

Module 3 – Marriage and the Baby Core

Table of Contents

Section One: The Essentials Of Marriage And Marital Therapy

Section Two: The Marital Selection Process

Section Three: The Good Marriage

Section Four: The Troubled Marriage

Section Five: Marital Infidelity And The Baby Core Of The Personality

Section Six: Marital Therapy And The Baby Core Of The Personality

Section 1 - The Essentials of Marriage and Marital Therapy

Key Concepts for the Course:

Axiom #1: In theory, 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 may not survive. That is a choice that only each member of the couple can make, taking into consideration their age, children, estate implications, etc. **THE THERAPIST CANNOT MAKE THAT CHOICE** and know that the two parties can “live” with the therapist’s decision.

Axiom #2: All 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 that outcome will be analogous to individual therapy where a failure to address more deeply unconscious areas can only lead to behavioral changes, but not “structural” personality changes. In other words, if you don’t understand “why” you do something, you cannot reliably prevent its recurrence.

Axiom #3: **THE THERAPIST SHOULD NEVER “TAKE SIDES”!** Any therapist who does “take sides” has too shallow an understanding to see the complexities of the “projective processes” that are taking place unconsciously in both partners. He or she therefore does not understand that they both have “problematic”, and potentially destructive, “baby level elements” in common. It is never the case that one person is the “bad” person and the other is the “innocent” victim.

This is not to say that one partner’s “behavior” isn’t a bigger “problem” for both of them at a given point in time. However, ultimately they share some degree of mutual contribution to the current state of affairs. The problematic behavior of one partner should be addressed straightforwardly in relationship to its “problematic elements”, but the “perpetrator” needs to see that you recognize it “did not occur in a vacuum”. The other partner’s behavior, at a deeply unconscious level, is almost always analogous to “enabling” an alcoholic or addict.

Axiom #4: It is not a married individual's "birthright" to be loved by their spouse, THEY MUST "EARN THEIR SPOUSE'S LOVE" EVERYDAY!

While it may not be immediately obvious, this is linked to the unconscious, implicit assumption that a mother "must love her baby", even if the baby behaves abominably. The confusion here is between "love" and "provision". Every baby has a "birthright" to be given adequate "provision" by its mother in the sense that she needs to take the best "tender, care of her baby" that is possible. But if the baby is too difficult to comfort, and rejects all of her attempts to be loving, then the baby will not be very "lovable", even if the mother tries mightily to "love" it in spite of its behavior.

Most mothers really love their babies, and most babies respond in a manner that makes them easy to love. And obviously there are horrible circumstances in a mother's or baby's life where all of the normal rules do not apply. But under ordinary circumstances, both the baby and the mother each have a "responsibility" to be "lovable and loving". While "nature" usually takes care of that in infancy, it is not a "birthright in marriage".

MARRIAGE IN GENERAL

Overview of Motives for a Marriage:

1 – Most couples have compatible and roughly equivalent intelligence, appearance, conscious values, ethics, tastes, etc. These are usually benign elements and represent a sense that they can share a "common language" and "approach to life". Many of these elements are "consciously" recognized and can be verbalized.

Typically, the "conscious" motives for marriage are positive, and are not usually a problem in a marriage. However, they are manifestations of deeply unconscious elements that they also have in common. Most individuals usually have little or no awareness that these deeply unconscious elements, that they share in common, even exist.

2 – The degree that the conscious values hint at "intolerance" of these deeply unconscious "baby states of mind" is the degree to which these values are a manifestation of "potentially problematic" unconscious issues.

These clues might hint at such things as (1) intolerance of dependence and/or separations, (2) a predisposition to intense jealousy or unconscious envy, (3) a preference for superficiality in relation to emotional contact or expression, (4) excessive anger or grievance or narcissism, (5) a predisposition to depression or crazy thinking, just to name a few possibilities.

3 – The unconscious motives that a couple have in common are almost always linked to "shared attitudes about relationships and life". These "attitudes" are usually unconscious because they are primarily EMBEDDED IN "RELATIONSHIPS THAT WERE EXPERIENCED IN INFANCY" AND STORED AT THE LEVEL OF THE "AMYGDALA" AS AN "EMOTIONAL EXPERIENCE" FELT TO HAVE OCCURRED BETWEEN A "PART OF SELF" AND A "VERSION OF MOM OR DAD". [I will expand on these "PRIMITIVE, PAIRED RELATIONSHIPS" in the next major section on "Overview of Unconscious Processes in Marriage".]

If you can bring this to life for the couple, they will usually stay and grow.

– The "emotional state" embodied in that relationship becomes the basis for more generalized, even global, "unconscious attitudes about life and relationships". "Later experiences in childhood" may mitigate some of the more negative reactions, but more commonly they seem to be "selectively used to reinforce the baby attitudes".

– Every human's personality has "only a few of these paired relationships" from very early in infancy and they will remain prominent and influential throughout their lives. In other words, the "good" paired

relationships will be dominant during “happy, good times” and the “problematic” paired relationships will be prominent in times of difficulty and stress.

4 – These shared, deeply unconscious “attitudes” regarding life and relationships, that the couple share, will include such elements as:

- “Global attitudes” such as: “optimism” versus “pessimism”, “generosity” versus “stinginess”, “psychological mindedness” versus “contempt for emotional exploration”, “idealization” and or belief in “magic” versus “rational thinking”, etc.
- Attitudes regarding “separations and separateness”: the capacity to “tolerate separateness” and/or being alone, a tendency to be “self-sufficient and not need someone else, a predisposition to feeling “abandoned” or “rejected”, an expectation that they should be “twinned-up” and “fused”, etc.
- Attitudes about “anger and aggression”: a shared predisposition to “anger” or fear of anger, a tendency to hold on to “resentment, grievances or grudges”, “violence” in their unconscious internal relationships, etc.
- The degree to which “baby anxieties” (“paranoid” or “depressive”) are expected to be in all relationships.
- An unconscious predisposition to excessive “jealousy”, “envy”, and/or “guilt”, and “omnipotent” maneuvers to cope with them, including a reliance on “manic defenses” in response to “depressive anxieties”.
- A predisposition to valuing “things” as safer than “relying on people”, including an unconscious tendency to “self-sufficiency”, “anal omnipotence”, and “narcissistic personality organization”.
- The underlying wish to be an “unborn inside baby”, “not have to face reality”, feel you are “owed” being “taken care of”, etc.

In summary, any central “baby attitude” which humans are capable of having about life, is potentially capable of being shared unconsciously by a couple. Most people are only attracted to someone who has a similar quality of “fundamental attitudes about life” at both conscious and unconscious levels. The attitudes that the couple can consciously recognize are usually manifestations of underlying “BABY ATTITUDES”, stored in these primitive “PAIRED RELATIONSHIPS” created in infancy. But it is usually the deeply held attitudes that help them feel they speak the “same language” and “get each other”.

Unfortunately, the most important areas of this attraction, in terms of later marital difficulties, occur outside of conscious awareness, so it is not possible to see the areas that have a potential to be problems, unless one is sophisticated about the baby core of the personality and/or “intuits” the existence of such potential issues.

5 – It is of crucial importance to understand that any of these “attitudes” may be held by or linked to a “part of self” or felt to reside in a “version of mom or dad”. Thus, it is a “primitive, baby level relationship”, originally stored in the “amygdala”, that is being externalized and recreated.

Therefore, it may be a “part of self” experiencing a particular “mental state”, or a “version of mom or dad” having a “complementary mental state”, that is being externalized and recreated. In other words, at a given moment in time, a marital projection into one’s partner may be “either half” of a relationship stored from infancy. The projection may be of a “role” of the baby part of self, or the “role” of the version of mom or dad. I will discuss this in greater detail in the next major section on “unconscious processes in marriage”.

6 – The take home lesson from this is that THE DEGREE TO WHICH ANY OF THESE BABY ATTITUDES “PREDISPOSE” AN INDIVIDUAL PERSON TO “EXCESSIVE MENTAL PAIN” is the

degree to which that “shared attitude” may or will become a “problem” later in the marriage. Conscious awareness of such issues aids in being constructive in the face of stress or conflict.

Overview of Happy versus Problematic Marriages:

1 – Judith Wallerstein’s book “The Good Marriage” made it clear that “happy marriages” are not free of “conflict”. It is possible to be happily married and still argue and fight. But the “arguing and fighting” is done in a manner that “DOES NOT INFLICT EXCESSIVE EMOTIONAL INJURY” and thus leave “lasting scars”.

In contrast, the potential for a marriage to ultimately be an “unhappy” marriage is predictable. There are certain types of “attitudes” that each party evidences in their behavior toward the other that foreshadow “long term marital difficulties”.

For example, it has been noted by many observers that one can predict the potential for future divorce by behaviors that manifest “CONTEMPT AND DISRESPECT”. One such common behavior is upward “eye rolling” on the part of one toward the other’s “thinking and/or behavior”. [The “projective processes” and possible “unconscious envy” of which these are manifestations will be discussed in more depth in following sections.]

2 – I find it useful to focus on the attitudes each party has about their own, and their partner’s, “baby states of mind”. If there is evidence that they strongly “dislike”, or worse yet hold in “contempt”, such states of mind in themselves, then they are at risk to have attitudes that manifest “hostility and contempt” for those states in their partner’s “thinking, feelings, and behavior”.

These “negative attitudes”, toward their own “baby states of mind”, are always in evidence in some fashion, no matter how subtle. They may not be a problem under ordinary circumstances. However, they are highly likely to be a serious problem in “times of stress”. Such stresses as “serious illness”, “a lost job”, “financial strain”, the “birth of a child”, etc. are capable of converting underlying negative reactions to “baby states of mind” into “overtly negative interactions” in the marital relationship.

3 – Taking a “baby history” of each partner, early in the marital therapy, can often give the therapist a broad understanding of how each partner is likely to have experienced and reacted to their own “infancy and early childhood”. In turn, this will usually foreshadow their responses to stresses in the marriage. [Note: While I will expand on this later in the section on “Initiating Marital Therapy”, there is an entire section at the beginning of “Module Four” of “Minnick’s Klein Academy” entitled “How to Take a Baby History and Understand Its Implications”.]

A few of the commonly seen reactions, that are manifestations of “baby attitudes” include:

- Intolerance of “separation”, for whatever reason, by one or both partners.
- “Turning away” from the partner based on a “jealous” reaction to the birth of a baby, often linked to childhood sibling rivalry.
- Intolerance by either person of the “increased dependency” that illness provokes.
- A seemingly paradoxically negative reaction to the success of the partner based on “unconscious envy”. The success unconsciously activates the “envious hatred experienced in childhood”, often related to “siblings”, as well as “mom”. This “unconscious envious reaction” may be abrupt and recent, or a chronic underlying state. The evidence for it is usually there all along, but has gone unrecognized. Once it becomes a problem, its actual nature is still likely to be unrecognized consciously.

– A need to project one’s own, or one’s parent’s, “craziness” into one’s spouse.

[Note: These deeply unconscious shared attitudes (i.e. regarding various baby states of mind) represent “overlapping circles“ of emotional issues. I have separated them artificially, but multiple combinations of these are commonly active in troubled marriages.]

4 – There are two common “manifestations” of such basic baby level attitudes that are regularly harmful to the stability of a marriage. The first is a broadly based tendency of feel that someone needs to be “BLAMED” for any or all undesirable events or states of mind. This attitude is likely to lead to the second issue, which is an inability to ever say “I AM SORRY” for such occurrences. Both the “blaming” and the “inability to be contrite” suggest that as an infant or small child, the partner could not bear feeling “GUILTY” or “responsible for damage” felt to have been done to someone else.

– It is always important to recognize that “blaming” and “intolerance of guilt” suggest that that individual was very “CRITICAL AND JUDGMENTAL” in early childhood.

5 – One particularly pernicious manifestation of such an unconscious baby issue is seen in projecting one’s own “depression” or “guilt” into one’s partner as a result of a negative event in life. The traumatic negative event could have led to increased “empathy and support”, if one can tolerate contact with such feelings and states of mind. But if one was “intolerant of feeling guilty”, or for “taking responsibility” for negative events in one’s early life, then there is a much greater likelihood that such states of mind will be “projected into one’s partner” and treated with “hostility and contempt”.

A not uncommon, and quite tragic example, can be seen when a “child dies” in the family (this can include miscarriages and/or deaths after birth). Instead of bringing the couple closer together, the inability to tolerate the “unconscious guilt” leads to the “projection of the guilt” into the partner, often in an “overtly blaming” manner. At times this projection is more subtle or indirect, and manifested as hostility and criticism of the other for other issues, superficially unrelated to the death and direct guilt, but the pernicious impact on the marriage is the same.

6 – In summary, if the partners are ever “mean to each other”, they are probably “recreating” and/or “projecting” baby level elements into each other. These “projections” and “recreations” are likely to be at the heart of marital difficulties and should be the “center piece” of marital therapy.

OVERVIEW OF UNCONSCIOUS PROCESSES IN MARRIAGE

Neuroscience and The Baby Core of the Personality:

1 – Before we go any further in talking about marriage, I find that it is of tremendous value to have a model of the “memory systems” of the brain, as they apply to infancy and early childhood. It turns out that “two brain structures” are essential to memory function in early childhood, the “amygdala” and the “hippocampus”, but they become “operative” at different periods in infancy. This timing differential has huge implications for understanding later personality functioning.

The difference in when they become operative explains why the “earliest unconsciously stored experiences and attitudes”, that will form the “basis for later unconscious phantasies”, are so difficult to access and comprehend using “consciousness”. In turn this will explain why the “transference” turns out to be so important in therapy and in marriage (as the “repetition compulsion” in both).

2 – Of these two memory systems, the “FIRST AND EARLIER MEMORY SYSTEM” seems to be, phylogenetically speaking, very old. It has as its primary or central brain structure, the “AMYGDALA”, which can be seen to exist in more primitive species including reptiles. This memory system is probably operative by at least the last trimester of life in the womb, and is the DOMINANT MEMORY STORAGE SYSTEM FOR APPROXIMATELY THE FIRST TWO YEARS OF LIFE.

3 – These “preverbal memories”, stored before language has developed, seem to be stored as “MEMORIES AS FEELINGS”. They have the crucial characteristic of being “re-creatable” or “re-livable” in the outside world (i.e. the basis for the “repetition compulsion”).

However, perhaps their most important characteristic is that they “CANNOT BE RECALLED THROUGH CONSCIOUS INTROSPECTION”. In effect, they are suitable for the recreation via the “repetition compulsion”, essentially via “unconscious projective processes”, but this “recreation via externalization through projection” takes place outside any “conscious awareness”.

Thus the “amygdala” is the primary source of what I prefer to call the “baby core” of the personality.

4 – The “SECOND MEMORY SYSTEM” has the “HIPPOCAMPUS” as its primary locus. This memory system is progressively more operative after two years of age. It increasingly links to other brain structures during early childhood, and the memories stored via this system are “potentially available to conscious recall”, a key distinction from memory linked to the “amygdala”. These memories will also be more linked to “verbal thought”, i.e. because the use of language comes increasingly online from the middle of the second year, in contrast to those memories from the amygdala recorded and stored as “feelings”.

It seems plausible, and even likely, that this later memory system (i.e. the “hippocampal system”) is linked to both “unconscious phantasies”, as they become more elaborated with time, and also “manic defenses” that are used to evade the pains of “baby level” feelings.

I would imagine that “dreaming” somehow is a manifestation of both areas of the brain, but it will take future research to elaborate these connections. The fact that dreaming is largely done in “pictures”, rather than “words” and “ideas”, suggests to me that it originally evolved in species with limited language communication. Pictures can easily allow “thinking about feelings”, and “communication of feelings”, without the use of language. Babies could thus “think” about their “feelings in pictures” long before they have words to do so.

5 – The distinction between these two memory systems has an additional implication regarding the “ADULT PART OF SELF” and the “BAD PART OF SELF”. If we adopt the assumption that the “baby core of the personality” is particularly linked to the “amygdala” and stored as “memories as feelings” embedded in “paired relationships” (between parts of self and versions of mother or father), then we may want to consider that the evolution of more “complicated and evolved attitudes” about these primitive relationships are connected to the development of the “HIPPOCAMPAL MEMORY SYSTEM”.

6 – The “ADULT PART OF SELF” and the “BAD PART OF SELF” can be observed clinically to be in “conflict” with each other in all personalities, literally by definition [see Minnick’s Klein Academy, Module Five, Part Six on The Bad Self].

The central theme of this conflict is over “WHICH PART WILL BE DOMINANT” in its influence over the “BABY PARTS OF SELF”. As childhood progresses from say ages three to ten, one can see a progressive elaboration of increasingly complex and sophisticated attitudes from these two parts of self that are in permanent opposition to each other.

This increase in “maturation of attitudes” manifests in the “MODELING AFTER THE GOOD ASPECTS OF THE PARENTS” AND “TURNING TO THE GOOD FAMILY” by the “ADULT PART OF SELF” or increasingly complex methods for “TURNING AWAY FROM THE GOOD PARENTS AND GOOD FAMILY, BOTH EXTERNALLY AND INTERNALLY, by the “BAD PART OF SELF”.

– It seems reasonable to me that one can make a very useful speculation that the “mental pain” embedded in the “baby core” states of mind at the level of the amygdala memory storage system. The speculation is that the response of the “external parents” to this pain in early and middle childhood, will favor whether it

is the “adult self” or “bad self” that manages to make the most use of later brain development of more sophisticated brain functions.

To put it in different words, as the “hippocampal memory system” makes increasingly sophisticated connections to other parts of the brain, the “adult self” is more likely to develop a constructive identification with the good parents if the actual parents are available and successful in modulating the emotional pain stored at the level of the amygdala. That is to say, if they are “good enough as parents”, then the “baby parts of self” will turn to them, and the “adult part of self” can develop a capacity to model itself after their behavior.

– In contrast, if the “external parents” are not experienced as “good enough”, for whatever combination of external and internal reasons, then the “bad part of self” has more opportunity to move into the “dominant role” during times of “increased mental pain”.

– The role of the marital therapist (or individual therapist) is to “grow” the “adult capacities” of the “couple” (or the individual patient).

7 – If we now return to the more general implications that neuroscience brings to us, one consequence of these two different memory systems is that it is very unusual for anyone to remember anything before the age of two years, and any memories from the next two or three years of childhood are usually few and far between.

Take as an example of this distinction, that a baby is born with the “umbilical cord wrapped around its neck”. When it grows up it may have, as I have seen, a lifelong aversion to having anything tightly around the neck. The person often has absolutely no awareness of the connection to their birth, or recall of the event.

Similarly, a baby “born past its due date” can experience a “placenta that is failing” to supply adequate nutrition. Such babies are often born looking like a “long, thin, wrinkled old person”. That individual may grow up to be very oriented toward, or preoccupied with, always “having enough food” without any awareness of the link to a “memory stored as a feeling” that one is “starving to death”.

8 – In summary, it is common for a “good marriage” to have more loving and constructive ways of manifesting and coping with the more deeply unconscious “baby states of mind” in each other. That is often because they have some powerfully good internal relationships between self and object stored at a baby level in their personality and they are accentuating those “good” aspects.

– In contrast, the most deeply unconscious attitudes, i.e. stored at the level of the amygdala and “unavailable” to conscious awareness and introspection, are more problematic for the unhappy couple because of what is contained in those primitive relationships, and their attitudes toward such states of mind in themselves and their spouse. THE INTOLERANCE, OR EVEN HATRED, OF SUCH STATES OF MIND, LEADS TO MORE PROJECTION OF SUCH STATES OF MIND, ACCOMPANIED BY MORE UNACCEPTING AND CRUEL BEHAVIOR TOWARD THE MANIFESTATION OF THOSE STATES OF MIND IN THEIR SPOUSE. This can destroy a marriage.

A Working Model of the Unconscious Inner World:

1 – In order to understand how or what emotional quality of an “unconscious internal relationship” is unconsciously being recreated in a marriage, it is extremely useful to have a working model of the nature of relationships experienced and stored in the first weeks, months, and years of life, probably only at the level of the amygdala, as just outlined in the previous section.

As a backdrop to this model, I find it useful to assume that we humans are “phylogenetically predisposed” to expect the existence of a “mother figure” and a “father figure” when we are born. [= Bion’s preconceptions]

2 – This phylogenetic model suggests that those “memories as feelings”, stored in the amygdala, can be conceptualized as occurring in the context of a relationship between a “part of self” and a “version of mom or dad”. In Kleinian terminology, an “unconscious phantasy” is that which is imagined to be happening between the “part of self” and “version of mom or dad”. In essence, this “memory as a feeling” linked to a “paired relationship”, occurring between “a part of self” and a “version of mom or dad”, creates or provides the “meaning” that is attributed to that “memory” stored as “feeling” that is the link between the self and object.

Put in other words, an “unconscious phantasy” is the “explanation” given for the “feelings” embedded in the experiences stored at the level of the amygdala. The “phantasy” can be framed as an “imagined idea” as to “who is doing what to whom” and “why they are doing it”.

3 – Take as an example, a baby who is given up for “adoption at birth”, and taken home directly from the hospital by the adoptive parents, without having any contact with the birth mother. Research has shown that a newborn baby can demonstrate within hours that it can distinguish its own mother’s voice from that of another woman. This suggests, and all of my experience with children and adults who were adopted seems to support this idea, that an adopted child knows that “something is different” and the person that it is now with do not include “the person it lived inside” before birth.

So how can we think about and explain this discrepancy? Even if no one ever mentions the adoption, there will be abundant evidence that the awareness of the loss of the biological mother has been stored at the level of the amygdala, and is being “recreated” and “worked on unconsciously” in the child’s “behavior and emotional states”.

It will become clear to the sophisticated observer that during an infants’ early months and years of development, that it has slowly generated “unconscious attitudes and phantasies” about itself and its place in the world. Broadly speaking, these will include such issues as “am I wanted and/or lovable” or “am I bad and/or being rejected”.

– If the adoptive parents, out of naivety or anxiety, cannot bear to explore the child’s behavioral hints at these issues, then the child is left with these “feelings stored at the level of the amygdala”, which can be “relived”, but cannot be thought about and understood. The child is thus potentially left in a state of “uncertainty or confusion”, and often doomed to increase its “acting out” of these issues after puberty, as the hormonal surge makes all emotional states more intense and a call to action.

– In contrast, if the parent’s make themselves available to the recognition of the recreation of adoption issues in the small child’s behavior and questions, then the child has the potential to convert the “emotional states”, stored at the level of the amygdala, into ones that can be processed and stored at higher levels of brain memory and function. Thus, their “unconscious phantasies” can be modified in a manner that is analogous to the recognition and modification of unconscious phantasies that takes place in psychoanalytically oriented therapies.

4 – So far, this model of the unconscious inner world is emphasizing how a marital couple share “primitive, paired relationships” stored at the level of the “amygdala”. But it is not taking into account the evolution of the personality after the age of two, when the “hippocampus” has taken over as the “dominant memory system” for later development.

To have a more complete model of the personality, we have to add two new characters to the “unconscious internal world”, the “ADULT PART OF SELF” and the “BAD, DESTRUCTIVE PART OF SELF”. This now brings the internal figures making up the personality to essentially four categories. At the level of the

“amygdala” we have (1) “baby parts of self” and (2) “versions of mom and dad”. But at the level of the “hippocampus” we have now added the (3) “adult part of self and (4) a “bad self” that I like to characterize, by adding all of its main attributes, as the “ENVIIOUS, OMNIPOTENT, KNOW-IT-ALL, DESTRUCTIVE, SELF SUFFICIENT PART OF SELF”.

5 – Perhaps the most important implication of the addition of a “bad part of self” to this model of the unconscious inner world is that it allows us to look at the degree to which either or both partners in a marriage originally “TURNED AWAY” from their good parents and family.

This is, in essence, asking to what degree does either partner have a “narcissistic personality organization” (as described by English psychoanalysts Herbert Rosenfeld and Donald Meltzer), in which the “baby parts of the personality”, that are in excessive mental pain at a given moment, then “turn away” from loved figures, internally and externally, to allow themselves to be dominated by the thinking of the “bad part of self”.

– The implications for a married couple are huge, if either or both partners have a predisposition to create a “narcissistic personality organization” during time of emotional stress and pain. This is often at the heart of seriously problematic issues as “infidelity” and “substance abuse” in a marriage. Some Typical Examples of Deeply Unconscious “Paired Relationships”:

[Note: The examples that follow represent overlapping circles of emotional states, and the list is meant to give more of a “flavor” of the types of “pairing” that one encounters in marital therapy. It is not an exhaustive or complete list, and it is possible for multiple issues to operative during a marriage.]

(1) – A “lovable” good baby part of self, paired with a “loving, available, attentive good mother”.

Note: This is the desirable configuration. If both partners in a marriage have this solidly established in infancy, they are unlikely to be in your office for marital therapy unless something catastrophic has occurred, like cancer, the death of a child, etc. This internal configuration corresponds to Klein’s concept of the “establishment of a good breast internally” as the foundation emotional health and stability.

(2) – A “loved and valued” good baby part of self, paired with a “loving, doting father” who is making up for a “bad unavailable mother” (often felt to be excessively involved with another, often younger, sibling).

Note: The unavailable mother is not necessarily actually a “bad mother”, but her attention to the siblings or whatever, and the jealous resentment it engenders, makes her seem “bad”. Although the average mother tries to take care of all siblings, some mothers are capable of being unfairly and excessively involved with one particular child, often “projecting a part of herself” into that child, and then being excessively connected to or preoccupied with, in effect, a “part of herself”. The spouse could therefore be given any of three roles in this situation: the “jealous baby”, the “bad mom”, or the “ideal dad”.

(3) – A “helpless, needy” baby part of self, felt to be entitled to be an “UNBORN, INSIDE BABY”, as compensation for not being adequately cared for, because the “bad mother”, with which it is paired, is unavailable, neglecting, defective, damaged, crazy, etc.

Note: This commonly manifests as one spouse who is excessively “doting and babying” of the other, sometimes even infantilizing. They genuinely care for each other, but the “parenting” of the one partner, and the “helplessness” of the other in certain areas, is usually dramatically excessive. This configuration may manifest in the wife who does not drive, the husband who cannot boil water or pick out clothes to wear each morning, etc. They usually speak to each other in ways that suggest one is a “baby”, a “princess, queen, or king”, or they use diminutive words of endearment with each other that would be appropriate to a relationship to a baby. The potential tragedy occurs when the “adult” partner dies in later life, leaving the other helpless to cope with life.

(4) – A “hurt, rejected or abandoned” good baby part of self, paired with a “bad mother” who is felt to be unavailable, rejecting, cold, uncaring, mean, crazy, etc. There are a million permutations to this configuration.

Note: This is the most common configuration. It can be the result of a multitude of “real” or “imagined” states of mind attributed to the mother. The mother might in fact be “good enough” (in English pediatrician and psychoanalyst Donald Winnicott’s sense of the “ordinary devoted mother” who is “good enough”), but it may be that the life circumstance is a problem. This is often the case with adoption, or mothers who have to “go back to work full time” when the child is just a handful of weeks or months old.

– Perhaps the most common circumstance, making a “good enough” mother seem “bad”, is the result of the “birth of a sibling”, too close in age (e.g. less than two years apart) to the older one (who would be the patient in this example). This spacing will commonly make even a “devoted, competent mother” seem “rejecting and bad” to the “older child” who is now displaced by the new baby. Likewise, “too many siblings” (most “good parents” are “spread too thin” with more than three kids), will also make the average child feel neglected and deprived by mother.

– It is also possible to feel neglected or abandoned by mothers who are “in fact” unavailable, excessively neglecting or overtly rejecting, crazy, etc. This is often the result of mother’s who are excessively immature, unsupported, narcissistic, or more seriously emotionally disturbed.

(5) – An “angry, hurt, bad part of self” that “TURNS AWAY” from a “bad, mean, violent, neglecting or rejecting, mother or father”.

[Note: Amazingly, while such a connection will be obvious to the marital therapist, I never cease to be surprised by how common it is to idealize parents, blame oneself (i.e. to retain hope of a fix), and not see the disturbance or cruelty in the parent.]

The recreation of this kind of pairing, in the marital relationship, is often taken for granted as “just how life is”, i.e. people fight all the time, and are mean to each other. It is a shock to such couples to be told that they are NOT ALLOWED TO “EVER SAY ANYTHING MEAN OR HURTFUL” TO THE OTHER. They treat an admonition to never be “sarcastic”, even in a “joking” fashion, as tantamount to saying that “humor and breathing” are not allowed in their marriage.

(6) – A “frightened, traumatized, anxious” good baby self, paired with a “crazy, unpredictable, emotionally or physically violent” mother or father.

In marriages where one or both partners had such traumatic backgrounds, it is not uncommon for both to recognize the “trauma” in their backgrounds, and consciously attempt to “make up for it” with what Judith Wallerstein characterizes (i.e. in her previously mentioned book, *The Good Marriage*) as a “rescue marriage”. It is usually some external strain on the marriage, often related to children, that overloads such a situation and leads to a recreation of the old difficulties left from infancy and childhood.

(7) – A “guilt ridden, depressed” good baby part of self, paired with an “anxious, damaged, ill, inadequate, depressed, etc.” mother (or occasionally father).

This often leads to marital situations in which both partners are consciously trying to be loving, supportive, and good, but cumulative stresses externally, slowly lead to turning to “SELF-SUFFICIENCY”. That eventuates in an inadequate nurturing of each other’s “baby level needs” and the inexorable “DRIFTING APART” recreates the loss and isolation of infancy.

(8) – In summary, it should be noted that the “EARLIER IN INFANCY” these pairings were prominent in the experience of the patient as a baby, THE MORE LIKELY IT IS THAT THEY WILL BE

RECREATED IN THE MARRIAGE IN A MANNER THAT IS “COMPLETELY OUTSIDE CONSCIOUS AWARENESS. This places a greater burden on the therapist to educate the couple about “the baby core of personality” and “projective processes”.

Although patients have some inkling of these early experiences, it is still common for them to have to go back to their parents or siblings for confirmation of the therapist’s suspicions regarding the early experiences.

(9) – While the variations on these above themes are almost limitless, their “hallmark” is always “an emotional reaction that is excessively intense, inflexible, or irrational” in relation to the situation at hand. “EXCESSIVE EMOTIONS” and/or inappropriately “INADEQUATE EMOTIONAL RESPONSES” are the “HALLMARK” of something emanating from the “baby core of the personality”!

Overview of “Projective Processes”:

1 – “PROJECTIVE PROCESSES”, as prefer to call them, even though they are the same as the confusing term “projective identification”, are fascinatingly both “ubiquitous” in daily mental functioning and yet operate for the most part “completely outside conscious awareness”. Along with the vicissitudes of “UNCONSCIOUS ENVY”, the two remain arguably THE MOST IMPORTANT PSYCHOLOGICAL ISSUES THAT ARE THE FURTHEST AWAY FROM CONSCIOUS AWARENESS.

2 – “Projective processes” in general are a product of “infantile mental functions”, and are concretely linked to the “mind and body” not being distinguished/differentiated, one from the other, in earliest infancy. Thus “taking in” and “expelling out” air, liquids and solids, expelling noxious stimuli by “spitting up, sneezing, peeing, pooping, crying, etc.” are all part of the “concrete experience” of being able to “take into oneself”, or “put outside oneself”, virtually anything.

3 – To understand projective processes as they operate in human relationships, one can most easily grasp their significance by treating them as if one were dealing with an “algebraic equation”. The equation would be that:

CONTENT OF THE PROJECTION + MOTIVE FOR IT = CONSEQUENCE OF THE PROJECTION

If any two of the elements are known, it is possible to predict the third element with reasonable reliability.

– The “content” of a projection can be anything that is “imagined” to be inside oneself, both physical and mental. Thus any and all “emotional states” and perceived “physical states” can be in “unconscious phantasy” imagined to be “expelled outside the self” (and body) for any number of motives.

4 – The most common “motives” for projections fall into the categories of:

– (1) To “get rid” of something felt to be “painful”, “bad”, “noxious”, or “undesirable”. This is perhaps the most common motive that one would imagine being linked to projective processes. Its most common consequence is that it turns the “container” of the projection into a hostile figure who wishes to retaliate. In other words, this form of projection generates or results in “paranoid, persecutory anxieties”.

– (2) “Getting inside” someone else for a number of unconscious reasons including evading “separateness”, “taking possession and control” of the other, and “getting to know them” (usually done in a more temporary and reversible manner).

A key point here is that this is one type of projection where the “sense of identity” of the projector goes with the “projected element” so that the projector now feels themselves to be “inside” the “container” into

which the projection was made. The result is often some sense of “claustrophobia” due to the “unconscious phantasy” of now being “inside” the other person.

These “motives” tend to be much more deeply unconscious, and are therefore typically only recognized by people trained in Kleinian models of mental functioning. But in actual practice, almost every therapist has at least one patient who operates as an “unborn, inside baby” a significant amount of time. More narcissistic and controlling patients also use this for “control”, but typically in a more hostile manner.

In contrast, the motive of “putting oneself in another’s shoes”, for the sake of “empathy”, is a more constructive use of projective processes, and ordinarily thought of as more “reversible and temporary”.

– (3) The projection of an “unwanted baby part of self”, with the intent to “spoil” the object into whom the projection is aimed, almost always as a consequence of “unconscious envy”, although it may also be motivated by jealousy, retaliation, etc.

This is much more in the realm of serious “destructiveness”, and such projections in a marital relationship are usually “malignant” and not compatible with an ongoing marriage.

– (4) Occasionally, and these situations are usually fairly unique, the motive for the projection is to “protect something that is felt to be valuable” from being “damaged” if kept inside oneself.

– (5) “Communication” is arguably the most constructive motive. It can be thought of as a “primitive song and dance” aspect of conveying an experience to another.

Patients regularly use this method to convey very primitive experiences, stored deeply unconsciously, that they can “recreate and relive” but cannot put into words. To a considerable extent this is the domain of the therapist using his or her “counter-transference” to picture what the patient is trying to convey.

“Borderline” patients use this mode of communication constantly. This is partly because of their intolerance of their own baby states of mind, and partly because their internal primitive versions of mom or dad are not felt to be willing to “hear or take in” the communications unless it is forcefully “drilled into them”. The recreation of such relationships is frustrating for them, and not much fun for the therapist.

5 – One key and important concept, regarding projective processes, is that no matter the “motive” for the projection, it is possible to turn any and all projections into “communications” by fully understanding the nature, motive and expected consequences of the projection at hand at the moment.

I am suggesting that this is the primary thing I am doing, both in marital therapy and in individual therapy, where projective processes are in operation. The key difference is that the projections are primarily “into each other” in marital therapy, rather than “into me”, as would be the case in individual therapy.

6 – The “consequences” of projections, as implied by the above examples, simply follow logically from the “content” and “motive”. If the “content” is something one would not want, and the “motive” is hostile, then the consequence follows logically from these elements.

One would therefore imagine that the recipient (of this unwanted, “bad” element that is projected with hostility), i.e. the “container”, will not be happy about the projection, and the “consequence” will be a wish to retaliate in some manner, thus engendering “paranoid anxieties” in the projector.

This is commonly seen these days in “short form” media like Twitter, where the ease with which an essentially anonymous attack can be mounted on someone else leads to all manner of hostile and envy driven projections.

In a similar manner, Facebook has now become the playground for continuous unconscious projective activities.

One can “get inside” someone’s Facebook page, by getting “friended”, so that one can unconsciously avoid separateness. Alternately one can “project envy” into others by showing off one’s body or activities or possessions, etc. One can even “communicate”, although this seems like it may be overridden by the “race to the bottom” as I recently heard one person describe social media these days.

7 – When we look at the motives for marital projections we find an additional element involved that alters the landscape of “projective processes” a bit. The five broad classes of “motives” I described for “projective processes” were largely taking into account “acute, momentary states of mind and situations”, analogous to the distress an infant feels when it cries, or joy it might feel when it is happy and “gives” mom a big smile.

– When it comes to “projective processes” in a marital context, one needs to take into account that the two parties are planning a “lifelong relationship” and that leads to an entirely different class of “unconscious mental activity” that I think of as “LONG TERM, STABLE, UNCONSCIOUS PROJECTIONS”.

These are rather different than the “acute, usually brief, projective processes” in that they are part of the “marital selection process”. However, they do still fit into the algebraic equation aspect of projective processes. I will outline these “long term, stable projections” in more detail in the next section.

[Note; See Minnick’s Klein Academy, Module Two, Part Two on “Projective Processes” for a more in depth discussion of projective processes .]

Motives for Marital Projections including “Long Term Stable Projections” and “Short Term Destabilizing” Projections:

1 – I find it helpful to distinguish ongoing “stable projections”, which were originally part of the “marital selection process”, from “acute, destabilizing projections” that are a function of “mental pain” at an unconscious “baby level”.

2 – The “long term, stable projections” are unconsciously negotiated during the courtship and represent a partitioning of those elements that one has in common with one’s partner’s unconscious inner world. It is as if the two parties unconsciously had a “stockholders meeting” and asked who wants to “contain” (i.e. possess and live out) the various halves of the “internal, paired relationships” between “parts of self” and “versions of mom or dad”.

– One might say I’ll be the “good dad who saves the baby you from the evil witch mommy”. The other partner says “okay I’ll be the appreciative adoring baby who makes you feel needed and grown up”. This would be a completely unconscious agreement that is supposed to be positive, and make up for childhood unhappiness.

– It is equally possible for it to be more “negative” in tone. One might say “I hate being angry (or envious, crazy, sad, guilty, depressed, etc.) so why don’t you take the role of being angry, and I will be the patient, listening good partner who supports you in your distress or frustration, or I’ll just plain put up with you”.

3 – The key idea is that the couple have “divvied up” the two halves of an unconscious internal relationship, each having very similar ones, so that the role of “part of self” or “version of mom or dad” is both “familiar”, and in “need of managing”. This latter need is a function of the reality that, since one’s unconscious inner world is made up of only a few of these paired relationships, they are the “only game in town”.

4 – The above contrasts with the “motives” for “acute, destabilizing projections” which tend to be in response to the “external realities” at hand at the moment. There are two trends worth noting. One is linked to undesirable events external to the marriage that stir up unwanted baby feelings that end up projected into the spouse. This is really garden variety projection 101 and usually not too difficult to discern even though its consequences may be severe.

– The other trend is more a product of a slow but inexorable change in the original unconscious agreement that was made as part of the marital selection process. This tends to be of two types, the first is “regression to the mean”, and the second is “healthy growth and maturation” that makes or labels the original unconscious agreement “anachronistic and out of date”.

5 – By “regression to the mean” I mean to imply that the couple end up slowly but inexorably recreating the “noxious” side of their “paired internal unconscious relationships” left over from childhood. Rather than making up for them, or better yet fixing them, which is difficult when they are so deeply unconscious, the stresses of life and their natural predisposition to use “tried and true defensive maneuvers”, slowly takes them back to reliving the worst aspects from their unconscious inner worlds

– This return is predictably linked to two factors, (1) the “amount of pain” in those paired relationships, and (2) the “psychological mindedness” of the couple. In other words, the “greater the pain”, and the “fewer the tools” to cope with it constructively, the greater the likelihood is that the “problematic aspects” of those internal relationships will ultimately succeed in being recreated. That will in turn destabilize and undermine the positive aspects of the marriage.

– In contrast, “healthy growth” and “maturation” on the part of one or both partners may render the “original fit” no longer as functional or satisfying. One partner may be growing more than the other, or both may be growing, but in directions that are taking them increasingly apart and in different directions.

In the first situation, if one is growing constructively, and no longer wishes to preserve the original role that was “working when younger”, then the marriage is in a crisis that commonly requires the therapy to aid the “trailing partner” in recognizing the need for change.

Where the two have grown in different directions, they will have to seriously explore what they want from the rest of their lives. Obviously length of marriage, how much they like each other, the impact on children, etc. will greatly influence the outcome. The goal of the marital therapy in such situations is to provide a venue in which they can explore each other’s needs and feelings in depth such that they can decide if they want to stay married.

Oedipal Distortions and What Your Marriage Will Mirror:

1 – There are three “sayings” that encapsulate much of what needs to be said here.

– The first is from the English Kleinian psychoanalyst Roger Money-Kyrle, and I paraphrase, “Children put their parents together in every possible way except the right one”.

The “right way” would be that mother and father “love each other”, share a physical intimacy from which the child is “excluded” (that includes sexual intercourse), and that they “need each other” and can provide for each other things which the child could not.

– The second saying is “You are what you eat”. The implication here is that what you “do in unconscious phantasy to your parents”, and their relationship, will inevitably become what you “introject” back into yourself. Thus it will become the “template” for what you expect to occur in any and all relationships.

– The third saying, which is really an extension of the second, is “Water cannot rise above its source”. This encompasses unconscious introjective processes, alluded to in the second saying, and importantly adds

the problem of “unconscious envy”. One of the difficulties for a child is that in “splitting the parents apart” and/or “denigrating their relationship”, the child is often motivated unconsciously by multiple emotional states that include “jealousy”, “denial” of the parents’ “love for” and “need of” each other (especially including the physical/sexual expression of that love), and very often an “unconscious envious spoiling” of the relationship.

2 – The consequence later in life is that if one is to have a “happy marriage”, when one did not allow the parents to have a happy marriage, one is then in effect “triumphing” over the parents, which is a hostile act. The external parents, and more importantly, their “internalized representations”, will be “imagined” to be hostile toward the achievement of a “happy marriage” by their child.

3 – When we put all of these ideas together, it is often possible to find explanations for why a couple is having difficulty. By exploring the view that each holds “consciously”, and by extension and speculation, what their “unconscious views” of their parents’ relationship were, we can see recreations of those distortions being used as “templates” and “limiting factors” in their current relationship.

4 – English Kleinian psychoanalyst Ron Britton has a name for all of the “unconscious defensive maneuvers” that Roger Money-Kyrle depicts with the idea of parents “put together” in all manner of incorrect ways. Britton calls these conscious and unconscious phantasies, “oedipal illusions”.

5 – The take home lesson is that all of these “erroneous ways of viewing the parents’ relationship” will be recreated in a marriage. The impact of these erroneous ideas about relationships will probably be in direct proportion to their degree of “distortion”, and the amount of “mental pain” that is being “defended against” by these distortions.

– I often have the impression that the area of the marriage that suffers the most from these “oedipal illusions” is the possibility of having a “robust, fully satisfying sexual relationship”. Pretty hard to achieve when you would have, as a child, sworn on a stack of bibles a mile high, that your parents only had sexual intercourse a number of times equal to the number of children in the family.

Predictive Elements for Marriage Lasting:

1 – On the negative side of the spectrum, the “tolerance of mental pain”, and particularly the tolerance of “guilt”, is perhaps the most crucial variable. This variable, when combined with the issue of either partner’s “willingness to be cruel”, will to a considerable extent foreshadow the degree of “hope for repair” of the marriage.

– When you think about Klein’s core concept of the “depressive position”, which entails the development in infancy of a “capacity to be concerned about another person’s welfare” in addition to one’s own needs, then these two above mentioned variables are in effect a short cut to evaluating the operation of the “depressive position capacities in a marriage”.

– Where “intolerance of mental pain” is prominent, and “cruel behavior” is regularly in evidence, unmodified by a capacity to feel “guilty” for that behavior, then the prognosis for saving the marriage is likely to be poor.

At a “baby level” in both parties, “trust” will be severely impaired, and the effort it would take to unravel the “characterological patterns” that have made for the “intolerance of mental pain”, “lack of empathy” for the other, and “willingness to behave cruelly” (no matter how “denied” or “rationalized”) would all require too much analysis and time to be effective before a divorce has been mounted and completed.

2 – On the positive side of the equation, whether they ever “loved” each other is probably the key variable. I always ask if they “still love each other”, and if so, what things do they “love about the other”. I am particularly looking for characteristics or variables that suggest a degree of “mutual respect” and even

“admiration” for each other. These are particularly important because they indicate that at a “baby level” in each partner’s personality, they feel “valued” by the other.

3 – By contrast, the “MOST PERNICIOUS”, and often unavailable to conscious awareness, would be intense “UNCONSCIOUS ENVIIOUS HATRED” on the part of one or both, for the other. In my experience, this is the most commonly active variable when I have been unable to help a couple save their marriage. It is almost always an element in the marital life of any couple who are regularly “cruel” to each other, in word or deed.

4 – In assessing the possibility for success in marital therapy, the length of “unhappiness” in the marriage on the part of one or both partners is often an issue. It is possible to have a marriage whose difficulties are readily understandable, but have gone on for so long, that one or both partners feel “burned out” on the relationship. Unless they have some external reason to put out the extra effort, these situations don’t seem to have the “will to keep the marriage alive”. In such circumstances, I have shifted the focus to achieving an “amicable divorce”. My goal is to head off those variables that could deteriorate into an acrimonious situation that only aids the bank accounts of the attorneys involved.

5 – Finally, I would like to address a tricky and often confusing issue. It involves a situation in which there is a seemingly significant discrepancy in (1) “degree of disturbance” and/or discrepancy in (2) “willingness to face” the disturbance, on the part of one partner when compared to the other.

If you remember, in Axiom #1 I said that people have compatible inner worlds, and that typically suggests that they have roughly comparable degrees of emotional difficulty within the “handful of paired relationships” that comprise their internal, unconscious inner worlds, at the level of the amygdala.

But I did not say whether the disturbance and difficulty was more residing in the “parts of self”, or the “versions of mom or dad”, that comprise these primitive relationships that are connected by “memories as feelings”. In real life situations, IT IS POSSIBLE FOR A “PART OF SELF” TO BE SIGNIFICANTLY LESS DISTURBED THAN THE “VERSION OF MOM OR DAD” WITH WHOM IT IS PAIRED.

The theoretical implication is that one can recreate one of these paired relationships, with one’s partner or spouse, and not have equal degrees of disturbance, or rigidity to change. Most commonly both partners can change and have a comparable willingness to do so, but not always.

INITIATING MARITAL THERAPY

An Aside on Therapists and Technique:

1 – I make the assumption that all therapists have different personalities that evoke different responses from their patients. However, that being said, the unconscious inner world of a given patient remains the “invariant”, and it will find a way to express or manifest itself with any therapist if allowed. The punch line is that each therapist/couple dyad will have a unique experience together, not exactly resembling what would be recreated with a different therapist.

2 – With the above idea in mind, I do not want to suggest that “how you do marital therapy” would look exactly like “how I would do marital therapy”. But the “unconscious inner worlds” of the couple, and what they are doing with and to each other would be the same in both, at least initially. Therefore, it is my assumption that the therapist who is armed with “sufficient models” for understanding the couple at a deeply unconscious level of interaction, will be able to aid the couple, using the style that fits their personality.

3 – The really key, hard part is recognizing and understanding the “early, paired, unconscious relationships” that are being externalized and recreated in the marital relationship. Highlighting the

unconscious bargain they made unconsciously during the courtship phase of their relationship, to divvy up parts or emotional aspects of these pairings makes it possible for them to see how they “co-created”, no matter how skewed the final “Ouija Board” result, the twists and turns their marriage has taken.

Initial Contact and Key Questions:

1 – It is axiomatic that to have a HEALTHY MARRIAGE THAT ENDURES, IT TAKES THREE THINGS: (1) “LOVE”, (2) “COMPATIBILITY”, AND (3) “COMMITMENT”. “Love” is easy, “commitment” requires maturity.

2 – When I first meet a couple, I do any “unstructured interview” in which I hope to get an honest sense of what they are dealing with, how they feel about themselves and each other, and at the same time give them a sense of “how I think” and what I might have to offer them.

I am always looking for how much “emotional pain” they are in currently, and therefore how desperate the situation is from the standpoint of needing immediate help. While the interview is unstructured, I always want to end up with as much information as possible from the first meeting. I find it is desirable to have at least “an hour for the initial meeting”, but I have, when it was at the end of the day, often gone longer, even as much as two hours.

3 – I have a series of key variables in mind when I first meet a couple and wish to quickly assess what I am getting into.

– How psychologically minded are the two individuals and how potentially disturbed is each one?

– Did they ever love each other with a proper adult quality?

– Do they still love each other?

– How destructive have they been during their marriage? Has there been violence or infidelity (past or ongoing)?

– Do they have children?

– What is the history of their intimacy and “sex life”?

4 – The answers to these questions will give me a quick sense of how “solid” the marriage was in the beginning, whether it has eroded for external reasons (as contrasted with more serious unconscious “characterological” reasons), and what do I have on the positive side of ledger to now use, to hold them together, while we see if we can rebuild a relationship.

The most important “positive elements” include: (1) do they still somewhere inside themselves “retain some love for each other”, (2) do they have a shared interest in their children and a “wish to not hurt them”, and (3) do they have a capacity for “psychological mindedness” (or a sincere willingness to develop it).

5 – The most “negative elements” in a marriage invariably involve “emotional cruelty” and/or an “incapacity for commitment”. The “emotional cruelty” may be direct in the form of “verbal negativity”, but it is often in the form of “infidelity”. In my clientele I rarely see “physical cruelty” but that would of course be a gigantic problem if it was a part of a marital relationship.

When infidelity is a part of the picture, it is often an expression of “characterological difficulties with commitment”. In turn, any evidence of infidelity needs to be “evaluated in the context of the whole marriage”. “Serial infidelity”, particularly where love is not involved, is a “really poor sign” in a prognostic

sense, as it is usually a manifestation of fairly “serious infantile characterological difficulties” that are beyond the scope of marital therapy.

By contrast, an affair that has “love” and “guilt” connected to it, in a marriage that has drifted seriously apart, may not be an expression of a serious underlying emotional difficulty. It may be more of a human “cry for help”, an expression of “human neediness”, and while it poses a serious challenge to the marriage, it may not be the end of it if there are substantial good elements in the relationship, and a desire to try to save the marriage on the part of both partners.

6 – A note about “ongoing infidelity”: It is not possible to do marital therapy, in a proper sense, as long as an emotional and/or sexual relationship with someone else is being preserved. The marital therapy must focus on the harm that it doing to the possibility of “trust and safety”, at a baby level, in the marital relationship. I have never been able to work on the marriage until the outside relationship has been ended, so the marital therapy sessions are always focused on the impact the outside relationship is having on the marriage. A failure to give it up will almost always lead to a divorce.

Taking a Baby History to Correlate with Current and Long Term Difficulties (May Have to Ask Mom):

1 – I cannot do any form of therapy, marital or individual, without having some sense of what occurred in the patient’s “early childhood”, and is now being recreated in the marriage or transference. While I am adept at “surmising” what happened in infancy, I need to get a history of infancy to demonstrate that what they are “now doing” does seem to “correlate strongly” with how they may have “experienced their relationships to their mother or father in infancy”.

2 – Toward this goal, and it often takes them asking their mother or father about their infancy, I want to explore:

– What were their childhoods like?

– How many siblings did they have, with exact spacing to the month, and in what sequence?

– Did mom ever have a miscarriage?

– Do they know anything about their own birth, were they born full term or born prematurely (and if so how much), how soon did mom and/or baby come home from hospital, etc.?

– Were they breast fed, or even was it even attempted, and for how long?

– Did they have colic?

[Note: This is a shorthand list of some key elements. Please see “Minnick’s Klein Academy”, Module Four, Item One” for a detailed lecture on “How To Take a Baby History and Understand Its Implications”.]

Preserving Hope, Creating Conviction, Reducing Paranoid Anxieties:

1 – In theory, all marriages that occurred after a proper courtship, and were based on loving each other, can be saved. Patients need to recognize that they have “co-created” problems that are understandable and changeable.

2 – Couples need to see that their most problematic difficulties are a product and function of the “baby cores” of their personalities, and recreating those relationships with each other. They need to feel that I can both “tolerate their difficulties” and “make sense of them” in a useful manner.

3 – They need to see that this “CO-CREATION” means that there is no “good guy/victim” and “bad guy/perpetrator”. Hence, there are “no sides” for the therapist to take.

4 – The recognition of these ideas lays a foundation from which the two parties can begin to explore the issues that have created the difficulties within which they now find themselves immersed. It is of crucial importance that they feel the therapist “will not take sides” with one to “gang up” on the other. This is especially important where “paranoid anxieties”, “blaming”, and “guilt” are prominent in the marriage.

Providing a Preliminary Introduction to the Unconscious Inner World:

1 – In every session, as a couple talk about their problems, I try to help them see that they both have “unconscious inner worlds” where a “baby core” of “paired relationships” is being externalized and recreated in their marriage. In the very beginning of treatment this is done in a more educational and didactic manner, using examples that seem “palatable” to that unique couple.

As therapy continues, the idea of an “unconscious inner world” with a small handful of “paired couples” (i.e. a part of self with a version of mom or dad) that are the “only game in town” and are thus recreated in the marital relationship, comes to be “taken as a given”, and is only highlighted from the examples of interaction in the session.

2 – By definition, all “fights” (as opposed to “conflicts/disagreements”) involve the “baby cores” of both partners. Even if the conflict seems to be about something “external” to the marital relationship, the fact that it becomes problematic for the couple is because the “baby core” of the personality of one or both partners has been activated.

3 – The “HALLMARK” of states of mind emanating from the “BABY CORE” of the personality is that the “EMOTIONAL REACTION IS DISPROPORTIONATE” to the issue at hand. In other words, they are overreactions in the sense that there are “adult” ways of “thinking about, addressing, and solving the conflict” that would not require or entail such extremity of emotional reaction.

4 – When patients arrive at a therapy session (actually marital or individual), they will naturally “unconsciously gravitate” toward, and want to talk about, those mental states or emotional interactions that involve “baby level” reactions. In the Kleinian literature this is referred to as the “most immediately pressing”, and usually “deeply unconscious anxiety” at hand at the moment, that is impacting the patient’s current thinking and behaving.

This is simply a product of the power and significance of baby level states of mind and the need to externalize them.

Assisting the Couple in Differentiating “Helpful Adult” from “Problematic Infantile” Ways of Interacting:

1 – I tell all couples, usually in the first session, the contents of Axiom #4, that it is not their “birthright” to be loved by their spouse, just because they are married. Instead, each partner has to “earn” their partner’s love every day! This idea is almost always a big “eye opener”, as if they never thought of being so focused on such “loving attention and behavior” toward their spouse. It immediately puts their interactions (or lack of positive interactions) with their spouse under the microscope.

2 – I follow that up with the idea that a marriage must be made a “SAFE ZONE”, within which each partner feels secure in their “commitment” to each other, even when they are having a “conflict”. No partner should have any anxiety or fear of being “thoughtfully open and honest”. They should trust that their partner would never “intentionally hurt them”. This is not an idealized concept, it is “basic marriage decency 101”!

3 – Most couples have no awareness of either concept. They have never thought of (1) “earning their partner’s love daily” and (2) “making the relationship a zone that is “safe” for dealing with conflict” when it arises, as it inevitably must.

Many couples assume that “conflict” and “fighting” are inevitably coupled with each other, and are nearly synonymous. As a result they are usually caught off guard when I suggest that it is possible to “never have a conflict escalate into a fight”. They are usually not as surprised when I also suggest that if it does escalate, it is possible to be “fair” when fighting. In both cases, the key is in recognizing the eruption of “baby level feelings” as part of the conflict.

4 – “Fighting Fair” and Things You Can Never Do:

– All relationships will have “conflicting” wishes, needs, points of view, etc. at given points in time. Navigating and resolving these “conflicts” requires, and this is arguably the key take home lesson of this entire course, that the “ADULT PART” OF EACH INDIVIDUAL’S PERSONALITY BE DOMINANT, AND IN CONTROL OF “BABY LEVEL REACTIONS”, AT SOME POINT IN TIME DURING THE CONFLICT.

The more emotionally intense the “baby level reactions” to the conflict, on the part of one or both partners, the greater the risk is that one or both will respond in a manner that is “UNNECESSARILY AND EXCESSIVELY HURTFUL” to the other. This undermines the “trust” necessary for an “intimate” emotional relationship to be a completely “safe” place to be “dependent, openly communicative, trusting, etc.”

– You CANNOT EVER SAY “MEAN THINGS” TO YOUR PARTNER! (It goes without saying that you can never “strike” your partner.)

This means that you probably cannot “tease” your partner, and you are not allowed to use “sarcasm, eye rolling, etc.” as a part of communication or interaction. In other words, anything that can be potentially perceived by the “baby core” of the personality as “hurtful”, will probably be hurtful, independent of “conscious denial” to the contrary.

5 – The premise underlying the idea of dealing with the inevitable “conflict” in marriage, in an “adult” manner, is the idea that one can “recognize” that which is “not adult” (i.e. “baby level feelings and attitudes”). It suggests that one must always be on the lookout for a “baby level” reaction, and then find a constructive way to deal with the feelings associated with it.

– The “hallmark of a baby level emotional reaction”, as contrasted with an “adult” level reaction, is that the baby level reaction is always “excessive or out of proportion”, in some way, to the “reality” of the situation. In effect it is an “over” reaction or “under” reaction to the “external reality situation” at hand. Recognizing this fact makes it possible to consider that any “conflict” may “contain” a serious potential for degrading into a “destructive fight”. This deterioration will only occur when a “baby level reaction becomes dominant”, meaning the “adult part of self” is not providing a “modulating” influence. The result is that things may be said that cannot be taken back, and thus do permanent harm.

Long Term Marital Therapy:

1 – As you might imagine, my average marital therapy lasts something like three to five years. The longer length is a function of the depth of the work that we do. The result is a much more stable relationship that can endure the ups and downs of life’s “slings and arrows”. I have had couples come back for assistance in particularly tough times but I have never had a couple get divorced after such an “in depth” effort.

2 – I have had a few couples take two or three years to “decide to get divorced”. In all of those marriages, I ultimately decided that “DEEPLY UNCONSCIOUS ENVY” on the part of one or both was the variable that prevented the therapy from having a more positive impact. I have a hunch that because it is so unconscious in its operation, analogous to individual therapy that “fails to thrive” in proportion to the effort made and insights gained, it probably takes a couple of years to see that “something is lurking in the depths” that is ruining the conscious effort being made.

3 – Setting envy aside, the length of the marital therapy is less about uncovering new, key insights, and more about seeing the “baby level” marital projections from many different angles to “consolidate” the individuals understanding of such deeply unconscious processes. Most couples fully recognize and can respond constructively when they see the recreation of one of their deeply unconscious configurations after analyzing them in marital therapy, with “MANY REPETITIONS FROM MANY DIFFERENT ANGLES”. Such early recognition of potential “baby level recreations”, and “restraint giving in to them and from fully launching these more problematic reactions”, is the key to marital stability.

The “burden” of the therapist is to “recognize the recreations” of deeply unconscious early relationships. The “responsibility” of the patients is to want to learn to not “act them out” problematically or destructively.

Section 2 - The Marital Selection Process

Axiom #1: All Couples who had a proper courtship and married for love “fit” together at all levels of their unconscious inner worlds. If this “fit” was not present, they would not find each other sufficiently attractive to wish to marry. The punch line: while they may appear as opposites on the surface, unconsciously they have a great deal in common.

Axiom #2: The degree to which some of the baby core, unconscious components in one partner are problematic in that individual is the degree to which the marriage has the potential to be problematic.

Axiom #3: The baby core of the personality will be recreated in the marital relationship, either as a result of the commitment of actually marrying, or after the first child is born (occasionally only after the second child is born).

CONSCIOUS MOTIVES IN THE SELECTION OF A MATE:

1 – Positive Motives

- looking for an ideal partner

- in love

- physical attraction and/or sexual compatibility

- good personality (e.g. kind, smart, good sense of humor, fun, communicates, etc.)

- interests and values in common (including past experiences and emotional histories)

2 – Negative Motives

- to make up for what one did not get from ones parents (arguably could be a positive motive)

- to get away from home/parents

- pregnancy

- assuming the person at hand is the only one who will have them in marriage
- narcissistic/social enhancement
- to avoid the pain of loneliness, fear of poverty, social ostracism, etc.

UNCONSCIOUS VARIABLES IN SELECTION OF A MATE, GENERAL CONCEPTS:

1 – Models of Unconscious inner world are needed to explain the erroneous appearance/impression that “opposites attract”

2 – All couples who had a proper courtship and loved each other at the time of marriage “fit” at an unconscious level. This “fit” most commonly involves having emotionally similar internal paired relationships in the baby core of their personalities.

– The degree to which the “fit” at an unconscious level includes problematic elements from the baby core of either personality is the degree to which the fit will have the potential to be problematic. How problematic they become in external life is a function of their ability as a couple to deal with these recreations from their internal worlds in a constructive manner.

3 – Partners unconsciously partition out who will “permanently own” (i.e. contain) various of the unconscious components held in common = (u)RELATIVELY PERMANENTLY FIXED PROJECTIONS/(u).

FUNDAMENTAL UNCONSCIOUS ASSUMPTIONS/EXPECTATIONS/ATTITUDES/EXPERIENCES HELD IN COMMON BY PARTNERS:

1 – Degree of intimacy expected in a relationship, both emotional and physical, is usually comparable.

– This implies that their internal relationships to their parents, which may be different than their conscious wishes, will most likely be what is recreated in the marriage.

– Secondly, following the law of talion (Eye for an Eye...), if either party unconsciously won't allow their internal parents to come together in a fully loving way, then the marital relationship will often not be allowed full expression of love, typically manifesting itself after the birth of a child (i.e. the child becomes the container of the projected part of self that did not let the parents come fully together).

2 – Nature of roles expected by each partner

– gender

– degree of dependence or separateness (both of particular import to the baby core of the personality and often problematic)

– how overtly “babyish” one can be

– how “somatic” one can be as a manifestation of mental states

3 – Similar attitudes about children and parenting

– e.g. where one is ambivalent, so is the other unconsciously

4 – Comparable “life instinct” versus “death instinct” attitudes

– i.e. is being born and out in the world more a source of pain than it is worth, thus back to unborn

– its corollary being the degree to which it is felt to be safe to enter into a caring relationship with the inherent “(u)precarious uncertainty(/u)” that the person will go on living as long as you do

– this fundamentally influences the unconscious attitudes about commitment to a relationship

5 – Psychological mindedness and communication about mental/emotional states

6 – Unconscious attitudes toward, and quantities of, mental pain

– toleration of mental pain

– communicating about mental pain

– degree of “blaming” as an approach to mental pain

– degree of unconsciously projecting the emotions into someone else

– degree and manner in turning away from mental pain (e.g. deny, use substance, etc.)

– degree to which one turns away from the relationship/person to self-sufficiency

7 – Unconscious view of the parents’ relationship

– this may be quite at odds with the conscious view of the parents’ relationship

– parents are often consciously viewed as happy, but unconsciously split apart and desexualized

– an idea that the child should never have to be left out of the parents’ relationship

– “you are what you eat”, “water cannot rise above its source”, “the law of talion”, and “what goes around comes around” are all ways of describing the human condition of tending to not be able to have more than you will allow others to have

8 – Attitudes toward siblings often influence marital relationship (e.g. how much sibling rivalry – envy and jealousy – color the relationship). Alternately, recreating a latency structure of separated and controlled figures who have no passion in their relationship can lead to a marriage that looks more like to siblings banding together but without the proper passion of an adult relationship = a “siblingship marital relationship”.

9 – Whether or not one lives on the inside or outside of one’s object. The seemingly closest, most romantic marriages are often of the “joined up” type but leave one partner in the lurch when a crisis disrupts this fusion (e.g. one dies, becomes seriously physically or emotionally ill, etc.).

10 – The emotional experiences resulting from the loss of one or more parents by death or divorce

– This can be a consequence of an actual external loss (e.g. death, being adopted, divorce, abandonment etc.) or an emotionally experienced loss (e.g. such as an emotionally unavailable parent, too many siblings too close in age, etc.).

11 – Emotional experience of birth order, usually in terms of how much attention one received, how special one felt, how abused or left out one felt, etc.

12 – The degree of distress or disturbance that was experienced in infancy or early childhood (may or may not be recognized by either). This is hugely important.

BABY CORE UNCONSCIOUS STRUCTURES HELD IN COMMON – GENERAL CONCEPTS:

1 – It is useful to conceptualize the unconscious inner world as composed of (u)rather permanently fixed relationships(/u) between parts of self and various versions of mom and dad

2 – These relationships are stored in the unconscious based on impressions of experiences that occur in the first months of life when the infant is maximally dependent on its objects. They are not necessarily objective and continue to be reworked throughout the lifespan, unfortunately only rarely with much improvement in understanding without the aid of therapy oriented toward the UCS inner world.

– These relationships are obligatorily repeated in an intimate relationship because (1) they are the “only game in town” (i.e. all one knows about relationships), and (2) there is a powerful unconscious drive to see whatever is felt to be a source of conflict, pain, etc. as outside oneself.

UNCONSCIOUS STRUCTURES HELD IN COMMON – ADULT PART OF SELF:

1 – This is the most mature part of self and varies in its influence over good and bad parts of self from moment to moment. Both partners will usually share comparable levels of confusion about what is adult, especially appearance versus substance.

UNCONSCIOUS STRUCTURES HELD IN COMMON – GOOD, BUT POTENTIALLY PAINED, BABY PARTS OF SELF:

1 – This part of self has a capacity to love, care for, remain loyal to, actively engage with, etc. ones good objects, both in external reality and in the unconscious inner world.

2 – It can include a sense of being a baby that it is not good, lovable, attractive, capable, etc. (i.e. low self esteem).

3 – A may include a guilty sense of being a baby that has harmed its objects (e.g. the imagined harm can range from committing overtly problematic acts to the mere fact of being born and just existing as a burden to the parents).

– may be seen with blaming as a means of evading unbearable guilt

– may manifest as a tendency toward overt depression in one or both

4 – A need may be held at a baby level to be in possession and control of ones good objects for safety sake. This ranges from a desire to know where they are at all times, to getting inside them and residing there (= intolerance of separateness).

UNCONSCIOUS STRUCTURES HELD IN COMMON WHICH RESULT FROM THE “ENVOIOUS, OMNIPOTENT, KNOW-IT-ALL, DESTRUCTIVE, SELF-SUFFICIENT, “BAD” PART OF SELF:

1 – Since the emotional intensity of the feelings held by this part of self are on a continuum, it can include a mild form of sibling rivalry (envy + jealousy) where it does not wish to share its good mom or dad with a sibling/s. This may be palpable in the marital relationship without necessarily problematic.

2 – As the intensity of its envious or jealous hatred increases, a tendency to “turn away” from an intimate relationship is more likely to occur. This includes an intolerance of the dangers inherent in caring for a living human being who cannot be guaranteed to go on living.

– Thus if one partner is unfaithful, the other usually also acts in some unfaithful form. Alternately, the second one may be projecting their own unfaithful part of self or unfaithful internal parental figure into the first one. The bottom line being that they have disloyalty or refusal to fully commit to a relationship in both

of their personalities, either as a characteristic of a part of self, or as a characteristic of an internal parental figure.

3 – This bad self almost always has a degree of “anal, omnipotent self- sufficiency” in which it “turn away” from good relationships and the attendant mental pain. It does this originally as an infant by turning to its own body and bodily substances for comfort and a sense of not needing others (i.e. self-sufficiency) These bodily zones and substances are later confused with manic excitement and turning to substances and “things”, etc. as a replacement for people and relationships.

4 – Marital partners always have a roughly commensurate quantity of unconscious envy even though the defenses for coping with it may be quite different in style. It is common for one to carry the capacity to react with envy for both of them, as is seen when one partner is regularly enviously reactive and the other denies any such feelings either consciously or unconsciously.

4 – Couples usually have roughly equivalent intolerance of various baby states of mind such as helplessness, neediness, smallness, not knowing, etc., although characteristics may be partitioned in the relationship so that its manifestations may differ greatly in one partner compared to the other. One may be surly or prickly, dependent, selfish, afraid of negativity, arrogant, controlling, depressed, anxious, etc. while the other superficially seems not to have such feelings or reactions.

UNCONSCIOUS STRUCTURES HELD IN COMMON – BABY LEVEL VERSIONS OF MOM AND DAD:

1 – A good mom and dad who have a loving, intimate, sexual, sharing, supportive relationship (rare internally)

2 – A good mom or dad that goes away forever, (who may then be viewed as bad)

– less extremely, feeling dropped or rejected by a parent for emotional or circumstantial reasons

3 – A bad mom or dad who is cruel/violent/enviously critical, (emotionally or physically)

– The earlier in infancy this structure was formed, the less it may correlate with actual external events in the infant’s life.

4 – A bad mom or dad who is unwilling or unable to “contain” mental pain

5 – A bad mom or dad who is too self involved to be available for a whole relationship to the baby or child

– parent may be depressed, narcissistic, unavailable or over taxed, etc.

6 – A mom or dad who is excessively involved with, needy of, or entangled (fused) with its child

CASE EXAMPLE

WOMAN AS SEEN THRU THE MAN’S EYES:

1 – She is very attractive with a full figure

2 – She is a successful professional woman who makes a bit more than he does in annual income

3 – She was deeply hurt by her mother who rejected her in infancy

4 – She is very intelligent, is really fun and can sling the shit right along with the guys

5 – She is a very open woman who is good at talking about her feelings

[Take home lesson: He is consciously imagining having a wonderfully competent partner who will be sexually desirable and fun. He may also imagine that her injury related to mom will be made up for by his love and nurturing of her.]

MAN AS SEEN THRU THE WOMAN'S EYES:

1 – He is tall, athletic, and strong

2 – He is handsome and sports a masculine, fairly full mustache

3 – He seems very calm and self-assured

4 – He is gentle and listens intently to her without having to talk about himself

5 – He attends thoughtfully and romantically to her little needs and even enjoys cooking for her which he does remarkably well

6 – He is a well respected, mid level executive at a very large international company who makes good money and has potential to rise significantly higher up the corporate ladder

[Take home lesson: She sees him as an extension of her good father who will make up for what she didn't get from her mother. There is a hint that she may wish him to "mother" her by doing all of the adult things for her she didn't get from her mother.]

HER BACKGROUND:

1 – She is the eldest of three, having a brother 23 months younger and a sister 4 years younger.

[Take home lesson: No inevitable obvious problem other than the eldest is usually the best behaved and may feel a loss of the original "only child" status.]

2 – She was completely rejected by her mother from birth and only looked after in a perfunctory manner but was the "apple of his eye" to her much warmer father.

[Take home lesson: This is potentially huge if she projects the "rejecting mom" from her internal world into the husband or takes on the role of the rejecting mom making him contain her "rejected baby self". She clearly hopes he will be the "ideal dad" from her childhood.]

3 – Her mother favored the son and doted on him, he grew up to be fun but extremely narcissistic.

[Take home lesson: This adds credence to the idea that the mother was handicapped in her ability to be a mom because she probably had a defective relationship to her own mother and projected her own hated baby self into the patient, her first born daughter, whom she proceeded to neglect. While the mother may have idealized and doted on the patient's brother, the fact of his turning out to be too self-centered suggests that his relationship with the mother was actually also defective.]

4 – She retains a dutiful tie to her parents, consciously likes her siblings, but is distant from all of them and often gets migraines at the family gatherings she arranges (while really only enjoying seeing daddy).

[Take home lesson: She is trying to be the "good" daughter, very possibly based on a lifelong phantasy that if she was good enough, her mother would finally give her what she wants. The migraines suggest painful,

distressing, unwanted feelings that are felt to be too dangerous to be in touch with so they are unconsciously converted to an unthinkable pain in the head. It is highly likely that these unwanted feelings include hurt, resentment, anger and destructive thoughts and feelings.]

5 – She is very successful at her career, rarely dated any men who lived up to her standards, but liked sex as an enjoyable emotional expression, and decided realistically that although she wanted children, it was necessary to forgo that desire should it be that she never met a suitable man.

[Take home lesson: There is much more here than meets the eye. Firstly, it is all likely a rationalized smoke screen for her unwillingness to risk an intimate relationship (not to be confused with a superficial sexual relationship that is more masturbatory in nature) where her baby core will inevitably come home to roost. She very likely is frightened unconsciously of motherhood, either fearing she won't have enough to give or will become rejecting like her own mother.]

HIS BACKGROUND:

1 – He is the second of four kids, having a brother 25 months older, a brother 19 months younger, and a sister 5 years younger.

[Take home lesson: He was definitely sandwiched in between a lot of siblings and likely adopted a mommy's little helper, listener role to make it into mom's inner circle as evidenced by the probable identification with the cooking mother and his listening skills. His mustache may be a reassurance that he is still masculine despite the considerable feminine identification he evidences.]

2 – His father was an extremely self-centered, know it all, who dominated the family, could be explosive, but was usually reasonable as long as things were done the father's way. He never felt comfortable around his father and learned to keep silent to avoid the conflicts his older brother had with his father.

[Take home lesson: This reinforces the idea that he preferred identifying and being with mom over dad and that he may have adopted a compliant helpful approach to avoid conflict with dad.]

3 – He became both his mother's favorite and confident, supporting her efforts to keep peace in the home by keeping the husband's needs catered to while quietly suffering the occasional sacrifice of her obvious desires which were apparent to the son.

[Take home lesson: This is a considerably bigger potential problem than is suggested at first blush. It is highly likely that he feels completely triumphant over his father and perhaps even his siblings because he can be loving to mom while dad is felt to only be abusive. This means he has to keep this triumph secret and low key or else everyone would see that mom would rather be married to him, and dad and sibs would then become murderously retaliatory. In effect, this all suggests that his internal parents are estranged as a couple inside him and he will not be able to be a truly competent sexual partner with a future wife since his parents aren't allowed to be a proper couple inside his inner world. This may be compounded by envy of his father, further spoiling a proper, loving masculine identification.]

5 – He married as a senior in college to get on with life and away from home, but the soon drifted apart, and fairly amicably decided to part as if the whole thing had been a sort of adolescent experiment.

[Take home lesson: This supports the idea that his internal parents' relationship is stripped of passion and he tends to imagine a loving, supportive "sibling-like" relationship with a woman, but lacks the underlying identification with a potent male figure needed to become a loving, sexual partner with a woman.]

PROBLEMATIC RESULTS:

1 – They couldn't conceive a child so adopted, then had two of their own afterward.

[Take home lesson: It is common for people anxious about their own parental capacities to be unable to conceive, then have a child with whom they discover they do have the capacity to be a parent, and become able to conceive their own child. Three kids is a handful and has the potential to put a strain on their capacity to have something left over to give each other.]

2 – She was planning to be able to “retire” in a couple of years to take care of the children full time, but until then, he did the lion’s share of the cooking and a lot of care taking, inadvertently undermining her maternal self image.

[Take home lesson: One would suspect that in truth, she never had much capacity to see herself as a mother, and may have feared if she became one she would become the object of the same level of negativity that she unconsciously held toward her own mother. He may have unconsciously left her out as he “joined up” with the kids against the bad working father that he unconsciously projected into her.]

3 – The first truly major life crises came when he lost his job in a corporate take over and executive purge.

[Take home lesson: If the status quo they had was shaky, a major blow like this will often crush it. The combination of baby anxieties stirred up, along with realistic external stresses, will often lead to blaming, massive amounts of projecting, and a general loss of adult functioning in the marriage, and even the outside world.]

4 – She became depressed and deeply resentful at the loss of her well-earned “retirement” and decided they would just live together like brother and sister until the children were raised.

[Take home lesson: Here you can see the externalization of her basic internal situation where there is no loving couple to emulate, no fairy godmother mom or prince charming dad to rescue her, and she sinks into her underlying life long despair about ever getting her own baby needs met. She, like her husband, lacks any proper passionate connection to a loving object that can become a couple, while remaining psychologically separate. The apparent breakdown of a relationship to mom in infancy has stamped her life as a search where she recreates that same infantile need with a better outcome. The difficulty is that this means that all relationships with “good daddy/penises” are contaminated by an unconscious need for the penis to be a substitute for a “good feeding breast/mother” of which she has always felt deprived.]

5 – He became quietly hurt, moderately uncommunicative, and unconsciously enraged but was at a complete loss to really have any idea about how to deal with either of their feelings.

[Take home lesson: The marital selection process for this couple had many components in common at a deeply unconscious baby core level. These included:

- felt deprivation and injuries from early childhood that skewed their relationships with their parents and impaired balanced loving identifications each parent, one of the same sex and one of the opposite sex
- desexualized, separated parents who formed a bad couple leaving it more problematic to imagine a proper loving couple
- an inability to cope with conflict, difficult feelings, or any meaningful “psychological mindedness”

Given their intelligence and competence in the world, they could superficially give off an appearance of a happy family and proper couple. It would have taken a careful baby and childhood history to see that considerable potential for difficulties down the road, as did in fact surface. But like every couple, there is a rhyme and reason to how things turn out and it is possible to make sense of it all.]

Section 3 - The Good Marriage

Introduction:

1 – This is based on the 1995 Judith Wallerstein/Sandra Blakeslee book entitled The Good Marriage

General Ideas About the Happy Marriage:

1 – Wallerstein and Blakeslee studied 50 couples; married at least 9 years; nearly equal numbers from the 1950's, 60's, 70's, and early 80's; marriages 10 to 40 years in length; both husband and wife considered it a happy marriage; all had at least one child; were promised full confidentiality; same first two questions (Tell me what's good about this marriage?; What's disappointing about your marriage?)

2 – Myths:

- the individuals have to come from healthy backgrounds
- the partners do not have significant neuroses
- there is no shouting and fighting in the happy marriage
- living together before marriage prevents divorce
- midlife crises are inevitable, even in happily married couples

3 – Qualities seen in happy marriages:

- on balance, each partner felt a goodness of fit in needs, wishes, and expectations
- appreciative on the other's responsiveness to their needs
- each has a feeling of safety and comfort even though the married life is not free of pain and conflict
- they adapt to an ever changing life and relationship
- only 5 of 100 spouses wanted a marriage like their parents
- the different types of marriage provide a different kind and degree of closeness between husband and wife, different divisions of labor and child care

4 – Chose partners based on: physical attraction, common interest, shared past or background, shared vision of the future, shared pain, fear it's last chance, has what we lack (complementarity)

5 – Important questions:

- Do these couples behave differently at an unconscious level in their marriage than couples who are unhappy, and if so, how and why?
- Is there less envy or less projection of hated parts of self and/or internal parental figures?

The Nine Tasks of Marriage:

1 – Separating from family of origin

- for women, marriage, motherhood, and mother's death are particularly difficult issues to traverse
- balancing ties to spouse versus parents sets up a task to traverse

2 – Building togetherness and creating autonomy

- giving up independence and freedom of single life

3 – Becoming parents

- one of life's peak experiences, defines marriage, promotes psychological growth, provides countless joyful experiences, and countless worries
- has task of making room for a baby and preserving the couple

4 – Coping with crises

- including all major changes, accidental or developmental; children's adolescence and leaving home; spouses midlife; retirement and aging; parent's illness and deaths; moves and natural disasters; etc.
- these couples approached crisis realistically
- protected each other instead of blaming

- allowed for pleasure and humor
- didn't play martyr or saint, kept out destructive tendencies
- blocked crises they could see coming

5 – Making a safe place for conflict

- conflict occurred in a preserved context of connectedness and caring
- sense of fairness maintained even in anger
- could distinguish little problems from big ones

6 – Exploring sexual love and intimacy

- need to distinguish excitement from satisfaction
- sexual intercourse combined with love requires trust
- a rewarding and stable sex life is the central task of marriage

7 – Sharing laughter and keeping interests alive

- enjoy activities together and separately
- humor and laughter are lifelong keys to coping

8 – Providing emotional nurturance

- comfort and encouragement in a place that is safe for dependency, failure, disappointment, aging, illness, etc.
- maintaining and restoring each other's self-esteem (i.e. feeling loved, feeling virtuous, feeling competent)
- not envious of what they gave to the other (ensemble work)

9 – Preserving a double vision

The Romantic Marriage: [15% of study couple]

1 – Core is a lasting, passionately sexual relationship with an exciting, sensual feeling of being “destined” to be together

2 – Its “antimarrriage” danger is the husband and wife being frozen in a self-absorbed, childlike preoccupation with each other, turning their backs on the world and their children

3 – Essential features of romantic marriage

- full blown baby idealization preserved, magic, safe smell
- high proportion had sustained severe losses during childhood including death or physical or mental illness of parent
- most women felt their father was the more nurturing parent
- men came to adulthood with intense, long postponed needs for love and closeness (thus felt physically connected to their wives)

Example Matt and Sara

(Sara's Background – age 51):

- surrounded by loving men from an early age (brother, dad, uncle, grandfather)
- at 5, never smiled in photographs, “life was too serious at an early age”
- her father's mother died at an early age and he raised his 6 siblings by himself with his dad
- “my mother didn't want children, had my bother to please her relatives, she hated females and had no use for me, mom says she didn't touch me until I was 6 months old, nursed me, milk dried up, sent me to a wet nurse, never took care of us when we were sick”
- “my father knew that, that is probably why he protected me”

(Matt's Background – age 53):

- wealthy, socially prominent family with attorney dad
- adored his father, wanted to be exactly like him
- dad treated volatile, unpredictable mom as if she was fragile
- lonely childhood, felt like unconfident outsider at school
- first go angry with mom when mom was mean to Sara

The Rescue Marriage: [20% of study couples]

1 – Begin their marriage as “walking wounded” from traumatic childhood experiences with “healing” as a central theme of the marital relationship

2 – Its “antimarrriage”, instead of healing, would replay old traumas with the spouses mistakenly concluding that this is what life is about; it can also fail by becoming a codependent one where one partner's difficulties are reinforced

3 – Essential features of the Rescue Marriage:

- people with great pain and trauma can put it behind them and have a stable, rewarding marriage with great growth
- seem to hold steadfastly to a different, better vision of life than the one they experienced
- thus the good marriage has a healing power, esp. in young adulthood that assists in a psychological transformation with successful recovery (e.g. Buckley's had weekly talk sessions, “she never lost confidence in me”)
- strong identification with each other yet are careful not to martyr or merge with one another
- each is inspirational symbol for the other in contrast to bad past figures
- having and raising kids well is important

Example of Helen and Keith Buckley:

(Helen's background – age 59):

- orderly CPA husband keeps her from falling into the abyss
- married at 19 after 9 months of dialogue
- mom was promiscuous alcoholic who abandoned her at 2, only visiting a few times thereafter, divorced x3
- dad also divorced x3, put her in foster home at 2 and never took her back, 2nd wife didn't like kids
- foster mother, on farm, 57, paranoid and violent
- foster dad was crippled, ignored her, but built beautiful stringed instruments, she taught herself to play
- roamed back country alone from 10 to 16
- in 10th year of marriage, unconsciously recreating her abandonment when she was two, she briefly left when her daughter was two

(Keith's background):

- librarian, spinster mother married in mid 30's to younger stingy, caustic man who liked to hurt people, tyrannical, they bickered a lot, mom gentle, never hurt a fly
- hated his father and adored his mother who tried to make him feel good about himself and was Lutheran
- mom died when he was 17

4 – Summary:

- separated psychologically from parents early, recognizing the parent's deficiencies
- retained the capacity to feel (not numbness)
- growing up, they nourished hope, even with only mild encouragement from any adult

The Companionate Marriage: [70% of 1970's and 80's couples]

1 – The most common form of marriage among younger couples, reflecting the social changes of the last two decades, its core is friendship and equality with an attempt to balance each partner's serious emotional

investment in the workplace with their emotional investment in the relationship and children (key words: respect and fairness)

2 – Its “antimarrriage” would result in a degeneration into a brother/sister relationship, investing in their careers and seeing each other fleetingly with little sexual or emotional intimacy

3 – Essential features:

- newest marital form and most difficult to maintain
- friendship and trust with the belief that both partners have equal responsibility in all domains of the marriage including economic, child rearing and sexual
- when children are young and careers pressing, individual needs have to be placed on a back burner, so fairness is felt to be a key guideline
- speak to each other as friends
- serious issues are settled by negotiation and compromise
- mutual respect and trust supersede love

Example of Kit Morgan and Beth McNeil:

(Kit’s background – age 42):

- teaches math, does the cooking and maintenance
- his parents had terrible marriage, separating and getting back together, dad suspicious, he felt left by mom but felt dad didn’t treat her with respect, she divorced him after 25 years of marriage

(Beth’s background – age 42)

- nurse practitioner, AIDS volunteer
- moved a lot as child as dad was in merchant marines, left for 6 months at a time, mother never stopped feeling sorry for herself, dad never stopped blaming himself for being away, they loved each other
- Beth had to take care of mom, no boundaries, resented not getting to be a kid

The Traditional Marriage: [all of 1950’s and early 60’s, 25% thereafter]

1 – Its core is a clear division of roles and responsibilities with the woman taking charge of the home and the man being the primary wage earner, the woman defining her life in chapters, before marriage and children, life with young children, and a later chapter with new undertakings or a return to work

2 – Its “antimarrriage” has a narrow focus on the children and views themselves as parenting partners, dreading the time when the children leave home and they are left with little in common

3 – Essential features:

- home is where well-ordered, ethical and moral behavioral standards are created and maintained
- if this marriage type fails, the woman is not likely to be able to reenter the work force
- sexual passion is valued but not central
- children as first priority are viewed as needing full time or nearly full time mom with sacrifice for them necessary
- his work takes priority in terms of where the family lives and being a father is an important part of his manhood
- husband and wife comfort each other
- our society does not make this type of marriage easy

Example of Nicholas and Maureen Easterbrook:

(Nicholas’ background – age 55):

- a scientist, he owns his own very successful company, and is used to being in command
- his dad was a nuclear physicist at Los Alamos, ambitious workaholic, enviously cruel unrelenting tyrant
- mom was kind and gentle, worked in lab too, taught him right from wrong
- family never did anything together

(Maureen's background – age):

- homemaker and world class orchid breeder
- married her senior college year at 20, had felt tied to her mother's apron strings, dad died shortly thereafter
- soon had 4 daughters, lived in a strange town, felt very dependent
- mom was powerful, Christian, puritanical, strait-laced, and covered dad who worked hard and drank a lot
- went temporarily insane over a 16 year old Adonis boy

4 – More recent traditional marriages: don't separate sharing concerns about work and family, handle conflict differently with less power differential, power and decisions equally shared

Renegotiating Marriage:

1 – Infidelity

- sexual fantasies and desires outside marriage are universal as even a great marriage leaves some part of self unsatisfied
- despite excitement of risky sex, one night stands, when uncovered cause far more pain to marriage than anticipated
- 16% of women and 25% of men in study had brief affairs

2 – Second Marriages (1/3 of study couples)

- many rushed into first marriage at young age
- 2nd marriages fail earlier and more frequently than first, especially because of children
- need for rich sex life is often frankly
- “blending” families is very difficult task, thus one big, happy family is not a realistic goal

3 – Retirement Marriages

- able literally and emotionally to take more time
- still have fundamental issue of togetherness versus autonomy
- women struggle with increased emotional neediness of retired husband, fearing loss of privacy and being sucked dry
- grand parenting is a major pleasure
- sex is still important, but with less driven need, some impotence and women slower to reach orgasm

Section 4 - The Troubled Marriage

Axiom #1: All marital relationships involve both permanently fixed projections and acute, momentary projections. These projections all emanate from the unconscious baby core of the personality. The degree to which the baby level relationships, between parts of self and versions of mom or dad, are problematic, is the degree to which their recreation via projection in the marriage has the potential to be problematic.

Axiom #2: All difficulties in marriage that are potentially destabilizing of the relationship involve unconscious projective processes at a baby level of the personality.

COMMON PROBLEMATIC BEHAVIORAL COMPLAINTS IN MARRIAGE:

- 1 – Too controlling or too needy or too irresponsible or too crazy (i.e. characterological)
- 2 – Chronically angry, bitchy, complaining, etc.
- 3 – Explosive, violent, etc.
- 4 – Unhappy or depressed all the time, etc.
- 5 – Anxious, pessimistic, catastrophizing, etc.
- 6 – Cold, distant, unemotional, non-communicative, etc.
- 7 – Disinterested in physical or sexual contact
- 8 – Excessive alcohol or drug use

- 9 – Too involved with something other than spouse (work, kids, hobby, etc.)
- 10 – Infidelity

POOR PROBLEM SOLVING PATTERNS COMMONLY SEEN:

(e.g. in relation to conflicts about sex, finances, child rearing, sharing responsibility, etc.)

- 1 – Blaming, guilt shifting, evacuation, etc.
- 2 – Sulking, collecting injustice, or exploding
- 3 – Failing to distinguish little from big problems
- 4 – Don't fight in fair manner that makes it safe to address conflicts
- 5 – Lose contact with loving feelings for partner who becomes all bad
- 6 – Inability to keep from "taking everything personally"

TAKE HOME LESSON; These are all behaviors. They tell you little about their underlying origins and therefore very little about what would be required to modify them.

GENERAL CONCEPTS:

1 – All human beings have an "alive, active, baby core" to their personality that is composed of rather permanently fixed relationships between parts of self and various versions of mom and dad. These relationships form the templates for all other relationships, internally and externally.

2 – The "baby cores" of all human beings are formed by a relatively narrow range of human emotional reactions to experiences that occur in the first months of life. The most important of these emotional reactions include separation anxiety, envy, jealousy, persecutory and depressive guilt, all in an overarching matrix of love and hate. In response to these early life experiences and this relatively narrow repertoire of emotions, each infant reacts to and creates its own unique version of what happened and what meanings to ascribe to the experience. Thus, while the infant's feeling range is limited, it can give rise to an almost infinite variety of meanings and stored versions of what transpired, thus creating what Kleinian's refer to as unconscious phantasy. Put in other words, these unconscious phantasies are composed of the thoughts and feelings the infant has as to what is happening between a part of self and some version of mom or dad. That is, they give meaning to these unconsciously stored relationships which will in turn be used as templates for what to expect from and how to understand new relationships in the outside world.

THE MARITAL SELECTION PROCESS (OR HOW DID WE GET INTO THIS MESS ANYWAY?):

1 – In the marital selection process, for two individuals to feel attracted to the other each other, consciously and unconsciously, they must have a very substantial correspondence in these internal relationships between parts of self and versions of mom and dad. This amounts to having both a similar range of experience in life, especially infancy, and roughly similar reactions to it. Without this correspondence, especially at the level of their "baby cores", the two partners would feel as if they were living in two different universes, having no common language with which to communicate.

2 – In the process of forming an intimate relationship, the two partners will unconsciously "divvy up" the components of these baby core relationships so that each will rather permanently "contain" various unconscious aspects, roles, figures, etc. These divvied up elements represent what I'm referring to as the "FIXED PROJECTIONS" in a marital relationship (i.e. aspects of parts of self or aspects of various versions of mom and dad. These unconscious projections, by virtue of being inherent in the marital selection process, do not require an act of "projection" in a given moment because they are "always there, waiting to be activated/exploited when the need arises".

3 – The extent to which these fixed projections contain problematic elements usually determines the degree to which the marital fit is likely to be problematic in the long run.

– Idealization can be thought of as the splitting widely apart of good and bad feelings and objects at a baby level within the unconscious inner world. The degree to which it is operative in each personality during the

marital selection process (because it has not been supplanted during development by a more realistic, adult function in the personality) adds to the risk of the marital fit being problematic in the long run.

4 – The degree to which the marital fit allows repair and/or compensation for childhood injuries is the degree to which the fit will allow for a stable and potentially compensatory marriage which makes up for and allows modification of painful internal configurations.

– However, stability is often achieved by mutual unconscious agreement whereby both parties join in support of projecting the “bad stuff” into some outside container, usually a parent. This is akin to a folie a deux, is often difficult to alter, and is fraught with potential for long term failure.

5 – While it is common for people to resign themselves to their marital relationship, probably no married couple can significantly alter a “fit” that is substantially problematic without at least one member going into a therapy that generates (using appropriate models) sufficient understanding of the internal, unconscious situation such that there is a lessening of that individual’s externalizations and/or lessening of their response to the ongoing externalizations by their spouse.

Thus – Lessening their projections which are problematic.

Thus – Lessening their suitability for reenacting their spouse’s projections.

Thus – Lessening their problematic reactions to their spouse’s projections

IT’S THE REPETITION COMPULSION, STUPID!:

1 – The repetition compulsion = unconsciously recreating in the outside world, any of the unconscious internal relationships between parts of self and versions of mom and dad that exist in that individual’s unconscious inner world. The unconscious necessity to live out ones unconscious internal situation is the engine that drives the psychopathology of a marriage. This relates to the fact that ones unconscious inner world is composed primarily of these rather permanently fixed relationships between parts of self and various versions of mom and dad which are, in essence, the only game in town, in so far as they are all one knows of what a human relationship looks like and how it should be and feel. Thus, they inevitably become the basic template for all relationships. With insight into them, one can modify reenactment of them. Without an understanding, one is doomed to repeat them into perpetuity.

– This explains the fundamental inadequacy of conscious attitudes to influence the baby core of the unconscious inner world in terms of modifying behavior that recreates problematic modes of relating.

THE RELATIONSHIP BETWEEN THE REPETITION COMPULSION AND PROJECTIVE PROCESSES:

1 – There is a powerful drive in humans to externalize ones unconscious inner world in order to:

– Be able to see it and do something with or to it, esp. if the thing is felt to be a source of pain.

– Where the unconscious element is felt to be “bad” (which usually translates as “painful”), there is a strong urge to get it outside in order to change it or rid oneself of it

2 – Projection is the means by which the internal situation is externalized and thus recreated in the outside world. I am using the term as synonymous with the term projective identification (which I consider to be unnecessarily confusing).

3 – If the pathological structures in good and bad marriages are alike, then the difference must be in the way in which each partner responds to their own internal structures and to their partner’s internal structures. Thus how each responds must determine whether or not the influence of these rather fixed unconscious relationships is problematic or constructive.

– e.g. Is one's motive, for unconsciously projecting, a constructive one or destructive one, and is the partner's response to the projection a constructive or destructive one?

CORE BABY ISSUES WHICH MAKE UP THE CONTENTS OF THE REPETITION COMPULSION:

1 – There are an infinite variety of ways for couples to manifest marital difficulties. However, at the baby level of the personality, these manifestations tend to accrue around a relatively small number of core issues.

2 – The most fundamental relational emotions, originating with the mother but then impacting the marital relationship as they are recreated within it are:

- separation
- jealousy
- envy

3 – Two fundamental emotions of a more general nature are:

- persecutory and depressive anxiety
- persecutory and depressive guilt

4 – The most fundamental modes in an infant for coping with mental pain include:

- denial
- splitting and idealization
- splitting and projective identification (what I prefer to simply call 'projective processes')
- omnipotent phantasy/maneuver
- manic defensive maneuvers (essentially deny caring, concern, or harm done)

WHAT DOES THE "REPETITION COMPULSION LOOK LIKE IN EVERYDAY LIFE?:

1 – Infantile separation experiences:

e.g. A woman who was abruptly weaned from the breast at three months of age came to see me in her mid-twenties because she was morbidly shy. Our work together went very well for a couple of months and ended a productive week with a very satisfying Friday session. On Monday she came in and immediately announced she was quitting. I had been feeling very positive about the work and felt stunned by her announcement, as if I had been literally kicked in the stomach by a mule. I was literally speechless for about 10 minutes, trying desperately to recover and think about what was going on. Fortunately, she was lying on the couch at that point and could not see my distress.

Long story made short, I convinced her to explore this decision further and she said she would give me to the end of the month, three weeks hence (more preparation than she had been given). What we ultimately came to recognize was that she had unconsciously re-enacted her own baby experience where she was now the mother and I was having her baby experience. She went on to have numerous dreams depicting a woman with her chest torn off and infant or small girl with her cheek or part of her face torn off. We came to an understanding that all of this suggested that she had felt very comfortably joined up to mom, until the weaning from the breast abruptly occurred, and it was a very traumatic surprise that she didn't see coming, as evidenced by my devastating shock and surprise when she recreated it with me.

2 – Jealous triangles:

– e.g. A woman had a deep resentment toward her father who had cheated on her mother several times during her childhood. She had two additional childhood issues, a weaning from the breast at four months of age by a depressed mother and the birth of a sister when she was about 18 months of age. In all three of these situations she felt abandoned by someone she loved because she felt/imagined that they were giving their love to someone else.

This all came crashing back into her life when she unexpectedly overheard her husband on the phone at home "having pillow talk" with an apparent girlfriend. She had married a man who had also felt abandoned as a child. Although they had a reasonably harmonious marriage, the man was, as it later became apparent in marital therapy, feeling "neglected" because his wife was so occupied with their four children, all of

whom were under the age of 10. The affair came after he unwisely hired an attractive young secretary at his work.

It took six months of marital therapy to piece all of this together for them in a manner in which they both had some understanding of why this was recreated in their marriage from each of their inner worlds. The husband ended up going into individual therapy at that point.

3 – Bad (internal) parental figures who are rejecting, blaming, cruel, violent, intrusive, envious, depressed, inadequate, unable to contain mental pain, crazy, chaotic, etc.

– e.g. An elderly man came to me complaining that his wife of 40 years drove him crazy and he only felt comfortable at his office which he went to daily even though he could have retired some years back. In his history I found out two salient facts. The first was that his mother had been diagnosed as schizophrenic, and the second was that as a college student he had a period of several years of severe psychosomatic illness in which he felt certain something was “eating up his heart and intestines”. He met his wife in college and they married after graduation, never having children.

As he described his wife’s complaints about him and life, and how she was crazy and drove him crazy, I could see that they “hot-potatoed” craziness back and forth and that this had been relatively stable, if unpleasant, process for decades. He needed her to be the container of his crazy internal structures and vice versa. A previous psychiatrist had told him to get a divorce, so he came to me, apparently not satisfied with that advice. After several meetings, I recommended to him that he stay married, think of his difficult marriage as his cross to bear life, and just never retire or stop going to the office daily. He seemed satisfied with the advice and I never saw him again.

4 – Unbearable states of mind such as guilt, depression, craziness, confusion, grief, etc.

– e.g. A couple had two healthy children, ages 3 and 6, when a third child was born. This child tragically developed a form of leukemia and after three very traumatic years passed away. The couple fell into an increasingly unhappy state over the next several years, ultimately coming to see me because their eldest child was showing signs of depression as she was becoming pubertal. We had several months of family sessions, during which it became apparent to me that everyone one in the family was depressed and unconsciously terribly guilt ridden over the youngest child’s illness and death which had been an ordeal for all of them. The eldest girl was the most open and honest about her feelings, and thus became the designated patient but was really speaking for all of them.

What was of greatest interest to me was that both of the parents had siblings born too close in age and had grown up with considerable resentment about their childhoods, but could not face their negative feelings. The deceased child’s conception had been an “accident” and the resulting ambivalence had never been acknowledged, and was then compounded by the illness and death. The constant marital bickering that had ensued consistently had a “blaming” quality about it, as if every unexpected problem in life now became an issue over which someone was to blame.

The couple managed to stay together but never really recovered from the trauma. I heard a number of years later that they had ultimately gotten divorced.

5 – Unconscious envy

– e.g. A couple came for marital therapy on the brink of divorce as they fought a great deal and were often sarcastic and cruel. He was a very successful, highly respected attorney and she was a stay at home mom, happy to be looking after the three kids. When they married she gave up a successful modeling career and he was a rising star in his firm. They both came from successful families in terms of wealth and education, but she had a volatile relationship with her domineering and controlling father and resented his favoring her older brother even though she was the superior student and athlete. The husband’s mother had been

somewhat cold and remote, and it was clear that he imagined having such a beautiful wife would give him what he had lacked in childhood from his mom.

After some two years of marital therapy it was becoming clear to me that any substantive changes in how they treated each other were lagging far behind how much knowledge and understanding they had gained. I began to explore the possibility that deeply unconscious envious hatred of each other was ruining any progress. It became more apparent that he felt she was withholding all the desirable good things he wanted, particularly her body and sex. It also seemed that she had an underlying resentment and hostility toward men in general and saw him as no exception.

We ended marital therapy after three years with them only marginally better. I heard a few years later that they got divorced. My postmortem was that deeply unconscious envious resentment and hatred had undermined any ability to move to a more loving, generous position in their relationship. I have seen this insidious influence of unconscious envy a number of times since, always after an extensive period of therapy has not led to improvement commensurate with the insights gained.

A GENERAL OVERVIEW OF PROJECTIVE PROCESSES:

1 – To understand how basic and elemental these processes are to human nature, one must create a model of the earliest relationship in infancy between mother and infant.

2 – The model begins with the assumption that the infant has “raw, unthinkable, unusable” physical/emotional experiences for which it has no capacity to do anything other than empty these “mind/body” experiences into the outside world via crying, peeing, pooping, spitting up, etc. (Notice the function of the alimentary tract seems to be the natural analog for this tendency.) The infant imagines that what has been emptied (evacuated) into the outside world is taken by mother, into herself, where she can hopefully do two things of great importance for the infant.

First she can tolerate contact with (i.e. contain) the element in order to empathically feel something similar to what the infant must be feeling. Then secondly, she can organize in her mind what the significance or meaning of the infant’s projection must be. Having done these two things, she is now in a position to give back to the infant its unthinkable, unusable state of mind/body in a form that is now suitable for “thinking” about because it has now been converted into an experience that has meaning.

She gives this meaning back to the infant by behaving in a manner appropriate to the feeling so that what was once unbearable and unthinkable has been detoxified of those qualities. By performing this process for the infant literally hundreds of times each day, the mother gradually builds for the infant, piece by piece, a mental apparatus that can perform these same functions on its own, i.e. think about and learn from experience.

3 – A consequence of these experiences, which are universal and hard wired to occur in all human beings, is that at a deeply unconscious level, almost completely outside conscious awareness and beyond the reach of “common sense”, all human beings operate daily with this unconscious phantasy that they can take what is inside their unconscious inner world and place it into the outside world, almost always “into” another human being.

– While it is common for these projections into another human being to elicit or evoke an emotional response in the recipient, often to unconsciously reassure the projector that the container/recipient has in fact received the projection, it is not always true that the recipient knows about or feels the projection. This is especially true of the class of projections that are inherent in the marital selection process where, by unconscious agreement to divvy up various internal relationship components, the couple create projections which are rather permanently carried by one or the other. In effect, these projections by virtue of their fairly permanent status, do not require a current, acute unconscious activity on the part of the projector in order to put the projected element into the other.

4 – Those projections which are the most problematic in a marriage are usually the result of an acutely enacted externalization in the face of some immediate emotional situation which is generating some emotional reaction which the projector is unable to contain.

5 – Projective processes can be thought of as being composed of: (1) a content that is projected, (2) a motive for the projection, and (3) a consequence (i.e. impact) for the recipient, actually experienced by the container and/or imagined by the projector.

– This makes it possible to sort out the third component if you can discern any of the other two, much like an algebraic equation.

6 – There is a very wide range of motives for one of these “acute” projections, some of which are far more potentially problematic than others. (Note: I am making an arbitrary distinction between the motive for the projection and the content of the projection.)

– The motives can be usefully conceptualized as falling somewhere along a continuum which has several possible qualities at each end which can vary in quantitative and qualitative intensity.

e.g. evacuations – – – – – versus – – – – – communications
narcissistic/hostile/destructive object related/loving/constructive

– The first question to be asked about any projection is to what degree is the projection an evacuation because the projector cannot contain it any longer? In this circumstance the projection into the object is not motivated by an awareness of or concern for its impact on the object, i.e. it is “nothing personal”. The recognition of this fact can make it far easier for the recipient to tolerate containing the projection.

– A second distinction to be made relates to the degree to which the recipient of the projection is being viewed unconsciously as a distinct, separate human being or more just a narcissistic extension of oneself. The latter is a far more potentially problematic and pathological situation with very different implications for coping with the situation. This contrasts with a more object related situation where there is a much greater possibility for communication as a motive or ultimate achievement.

– The third area of distinction in motivation is perhaps the most obvious, is the projection meant to be of help or to do harm? Since what is projected is often felt to be a source of pain to the projector, one common motive is that of making the other feel the pain that one is currently feeling (here I’m emphasizing something more linked to evacuation or revenge than communicative sharing). Where unconscious envy is prominent in the motive, the desire to spoil the recipient’s state of well being is often central in the motive to the projector unconsciously. This often includes simultaneously an unconscious phantasy of reversing roles or identity states with the container. This amounts to spoiling the envied object while enhancing oneself.

7 – The content of the projection is any aspect of an internal object relationship. This includes parts of self, aspects of internal mom or dad, states of mind that exist between them (probably always conjoined with an aspect of self or object), and even mental functions.

– More often than not, the content is felt to be a source of mental pain. It is, however, possible for the content to be something to be preserved or to be shared in a positive sense.

8 – The consequences of the projections are a function of the motive and content. If the content is felt by the projector to be a toxic element, or if the motive was to harm the container, the result has a greater potential for being seriously problematic. If the motive was caring, the recipient may feel enhance and the projector will expect a positive reaction.

– It is axiomatic that anything the projector gets rid of because they cannot deal with it, once it is lodged in the recipient, they will be equally unable to deal with that area in the recipient. This is the explanation behind the incompetent behavior so often seen in “co-dependents” with an addicted or violent spouse, etc.

9 – The responses on the part of the recipients, to the projection, can also be placed on a continuum from constructive or benign to very toxically destructive.

– Generally, any response from the recipient that gives the feeling to the projector of being listened to and understood (i.e. constructively “containing”) tends to lessen the toxic element in the projection and potentially benefit the projector.

– Generally, ignoring, rejecting, misinterpreting, etc the projection tends to exacerbate the situation, leading to more projecting with increased intensity and distress.

10 – As a general rule, neurotics project into reality. That is to say, there is a recognizable correspondence between the container and what is projected into it. As the mental pain increases in the projector, the degree of violence in the projective process tends to increase and the need for the “shoe to fit” tends to erode. The latter situation leaves the container feeling increasingly “crazy” or befuddled in a “what did I do?” fashion.

11 – It is important to note that virtually any projection can be converted into a communication if the recipient can constructively do what the good mother does, i.e. tolerate, organize, understand, and behave appropriately back.

12 – One final note: Whenever marital partners, especially after learning a lot about what the problems are and potentially how to cope with them, fail to develop generosity and good will toward each other, one should consider that unconscious envy in both partners is at the root of their inability to improve their relationship. In effect, unconscious envy is leading to an inability to stop toxic projections into each other.

Section 5 - Marital Infidelity and the Baby Core of the Personality

Quotes:

And the wild regrets and the bloody sweats none knew so well as I,
For he who lives more lives than one,
more deaths than one must die. – Oscar Wilde, The Ballad of Reading Gael

Conscience is the inner voice which warns us somebody may be looking. – H.L. Menken

Axiom #1: Infidelity is so multifaceted and determined by so many factors that it is impossible to make blanket statements about a specific example, particularly regarding its destructiveness, without a detailed exploration of the psyche of those involved.

Axiom #2: Infidelity is almost always so disruptive of the internal harmony of the unfaithful individual that it is rarely worth it. Anyone seriously contemplating it should consider getting professional therapeutic help or a divorce before carrying it forward.

Axiom #3: Any therapist encouraging infidelity or missing its unconscious significance is at risk of being destructively in collusion with a very problematic part of the patient and should consider obtaining supervision or personal therapy.

Axiom #4: All humans have baby level phantasies about those around them that include imagining having an affair (President Jimmy Carter's lust in one's heart). This is normal and human, although almost always idealized and infantile (i.e. originating at a baby core level of the personality). It is taking ACTION on these phantasies that is problematic and often evidence of emotional disturbance.

OVERVIEW OF INFIDELITY HISTORICALLY:

1 – OED Definition of Adultery: “Sexual intercourse by a married person with someone other than one's spouse”

– cultural mores affect one's definition of and attitude toward adultery.

2 – Cultural practices, values, etc. can foster or override natural unconscious human tendencies.

– i.e. the micro culture (e.g. family) and the macro culture (e.g. community and society).often powerfully affect which parts of self dominate behavior and with which internal versions of mom and dad

– historically, cultural attitudes often had practical reasons which determined whether both sexes could have lovers, what value was placed on patrilineage, whether females of pubertal age came with dowries, whether the offspring were considered legitimate, whether the lovers could be married or had to be single, etc.

– as a general rule, societies that tacitly condone extra-marital sexual relationships do require that they are kept private so as to not subject the spouses to jealousy or humiliation

– in societies with no double standard, women avail themselves of opportunities for adultery as eagerly as do men

3 – Helen Fisher in “Anatomy of Love” thinks our long evolutionary history suggests :

– men have tended toward multiple partners to spread their genes

– women have evolved two alternate strategies: (1) be relatively faithful to a single man in order to reap a lot of benefit from him: (2) engage in clandestine sex with many men to acquire resources from each

4 – Adultery first became linked with god and sin in Western history, beginning with ancient Hebrews starting about 500 B.C., even prescribing how often intercourse should occur between husband and wife

– for several centuries after Christ, despite the sexual freedom of Rome and Greece, there was a parallel trend of asceticism and celibacy which was exemplified by Saint Augustine (354 – 430 A.D.) in his later years as he converted to Christianity.

– despite threat of death for adultery, there has apparently been no society in which it has not existed

5 – In the U.S. infidelity has been commonplace, a source of family violence and divorce, and made less dangerous with the advent of the birth control pill and no fault divorce:

– in the 1920's = 1/3 of all married men and ¼ of women

– in the 1940's and 50's = ½ of all married men and 1/3 of women

– by 1970's = similar numbers but with an earlier start date and an equaling of men and women

– now the numbers are probably something like 70% of all married partners have an affair sometime during their married life

GENERAL OVERVIEW OF INFIDELITY AND THE UNCONSCIOUS:

1 – Love, Compatibility, and Commitment:

– these are the necessary minimum components of a successful marriage

– love and compatibility can usually be taken as a given in the marital selection process and do not normally start out as a problem that will initiate infidelity although they are commonly problem areas by the time infidelity takes place

– the difficulty is in sustaining a commitment to be loyal and faithful as some stressor ushers in the willingness to be unfaithful, always with a concomitant projection into the spouse in the process

– this can usefully be conceptualized as representing a later version of a very early, primal inability to remain lovingly attached to one's first love object, i.e. mother, in the face of frustration and various other mental pains

2 – Conscious attitudes:

– it is always useful to play the devil's advocate and assume that the infidelity cannot be explained by the patient's conscious attitudes, explanations, or justifications (of what are commonly idealizations, infatuations, etc. on the positive side and excuses and rationalizations on the negative side)

– it is helpful to think of infidelity as a symptom with a multitude of determining elements, almost all of the important ones being unconscious, especially since the above reactions (i.e. idealizations and infatuations) are a universal part of daily life, something additional has to be added to lead to action based on these baby feelings

– e.g. faulty early attachment to one's primal object

– e.g. some characterological problem making adult restraint inoperative as an aspect of living one's life

– e.g. some external problem leading to emotional impoverishment and excessive need and temptation

3 – As a therapist, it is almost never helpful to think of infidelity as an issue of morality, i.e. right and wrong, but rather it should be conceptualized and differentiated along the lines of:

– are the states of mind coming from a part of self that is more adult or more infantile in nature

– if infantile, is the part poorly developed and/or confused

– what is the degree of object relatedness, i.e. turning toward or turning away from someone

– what degree of felt baby injury exists in the unconscious inner world and how much anger is retained toward the primal object, i.e. mother or father

– is the behavior stemming from a perversely destructive part of the self, i.e. that feels justified or takes some satisfaction in causing another person emotional pain

– to what extent are the behaviors problematic in the external world

– to what degree is the individual’s unconscious internal harmony being impacted, e.g. at an unconscious level is something destructive felt to be occurring

4 – Until proven otherwise, infidelity should always be presumed to represent a coupling of (1) infantile mental pains and external opportunity with (2) faulty or confused early development, (3) manic defensive maneuvers, and (4) varying degrees of narcissistic personality organization.

SOME COMMON PATTERNS OF INFIDELITY:

1 – A long term, stable affair with genuine mature love. With some exceptions this usually overlays faulty early splitting-and-idealization which led to a retreat in adolescence to a latency quality of splitting processes for the sake of peace. When such an individual finally marries for the first time, they commonly end up with an adequate marriage, often focused on raising children, but lacking real romantic passion.

This compromise of passion for calm commonly results in a void of meeting baby emotional needs and a lack of confidence that true, stable, sexual, fully satisfying marital relationships can exist. When partners in such a marriage inadvertently meet someone later in life who fits with them, they may gradually find themselves in a relationship that meets each others baby level emotional needs, more satisfyingly than does their marriage. This may result in an affair, often with considerable guilt regarding their marital partner, about whom they may care deeply, but more as a “good sibling”.

2 – A single brief, insubstantial infatuation with infantile neediness, idealization, and confusion underlying it:

– The marriage is likely to also be either insubstantial or a latency based “siblingship”.

– The event is a wake-up call and leads either to work to improve things in the marriage, or it leads to divorce.

– This is the type of situation that is most liable to be improved by marital treatment and/or individual therapy.

3 – Serial, intermittent affairs, lasting as long as convenience allow, with a mixture of infantile neediness, faulty early splitting-and-idealization, and some narcissistic personality organization underlying it.

4 – Habitual, compulsive, affairs, one night stands, and brief to medium length affairs based on opportunity are invariably a function of infantile confusions coupled with a narcissistic personality organization.

– This may include an envious spoiling element in the personality of the serial cheater that leads to an ease of justifying being disloyal to the spouse.

– The marriage itself is always at serious risk because of the lack of capacity for deep attachment. The risk of divorce increases greatly as the degree of underlying, unconscious anger and cruelty increase

DEEPLY UNCONSCIOUS UNDERPINNINGS AND ORIGINS OF INFIDELITY:

1 – All infants have a task of making a primal bond with their first object, mom. They must establish in their inner world a view of a mom that is reliably “good” and be able to differentiate that view and hold on to it in the face of a bad mom who also causes the baby pain in the form of frustration of need, separation, envy, jealousy, etc. (= the task of splitting-and-idealization in the paranoid/schizoid position). The infant must grow to recognize and learn to tolerate the awareness that this mom is unique and irreplaceable and her loss would be devastating (= depressive position).

- the failure to successfully create a “good” version of mom internally that can be retained in the face of mental pains like separation, envy and jealousy generates a very significant difficulty in knowing if someone is “good” to marry and can remain “good” in the face of life’s trials and tribulations
- one outcome of this failure is to create an excessive reliance on superficial factors to create an idealizable object whose goodness is thus neither stable or enduring (the trophy or safe partner)
- the struggle to maintain a good internal figure in the face of mental pain often has the consequence of resorting to excessive, rigid, concrete splitting characteristic of latency (Madonna / whore dichotomy)
- thought separated from feeling
- objects separated and desexualized
- objects obsessively controlled
- this is likely to lead to a “sibling” like marriage, with an emphasis on career or children rather than a loving relationship, with long term underlying emotional needs not being met and/or being denied

2 – Differentiating adult and infantile sexual states of mind

- “adult sexuality” is private and discreet, by definition has the welfare of both partners in mind at all times, can only be evaluated by its unconscious meanings and consequences, and is not an issue of morality but rather of human relatedness and concern for external welfare and internal harmony of both

- clues to adult sexuality being contaminated by problematic infantile sexuality:

e.g. the sexual act does not lead to an increase in a sense of harmonic closeness and contact

e.g. the identity of the partner is being changed in fantasy to that of another person (not just qualitatively into a “naughty ...” or “big, strong...” where the person retains their central identity)

- “infantile polymorphous sexuality” = this is a function of the early equation of bodily zones and functions with a desire to gain pleasure through all of them, mimicking the infantile phantasy that mom and dad are having a banquet/orgy of gratification via every bodily zone in every possible manner; it is thus driven by a sensual greed and experimental curiosity which is bounded only by the limitations of shared interest and enjoyment of each partner, but it presumes, by definition, that no destructive elements are consciously or unconsciously involved

- “infantile perverse sexuality” [Quote: “A stiff prick has no conscience!”]

- the leading internal figure is the destructive part of self and its motive is to not be bound by the limitations and potential consequences of loving, caring feelings for a unique, irreplaceable object (which would lead to object’s needs and welfare being as important as those of the self)

- it will usually exploit the confusions that are always nearby in infantile polymorphous sexuality to rationalize behavior (e.g. “if it feels good it can’t be bad”) and justify ruthlessness (commonly by only looking at conscious consequences and avoiding any focus on potential unconscious ones) (e.g. “no one will ever know”)

- the operation of this aspect of the personality always leads to a deterioration in unconscious internal harmony which will be evident in dreams before it eventuates in external manifestations

3 – Manic defenses aim to avoid the inherent risk of loss of this unique, irreplaceable mom by a combination of maneuvers. These usually include: (1) possession and/or control of mom so as to avoid

acknowledging the need for her (in psychic reality); (2) diminution of her value so as to not recognize how much she is needed and how great a pain it would be if she were lost; (3) substitution of inanimate “things” (e.g. especially money) as a source of satisfaction of one’s needs (= very early confusion about food and one’s own bodily products)

– there are maneuvers which an infant can be predicted to use to cope with this problem of dependence on a unique mom who is irreplaceable unique and very needed

e.g. get possession and control of mom from the inside or outside

– getting “inside” is often effected by masturbation generating an unconscious phantasy of being inside the object (i.e. an omnipotent state of mind whipped up at the moment that the pain of being separate is threatening or felt to be too great)

– if one stays separate from the object then the control has to be effected by some form of possession and control (e.g. of a slave with varying degrees of enticement or overt subjugation)

e.g. deny and/or contemptuously denigrate the value and uniqueness of what the object to offer so that it doesn’t matter if one loses it or matter how one treats it (e.g. no need for guilt)

e.g. deny ones need of the object for anything by creating an illusion or delusion that all one needs can be provided without the object’s help, i.e. from one’s own body and bodily products (omnipotent self-sufficiency)

– confusion about what constitutes proper food makes it easy to then confuse the source or quality of what one needs in life:

– e.g. excitement and physical pleasure = happiness

– e.g. sex = love

– e.g. beauty = goodness

– e.g. power and possession = desirable elements in a relationship, etc.

e.g. where unconscious envy is intense, any of the above maneuvers have the potential to generate a sense of triumphing over the object

4 – Manifestations of manic defenses in marital relations:

– behaviors and phantasies designed to possess and control ones spouse

– an inability or unwillingness to feel and/or express caring, loving, tender feelings

– an unwillingness to have “all of one’s eggs in one basket”

5 – Narcissistic Personality Organization:

– this is invariably the result of early failures in the mother-infant relationship and the resultant mental pain and/or intolerance of mental pain leads the good baby parts of the self to be susceptible to being influenced and controlled by the destructive, bad part of self with the result that the good baby parts turn away from the good parents and family both internally and externally

– where one partner in a marriage has this personality organization, the spouse also has some compatible personality structure, e.g. equivalent baby level sets of pain and unconscious willingness to turn away from good objects

– never assume that if one cheats, the other won’t also

– often the spouse that cheats is recreating and projecting the infantile feeling of being abandoned and/or jealousy into their spouse (who usually has significant unconscious “receptor sites” for such feelings)

6 – Sexuality activity as an evasion of having a mind

– excitement to evade depression, loss, etc. (i.e. a generator of omnipotent self sufficiency)

– sexual contact and orgasm as an evacuation of states of mind and mental functions (+/- possession)

– mindlessness following fusion with thinking no longer needed

7 – Sexual contact confused with love

– probably especially true for women

– baby neediness makes one especially susceptible to this, especially where one’s bond to one’s primary object was more tenuous and concretely linked to physical skin to skin contact

COMMON BABY STATES OF MIND UNDERLYING CONSCIOUS URGES: [“The Enticement”]

1 – Physical attraction:

– a feeling of very powerful attraction, usually physical and aesthetic, often difficult to consciously explain, that permeates and (pre)occupies the mind and conscious thought = ?mom or dad of infancy, sometimes the very earliest object of aesthetic experience

2 – Mental attraction:

– an intense feeling, often without thought, (unconscious phantasy actually driving it) that this person is so desirable that possession of them would create enormous happiness and fill all sorts of baby needs and voids = ? a link to an aspect of the earliest aesthetic objects of infancy

– A more conscious idealization of what a person would be like in a relationship with imagined interactions etc. that seem perfectly in harmony with ones own felt needs or desires = ? an imagined version of a very desirable mom or dad from infancy who need not have ever actually existed

3 – Infatuation = A temporary, strong attraction, usually based more on wishful idealizations, from baby aspects of the personality, than on adult, realistic evaluations and reactions to another person.

– commonly based on a physical attraction which in turn links to a baby reaction to someone’s appearance that has a primitive aesthetic component, commonly dating back to views of mom or dad in infancy, and when intense, it often overrides more realistic adult appraisals of the object and the situation/context.

– these feelings are commonly lost within a day or two by separation or eroded by a progressive knowledge of how the person is, in reality, not like one’s desired ideal fantasy

4 – Needy motives:

– a temporary needy, lonely, maybe greedy urge to satisfy oneself without concern for others because no one is felt to be watching who will generate any guilt or paranoid anxiety of reprisal, it may be fairly well thought out, it may be mindlessly impulsive or even intensely self destructive unconsciously

5 – Angry motives:

– An angry, hurt retaliatory urge to please oneself without guilt because the injury, deprivation etc. from one's partner justifies or excuses/rationalizes the behavior

6 – Characterological motives:

– a ruthless, competitive, greedy, possessive urge to triumph over or possess a desirable object or deprive someone else of the object, usually about the mother of one's infancy, occasionally acted out between siblings (e.g. "Desperate Housewives" stuff)

– an act of mercy or seeming generosity, with varying degrees of omnipotence, in which a needy baby part of self is projected unconsciously into the object and being serviced vicariously

– unconscious self destructiveness, out of guilt, etc. but usually at root about the destructive part of self getting back in control of the good baby parts (i.e. reestablishing a narcissistic personality organization)

EXTERNAL STRESSORS AND INFANTILE MENTAL PAINS: ["The Provocateurs"]

1 – The infidelity is typically a function of the unconscious baby anxieties provoked by external stressors, commonly within the marriage, which recreate some early childhood situation:

– e.g. separation is far and away the most common source of baby neediness leading to action

– e.g. jealousy is likely to lead to a consciously angry, retaliatory component and/or lead to an affair as a hedge against potential loss

– e.g. unconscious envy will always have unconsciously destructive goals and/or consequences with overt cruelty common in more severe narcissistic personalities

2 – The plan to marry

– loss of freedom to be completely self centered

– infantile phantasy that one will now never get the woman/man of one's dreams (i.e. mom/dad of infancy)

– intolerance of dependence, responsibility, caring, etc.

3 – The birth of a child or second child, etc.

– this is invariably deeply unconscious, i.e. the infantile, preverbal elements may be quite separated off but are often hinted at within the conscious complaints of not getting enough attention, etc.

– recreating an early childhood loss that was associated with the birth of a sibling and the turning away from mom that resulted as a reaction. [Note that if one identifies with the first born (i.e. getting to be the only child) then the injury may only be recreated when the second is born, etc]

4 – Felt deprivation of physical or emotional contact

– need to differentiate an adult reaction to a real deprivation from an externalization of an infantile (internalized) object relationship (and the resultant inability to be adult about it) that is commonly co-created by the two spouses in the marriage

– an adult reaction will have caring feelings about the person potentially cheated on, will not make that person all bad, will not try to manically deny guilt etc., will have faced and measured the situation, will not

exploit anyone, will be open and honest in an appropriate fashion with all parties, will have the capacity to remain permanently mute about it if appropriate, will suffer deprivation readily if anyone else is at risk to be hurt, etc. (note: these are all functions of caring, not morality)

5 – Separation which is either painful or unleashes a manic bit of ruthless greed and destructiveness

GUIDELINES FOR THE THERAPIST TREATING INFIDELITY:

1 – When working with a couple, no other work can be done until the infidelity is worked on and stopped (because there needs to be some trust first and the baby jealousy is too hard to bear).

2 – Look for destructive consequences of the behavior and dream evidence of internal harmony being disrupted to help the patient see the harm they are doing externally and internally in order to avoid reinforcing the patient's manic denial of the significance of their behavior.

– failure to openly confront such evidence the minute it appears is effectively collusion on the part of the therapist with the patient's mania

– such confrontations require tact and dexterity to avoid becoming a bad object whose moralistic, old fashioned, or envious spoiling (of the good fun no longer available to the parent), leads to a dismissal of the unconscious significance of the behavior that is being conveyed by the patient

– you want guilt to be out of loving concern rather than a persecution that can be evaded as unfair

3 – Be alert for the patient's reactions to your unconscious counter transference so that you can work to maintain a posture in which the patient feels you are being honest and straight forward about the problems involved with the patient's behavior. The patient should still feel you are on their side and not just sitting in judgment (out of the above mentioned moral strictures or envy of the fun they are having).

4 – It is essential to portray to the patient how the current situation recreates some aspect of their past that is alive and active in their UCS inner world. Who does the spouse represent, who does the lover represent, and what are various parts of self doing to each and why?

5 – After trying diligently, don't be surprised if you can't save a marriage if the destructive, envious, or faulty foundation elements are too pronounced, they are often realistically insurmountable and the deeds done too hurtfully destructive to ever be forgivable or forgettable.

CASE EXAMPLES

1 – THE STABLE AFFAIR

History of the Infidelity:

– 50 year old stockbroker – very unhappily married for 26 years – one child – wife preoccupied with extensive hobby – he starts a very gradual affair with a coworker after several years of knowing each other and gradually developing a deep respect for each other's capacities and qualities – fall deeply in love with each other – he had preserved over the years a belief about himself, that had clearly originated in early childhood that he was somehow fundamentally unlovable and could never expect a woman to actually value him or see his good qualities.

– it takes years for the two of them to feel safe in the relationship despite their obvious love for each other

My Impression:

– Both are quite neurotic and married with deep unconscious convictions that they would never be loved and receive genuine appreciation of their good qualities because neither occurred in their childhoods.

- Both are prone to anxiety that they are unlovable, both are obsessive, but they seem to genuinely fit together at all levels and do not take their distress out on each other.
- Each one seems starved for physical contact and to have a relationship with a person who will receive their affection and treat it as sincere and valuable.
- They both married originally with only mild attraction and with a feeling that this person was “good enough”.
- His wife was talented in her own right but very denigrating of any and all of his achievements. She was physically undemonstrative, and they progressively antagonized each other over the years to the point of having a marriage only in name, and because she cooked and he worked.

Childhood History:

- He is eldest of four, having three younger sisters who were identified with and favored by mother
- His father was distant, critical, and always siding with mother mindlessly.
- Both his parents were anxious and apparently unconsciously envious of their son’s natural talents, intellect, and abilities, giving him almost no praise or support for his achievements (which he recreated in his marriage).

Unconscious Dynamics Underlying Infidelity:

- He was extraordinarily self-deprecating and self-critical when he came to treatment, seemingly preempting the negativity he expected to be directed at him. This simultaneously diminished any hope for positive regard and left him vulnerable to disappointment.
- He married originally to a woman who was consciously disappointed in, hurt by, and very angry with her father, and constitutionally completely intolerant of any guilty responsibility or blame, instead continuously seeing it (i.e. projecting) in other.
- The patient was out of touch with and frightened by his own anger, hence he tended to project it (i.e. his angry baby self) into his wife who was constantly finding fault with everything, and toward whom he was passively very provocative.
- His good, caring baby parts remained controlled by his destructive self. In turn his destructive self exploited his wife’s criticism as a justification for remaining aloof and not allowing any for any caring vulnerability.
- When this woman first joined his team at work, he didn’t like her, but he came over two years to see that she was consistently kind to everyone, a team player, and she had the people skills she lacked.
- They were both unhappy at home, gradually let that be known, and one day confessed their mutual attraction and the ensuing relationship developed over several years into a serious permanent commitment. It took some 5 plus years therapy before he developed a capacity to risk that intimate committed relationship.

2 – THE BRIEF INSUBSTANTIAL AFFAIR

History of the Infidelity:

- 38 year old accountant – happily married 8 years – 2 kids – wife a professional a few years younger

– He had been having affair with office worker for 3 months when his wife found out and insisted they go to marital therapy intending to divorce him unless I could talk her out of it. She was amenable to my suggestion that she not take the affair personally as he seemed on auto pilot with little awareness of why he was having the affair

– He was completely infatuated with this woman, some ten years younger than he is, and also married but without children. She had initiated the affair through aggressive flirtation.

My Impression:

– He seemed utterly lacking in any insight or psychological mindedness, almost like a mindless, “love struck” adolescent.

– He seemed also to have an unrecognized, implicit, almost delusional belief that this woman was totally in love with him because she couldn’t get enough of “sucking his penis and telling him how wonderful he was”.

– Although his wife was furious with him, she thought he was acting like a “giant baby, a fool and an idiot” and clearly not in his right mind. These impressions seemed to allow her to “not take his behavior personally”.

His Childhood History:

– He was the eldest of three with a brother 17 months younger and a sister 3 1/2 years younger.

– He felt he was mother’s favorite and in many ways acted like an only child, adopting a rather parental attitude toward his two younger siblings who were very close emotionally to each other

– The patient’s father was friendly but distant, the patient clearly favoring the mother.

Unconscious Dynamics Underlying Infidelity:

– His jealous possessiveness of his mother, sense of triumph over siblings, and general shallowness, led him to feel diminished at home where his wife was the superstar.

– My impression of the woman at his workplace with whom he had the affair was that she was actually a quite disturbed and aggressive. I suspected that at a baby level she was an envious and narcissistic woman who was stealing all the “good daddy’s penis’s” and depriving the mommies of them.

– His infantile, narcissistic triumph came to an end when he discovered that his partner had also gotten a ‘blowjob’ from her, and thought of her as a pathetic “slut”.

3 – SERIAL INTERMITTENT AFFAIRS, FIRST EXAMPLE

History of the Infidelity:

– The patient was a 46 year old man, married 17 years, with three teenage children

– He had cheated many times from the beginning of marriage, despite loving her and seeing her as great wife and mother, and having an active sexual relationship with her

– They had begun drifting apart in recent years, maintaining a low conflict but more distant relationship, as she became more deeply involved in her dog breeding, showing, etc.

– When he had a job change, requiring extensive travel, he developed a number of regular ongoing affairs in a number of different cities.

– A friend recommended that he come see me for a consultation when it became apparent to the friend that the patient seemed to be depressed.

First Consultation:

– The first visit to me was provoked by a massive outbreak of paranoid anxiety, stimulated by a rash in his groin which he assumed was “herpes”. He imagined it would be given to his wife, hurt her, and expose his infidelity.

– As he described to me, he became despondent with guilt after the rash appeared, and “borderline suicidal”.

– The description of his motives for infidelity was somewhat unique. He was quite musical by avocation, and described with a very detailed aesthetic sensibility, how he loved everything about women. He had a capacity to appreciate every aesthetic detail of their physical being, hair, skin, contours, smell, movement, etc. He would become intoxicated with the beauty of these elements and devote himself to their celebration by appreciating and devoting himself to satisfying and pleasing the woman in any and every possible physical way.

– H described how he had developed a “sixth sense” for women whose own baby selves (i.e. my way of thinking of it) would respond to this type of worship, and whose neediness would make them available for an affair.

– I got the impression that he consciously felt that what he did was not destructive because he was so “selfless” in his devotion to pleasuring the woman – plus he would fall madly in love with each one. He felt himself to be unable to resist the beauty of women, felt himself to be something like a sexual addict, but was really completely devoid of any insight into the meaning of his behavior.

My Impression:

– My emotional experience of him was one of a deeply deprived baby, desperate for contact with its missing mommy, saying at every turn, are you my mommy?

– He came across as being a decent, very caring human being, loved his kids, was deeply loyal to his friends, generous to a fault with many, but had fallen out of love with his wife.

– There seemed to be a lack of discrimination between the physical “mommy” of his childhood, for whom he pined, and the reality that each woman he was leading on was a unique human being with feelings of her own that would ultimately lead to each of them being hurt. He was thinking of them as extensions of himself and failing to be separate enough to put himself in their shoes.

– There was also a hint of greed and hostility (toward women in general) in the ease with which he acquired new conscripts into his harem but he seemed completely unaware of this aspect.

His Childhood History

– He was the youngest of three children, the next older of his two sisters being a half dozen years his senior, and he was never very close to either sister

– His father traveled a great deal during his childhood, also having many affairs until his mid forties when he divorced and then remarried, apparently happily, ending extra marital activities permanently

– The patient’s mother was a career woman who went back to work when he was only a few weeks old.

- He remembered spending a completely miserable childhood in daycare facilities until he started elementary school and developed friends.
- He viewed his mother to be a decent sort, dutiful but not very emotional demonstrative, and he was not aware of much feeling for her of any sort, and definitely not aware of hostility toward her.

Unconscious Dynamics Underlying Infidelity:

- I felt this man had suffered a deep wound in infancy from which he had never recovered, but had somehow retained a deep longing for the aesthetic object of his infancy.
- He fell madly in love with every woman with whom he had a sexual relationship, worshipped their bodies, and seemed to equate sex with love, and also imagining that being physically joined up was the proper state of a relationship.
- His guilt at betraying his marriage was crushing. Although his wife was loving, she no longer seemed to need the intensity of constant sexual contact that he needed to stave off what seemed to be an underlying anaclitic depression related to his early separation from his mom.
- Adult and infantile sexuality were completely intertwined and confused with each other in his mind at an unconscious level.

3 – SERIAL INTERMITTENT AFFAIRS, SECOND EXAMPLE

History of the Infidelity:

- Patient was a 33 year old mother of 2, professional woman, was always flirting with men, had been married twice and cheated on both as opportunity allowed, without any real expectation of a long term relationship in her brief affairs.

My Impression:

- She was attractive, tightly wound, smiled often in a tense nervous fashion as if she felt guilty about existing, and was always expecting criticism which she felt she would deserve.
- Being in the same room with her generated an uncharacteristic feeling of hyperactivity or agitation in me. It was as if I anticipated being driven into an enactment with her, probably in form of criticizing her or telling her that she is crazy.

Her History:

- She was the eldest of 9 children, born close together in age, to a paranoid schizophrenic mother and a distant “nebishy” father.
- She has felt all her life that she is running away from invasion by her mother who will infect her with craziness. This running has always taken her into the arms of men, but she then quickly feels claustrophobic in reaction to their desire to possess her.

Unconscious Dynamics Underlying Infidelity:

- She has a moderately strong narcissistic personality organization that is felt to protect her from a crazy mother and from being invaded with craziness.
- Her turning to men has little to do with a relationship. It seems to have more to do with finding a good daddy to protect her. This is never successful because the new relationship leads invariably to her projecting into them her own baby neediness. This then leads to the feeling that they threaten to invade and control her, leading to running off to privacy, and then a new relationship.

[This is a very distressing vicious cycle to find oneself in because there is never any relief to be found in a relationship and one is stuck with one's own feeling of craziness.]

– There is a very oral quality to her sexuality that seems desperate and fundamentally unstable, here today, then gone with tomorrow's claustrophobic anxiety.

4 – SERIAL, COMPULSIVE INFIDELITY:

History of Infidelity:

– Patient was a 35 year old man, working in real estate, never married, but had several long term girlfriends on whom he had always cheated. He had a conscious attitude that one woman was never enough for him and he surmised that it was because he had a “high sex quotient”.

– On deeper examination, it turned out that every woman he saw who was attractive to him, and with whom he had contact in any ongoing way, became the object of an overwhelming desire to “get inside her pants”. This probably had the unconscious meaning getting inside her body, and thus feeling in possession and control of her. This would then become a task to which he would then devote himself with all his salesman-like charm.

– Once a woman had been possessed, he still liked her, but no longer felt driven to be in physical contact with her.

My Impression:

– He was friendly, not overtly hostile or contemptuous of women, essentially likable, but someone who remained aloof from treatment and me. Most noteworthy was his inability to ever be sure that anything I said to him was correct, or that I was being honest and could be trusted.

– At the time he began treatment, he was in a relationship of about 8 months with a woman who was his age, had a child, and seemed a genuinely decent sort who loved him. Unfortunately, he confided to me that he could never see himself marrying a woman with a “child that wasn't his”.

His Childhood History:

– He was the second of four kids, all less than two years apart, except the last who was born 4 years later.

– His father was away a great deal in the military, and the patient described his mother as a good, dutiful woman with whom he was never very close, though I could never tell if it was due to her or him.

Unconscious Dynamics Underlying Infidelity:

– This man was very shallow and not psychologically minded. He seemed deeply narcissistically injured as an infant and child, though he could not give me a history of his infancy, even when prodded to talk with his mom.

– His dreams showed a severely entrenched narcissistic organization which he had no interest in giving. I did succeed in keeping him in treatment for three years, until he moved to a new job in another city.

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.