NARRATIVE OVERVIEW
OF THREE THEME, SIX STEP
MODEL OF RELATIONAL
COUPLES THERAPY

My contribution to this month’s IAPSP listserve is based upon my forthcoming Routledge text book *A Relational Psychoanalytic Model of Couples Psychotherapy* which will hopefully be out early next year. In this brief overview I will attempt to spell out what my relational mode of psychotherapy is in general with specific focus on how it applies to work with couples. This brief narrative introduces a companion attachment, an outline of my model in three themes and six steps.

Parenthetically, when I say steps, I do not mean ones that are to be seen as hierarchical or linear though for purposes of presenting them here they may appear that way. Actually, all the steps can theoretically occur in any given session or soft assemble out of their seeming progressive order. It is fair to say that I envision a thorough and complete couples treatment embodying many of the principles outlined in the steps, though this is not necessarily always the case as I discuss in my book.

The three themes, one by one, involve first *self actualization in a long term committed relationship* (which may or may not involve marriage and certainly applies to gay couplings, along with relationships constituted by interracial, interfaith, intercultural mixes, you name it…). This first theme addresses a sense of personal agency, desire, and all the ways in which one’s subjective sense of self manifests or more likely in the case of couples treatment is constrained by problematic aspects of their relationship. It postulates that mate selection involves an
unconscious process of “hope and dread” meaning that partners will seek in each other someone with whom they might be able to self actualize beyond what they each bring to the relationship as well as finding in this same partner someone with whom they can reenact some of the dreadful aspects of their past. As you will note from the accompanying outline the dialectic between hope and dread gets played out in both their developmental and repetitive transferences to one another as well as to the therapist.

The second theme pertains to mutual recognition of each partners’ subjective realities. Although mutual recognition can entail mutual empathy, it pertains to a lot more and is critical to the repair of ruptures. What is important about this theme is that it disabuses us of the expectation that we can ever completely resolve our conflicts through empathic understanding alone because first, we are as prone to negate one another through objectification as much if not more than we are prone to recognize one another through empathy. The paradox of selfhood (Benjamin, 2004) proffers that much of self actualization will entail coming to terms with what can be ruthless and self-centered in the pursuit of our desires, much of which is unconscious. Hence, mutual recognition arises most prominently in relationship to mutual negation. As such, repair of ruptures will most often be best achieved by recognition of what got played out in terms of the partners’ unconscious hopes and dreads.

The third theme pertains to the relationship having a mind of its own. This speaks to the ineffable way that relationships foster a co-creational effect in which over time each party influences the other in a way that lends to a co-authored system. In this manner, it becomes harder to determine where things began and where they have gone or are going. In its best
iteration – through treatment - this theme becomes a kind positive “third” perspective in so far as each partner begins to see that they are mired in pernicious binaries of feeling like the “done-to” (or “done-in”) but their partner – the so-called “doer” or perpetrator of whatever their complaints entail. This manifests in diverse forms of enactments including sado-masochistic ones. Ultimately, it is in each one finally recognizing that they can be both a “doer” and a “done-to” that partners can move out of being mired in their respective roles of victimhood and begin to see themselves as co-participants in their problems. This often requires fruitful examination of their roles in their enactments which generally involve some conscious and some unconscious (sequestered) self-states. This overall model is premised on the idea that we are not so much integrated selves then we are constituted by multiple self-states that are often in conflict. To a large extent these states are managed through projection, albeit frequently to ill-effect. By projection I mean that partners induce one another to unconsciously take on their unwanted, disavowed and unknown self-states thereby identifying with them and then enacting them.

The six steps of the model constitute an arch of treatment, though again more in forms of chaotic soft-assembly than in linear order. Nevertheless, the first step places emphasis on the therapist’s empathic engagement to what she understands to be both the selfobject failings that each partner experiences as well as the repetitive, reactive transference that is triggered by such failure. This repetitive transference state organizes each partner’s reaction. This is what creates “vicious circles” of engagement since the failings of each one’s selfobject needs produces a negative transference reaction that then creates further selfobject failings from each other. To be sure any attempt at “chicken-and-egging” inquiries as to whom and by whom this all began is fruitless. What is of help is to point out as empathically and as specifically as possible how each
feels failed and how that then informs their negative response - albeit one that was adaptively
developed in childhood. So for example in a hypothetical case, the wife feeling that her husband
recurrently fails her idealizing transference need to feel secure and protected results in her
criticism of him. This criticism then gets experienced as a failure on her part of his mirroring
selfobject transference need making him feel helpless in providing her the security she believes
she desires and needs. And around and around they go.

**Step One** begins in this manner since the commencement of any psychotherapy typically
requires the patients feeling understood in terms of their conscious though frequently
unformulated subjective experiences. When the therapist nails this formulation, usually both
partners form a positive transference to her, often an idealizing one. When the therapist succeeds
in making them both feel understood, they start to become a little bit more hopeful that even
though each of them believes the other is “nuts” (and often they feel that they themselves are as
well) at least their new therapist seems to get them both. This becomes a surprising but welcome,
albeit, foreign experience.

While I see the style of intervention in Step One as a critical opening to almost all
couples treatments, there is quite a bit more that I think needs to be addressed, hence what I
elaborate upon in Steps Four, Five and Six of my model, some principles of which are already
being laid down in the earlier steps.

**Step Two** involves promoting the epistemological principle of *perspectival realism*. That
is that we each have our unique subjective orientation to reality and not an objective one. For
couples therapy to work this view typically has to be cultivated sooner or later. Where it cannot
be, at least somewhat or at least enough, eventually, the therapy is likely doomed. **Step Three** pertains to the myriad of ways of taking up how the partners’ respective backgrounds profoundly organize the subjective realities they bring to the relationship. The chapter in my book in which this step is addressed covers how this information arises from a myriad of developmental experiences including what roles gender and culture play in defining all sorts of things such as loyalty, etc.

**Step Four** involves what I refer to as the “relational turn” of the model insofar as it takes up all of what I refer to as what is left out on the proverbial “editing room” floor. This is because as assiduously and as carefully as the empathic introspective method is practiced, it tends to address primarily more explicit, conscious discourse, leaving much more implicit, sequestered self-states to have to be enacted before they can be taken up. I note in my book that phenomena examined in Step Four usually comes into the exploratory foreground after each partners’ “slumbering giants” (dissociated self-states) are awakened. This can happen after a period in which the selfobject attunement of the therapist has paid off and each partner becomes somewhat more comfortable responding to the others’ wishes, for instance the provision of idealizing and mirroring functions in the hypothetical wife and husband noted above. It is only when the ostensible complaint of what was the conscious, presumed “real” problem has begun to be addressed that what lies behind and beneath it comes out. For example, the nature of a partner’s complaint that there isn’t enough intimacy, sexual or otherwise, may suddenly shift when it is finally met. It is after his original complaint has finally been truly responded to that his unconscious ambivalence about having it met finally becomes apparent. Then he is compelled to examine certain perhaps schizoid defenses against getting what he initially thought he wanted. In
the book I quote Irving Berlin’s lyric, “When you get what you waaant, you don’t want what you
get!”

Steps Five and Six work in tandem under the principle that you cannot negotiate
authentic change between two people that has not been sufficiently negotiated among their
multiple self-state conflicts within themselves. Hence Step Five focuses on the conflictual
multiplicity of self-states within each partner, the intrasubjective domain if you will, in the
process of also taking up their more interpersonal negotiation of what their relationship may
become. Parenthetically, the interfacing of Steps Five and Six is a good example of how this is
not a linear model insofar as it is likely that it is in the breakdown of intersubjective negotiations
(Step Six) that focus then needs to return to each partner’s intrasubjective conflicts (Step Five).
Lastly, these chapters take up the topic of surrender. Surrender can come into play when what
each initially feels needs to occur (whether within themselves or between them) remains non-
negotiable. Surrender is critically different from submission (which happens when one feels
“done-to” - that is, dominated). When we submit, we submit to the other (or to a domineering
self-state) whereas when we surrender, we relinquish some over-determined, often prideful
egotistical bond to something that is more defensive and not something that we authentically
need.