Sustained Empathic Focus, Intersubjectivity, and Intimacy in the Treatment of Couples

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Theory should provide a focus for clinical work. A self psychological/inter-subjective model provides a particular emphasis that can guide listening and intervention. Sustaining a focus on an individual's subjective/affective experience, and on emerging vulnerability, invites the processing of previously walled-off painful affect. This article underscores how a sustained empathic focus can be instrumental in the development of an increased capacity for affect regulation and the building of psychic structure in the context of couples treatment. This focus, particularly in working with couples, highlights, and often begins to heal, intersubjective differences and ruptures, leading to a deepening of intimacy in both individuals.

Theory, to be clinically useful, must be grounded upon an alternation between experience-near immersion in clinical experience as a means of data gathering, on the one hand, and a somewhat experience-distant process of organizing and attempting to make sense of the experience of immersion, on the other hand. Organization, conceptualization, and integration can then guide the clinician in a return to an experience-near empathically informed responsiveness and engagement. Focused experience-near attention is not only clinically effective; it also provides data for further theorizing [Livingston, 2006, p. 288].

As the analyst finds his or her way through what can be a confusing process of moving between an experience near immersion and a stepping back to conceptualize, it is the concept of "focus" that

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marks the trail. Focus becomes a bridge between theory and practice. It provides a sense of organization and purposefulness for the clinical work. This sense of focus is even more important as we move from the dyadic world of individual treatment to the multsubjective world of couples therapy. This paper will relate how a self psychological/intersubjective model provides a particular emphasis in clinical work that can guide our listening and intervention. Louisa Livingston and I (2006) have referred to this emphasis as a “sustained empathic focus.” The present paper will extend this focus to working with a couple with an interesting result. As I will describe shortly, sustaining a focus on an individual’s subjective/affective experience, and on emerging vulnerability, allows the patient to experience a sense of safety. It is this experience of safety that invites the processing of previously walled-off painful affect.

It is worth noting at this point that the concept of safety as I am utilizing the term refers to a developmentally needed experience that allows the processing of previously walled-off experience. It was originally walled off precisely because there was a lack of selfobject surround to contain the overwhelming affect. Selfobject experience is essentially related to affect regulation and that is the safety a sustained focus hopes to provide. This is very different from a sense of safety that momentarily counteracts painful experience without any developmental advance. Orange, Atwood, and Stolorow (1997), for example, describe what they refer to as a search for an “antidote” to crushingly present and poisonous organizing principles. This quest becomes an addictive and repetitive attempt to find momentary safety but does not allow for therapeutic growth. In this manner, a sustained empathic focus can be instrumental in the development of an increased capacity for affect regulation and the building of psychic structure. Applying this focus in a couple’s session can have an additional benefit. It highlights, and often begins to heal, intersubjective differences and ruptures related to each patient’s basic organizing principles. This can result in a deepening of intimacy within the couple and an increase in dyadic capacity in both individuals.

The Question of What to Focus Upon

Calling attention to the important role of focus raises several questions. In working with a couple, what content do we prioritize? How long and how

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1This section is based on material presented in more detail in previous papers (Livingston, 2006; Livingston and Livingston, 2006).
Pygmalion-Galatea process. He describes a universal attempt to create others in our own images of them and relies on interpretations that focus on these attempts to effect changes. This leads to an emphasis on the interpretation of unconscious fantasies and guilt. From a self psychological vantage point, many of these interpretations run the risk of being felt by the patients as experience distant and jarring.

Another interesting approach to couples is Judith Siegel’s (2004) stress on “identification as a focal point (p. 460)”. Coming from an American object relations tradition, Siegel’s focus is on unconscious identifications and disidentifications that underlie the interactions that lead to conflict. This focus leads to a therapeutic process that is in some ways similar to an intersubjective stress on the illumination and exploration of early organizing principles. She sees the therapist’s role as providing a container for the exploration and understanding of the intense emotional reactions that are reenacted in the couple. Her focus on these components of each patient’s identity leads to a similar therapeutic action to a self psychological/intersubjective processing of walled-off affect and a repair of the present in the context of the past. It approaches this process through the understanding and interpretation of internalized objects. In my approach the focus emphasizes affect in the here and now and works with genetic material as it arises. For example, Siegel draws a good deal of her initial understanding from an exploration of the parents’ marriage and the identifications and disidentifications developed from experiencing it. I would be interested in this material, viewing it as a genetic formulation of invariant organizing principles, but my initial stress in any session would be on the shifting self-states and fluctuations in affect in the analytic moment.

David and Jill Scharff (2004), working from a British object relations point of view, rely heavily on the concept of projective identification and a shared unconscious in their work with couples. Like Sander’s classical approach, this stress on unconscious projection appears to run the risk of being experienced as experience-distant and not empathic. It is very different than a sustained focus on the patient’s subjective/affective experience.

Within self psychology and intersubjectivity, I will consider three theorists. The first of these is Marion Solomon. She (Solomon, 1989) was the first self psychologist to write extensively about work with couples; her approach centers on a quip of which Kohut was fond. He (Kohut, 1984) liked saying that, “A good marriage [is] one in which only one partner is crazy at a given time” (p. 220); that is, so that when one (the “crazy”) partner temporarily needs a selfobject, the other one is available to provide it. Solomon sees the partners in a working relationship as exchanging roles: they take turns in meeting each others’ needs, without either feeling trapped in an objectifying role that could be experienced as diminishing of their own self. In order to help a couple develop these capabilities, she points out that the therapist must focus “not [on] what either is doing wrong but on how the behaviors and reactions of each may be a defense against narcissistic injury” (Solomon, 1991, p. 126).

The approach I am presenting here builds on Solomon’s work. In order to help a couple in taking turns as empathic listeners, she emphasized interpretations of underlying narcissistic wounds and the creation of an accepting, non-judging atmosphere. My stress on the facilitation of emerging vulnerability and the opening of walled-off affect builds on this concept and provides a clearer sense of focus and a stronger sense on the here-and-now experience of affect.

A second approach to couples that I would like to mention briefly here is the intersubjective approach of Philip Ringstrom (1994). He proposes a six-step model that stresses the empathic exploration of marital conflicts. He begins by showing “how the therapist’s attunement to each spouse’s subjectivity instills hope, perspective, and the possibility for renewed growth (p. 160).” In steps 2 and 3 he conveys to the couple the importance of an understanding that neither spouse has a more correct version of reality than the other and demonstrates how each partner’s complaints arise from their own developmental history. In the fourth step he illustrates how each reenacts his or her past in the service of maintaining a sense of self-organization. Finally, in steps 5 and 6, Ringstrom tries to enhance each partner’s introspective capacity and to empathically attune to and support each other’s growth.

This is a detailed and thorough model and I like the philosophy behind it, especially the concept of developing important capacities in each patient and its inclusion of the idea of mourning the inevitable disappointment of their wish to have their needs automatically accommodated. Without finding any fault with Ringstrom’s ideas, I prefer to approach the deepening process through a sustained focus on affect and to develop the understanding of intersubjective concepts as they arise in the context of the processing of walled-off feelings rather than thinking of this understanding occurring in “steps.”

The final approach that I would like to mention is that of David Shaddock (2000). His stress is on what he refers to as an “intersubjective systems approach.” David and I have led several workshops together and
find our approaches very compatible. His intersubjective focus emphasizes the centrality of affect in human experience and views relationships as systems of mutual regulation. He also clearly emphasizes an empathic stance and the clarification of underlying organizing principles. The difference between his approach and mine lies in his relative emphasis on the interpretation and exploration of organizing principles. In contrast to developing a systems perspective and understanding the mutual interplay of dynamics within a couple, I am more likely to focus more on sustaining and exploring the affective experience in the moment. Facilitating vulnerability and the processing of walled-off affect is a much more active clinical focus in the approach I am presenting. I value the exploration of systems dynamics as well, but in the clinical moment I will try to sustain the vulnerable moment longer than most people are accustomed to and postpone the understanding of the system until later.

At this point I would like to return to the concept of sustained empathic focus. In listening to an unfolding couples session from a self psychological view, the analyst chooses to focus upon each patient’s inner experience. It is the emergence of developmental needs and the affective and personal meanings that is prioritized. The emphasis is on a sustained empathic attention to these affective experiences. This focus contributes to the creation of a sense of safety and thus invites the working through of previously walled-off painful feelings.

When I speak of sustained empathic focus, I am emphasizing the analyst’s active focus on each member of the couple’s underlying feelings and subjective experience. This concept is similar to Stolorow and Atwood’s (1992) concept of sustained empathic inquiry, which they define as, “a method for investigating the principles unconsciously organizing experience” (p. 33, emphasis in the original). They are emphasizing the analyst’s investigative activity. The stress is on investigative activity as opposed to attempts to provide an “empathic immersion” that concretely fulfills a patient’s longings. My wish is to expand on their conceptualization to focus on the investigation and processing specifically of affective/subjective experience. The focus I am suggesting is somewhat narrower and included in sustained inquiry. My emphasis on sustained focus is intended as not only a spirit of inquiry but also an actively focused technique.

The personal and subjective meanings of what occurs in the here and now of sessions is prioritized in a steady and active manner. My concern is with the amplification and processing of subjective/affective experience and not with the content of arguments between the partners or with their frequent insistence on placing blame. Sometimes the deepest work is done by sustaining a focus on affective experience in the here and now. Other times the focus meaningfully shifts to feelings from the there and then (on genetic material). What is sustained is the emphasis on amplifying and elucidating inner, affective experience.

Stolorow and Atwood (1992) relate the therapeutic action of the analytic process to a model of developmental trauma, emphasizing the fate of the child’s painful affect states: an original selfobject need is met with rebuff or disappointment, producing an intense and painful affective experience that the child cannot manage on his own. Then, “In the second phase, the child experiences a secondary selfobject longing for an attuned response that would modulate, contain and ameliorate his painful reactive affect state” (p. 53). Unfortunately, parents whose misattunement creates such primary selfobject failures are unlikely to provide the longed-for modulating empathic responsiveness. It is this secondary failure to provide support for the processing of painful affect that leads to “walled-off painful feelings [that] become a source of lifelong inner conflict and vulnerability” (p. 54).

The major curative elements in a self psychological treatment are the creation of safety, the provision of selfobject experiences, and the repairing of empathic breaks that allows a reengagement with developmental failures. The patient’s experience of safety is primarily connected to a confident expectation that the therapist will repeatedly strive to see the world through the patient’s eyes. This sustained attempt at maintaining an empathic stance allows the patient to experience and express tendrils of selfobject transference. In individual treatment this leads to the unfolding and interpretation of the unfolding selfobject transference. Through a sequence of rupture and repair of this empathic bond the patient develops a maturing capacity to move from archaic selfobject demands to being able to make use of empathic resonance. In the treatment of couples, a similar process must go on with the intracouple transference. The acceptance of a turn-taking and the presence of another subjectivity is parallel to the concept of structure building in individual treatment. The development of dyadic capacity is the equivalent of structure building.

An intersubjective prospective also sees the provision of the experience of safety as central to the promotion of change, but with a different emphasis. It is precisely because it allows the unfolding, and thus the exploration, of long-suppressed longings and vulnerabilities that safety invites the patient to share, to process, and thus to integrate the associated painful affective states that previously, without containment and support, had
been experienced as unbearable and walled off. The development of a relationship in which it is safe enough to risk communicating and sharing these experiences allows for those brief moments of vulnerability when there is an openness to new experience. It then becomes possible to process previously intolerable affect, or perhaps risk experimentation with previously foreclosed options, and to loosen rigid and limiting protective patterns. In those moments, the analyst’s sustained empathic attention provides a much needed holding environment for inviting and containing painful affect states and allowing their processing. Old invariant organizing principles and associated repetitive transference experiences soften and open themselves briefly to exploration and change.

Another aspect of a focus on affect and the facilitation of emerging vulnerability that relates to an intersubjective view of curative process is that it allows the exploration and softening of early organizing principles and, as we shall see in the clinical material to be presented, highlights the mutual influence and intersubjective interplay within the couple as a system. It is the perturbation and exploration of this system that leads to important aspects of change.

Therapists sometimes overlook or fail to focus on vulnerable moments when they occur. These valuable opportunities may be allowed to dissipate. Yet unless they are sustained and protected, their potential to deepen a healing intensity and intimacy will be diluted or lost.

How does an analyst facilitate and sustain these moments of vulnerability? What should he or she focus on as the process unfolds? What priorities should hold his or her attention? One crucial priority is the careful monitoring of fluctuations and transformations of the patient’s self-state and emerging affective experience. A heightened awareness of nonverbal cues, such as tone of voice and facial expressions, can provide important and sometimes quite subtle information. Focus on the patient’s fluctuating self-experience in this manner can alert us to windows of opportunity for the exploration of vulnerability. Another important set of cues that the analyst must attend to are fluctuations in his or her own self-experience.

A second, related priority is the analyst’s recognition and appreciation of vulnerability and the creation of safety for it. These moments in treatment must be welcomed as meaningful, as well as potentially dangerous, and a good therapeutic relationship must be able to contain their threatening aspects. A welcoming attitude can manifest itself (and be implemented clinically) by slowing down and focusing upon emerging material related to the patient’s affective experience and self-state in the here and now. This emerging material might include, for example, the patient’s sense of cohesion, panic, or a fear of falling apart. It might also involve feelings of vitality or depletion. Staying a moment longer with a patient’s subjective state than is usual or comfortable frequently allows this affective experience to deepen. This slowing down is sometimes the core of what we mean by a sustained focus.

**Sustained Empathic Focus in the Intersubjective Context of a Couple**

Once in a while we get to rediscover the wheel. I had that experience when I decided to apply the concept of a sustained empathic focus in a couples session. I discovered that intimacy is greatly enhanced when a couple can listen to each others’ subjective experience and especially their fears. On the surface this sounds like a simple expectable observation to which any layman would say “of course.” However, if we look closely at the concept, it really opens an area of understanding of the theoretical foundation of couples work and leads to a useful clinical application.

Stolorow (2002) points out that “the shift in psychoanalytic thinking from the primacy of drive to the primacy of affectivity moves psychoanalysis toward a phenomenological conceptualism and a central focus on dynamic intersubjective systems... Therefore, locating affect at the center automatically entails a radical contextualization of virtually all aspects of human life” (p. 678). In other words, a sustained focus on each member of a couple’s affective experience illuminates and clarifies the intersubjective context of the fluctuations in self-states that often lead to impasses and marital discord. It cuts through the conflict produced by intersubjective disjunction and allows the rupture to begin to be repaired. It is this process of rupture and repair and the vulnerable sharing of inner experience that creates intimacy and the safety for growth.

**On the Experience of Being Disregarded and Stifled**

After writing about sustained empathic focus in the group setting (Livingston and Livingston, 2006) and the application of this approach to dreams (Livingston, 2006), I decided to write this paper applying the concept to working with couples. I assumed that it would lead to the processing of walled-off feelings in each person and also indirectly enhance the rela-
tionship. As you will see in the following transcript of the session, I was
surprised to discover another, equally important, result of my focus on affect.
The focus on feelings led to a clarification and amplification of a deep, under-
lying impasse that had led to a deadening of excitement between the
partners for several years. The session opened up material to be worked
through for several months and became a turning point in the treatment
and the marriage.

Alice: It feels like a long time since last week. It was a good session.
I remember that you were mad at me.

Rob: [playfully] Does that mean that I should get mad at you
again?

Alice: No “shoulds.” If you are mad, let’s talk about it.

Marty: That’s an interesting thought. If it felt good and you want it
to feel good again, then what do you try to repeat?

Rob: Right. Well, I wouldn’t say that it felt good. It felt good that it
was meaningful.

Marty: Uh huh, but what we want to repeat, then, is not the con-
tent.

Rob: [still playful] Yeah, I could get mad about different things.
[All laugh]

Marty: Or it might not be mad. It might be some other feeling expe-
rience. There was something about you being more open
about your feelings last week than you had been before that
felt good. So I would try to repeat the sense of being open
about whatever comes up.

Rob: Well, I had a feeling this morning when Alice told me that
she’s starting a new group or what did you call it?

Alice: I’m on a committee, on the PTA, and I suggested that we
form a nutrition committee in the schools. Basically they
serve crap. I want us to intervene and it was well received. So
I told Rob that I was part of the new nutrition committee.

Rob: [argumentatively] You didn’t say it that way. You started a
new committee, which is even more than joining a commit-
tee. It is much more of an initiative of yours. It just goes back
to that same thing. I think that you take on more than you
can handle and it affects everyone.

Marty: Rather than describing what she is doing, can you talk about
what it triggers in you?
your own feelings. So it's hard for me. I'll either get defensive or I will go to, "I don't know how this didn't come up."

Rob: That's why it gets defensive; because you say that all the time. "I don't know how it just happens. I didn't think of mentioning it to you." It's the same thing. So I feel kind of hopeless. It comes out that way. It feels like you are always trying to justify it.

Alice: I'm not trying to justify it. I'm just saying that I'm having a wishful feeling. My feeling is that of feeling stifled. It's not saying that you are bad or not as good as Mike. That's not what I'm trying to say. I'm saying that I'm having a feeling of, "it would be nice if I didn't feel stifled. It doesn't mean that you are doing something wrong. I'm talking about my feeling.

Rob: All right, and my feeling is that it would be nice if I was consulted when you do something that affects family and me.

Marty: Is that your feeling?
Rob: [hesitantly] Yeah.

Alice: It's not a feeling. That's another telling me what I should and shouldn't do. That I did something bad.

Rob: I said my feeling.

Marty: Well, you started in that direction. You felt disregarded. Maybe it's important to say more.

Rob: Well I'm saying it's feeling that way. It feels like you are trying to justify your actions. Like, "It's okay if I don't." I didn't hear you say, "Well, yeah maybe you have more to say. I disregard you. Maybe I do that." I didn't get that. You are just explaining it away. It feels even more disregarded. See, I'm telling you my feeling and it feels to me like you are trying to explain it away. [Rob is gradually moving from describing "it," to beginning to explore his own experience. He still confuses the use of the word "feeling," as an expression of a perception or opinion on the one hand with an expression of inner experience on the other. He is moving toward "I" statements, but often seems more to be describing Alice or the situation and expressing judgments rather than touching upon his own inner subjective/affective experience.]

Alice: Well, I guess that I'm talking about my feeling instead of listening and empathizing to your feeling. I'm answering back with my feeling.

Rob: Okay.

Alice: So, for the moment, I wasn't being empathic with your experience. I was talking about what it felt like to me.

Rob: [feeling a bit safer in response to Alice's acknowledgment, Rob moves closer to an intimate expression] I guess maybe that feeling is that I don't feel that you are empathic to my experience very much...or considerate...very much.

Marty: [after a long pause, trying to help both Rob and Alice to articulate their experience in a more vulnerable manner] So, there are two sets of feelings, going on at the same time, which I think are related. You are feeling disregarded, that your feelings are not paid attention to, and Alice is feeling criticized. She gets defensive in response to your trying to express your disregarded feeling, especially when you focus on her behavior, when you say, "It felt disregarding," rather than "I feel disregarded."

Rob: [reflectively] Um-hmm.

Marty: You are trying to protect yourself from feeling disregarded and Alice is trying to protect herself from feeling criticized.

Rob: [more softly] Right. [Long pause]

Alice: And I feel criticized a lot by you. Even more so this last week. Not coming up directly, but in a tone of voice and a way of speaking to me that feels disrespectful. I feel disrespected also. [This is followed by a prolonged silence.]

Marty: [gently, sensing an emerging vulnerability] What's happening in that pause?

Rob: I can't think of anything else to say about it.

Marty: What's your experience inside?

Rob: I just feel like there is nowhere to go. That's what she feels and this is what I do and there's like a dead end.

Alice: So it feels hopeless?

Rob: We are not hopeless. It feels that way a little, but it is really more like I don't know where to go from there.

Marty: [guiding them toward an exploration of affective experience] Well, I guess, when you don't know where to go, there are basically two directions to go in; either your feeling or Alice's feeling. So we can go in the direction of your feeling when you are told that your tone triggers her feeling criticized, or we find out more about her feeling criticized. Be-
cause “feeling criticized” is just a label, or a chapter heading, the same way that “feeling disregarded” was just a label. So when she feels criticized, you might be interested in finding out more about what that is like.

Rob: [showing deepening interest] I care more about your feeling of being stifled.

Alice: It’s frustrating. I think that I am doing something that’s good for all of us in some way. It is certainly good for the kids and good for our family and then it is frustrating to feel that you don’t value it. I’m not saying that you don’t value it, but…

Rob: [with understanding] You feel I don’t value it.

Alice: Yes, and I understand the other part about my being very busy. And I create those kind of situations. I get excited about a lot of things and involved in a lot of things. So I understand the other side of it. I guess that I need to understand more about your feeling, about how it takes away from you.

Rob: When you are not around, it takes away. You’re not there to participate directly in the family.

Alice: This committee isn’t going to be interfering. I’m not going to be away at a time when the family would be together.

Rob: I don’t know that. You didn’t tell me anything about it other than the one sentence. So, I’m telling you my feeling based on what you told me. “I created a new committee.”

Marty: [returning again and again to a focus on affect] So, what’s the feeling?

Rob: The feeling is that you are not going to be there.

Marty: There’s a fear that she won’t be there?

Rob: A fear. And the feeling is that it takes away from…

Alice: It sounds like you feel that it takes away from you.

Rob: Yeah, and the whole experience of the family, and it feels like it is more for you than you admit. You say it’s for the family, but I think that you really like doing it.

Alice: Um-hmm.

Rob: But I think that it’s a lot for you. More than you say. So that goes back for me to “selfish” feelings. It feels that this is all about you, not about me or the family.

Marty: So your feeling inside is a danger that something is going to take away from what you need. That you are going to lose something.
Marty: Well, you get frustrated if you try to solve it at this point rather than just staying with the feelings.

Alice: I guess so.

Marty: [focusing on each person's inner experience and helping to articulate the intersubjective clash] I think what is important is digesting that Rob feels a danger that it could be too much of a separateness and a disregarding of him. On the other hand, you feel a danger and protect yourself from feeling stifled and your self-expression being cut off.

Alice: Uh-huh. Right.

Marty: There is an opposition of the dangers. For you it is dangerous if there is too much pressure not to do your own thing.

Alice: Yeah. That has always been true for me.

Marty: [moving toward a more intimate holding of both partner's experiences] And for Rob, there's a danger that if everybody does their own thing, then where is the family?

Alice: It made me think about what was happening when I was taking a bath. I wanted someplace where I can feel some separateness. You felt hurt by that.

Rob: Mm-hmm.

Alice: I think that's emerging in our relationship. It was more fused in the beginning.

Rob: So what are you saying? You get involved in other things because you like separateness?

Alice: No, I don't think that is why I get involved in other things. I don't know. That is an interesting thing for me to look at, but I'm just entertaining the idea that I think that in terms of me having grown (and probably you too) that maybe there is some way that you are responding to me feeling more boundaries in some ways.

Rob: What do you mean, feeling more boundaries?

Alice: Like wanting to have time that's just my time, that may not include you.

Rob: Yeah, I understand that, but it's the timing.

Alice: I know. Sometimes I don't say it in a way that I wish I could say it. It comes out harsh or abrupt, but I also think there's some response that both of us are having, some negotiation around separateness and togetherness that is evolving a little bit more.

Rob: Leading to what?

Alice: That's what you're afraid of, is what it evolving into. I'm not scared by it.

Rob: What I am afraid of is that it doesn't seem to be evolving in the way that keeps people together. It seems like it is evolving in a way that keeps people separate doing their own thing. I was really excited to come home. I had been gone all day. I was excited to see my wife. The kids were asleep. The bathroom door was locked and she was taking a bath. So I broke in. She didn't lock it to keep me out. It was to keep the kids out. I just thought it would be kind of fun to break in. Then she got all pissed off. "I need my private time."

Alice: I didn't say it like that.

Rob: Well, whatever. You didn't say it very nicely.

Alice: Yeah.

Rob: It wasn't like. "It is really great to see you." It totally took away that whole feeling.

Marty: Yeah. You thought it would be fun.

Rob: Yes, and instead you said, "Leave me alone. Can't I have a bath by myself?" So it was really disappointing.

Marty: So what felt like fun and closeness to you felt like an intrusion to Alice.

Rob: Right, and I'm sure it was.

Marty: Well, it depends how we are looking at it. Looking at it from your side, it was a fun kind of connecting.

Rob: Right.

Marty: And at the same time, from Alice's view, she experienced it as an intrusion.

Rob: I see that. It wasn't wrong. It was just disappointing. It seems to me that it is part of the bigger picture of what this conversation is about...being separate. It wouldn't have happened seven years ago. She would have been happy if I broke in. She would have been more excited to see me.

Marty: It feels like it is going in a direction of being more separate.

Rob: Right, and it doesn't feel good.

Marty: [after a long pause] What I think happens is that your expression of that fear, or of your desire to be closer, comes across to Alice as an intrusion, a criticism, or stifling. As I listen to you, I can hear that as, "I want you," as a desire, in an
exciting kind of way. Or I could hear it as stifling or controlling. It depends on what is openly expressed that can be heard. See, if the fear is expressed, that’s one thing. If the desire is expressed, that’s another. If the wish for control and judgment comes across, then that is going to get a different response.

Rob: So, what did you experience...as I was breaking into the bathroom?

Alice: Intrusion, at that moment.

Rob: You didn’t see the desire that I had?

Alice: I was only aware of my own feeling at the time. I was very involved in reading a book. It’s a different experience now. I have kids climbing all over me all day, wanting something from me almost non-stop. So, I have a different relationship to being in the bathtub than I did six years ago. Not that you’re a kid, but it’s like I have a little island where no one is going to bother me and I’m in the middle of my book.

Rob: It makes me feel disappointed that you consider them being an intrusion. The kids are intruding on you. I’m intruding on you. I’m not one of the kids. I’m not coming to intrude on you and annoy you to ask you for something. I’m coming to say hello and to express love. If you thought about what I was doing, you would have realized that, but your reaction is that I’m intruding on you and I’m annoying you.

Marty: Rob, say more about what you are feeling.

Rob: That’s disappointing. I don’t know what to do about that.

Marty: For the moment, what we are trying to do is just to express the feeling. So, you are disappointed and you are kind of angry?

Rob: I wasn’t that angry. Maybe I am more angry now than then.

Marty: I was talking about the feeling right now.

Rob: Well, yeah. Right now I’m feeling angry that she isn’t really seeing what I feel.

Marty: She’s not really seeing it from your viewpoint.

Rob: That’s frustrating.

Alice: I keep talking about my own feelings.

Rob: Right.

Marty: And they’re different than yours. In that moment, your feelings are not fitting together neatly. They kind of clash.

Alice: And I can’t go too quickly to your feelings because I feel the strong need to be able to assert my feelings. I think eventually I can, but right now it feels important, with Marty here, to be able to clarify my own set of feelings. I don’t feel scared that it’s not going to come to a point where we are going to understand each other better.

Rob: But I understand that feeling totally. I’m just disappointed that you’re having that feeling. I wish you had a different feeling. You lump me in with the annoyance of the day. You can’t say, “Oh, this is my husband. It is really nice to…”

Marty: You are disappointed that her spin on it prevented her from giving you what you hoped for.

Rob: Hoped for, and what adds to a closer relationship.

Marty: This is another instance when her feeling is on the side of some separateness. It blocked your wish to be closer. It’s very hard for either of you, at this moment, to put aside your own feeling and hear the other. The best we can do, at moments like this, is to just stay with your own feeling and to know that there is another feeling.

Alice: Yeah. I think that I do know that. I really can hear your feeling. I really empathize with your disappointment. It’s just that this is relatively new for me to be able to state and hold on to my own experience, having some faith that it’s not going to destroy something and that it will move toward feeling closer eventually. Maybe not in this session or at this moment, but if I give up on my experience, then that’s disaster.

Marty: Mm-hmm. Then you are going to feel criticized and stifled.

Alice: And terribly resentful. If I were to not say anything about my experience of intrusion at that moment, that would be bad for me and ultimately bad for us.

Rob: I hear that. I don’t think that you should do that.

Marty: So you are both protecting something in this discussion and also in the moment in the bathtub. You are both protecting something and that’s why it’s hard to listen. I hear you both saying, “Well, I understand what she is saying, or I understand what he is saying, but if I don’t assert this it is going to get disregarded, overlooked or wiped out.” You are both protecting against your need, or experience, being disregarded.
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Marty: From here, I'm excited that you both are opening up. I don't intend to stifle either side.

Alice: That's how I feel. That we are both opening it up.

Marty: But Rob's initial response is that it could be a message that he has to be more careful with his spontaneity. It could be discouraging.

Alice: I want to say, "Well, you could be spontaneous and then we repair whatever happens." If your feelings get hurt, or mine, it doesn't mean that you can't do it. We just need to open up talking about it more.

Discussion and Conclusion

This session illustrates the application of a sustained empathic focus on affect and subjective experience in the treatment of a couple. It builds on earlier work by Solomon and Kohut's quip about partners taking turns in providing selfobject experience for each other. It also is founded on several concepts from intersubjectivity. The primary intersubjective concept that guides my approach is the centrality of affect and the therapeutic action of processing previously walled-off painful affect. The intersubjective concept of a developmental model of primary and secondary trauma is referred to as one basis for my emphasis on affect. These ideas are well illustrated in the clinical material. This material also provides an idea of what can emerge as a result of a sustained focus on affect. The session demonstrates how this focus leads to the illumination and exploration of the intersubjective system of the couple. It highlights, and helps the couple begin to make room for each other's organization of experience and the mutual influencing that is going on. It is clear that interventions based on a sustained empathic focus lead to a perturbation of the system and the emergence of increased dyadic capacities.

Both Rob and Alice had been feeling increasingly discouraged and at times hopeless about their needs being met in their marriage. Each responded to the other's protective strivings as an encroachment and a sign of danger that their needs would be disregarded forever. The vulnerable exploration of the underlying fears created a sense of intimacy and possibility.

What is important in this material is a process of focusing on underlying vulnerability, affect, and subjective experience. The surface content of discussion may shift with the wind. It is the analyst's persistent attention to, and gentle, yet persistent guiding each person in the articulation of, their
underlying affect and subjectivity that remains steady and provides a focus for understanding and organizing.

One last caveat before we close: All of the conceptual ideas presented here have the aim of furthering exploration and working through in the deepening of therapeutic process. This aim can never be fulfilled if the concepts become experience-distant and theory-bound techniques. The ultimate purpose of theory, beyond the excitement and reassurance of understanding what we are engaged in, is to enable the clinician to move back into an immersion in the here-and-now experience of each session. It is in the moment-to-moment attunement, and sharing, that the process must deepen and unfold.

In conclusion, this paper has proposed that the concept of focus can provide a meaningful bridge between theory and practice. Its first aim has been to demonstrate that for theory to be clinically useful, it should provide a sense of focus and organization for the clinical work. More specifically, it has illustrated how an emphasis on each patient's inner subjective/affective experience can lead to the amplification and clarification of the role of the intersubjective context in a couple and to the softening of impasses and the enhancement of intimacy.

References


Empathic Focus in the Treatment of Couples


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Translations of Abstract

La teoria tiene que suministrar un foco para el trabajo clínico. El modelo self-psicológico e intersubjetivo suministra un énfasis particular que puede guiar la escucha y las intervenciones. Manteniendo el foco en la experiencia subjetiva/afectiva del individuo, y en la vulnerabilidad que emerge, facilita que se procesen afectos dolorosos que previamente habían sido dejados de lado. Este artículo subraya como el mantenimiento continuado de un foco empático puede ser decisivo en el desarrollo de una capacidad para la regulación de los afectos y la construcción de estructura psíquica en el contexto del tratamiento de parejas. Este foco, particularmente al trabajar con parejas, destaca, y a menudo empieza a curar, diferencias y rupturas intersubjetivas, lo que conduce a profundizar en la intimidad de ambos miembros de la pareja.


La teoria dovrebbe fornire un focus per il lavoro clinico. Un modello orientato dalla psicologia del soi/intersoggettività offre un accento particolare che può guider l'ascolto e gli interventi. Sostenere l'attenzione sull'esperienza soggettiva/affectiva dell'individuo, e sulla vulnerabilità che emerge, invita all'elaborazione di affetti dolorosi prima inaccessibili. Questo articolo sottolinea come un focus empirico continuativo possa essere utile nello sviluppo di una crescente capacità di regolazione affectiva e nella costruzione di struttura psichica nel contesto della terapia di coppia. Questo focus, specialmente nel lavoro con le