kohut’s emphasis on the rupture and repair process between analyst and patient (see, for example, Kohut, 1984), discussed below, suggests that well-functioning couples are also able to process inevitable empathic ruptures well and repair their connection fairly quickly. This is consistent with findings of later empirical studies (Gottman, 1999).

Troubled, conflictual, or disengaged couples are not able to reliably function this way, for a number of reasons discussed below. From this perspective, all couples’ difficulties stem from a lack of needed selfobject experience, or selfobject failures between the partners. These failures can be due to partners having conflicting or opposite selfobject needs simultaneously, as when saving money is a selfobject experience for one, but spending promotes selfobject experience for the other. They can also be due to partners lacking the abilities or capacities needed to function adequately as a source of selfobject experience for another, including the abilities to:

- identify and express their own feelings and needs
- listen for, understand, and respond in an attuned manner to the other’s subjective experience and needs
- tolerate some disappointment when their needs are not met
- compromise, negotiate, and apologise effectively.

These abilities are, in turn, influenced by the extent to which individuals have developed:

- a positive, cohesive sense of self
- the ability to experience, regulate, and integrate affect effectively
- the ability to mentalize, or reflect on one’s own experience, and the imagined (different) experience of the other (see, for example, Fonagy & Target, 1997; Fonagy et al., 2004)
- organising principles about the self, others, relationships, and the world (Stolorow et al., 1987) and implicit or procedural relational knowledge (see, for example, Lyons-Ruth, 1999; Lyons-Ruth et al., 1998) that support or promote attuned selfobject responsiveness.

Relationships are also influenced by the patterns of interaction that emerge between partners over time, such as pursue–distance, attack–defend, and so on. Couple treatment needs to target any and all of these factors when they interfere with reliable selfobject experience between the partners.

The “forward edge” of problematic behaviour

The forward edge refers to the healthy, growth-seeking aspects of otherwise dysfunctional behaviour—or “what the patient is trying to attain, retain or maintain” (Lachmann, 2016, p. 501) through the behaviour, such as bolstering a vulnerable sense of self, retaining an attachment, or regulating states of over- or under-stimulation (Lachmann, 2016). Since partners in couple therapy frequently present with markedly problematic behaviour, this is an especially useful concept for couple therapists.

Kohut did not write much about the concept himself, but referred to the idea in consultation with supervisees (Miller, 1985; see also Sandmeyer, 2019; Tolpin, 2002). In addition to having a leading or forward edge, problematic behaviours are also seen as having a “trailing edge”, a more traditional psychoanalytic concept referring to the behaviour’s painful origins or what the patient is repeating or defending against.

Two problematic behaviours commonly seen in couple therapy—contempt and defensiveness—can be understood as having both trailing and leading edges. Both can be seen as efforts to defend against or avoid painful feelings of inadequacy—the behaviour’s “trailing edge”, or, as attempts to bolster or preserve a fragile or shaky sense of self (by positioning oneself as superior), its “forward edge”. Contempt and other forms of aggression can also be a way to protest or try to stop perceived hurtful or threatening behaviour and/or to communicate (by impact) the experience of shame or distress, both forward edge efforts. Framing problematic behaviour as motivated in part by a healthy need or goal often feels accurate and validating for patients and makes it easier for them to acknowledge the behaviour’s trailing edge or problematic aspects. “Some degree of defensiveness is natural and understandable,” I often tell couples, and remind them that people need to feel safe and well-connected to be able to drop their protective defences and examine themselves self-critically.

The centrality of the sense of self

Kohut believed that a positive, cohesive sense of self was central to psychological health and adaptive functioning, and that a shaky or negative sense of self underlies most pathology or difficulties, presumably including relationship difficulties. Given the mutual narcissistic injuries partners so often cause each other, this concept is particularly useful in understanding couples and their behaviour, such as intense reactions to seemingly minor slights. Viewing the sense of self as central and crucial suggests that couple therapists should monitor the state of the self of each partner closely and help them learn to do so with each other.

Treatment principles and methods

Goal of treatment

From this perspective, the overall goal of couple therapy is to improve partners’ abilities to function as a reliable source of selfobject experience for

each other. For some couples, this can involve just a little fine-tuning or help repairing a rupture and resuming the well-functioning selfobject relationship they previously had. But for many others, including those with a history of trauma and/or early, pervasive selfobject failure, it can involve a much longer, complex process of learning selfobject relating or functioning from scratch, including gradually developing the capacities and abilities listed above. And of course, most couples fall somewhere in-between. Couple therapy can look extremely different depending on the extent to which partners have already acquired these capacities—or not.

Theory of change

Kohut's work is consistent with the view later espoused by the Boston Change Process Study Group (2008) and others (Fosshage, 2005; Herzog, 2011) that change occurs through two overlapping pathways: 1) new ideas, insights, awarenesses, or ways of thinking; and 2) positive, new, corrective relational experience. Although Kohut initially saw interpretation leading to insight as the primary mechanism of cure, he wrote extensively on the selfobject bond between analyst and patient, and shortly before his death acknowledged that empathy and the therapeutic relationship were therapeutic in themselves as well (Kohut, 1984). The two processes are not as separate as they might seem, since a new idea or insight arrived at in the presence of another, or in collaboration with another, can constitute a new relational experience, and new relational experiences can promote or lead to new insights or awarenesses.

Treatment approach

Towards these goals, specific treatment methods include:

- *Equal empathic immersion* into each partner's subjective affective experience: Kohut was concerned that many aspects of the classical approach took the analyst too far away from the patient's subjective affective experience. His writings on empathic immersion, vicarious introspection into the patient's inner world, listening from within the patient's subjective perspective or vantage point, and understanding first and explaining second (Kohut, 1959, 1971, 1977, 1984, 2010), are a widely recognised, perhaps revolutionary contribution to psychoanalysis. Yet as important as feeling deeply known and understood can be in individual treatment, it is perhaps even more crucial in couple therapy, where partners are so vulnerable and typically feel so deeply misunderstood by the very person they most love and need, or once loved and needed. For some partners, feeling deeply understood or "gotten" by the same person (their couple therapist) may be the first thing they have agreed on or had in common in years.

So in every session, my goal first and foremost is for each partner to feel deeply understood and empathically responded to by me—before I worry about trying to help them see or do things differently. I especially strive

for what I call “bullseyes”—moments when the therapist captures the patient’s experience (in words, imagery, metaphor, tone, etc.) so closely that the patient says something like “Exactly!” or “Yes, that’s it!” I usually settle for a nod, moment of assenting eye contact or even a shrug that says “close enough”, but I’m always trying for those bullseyes.

Being equally immersed in each partner’s subjective experience, viewpoint, and inner world is easier said than done, since it is natural for the couple therapist to understand or identify with one partner more easily than the other. However, it is crucial that the therapist monitor herself for this tendency and redouble her efforts to better understand the less-well-understood partner, as will be illustrated in the case example below.

- *Balanced attuned responsiveness and connectedness*: the therapist also attempts to function as a potential source of selfobject experience and connection for both partners as equally as possible. Bacal has discussed the therapist’s “optimal responsiveness” (1985, 1998), in which the therapist uses her ever-deepening impression of each partner’s inner world and emotional needs to make an educated guess as to the response that might be most strengthening or attuned to the patient’s needs at any given moment. Perhaps an empathic summary of the patient’s subjective emotional experience that helps them feel deeply understood and known? A new idea (including an interpretation) or piece of information they hadn’t thought of or known and which might pique their interest, feel calming, or offer hope? Responses that highlight their strengths or normalise their struggles, which might feel affirming and reassuring? The therapist makes her best guess based on her multiply influenced intuition in the improvisational clinical moment (Stern, 2017), then watches closely to see how the response is received and adapts accordingly. This could involve repairing empathic ruptures if she was very far off, and always involves an ongoing process of trial and error, learning and adjustment leading to ever-greater attunement and patient–therapist “fittedness” (Sander, 1991; Stern, 2017) over time. The therapist strives for a relationship in which therapist and patient are a “felt presence” in each other’s lives and feel a sense of connectedness, as described by Geist (2008, 2009, 2010, 2011, 2013, 2016).
- *Explaining or making sense together*. As with all psychoanalytic models, self psychology-informed couple treatment involves creating a safe space and fostering dialogue that promotes exploration and reflection, especially into each partner’s more vulnerable or less accessible affective experience, through which new awarenesses, insights, perspectives, and understandings can emerge. This includes exploring partners’ early and later experiences, their current relationship and its history, and the relationship between each partner and the therapist. However, in the self psychological approach, the interpretive process is seen first and foremost as having a selfobject function—strengthening the sense of self and sense of connection—which is as important or therapeutic as the content or accuracy of the interpretation. All psychoanalytic approaches

advocate timing interpretations thoughtfully, but self psychology is more specific in its view of the interpretive process as a selfobject function or experience (Geist, 2020; Herzog, 2011). The self psychologist's interpretive comments reflect the concepts outlined above: a focus on the patient's subjective affective experience, sense of self, preconscious organising principles, and implicit relational knowledge; the forward edge of behaviours, and the relational or systemic patterns that have developed between the partners.

- *Close attention to narcissistic vulnerability, narcissistic injury, and the rupture and repair sequence.* In addition to his emphasis on the sense of self, Kohut wrote extensively on the inevitable empathic ruptures that occur between patient and analyst and the curative aspects of processing and repairing them when they occur. This process is perhaps even more relevant in couple therapy, where empathic ruptures and misattunements occur even more frequently than they do in individual treatments. This is partly because the couple therapist has more to attend to, so is more likely to miss something, and partly because injuries, misattunements, and selfobject failures between the partners are so frequent.

It is therefore crucial that the couple therapist closely track or monitor each partner's moment-to-moment sense of narcissistic injury or vulnerability—the state of the self of each—and move quickly to address empathic failures or ruptures and repair them. This should take precedence even over other important work, since nothing else productive is likely to happen if someone is feeling injured or threatened. The repair process involves clarifying the injured person's feelings and perceptions, and responding with understanding, validation, and apologies when indicated (including by the therapist). Apologies by the therapist should not occur so quickly that patients feel pushed to forgive or let go of their anger too quickly, but also not so slowly that they feel the therapist is avoiding or delaying taking responsibility (Weiss, 2018).

- *Coaching, educating, advice-giving, etc.* With few exceptions (noted above), psychoanalytic couple therapists don't talk much about coaching, educating, or advice-giving, although I think most do some of it. These kinds of directive interventions might still be met in some psychoanalytic circles with the classic response "that's not psychoanalytic"—and when they are the only or primary interventions I would agree, as I have discussed elsewhere (see, for example, Leone & MacIntosh, 2013). Yet, I have found there are many times when educating or advice-giving is the most empathically attuned response to a partner or couple's primary need of the moment and best furthers the goals of a psychoanalytic couple therapy.

The couple therapist in the role of teacher/advisor can be a source of idealising selfobject experience (Kohut, 1984) for the couple, in which the therapist is experienced as a source of guidance, wisdom and support. As long as the therapist carefully considers the multiple possible reasons

why a teacher–student or advisor–advisee configuration might be emerging in the transference–countertransference field at a given time, the judicious use of such interventions can be a useful part of a fundamentally psychoanalytic treatment. For example, an empathically attuned response from one partner—especially when it is a “bullseye”—can be a powerful, potentially healing moment, even if the response was facilitated, nudged, or even directed by the couple therapist. Over time, such moments can lead to healing and deepening connection between the partners, and eventually to their ability to have them without the therapist’s psychoanalytically informed nudges or advice.

Case example

My first session with Will and Andrea illustrates many of the above concepts. This description is true to the spirit of what occurred as I recall it, but the material has been appropriately disguised and is, in some parts, an amalgam of two very similar cases.

Will and Andrea had recently moved to the Chicago area from the southwest, where both were from, due to a job promotion for Will. They had been married for seventeen years, during which they had chronically struggled with Will’s complaints about Andrea’s temper outbursts. Both were seriously considering divorce.

Will begins by explaining that he has come only reluctantly, mainly to describe the problem for me, but not necessarily to participate in the treatment of it. He explains that he and Andrea have a good relationship and a good life in many ways: two great kids, a nice house, and fun vacations as a family. Their only real problem is Andi’s “anger management” problem. “I know this isn’t politically correct to say in ‘family systems theory’ or whatever you therapists call it,” he says, “but it is the truth: she really is at least ninety per cent of the problem. And I really resent being back in yet another couple therapist’s office when, in our case, it’s really not an equally caused problem, it’s really her problem.”

Andrea rolls her eyes and sighs in exasperation. I can tell she’s heard this all before, probably *ad nauseum*. I meet her eyes and, through “eye dialogue”, shoot her a glance that I hope conveys that I recognise how Will’s statement must have felt and that I know she will have a very different take, then return to meeting Will’s eyes. I feel like we are sizing each other up. I experience him as condescending and off-putting, but also begin to see deep pain in his eyes and sense a desperate wish for someone to hear him, believe him, and take his truth seriously. I also feel slightly impressed with his boldness and bluntness and resonate a bit, for both personal and professional reasons, with what I see as a legitimate objection to the idea that every couple problem is always mutually caused.

I realise I already feel more sympathetic to Andrea than Will, and Andrea hasn’t opened her mouth yet. So I quickly try to rebalance before answering—by intentionally trying harder to see things through Will’s eyes or imagine

being him. I try to imagine feeling that my marriage and life would be great if it wasn't for this one terrible thing my husband did that I had no control over. And that therapist after therapist had told me that this was a co-created problem that I was contributing to equally, and refused to believe me that it was really only him. In a flash I can picture it and feel it with him and I'm back to a place of more equal empathic immersion.

So I nod and shrug and say something like, "Mhmm, I get it: it's her anger, not yours, and she's the one expressing it badly, so she should deal with changing it, not you or the two of you. Is that it?" (I again make connecting eye contact with Andrea to convey that I haven't forgotten her, that I know she sees it differently, and will hear her out in a minute.)

Will's eyes meet mine in surprise, a little taken aback. "Um ... yes," he says, "that's it exactly, thank-you." I feel relieved by this apparent bullseye and like I may have passed my first test. Will adds that of course he would be willing to try to help Andrea, or be supportive of her efforts, as long as she takes full responsibility for herself and her own behaviour. But that's not what happens; instead Andrea makes excuses for her outbursts or "meltdowns"—which have at times included screaming, slamming doors, and threatening divorce in front of their sons.

Outraged, Andrea interrupts to say that she only mentioned divorce in front of the boys once and had apologised to them and reassured them immediately, and that these outbursts only happen very rarely under extreme duress. Will scoffs at what he sees as yet another example of Andrea minimising and notes that by "extreme duress" she means things like PMS (premenstrual syndrome), stress, lack of sleep, or, mostly, something he, Will, has done or not done, as though that justifies her behaviour!

Nodding at him and shooting Andrea another "I'm coming to you in a minute" look, I say that, of course, no one wants their spouse to make excuses for behaviour that is really hurtful to them or, especially, their children. That we all need to feel the person we've chosen to spend our lives with and depend on is able to look at themselves honestly and non-defensively, admit their problems or growing edges, and commit to changing them. (Will, again pleasantly surprised, interrupts to agree emphatically, saying that if Andrea would only do that, everything would be fine.) I nod but signal that I wasn't finished and add that I think most people also want to feel the person they fell in love with and have chosen to grow old with really understands them and gets them, even when they are emotionally flooded and behaving badly, or at least wants to and tries to. Now Andrea's nodding emphatically and looking relieved, but Will looks wary. I catch his eye and say that understanding is not the same as excusing hurtful behaviour, and this seems to mollify him a little.

In a slightly calmer tone, Andrea says she is not trying to excuse her behaviour, she agrees that it's important to admit your problems and take responsibility for poor behaviour. She admits to having a temper at times, when she's very upset or provoked, but says she's working on it and has improved a lot. The problem isn't that she doesn't (using air quotes) "own" her

problems, as Will puts it, it's that Will *thinks* he "owns his stuff", when he really doesn't. Will rolls his eyes and sighs in exasperation, but she ignores this and launches into an example of a time she came home exhausted after a long day, when Will and the boys had been home for hours, to find the house a complete disaster: backpacks dropped right in the doorway where they could be tripped over, laundry all over the floor only half done when Will had agreed to do it, and dinner not even started even though she left a note right on the fridge with instructions. Yes, she says, in those situations she's responsible for her own behaviour, but she doesn't think it's "making excuses" to feel entitled to be pretty upset! (Meanwhile, I am flashing on some extremely similar scenes I've walked into myself. I again note my easy resonance with Andrea's experience and caution myself to be careful to stay equally connected to Will's.)

In a patient, long-suffering tone, Will refutes Andrea's portrayal point by point, after noting that he's explained this to her multiple times already. That having a right to be upset doesn't mean a right to yell and "pitch a fit". That she is more than welcome to give him any feedback she wants to or needs to, as long as she says it nicely and kindly. "Is that really too much to ask of a grown woman?" he asks. Outraged, Andrea points to this as yet another example of Will's condescension and patronising attitude. Of course she should try to speak nicely in most cases, she agrees, but Will makes no room whatsoever for even a normal amount of anger and instead acts "holier than thou" and "thinks he's so perfect" even though he yells at the kids too sometimes. And on it goes.

Meanwhile, I am listening to the words and the feelings, trying to see things through each one's eyes in turn and feel my way into each one's inner world. I gradually sense the loneliness and pain under all the anger and vitriol: the pain of having the person you love, depend on, and need to be loved by, criticising you, hating you, and not understanding you. I also note each one's complete lack of empathy for the other's position, and the attack–defend pattern, and the generous use they are making of the energising effects of righteous indignation—all the while wondering where, when, and how I might interrupt in a way that would feel empathic to both without it feeling to Will that I am just like all those previous therapists.

Finally, I hear myself saying in a dry, slightly humorous tone, that at the risk of sounding like one of those "family systems therapists", which I'm not really or solely (Will looks startled but bemused at this, and I see that he's OK with my use of humour here), and that while I'm not saying they are equally responsible for any particular behaviour or interaction, I do feel pretty equally badly for both of them. (I glance at Will here to see how that is going over. He seems wary but OK.) I tell them I understand how absolutely essential it feels for Will that Andrea expresses anger differently, gives him feedback in a more contained, less emotional way, and takes responsibility without excuses when she doesn't; and how essential it feels to Andrea that Will understands her behaviour in context without shaming her for it, and that she feel loved and understood and supported and not spoken to in a superior or

condescending way. I say that the intensity with which they are each arguing their respective positions—and how long and hard they've been trying to get the other to change—tells me how important the other and their relationship must be to them, or at least must have been at one time. I say I think they are both emotionally malnourished in their marriage, but that, to their credit, they are both fighting hard for more emotional nutrition. They're nodding, and seeing that they are with me, I add that unfortunately the ways they are currently going about this are backfiring, but that there are other options that might work better.

This formulation seems to give both food for thought (an emotional nutrient) and to fit well enough that the mood in the room quiets. Both agree that the word malnourished is a good description and say they do feel they are fighting for their rights in a way, or for their emotional survival. Eventually, on a hunch, I say that while I think no spouse would appreciate explosive outbursts from their partner, and that anyone would want the one having them to admit responsibility and not make excuses, I'm also wondering if this might be an especially important need of Will's—maybe something he especially needs in order to be able to admire and respect his partner and feel close and safe. I can see in his eyes that I am right, or at least getting warm, so I gently ask if Andrea is the first person in his life who didn't meet that need. Again I see that I'm on the right track, but that this line of questioning is, of course, feeling dangerous to him. So I quickly say something like, "Uh oh, I just sounded like one of those typical shrinks there, didn't I, asking about your childhood when we haven't even addressed Andrea's behaviour yet? Are you feeling, like, oh, geez, here we go again?"

I can see this is a bullseye before he even confirms verbally, "You're damn right, that's exactly what I was thinking, and I'm telling you, I'm not going through that again." I hold his gaze, receiving his anger and conveying my regret and apologies silently, through our eye dialogue, when after a minute he surprises us all, I think, by saying that actually I am right, he does need Andrea to be accountable and self-reflective partly because his parents were so abusive and out of control and never took responsibility for, or apologised for, anything. I will later learn that both parents are severe alcoholics who were routinely physically abusive to each other and their children during Will's upbringing, and continue to be extremely self-focused, massively misattuned and at times significantly verbally abusive to him to this day, despite living across the country from the couple now.

After a minute, I quietly ask Andrea how it feels to hear that part of the reason Will fights so hard to get her to admit wrongdoing and reacts so intensely when he feels she's minimising is because it feels so familiar, so close to old pain. To my relief, she softens and agrees that her in-laws are very limited, difficult people who never apologise or take responsibility for anything they do, and says she never wants to be anything like them or remind Will of them. Seeing that she's in a much more empathic place, I suggest that she turn to Will and say that again, right to him. She hesitates, but does so, which Will clearly appreciates, and he responds by clarifying

that he's not saying she's that much like them, which she appreciates. We discuss this further and eventually I point out how different, more nourishing, and gentler this dialogue feels compared to the one they were having earlier in the session. I say it looks like helping them have more of these kinds of more empathic, gentler, more connected conversations, and fewer of the other kind would be a major goal of our work, and they nod their agreement.

At this point we are nearing the end of the session and I notice I'm picturing the two of them reverting to their usual ways of relating by the time they get to their car. Following another hunch, I ask how much they know about the science of anger. Both look puzzled and convey some interest and curiosity, so I go into a little spiel about the body's fight or flight reflex in response to the perception of threat, whether physical or psychological. I explain its effects on the body (e.g. release of adrenaline, increased heart rate, respiration rate, muscle tension, etc.), including the reduced activation of the brain's prefrontal cortex, the part of our brains that handles executive functions like logical, rational thinking, seeing things from multiple perspectives, and problem-solving. I say that's why people say things like "I lost my mind" about times when they felt really angry or threatened, because actually they did, in a way.

Both seem intrigued. Andrea says, "Oh, so *that's* what's happening to me!" We talk about how this fits for her for a few minutes, and I eventually add that scientists have found that once adrenaline has been released, it can take twenty-five to thirty minutes for it to dissipate (Gottman, 1999) and the prefrontal cortex to "come back online". I say this means we now have scientific support for the commonsense suggestion to take a time out when angry. A cardinal rule of good conflict resolution, therefore, is not to try to do it while either party is under the influence of a fight or flight reaction, because you need your prefrontal cortex to have any hope of a reasonable empathic dialogue—the kind of dialogue Will is asking for when he says he can take critical feedback if it's said nicely. I see that Will is still wary, concerned that this amounts to another type of excuse, but he likes the time-out idea, seems comforted that I am giving them something educational or concrete, and readily makes another joint appointment.

This is the beginning of a complicated treatment that will involve weekly and sometimes twice-weekly sessions for the next three years, continue intermittently for years after that, and cover many aspects of their relationship, starting with Andrea's angry outbursts but later expanding to conflicts about parenting, sex, money, and division of labour, all while they process or reprocess their respective painful histories. Regardless of topic, the focus will be on helping them listen carefully and differently, understand in more complex and nuanced ways why they feel and act as they do, repair ruptures between them much more quickly and effectively, and have more fun together. Overall, they will come to function as a more reliable source of self-object experience for each other.

Andrea will make great use of the idea of paying close attention to her level of physiological arousal before trying to confront anyone or have a

conversation, which is a completely new idea for her despite her previous career in a health-related field. Along with other ideas and insights, it will help her immediately reduce and eventually completely stop her dysregulated outbursts, to Will's enormous relief. She will also come to understand and reduce her compulsivity, workaholism, and perfectionism, which will drop considerably once she feels securely attached to both me and Will, and once these behaviours have been repeatedly understood as ill-fated attempts to elicit needed selfobject responsiveness and meet her valid needs for self-esteem and connection. They will also decrease significantly once we work on making sure she gets adequate sleep, exercise, and down time, which I learned early on that she hasn't had in years.

After insisting for the first several months of the treatment that he'd already successfully processed his trauma history in a previous individual therapy, which he had found very powerful and helpful, Will gradually recognised that despite this excellent work there was still more left to do around the ways his relationship with Andrea triggered or reactivated this history. He came to see that this additional work could not have been done in that individual treatment, as it required the additional information only available in the couple treatment modality (Leone, 2013b). During our work, with Andrea's support, Will became increasingly able to confront his parents on their continuing alcoholism and hurtful behaviour and eventually successfully distanced from them when it became clear that was best. His pedantic, superior attitude largely faded.

Over the course of the therapy, both partners came to see themselves and each other as people with good self-esteem in many areas, but what we came to call "pockets" of shaky or low self-esteem in others—pockets that could be pierced or tapped into by the other (and others) at times, leading to intense emotional reactions. We surfaced and examined other core organising principles, such as Will's belief that "healthy, mature adults express anger only in very calm, contained ways," and illuminated and gradually altered their cycles of mutual misattunements and selfobject failures. Some of these changes occurred due to insights developed through the collaborative process of understanding and explaining, some through explicit psycho-education and coaching by me, and most through the corrective aspects of their individual relationships with me and eventually with each other.

Discussion

This description of an initial session illustrates many aspects of a self psychological approach to couple therapy, as well as the selective integration of psycho-education into a fundamentally psychoanalytic treatment. It illustrates, first, my efforts to immerse myself equally in each partner's subjective experience and respond with balanced empathic attunement to each, even when this required intentionally re-righting myself when one partner's experience was initially much easier for me to grasp and resonate with. It also

shows my efforts to gently translate the couple's presenting complaints into the language of unmet selfobject needs, such as Will's need to admire, respect, and feel safe with his wife; and Andrea's need to feel loved, understood, and treated respectfully by him. It also illustrates the value of focusing first on the forward edge of problematic behaviours—such as viewing arguing and bickering as desperate efforts to feel heard and understood and to stand up for themselves and their emotional needs—as well as the value of tentative, experience-near interpretations of the possible “trailing edge” origins of behaviour. Perhaps most important, the session demonstrates the crucial importance of vigilantly monitoring each partner's moment-to-moment experience of the session, including their sense of self and sense of connection. It shows the value of “sniffing out” and quickly addressing potential injuries or empathic ruptures, such as when I guessed that Will might be feeling that I was making excuses for Andrea or behaving too much like previous disappointing therapists. Were it not for that, the ensuing treatment might not have happened, as Will might not have returned.

Finally, the session illustrates how the judicious use of psycho-education can be experienced as an attuned selfobject response that facilitates deeper connection between the partners. The “science of anger” information introduced a different understanding of Andrea's angry outbursts for both partners. It gently perturbed Will's entrenched view of Andrea's outbursts as immature, self-indulgent, or the result of Andrea not trying hard enough, and Andrea's only partially conscious belief that she was entitled to, or justified in, the occasional dysregulated outburst if sufficiently provoked. It also began to establish me as a knowledgeable expert with something to offer them—a potentially idealisable other who could be leaned on for strength and guidance, something that it turned out neither had had in their families. It is important to note that I introduced the psycho-education only when I sensed the couple might benefit from, and appreciate, the information and continued with it only after watching closely and seeing that both seemed to find the information interesting and useful—or were experiencing it as an attuned self-object response.

Summary and conclusion

Self psychology offers a wealth of concepts that can be very useful to therapists struggling with the many challenges of couple therapy. Using Kohut's concept of selfobject experience as the image of what we are trying to promote, both between the partners and between ourselves and each partner, couple therapists can investigate and address the usually multiple factors that are interfering with couples' abilities to relate that way. Self psychology's emphasis on the centrality of the patient's sense of self, sense of connection, and conscious affective experience; its view of the forward and trailing edges of behaviour; and its treatment approach involving sustained empathic immersion, balanced attuned responsiveness, collaborative, experience-near exploration and interpretation, close attention to narcissistic

vulnerability and the rupture and repair sequence, and a recognition that selfobject relationships can be healing or change-promoting in themselves, all have important implications for couples treatment.

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