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The Treatment of Marital Problems

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It is commonly held that the most intimate relationship in life is the one that exists between a mother and her infant at the breast. Although the infant has not mastered language, other channels for communication seem to suffice. It is also said that in marriage one may find the second most intimate relationship in life. It might be argued that marriage offers superior opportunities for intimacy to the mother-child kind, in that new skills learned in maturity can be used to avoid the pitfalls an infant's relationship is subject to when conflicting emotions are experienced.

For those who have successfully negotiated the developmental stages, marriage may provide intimate emotional contact. However, since marriage is a relationship in which needs from various stages in the development of one person interact with those of another, fixation or regression in either partner prevents the spontaneous enjoyment of the relationship, and instead provides a breeding ground for repetitions of unresolved emotional conflicts from the past. As such conflicts begin to interfere with the relationship, one or both partners may seek outside help.

Adults usually come to psychoanalytic treatment because they cannot achieve the goals they set for themselves in marriage or in other aspects of living. Some arrive complaining about the quest for a mate. Others are avoiding commitments or asking whether they should marry, or whom they should marry. These communications

from the couch often sound like a search for, or a denial of, the need for mothering: deep longings, an idealization of the longed-for object, the rejection of dependency, and an emphasis on self-reliance.

The person who seeks analysis after marriage usually does so because feelings of disappointment in the partner and in marriage are causing psychic distress. When two people make a verbal contract to love, honor, and obey, they also silently form intentions and expectations which they consider a part of an implied contract. Disappointment comes when the partner fails to live up to unspoken expectations, or when one's own good intentions cannot be realized.

The analyst expects that the same characterological reactions, expectations, and disappointments that prevent growth in the marriage will be re-enacted in the analytic office. As with marriage, analysis begins with a spoken contract. The usual terms are that the patient will come, will pay, and will talk and that the analyst will listen and intervene. As with the marriage contract, not all the terms of the analytic relationship are stated at the beginning of the treatment.

A woman who entered treatment to discuss her disappointment over the way her husband treated her wanted to leave treatment after several months. She was disappointed with the treatment because there was no improvement in her relationship with her husband. When feeling resentful towards the analyst, she said of her marriage, “One part of me says I would be a fool to walk out, but the other part says we've hit rock bottom. He laughs at me as he sets up situations between his mother and me. I should be the most important thing to him. All my energy goes into just keeping us together and I don't know why I've been doing it.” This woman can think of no solution to frustration with analyst or mate other than to break off relations.

Part of making the analytic contract in such a case is determining the mode of treatment appropriate to the dynamics. The analyst considers whether to see the person individually, in joint marital sessions, in both, or in some other combination. This woman's presenting problem of disillusionment in marriage was a symptom of a characterological depression and therefore an indication for individual analysis. When the analyst works with a patient

in one-to-one analysis, it frequently benefits the marriage. Often a characterological change in one partner results in increased

empathy, and motivation to improve the interaction in the marriage. However, the interactions that originally attract two people usually lock them in so that growth in one partner through analysis may lead to a situation in which interactions which have lost their appeal to one cannot be changed without the cooperation of the other. In some cases where joint sessions would be appropriate the person seeking treatment requests individual sessions, stating that the marital partner is not interested in treatment. While only one partner may believe that treatment is desirable, the other may agree to attend occasional joint sessions to assist the mate or the analyst.

A married couple that has agreed to be seen together may regard the analyst as a judge who will arbitrate their differences, in which case the analyst is expected to listen and then to say or do something to correct the fault in the marriage. Joint sessions may resemble a day in court, with each taking an adversary position, engaging in shouting, crying, blaming, and guilt matches. Anger is inevitably heightened, since one partner is obviously going to be declared guilty.

An analyst may even be asked to pass judgment before the first session. An aggrieved mate may phone to say that his only problem is to arrange help for a spouse whom he considers mentally deranged. One couple coming to an appointment stood on a street corner angrily debating whether the analyst's address was east or west. When they phoned the analyst for the correct address, it was clear that by giving it the analyst would be symbolically taking sides.

Treatment Modalities

Modern analysts have been experimenting with treating marital symptoms through various combinations of individual, joint, family, and group sessions. Groups may be composed solely of married couples or may include mixtures of married and single people in which one or both of a married couple participate. Family treatment may be combined with individual treatment for some or all of the

members and may include in-laws as well as other family members. What all these settings have in common is that transference and resistance analysis are the central working concepts.

Treating Couples

When a couple enters treatment together, the analyst begins by creating an atmosphere in which the past history of each may be demonstrated in the office just as it congealed in the marriage. Although attacking each other is discouraged in the analytic office, the couple is trained to describe thoughts and feelings. Verbalizing feelings in a destructive way is one of the first resistances in many marital analyses. To avert treatment failure, destructive tendencies are worked on first. Other characterological patterns that attracted the couple to each other and hamper their maturation in the marriage are gradually brought to full expression.

Although some disagreements may not appear significant enough to cause divorce, to the spouse the treatment he gets from his mate is symbolic, meaning that he is not respected, appreciated, or cared for. One patient, whose wife threw away the Sunday paper without asking him if he had finished, did not understand why her behavior was important to him and attacked himself for being petty. “I get really cranky,” he reported. “Little things annoy me.”

A patient who complains about lack of warmth and closeness in the marriage is not necessarily ready for closeness. One woman had a feeling of being alone in the world precisely when new patterns in marriage were beginning to lead to emotional intimacy. She had succeeded in retaining the parents of her infancy by repeating old patterns with her husband. At first, marital intimacy seemed like a poor substitute for reliving the past. This woman was enraged over her husband's inability to be emotionally close, envied his comfortable relationship with the children, and felt cut out of the family circle. With a history of abandonment and murderous rage, she was not ready for the feelings marriage brought.

Resistance Analysis with Couples

Because of the existence of hidden agendas in marital interactions, the course of joint marital analysis is beset by resistances to the stated rules. Old experiences revived in the analysis serve as resistances, and when the repetitive patterns include the analyst, they are treated as transference reactions. The patient who debated leaving the analyst because she was not being helped brought her conflict over leaving her husband into the transference.

Disappointment in the analyst is inevitable. The narcissistic patient will express it in self-attack; the object-oriented patient will feel dissatisfaction more directly. To make a differential diagnosis it is necessary to determine whether repeated patterns are narcissistic or object-oriented. A patient who says, “There's nothing wrong with you. I just can't be helped,” is making a narcissistic transference communication. An understanding that a couple communicates narcissistically is not used for confrontation but to determine the approach that will resolve such patterns.

The analyst brings the vestiges of narcissism into the treatment situation early, and in such a way that they may be displayed, understood, and resolved. Since it is the human condition to develop from narcissism through to object-relatedness, vestiges of narcissism will be found in each personality. In resistance analysis with marital couples we are interested in how these narcissistic vestiges operate to prevent marital intimacy.

When one of the partners is depressed and unconsciously takes full blame for the ills of the marriage, this self-attack, based on the megalomaniacal belief that he caused it all, is more difficult to reverse. When the mate, in-laws, or children are blamed, the partner seems to be distancing himself from his narcissism by directing the flow of destructive feelings outward, thus avoiding the depressive or schizophrenic defense of turning aggression against the self.

One patient who felt intense rage against her husband indulged a strong urge to act by taking a lover. She tried to convince the analyst that the marriage was all wrong, that she should break with her husband, and that the analyst should treat her lover. This patient

wanted the analyst to encourage her to solve psychic conflicts by acting out.

Using Countertransference

To free a couple from their repetitive behavior, the analyst studies countertransference as well as transference reactions and responds emotionally to the interaction and personalities of the marriage partners. Through one's own analysis one has learned which responses are subjectively related to one's own history and are sensitive areas within one's work. Much of what is learned about marital discord is learned emotionally when the analyst experiences reactions similar to those of the marital partner. These emotional responses are understood as they relate to the character and history of both patients.

In the course of joint sessions, the analyst listens to how each partner experiences his own and the other's role in the marriage, their expectations and disappointments. The analyst observes and compares his own and the partner's responses. The partners' emotional contact with each other demonstrates to the analyst the defensive behavior patterns which block the couple.

Since the original environmental and constitutional deficits cannot be changed, nor the past eliminated, the only road open for characterological change is the recreation of those emotional moments in which existing characterological patterns were laid down. If a patient drops things in the waiting room and stumbles over his own feet, the analyst who experiences a desire to help him may be said to identify with the mothering figure who wanted to protect her infant. If the analyst's reaction is to be annoyed with such clumsy behavior, he may be experiencing the early parental feelings and he may be experiencing the patient's narcissistic feelings. If a patient feels loathing and disgust for himself, and the analyst can't stand him and wants to be rid of him, the analyst may be experiencing what the parent felt toward the child. When one experiences these feelings, it is not possible to know immediately how they should be used. Many of the feelings that the marital partners induce in the analyst would, if acted upon, result in a

destructive repetition of the patient's history. To say this is merely to restate what has been well understood by traditional analysts ever since the ground rules were established by Freud[1] between 1910 and 1914 in a series of papers addressed to physicians conducting psychoanalytic treatment. But, for disruptive patterns to be relinquished in the relationship with the analyst or with the mate, the analyst must offer new responses to the patient's old behavior.

The difference between modern and traditional treatment lies in the use the modern analyst makes of the feelings aroused in him. To use feelings to resolve resistance requires that the analyst have a full understanding of the defenses employed for resistance, their repetitive quality in the treatment and in the marriage, the gains accruing from them, and how they relate to the circumstances of early life. Before the analyst intervenes, it is important to think through the circumstances under which each partner would be willing and able to forego maladaptive marital patterns. Thus prepared, the analyst uses his own emotional

responses to intervene to demonstrate affectively an understanding of the marital partners' behavior with each other.

Because of the difficulties in working with one's own feelings when treating both partners for growth as individuals and in their marriage, many analysts will not accept couples for joint treatment. They may even refuse to treat a patient's spouse individually, preferring that the partner see another analyst.

Analyzing Repetitive Interactions

Joint marital treatment may range from an attempt to retrain partners to try different responses to each other to a full analysis of transference with cross-fertilization from an analysis of the marital interaction. Whether in a depth analysis or a short-term process, marital partners are encouraged to observe the effects of their emotional communications on each other. In exploring dissatisfactions and other repeated feeling states that interfere with intimacy, the analyst treads a narrow line between encouraging the verbalization of feelings and training the couple not to engage in communication destructive to the partner's ego.

In joint sessions with a narcissistic couple, I do not usually ask how partners feel about each other, nor how they feel about me. I know many analysts do ask these questions in an attempt to elicit information about the transference. If, instead, each partner is asked how the mate is reacting to something that has just been said, attention is directed to an exploration of the external world rather than to the self. Training marital partners to think about their hostile feelings toward each other, to use them for further understanding, and not express them angrily in joint sessions, combines with resolving the resistance to saying everything in individual sessions. Both steps are necessary to liberate the personality for mature functioning. As the partners are trained to think about each other's responses, the pressures lessen. Destructive wishes will continue to appear and be verbalized, but in increasingly appropriate ways as the partners learn to focus on the external object. Improvement is evidenced by more thoughtful listening, an increased understanding of the partner, and more effective communication. Further along, the motives behind repetitive behavior will be understood by the couple in treatment.

One may view the interaction of a couple by the level of fixation or degree of regression of the partners. It may be observed that the mate, or the analyst, is emotionally ignored, thus indicating that he is experienced as not there. Some patients live isolated in an intrapsychic world where external stimulation is used to reinforce internal dramas. One such male patient in treatment at his wife's request was locked in an intrapsychic struggle with a parent whom he experienced as totally rejecting. With his wife he maintained distance through emotional withdrawal. After considerable analytic treatment, he began to experience transference feelings and to verbalize what he had previously somatized as tension states. He regarded his wife as ego dystonic, distrusting her most neutral communication. When she was friendly and outgoing, he felt excluded. When she was interested and talkative, he thought she was prying. He preferred her to be inexpressive, distant, and absorbed in household chores.

Joint sessions were not possible until he had spent time in a nonthreatening therapeutic environment in which the analyst did not initiate contact. Eventually joint sessions were used to train the

wife to make her contacts more neutral. Having a history of desertion and a fear that she was unlovable, she felt that her husband hated her. When she learned that his reactions were transferential and self-protective, she was eager to help him.

The working relationship in joint treatment will depend on how the partners perceive each other. Some couples relate to each other symbiotically. Neither can conceive that the mate might have a separate emotional existence. Among such patterns are the nonexistent mate and the mate fused with the self. Sometimes communication is with an externalization of a frustrating, depriving, or inconsistently gratifying parent figure. Then the marital partner is viewed as benign, dangerous, insignificant, cold, or distant.

Some couples have difficulty in marriage because one partner is in touch with unconscious communications and verbalizes them freely, while the other is not. If a wife relates to her husband's unconscious communication when he believes he means what he says, the result can be destructive to the relationship. Phrases which invite a battle are, “You're telling me you hate me…. You wish I were dead…. You want to get away from me,” or, “What you really mean is … You're trying to tell me …” The partner who does not examine motives asks, “What is she talking about?… I don't dare open my mouth with her…. She really confuses me…. She drives me crazy.” A very unhappy wife complained that her husband didn't love her. He believed he did,

said he did, and was confused by her doubts. Examining the motives and interpreting the thoughts and feelings of one's mate may be an interesting exercise, but it is wiser not to convey such insights. Partners trained to accept conscious communications live together more comfortably.

Maturational Needs

As an analyst listens, he becomes aware that marital conflicts center predominantly around unmet emotional needs. Though the analyst understands that unmet needs have halted each partner's development, he does not depend on supportive behavior. Resolving resistance is achieved by emotional responses demonstrating an

acceptance of the characterological defenses. This takes precedence over meeting needs directly. To give a patient support and gratification of needs in the face of maladaptive patterns offers the analyst as a replacement for unsatisfying partners, but it will not lead to cure if the resistant behavior has not been relinquished. Furthermore, it has not been shown that revealing information to a patient about defenses which interfere with marital intimacy, or conveying to a couple information about their interactions, will increase intimacy in the relationship.

Failure in marriage indicates that needs not met before marriage, whether infantile or mature, are not being met by the marriage partner. In the case of infantile needs, narcissistic defenses operate to prevent discharge of the destructive impulsivity aroused by this frustration. If the narcissistic defense is working properly, aggression will be turned inward in order to protect the mate. Control over destructive impulsivity is a function of the strength of libidinal over aggressive drives. In marriage there is a continuum from not enough libido to control the amount of aggression in the psyche to a favorable balance of libidinal drive over destructive impulsivity. In the latter case, the analyst need only concentrate on liberating the feelings of love which are defended against.

When treatment reveals that both partners entered marriage seeking narcissistic gratification and are struggling over who will care for whom, the analyst may wonder whether such needy people should be married to each other. An analyst may well conclude that is is fortunate when any two people can endure the married state. Divorce frequently seems the only solution to the therapist and to the couple. Of course, divorce is the only solution to marriage in the same way that growing up is the only solution to childhood, and death is the only solution to life. However, rather than end it, one recognizes the desire for closeness and for life expressed in seeking a partner and tolerating the frustration of marriage while working to improve it. Whether or not the marriage is based on narcissistic longings, tolerating the pain of a difficult marriage may be preferable to the alternative of narcissistic isolation.

Marital Styles

It seems evident that people arrive at marital styles which permit them to repeat early interactions. Partners are chosen when their characteristic ways of making human contact dovetail.

Interlocking marital patterns run the gamut of human relations. Compliance-defiance patterns may occur with one partner always assuming the compliant role. This may happen when one of them is characterologically isolated, withdrawn, or deeply depressed. On the other hand, fighting, demanding, bickering couples are often seen. One husband described his marriage as standing chin to chin in a marathon without end. Another who looked drained in the session wanted to know why marriage was demanding all his energy. “It's always up and down. One day I come home and she's happy to see me, next day she's pouting. I don't get over a fight as fast as she does. It's jut too much effort; I'm exhausted.”

There are marriages in which one partner controls the other by suicidal threats. When a patient threatens suicide, it may mean that he wants to give up or that he is trying to get someone to do something. One patient wanted the analyst to be available to talk at any time of day or night when he experienced anxiety. It was helpful to work out an agreement that his wife fill this role rather than his analyst. If the analyst engages in support systems the patient will eventually find something that the analyst cannot do for him. If the patient is impulsive and likely to succeed in a suicide attempt, a threat of suicide may be reflected with a threat of termination, or a recommendation that the patient hospitalize himself. A joining technique on the hopelessness of the situation is inappropriate when the patient is using a threat to get others to take care of him. If he says he will die if the analyst or his wife do not keep him alive, it will help if the analyst asks how he could be kept alive if he were

determined to die. To explore blackmail, the patient may be asked why a wife or analyst should devote that much time to something the husband is not himself prepared to fight for.

Brinksmanship is a marital pattern in which each tests the limits of how far the partner can be pushed. A man who sought marital counseling for his wife's drinking problem had a vested interest in driving her to suicide. His mother had taken her life. Some people

use provocative behavior to drive a mate away, others to force an emotional response.

Interactions involving somatization patterns require careful diagnosis and interdependent treatment with medical professionals. A couple consulted me because the husband's impulsivity frightened his wife and her indecisiveness drove him "wild." The impulsive partner used decision making to rid himself of anxiety. If he tried to postpone anything, he devloped illnessnes which left him temporarily bedridden. He was convinced that he developed mononucleosis when she backed out of buying a house at the closing, after they had "finally settled on something." The indecisive wife was in good health as long as she could ruminate, but pressure from her husband forced her into decisions which attacked her defenses. She developed symptoms that doctors could not diagnose. Indecisiveness around the proper treatment plan and whether or not to change doctors substituted for domestic indecision. During her illnesses her husband tried to control himself. He developed high blood pressure, blood in his stools, an amoebic infection, and a slipped disc. The tendency to somatize was eventually controlled in a combined plan of individual and couples group analysis.

A young woman sought treatment after breast surgery, stating that she did not want to die. The oncologist working with her noted a tendency to carcinoma. Her recent marital history provided a clue to her illness. This woman had appeared in court many times outside the country and in the United States about the disposition of property that she and her former husband owned. The stakes were high, and she said each was "in it to the death." Her symptoms developed on the first anniversary of their court settlement. She regarded marital treatment with her second husband as a race against cancer.

Some marriages are conducted on the principle that one of the pair must be crippled. When one is physically ill, the mate may find satisfaction in the role of long-suffering attendant. A physically dependent marital partner may become blocked in the expression of negative feelings and thoughts. The resulting compliance may take a greater toll on intimacy than the physical condition itself.

A passive-aggressive alliance may present the analyst with one partner who feels controlled. The powerless one may also tell the analyst, "I am in your power." One patient asked during his first

session, "What is your fee?" When asked what he would like it to be, he responded, "Like! What choice do I have?" A woman, in response to the question, "What had you thought of paying?" replied, "There's no point talking about my thoughts. You're in charge. I want to come to you and I am going to have to pay your fee." She went on to say, "I'm going to have to pay you whatever you want no matter how out of line it is, because the only alternative would be to go somewhere else. Since you're the right person for me, I'm going to have to do whatever you want." In the marriage, the wife feels helpless and in the power of her husband—and experiences accompanying rage.

An emotionally explosive woman felt misunderstood and neglected in her marriage. To her husband, a withdrawn man, she was demanding and dangerous. Her emotional outbursts aroused feelings that caused him to withdraw. His fears were not mentioned and perhaps not felt in the early years of their marriage. He "tuned her out." Although he avoided emotional contact, he did try to say intelligent and pleasing things. In his treatment, I felt it was important that he not feel pressed to discuss feelings nor get the impression that it was important to me that he accomplish anything. He developed a capacity to work and did so cheerfully; he reserved negative feelings for his wife, whom he continued to find unreasonably demanding.

In individual treatment, his wife was learning the repetitive nature and the source of the feeling that she was to blame. However, she was convinced of the hopelessness of her situation. She did not believe that her husband would ever become emotionally responsive enough to help her to disengage from the past. In the grip of hopeless feelings, she would lose control and shout angrily at him, "Put that paper down and talk to me!" Such scenes led to temporary compliance or a deaf ear, and their marriage was not improved.

Until he understood the tendency to withdraw and she perceived her contribution to it and could control her impulses, the

marital interaction remained the same. When she was ready to improve the relationship, she tried new ways to make her wishes known. When she was able to demonstrate a reasonable side with some consistency, he took more emotional chances. For him to do this required overcoming the deepseated fear that he was dead inside and that only her angry emotions could stir him to life. For her to

behave differently required frustrating a compelling need to behave badly and hate herself for it. Their willingness to learn new responses indicated the strength of their motivation to get well.

To understand why this couple clung to their unrewarding interactions, the analyst explored the early mothering patterns in which these interactions developed. She, feeling unloved, chose to blame herself and to behave in a way that permitted repetitive self-attacks. Her unconscious belief was that if she were different, her mother, whom she could not bring herself to blame, would have been more loving. When she felt that I was asking her to be the understanding one, to give up her self-destructive impulses, she wanted to leave analysis. She did not want to hear it from her own unconscious and certainly not from her analyst. To continue to live in the past, it was necessary to behave badly and deny the purpose of her behavior.

In joint sessions, in an atmosphere that focused on their interactions, this couple had the opportunity to observe how they responded to each other and what they were repeating. Her desire to protect her parent through self-hatred required repetitive behavior towards her husband which could justify that self-hatred. To understand him, it was important to learn what caused him to withdraw. To understand her, it was important to learn the role played by self-hatred. Insight did not affect these patterns. Other means must be found to help such couples achieve more cooperative marital relationships. Usually change occurs first in the transference relationship as a result of the analyst's ability to use emotional communication in the proper amount and at the appropriate time.

Group Treatment for Marital Problems

Working on the problems in a marriage is not limited to individual or joint treatment. Frequently, married couples are seen in groups. One or more married couples may participate in a group with single adults, or in an all-couples group. The method depends on what agreement can be reached and an estimation of the setting that will best help the couple to explore their maladaptive interactions.

There are a number of considerations in organizing groups to

include married couples. One or both partners may feel inhibited about revealing feelings about a mate. There may be a secret past. An affair of one of the partners may be the reason given for wanting to be treated separately from a mate. One patient had entered marriage without telling her partner of a history of homosexuality. She feared that her husband would leave her if he were to find out. A male patient was afraid that he could not control expressions of hatred for his wife if he were in a group with her. Whatever the stated reason, either partner should not be pressured to join the other until some readiness to work together is expressed. In most cases the partners are not ready to be in a group together until they have developed a transference to the analyst.

When individuals in analysis marry, they may seek marital help with their individual analysts. When each partner has a different analyst, the couple may ask one of the analysts for joint sessions. For some couples, a debate develops around the question of whose analyst to see. To work on marital problems the couple could be seen by one or both of the analysts. When we consider all the transference and countertransference phenomena, we can see just how complicated having two analysts with a couple could be. If the analysts and the couple can deal with the complex transference-counter-transference situations, not unlike relations between a married couple and two sets of in-laws, a resolution to marital discord may be achieved.

Couples Groups

There are a number of considerations in organizing groups to include marital couples. Although little is known about the effects of group composition, analysts do organize their groups with several principles in mind.[2] Two widely accepted ideas are that group members should not come from widely disparate socioeconomic backgrounds, nor should they be diagnostically homogeneous. A group overloaded with self involved members may not survive the initial phase. Too many impulse ridden members prevent the development of group relations. The extent to which marital partners are tolerant of emotional interchange

members prevent the development of group relations. The extent to which marital partners are tolerant of emotional interchange will influence the cohesiveness of the group.

A group composed of relationship-destructive teams can be expected to be short-lived. Partnerships dominated by ambivalence may be reflected in ambivalence about working together in group. A group composed of four ambivalent couples would be rent by treatment-destructive resistances. If an ambivalent couple is to be worked with in a couples group, balance is provided by the inclusion of couples motivated to work on their marriages. In a group established to work on marital problems, two couples with strong motives to resolve their marital difficulties began treatment with two couples ambivalent about continuing their marriages. It was soon seen that one feared rocking the boat emotionally while another couple seemed intent on destroying their marriage and each other. They expressed their ambivalence in threats to each other, to the couples in the group, and to the analyst. They spoke also of threatening and violent behavior at home. Their relationship-destructive resistances inspired deep feelings in the other couples. One saw them as a less analyzed version of themselves—as having the same feelings but being more self-destructive. The couple fearful of strong feelings was able to observe some of their own reactions expressed in primitive form. As a result, they felt less devastated by their feelings. They developed an interest in the self-torture of the other couple, and, in order to help them cope better, let down their own guard against the expression of feelings. Two withdrawn members—a husband of a depressed woman and a wife of an angry, verbal man—observed each other and learned about their own defensiveness in the mirror each held up. When withdrawn members were asked to describe each other's reactions, they recognized their own defensiveness at a safe distance, relating it to themselves in small doses. The angry husband of one and the threatening wife of another learned the effect they had outside their marriages, thus neutralizing intense intramarriage feelings.

Another group, patterned differently, included single people and three married couples. The major resistance of the couples was to emotional interchange. They kept interactions superficial in order to preserve relationships. The marriages were in trouble because feelings were taboo. The romanticizing, house-playing interchanges would have put a nineteenth-century novelist to shame. Candles, moonlight, and romantic expectations were voiced. A single man swore he would never marry, since women obviously were more interested in

chocolates than in relations. His queries as to whether they had any emotionally meaningful experiences with each other prompted the couples to explain that marriage is a serious business involving agreements about child-rearing. As the children were brought up in the discussion single members in the group identified with them. The married couples explored their fears of intimacy indirectly by discussing the adjustment problems of their children. They clearly wanted to be ideal parents as well as mates. One woman, at the end of her strength with her children, contemplated suicide. When she was asked, “Why not put them up for adoption?” she stopped attacking herself. Another parent, who reported fantasies of his son surviving the ordeal of concentration camp, congratulated himself on raising his child so successfully. That he might like to ship him to a camp was an unacceptable thought. As group members learned to explore without attack, married members learned, via the reaction of single members, the effects of their guarded relations on their children.

In another group, patients with a number of years of individual analysis entered group at a stage in their own growth when they wanted to work on more complex relationships. Though not a couples group, marital partners were asked to join from time to time, so that in this group's history partner subgroups did not predominate. This group had a very different history from the others. In the beginning group members fought for the attention of the analyst and were envious of each other's achievements and successes. Each time one of the couples brought up marital discord, the others expressed interest, asked questions, but expressed an inadequacy to help, and the subject was dropped. Many treatment-destructive resistances were not resolved. One couple left the group, a second dissolved their marriage, the husband of a third couple left the group. Members who had appeared ready to resolve marital difficulties in individual sessions regressed when attempting to work together in a group.

The analytic problems, expressed in treatment-destructive resistances and impulsivity in the marriages, required many years to resolve. The first characterological change was from hopelessness about their own and each other's ability to be helped by each other to a desire to compete with each other in new ways. Marital successes and other accomplishments were proudly presented as

group memebers vied with each other in more directly competitive ways. The envy and other sibling conflicts that had not been so prominent in the one-to-one situation required resolution with group members before they could be resolved with mates. With the resolution of these conflicts in some of the members there was a gradual shift to an interest in understanding each other, with recurrent complaints that they themselves were not understood, appreciated, or cared for. It appeared in retrospect that homogeneous grouping kept them at this level longer than would have been the case if the combination had been different.

Family Groups

Marital discord may be disguised as a problem with children or in-laws. A married couple may contact an analyst because of a difficult, acting out, brain-damaged, autistic, or physically ill child.

One couple who maintained a neutral stance toward each other was distressed by the constant bickering of their two children. They were seen in family sessions in which the brother, four years older, and his sister did not seem to want to discuss anything until one would abruptly interrupt the parents with an attack on the sibling. Although the parents found this behavior infuriating, they had been unable to influence it. Family treatment sessions revealed that the children did not feel free to express their needs directly to their parents and substituted demands on each other. The older child blamed the younger for a lack of closeness and other failures in the family. In a regressive voice, the younger child would ask to know why her brother would not stop picking on her and, turning to him, she would try to find out how she must change so that he would treat her better. The parents gained distance from their relationship with the children and with each other by concentrating on their helplessness in the face of the bickering of their children.

One woman used her children to hold her marriage together. Whenever the relationship with her husband became unbearable, she took a vacation alone with her children. On returning she was glad to accept her husband at his worst in exchange for help with them. In family sessions her inability to develop good relations with her children could not be relinquished. She had an investment in

continuing to make them a burden to prevent herself from leaving her husband. Learning to verbalize feelings, she explored the compelling desire to leave him. By feeling in control of her own impulses and knowing that regardless of what she felt it was not necessary to act, she was able to think about ways to improve relations with both.

If one partner is tied to a parent, there may be situations suggesting that the couple include one or more of their parents in family group sessions. One couple came to me for treatment after the wife asked her husband for a divorce. According to her account, her husband was never at home, had no interest in the family, and spent a good deal of time at his mother's home. Her husband agreed that all this was true, but he felt obliged to have dinner with his mother at least two or three times a week because she had become lonely since her husband had died. When he neglected to stop by for more than a day or two, his mother called to complain bitterly about his wife and children, whom she felt should come too. To arrive at some family understanding, the couple and his mother were seen together. Children were invited to some sessions, and the couple was also seen alone.

A husband came into treatment concerned over a loss of sexual interest in his young wife, who had just delivered a baby. He wanted to understand his sudden lack of feeling for her. In joint sessions they came to understand his feeling of being excluded when he observed the baby at his wife's breast, the anxiety both felt about handling the baby, and her feeling of closeness to the baby and lack of sexual energy, compounded by her feeling of rejection when her husband withdrew. Both felt the family was split. This couple was seen with their infant to work further on the relationship between them.

Conclusion

A husband and wife consult an analyst for help with a marriage when they fear its dissolution or when the relationship has become unbearable. If what they want is an improved relationship, the analyst discovers what is preventing this. Usually, repetitive charac-terological reactions and interlocking patterns interfere. The couple has inadequate training for intimate relations.

In the individual treatment of characterological problems, the analyst's goal is to resolve the patient's resistance to feeling and thinking everything. We consider a patient cured when he can do this. His behavior corroborates the cure: he is able to act on his constructive motives, to his own and society's advantage, and to forego the pleasure of acting on destructive impulses. He will have experienced strong emotions, he will have known disappointments and learned to cope with unpleasant feelings; he will have learned not to make his life more unpleasant than is necessary. His aggression will not have lessened, but it will be channeled into constructive activity. Libido will have been freed to serve its own purposes rather than a defensive function.

The goal in joint treatment with married couples, in marital couples groups, and in family groups is the same. Added to the above is a closer analysis of specific relationships in addition to the transference relationship with an analyst.

Resolving narcissistic transference resistances first helps to free one to know and accept himself. Training a patient to understand his mate and analyst leads to awareness of objects. When narcissistic fusion no longer interferes, the analyst resolves those negative and erotic object transference resistances interfering with intimacy. When intimacy does not threaten a loss of self, maladaptive responses to a marital partner are not clung to with the same tenacity. When object transference predominates over narcissistic transference, the resolution of marital problems can be accomplished.

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