

SHELLY GOLDKLANK, Ph.D.

---

## “THE SHOOP SHOOP SONG”

### A GUIDE TO PSYCHOANALYTIC-SYSTEMIC COUPLE THERAPY

---

*Abstract:* In this paper I describe how I integrate the interpersonal psychoanalytic idea of transference–countertransference with the systems idea of couple’s fit. I define the two constructs as I use them, including a redefinition of couple’s fit. The redefinition includes both the similarity of a couple’s fears and the complementarity of the partners’ styles of coping with those fears. I also contrast this integrative approach with that of projective identification. Finally, I describe a countertransference enactment with a couple to show that discussing such enactments can offer great therapeutic leverage. After the discussion, the therapist may find the connections between how the two people in the couple relate to each other and how the therapist and couple related. Clinical vignettes illustrate these ideas.

---

*Keywords:* couple, countertransference, transference–countertransference, complementarity, systems, projective identification, kiss, psychotherapy, psychoanalysis

---

IN THE “SHOOP SHOOP SONG” by Rudy Clark, The Marvelettes sing “Is it in his eyes? (Oh no, you’ll be deceived). Is it in his eyes? (Oh no, you’ll make believe).” They raise the old questions, can one know what is really signaled by the other and can one trust one’s interpretation of what is signaled? Is this one lying? Is that one self-deluding? It sure sounds as if the Girl Group was doing couple therapy.

In couple therapy the pair usually insists that the questions the song raises have either/or answers and that the partner is mostly responsible (and here they really mean exclusively responsible) for the couple’s troubles. They each assert that the presenting problem is whatever the other one cued or decoded. The couple therapist will have to tell them what they seem not to want to acknowledge. The partners are stuck inside a system that they have cocreated. Through unconscious but observable maneuvers, they keep the partner doing the very behaviors they name as problems.

How do we move them out of their positions as doer and done-to and into accepting coauthorship? Rudy Clark and The Marvelettes can help us

out here. In their text, they instruct us to go from describing deceit on the part of one and making believe on the part of the other to finding the truth in the mutuality of the kiss. "If you wanna know if he loves you so, it's in his kiss, that's where it is." The therapist can motivate the couple through unearthing the shared and coconstructed couple's dynamic symbolized by the kiss. I believe the best way for a couple therapist to understand and interpret the couple's reality, fantasy, and coconstruction is by combining psychoanalysis and systems theory. Integrating a systemic understanding of the couple's fit and the interpersonal analytic meaning of transference-countertransference phenomena takes into account the reality of our song's "Oh no, you'll be deceived," the fantasy of the song's "Oh no, you'll make believe," and the commitment to the coconstruction of the "kiss" one needs for work with couples.

### **Differing Emphases on Fantasy and Reality in Psychoanalysis and Systems Work**

I had good reasons to develop an integrative point of view for doing couple therapy. Having come up in both the interpersonal analytic and the systemic worlds, I heard the insults each group voiced about the other. I loved them both, however, and I wanted to mediate their conflicts. I thought I had better get the two worlds married. Once married, they became my intellectual parents, and I have spent the rest of my professional career trying to resolve their differences. An example of those differences? One who makes much use of the analytic concept of countertransference finds that family therapists often think of countertransference as too focused on intrapsychic processes in general, and on fantasy in particular. Family therapists tend to think of the construct of countertransference as indicative of the therapist's sticking himself or herself into the center of the action inappropriately. If one emphasizes the systems concept of complementarity of the couple's fit, one hears psychoanalysts say that the systemic idea of complementarity does not account for any intrapsychic processes and that it is too superficial.

### **The Advantage of the Interpersonal Definition of Transference and Countertransference for Couple Therapy**

Many systems therapists associate the concepts of transference and countertransference with the classical definitions of those terms. Since the

classical Freudian definitions stress a person's intrapsychic processes and fantasy such as displacement and distortion (Freud, 1893–1895, 1912; Greenson, 1967), the classical meanings of transference and countertransference are not user friendly for systems therapists. Systems therapists focus more on behavior between the couple and emphasize reality over fantasy when describing interactions.

When I talk about transference–countertransference phenomena, I think of them as defined from the interpersonal analytic perspective. The interpersonal definition of transference–countertransference may be less familiar to systems therapists. Hoffman (1983) divides the definition into three parts, all primarily unconsciously enacted: 1) we select what we see from the array of cues that are really there to be seen; 2) we weave the already selected cues together into plausible narratives, which seem, however, to confirm our own world views and expectations; and 3) we all like to and are very good at influencing each other to prove what we already believe.

The three parts of that definition of transference–countertransference phenomena—selecting only certain cues; favoring specific, plausible interpretations of the selected cues; and influencing partners to include in the array of cues the ones we tend to select—take into account the idea that context (that is, the partner) affects what is there to be perceived. The partner's influence is a basic systems therapy focus. As Minuchin and Fishman (1981) say, an elemental systems question is not, “Are you depressed?” but, “Is [partner] depressing you?” (p. 195). An interpersonal analyst highlights mutual constructions and selective attention, which leads to a definition of transference–countertransference that is more inclusive of mutuality and reality than the definition from the classical point of view. Real (as opposed to fantasized) behaviors and mutuality are two qualities important in systemic thinking, making an interpersonal view more amenable to use with couples.

The first part of the definition—selecting what we see from the array of cues that are really there to be seen—emphasizes that the cues we see are not a distortion of reality (Hoffman, 1983), or “(Oh no, you'll make believe).” Our partners truly offer, among other signals, those cues we select. When a couple therapist makes interpretations from the interpersonal perspective, it affirms that each partner is not making up a complaint out of thin air. The couple therapist who uses the interpersonal definition of transference–countertransference may go on to say that not only do the cues from partner B, the complaine, feed into the problem,

but also the interpretation of the cues by partner A contributes. Moreover, it is not just B's lips or A's ears, but the lips and ears of both.

The second part of the definition makes that clear. It suggests that we favor old, familiar interpretations of the selected cues: We select real facts about our partners but construct a story from those facts that is plausible, but tellingly overused. That we do this implies, in many cases, an interesting transformation from active to passive. We actively make up a story that we are the passive victim of our partner, and we "somehow" come upon this story again and again. Systems therapists offer a reason for the repetition of familiar routines with our partners. They suggest that the stories we make up confirm our need to cling to the old roles and old rules about interaction to which we are loyal (Boszormenyi-Nagy and Spark, 1973). The old roles and rules are important dicta that come from our families of origin. In clinical couples, the roles and rules are derived from intergenerationally transmitted anxieties about unresolved dilemmas in the families of origin (Bowen, 1978) for both partners.

The third part of the definition—that we are all experts at influencing our environment to treat us as we (unconsciously or consciously) expect to be treated—is largely about unconscious communications. Sometimes we communicate through projective identification. At other times we exert influence by paying vigilant attention to those aspects of a partner that are truly there and about which we have heightened sensitivity. Our partners are likely to be people whom we have picked because their issues dictate that they send the cues most expected by us. As both partners repeatedly focus on the same problematic aspects of their interactions, they have ever-stronger reactions. The intensity and repetition of the problematic interactions begin to dominate the couple's experience, setting the stage for the partners to become polarized. By the time couples enter treatment they are in a polarized state. When the partners emphasize their differences and zero in on the cues that support those differences, the couple is in a repeating sequence of interaction equivalent to a transference-countertransference impasse. Interpreting transference-countertransference interactions from the point of view of interpersonal psychoanalysis enables a sympathetic view of both the complainer and the complainee, a helpful stance for a couple therapist. The complainer feels respected because we can agree that what he or she sees is really there, that is, that the complainee is truly offering the problematic cues. The complainee feels respected also, because that is not the only possible selection of cues from the array displayed. In most circumstances, couples appreciate and are relieved by

this even-handed view. There are, of course, some situations where one might delay the emphasis on coconstruction, for instance, shortly after the disclosure of an affair. Ultimately, however, even in that instance it is crucial to get to the coconstructed problematic matrix out of which the affair grew. In most cases, making an interpretation about the couple's problem by using the interpersonal view of transference–countertransference permits the partners to be more collaborative in their problem solving. Interpretations about coconstruction are crucial for couple therapy.

I think that transference–countertransference phenomena, defined interpersonally, describe the mental mechanisms underlying what systems thinkers call the couple's fit. Systems authors tend, however, not to include ideas about mental mechanisms behind the fit. Instead, they are apt to highlight the way the behavior of each member of the couple is the complement of the other's behavior. In the systems literature the couple's fit is seen as the complementarity of the partners, their opposite styles that make them fit together in an interlocking whole (Ackerman, 1958; Wynne et al., 1958; Fogarty, 1976; Bowen, 1978; Minuchin and Fishman, 1981; Papp, 1982). There cannot be, from a more purely systemic point of view, a distancer without a pursuer (Fogarty, 1976; Minuchin and Fishman, 1981). Systems authors stress the idea of the mutuality in, as Minuchin and Fishman, citing Arthur Koestler's term, call it, the couple "holon" (p. 13). The term holon is meant to suggest that the person is indivisible from the context (i. e., the partner). While this principle may be consistent with the tenets of interpersonalists, Minuchin and Fishman explicitly describe their understanding of coconstruction as a contrast to "[t]he interpersonal school . . . and relationship theories [that] keep the context outside, limiting one's individual freedom without challenging one's individuality" (p. 198). In that ambiguous sentence I believe Minuchin and Fishman are suggesting that the interpersonal school does not go far enough in challenging the concept of individuality. I think, however, that integrating the interpersonal definition of transference–countertransference processes with the systemic view of couple's fit mutually enhances each concept and affords greater therapeutic leverage than either alone.

### **Redefining Couple's Fit to Include Similarity along with Complementarity**

My experiences as a couple therapist have led me to redefine "couple's fit." The systemic idea of couple's fit emphasizes that we pick partners

who send the particular cues we are looking for, people whose styles are opposite from, that is, complementary to, ours on important psychological dimensions. I believe a description of the fit not only must include the partners' complementarity, which we can think of as Opposites Attract, but also must contain a description of the similarity of the partners' essential conflicts, a dynamic we can call Birds of a Feather Flock Together. The complementary coping styles are opposite ways of trying to resolve the same conflicts that are derived from unresolved issues in each partner's family of origin. Both Opposites Attract and Birds of a Feather coexist in every couple I have seen, be they black, white, straight, gay, high or low socio economic status, or neurotic or personality disordered.

### *Angel and Susan*

Angel and Susan tell their story: He wants to be with her but worries that she is too childish. Although she was recently promoted to supervisor at work, she was warned that she would have to develop a more professional attitude toward her staff. This is just one example of the reasons for his fear that she does not take life seriously enough. Listening to his complaint about her, I am sure she gives him reason. I also, however, can predict her problem with him, for I hear in his accusation against her his anxiety about his own ability to maintain his security. I ask if he had to leave behind a more carefree or even wilder life to get where he is now. When he says he did, I tell them that it is no wonder he is wary of her seemingly carefree style.

Susan's complaint is the anticipated complement to Angel's fear. She declares that Angel cannot be spontaneous. She insists that she is reliable, but "not so as to pay bills the second they arrive, like him." She gives examples: trying to go back to college, showing her intent to advance; but she says a life without joy is not worth having. I can imagine, from her tone, that she has a family-of-origin role of having to be someone's joy maker, or remain someone's child, and I wonder if I will see this emerge when I get her family history. She feels, I tell them, that if he has his way, they will be old and walking with canes before their time, and he feels that if he gives in, they will be evicted in no time. They share, I suggest to them, an important psychological dilemma. Neither knows how to have a good internal mix of security and spontaneity, safety and risk, seriousness and fun. Each is afraid that the only alternative to his or her own too rigidly held position is the too rigidly held position of the partner. It is

a power struggle that feels like a tug of war, with the loser tumbling over completely and helplessly to the other side.

### *CeeCee and Bea*

CeeCee and Bea have been together for decades. CeeCee is a woman who grew up in a very privileged family; her father had a wide variety of ways to enact his dangerous grandiosity, which included grooming his daughter to take over the helm at life-or-death moments of his own creation. For example, he awakened CeeCee in the night to tell her he had “just died and what are you going to do?” He also taught her to drive when she was a very young child; placing his foot over hers on the gas pedal, he would drive at high speeds in life-threatening conditions. Of the many psychological ramifications of this eroticized danger, one that is quite generalized for her is that she developed a style of taking care of everyone else and relying on no one.

CeeCee was attracted to Bea, who seemed very comfortable being cared for. CeeCee could enact her usual role yet look to Bea to help resolve her own discomfort with needs. Bea was a successful professional one of whose parents had committed suicide, referring in the suicide note to the fact that the children had become able to take care of themselves. Bea unconsciously hoped that CeeCee, who preferred being in charge, could cure her of her fear of self-sufficiency. Neither was genuinely comfortable with her own style and could not teach it persuasively to the other. Instead, they had slipped into an explicit power struggle fought in the content arena of caregiving and caretaking. They both substituted a sense of right and wrong for what were anxiety-driven preferences. Working in sessions to acknowledge their similar difficulties integrating dependence and independence seemed to gut the false either/or choice.

### **Couple's Fit as the Similarity of Fears and the Complementarity of Coping Styles**

The couple's fit, then, is the similarity between the partners' fears and the complementarity of their styles of coping with those fears—Birds of a Feather Flock Together and Opposites Attract. I have found that the partners I see in couple therapy are drawn to each other not only by sexual chemistry and an identification with certain demographics and values (White and Hatcher, 1984), but also because unconsciously, they both

recognize in the other personal knowledge of the same conflict that each has within himself or herself. The conflict is between unresolved issues of psychological life, such as balancing selfishness and selflessness, or conformity and rebellion, or even reason and madness. I think of that as *Birds of a Feather Flock Together*. In all the couples I have seen, coexisting with the shared, *Birds of a Feather*, conflict, each partner seems to have been drawn to the other because of the other's seeming comfort with an opposite style of resolving the shared issue—*Opposites Attract*. I say seeming comfort because the partner is not confident but, rather, is compelled by old family of origin roles and rules. Having evolved in their families of origin, the partners' opposite styles were born in reaction to unresolved conflicts about dimensions of family life such as loyalties (Boszormenyi-Nagy and Spark, 1973) to fragile-seeming parents, boundaries that were too weak or too solid (Minuchin, 1974, Minuchin and Fishman, 1981), and poor levels of differentiation (Bowen, 1978). As a result, each partner in the couple has a narrowed psychological life and retains anxiety about his or her particular narrowed and too rigidly held solution. The urgency and rigidity with which each holds on to his or her old roles and rules speaks the problematic nature of their solutions (Haley, 1973, Carter and McGoldrick, 2005).

In the couple's fit of healthier couples, the partners can both identify with one another and also expect to enrich each other by learning from their differences. In couples who show up for therapy, I think there is a different motive for the pair bond—love is replaced to a large extent by an experience of need. In these latter couples, each unconsciously expects to be cured by the other rather than enriched. This dynamic of seeking cure may involve an idealizing process in which healthy idealization has become defensive. When people received too little of a nurturing developmental catalyst, let us say, for example, attention, their idea of what attention must be like becomes blown out of proportion and is used as an impossible standard. They become overfocused on a need for it in romanticized form, and they see in their partners' style the possible fulfillment of this ideal.

For example, I treated a couple in which Fran, the wife, had a narcissistic mother and a father who doted on the mother. The parents were not especially attuned to Fran's needs. Fran's husband, Eric, had grown up in a family that left him worried about whether he could give enough. Fran's idea of the nurturing she did not get was so romanticized that Eric could not succeed in providing it. No one could. Add his skepticism about

whether he could ever give adequately, and his own impossible fantasy of what approval for adequate giving would feel like, and you have an impasse. It is difficult to recognize what is good enough. When what one receives from one's partner is compared to an idealized fantasy, it can hardly soothe, much less cure.

### **How the Couple's Fit Becomes a Transference-Countertransference Impasse Between the Partners**

When they meet, lovers are entranced and each hopes to be cured by the other of the same fear because of the other's apparent ease with a contrasting resolution. By the time the couple shows up in your consulting room, each has discovered that the other's resolution is not a volitional choice, but one determined by the unresolved issues in the family of origin. To the extent those issues are unresolved, the more likely the partners will move from admiring each other's differences to struggling over the differences. Each hopes to be cured by the other but cannot even be taught by the other because the partner is a poor advertisement for his or her half of the continuum of their coping styles. To be taught by the other would be to continue to have the same fear but with the opposite conflicted solution.

After the disappointment that the idealized other is lost, both partners grow more insistent on their original coping styles. They get into a power struggle as if there were only the two extreme solutions. They become polarized over their core conflicts, such as giving and taking, or responsibility and being carefree. Now they disavow their similarity to one another about the conflict they share; that is, each is unable to have a good-enough integration of the two poles of the same continuum. Each remains fearful of the other's solution and becomes overtly disdainful as well. This painful disillusionment is accompanied by a process that we all recognize: what initially attracted them to each other becomes the essence of their complaints (White and Hatcher, 1984, Felmlee, 2001). Now, collusively, they select only those cues that confirm their worst fears about themselves and the partner. They have moved from the couple's fit to a transference-countertransference impasse. I hear in the first session about the initial attraction, with its promise of intimate appreciation by the partners of their differences. Yet I hear in the first minutes the sense of the betrayal of that promise. What follows is an example of what I mean.

In our first session, the husband described himself as someone who had an eye and an ear for talent, someone who was organized and could

facilitate and channel the gifts of others. He was a highly skilled technical expert in the arts. His wife, also in the arts, had been attracted to him at first, he said, in part because of his abilities to take charge and move others toward their wishes.

He told me, “She’s more creative, a little wild. I’m very organized and I’m good at channeling other people’s creativity and bringing them to their fullest. She adored me for that. I felt she understood me for that. Now,” (and you know what is coming) “she hates those things about me. I don’t understand.”

From his description, we can predict that what his wife perceived as his ability to advise she now sees as his penchant to bully. Where, before, she admired his ability to facilitate others, now she sees that ability as controlling or being self-interested. Her current view results in her disdain for him. I expect, moreover, that she is going to tell the complementary tale—what had drawn him to her besides her natural beauty and talents seemed to be her comfort in taking risks and doing the unexpected. He had needed her to expand his repertoire for breaking rules, yet now he seemed to think she was irresponsible, even crazy.

What had appealed to her was that he saw her madness and normalized it both by ordering it and by assuming it could be ordered. What had appealed to him was that she saw his inhibition as calm. He felt that she had assumed he could lose control with her confident help without losing his sanity.

What has happened, however, is that they both discovered that the other’s resolution to the problem of integrating creativity and order is as anxiously, desperately driven as their own. Additionally, each has lost that most gratifying sense of being known and adored for what was understood about him or her. The gratification has been replaced by a painful confusion that what once was so attractive is now so reviled.

After the crashing disappointment that they had lost the idealized other, each one grew ever-more insistent about the rightness and righteousness of his or her original resolution. They have staked out seemingly opposing turfs in fierce power struggles over their core conflicts, reason versus madness, discipline versus chaos. The partners have come to disavow their similarity. They are still anxious about their unresolved family-of-origin problems. Each is now additionally made anxious by the partner’s failure to solve the same family-of-origin problem through an opposite approach. Finally, each is disillusioned with and disdainful of the partner’s style of coping with the problem.

Helping the members of a couple to recognize that their fears are fundamentally similar is crucial in getting past the disillusionment and the polarization. In most cases, the recognition by the partners occurs (and recurs on several topics), opening them up to integrating their seemingly opposite solutions to their similar fears. Understanding their similarity begins to help the partners stop demanding that the other one change first, as if the other's position were wrong and the demander's position were right. Another constraint on the couple keeps each partner from being the one to lead the change: partners often have an intense, unconscious loyalty to each other, so that they seem afraid that to change means to leave the other behind, perhaps permanently. It is important for the therapist to describe the details of the loyalty of the partners to each other that suppresses growth in the particular couple. The other-protective aspect of the resistance to change goes hand-in-hand with the more obvious self-protective defensiveness and accusations. Each tries to install the other as the leader in change selfishly, but also selflessly, rather than be the first to abandon old rules and be the first to abandon his or her mate.

#### **Transference–Countertransference, Couple's Fit, and Projective Identification**

I use the integration of transference–countertransference (understood from the interpersonal perspective) and couple's fit (understood as the complementarity of coping styles to handle the similarity of fundamental issues) to organize and interpret the data I get from the couples I treat. I prefer the integration of interpersonal concepts with systemic ones, rather than the currently popular idea of projective identification as the bridge from the intrapsychic to the interpersonal. I find that the integration takes into account the coconstructive nature of couples' problems more than projective identification does. There may be, at times, a synergistic effect of projective identification and the fact that partners have opposite coping styles. I find, however, that couples experience an interpretation about projective identification as more linear and reciprocal, which seems to them more blaming of one or the other. Interpreting projective identification contrasts with an interpretation made from the interpersonal analytic/systemic point of view, which the couple experiences as mutual, (i.e., both are doers and both done-to simultaneously). The interpretation based on the integration appears to permit the partners to collaborate more readily on a solution. In giving feedback to the couple, I want to

describe for both how each one overattends to those aspects of the other that constitute the complementary style more than I want to accent each one's stimulation of his or her own feelings in the receptive other. I do not want to let the receptive other off the hook of the equal coconstruction of the central conflictual dynamic.

### *Sally and Jane*

Sally had a natural flair for design—putting together fishnet knee-highs with skinny heels and tulle over cotton in several layers of eye-catching style. Her instant domination of the therapeutic space, through articulate and precise use of language, seemed to give her definitions of the problem the weight of truth. She took complete responsibility for her bad behaviors in the relationship and wished that she did not give her partner such pain. She believed that she would be comfortable laying down her burden of dominance. In a couple session, Sally described to Jane and me a discussion she had had with her analyst. She said tearfully that her analyst had helped her understand that she projected feelings of neediness into Jane to which Sally could then respond in her preferred, dominant, caretaking style. The analyst had explained that the process would have the ambivalently desired result of obscuring Sally's vulnerable neediness and submissiveness and, so to speak, let Jane carry it for both.

I believe an individual therapist should concentrate on the individual patient just as Sally's therapist did. I thought her therapist had been helpful in isolating one important thread in a complex knot. I also thought, however, that it obscured and even enacted another thread. It obscured Jane's pronounced neediness and that Sally had chosen Jane for Jane's neediness. As the couple therapist, I was able to see how needy Jane was without introjective identification of Sally's disowned needy feelings. With her rogue forearm tattoos and spiked wristlets, Jane looks, in Sally's words, as if she could "take all comers." Jane seems to be telling everyone to stay away. If anyone, however, makes it past the warning, even slightly, one sees why Jane protects herself from the encounter. Jane cannot assert herself. She offers reasons to explain why she tolerates experiences she would prefer not to endure. In sessions, she bites her nails and, with furrowed brow, keeps her eyes on Sally. When I took a quick family history in the couple session, I saw that Jane's overly submissive stance was a function of her family of origin's paradigms for how to be in a relationship. Jane had developed her significant amount of submissiveness well before she ever met Sally.

The understanding that Sally originally proposed, that is, that she projected her neediness into Jane, veiled Jane's real neediness. But it not only obscured, it enacted. The idea that Sally was responsible for Jane's needy behavior fit all too well with Sally's overtly preferred role in the relationship. In other words, adopting the projective identification interpretation could be used as an additional couple's experience of Sally's domination and Jane's submissiveness. Note that in the gemlike enactment of neurotic symptoms, Sally got to dominate in masochistic style, bemoaning her badness as the cause of the problem, thus expressing both aspects of the intrapsychic conflict between domination and submission. Most important to me was that both partners were ambivalent about domination and submission. Each was attracted to the other's complementary style, but each one's style is a problematic, narrowed solution to a family-of-origin dilemma. They could not cure each other, or learn from each other, because they were both afraid the two poles, which existed inside each of them, could not be integrated. Acknowledging that similarity, and how both women shared a problem of integrating the extremes of the hierarchy dimension, was the beginning of releasing them from their repeating loop of conflict. It moved them beyond their doer and done-to roles. The diminished psychic emergency then permitted a wider range of cues to be seen and more play and playfulness in how the cues might be interpreted. They felt closer and could do the hard work with less animosity.

Authors who write from an integrative psychoanalytic/systemic point of view, or a more purely analytic perspective, primarily have adopted the object relations concept of projective identification to explain the nature of the psychic processes underlying the central repeating conflict of clinical couples (Dicks, 1967; Scarf, 1986; Scharff and Scharff, 1991; Catherall, 1992; Siegel, 1997; Mann, 1997; Solomon, 1997). Projective identification stands as the bridge between interpersonal and intrapsychic dynamics when analysts discuss couple interactions. Analytically oriented authors describe the couple's "collusive bond of complementariness" (Dicks, 1967, p. 64), addressing one partner's receptivity for the other's projected issues, focusing on projective and introjective processes. I believe this conceptualization of the dynamic between the couple members obscures the crucial importance of what is said to be the projected issue in the recipient partner's life, before the projection occurs.

Some analytic or integrative authors have noted that partners' areas of conflict depend on a salience in their mate's psyche for that conflict. Dicks, for example, talks about "attributions to each other of unconsciously shared

feelings” in the couple (p. 68). Sandler (1976) describes how ordinary people in patients’ lives, as well as the analyst, are induced to take on roles especially “if he is unconsciously disposed in that direction” (p. 44). The Scharffs (1991) and also Catherall (1992) have adopted Bion’s term, noting that partners have a “valence,” referring to the fertile ground necessary in the recipient for the projector’s interpersonal pressure to take root. Those writers, as well as Solomon and Siegel (1997) and Crisp (1988), in her description of object choice, note this charge of the partner’s psyche when they make the point that projective identification may be accepted introjectively and acted upon by the mate. Sandler (1976), however, describing “role responsiveness,” declares that he does “not find the term . . . ‘projective identification’ . . . sufficient to explain and to understand the processes of dynamic interaction which occur in the transference and countertransference” (p. 47). I believe that to be the case between the members of the couple as well as between patient and analyst.

Projective identification describes an important mental mechanism for unconscious communication. For couple therapy, however, interpreting projective identification may underestimate the importance of the similarity of the partners’ conflicts, by virtue of understating the presence in the projectee of the problem said to be projected. The construct of projective identification emphasizes ideas that describe fantasy, such as projection and receptivity for the projections, an approach different from that of a construct that says the partners share the same problems and are attracted to a person who has a complementary resolution of the problem. Some analysts, described by Hanna Segal (in Sandler, 1993, p. 1104), say they know projective identification is happening when their countertransference feels alien to them, not as a central aspect of themselves, but as feelings put into them by the patient. Used in that way, projective identification is not our most interpersonal vehicle for understanding a couple.

Joseph Barnett (1971), an interpersonal psychoanalyst, described the shared problems of a particular constellation of warring partners. He elucidated the psychological underpinnings of the hysteric/obsessional couple in a paper that is now a classic. The issues that this complementary couple shared in their driving motivations were difficulties in intimacy and power in both the hysterical woman and the obsessive man. Barnett depicted in detail how her “narcissism, in other words, is largely in the service of her dependency” (p. 76) and “the obsessional’s dependency is in the service of his narcissism” (p. 77). Citing shared issues of intimacy and power, Barnett invoked what are currently thought to be two of the

three most fundamental elements of couples' interaction (Doherty and Colangelo, 1984): inclusion, hierarchy, and intimacy, or in-out, up-down, and near-far. I have seen, however, that partners in clinical couples struggle with identical issues on every dimension related to their conflicts, even though they present with complementarity. The identical issue they share is that neither partner knows how to have a good-enough dialectic between the same two internal aspects.

### Understanding and Organizing the Data in a First Session

Couples relate well to their particular Opposites Attract and Birds of a Feather narrative. The feedback to them includes their internal psychic mechanisms; their external realities; and the coconstruction of their conflict, or "(Oh no, you'll make believe)," "(Oh no, you'll be deceived)"; and the "kiss." They seem to soften so that their accusations toward each other decrease when they acknowledge how similar to one another they are in their conflicts and how much they had counted on the partner's knowing the cure for those conflicts. I give them this feedback in the first session, as I understand and organize their data through hearing and experiencing transference-countertransference experiences; hearing their complaints, which virtually always are aspects of the initial attractions (White and Hatcher, 1984; Felmlee, 2001); and getting their family histories.

I find out about the similarity and complementarity, or couple's fit, in the first session partly through my countertransference. What I feel toward each may reveal the complementarity most clearly, and what I feel toward the partners' interaction may reveal the similarity. I do think, though, that whatever one feels toward one member of the couple, even erotic countertransference, if forged in the context of the therapeutic triad, is about the couple, not just about the arousing partner.

My countertransference engagement begins with first impressions. I think we all form immediate opinions of couples. As responsible therapists we are careful, or at least try to be careful, not to take our first impressions as truths or our personal values and preferences as ideals by which to measure our patients (Ehrenberg, 1992). I believe, however, that these initial impressions, nonverbal and verbal, are important unconscious communications from our patients, pitched to us to tell some story quickly and move us to participate in that story. I try not to take my countertransference interpretation of their behavior as the "truth." If I did, I would have confused their effect on me with their main and entire intent. I tell couples

to become aware of this confusion when they have it with each other. They do not have the therapist's luxury of seeing past the effect to interpret other kinds of motive or intent between them, because they are locked in a transference–countertransference impasse with each other.

Next I get the complaints. When I hear partner A's complaint about partner B, I often tell A what I hear in the complaint about A, as well as what he or she recognizes about B. I do this with each of them, to get them used to understanding how interlocking their complaints and longings are with one another. After I have heard from both, I use their stories to point out to them their complementarity and the polarization between them. I also say to them that A hears B telling A to be more like B, and B hears A telling B to be more like A. There is often a moment in a couple's therapy when it is right to say, "Yes, you need to be more of what your partner seems to be, but not the way he (or she) does it. I don't want either of you to do it that way." The original polarities have to be redefined to nonpolarized form, in a dialectic with and integrated with one another. Irresponsibility, for example, has to become responsible fun, not the overresponsible stance of the partner. Underattachment has to become relatedness, not the possessiveness of the mate complaining about underattachment.

Another way I find out about the similarity and complementarity is by taking a "Genogram-Lite," a brief individual history. I tell the couple I need this information because the ways people relate in their family of origin have a lot to do with how they are relating to each other.

Genograms are pictorial descriptions of legacies of repeating patterns across generations (McGoldrick and Gerson, 1985). "As graphic pictures of the family history and patterns showing the basic structure, family demographics, functioning, and relationships, genograms are shorthand for depicting family patterns at a glance" (McGoldrick, 2005, p. 47). With that in mind, I use genograms to see quickly what the transference–countertransference will be between the members of the couple. When I get the brief and focused genogram, preferably in the first session, I can tell them why, on the basis of their family-of-origin roles and rules each has such exquisite radar and tunnel vision for particular signals coming from the partner. The genograms make it easy to show why and that they then overfocus on those aspects of the other, and also why other signals may be overlooked. I add to the genogram over time, but, in the first session, I want the quick version as a context for the complaints. The genogram-lites help me see which patterns of interaction, guided by

which loyalties and constraints, are likely to have been handed down intergenerationally. After the genogram-lite descriptions, the couple often begins to get the idea of the similarities between the problems their opposite styles were meant to handle.

There are couples who become discouraged when I give feedback about their similarities. "We're terrible for each other," some say. They become encouraged, however, by hearing that they found in each other someone with the potential for deep understanding of the particular problem. The deep understanding comes through identification with each other; in their dilemmas, and in the awareness, conscious or unconscious, of the shared danger of positive change. They fear betraying the roles and rules of their families of origin, and they are also afraid of their potential abandonment of the partner. Partners do not wish to abandon each other by changing without the other. They seem to have a sense that their problematic standoff is protective of the other as well as defensive. The other-and-self-protective dynamic shows in their "couple's contract." For example, the partners may have a contract that says he should keep telling her that she should not be needy, so that she can keep being angry at him instead of feeling guiltily needy and depressed herself. She will keep acting as though his "shouldn't" in "shouldn't be needy" is a moral imperative instead of his own defense against disappointment. As Levenson (1991) wrote, "The patient resists awareness because he or she has always been . . . in relationships which *preclude* awareness because awareness provokes anxiety in all present" (p. 177). I find that attending to the co-construction and to the interweaving of the self- and-other protectiveness reduces this particular resistance in the couple.

By the end of the first session I want them to define and redefine the "Catch 22" of their complaints and desires in nonpolarized, more integrated form. If Jack has said, for example, that he wants Annie to be more committed, we will have to investigate how he has shown a version of commitment that seemed more like control or intrusion. We will also have to show how her history would make her vulnerable to selecting that most negative, but plausible interpretation of his display. If Annie has said she wants Jack to be more, say, spontaneous, perhaps her version of spontaneity and adventure appears to him to be a lack of commitment or a lack of loyalty. His history would lead him into seeing it in that negative but reasonable way. By inviting each other's criticism, they have colluded with each other's fears. If we understand these fears instead as their mutual fear, they can let each other out of the unconscious contract to defend

against the “impossible” integration. They can then begin work on a solution less dedicated to protecting self and other, less externalized, and more explicit.

### Discussing Transference-Countertransference Enactments with the Couple

There is a growing literature illustrating experiences of countertransference moments in couple therapy (Solomon and Siegel; 1997, Ehrlich, 2001). I would like to add my voice to those who find that tactful discussions with the couple of the usually affectively charged moment increase the therapeutic leverage in the treatment. Such discussion also enhances the therapist’s relationship with the individuals. The enactments themselves may be communications to the therapist by the couple as a unit. After the discussion there is an opportunity to find the intracouple analog to the therapist’s and couple’s experience with each other. This is how we can use Rudy Clark’s and The Marvelettes’ advice about where to find the truth—“It’s in his kiss.”

The kiss is a metaphor for us in three relevant ways. First, we kiss with our mouths, organs that are internal structures but that are also in contact with the outside world. So it reminds us to pay attention to inner and outer realities at the same time. Second, as Adam Phillips (1998) writes, “Kissing on the mouth can have a mutuality that blurs the distinctions between giving and taking” (p. 97). Each kisser is both a giver and a taker. They share their roles and coconstruct their realities and we can interpret their similarities. Third, the song tells us that observation alone will not get at the truth. With observation (“Is it in his eyes?”) comes distance and the possibility of being deceived and of self-deluding. Instead, the song suggests using the greater participation of the kiss to find the knowledge that is sought. We can use the metaphor of the kiss when we become aware of our countertransference. When this occurs, we may realize that we are colluding with the unconscious fears of the couple, believing for the moment, like the couple, that there are only either/or choices. Discussing this most intimate participation, that is, that we, too, have been coconstructing through our countertransference enactments, has an affect-laden leverage to move the couple out of old defensive dynamics.

There are times when my awareness of my countertransference feelings cues my ideas about a couple’s fit. There are other times, however, when I am not so aware (or at all aware) of enacting the analog to the couple’s

fit until it becomes so 'loud' that one or more of the therapeutic triad catches it. In these messy moments, I try to apply the same understanding to the trio that I had to the couple dyad: I am seeing only certain cues, making only certain interpretations, and experiencing far more than observing, in a multilogue of mutualities. When this occurs, it can be useful to discuss it.

### *Eve and Diane*

Eve and Diane came to see me because of chronic and escalating fights over several years. Eve claimed that Diane was too insistent and always got her way. Diane claimed that Eve was too emotionally injured and absent.

They might as well have been shouting to each other, "Get stronger!" "Get weaker!" "Be more present!" "Make more room for me!" with equal plausibility. Equal, but I found myself drawn to Diane's take-charge combination of warmth and humor.

High on the list of complaints were aspects of their initial attraction to each other. Eve had seen in Diane someone who took control with passion, who seemed unafraid to show her strength with feeling. Diane had seen in Eve someone who seemed happy to let go of control and who could be freely vulnerable. As I obtained their genogram-lites, it became clear why Diane was afraid of her very vulnerable side and why she equated vulnerability with the threat of being controlled and directed. She seemed to believe that being controlled was the only alternative to dominance. It also emerged that for Eve to show her strength would mean to her to lose being taken care of, as if she, too, believed only in the same either/or positions. Neither, therefore, was any good at persuading the other that their mutual fear was false. They acted as if they were only different, as if they did not share the fear that if one was up then the other was down. Nevertheless, they both wanted to solve the problem of balancing strength and vulnerability by insisting that the partner be more like themselves.

I could see that Diane engaged with Eve and pursued her with urgency. I could see that Eve checked on Diane and then disengaged.

I emphasized to them that their roles with each other masked the similarities of their difficulties knowing how to be strong and vulnerable at once. I addressed each, first saying that their polarization was keeping assertive Diane from dealing with the terrible difficulty she felt about how needy she was. I said that she longed to be taken care of without the fear of being taken over. She agreed. She knew this about herself. Her appearance softened.

I said to Eve, "Oh, are you stubborn! You talk about having lost yourself in the relationship, but you have a strong and lonely self underground, and you patrol your borders with an Uzi." Her features lightened.

They said they felt understood by these observations. Diane became emotional as they took turns describing their separate stories of having to set aside their needs substantially in their families of origin.

I was listening to Diane's vulnerability grow in explicit detail when she stopped talking. Her glance at her partner turned my attention toward Eve, who suddenly looked lost. I had been checking in with Eve, turning toward her and including her with eye contact from time to time, for example, while Diane spoke. Because, however, I felt guilty about my private preference for Diane, I decided to switch my focused attention. I made a conscious effort then to compensate for finding Diane more interesting. I began to draw out Eve carefully and delicately. My compensatory ministrations led to an explosion at the start of the next session. Diane complained that in the previous session she had felt that she was supposed to "just get a grip here" and that I "took advantage of her strength."

Eve backed her up fully, saying, "You treated me like I was pathetic."

I thought, "Ugh." I think I even said, "Ugh." Content and process had converged. It was especially humbling for me to act as if Diane were only strong and Eve only needy; after all, I was the one who had stated that Diane was vulnerable and Eve was strong.

I marveled again at how apparently disparate aspects of interaction are tied together in enactments. Here, the seemingly personal nature of my own countertransference, my favoring of Diane, had led to my enacting their dynamics and disguised the competitive nature of their either/or choice. I was proud of my (overvalued) strength and I felt guilty for preferring Diane, so I had turned away from Diane at her cue. My pride now was suitably deflated. Laughing out loud at myself, I said to them that I had violated my own observation about their strength and vulnerability. I went on to tell them that I overvalued my strength and had identified with Diane, who did the same. I said that consciously I did not want to collude in overlooking Diane's fragility and Eve's strength.

Describing what happened among the three of us made it easier to track what had happened between them. Diane felt that she had cued me to leave her and take care of Eve, that she was protecting herself from her own neediness and also was not abandoning Eve. Eve, protecting Diane from Diane's neediness and herself from having to go it alone, had

become needy when Diane became vulnerable. When this happened between the two of them, Diane would have to come out of herself and take care of Eve, while in this way Eve took care of Diane covertly. This was protection for both, but it cost them Eve's strength and Diane's fragility in a way we could now more openly explore.

So what has "The Shoop Shoop Song" taught us? We have learned that we can motivate by exploring the truth of both complainer and complaineé and by integrating the interpersonal psychoanalytic definition of transference-countertransference with the expanded definition of couple's fit. We can motivate, too, by unearthing the shared dynamics between the couple with the commitment to coconstruction that is crucial for couple therapy. That commitment encompasses the idea that the complementarity of coping styles is meant to resolve the similarity of fundamental issues. Putting what we have learned into practice, we can create a third option, which frees the couple from the power struggle of the false dichotomy between their coping styles.

Also, having learned from "The Shoop Shoop Song"'s understanding of the powerful properties of mutuality and coconstruction, we can 1) describe how easy it is for us to fall for the "deception" of the other and also be self-deluding; 2) become aware of our own participation in the transference-countertransference enactment and then tactfully discuss and share responsibility for coauthorship with the partners in the couple; and 3) find and discuss the analog between how the two members of the couple relate to each other and how the three participants in the couple's treatment related. This most intimate participation on the part of the therapist has an affective leverage to move the couple out of old dynamics and into the "kiss."

#### REFERENCES

- Ackerman, N. W. (1958), *The Psychodynamics of Family Life*. New York: Basic Books.
- Barnett, J. (1971), Narcissism and dependency in the obsessional-hysteric marriage. *Family Process*, 10:75-83.
- Boszormenyi-Nagy, I. & Spark, G. (1973), *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*. New York: Harper & Roe.
- Bowen, M. (1978), *Family Therapy in Clinical Practice*. Northvale, NJ: Aronson.
- Carter, B. & McGoldrick, M. (2005), *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*. New York: Allyn & Bacon.
- Catherall, D. R. (1992), Working with projective identification in couples. *Family Process*, 31:355-367.
- Crisp, P. (1988), Projective identification: Clarification in relation to object choice. *Psychoanalytic Psychology*, 5:389-402.

- Dicks, H. V. (1967), *Marital Tensions: Clinical Studies Towards a Psychological Theory of Interaction*. London: Karnac Books, 2000.
- Doherty, W. J. & Colangelo, N. (1984), The family FIRO model: A modest proposal for organizing family treatment. *Journal of Marital and Family Therapy*, 10:19–29.
- Ehrlich, F. M. (2001), Levels of self-awareness: Countertransference in psychoanalysis, couple, and family therapy. *Contemporary Psychoanalysis*, 37:283–296.
- Ehrenberg, D. B. (1992), *The Intimate Edge: Extending the Reach of Psychoanalytic Interaction*. New York: Norton.
- Felmlee, D. H. (2001), From appealing to appalling: Disenchantment with a romantic partner. *Sociological Perspectives*, 44:263–280.
- Fogarty, T. F. (1976), Marital crisis. In: *Family Therapy: Theory and Practice*, ed. P. J. Guerin, Jr. New York: Gardner Press, pp. 325–334.
- Freud, S. (1893–1895), Studies on hysteria. *Standard Edition*, 2. London: Hogarth Press, 1955.
- Freud, S. (1912), The dynamics of transference. *Standard Edition*, 12:99–108. London: Hogarth Press, 1958.
- Greenson, R. R. (1967), *The Technique and Practice of Psychoanalysis*. New York: International Universities Press.
- Haley, J. (1973), *Uncommon Therapy: The Psychiatric Techniques of Milton H. Erickson, M.D.* New York: Norton.
- Hoffman, I. Z. (1983), The patient as interpreter of the analyst's experience. *Contemporary Psychoanalysis*, 19:389–422.
- Levenson, E. A. (1991), *The Purloined Self: Interpersonal Perspectives in Psychoanalysis*. New York: Contemporary Psychoanalysis Books.
- Mann, K. (1997), Love's labour's lost: Countertransference with a terminating relationship. In: *Countertransference in Couples Therapy*, ed. M. F. Solomon & J. P. Siegel. New York: Norton, pp. 155–165.
- McGoldrick, M. (2005), History, genograms, and the family life cycle: Freud in context. In: *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, ed. B. Carter & M. McGoldrick, New York: Allyn & Bacon, pp. 47–87.
- McGoldrick, M. & Gerson, R. (1985), *Genograms in Family Assessment*. New York: Norton.
- Minuchin, S. (1974), *Families and Family Therapy*. Cambridge, MA: Harvard University Press.
- Minuchin, S. & Fishman, H. C. (1981), *Family Therapy Techniques*. Cambridge, MA: Harvard University Press.
- Papp, P. (1982), Staging reciprocal metaphors in a couples group. *Family Process*, 21:453–467.
- Phillips, A. (1998), *On Kissing, Tickling, and Being Bored: Psychoanalytic Essays on the Unexamined Life*. Cambridge, MA: Harvard University Press.
- Sandler, J. (1976), Countertransference and role-responsiveness. *International Review of Psycho-Analysis*, 3:43–47.
- Sandler, J. (1993) On communication from patient to analyst: Not everything is projective identification. *International Journal of Psycho-Analysis*, 74:1097–1107.
- Scarf, M. (1986), Intimate partners: Patterns in love and marriage. *The Atlantic*. November: 45–54, 91–93.
- Scharff, D. E. & Scharff, J. S. (1991), *Object Relations Couple Therapy*. Northvale, NJ, Aronson.
- Siegel, J. P. (1997) Applying countertransference theory to couples treatment. In: *Countertransference in Couples Therapy*, ed. M. F. Solomon & J. P. Siegel, New York: Norton, pp. 3–22.
- Solomon, M. F. (1997), Countertransference and empathy in couples therapy. In: *Countertransference in Couples Therapy*, ed. M. F. Solomon & J. P. Siegel. New York: Norton, pp. 23–37.

- Solomon, M. F. & Siegel, J. P., eds. (1997), *Countertransference in Couples Therapy*. New York: Norton.
- White, S. G. & Hatcher, C. (1984), Couple complementarity and similarity: A review of the literature. *American Journal of Family Therapy*, 12:15–25.
- Wynne, L.C., Ryckoff, I. M., Day, J. & Hirsch, S. I. (1958), Pseudomutuality in the family relations of schizophrenics. *Psychiatry*, 21:205–220.

---

Shelly Goldklank, Ph.D. is Associate Professor and Director of the Psychodynamic Track, Ferkauf Graduate School of Psychology, Yeshiva University; and Teaching Faculty and Supervisor of Psychotherapy, William Alanson White Institute, N.Y.

*740 West End Avenue*  
*New York, NY 10025*  
*sgoldklank@mindspring.com*