

Section 6 - Marital Therapy and the Baby Core of the Personality

Axiom #1: Theoretically all marriages can be saved. This is because all couples who had a proper courtship, and married for love, fit together at unconscious levels of their personality, and thus have a great deal in common. Saving their marriage will ultimately require rebuilding a loving trust in each other. If too much damage has been done over time to that potential for loving trust, then the marriage will likely not survive, but that is only a choice the couple can make taking into consideration age, children, estate implications, etc.

Axiom #2: All of the significant marital problems are a function of the baby core of the personality and projective processes. Any marital therapy that does not focus on these areas can only lead to a superficial outcome, essentially analogous to individual therapy where failure to address these areas can only lead to behavioral changes, but not structural personality changes.

Axiom #3: THE THERAPIST SHOULD NEVER TAKE SIDES! Any therapist that does take sides has too shallow an understanding to see the complexities of the projective processes that are taking place unconsciously in both partners and does not understand that they both have problematic and potentially destructive baby level elements in common. This is not to say that one partner's behavior isn't a bigger problem for them both, but ultimately they share some degree of mutual contribution to the current state of affairs. That behavior needs to be addressed straight forwardly for its problematic elements, but the perpetrator needs to see that you recognize it did not occur in a vacuum.

DISCLAIMER:

1 – Everyone has his or her own style of doing marital therapy, usually a function of their own personal style of relating

– there is nothing special, fancy, etc. about mine (Key is to “Keep It Simple”!)

2 – What is more important is that the therapist has the theoretical understanding to deal with whatever comes up in the couples lives. I am sharing underlying models and technical aspects which are all derived from Kleinian analytic technique and emphasize analyzing the “baby level” underpinnings of the couples' struggle with marriage.

3 – This is ultimately a “show and tell” of what I find works best for me.

GENERAL OVERVIEW:

1 – Everyone has an unconscious inner world dominated by an alive, active baby core of the personality composed of rather permanently fixed relationships, formed in infancy, between parts of self and various internal figures (essentially versions of mom or dad)

[Note: Any aspect of these internal relationships can be projected]

– parts of self = good baby self (note: often hated feelings of “babyhood” reside here)

= an adult self

= a “bad” self (i.e. the envious, omnipotent, know-it-all, destructive, self sufficient part of self)

– good and bad versions of mom and dad (at whole and part levels)

2 – The Marital Selection Process

– all couples who had a proper courtship, fell in love, and married, have an enormous amount in common at

an unconscious level including roughly comparable internalized relationships, expectations about intimacy, values about life, emotional struggles, etc.

3 – Projective Processes and the Repetition Compulsion

– whatever one projects, one can't deal with it within oneself, so one won't be able to deal with it in the other

– there is always a logical relationship between what is projected, what the motive is for the projection, and what the consequence of the projection will be

4 – Chronic Fixed Projections vs Acute Pain Driven Projections

– fixed, passive, ongoing, status quo maintaining projections

– acute, pain driven, often destabilizing projections

5 – Some Baby States of Mind Which are Projected

– separation and other anxieties

– jealousy and envy

– guilt and blame

– rage and sadism

– depression

– selfishness

– rejection

– stupidity

– craziness

IMPEDIMENTS TO DOING MARITAL THERAPY:

[Note: There is a parallel between the individual who is a reasonable candidate for change from individual therapy and the people who as a couple can change versus those who aren't very "marriageable" (i.e. changeable)]

1 – Ongoing Marital Infidelity

2 – Projecting Malignant Elements

e.g. psychosis, violence/cruelty, extreme abandonment, extreme narcissism, severe guilt, etc.

3 – Didn't Marry For or Have Love

4 – Too Intolerant of Mental Pain

5 – Excessive Unconscious envy

TECHNICAL ISSUES, THE INITIAL CONTACTS:

1 – Putting "heads together" to see lay of the land, meet each other, see if fit, assess psychological mindedness,

[Note: I don't ever discuss fee over phone, but do say I won't charge if necessary]

2 – Allow evacuations as needed but always preserve hope – sincerely

3 – Clarify their Conscious and Unconscious goals and motives

4 – Clarifying my approach

e.g. models I use inherently lead to no sides being taken (I emphasize this because I often see one coming to get other fixed)

e.g. I believe any relationship can be rebuilt if originally loved each other and are willing to put out the needed effort now

although I cannot say how long it will take

e.g. we will need to meet as frequently as needed such that they can go between sessions without crisis i.e. by “containing the distress within the therapy sessions” (as one couple said “put it in the Minnick”)

5 – Keep in mind the secret or unconscious motive of “looking for a way out of the marriage without guilt, embarrassment, etc.” which is invariably heralded by a high level of concern about appearing “good”, usually combined with a strong “super-ego” quality of judgmental attitudes lurking around.

[Note: This requires some private cynicism on the part of the therapist until the couple is not improving commensurate with the effort put in and knowledge gained.]

TECHNICAL ISSUES – THE FIRST MONTHS:

1 – Need to convince couple that they each have an UCS inner world with an alive, active baby core

– as in individual therapy, one is trying to clarify what comes from adult aspects of the personality versus what is essentially stemming from baby aspects of the personality

– look at repetitive problems and issues, try to understand them in the here and now, but also ask or demonstrate how they parallel infancy and childhood issues and patterns

2 – Don’t try to sort out who is to blame

– each has his or her own psychic reality

– each has to be understood, clarified, and responded to constructively, ultimately finding a common good

3 – Need to help couple understand projective processes and recognize when they are occurring (e.g. provocative, evacuative behavior, etc.) so that they can begin to (1) diminish their production and (2) better tolerate receiving them

– individuals in a couple need to see over and over the relationship between mental pain or distress and the projections that ensue as an unconscious attempt to cure themselves of the pain

4 – The therapist must steadfastly REMAIN ON THE SIDE OF THE TRUTH – diplomacy, not censorship!

– thus almost any issue can be approached and ultimately interpreted if the therapist first tries to understand and explain the greatest anxiety that the issue is likely to evoke

5 – If each will take responsibility for their own stuff, and refrain as much as possible from analyzing the other, it helps immensely

6 – Continuously emphasize the need for generosity as a central ingredient in all solid marital relationships

[Note: it may be worth suggesting Judith Wallerstein’s book “The Good Marriage” here]

TECHNICAL ISSUES – TRANSFERENCES TO THERAPIST:

- 1 – Most couples keep transferences, i.e. major projections, directed at each other, so transferences to the therapist, when they are obvious or more covert, especially negative ones, need thoughtful scrutiny
- 2 – If you have upset a patient, first take responsibility for your contribution without being defensive, if possible, and then proceed to consider their contribution and its parallels to the marriage

TECHNICAL ISSUES – THE MIDDLE PHASE:

- 1 – Common issues seen at this time
 - projection of a specific baby aspect of self
 - recreating a bad internal parent
 - narcissistic personality organization with resultant turning away from dependence on a good object
 - UCS attacks on internal parents as a couple so that the patient's can't be a couple in their own marriage
- 2 – One is continually looking for the maximum anxieties or sources of pain at a given moment which, while almost infinite in their variation, tend to fall into several broad categories (may need dreams to see):
 - e.g. the fear of being abandoned and feeling helpless, jealous, totally alone, needy, etc.
 - e.g. the fear of owning some undesirable trait like selfishness, craziness, guilt, etc.
 - e.g. the fear of exploring ones issues and then having the partner heap all the blame or criticism
 - e.g. the fear that one can't perform up to the demands of adult intimacy
 - e.g. the fear of forgiving ones parents and then facing that one has been destructive internally toward them and that they do not deserve all the criticism or blame that has been directed at them
 - e.g. the fear of ones spouse dying after one has all his or her eggs in one basket
 - e.g. the fear of being on ones own without the resource, refereeing, or reassurance of the therapist being a good parent in their lives

TECHNICAL ISSUES – MANAGING CRISES:

- 1 – Be quick to respond, but calmly, and assess depth of baby anxieties and issues involved
- 2 – If the crisis seems real, see them in your office as soon as is possible, your willingness to sacrifice is key in calming down the couple (I won't see a couple on the weekend unless murder or mayhem is afoot)

[Note: If at all possible, I avoid seeing just one member without the other present as it provokes too much unconscious paranoid anxiety, jealousy, and tends to reinforce the baby desire to have you take sides]
- 3 – Otherwise, all the usual procedures and issues apply, especially that of seeing the couple as frequently as needed to contain the distress
- 4 – Keep positive motives and aspects for preserving the marriage in evidence in the face of UCS "action oriented" urges to divorce. This is analogous to dealing with the suicidal patient where one must always help the patient see who they don't want to hurt and what is positive about staying alive.

TECHNICAL ISSUES – THE SPECIAL PROBLEM OF UNCONSCIOUS ENVY:

1 – Since I try to take people at face value and in good faith, it commonly takes me many months to arrive at and then broach the possibility that there is too much envious hatred unconsciously operative in one, or usually both partners, for any improvement of grievances.

2 – Once introduced, the topic has to be mentioned every time there is any potential evidence of it being in operation

– one often sees what seems to be gratuitous holding on to grievances or sitting in judgment

– the unconscious envy invariably leads ultimately to the marriage “failing to thrive” in the face of enormous input of insight

3 – Be willing to give up treatment where the envious hostility seems intractable

TECHNICAL ISSUES – THE TERMINATION PHASE:

1 – When termination (as opposed to interruption) is truly appropriate, all parties can feel it and agree

– Consequently, any abrupt, surprising, or unilateral suggestion of quitting is almost always a function of some baby anxiety in one or both parties, usually of a manic nature.

– It is not uncommon for one member to be the first to bring it up, but it should have a thoughtful quality in a context of recognition of ongoing improvement in the couple’s level of happiness and function.

2 – Whenever there is a mention or threat about ending, explore it at length for everyone’s benefit.

3 – Make clear that any interruption, which by definition means the work is not yet done, will not leave you resentful and that they are always welcome back.

4 – As with the individual in therapy, try when possible to set a date months ahead, so as to allow for the main baby anxieties about ending to surface and get explored.

– As in individual therapy, deep rooted feelings about separation, loss, deep attachment to you, etc. are invariably present and intense where the therapy has been ongoing for some period of time.

5 – Don’t force termination if a couple do not seem to jump on the bandwagon, look for some baby anxiety which is still lurking behind the scenes.

6 – It is sometimes reassuring to schedule an arbitrary future appointment at the time of termination, say three months down the road, just to check in and make sure all is going well. This works particularly well with couples who are anxious or dependent by nature, or too deferential to want to “bother you” going forward.