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Mariusz Furgał, Bernadetta Janusz

THE EXPERIENCE OF THE IMPASSE IN THE THERAPY OF THE COUPLES OF PERSONS WITH PRIMARY DEFENCE MECHANISMS DOMINATION. BETWEEN HELPLESSNESS AND A CHANCE FOR THE CHANGE AND DEVELOPMENT[1]

Chair of Psychiatry, Jagiellonian University Medical College

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Summary: The authors address their article to the understanding of the impasse in the work with the couples in which we have to deal with the defense mechanisms like splitting, or projective identification, often connected with personality disorders. This kind of couples is characterized by recurrent acting out of conflicts. The paper presents systemic and psychoanalytic (mainly in the object relation theory) perspectives as the basic theoretical framework for the analysis of described phenomena. It presents to the concept of personality disorders diagnosis in the setting of the couple therapy. It presents how the relation can change the diagnostic impressions of the personality structure and how it leads to problematic clinical situations. The paper presented case vignettes illustrates changing role of the therapist in consecutive stages of the therapy. They show the impasse in the therapeutic process and the ways how the therapist is dealing with the problem. The therapist of these couples struggles with many dilemmas and a recurrent question concerning the continuation of the treatment. In the summation authors conclude on the practical use of the systemic and psychoanalytic paradigm in the analyzed clinical situations.

Introduction

Although family and couple therapies are not considered to be the area of diagnosis and treatment of personality disorders, it is personality disorders that motivate a couple or family to start therapy which often turns to be successful. Both systemic and psychoanalytic modalities introduce their specific values and tools into couple therapy. These differences bring new practical possibilities of working with couples, especially when one or both partners have been diagnosed with personality disorders. In the second

[1] Fragments of Mariusz Furgał's speech "Personality disorder or impaired relationship?" at the conference of the Division of Personality Disorders and Neurosis in Józef Babiński Hospital in Krakow on 6th September 2014 were used in the study.

part of this paper we present two cases of such therapies. We base our therapeutic and supervisory work with these couples on systemic and psychoanalytic paradigms. The aim of this paper is to reflect on basic difficulties and positive changes that we observed in both therapeutic processes. The main difficulties that were observed were long duration of therapy and changing role of therapist, as well as alliance of couple against therapy or therapists and repeated enactment of conflicts.

Systemic paradigm in couple therapy

Most modalities of family and couple therapy do not refer to clinical diagnoses as sources of therapeutic conceptualization, therefore in the course of family and couple therapy we usually do not make individual diagnoses, although they often remain implicit. Assessment of dysfunctions is often limited to their results observed in family relations. We clearly observe that attitudes of family members resulting from their personality disorders disturb family relations.

Diagnostic hypotheses of personality disorders carry risk of mistakes and abuse. Some authors [1] indicate that the level of reflective functioning[2] is different in various relations, which means that some adults are not able to mentalize internal states of themselves and their partners, when in relationship, although they can do it in other relations. Similarly, characteristic attachment style of a patient may vary — the patient may have secure attachment style in relationship with mother's figure and disorganized attachment style in relationship with father's figure. A question that these issues bring is whether analysis of relations with individual persons, in couple therapy mainly a partner, and historical relations with the family of origin give a sufficient basis for diagnosis of personality disorders, and whether this diagnosis is professionally and ethically justified. Systemic diagnosis usually refers to interactions and transactions, relations and behaviors that are observed between partners. It is later broadened by historical and transgenerational aspects. Therefore a starting point for a couple and family therapist is described by behavioral and interactive perspectives, rather than by a defined personality structure [2].

Although systemic therapy has been successfully applied in treatment of families and couples where individual members had severe diagnoses such as anorexia nervosa or schizophrenia, the therapy itself was not based on nosological or nosographical diagnosis but on the dysfunction of a family system. Patients with individual diagnosis were usually in a parallel individual therapy, which was often a condition for family treatment. Whereas in cases of anorexia nervosa and schizophrenia, systemic therapy has developed original methods, systemic literature does not specify any dedicated treatment [3, 4] of personality disorders. Some theoretical solutions applicable from the perspective of

[2] The ability to understand one's own and other peoples' thoughts, experiences and feelings.

family and couple therapy have been developed within attachment theory rooted in psychoanalytic theories. A dynamically developing emotionally focused therapy [5] is focused on changing attachment patterns in a couple, yet it is not a treatment method aimed specifically at personality disorders.

Family and couple therapy is based on relatively stable disposition of partners within relational context. We do not refer to personality traits or personality structure but we focus on manifestations of these stable dispositions in relations, referring to them as patterns of interactions or repeatable scripts. These patterns are often a manifestation of personality structure or personality traits in an interactive family environment.

Object relations theory in couple therapy

Melanie Klein has shown that people enter relations in an unconscious way by projecting parts of themselves that they find endangering into other people. Such unconscious defensive mechanism is present in all close relations. It originates from relationship with parents and is continued in other relations through the whole life. Projected elements interact with psychological organization of the other person and they may cause identification with the internal states of the projecting person (projective identification). The person who is the object of projective identification introduces projected elements into his/her mind by means of introjective identification. Wilfred Bion has described a continuous cycle of projective and introjective identification between mother and child. Projective identification does not only play a defensive role but it is also a means of unconscious communication between people who remain in emotional relations [6]. The process of getting to know each other consists of numerous cycles of projective and introjective identification. This type of unconscious communication plays a fundamental role in child development, yet it remains important in adult relations.

Henry Dicks [7] in 1960s has observed that relatively healthy couples often present primitive object relations. He concluded that one of the basic sources of marital conflicts is transferential perception of partner and inability to accept his/her separate identity or nature. He observed that couples tend to evolve into polarized systems such as sadistic-masochistic, dominant-submissive, healthy-sick, independent-dependent. Both polarized halves create a full couple personality, whereas each of the spouses alone is incomplete. Dicks discovered that marriage draws partners towards regression in a way similar to groups. Even people with relatively strong ego, when in a dyadic relation, tend to enter into parent-child relation. When a marriage experiences difficulties, partners look at each other from the perspective of unconscious needs, as an internalized object, and they both function as one connected personality. In this way each partner tries to regain lost aspects of their primary object relations, split off early in life, by means of the other person. On a deeper level partners perceive and treat themselves as parts of their Self.

Jürg Willi [8] in 1970s developed this idea even further by creating a conception of marital collusion. In his conception partners cooperate on an unconscious level in a way that strengthens individual problems of each other in the mechanism of vicious circle. Each type of collusion comprises regressive and progressive elements. In narcissistic collusion the partner representing regressive element imagines that it is possible to resign fully from him/herself in order to sacrifice for the other and get from him/her a better Self, whereas the partner representing the progressive aspect imagines that the other will fully sacrifice him/herself in order to broaden and add value to his/her Self. Oral collusion is organized around the issue of love understood as caring for each other. The regressive aspect means that a person can be supported, nursed and spoilt without giving anything back; the progressive aspect is defined by the notion that by nursing the partner one may change into a sacrificing mother and savior. In anal-sadistic collusion, love is understood as a duty and full dependence. The regressive pole comprises an image of passive submission and total dependence from the partner, whereas the progressive aspect means that one partner belongs to the other and can be totally controlled. Phallic collusion describes love as confirmation of masculinity. Progressive fantasy comprises an image of man as a fully potent hero in every aspect, and a woman as a regressed spectator.

Each partner is influenced by regressive and progressive aspects of collusions. Healthy couples experience both regressive and progressive fantasies with coexistence of conflictual motives. In pathological situation regressive and progressive aspects are strengthened and further polarized.

Pioneers of couple therapy who created an original approach based on object relation theoreticians such as Melanie Klein, Donald Winnicott, Wilfred Bion and Ronald Fairbairn are David and Jill Scharff [9]. They present how, in therapeutic situation, there are not only two persons with their transference/countertransference emotions, but also an unconscious psychological structure comprising two internal objects in mutual interaction. In this way a therapist in individual therapy does not only work with patient's own personality but also with elements of personality of his/her partner or other close family member.

Impasse in psychotherapy of couples with personality disorders

Analysis of possible causes of impasse in psychotherapy is often followed by diagnosis of personality disorders. This situation is widely observed and well known in psychiatry. Sometimes diagnosis of personality disorders is considered to be the sole reason of therapeutic frustrations, entanglements and failures. This is sometimes the case in family and couple therapy, especially when analysis of psychological world of individual patients is avoided. When systemic interventions aimed at cognitive area or

meant to influence family interactions do not bring effects, the hypothesis of personality disorders diagnosis comes at hand. One may look for some "sickness" that is responsible for therapeutic failure. In most systemic modalities of family and couple therapy such patients (one or both partners) are referred to individual psychotherapy. There are therapists (usually object relations theory oriented) who undertake couple therapy aimed at deeper individual changes in both partners. Referral to individual therapy is a complicated moment not only because of rivalry feelings of therapist or difficulty in parting with the couple, but also due to emotionally and ethically delicate issue of giving an individual diagnosis which may be used as a harmful tool in relational conflicts, especially as it is rarely formally confirmed. Another complication is due to the fact that the need of individual therapy is often diagnosed in one of the partners – when the therapist acknowledges that the conflict is caused by one person (although we have explained above, that couple difficulties usually require two participants). When systemic therapist refers one partner for therapy, they are at risk of colluding with aggressive stance of the other partner.

Repeated enactment of conflicts: impasse or "access path"?

There are therapeutic processes, where insight into basic mechanisms disturbing couple relations and observable improvements of intimacy do not prevent partners from enactment of basic internal conflicts. According to Salvador Minuchin [10], enactment of conflictual situation in therapeutic session unveils underlying family structure. The role of therapist is to actively join the situation in order to change family interactions and, in consequence, rebuild family structure. Such definition of therapeutic situation means that repeated enactments of family conflicts help therapist structure and facilitate couple interactions. In couple therapy based on object relations theory, enactments can be understood as manifestations of underlying projections of internal objects into the partner [6]. An early introjected experience of rejecting object may be put into the other person who will then be experienced as rejecting. This type of projection provides temporary relief and helps to experience unpleasant feelings as coming from an external source. The other partner identifies with such projection and begins to withdraw from relation and in the same way he/she does reject the partner. These interactions are often repeated in the course of psychotherapy and it is not always possible for the therapist to stop them, as they play a significant role for the partner who uses projection to protect him/herself from experiencing internal rejection. These considerations evoke important questions. To what extent can couple therapy restructure internal objects? Can partners become real objects rather than objects of projection for each other? Can relationship with partner be internalized as one that gratifies needs?

In emotion focused couple therapy [11] enactment of conflicts in couples is usually understood as a reaction to the situation when basic bond is threatened. Representatives

of this modality refer to John Bowlby [12] and show that feelings of fury and despair that can be observed in children separated from their parents may also be present in partnership relations. Enactment may be therefore understood as a reaction to separation, namely being separated from or abandoned by the partner. This type of enactment becomes difficult because partners have no access to primary feelings that are blocked by rejection anxiety and therefore manifested through anxious, intrusive search for closeness and retreat from partner's attacks.

Two vignettes of couple therapy presented below show how a repeated interaction pattern is enacted in therapy and how introduction of diagnosis of both partners' personality structure supported their understanding.

Couple A: Unseen — blind

In couple A wife reported that her husband abandoned her when she was miscarrying. She felt as if she was the only one who wanted a baby. Coming to therapy, she said that she has no more strength to fight alone. Her husband did not see any problems. He thought they can work through any problem together. During second consultation he said that his mother and wife can't stand each other, and that his wife doesn't support him in caring for his mother. This statement showed how difficult it was for him to be open to wife's feelings of abandonment in their relationship. In the course of first few consultations husband remained fully rational, saying that what the couple needs is an interpreter who would translate his messages to his wife. Wife's main concern was to feel important in her husband's life. In face of mixed expectations the aim of therapy was settled to examine why does the wife feel unimportant and unseen (problem reported by wife) and to help wife communicate her feelings to her husband (problem reported by both partners) so that he can understand and accept them. In formulation of the contract, therapist referred to the metaphor of "translating one language to the other" introduced by the husband. Sessions lead by one therapist took place every other week and the role of co-therapist was played be trainee therapists. The process of therapy was supervised every two months and supervision was carried according to group psychoanalysis method.

During first few sessions wife was describing numerous situations when she felt excluded from family life of her husband such as holidays or important family occasions. The following quotation represents typical dialog between partners in the sessions:

Husband: *My family doesn't want to see my wife but it is her fault.*
Wife: *I feel abandoned.*
Husband*: She doesn't see how much I am doing for her.*

Commenting on these interactions, therapist was initially describing loops of reciprocal feedback by showing that when husband spends holidays with his family, wife feels abandoned and treated unfairly, yet when she communicates these feelings to him, he moves further away. It was emotionally difficult for the therapist to bear the situation in which husband did not at all notice his wife's needs. The following vignette illustrates this discrepancy in an even more dramatic way.

Wife: *I stopped asking him for help… he left on Friday before holidays, it started on Wednesday, he didn't come back, I was sad during holidays. I decided to tell him how badly I feel, I wanted him to come back and he stayed there for the whole week.*

Husband: *I drove there by car and I didn't want to come back because there was plenty of snow, I told her to join us when she said how badly she felt. She didn't come. Maybe it is better because the atmosphere would be tense, ladies would quarrel again.*

In the course of discussion therapist tried to examine husband's ability to see that he totally rejects wife's emotions, does not listen to her complaints and is unable to imagine her internal world. As the therapist felt angry and detached she began to diagnose husband as a narcissistic personality and she felt that his wife is trying to pursue him being at the same time tied to the role of a victim.

Supervision helped the therapist concentrate on the issue of wife's depressiveness and abandonment that the husband did not want to see as he was denying them in himself. This understanding helped therapist overcome her anger towards husband and undertake further work aimed at touching child needs of both partners. In the course of further work, husband started to reject his wife's needs again; he seemed unable to understand her feelings. He began to stress how well they were doing together and that he needed more freedom and acceptance in his decisions. At that period of the process numerous violations of setting took place. Psychoanalytic supervision helped the therapist understand them as rejection of dependence that was used as a defense against fusion, placing unstable and abandoning elements in the therapist. This understanding helped the therapist overcome her countertransference and continue work with more understanding stance. Work with negative feedback loops continued. After one year of therapy it was agreed that basic aims of therapy related to communication and ways of being together were achieved and therapy was terminated. Therapist felt that in the area of "not seeing" and looking at the other from above little has changed. Therapy was carried according to systemic paradigm, yet psychoanalytic supervision helped the therapist work with the couple and gain deeper understanding of how husband's superiority and contempt was a defense against internal humiliation.

Therapeutic process described above raises many questions and doubts. The main question refers to the possibility of working with the couple towards mutual

understanding and acceptance of their needs related to sadness and helplessness. The question remains open whether long-term psychoanalytic work would open a path to change the pattern of relation that we could call after Jürg Willi [8] narcissistic collusion.

The following vignette illustrates therapeutic work with couple B. In the course of therapy it was decided that the therapy will be continued in the form of long-term psychoanalytic couple therapy.

Couple B: Enactment of devaluation

Couple B looked for therapy because of repeated marital conflicts, lack of intimacy and sexual life and numerous conflicts between wife and husband's parents. The couple has two children and lives live close to husband's parents. The aim of therapy was to understand what needs and unexpressed desires underlie roaring quarrels between partners. Sessions were held once a fortnight and therapy was supervised once every two months. During sessions one co-therapist – observer was present.

The first two years of therapy were dominated by meticulous descriptions of conflicts related to children care and general functioning of the house as well as family acting outs such as wife throwing through the window presents from her mother-in-law or husband throwing his wife from the car. It was very difficult to move to the level of psychological examination of individual needs or emotional experiences. The therapist was facing mutual accusations: wife saying that her husband does not understand her, does not talk to her, treats her like an idiot with no higher, spiritual values. At the same time wife considered her husband to be submissive to his family, lacking in masculinity, aloof and egoistic. During first stage of therapy, which lasted two years, therapist was trying to address feelings and needs covered deeply by mutual accusations and reformulate them as feelings, wounds and needs. One of therapeutic aims, supported by supervision, was an attempt to move from concrete descriptions towards descriptions of mental states of each partner. This led to moments of temporary calming down of partners in the sessions, followed by sadness and touches of despair in both of them. It was very difficult to link early childhood and developmental experiences with contemporary emotions towards each other. Therapist had the impression that both partners apply a kind of "mental scissors" that they use to cut off all links. It was interesting that partners were able to see such links in the life of the other but not their own. In the third year of therapy, partners reported on moments of mutual closeness and sexual intimacy, yet they were usually followed by harmful attacks and withdrawal onto aggressive positions. Wife used to bring into the sessions the issues of inability to be close and lack of emotional satisfaction, whereas husband used to talk about being underestimated and needing more sexual satisfaction. During supervisions, therapist had questions about the limits of therapy, especially because in the sessions partners still tended to enact aggressive

relation in the mechanism of vicious circle. Typical interaction of partners is illustrated by the following dialogue from the beginning of third year of therapy where primary feelings and states of mind are present:

Wife: *I simply do not feel like doing it, I'm not doing it on purpose, we are just missing the spark…, it is because we have completely nothing in common.*

Husband: *We have nothing in common because you do not treat me like a man.*

Wife: *It is not the matter of what you look like but your behavior.*

Husband: *You want me to change something I cannot change. What do you want? Do you want to move out to the camper or somewhere? Do you want to live separately? I don't understand what you want. You just can't accept situation in which you are* (wife begins to cry).

Husband: *This turns into a blind alley.*

Wife: *What blind alley do you mean?*

Husband: *You want to move out but where to?*

Wife: *I don't know.*

Husband: I*'m not sure if you will manage to settle things on your own.*

Wife: *I'm not either. […] Not at this stage when everything is destroyed.*

Husband: *You can't talk about anything, everything is harmful to you.*

Wife: *You talked to me didn't you.*

Husband: *No, I didn't.*

Wife: *You talked in a mocking way but you talked to me… it is not the issue…*

Therapist: *What is the issue then?*

Husband: *She has always been judging me, she has always been thinking of me wrongly, even now, you can't talk about anything properly – where do you want to live? In a camper in a barrack?*

Wife: *Not that he is related to his parents but that he can't set limits to them.*

Therapist: *You have talked about childhood and I wanted to focus your attention on something that I couldn't do, namely, that your husband could feel how hard it was for you and yet he may have had hard times himself.*

Wife: *It was much more difficult for husband's sister.*

Therapist: *Can you see that it may have been difficult for your wife to have a nervous father but it does not mean that she became strange herself?*

Wife: *It wasn't hard for me.*

Comment

At this stage of therapy the therapist asked herself whether repeated enactments can be further utilized to deepen mutual understanding and give meaning to internal states of partners, or they became stereotypical reactions, enactments of dramatic scene that cannot be left. It seemed that both partners fall into emotional prison where they hold tightly to each other and cannot see a way out. They could not separate from each other but they

could not be close either, they both felt emotionally harmed by emotional distance between them and frustrated when they were trying to get close to each other. At some sessions the therapist felt that they are able to come close and get out of a circle of mutual enactments, but they were followed by sessions where all links were cut. The therapist felt that she had to fight continuously to give emotional meanings to actions and prevent partners from continuous harming each other. After sessions couple usually felt relieved and calm, but attacks and accusations continued. Therapist often felt that her role is limited to never-ending containment of tension and anxiety of a couple that declares commitment to therapy.

Couple B has confronted the therapist with question related to the limits of possible help and the sense of continuing therapy. Therapist felt confronted with feelings of helplessness and limited possibility of change that would provide the couple with stable satisfaction from mutual life. In the beginning of the fourth year of therapy both partners indicated that therapy became a safety valve in their relationship, a stable point that they waited for in order to talk about difficult issues. At the same time they missed out of some of the sessions. The discussion of this fact unveiled feelings of helplessness and sadness. It turned out that both partners and the therapist are coping with alternating feelings of hope and hopelessness, belief in success and lack of it. The therapist initiated a discussion about termination of therapy to make room for assessment what is possible and might happen in therapy, or is not possible in this therapeutic relationship. The last sessions with the couple were marked by the atmosphere of sadness and calmness, there were no more mutual accusations resulting from projections of persecutory anxieties onto the partner. It was understood to be a result of long-term psychoanalytic work with couple. Despite the therapists' suggestions, partners decided not to undertake individual therapies.

Such effect could not be reached in short-term systemic therapy of couple A. Both approaches had their limitations.

Conclusions

Namysłowska and Siewierska [13] have expressed a belief that a couple therapist has to have knowledge and skills related to both family and individual processes. This paper supports such thesis. We think that focusing solely on understanding of the internal world of the patient without reference to broader, actual, relational situation as well as ignoring individual mind in order to concentrate on interactions and family relations, always leads to reduction of therapeutic possibilities. Sometimes such reduction is sufficient and justified, yet in cases of impasse in psychotherapy, turning towards a different paradigm happens to be unlocking and brings a number of meanings that can be utilized in

psychotherapeutic process. It may, however, raise ethical issues. Proposing a long-term therapy that consumes more resources and is emotionally demanding may require reformulation of therapeutic contract. In this type of processes, therapists are confronted with their helplessness, anxiety, limitations and lack of clear time limits and efforts that will have to be invested into the process. It seems, however, that there are no other possibilities than to go through limitations and pain together, as they become a curing factor if they are experienced within a bonding relationship and may be reflected upon.

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Address: f@onet.pl