

# How the Psychoanalyst Working Primarily with One Person Can Make a Successful Couple Intervention; Or, Why Psychoanalysts Should Not Back Away from Working with Couples

IRENE HARWOOD, PH.D., PSY.D.

This paper illustrates the value of the individual analyst's deep knowledge of the patient in a couple setting; describes how the analyst informed by many theoretical perspectives decided to work in different modalities (individual, group, couple) with the same patient; and discusses when such additions would have been contraindicated as well as what could have been the consequences if the analyst did not attune to the patient's need for "optimum space" or follow the direction of the patient's creative gestures.

C OUPLE THERAPISTS OFTEN WORK LONG AND HARD TO UNDERSTAND the underlying basis of the ruptures in the dyadic relationship and how to intervene most optimally to help repair the injuries or breaks in the bond. On the other hand, the individual analyst working transferentially may be better informed in making an intervention sooner when a rupture occurs in a couple's relationship. To illustrate

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Irene Harwood, Ph.D., Psy.D. is Psychoanalyst, Southern California Psychoanalytic Institute; Assistant Clinical Professor, University of California, Los Angeles; Director, Prevention of Insecure Attachment Project (PIDA); Cofounder, Society for the Study of the Self.

this point, I focus on the knowledge drawn from analytic work that was used successfully in a couple session. I also discuss in which instances such an intervention might not work for either member of the couple. Theoretical principles from infant research, intersubjectivity, self psychology, motivational systems, trauma, and Winnicott's theoretical framework are used.

## *Initial Referral*

Robert was referred to me "because he was shy, uncomfortable with women, and not sure of what to say in social groups." He had been to many therapists and to two different groups in which he was given suggestions or exercises in "how to act or how to be social." He left them all after a short time. I asked myself whether being told "how to act" or "how to be" was possibly related to Robert's leaving these forms of treatment and wondered if these interventions could have also been experienced as "impingements" or substitutions of his "creative gestures" (Winnicott, 1960a). The answers to my musings would have to wait until I had enough material from Robert. The referring person, knowing that I do psychodynamic/psychoanalytic groups, added, "I think you could put him in one of your groups—he

is not asocial—but he may want to work with you individually.”

#### *Determining the Modality of Treatment*

I do not put people in groups without first seeing them individually and evaluating what course of treatment would be best for them. Understanding a person's developmental deficits and impingements helps me determine if any of my groups would be appropriate (Harwood, 1995, 1996). Using Ogden's (1994) notion of the “intersubjective analytic third,” I try to understand the person's conscious and unconscious input and my own associations. It is important to establish if we are a good-enough analytic dyadic match before considering placement in a group. If there is a rupture, I try to repair whatever misattunements there might be on my part. If I cannot, I try to think about who of my trusted colleagues could be a better analytic match,

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and I refer the person to someone who I think could be a better intersubjective match in facilitating the developmental journey.

#### *Understanding the Optimum Regulating Engagement*

Through use of split-screen videotapes, Beebe (2002) made us exquisitely aware of the ramifications of mother–infant attunement and misattunement. Mothers who try to lead their babies without paying attention to the babies' need for agency fail miserably and do not contribute to their babies' ability to self-regulate or to relate to others. Mothers who lead their babies continually without regard to the babies' need for their own creative gesture can have children who are continually protesting or children who eventually close down and go limp. Psychoanalysts and psychotherapists can learn much from Beebe's (2000) research and interventions. They should pay close attention to the “optimum distance, closeness and space” that I believe each person requires to be able to experience “continuity of being” (Winnicott, 1960a) within a dyad. Determining the “optimum distance, closeness and space” is not only important for what Beebe (2000) termed *interactive regulation* for the psychoanalytic/psychotherapeutic dyad but for the couple in relationship as well. On the other hand, Trevarthen's (2000) videotapes teach us about the possibility of making verbal/emotional music together when we observe and listen to the mutual rhythmic cooing in many different languages between newborns and their caretakers from many different cultures.

#### *Preliminary Sessions Used to Evaluate a Person's*

##### *Ability to Be Within a Dyad or Many Dyads*

Thus, if someone wants group treatment and if our first consultation is “good enough,” I suggest we start a series of individual sessions so that I can get to know the person before deciding if group is appropriate. If it is, the knowledge gained from establishing a bond during these preliminary sessions aids me in making appropriate, developmentally attuned interventions as issues arise between group members and the new member. The prospective group person also needs to

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know something about my predictability as an analyst and be able to form a trusting-enough connection before starting group. As groups

can have ruptures and misunderstandings between members, the incoming member needs to know and feel that he or she can turn to the group analyst or group conductor to make meaning out of the rupture for each participant. For repair and healing to occur, the group analyst facilitates the subjective understanding of what was injurious to each person and why.

#### *Robert's First Individual Session*

When I first met Robert, he seemed awkward, but not totally. He stood in the middle of the room and waited for me to tell him where to sit. Before the moment became too long or too awkward, I said, "Wherever you will be most comfortable." He smiled with what seemed to be relief. He waited to see where I would sit and then chose the couch directly across the room—the farthest distance from my chair but facing me directly.

He spontaneously told me of events in his life, his family history, what therapists he had seen, and how they were not that helpful in their suggestions. I listened carefully and asked some clarifying questions but tried mostly to observe his reactions to our intersubjective atmosphere. Somehow I got the sense that I should not move too much and that Robert should do the orchestration. We got through the first session in a good-enough fashion. Robert wanted to see me again.

And for my part, I liked him. There was something boyish, something (maybe traumatized) fragile, though resolute about him. His smile said, "Like me, but don't ask too much of me." Although his body language said, "Be there, but don't direct," his words asked for direction.

#### *Second Session and Beyond*

During the second session, after pausing in the middle of the room, Robert took a seat in the middle of a three-person couch to the left of me—a little closer, but at an angle. I had to turn my chair left, toward

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him, to look at him—we were no longer "head-on." Although we were closer, this seating position allowed Robert to look away from me while he was sitting straight, and he could turn toward me when he wanted to look at me. Thus, gaze aversion (Beebe, 2000, 2002) would be the norm, and gaze engagement would occur only when Robert chose to engage. When Robert exercised gaze aversion, there would be no way for me to engage his eyes unless I moved my chair. (Much later, I realized that this position put his left hand and arm farthest away from me.) I thought I was beginning to understand something about Robert's need to self-regulate within a dyadic interaction (Beebe and Lachmann, 1994). His requests for direction from me contradicted my own subjective feeling that he needed to find his own creative gestures. Instead of giving direct answers, I "object-presented" à la Winnicott (1962) his own questions in an attuned manner. Our individual sessions seemed to proceed well enough. As Robert was in no rush to join a group, and I felt we needed a solid working connection before group could be added, we continued to work individually.

*Object-Presenting and Facilitating His  
Creative Gestures*

Robert continually asked for a formula of some kind to “make things go right” for him. I had none to give, and I knew that I should not be tempted to find one. He kept asking for the “right direction” from me, but I was feeling that, if I gave in and provided one, both of us would fall into a trap. Ironically, while Robert was asking me how I could make him more successful socially and in his musical career, he was working successfully as an artist and was becoming more and more in demand professionally.

I was working intersubjectively within the analytic dyad, trying to understand the transference. Robert kept asking for particular answers to “how to.” The best I could come up with was a combination of “You are an artist—we need to trust in the melody that will come from within you.” While we continued in this melodic repetition, Robert signed up for various courses and workshops that were to teach him “how to be” and “how to succeed.” He would drop out of each of these after a few sessions. The negative transference almost

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totally remained out of the room. Although at times he questioned what he was gaining from the treatment (as I would not provide answers or formulas), he continued to come.

By now, I knew Robert was searching for his own direction. At the same time, he was not just making distance between us but was defining the “optimum dyadic space” between us. (I am enlarging on Kohut’s, 1977, idea of “optimum frustration” and on Bacal’s, 1998, contribution of “optimum responsiveness.”) At moments, though, I was not sure if I might have misattuned or impinged, and I wondered if he would continue in our analytic work.

*Ogden’s Intersubjective Analytic Third;*

*Or, My Analytic Reverie*

Having studied different theoretical schools, I trust that what is most relevant and meaningful will come forth in my own analytic consciousness.

With Robert, my analytic reverie kept taking me to Beebe’s (2000, 2002) work. The mothers who were not attuned to their infants kept going after their babies, and the babies were trying to escape their mothers, twisting and turning away, contorting and even vomiting up what they experienced as the affective insistent impinging offering of their mothers. These babies were protesting for what Lichtenberg (1989) described as the need for psychic regulation of physiologic requirements. On the other hand, the attuned mothers on Beebe’s research videotapes let their infants break the gaze or connection without chasing after them and waited for the infants to come back and reengage.

Robert told me that he had twice experienced a “break” or fragmentation of his sense of self and had to be hospitalized—once in his late adolescence and once before starting to work with me. Somehow my instinctive subjective “pianissimo” rather than “andante” stance with Robert started making more sense to me.

When Robert explored different “how-to workshops” (demonstrating

Lichtenberg's exploratory and assertive motivational system), I kept recalling Winnicott's words—something to the effect that the creative gesture had to be in the control of the infant, not the caretaker. Therefore, I did not interpret Robert's exploration as

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resistance but saw it more as his needing to assert himself and explore away from the analytic mother. My hunches were confirmed later. Robert dropped out of all the how-to workshops. Rather than just talking about wanting to date, Robert started going out with a few different women. I wondered if the "optimum distance and closeness" we managed to develop in "our particular dyadic regulation" and "good-enough analytic attachment" allowed Robert to venture out to explore and try to find the "optimum closeness and attachment" to a woman outside the analysis. A pattern seemed to develop in his going out with women. If he liked them, they seemed to flee; if they seemed to like him, it seemed too much for him, or somehow too close, and he fled.

#### *Adding Group to Individual*

Paradoxically, Robert was secure enough in both his "ambivalent and avoidant" (Main, 2000) analytic attachment or bond as long as he was in charge of the optimum distance and space between us. I felt both Robert and I could learn more about what got in the way of his relating to women by adding group to his treatment and by my getting a glimpse of Robert's emotional steps in trying to affiliate with others (Lichtenberg, 1989). As an analytic, heterogeneously composed group is a small microcosm of the world (Rutan and Stone, 1983; Yalom, 1985; Harwood, 1995, 1996), I felt that Robert would have another opportunity to experience himself with others and learn more about himself and I about him. I knew there had to be a special balance in the group I would consider for him, with nobody who would be too impinging or traumatizing. At the same time, I felt that Robert could now weather a challenge and grow from it as long as he did not experience it as overwhelming and did not feel that he had lost my interest and protectiveness.

#### *Robert in Group*

In group, Robert spoke about his jealousy of his father's engagement with his brother's wife and with his sister's husband. The parallel

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process in the group did not escape me. I wondered how he felt about my paying attention to his group "siblings" (members of his "group extended family"). While the group worked with this material, my main stance was to keep some kind of visual connection when Robert's gaze turned toward me and to verbally connect how others' material related to Robert. I also continued the Robert's individual sessions, in which he had my entire attention and we could further analyze the group material and his feelings about me and others.

I observed how Robert learned from others' capacity to work on their own material in group, and, when he seemed to look as if he was being left out, I asked if he wanted to contribute an observation

about others or about himself. At the beginning stages, I knew that I should never directly ask him to participate, as I felt he might experience this as a request to “perform on demand.” My reverie kept taking me back to Winnicott—I was seeing Robert as an infant whose gestures were being interrupted and his continuity of being as continually disrupted.

*To Be Right (Handed) Is Not to Be!*

In one of our individual sessions, it occurred to me to say, “I have a sense that, though you were loved by your parents and well taken care of, it is as if someone told them to keep taking your thumb out of your mouth, so you would not have crooked teeth.” Robert answered, “Funny you should say that. My parents are from the old country, and my mother and father were told to stop my reaching out with my left hand and each time to make me use my right hand!”

Now, finally, it became very clear to me how Robert’s exploratory motivational system and actual “creative gesture” were interfered with and substituted from almost the very beginning of his life. Whenever he felt impinged on, Robert withdrew, protected his sense of self, and kept himself at a safe distance. Thus, his motivation for attachment and affiliation was always being vigilantly guarded against by someone directing him and preventing his own creative, explorative thrusts. Paradoxically, Robert was trying to repeat the past with the how-to workshops and groups while at the same time “dreading to repeat the past” (Ornstein, 1974).

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This paradox can be understood by Stolorow and Brandchaft’s (1987) theoretical reformulation of conflict. For them, an adult has an inherent conflict when as a child he or she abandoned core ambitions (Kohut, 1971, 1977) to maintain a tie with one or more caretakers, without whom the child could not survive. Robert as a child gave up his left-handedness to maintain his bond with his parents. Thus, to be in connection, Robert subjugated his own development toward an integrated sense of self. Later, his psyche-soma protested and broke down. It seems that whatever sense of “true self” was alive and well in Robert’s psyche-soma, it could no longer function as a “false self” (Winnicott, 1960b). He could not continue to give up his own gestures or ambitions to comply with the professional direction his parents chose for him. Luckily for Robert, his parents, who always tried to do best by him, became more psychologically informed during this time. When Robert reestablished psychic regulation over his own physiologic and emotional requirements after his break, his parents supported his own newly found career path.

Trauma theory informs us how an early trauma results in the adult’s organizing most if not all of his or her life in reaction to the trauma (Harwood, 2002). Pynoos, Steinberg, and Geonjian (1996), experts in childhood traumatic stress, wrote:

The critical link between traumatic stress and personality is the formation of trauma-related expectations as these are expressed in the thoughts, emotions, behaviors, and biology of the developing child. By their very nature and degree of personal impact,

traumatic experiences can skew expectations about the world, the safety and security of interpersonal life, and the child's sense of personal integrity. These expectancies, as Bowlby (1973) noted, contribute to the child's inner plans of the world, shape concepts of self and others, and lead to forecasts about the future that can have a profound influence on current and future behavior.

Because as a young child Robert was not free to use his hand of choice and had the "right" hand substituted, he organized his life to protectively keep the potential "loving traumatizer" at a safe distance. Material that emerged around Robert's relationship shows

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how repetition of his early traumatizing experiences brought up the "dread of repeating the past."

*A Good-Enough Woman*

Robert was introduced to Lisa, a slightly younger woman who took an immediate liking to him. He was flattered by her attention, admiration of him, appreciation of him, and what soon seemed to be "love" of him. Robert seemed to enjoy it all—he always described her words with a big smile—but he also kept protesting, "It's too much." When Lisa wanted to spend more time together, he complied at first, but then he felt he needed to stay away. Eventually, he spent time at her place. When doing so "got to be too much," he returned to his own place. There did not seem to be hostility or disagreements between them, but Robert experienced Lisa's protestations of love for him and wanting to be physically close as "too much." Robert was trying to find what I think of as "optimum closeness" or "optimum distance" for himself, thus exercising Lichtenberg's (1989) aversive or withdrawing motivational system. Robert started telling me that he was leaving the bed (after apparent sexual intimacy) and spending the rest of the night on the couch.

One evening, after Lisa returned tired from a business trip, and she and Robert were lying on the bed together, Robert got upset that Lisa was trying to "take and hold" his hand. He told me it made him very angry. I asked what he would have preferred. He said, "It would have been all right if she let me put my arm around her—but not grabbing and holding my hand!" I asked which side Lisa was lying on and which of his hands she was trying to hold. "The left, the left one!" Robert answered in a very agitated manner. We looked at each other for a little while. As Robert seemed not to experience an "aha!" I asked, "Do you think there is any connection between Lisa trying to hold your left hand and your left hand being held earlier by . . .?" "Wow," Robert exclaimed. He proceeded to say that maybe there was a connection to when he *left* the bed as well. He told me that Lisa "directs traffic" when they are sexual, often by directing his hand. In the meantime, Lisa was growing more despondent. She did not understand why Robert distanced himself before, during, or right

me if I would see them together to help Lisa understand.

### *Exploring a Couple Session*

I first explored with Robert how he felt about my seeing Lisa with him and how he would feel if Lisa felt understood by me. He told me that he would not have a problem with it as long as I made sure I conveyed my understanding of his feelings and needs. But, when I asked Robert to let me know what he wanted and needed from me, he asked me to help him tell Lisa what the problem was. My translation of his request was, "Do not interfere with my creative gestures as my parents did." From what I gathered through Robert's subjectivity, and through my subjective associations, Lisa was a mature enough human being who was willing to give Robert the space he required most of the time, but she was becoming confused, frustrated, and angry about his (sometimes quick) withdrawals. Lisa was in treatment herself. Her therapist, whom I did not know, did not have the pieces of Robert's contributions to the couple's problem. I considered the possibilities of splitting that could arise. Robert was my patient, and by now I felt that I knew him well enough and that we had a secure enough bond that I could count on. I felt that, if there was a rupture between us, it would be reparable. As Robert was seriously asking me to see them, and Lisa seemed quite willing, I decided to risk temporarily entering this dyad. I also hoped that I wouldn't create a difficult triangle.

At this time, I thought about Robert's parents' seemingly being united in the belief and in the act of holding his left hand while moving his right hand to reach—and in their insisting later that Robert write the right way. I understood that first Robert had to know that I was fully supportive of him in making his absolute need to express his own creative gestures without substitution very clear to Lisa. He would have the lead and I the supporting role. But I also knew that, at the end of this session, they both had to experience it as "successful enough." My task was to facilitate the interaction in such a manner that they would feel that each of their subjective needs was understood, not only by me, but by the other. Hopefully, they could also walk away feeling part of the couple.

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### *The Couple Session*

Going into the couple session, I pondered how in-depth knowledge of my analysand's developmental dynamics would be an invaluable resource. I also wondered how long it would have taken me to figure out the meaning of the traumatic displacement if I had seen Robert and Lisa originally in conjoint therapy. Would I have been able to figure it out before losing them or the relationship dissolved? How effective could I be now in using the underlying understanding of Robert's feeling retraumatized in this intimate relationship for the benefit of both?

Lisa made it easy. She was a warm, outgoing, delightful young woman, someone I would immediately feel comfortable with socially. I tried to remain appropriately welcoming while being my analytic/therapeutic self.

I waited for direction from Robert. "Go, doc," he said. I said that

things between them might feel confusing at times and that maybe together we could solve the puzzle. Lisa looked ready. I asked if Robert had ever shared with Lisa about how he became right-handed. Robert said no. Lisa said no and looked very puzzled.

Robert then spontaneously told Lisa the story about the substitution of his hand. Empathically, Lisa said she understood that it must have been very disruptive and painful for him. As I listened, I also silently reviewed how Robert's fragmentations of the self were direct responses of protest against being asked to follow someone else's life script rather than the artistic one he chose for himself. The only hope that their relationship would continue would be if Lisa had enough flexibility and self-esteem to understand and allow Robert's creative gestures without feeling too controlled or too reactive. If Lisa experienced attending to Robert's needs as unbearable (because her own creative gestures were interfered with or substituted), there would be a lot more work to be done for their relationship to go forward. If indeed this was so, Lisa might need to work it through in her own treatment.

I asked Lisa if she could understand what Robert's experience might be when she wanted to take his hand and hold it, even though that might seem like the most natural thing for her to do. Lisa got it. "It must feel to you that I am holding your hand down and telling you that you are doing something wrong." Robert added, "And not letting me be . . . myself."

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There was more to the session. Lisa connected the dots in many different ways regarding how certain of her requests during sexual intimacy activated for Robert the very painful experience of not being able to be himself, of being wrong, and of simply not being able to be. I asked Lisa if the adjustment she said she was willing to make was as easy as she made it seem. She said that she thought it was. If she ran into any trouble, she said she would discuss it with her therapist. She also asked Robert if he would be willing to have another couple session if they continued to have difficulty. He nodded his head up and down and then took Lisa's hand as they walked out.

*What If . . . ?*

If Lisa had considered it a major disruption in her own self-expression and too injurious to her sense of self to adjust to Robert's need for her not to direct and orchestrate specifically in bed, the rupture and repair between this couple would not have been as easy. Many more sessions would have been required to understand the vulnerability in her sense of self, and I would have had to attune to what was disruptive to her sense of self based on earlier dyadic intersubjective dynamics with her primary caretakers. At the same time, I would have needed not to forget Robert's feelings and to check the quality and strength of the dyadic bond between Robert and me at particular moments, both understanding and repairing whatever rupture may have occurred. After the first and only couple session, Robert continued to work with me individually and in group on evolving to be his own authentic, true, exploring, and orchestrating self. Last I heard, the relationship continued to grow and seemed increasingly comfortable for

Robert. He was spending little or no time on the living room couch.

*What Would Have Happened If I Had Referred*

*Robert and Lisa Out for Couple Therapy?*

The questions I am asking and the answers I am providing usually arise when a couple is referred for couple therapy with a therapist who has not worked with either partner and is not informed about each partner's issues. Simply, even if the couple therapy proceeds

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well, it takes much longer to understand how the partners' problematic issues interact with each partner's vulnerabilities (see Livingston, 2001). Arriving at an understanding of the underlying meanings behind each person's issues and vulnerability in front of the other partner is instructive in deepening understanding—it helps each partner comprehend that the other is not acting out of malice but may be enacting unconsciously from previously unresolved developmental issues.

This kind of empathically immersed understanding of each person's developmental issues as they reemerge and intertwine with the couple's present issues is especially successful if the other partner has a capacity for empathy and is not too narcissistically vulnerable to not always being attended to while the other is being understood by the therapist. The couple therapist has to be particularly adept at going back and forth in including each partner and in understanding each person's present feelings and early developmental issues. The therapist has to pay particular attention to splitting in each partner and has to walk flexibly on the balancing beam of paying attention to and understanding each person's feelings and vulnerabilities. At the same time, the couple therapist has to pay attention to all potential and real ruptures between the therapist and each partner and between the partners themselves and be ready to investigate and empathically understand each rupture as well as be ready to work toward repairing them.

Yes, I could have sent Robert and Lisa to a colleague who does couple work, and I would have done so if I believed that my working bond with Robert would be irreparably damaged—or that Lisa's sense of self would be so threatened by my existing strong bond with Robert that she could not empathically take in the information that Robert and I had discovered.

Many would argue that I should not have tampered with the secure-enough analytic alliance that I had developed with Robert and that I should have sent him to a colleague to work on his issues with Lisa. The danger in doing so was that Robert might again feel abandoned by a transferenceal parental figure who decided to substitute another therapist as the right one, while Robert was asking his own analyst to follow his own lead and creative gesture in seeing Lisa and him in couple therapy. Again borrowing from Winnicott—the mother

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who knows too much from having other children does not learn from that particular infant and robs him of his own gesture—an analyst

who applies any theory too quickly because of many experiences with too many other patients also robs the patient of his own discovery of his own creative gestures and meaningful evolutionary developmental path.

Thus, if I did not follow Robert's lead in how to proceed in his dilemma with Lisa, Robert could have felt both pushed down and ignored by his analytic mother. The rupture between us could have been severe. If I did not catch the severity of the rupture and help repair it, he may have withdrawn from our dyadically determined regulatory analytic bond, further withdrawn from Lisa, or both. Lisa, on the other hand, may have decided that she had had enough abandonment during their most intimate moments and ended their relationship as she became increasingly frustrated or confused by Robert's withdrawal and distancing. Another possibility, in addition to Robert's escaping the relationship as he had fled from previous ones, would have been Robert's experiencing fragmentation of the self again. Such fragmentation could have happened again if he had complied and contorted his "true self" without protest, discussion, or renegotiation (if he was not in analytic treatment at the same time). This could have been a result of his feeling again abandoned by his analyst, who also could have failed to understand how important it was for Robert to get the help he needed to put his feelings into words to Lisa. To have denied Robert's request to have a couple session and insist that he and Lisa go elsewhere could have once again sent Robert into despair—similar to when his gestures were substituted before, when he could not, as a preverbal child, articulate in comprehensible words his pain and his fragmentation.

Some couple therapists, who are not analytically informed, often make cognitive or behavioral interventions without understanding the underlying dynamics. If Robert and Lisa had on their own gone to such a couple therapist, they may have received desensitization exercises to help Robert not leave the bed, which may or may not have worked, as the likelihood was that Robert again would have found these cognitive behavioral exercises coercive and interfering with his own primary need for the continuity of being and the expression of his own creative gestures. It is very possible that Robert, after trying

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these exercises, would have exited this type of couple therapy as he had his how-to classes, workshops, and symptom-specific homogeneous groups.

*What If They Walked In to See Me as a Couple  
Without My Having Seen Robert Individually?*

My subjective conclusion is that, if I had first seen Robert and Lisa as a couple, as an analytically informed therapist I may have eventually gotten to the same place in the resolution of their bedroom dilemma—but much, much later. To have succeeded, I probably would have added individual sessions to the couple therapy to form a stronger understanding and dyadic bond with each partner. It might have been a delicate balance to manage, as Robert transference-ally might have been more threatened by the alliance developing

between Lisa and me, as he had been by the special “natural alliance” he felt his brothers had with his parents. Thus, I might have opted to have more individual sessions with him than with Lisa, as this was all being investigated, while at the same time I was trying to assess the developmental transferences that emerged with me. All this is speculation, of course.

On the other hand, what does seem to be more certain is that the evolving dyadic bond between Robert and me, in which he was the creative agent of gaze aversions and connections between us, eventually led to his trusting my consistency and flexibility in following his lead in orchestrating the needed couple session in which I could help him verbalize and explain his previous “unthought known” (Bollas, 1987), which was impossible for him to verbalize and have acknowledged when he was a preverbal child.

### *Conclusion*

I want to recommend that psychoanalysts and analytically informed therapists consider flexibly adding couple therapy (or group therapy) when the analytic dyadic bond is secure enough to withstand the oedipal stage (or evolve from attachment to affiliation). While maintaining a secure-enough analytic bond, the analyst can become better informed to make a more useful interpretation or intervention without abandoning the analysand.

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In this case, the flexible and creative combination of individual, couple, and group work proved unusually successful. This combination would not have been successful by itself, without the analyst’s following Robert’s lead in orchestrating the tempo and the steps needed to restore the evolution of his derailed development. The analyst’s attending to the intersubjective analytic third—allowing herself to follow her own spontaneity and trusting her own analytic creative gestures—allowed Robert and her to put into thought, words, and reparative actions the unthought known of Robert’s early trauma. Putting into words and developing a narrative around the unthought known embodied in Robert’s psyche-soma were of extreme importance in Robert’s development. Lindon (1994) might call following Robert’s lead a “provision.” Alexander (1950) might have called it a “corrective emotional experience” for Robert’s creative gestures being thwarted in a major area of being, which then led him to organize his life and actions in reaction to these early traumatic impingements. The break in the self, when Robert’s life work was being chosen for him, could be considered a healthy protest of Robert’s psyche-soma against contortion and compliance by a “hidden true self” fighting its way out of hiding.

The different musical stanzas in this treatment were cocreated by the analytic couple. The analyst facilitated while the patient conducted and led the pace with his creative gestures. Using various modalities, the analyst facilitated expanding the repertoire of Robert’s psychic regulation of his own physiologic requirements—his need for attachment and affiliation, his need for assertion and further exploration, and his need for expression of sensual enjoyment and sexual

excitement. At the same time, Robert's previous need to react aversively through antagonism and withdrawal lessened. This motivational system was no longer overused to protect his sense of self, as Robert was more able to follow through on his own ambitions regarding his musical career and in his ability to express himself romantically. His newly orchestrated creative gestures seemed to be respected, accepted, and enjoyed by Lisa.

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*1081 Westwood Boulevard, Suite 234*

*Los Angeles, CA 90024-2911*

*iharwood@ucla.edu*