

## WHEN COUPLE THERAPY HAS STARTED BUT AN AFFAIR IS CONTINUING: KEY CLINICAL MOMENTS, CURATIVE FACTORS AND LUCKY BREAKS IN A SELF PSYCHOLOGICAL COUPLE THERAPY AND ITS CONTEXT

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# WHEN COUPLE THERAPY HAS STARTED BUT AN AFFAIR IS CONTINUING: KEY CLINICAL MOMENTS, CURATIVE FACTORS AND LUCKY BREAKS IN A SELF PSYCHOLOGICAL COUPLE THERAPY AND ITS CONTEXT

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CARLA LEONE, PH.D.

In a previous paper on the application of contemporary self psychology to the treatment of couples dealing with infidelity, I decried the chances of repairing and rebuilding the original relationship if one of the partners was still involved with or in love with an extramarital partner. Yet no sooner was that paper published when a couple who met this description began treatment with me and successfully rebuilt their relationship, somewhat to the surprise of all of us, I think. After a brief review of relevant theoretical concepts, the present paper details the case and speculates on the critical clinical moments and important extra-analytic factors that contributed to its positive outcome – including luck, an influence on treatment outcome not often discussed in the literature. Inclusion of the extra-analytic factors highlights the importance of situating treatments in their overall context when presenting them.

Keywords: self psychology; couple therapy; infidelity; treatment context; luck

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In the rare cases, I've seen in which a couple has come for treatment even though one partner is still in love with or involved with an extramarital partner, I have found the original relationship almost impossible to repair or rebuild, for reasons I discuss below. This has been true even when I felt the original relationship would very likely have been savable were it not for the extramarital relationship. However, as I noted in my previous paper,

... in rare cases, the “spell” of the extramarital relationship eventually fades and the original couple succeeds in rebuilding their connection. Often this occurs when the extramarital partner is not available, so the unfaithful partner wants to disengage from that person. In this situation, ... the repair process also involves helping the unfaithful partner grieve the loss of the extramarital relationship and become available to love again (Leone, 2013a, p. 304).

When I wrote those words, I had never actually worked with a couple in this situation who repaired their marriage even though the extramarital partner was still interested and available; I had only heard of a few such cases from other therapists. But mere weeks after that paper was published, I walked a couple who, after much *Sturm und Drang*, ultimately proved to be one of them. In retrospect, I see the success of this case as due to several key clinical moments or interactions informed by my self psychological approach, in addition to several other important influences outside of the treatment. After a brief review of relevant theoretical concepts, I present the case in detail and speculate on the various influences on its outcome, both in the treatment and in its context.

## OVERVIEW OF SELF PSYCHOLOGY-INFORMED COUPLE THERAPY

A detailed discussion of the self psychological, intersubjective model of couple therapy I and others have previously detailed (e.g., Leone, 2008, 2013a; Livingston, 1995, 1998, 2001a, 2001b, 2007; Ringstrom, 1994; Shaddock, 1998, 2000; Solomon, 1988) is beyond the scope of this paper. In brief, however, in this model couples' difficulties are understood to be largely due to unmet selfobject needs or selfobject failures between the partners – the failure of the couple to function as a reliable source of selfobject experience for each other, at least to a “good enough” degree. The goal of treatment is, therefore, to improve partners' capacities to function in this manner for each other, by addressing the underlying causes of their difficulties doing so.

These underlying causes can include each partner's sense of self, affect regulation abilities, unconscious organizing principles (e.g., Stolorow, Brandschaft, & Atwood, 1987), capacity for mentalization (e.g., Fonagy & Target, 1997), and implicit or procedural relational knowledge (e.g., Lyons-Ruth, 1999), in addition to problematic systemic relational patterns that have evolved between the partners. All of these can affect the partners' abilities to identify and express their own needs, understand and

respond in an attuned manner to the other's needs, bracket their own needs at times to temporarily prioritize the needs of the other, repair empathic ruptures when they occur, and tolerate occasional empathic failures without traumatic distress, all of which they need to be able to do to function effectively as a source of selfobject experience for each other. Therefore, any or all are targeted in the treatment as needed.

Treatment informed by self psychology centers on the development of a corrective therapeutic relationship involving listening from within the patient's subjective perspective, the therapist's empathic immersion into the patient's subjective world, and the patient coming to experience the therapist as a source of attuned responsiveness or selfobject experience. Therapist and patient engage in a collaborative empathic dialogue through which new ideas, insights, awarenesses and understandings can emerge. When applied to couple therapy, the model involves the development of such a relationship and such a dialogue between the therapist and each partner – and (eventually, hopefully) between the partners. This requires the therapist's equal empathic immersion or inquiry into the subjective experience of each partner, and balanced attuned responsiveness to each one's selfobject needs. Attuned responsiveness may include advising, educating or coaching the partners at times, if they experience these as needed and helpful (Leone, 2008). The triadic collaborative dialogue involves helping partners access, clarify and share their more vulnerable affective experience, understand each other's feelings, needs and behaviours and the reasons for them, and become better able to respond to each other's needs in an attuned manner. The approach also includes careful attention to narcissistic vulnerability and the state of the self of each partner, and a focus on understanding the forward edge (Tolpin, 2002) or healthy tendrils buried in even the most problematic or maladaptive behaviours.

### WHEN AN AFFAIR IS CONTINUING

Although many therapists understandably decline to treat a couple when one partner is continuing an extramarital relationship (e.g., see Ringstrom, 2016)<sup>1</sup>, I have found (consistent with Scheinkman (2005)), that as long as both partners are willing to participate, significant work is often possible. Therapy can help couples in this situation clarify the issues and begin to see that there may be other, more complex understandings of themselves, each other and their situation than the ones they have been operating with.

Partners in this situation (among others) often begin treatment with very entrenched, simplistic understandings of their situation and the reasons for it. For

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<sup>1</sup>Citing Westfall (1989), Ringstrom (2016) notes that most clinicians discourage couple therapy when there is an ongoing affair, including couples researcher John Gottman and his colleagues (Gottman, 1999). Ringstrom states, "While there might be exceptions to this rule, in the main, as long as an affair is currently in progress, it is likely to undermine all efforts at helping the couple." (Ringstrom, 2016, p. 250). He suggests separate individual treatments in such cases. I agree with him that the chance of rebuilding the marriage is slim in this situation, but that there are exceptions – one of which I present here.

example, the partner who had the affair may explain it as, “I just outgrew my (less-evolved) spouse and happened upon my soulmate,” while the one who was betrayed may conclude that the unfaithful partner is simply selfish and narcissistic, and/or that the extramarital partner must be more attractive or better than they – all very simplistic views of what is typically a very complex, multiply-influenced situation. The treatment thus involves first thoroughly understanding and then gradually gently perturbing such entrenched narratives, while fostering the gradual development of new, more nuanced and complex understandings.

In a previous paper (Leone, 2013a), I highlighted the significance of the “split transference” described by Graller (1981) for understanding why some partners have so much trouble separating from an extramarital partner and giving the marriage another chance – what Ringstrom (2016) has called the “gravitational pull” of the extramarital relationship. Although Graller used the term split transference to refer to patients idealizing their analyst while devaluing their spouse, I suggested that a similar split often occurs in the unfaithful partner’s typical idealization of the extramarital partner and devaluation of the spouse (Leone, 2013a). I noted that in the early part of a relationship, the selfobject dimension of experience (Stolorow et al., 1987) is typically in the foreground, so new partners experience each other primarily in terms of how each meets – or seems to meet – each other’s deepest needs. This is the glorious, intoxicating, “honeymoon” period of a relationship, before either partner has seriously failed the other or triggered the other’s painful negative transference. In contrast, the marital or original relationship is typically being experienced through the lens of the negative, repetitive dimension of experience (Stolorow et al., 1987), so the ways the relationship repeats, reactivates or is similar to past painful experiences are selectively attended to and often unconsciously co-created.

As I also noted, while anyone might enjoy the “new love” infatuation experience or find it stimulating or tempting, people with a shaky or negative sense of self and/or significant unmet selfobject needs can be particularly affected (Leone, 2013a). Their emotional needs are greater and their relationship history more painful, so feeling that they have finally found the long yearned-for connection with someone who seems to meet their deepest emotional needs is even more powerful or hard to resist than it might be for those with a more positive, cohesive sense of self and a history of more satisfying emotional connections. This is a key point to be addressed in the treatment, should the original couple decide to attempt it.

When applying self psychological concepts to couples in which an affair is continuing, it is noteworthy that the equal empathic understanding and responsiveness advocated in this model can be especially difficult for therapists, since most are typically more sympathetic to the partner being cheated on than to the one who is insisting on continuing an extramarital relationship, as others have noted or implied (e.g., Ringstrom, 2016; Scheinkman, 2005). It is therefore crucial that the therapist monitor herself closely for this tendency and redouble her efforts to see things from the unfaithful partner’s perspective as needed. A second caution is that there is often such a sense of urgency in these cases (since both partners are suffering, in limbo and need

a resolution) that therapists can be tempted to move too quickly to giving advice or pushing for decisions, when that may not be the most empathically attuned response or one most likely to help both partners carefully evaluate the ability of their relationship to be a good long-term relational fit for both of them.

If these potential obstacles can be avoided, and the entrenched initial narratives gently perturbed, new understandings may emerge and more vulnerable affective experience may be gradually accessed and shared by the original couple. The selfobject dimension of the original relationship may then begin to re-emerge (or emerge for the first time). The repetitive dimension of the extramarital relationship typically eventually emerges as well, although this often takes longer. The treatment thus needs to hold both partners through this very painful time, long enough for one or both of these to occur.

Whether the original marriage is repaired or not, the therapeutic process just described can lead to changes in each partner's sense of self, experience of others, and understanding of the meaning of the affair and how and why it came to be. This at least increases the odds that decisions are made based on a more accurate understanding of both partners and both relationships. The following case example illustrates many of these principles, as well as the ways that factors outside the treatment – the treatment's context – can affect its outcome.

### CASE EXAMPLE: BACKGROUND

They met in their early twenties when she was performing in a show he was stage managing. Performing having been her ticket out of a multi-problem, chaotic, alcoholic family, and having had her fill of dysfunctional relationships with men since, Leanne watched Paul walk in with his clipboard at that first rehearsal and thought, "Now *he* looks like a solid, stable, capable guy – the kind of guy you could depend on. And he's handsome, smart – and straight!"

Paul had only ever dated performers, having discovered back in high school that hanging around backstage was a great way to meet girls who "wouldn't have given him a second glance" otherwise. Leanne was "beautiful and sweet and had a great body," and when he heard her story he was angry at her family and "wanted to make it up to her and give her something better." So Paul and Leanne became a couple, and the next thing Paul knew, it was time to propose – and so he did, wondering even as he went down on one knee, as he recounted later, "Am I doing this for the right reasons?"

Both partners report having enjoyed the early years of their marriage, when they continued working together on artistic projects. But 15 years, three kids, two career changes (from stage managing to finance for Paul and performing to at-home mother for Leanne), and four moves later, as both partners tell it, they had grown apart. Paul worked almost constantly, travelled frequently and felt Leanne had no idea what his daily life was like in the "dog-eat-dog" business world, while Leanne felt abandoned, lonely and angry at Paul's time away from the family. Paul was grieving both parents'

deaths and angry about having not received a long-anticipated promotion, while Leanne had long struggled with insecurities and anxieties. She worried about herself as a mother, what others thought of her, how she fit into the upper-class community she now found herself in, and so on. She missed her connections in the performance world and relied primarily on Paul for support, while Paul felt that he'd "never stopped being her manager."

Shortly before he turned 50, Paul was listening to a great presentation by a beautiful, knowledgeable consultant who'd been helping him assess potential hires for years. She had just made a particularly useful point when Paul looked up at her and thought, "Now *that's* the kind of woman I should have married." The reader can imagine the story from here: they began meeting for coffee, then lunches, then dinners. As soon as she told him how unhappy she was in her marriage, he "knew we were going to end up having an affair," and they did. "My marriage is essentially over anyway," he told himself and her. "I've taken care of others, done the right thing, been the good choir boy and the upstanding citizen all my life. It's my turn now."

He felt he'd found his soulmate. Diana listened, understood his business to a depth few did, provided helpful advice, and could "push back and call me on my bullshit" in ways that felt stimulating and growth-promoting. So a month or two after that relationship became sexual, Paul calmly told Leanne that he'd met someone else and proposed a friendly, mature, collaborative divorce and co-parenting arrangement. He expected that she would not be surprised and "wouldn't mind too much," because the two had clearly drifted apart and she didn't seem very happy with him anyway. He figured since she'd "get a nice paycheck and be set for life," she would welcome the chance to move on.

He was stunned by how shocked and devastated she was. Leanne said that while she realized she and Paul had grown more distant over the previous few years, overall she'd been very happy in the marriage, aside from resenting how much Paul worked and travelled and having wanted more time and attention from him. She acknowledged having been depressed, anxious and needy for much of the marriage and having over-focused on motherhood and under-focused on him and their relationship, and tearfully apologized. She listened as he explained how unhappy he'd been, pointed out the ways she had changed and improved, and promised to continue working on her anxiety and self-confidence. She reminded him of all the good times they'd had and how damaging a divorce could be to their children – something she knew about first-hand since her parents had divorced, while his had not.

So to his surprise, Paul found himself confused and unsure about something he'd only recently felt very certain of, a disconcerting experience for a man who had long prided himself on making sound business decisions fairly quickly. He agonized for weeks, during which he continued in regular contact with Diana while both women urged him to choose them. At Leanne's request, he eventually agreed to go into individual and couple therapy just to make sure, although he made it clear he was doubtful that either would change anything.

He began weekly individual therapy (his first) with a male therapist he found on his insurance company's website. They quickly made a good connection, in part because the therapist happened to know a lot about business and had done some executive coaching. The therapist reportedly encouraged Paul not to do anything right away, but to "just take it slow." Paul frequently quoted him as saying, "You can always leave in the future, but you can't always come back," certainly not without upsetting their children. Paul acknowledged some frustration that the therapist didn't simply encourage him to "follow his heart," but also agreed that this was too important a decision to make impulsively or to "DUI," as the therapist reportedly put it, meaning "Decide Under the Influence" of lust, infatuation or fantasy.

Leanne also began her first-ever individual therapy with a female therapist who also turned out to be a great fit. The two quickly developed a strong connection and began a twice-weekly treatment in which Leanne was increasingly able to rely on the therapist for support and help processing her reactions to the marital crisis she found herself in. She soon began to recognize the ways her current experience was reactivating old trauma, which led to considerable work identifying and processing her significant trauma history and examining her own self-esteem and relationship patterns, all for the first time.

So the context of the couple treatment to be presented included the fact that both partners had lucked into excellent individual treatments (Paul chose his therapist based mostly on his office location) before the couple therapy even began, and that both partners happened to have the time, energy and money to engage in all three treatments, often twice weekly, which most people don't. In fact, had Paul not happened to be between jobs around the time of the affair's disclosure, and thus left with a large severance package and time on his hands, I wonder if he would have engaged as intensively in both therapies and whether the outcome would have been the same.

### **COUPLE THERAPY: INTRODUCTION**

The couple initially began with another therapist who neither reportedly liked or found helpful, yet they continued to see her for several weeks, seemingly joining around their shared dislike. Paul continued to have intermittent contact with Diana throughout this period, despite the therapist's admonition that she would not work with them if he continued to do so. Eventually, they stopped that therapy and were referred to me by Leanne's individual therapist.

Paul doubted that a different therapist would make any difference, but became a little more interested when he heard that I had published and presented on couple therapy in general and on couples dealing with infidelity in particular. Before agreeing to an initial appointment, he called and asked for a copy of my published papers, explaining that he wanted to "vet" me and do his homework this time. I explained that the papers were written for therapists and used a lot of professional jargon, and offered to answer questions or explain the gist of the papers by phone or in person. Paul



declined, noting in a somewhat sarcastic tone, “I’m a pretty smart guy, I think I’ll be able to handle it.” So I emailed him two papers<sup>2</sup> and noted that doing so was a first for me. Two days later, Leanne called to schedule their first appointment.

I opened my door to find an attractive, well-groomed couple who, to my surprise, were smiling and even joking a little, although both were clearly anxious and tense. Paul took the lead telling their story, recounting how they’d met, his rags-to-riches unexpected business success, and so on, detailing his resume and explaining how he’d ended up between jobs right now but with such wealth that he never had to work again unless he wanted to. He described Leanne as very sweet, kind and a great mom, but explained that while they’d had a lot in common when they first met and worked together, their paths had simply diverged over the years once he entered the rat race of the business world and she stayed home to raise their children. He felt they were just very different people now, who just needed different things, yet he still cared about Leanne and felt terrible about hurting her and the kids. Leanne piped in occasionally to clarify a point or add something, including reporting that Paul had told her that he cared about her but was no longer in love with her. Paul confirmed this, although he also noted that he still found her attractive and agreed with her that they’d always had a good sexual connection.

I experienced Paul as a little superior or condescending at times, but overall I liked both partners right away and felt their tremendous, palpable pain and suffering. My heart went out to Leanne, who was scared, devastated and grief-stricken, but also to Paul, who was clearly in an agony of indecision – torn between what he saw as doing what was best for him versus doing what was best for his wife and children. I empathized with his need for and longing for the kind of connection he felt he had finally found with Diana – and with his poignant question (posed in an early individual session): “If you only get one life, how much do you give up for others?”

### **COUPLE THERAPY: KEY CLINICAL MOMENTS**

I think there were several key moments in this treatment that contributed to its positive outcome. The first was my acceding to Paul’s request to send him my published papers and letting him know that doing so was a first for me. I believe that began to establish a connection or positive transference between us even before we met because it made him feel heard, responded to, respected and special. The content of the paper on infidelity may also have reassured him that I could be empathic with him even though he had been unfaithful.

*Second key moment:* Initial sessions are crucial to the success of most treatments, since if they don’t go well enough there might not be a treatment at all. This was especially true for Leanne and Paul, who had already experienced a failed couple treatment and were hesitant to try again. My initial goal was to establish myself as

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<sup>2</sup> Leone 2008 and Leone 2013a.

a potential source of selfobject experience for both of them – someone who “got” them equally well and had something of value to offer both<sup>3</sup>

Towards that end, I tried to immerse myself as fully as I could in each partner’s experience and to resonate with their affective experience, especially more vulnerable feelings like longings, needs and pain. I listened closely and summarized my understanding of both the plotline and their experience of it as they told their story. For example, towards the end, I said something like, “Wow, no wonder this is such an excruciating decision for you, Paul. I can see why it feels like you have no good options at this point: you don’t think Leanne can meet your emotional needs as well as Diana seems to, yet you don’t want to be selfish and hurt people you love and care about. (He nodded, meeting my eyes.) And I also see where, Leanne, you feel terrible that you haven’t been there enough for Paul emotionally, and so wish he would give the two of you another shot because you feel you are capable of giving him a lot more now” – a summary which she also confirmed felt accurate.

I then floated my first interpretation, something on the lines of, “It sounds like this other relationship was kind of a way of you (Paul) standing up for yourself in a way, am I right? Not that it wasn’t also breaking an important vow and a huge betrayal that caused terrible pain (I met Leanne’s gaze here to make sure she heard that), I don’t mean to minimize that at all. But maybe the one good part was it was you (Paul) saying, ‘Hey, my needs matter too, my unhappiness matters, I need more and deserve more. Does that seem right?’”

Paul looked startled and taken aback, although appreciative, and anxiously glanced over at Leanne to see how she was taking this idea. She conveyed that she was ok with it and we discussed it some. Towards the end of the hour, I said something like, “You both deserve to feel well cared for and that your emotional needs are generally met by your partner. It sounds like you agree that for a while now, Leanne has gotten more of her needs met in this marriage than Paul has, which we all agree isn’t right or fair. But it also sounds like Leanne has still had some important needs that weren’t being met – for closeness, and connection, and feeling that she could be there for her husband and be helpful to him. So I think if you decide to do this therapy, a major focus should be on what goes wrong between the two of you that ends up with neither of you feeling really close and well-taken care of emotionally.”

## DISCUSSION OF SECOND KEY MOMENT

I see this as a pivotal session for two reasons. First, because it began to establish my availability as a potential source of selfobject experience or deep emotional connection for both partners. I think they began to experience me as someone who could listen closely and intently, grasp and articulate each one’s inner world fairly well, and offer

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<sup>3</sup> Discussing “Step One” of his model, Ringstrom (2016) makes a similar point about the need for the therapist to offer quick empathic understanding and some conceptualization or idea in the very first session, especially when couples are despairing and hopeless..

ideas that seemed to fit that they hadn't thought of themselves. In other words, the session fostered the beginning of a mirroring and idealizing transference.

It also included my first forays into introducing a different narrative regarding the reasons for the problems in their relationship, in contrast to Paul's initial fairly entrenched view that he had taken good care of Leanne but she had not done the same for him. The idea that actually *both* partners had had unmet needs from each other, and that their difficulties had to do with something going on *between* them – rather than to Leanne's limitations or their simply having “outgrown each other,” and so on, was the very beginning of a new, more complex narrative – one which suggested something about how their difficulties might be changed or addressed.

*Third key moment:* A key aspect of this treatment involved my highlighting one of the couple's core dysfunctional relational dynamics – that Paul had always been in a superior position in the relationship, with Leanne in a one-down or inferior position – and gently questioning its underlying assumptions. I mentioned this in one of the first few sessions, using my hands to illustrate their relative positions, depicting Paul on top as the manager/moneymaker and Leanne beneath him. Both agreed with this idea and elaborated on it, as follows<sup>4</sup>

- Leanne: I think that's right, it is like this between us (matching my hand positions) in a lot of ways. He's smarter than me and stronger than me in so many ways. I had a worse childhood, I've been more depressed and insecure, I have a lot more anxieties, although I'm working on them and I'm a lot better now. But I think I did depend on him too much and I regret that now.
- Carla (nodding): That makes sense, although in another way it must have been so great to have someone you could really rely on, after growing up with no one taking very good care of you. On your own at 17, how you pretty much raised yourself – of course it would have felt great to have someone finally be there for you ... so kudos to you for finding someone like that and letting yourself trust and lean on him.
- Leanne (flushing, surprised and touched by the praise): I never thought of it that way, but I think it's true. It *was* pretty great for me ... (looks over at Paul anxiously) ... but I'm almost afraid to admit that in front of him, I'm afraid he might say, “See, that proves my point!” And that's why he should leave. (Paul shakes his head and indicates she should continue.) ... But it's true, I did love that he took care of me and that I could lean on him. But I see now that it wasn't fair to him.
- Carla: Well, not in some ways, but in other ways I think you both made out pretty well in that deal, at least for awhile, maybe? You finally

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<sup>4</sup>I did not record the session so this is not a transcription, but my best memory of approximately what occurred based on notes from right after the session.:

- got someone to lean on and take care of you, and Paul got to feel needed, and important, and competent – being in kind of a superior position could have boosted your self-esteem somewhat, am I right?
- Paul: (a little caught off-guard but thinking about it) Um ... I guess so, I never thought about it before. But ... uh ... I'd say that's probably true. Sure, it feels good to be the one in charge, the little big man, you know ... (half joking, referencing his height, on the shorter side).
- Carla: Sure, that makes sense. You know, I know you felt loved in your family, much more than Leanne did (both nod) – but somehow I get the feeling that for all that love and stability, you still didn't grow up feeling that great about yourself, is that right?
- Paul: That's true. I was always a little awkward ... or goofy ... (he smiles ruefully)
- Carla (smiling back): Like, sort of a little geeky or something?
- Paul: Yes. Looking back now, I think I was probably just smarter than a lot of the kids, but I didn't know that then. And I wasn't a great athlete or in the popular crowd ...
- Carla: Mmm, so you felt a little left out or in a one-down position to the jocks and the popular kids? (I again illustrate the one-down position with my hands.)
- Paul (nodding): Definitely.
- Carla: So maybe initially it felt good to be in the higher-up role with women, including Leanne?
- Paul: Yeah, I'd say that's right. I was kind of a traditional guy, like "the man should be in charge" kind of thing. (Apologetically, a little embarrassed.) Not exactly politically correct ...
- Carla: Who cares, it sounds honest. That's how you were raised, that's how your parents did it, so it felt familiar, and good at first. But then somewhere along the line, something back-fired and it started not working well for either of you. For Paul, because you started feeling you were taking care of everyone else but no one was taking care of you ... (he nods intently), and for you, Leanne, because it only confirmed your feeling of being less than other people, inferior, not as smart or competent, which was the last thing you needed – or that is true, in my opinion – but it fit right in with your image of yourself, so you just went with it, maybe?
- Leanne (after a pause, thinking): Yes, I think that's true, although you know, he really *is* smarter than me. (She smiles sheepishly at him and he shrugs, implying he agrees but doesn't want to seem conceited.) I mean, let's face it, he has an MBA and I never even went to college.

## DISCUSSION OF THIRD KEY MOMENT

This was an important moment because it highlighted that both partners had had unmet needs in the relationship, not just Paul, and introduced the idea that these had to do with their preexisting self-esteem issues and the relational dynamic between them. Illustrating the problematic dynamic visually with my hands highlighted it and suggested an avenue for change (developing a more equal relationship). Framing Leanne's reliance on Paul as having a healthy, growth-seeking, beneficial component for both partners (a forward edge interpretation) also perturbed the initial narrative, in which the dynamic was seen solely as problematic.

## FOURTH KEY MOMENT

Leanne's last comment in the transcript just presented brings us to another key component of the treatment: my gradually empathically challenging the couple's shared belief that Leanne was not as smart as Paul, which I came to refer to as the "airhead myth." I framed it as very understandable that they had developed it given that Leanne had had less education than Paul and hadn't had the opportunities he'd had to discover her talents, aside from those related to the performing arts. I said that since Leanne had always seen herself and presented herself as attractive, nice and likable but not that smart or competent – a bit of an "airhead" – Paul had naturally adopted that view of her as well. This had then only further confirmed Leanne's view of herself, which in turn further confirmed Paul's view of her, and so on.

I said that while I could understand how they had come to that view, I had a very different experience of Leanne. "Sitting here with the two of you, I don't feel like I'm sitting with one really smart person and one nice, beautiful but sort of average IQ person," I told them. "Really?" Leanne asked, genuinely surprised. I reminded her of the many difficulties and demands of the work she'd performed, taught and directed. I said I thought she didn't have a college degree because she'd chosen to actualize her talent for performing, which was a fine choice, especially given how her teachers had taken her under their wings, but that I thought if she'd happened to have chosen to put her time into academics, she would have been able to earn a master's degree like Paul had if she'd wanted to. This seemed to be a very new idea to both partners initially, but over time, as we repeatedly reexamined their assumptions and where they'd come from, and as Leanne and her individual therapist did so as well, both partners' views of Leanne's intellect seemed to shift considerably.

## FIFTH KEY MOMENT

Perhaps the most powerful moment of all occurred several weeks later, in an individual session with Paul. He'd been explaining that he'd realized that his previous idea that he could live in a different state from his kids (with Diana) but still be a good, involved father (because he had "enough money to put the kids on a private jet to me every

weekend if I wanted to”) was not realistic given his kids’ friends, sports team schedules, activities, and so on. He said he loved Diana, but knew she would eventually want to marry and he would end up raising her kids instead of his own, which didn’t make sense to him. So he’d been thinking of still leaving Leanne but not getting back together with Diana either and just dating or “playing the field” for a while. He felt he would have no trouble finding women to date, because in the area where he’d likely be working, there were many more single women than men in his age group.

- Paul: There’s such a shortage of men there that I actually see women checking me out and smiling at me as I walk down the street in the financial district. Me! Turning women’s heads! (he laughs)
- Carla: Wow, that must feel so incredible!
- Paul: It is! It’s really a great feeling, like a high. One that I’m just not sure I could give up at this point. Or should, maybe.
- Carla: Yeah, I could see that. Must be almost like an antidote for all that rejection you went through as a teenager.
- Paul: Yeah, in a way. (chuckling) Revenge of the nerds!

I laugh and we talk about this for a while. Eventually, I say something like:

- Carla: So, I’m curious, you’re not the only attractive, wealthy guy walking around the financial district turning women’s heads, right?
- Paul: Oh yeah, that’s right. My colleagues get the looks too – any decent-looking, in shape, professional-looking guy does. We talk about it all the time.
- Carla: Wow, so all of you guys must be really enjoying that. Kind of a nice role reversal in a way, hmm? (He agrees.) And would you say these other guys enjoy it just as much as you do?

Paul stares at me, a light clearly dawning.

- Paul (after a pause): OK, I see where you’re heading with this. (pause). So you’re saying, other men also get these looks from women, but they don’t find them quite as great as I do maybe. I mean, they like it, but ...
- Carla: Sure, anyone would. They enjoy it, they’re flattered, but ...
- Paul (wryly): Yeah, but they aren’t leaving their wives over it. OK, you got me on this one! (smiling)
- Carla (smiling back): OK, but you know I wasn’t trying to “get” you, I’m just trying to understand something important here. (He acknowledges this.) There’s something about turning women’s heads that really means something to you, really touches you in particular, beyond the usual amount of flattery and enjoyment any guy might feel. For you it’s deeper, maybe?

Paul: Yes, I see that now. It's my history, my insecurity. Like deep down I still feel like that geeky teenager who couldn't get the "A" girls and had to settle for the theatre girls or whoever would have me.

## DISCUSSION OF FIFTH KEY MOMENT

It's not often that you see an insight hit someone right between the eyes right before your eyes, but this was one of those moments. And it turned out to be a big turning point in the treatment. The realization that his response to other women had more to do with his own self-esteem issues and history of rejection than to who his wife was or wasn't, irrevocably altered Paul's previous narrative regarding the reasons for his unhappiness in his marriage and his life.

It is noteworthy that this moment occurred in an individual session with Paul. I highly doubt that it would have been possible in a session with Leanne present. A discussion of the advantages and disadvantages of seeing partners individually as part of couple therapy is well beyond the scope of this paper (see Leone, in preparation), but in this case, I feel strongly that the advantages well outweighed the possible disadvantages. Separate individual sessions were held with both partners off and on throughout this treatment, with the agreement that anything said in those sessions could be brought into the joint sessions, although I would be careful and thoughtful if I did so. Individual sessions allowed each partner to speak more freely, without having to be careful of the other's feelings. My attention was also not divided, which fostered the development of a deeper connection between each partner and me, and allowed each a safer space to access feelings and self-reflect. I believe my willingness to see them separately, and their ability to tolerate my doing so without undue anxiety or threat played a significant role in the treatment's positive outcome.

## OTHER INFLUENCES ON TREATMENT OUTCOME

While I think the clinical work just described was critical to the ultimate success of the case, several other factors were at least as significant, including:

- Neither partner having a serious character disorder/self-disorder. Although both had some difficulties with self-esteem and affect regulation, especially Leanne, both appear to have had enough selfobject experience in their lives – including significant professional success – to have developed at least a modicum of self-esteem, the ability to modulate affect, and the ability to mentalize. This made them more “workable” in couple therapy from the start.
- The absence of significant lying. Paul had told Leanne about his affair himself, within weeks of the first time he was sexual with Diana. In contrast, far more often the unfaithful partner continues the affair until “caught” by the spouse or someone else, by which time there may have been months or years of lying,

sneaking and hiding. As I and others have noted, in many cases lying is even more painful to the betrayed partner than the breaking of a vow of sexual exclusivity (Leone, 2013a; Ringstrom, 2016). I believe the absence of significant lying by Paul made the repair process a bit smoother.

- The fact that the couple had always had a fairly good sexual connection and resumed their sexual relationship almost immediately after Paul agreed to give therapy a try. This is quite unusual in my experience. Far more often, the sexual connection in the original marital relationship has waned substantially, while that between the unfaithful partner and new extramarital partner is far better. Many people in Leanne's position would not be willing or able to be sexual as quickly, but in this case, both partners were able to use sex to help them reconnect. Leanne later stopped their sexual relationship when she found out Paul was continuing to see Diana, but she made it clear that she missed it and looked forward to resuming it if he recommitted to her, and they eventually did so.
- Logistical or practical issues that made it difficult for Paul and Diana to be together, including the fact that Diana lived in another state and still had young children, and that Leanne and Paul still had children living at home. In my experience, these kinds of logistical or pragmatic factors can have a significant bearing on which relationship is ultimately chosen. When there are few logistical roadblocks to the extramarital relationship, such as when the extramarital partner lives nearby, doesn't have children at home, has plenty of money, and so on, I have found the original relationship is far less likely to be saved. In this case, the practical complications to Paul and Diana's relationship gave Paul enough pause to buy us a little time – enough time for the initial narrative to shift some, for the selfobject dimension of Paul and Diana's relationship to dissipate some, and for the selfobject dimension of Paul and Leanne's relationship to reemerge.
- Outside help dispelling the “airhead myth”: A few months into the treatment, Leanne put more pressure on Paul to sever all contact with Diana, including unfriending her on Facebook. In our session, Paul agreed to this, but on the ride home he reversed himself, which led to a big fight in which Paul announced that he had decided to end the marriage and go back to Diana. Leanne called to report this and cancel all future appointments. I was surprised and left messages suggesting that they come in separately and offering times, but heard nothing for two days. I then got a message that they would be in together at their regular time. To my surprise, I opened my office door to find them laughing and giggling. Paul reported, half ruefully, half chuckling, that the very next morning after their fight, he had answered their front doorbell to find himself served with divorce papers from the city's top divorce law firm! He described his shock and anger, but also reported feeling impressed with Leanne despite himself. “I have to hand it to her,” he said, sounding almost proud. “That was exactly the kind of gutsy, hard-ball move I would have made in business.” Airhead myth dispelled! Paul retracted his decision and agreed to resume our sessions and Leanne agreed to



put the divorce process on hold. Although in most cases I would not think “playing hardball” in this manner would be helpful, in this one I think it was a significant factor in altering Paul’s view of Leanne and in their ultimate reconnection.

I believe it was a combination of the all of these extra-analytic factors, in addition to our work, that significantly influenced the outcome of this case. We might say all the stars lined up – and note that the context in which the treatment occurs always has a significant impact on treatment outcome.

## DISCUSSION

This case illustrates the application of a contemporary self psychological approach to couple therapy, marked as it was by my efforts to develop a deep empathic connection with both partners and to function as a source of attuned selfobject responsiveness for both. The latter included empathic summaries of each partners’ affective experience, as well as gently illuminating and questioning their assumptions and making experience-near interpretations when doing so was experienced by the couple as attuned and helpful.

The case also provides evidence that couple therapy can be helpful even when an extramarital relationship is still continuing. While the impulse to insist that the unfaithful partner completely end the extramarital relationship before beginning therapy is certainly understandable, viewing the unfaithful partner’s experience as involving a “split transference” between the marital and extramarital partners and understanding the underlying meaning of the affair, including both its forward edge and trailing edge aspects, can help the therapist stay empathically in touch with both partners’ needs, and resist the pull to get directive or set limits too quickly.

In addition, although it was not a primary focus of the paper, the case supports the view that including separate individual sessions as part of couple therapy can be crucial in some cases (Leone, in preparation; Scheinkman, 2005). Such sessions may be especially important in cases like these, in which one partner has strong feelings for an extramarital partner that might be too painful for the original partner to hear, yet still, need to be understood and responded to by the couple therapist.

Last, the case illustrates something not often discussed in the literature – the fact that treatment outcomes are often highly influenced by factors outside the therapy. Psychotherapies, like people, are inextricably situated in their contexts. In this case, the couple had the time and money to afford multiple concurrent treatments, happened to find three very experienced, well-trained therapists who happened to be a great fit with them, and happened to be in a situation in which the extramarital partner lived out of state and both extramarital partners still had children living at home. Leanne also happened to have friends who advised and supported her in planning for the possibility of a different outcome and making her “hard ball” move.

All of these are in addition to the original partners' many strengths as individuals and as a couple. Helped by my theory, the three of us were able to make use of and build on these fortunate extra-analytic factors successfully – an experience I feel fortunate to have had.

## EPILOGUE

Paul and Leanne continued in both individual and couple therapy for about a year after Paul ended all contact with Diana, working on processing the reasons the affair had occurred and establishing a more equal and emotionally intimate relationship. Eventually, Paul got a job offer in a west coast city and the family relocated. We processed the termination at length and did a few online sessions from their new location, and it became clear that they were doing well and were ready to stop. About a year later, Leanne left a voicemail saying that they were in town visiting friends and had just driven past my office, which inspired them to call to say that they were still doing well – “better than ever” – and appreciated all my help. I thank them in return, both for what I learned from working with them and for their permission to present our work in this paper.

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## DISCLOSURE STATEMENT

I have no financial interest in anything referenced in the paper.

## REFERENCES

- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self organization. *Development and Psychopathology*, 9(4), 679–700.
- Gottman, G. (1999). *The marriage clinic: A scientifically-based marital therapy*. New York, NY: W.W. Norton.
- Graller, J. L. (1981). Adjunctive marital therapy: A possible solution to the split-transference problem. *The Annual of Psychoanalysis*, 9, 175–187.
- Leone, C. (2008). Couples therapy from the perspective of self psychology and intersubjectivity theory. *Psychoanalytic Psychology*, 25(1), 79–98. doi:10.1037/0736-9735.25.1.79
- Leone, C. (2013a). Helping couples heal from infidelity: A self psychological, intersubjective perspective. *International Journal of Psychoanalytic Self Psychology*, 8(3), 282–308. doi:10.1080/15551024.2013.796608
- Livingston, M. (1995). A self psychologist in couplesland: A multisubjective approach to transference and countertransference-like phenomena in marital relationships. *Family Process*, 34(4), 427–439.
- Livingston, M. (1998). Conflict and aggression in couples therapy: A self psychological vantage point. *Family Process*, 37(3), 311–321.

- Livingston, M. (2001a). *Vulnerable moments: Deepening the therapeutic process in individual, couples and group psychotherapy*. Northvale, NJ: Jason Aronson Press.
- Livingston, M. (2007). Sustained empathic focus, intersubjectivity and intimacy in the treatment of the couple. *International Journal of Psychoanalytic Self Psychology*, 2, 315–338. doi:10.1080/15551020701360603
- Livingston, M. S. (2001b). Couples in the playspace: Self psychology, dreams and couple therapy. *Journal of Couples Therapy*, 10(3–4), 111–129. doi:10.1300/J036v10n03\_10
- Lyons-Ruth, K. (1999). The two-person unconscious: Intersubjective dialogue, enactive relational representation, and the emergence of new forms of relational organization. *Psychoanalytic Inquiry*, 19, 516–617. doi:10.1080/07351699909534267
- Ringstrom, P. A. (1994). An intersubjective approach to conjoint therapy. In A. Goldberg (Ed.), *Progress in self psychology* (Vol. 10, pp. 159–182). Hillsdale, NJ: Analytic Press.
- Ringstrom, P. A. (2016). *A relational psychoanalytic approach to couples psychotherapy*. New York, NY: Routledge.
- Scheinkman, M. (2005). Beyond the trauma of betrayal: Reconsidering affairs in couple therapy. *Family Process*, 44(2), 227–244.
- Shaddock, D. (1998). *From impasse to intimacy*. Northvale, NJ: Jason Aronson Press.
- Shaddock, D. (2000). *Contexts and connections*. New York, NY: Basic Books.
- Solomon, M. (1988). Treatment of narcissistic vulnerability in marital therapy. In A. Goldberg (Ed.), *Learning from Kohut: Progress in self psychology* (Vol. 4, pp. 215–230). Hillsdale, NJ: Analytic Press.
- Stolorow, R., Brandschaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.
- Tolpin, M. (2002). Doing psychoanalysis of normal development: Forward edge transferences. In A. Goldberg (Ed.), *Progress in Self Psychology* (Vol., 18, 167–190).
- Westfall, A. (1989). Extramarital sex: The treatment of the couple. In G. Weeks (Ed.), *Treating couples: The intersystem model of the marriage council of Philadelphia* (pp. 163–190). New York, NY: Brunner/Mazel.

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