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ORIGINAL PAPER

Couple Impasses: Three Therapeutic Approaches

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Abstract
Many couples present to therapy feeling trapped in impasses that they do not understand and feel powerless to escape. The impasse causes great emotional distress and may threaten the couple's connection and commitment to each other. This paper is based on a presentation given at the 2018 annual SEPI conference and reflects the work of three experienced scholar-therapists who presented their approaches to working with couple impasses as the first step in exploring areas of overlap and potential integration. Although each clinical approach developed independently, the emphasis on exploration of emotions and respect for the influence of the past point to the potential for integration.

Working with Couple Vulnerability Cycles: Insights from Interpersonal Neurobiology: Mona DeKoven Fishbane

Distressed couples come to therapy caught in cycles of emotional reactivity, each partner triggering the other. These repetitive cycles, loaded with heat and irrationality, leave the couple in an impasse and the therapist overwhelmed. In many cases the couple has been doing their dance for years, their brains wired for this interaction.

An Integrative Multi-systemic Approach

Integrative systemic therapists address multiple factors in couple distress: individual psychodynamics, partner interactions, family of origin, cultural context (the macro level). Integrating neurobiological factors, the micro level, into this multisystemic discourse sheds new light on couple impasses, pointing to effective pathways for therapeutic interventions (Fishbane 2013).

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Emotion and Emotion Regulation

Emotion dysregulation is at the heart of couple impasses, while emotion regulation is associated with marital satisfaction (Snyder et al. 2006). Couples co-regulate or co-dysregulate each other; emotions are contagious, and cycles of emotional reactivity take on a life of their own.

The Neurobiology of Emotion Dysregulation

Deep in the emotional brain, the amygdala scans for safety vs. danger. When it assesses threat, the fight-or-flight response (or freeze, in life-threatening circumstances) is triggered. When the amygdala takes over, the higher brain, the prefrontal cortex, shuts down. Couples escalate in a nanosecond; amygdalas in overdrive, they become highly reactive to each other.

Emotion Regulation

The research literature on emotion regulation is relevant for couple therapists. Some emotion regulation techniques are cognitive, top-down measures that bring prefrontal thoughtfulness to amygdala reactivity. Naming emotion ("affect labeling") as well as reappraisal (reframing) activate the prefrontal cortex and calm the amygdala. When couples diagram their own cycle of reactivity, their emotional brains settle down as higher cortical functioning is activated. Educating couples about the neurobiology of their reactivity ("neuroeducation") is normalizing and de-shaming (Fishbane 2013). Other strategies for emotion regulation rely

on bottom-up, body-focused processes. Mindfulness meditation, focused breathing, putting a hand on one's heart, or taking a break, help partners calm down.

In addition to self-regulation, researchers have explored the interpersonal regulation of emotion (Coan et al. 2006; Johnson et al. 2013). Gentle touch, massage, sex, and empathy release oxytocin, which lowers cortisol, the stress hormone. The health benefits of happy couple relationships (Robles and Kiecolt-Glaser 2003) reflects the effects of these hormones. Couple therapy with an attachment lens helps partners co-regulate well (Johnson 2019; Greenberg and Goldman 2008).

The Vulnerability Cycle

Scheinkman and Fishbane (2004) identified the vulnerabilities and survival strategies underlying couples' impasses, and a way to diagram the vulnerability cycle. Vulnerabilities—e.g., feeling unprotected, inadequate, unloved—are triggered in the couple's interaction; survival strategies then automatically get activated to protect the self—e.g., criticism, anger, withdrawal, defensiveness.

Charlie and Lynn, a Caucasian, heterosexual married couple in their 40′s with three children, come to therapy caught in a criticize-withdraw impasse. Charlie works in advertising, but his passion is community theatre, where he receives acclaim for his acting. Lynn, a nurse, feels overwhelmed with responsibilities at work and at home and wants Charlie to be more present to the family. Their third child, 13-year old David, recently diagnosed with ADHD, has been struggling to stay focused at school. Lynn is resentful of Charlie for spending so much time on his "second career" of acting rather than helping David with his homework. When Lynn feels overburdened (her vulnerability), she becomes angry and criticizes Charlie (her survival strategies), which activates Charlie's sense of unworthiness (his vulnerability), prompting him to withdraw (his survival strategy), which leaves Lynn feeling more overwhelmed and now furious. I hold and validate each partner's pain—Lynn's worry about David, and her feeling alone and overwhelmed; and Charlie's wound when he feels attacked by Lynn, and his sense of unworthiness in her eyes. From this position of deep acceptance, I can challenge each partner to explore their contribution to the impasse.

I help the couple diagram their vulnerability cycle, identifying how each person's attempts to protect the self—their survival strategies—activate the partner's vulnerabilities, in turn triggering their survival strategies. In the process, both partners become hurt and reactive (Fig. 1).

Family-of-Origin and the Vulnerability Cycle: "The Magic Question"

Couple impasses may stir up old wounds from childhood. The amygdala holds emotional memories, re-triggered now in the couple interaction. At such moments, I ask "the magic question" (Fishbane 2013, 2019), exploring overlaps between present and past, and ways the current impasse is activating old wounds. This question tends to open a door (hence "magic") to a deeper and more complex context in which current vulnerabilities were shaped, often promoting empathy between partners. I ask Lynn, "Is this experience of feeling overwhelmed and unprotected familiar to you? Have you felt that way before?" Lynn, teary, relates that as the eldest of five siblings she was overburdened at a young age with childcare responsibilities. Her baby sister, ill from birth, required numerous surgeries. Lynn's parents focused on their youngest and delegated a great deal to their eldest

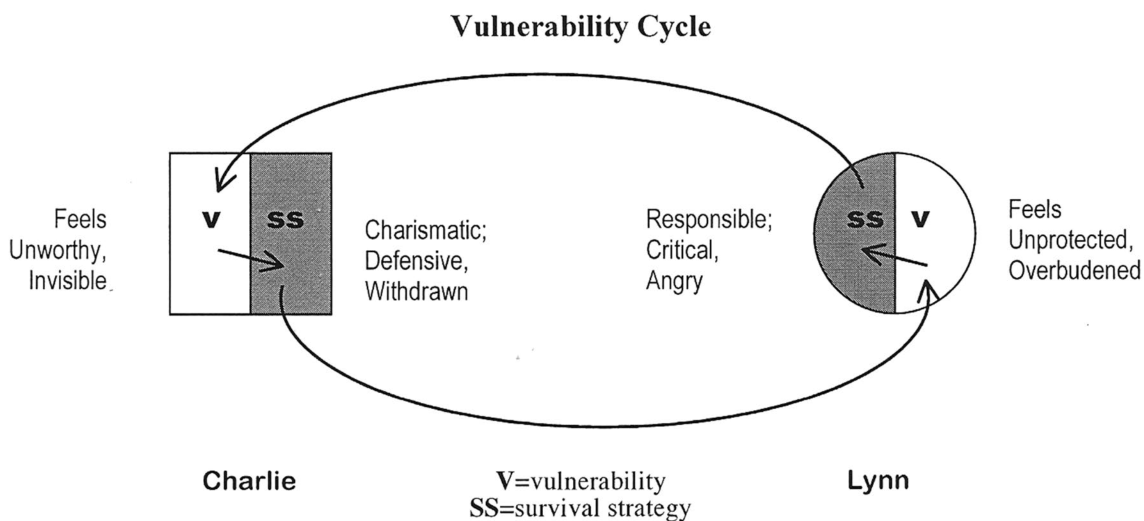

Fig. 1 Charlie and Lynn's vulnerability cycle diagram

daughter. Lynn complied, but felt anger at her parents for neglecting her and loading her with too much responsibility. As we explore this, Lynn realizes that some of her resentment at Charlie is fueled by old wounds she carries from childhood. Charlie, witnessing Lynn's narrative, softens, becoming less defensive and more empathic as he sees the young, overburdened child Lynn was; and as he recognizes how Lynn has shouldered so much responsibility for parenting their own children. His "protective urge" (Fishbane 2013) is activated toward his wife, and he starts to re-think his role as father. The couple's blame-withdraw dance is beginning to shift.

We explore Charlie's family of origin as well. The only child of parents who fought constantly, Charlie was able to entertain them with his one-man shows; they adored his humor, and would pause in their bickering and join together in admiring their son. His charisma became a survival strategy. When unable to distract them from their anger, Charlie withdrew to his room. This withdrawal, another survival strategy, has been his main mechanism of dealing with Lynn's criticism—as he turns away from her and turns toward his theatre world, where he shines and feels adored.

It was Charlie's charisma that drew Lynn to him in the first place. She loved his passion and humor—antidotes to her plodding sense of responsibility. He loved how he could light her up and make her laugh. And he loved being adored by her. But as the burdens of childrearing piled on—especially the challenge of raising a child with special needs—Lynn felt lonely and increasingly resentful. She called Charlie narcissistic and childish. He felt punctured and deflated by her denigration. So he withdrew from her and turned more to acting—which made her feel even more resentful.

Transforming the Vulnerability Cycle

In diagramming the cycle and identifying the ways each triggers the other, Charlie and Lynn begin to "get meta" to their dance, externalizing the cycle, and becoming a team vis-a-vis their dance (Fishbane 2013). They put their cycle on their refrigerator, noting "This is the dance we do together." They see that they are both victims of the cycle and also inadvertent co-creators of the cycle. Whereas before each had a linear view of the problem ("He's never around"; "She's always on my case"), they now see their interaction as circular.

In this process, Charlie and Lynn are bringing prefrontal thoughtfulness to emotional reactivity. I help Lynn calm her anger and speak her concerns to Charlie with a "soft startup" (Gottman 2011), which engages him rather than pushing him away. Charlie identifies when he is starting to feel flooded, and learns deep breathing techniques to calm down and stay present to Lynn. I encourage each to speak from vulnerability ("I feel overwhelmed and worried about David"), which elicits empathy and care, rather than from survival strategy ("You're always at the theatre, you're so self-centered!"), which elicits defensiveness. I also work with them to "grow up" their survival strategies. I suggest to Charlie—who had been storming out of conflict discussions, leaving Lynn feeling abandoned—that he instead negotiate a time-out in the service of connection, setting a time to re-engage when both are calmer.

Gender and the Vulnerability Cycle

Gender issues often exacerbate a couple's impasse. Lynn's caretaker role in her family of origin was reinforced by her gender socialization. Charlie's focus on himself and his performance was similarly reinforced by gender training, along with his assumption that childrearing was his wife's job—even though she worked a full-time job. Addressing these assumptions allowed this couple to reconsider their goals and values without blaming or shaming each other. Charlie decided to connect more with his son, sharing with David his own struggles to stay focused as a student, and offering strategies he had devised to stay on task. As they created games to make homework more fun, Charlie was bringing his playful spirit into the family rather than expressing it only in the theatre. Charlie stepping up with David relieved Lynn and rekindled her appreciation, long dormant, for her husband.

Culture and the Vulnerability Cycle

Vulnerabilities and survival strategies don't only stem from the family of origin. They may be shaped as well by larger cultural-contextual stressors such as experiences of racism, homophobia, immigration or poverty. Treating each couple with an appreciation of their culture or cultures is crucial, both in terms of stressors and in terms of resources and values.

Values of the dominant U.S. culture—particularly competition and individualism—can fuel couple reactivity. A win/lose, me vs. you mentality is negatively associated with couple satisfaction (Gottman 2011). Similarly, a sense of entitlement rather than responsibility, and the myth of happily-ever-after poorly prepare couples for the hard work of love over the long term.

Power

The dominant U.S. culture privileges Power Over, influencing or dominating the other. Couples live this value in their power struggles. But power is complex in relationships; partners caught in vulnerability cycles often feel disempowered, unable to reach each other or get their needs met. Relational empowerment—Power To and Power With—are key in successful relationships (Fishbane 2011).

Power To is the ability to live according to one's higher values, to "reach for one's best self" (Fishbane 2013) in difficult moments. Rather than being the victim of the partner or of one's own reactivity, Power To allows partners to be the authors of their own responses.

Power With is the ability to co-author and take co-responsibility for the relationship, to be compassionate and empathic. Many partners never learned the skills of empathy—a problem especially for men socialized away from vulnerable emotions. Empathy relies on eye contact, a scarce resource in our world of smartphones. Empathy work is central in couple therapy.

Rupture and Repair

Happy couples fight; but they repair well (Gottman 2011). It is unwise to attempt repair while in an amygdala-driven state of anger. Gottman's "Take a Break Ritual" encourages a time out to calm down before attempting repair.

Taking responsibility for hurting one's partner is key to repair. But guilt has a negative connotation for many clients. Differentiating between healthy guilt (our conscience) and toxic guilt is crucial (Buber 1957; Fishbane 1998). Healthy guilt leads us to take responsibility, apologize, and repair. For some clients, apology is tainted by childhood experiences of being shamed or forced to apologize. On the other side of apology is forgiveness, the ability to put down the burden of anger and resentment.

Role of the Therapist

Partners often look to the therapist to be a judge. It is vital that the therapist adopt a stance of "multidirected partiality" (Boszormenyi-Nagy and Ulrich 1981), holding both partners with respect and care. Only then can the therapist challenge each partner to grow. My office is a "shame-free, blame-free zone" (Fishbane 2013), a safe space for couples to do the deep emotional work of limbic change.

Habits and Change

We are creatures of habit. Neuronal circuits underlie habits, which in turn strengthen the circuits in the brain. Most of what we do is on automatic pilot, driven by habits and by the emotional brain. Many of these behaviors represent survival strategies, neural pathways wired since childhood. Changing them now can be daunting. I view "resistance" as feedback from clients that we are threatening their survival strategies. We need to respect this and work with clients' fears around change, helping each partner identify their own change agenda.

The human brain is also wired for change. Research has found that neuroplasticity can continue throughout life. But neuroplasticity and deep change are not easy in adulthood; it takes motivation and practice of new relational behaviors to rewire new neural pathways. In times of stress, the old pathways may become re-activated. It is important to educate couples about this possibility so they don't become discouraged if they go back to old habits after working hard in therapy.

Summary: Proactive Loving

Falling in love is delicious, with chemicals such as testosterone, dopamine and oxytocin creating an intense rush. Madly-in-love subjects, lying in an fMRI scanner and looking at a picture of their beloved, have brains that look like they are high on cocaine (Fisher 2004). Nurturing long-term love is a more complex process. Many couples have a passive view of love ("falling in love," "falling out of love"). In contrast to passive loving, I encourage "proactive loving" (Fishbane 2013), an activist approach to cultivating and nurturing love over the long haul. Proactive loving rests on relational empowerment, personal responsibility, and generosity.

Understanding the neurobiology of love and its discontents, of emotions and emotion regulation, and of the vulnerability cycle, allows us to help couples reach for their best selves: Neurobiology meets relational ethics. As partners develop skills of relational empowerment and take responsibility for their choices, their ability to co-create a loving and flourishing relationship is enhanced.

Emotion-Focused Therapy for Couples: Changing Interaction with Emotion: Rhonda N. Goldman

Emotion-focused therapy for couples (Goldman and Wise 2018; Greenberg and Goldman 2008; Greenberg and Johnson 1988) integrates Experiential therapy and Systemic interactional theory and thought, updating it with modern emotion theory. Affect regulation is seen as a core process that organizes the motivational systems of attachment, identity, and attraction. Attachment systems are related to needs for security and closeness and concerns regarding the availability and responsiveness of one's partner. Identity systems are related to needs for self-coherence, self-esteem, and mastery and are maintained by recognition and validation that is sought in relationships. Satisfaction in relationships is governed by the positive feelings that are generated when partners are interested in, like, and feel attracted to their partner. Gottman (2011) refers to this aspect of relationships as the fondness and admiration system, and considers it central to the maintenance of relationships over time.

The goal of EFT for couples is to help partners mutually regulate affect, not through teaching them to control or

distance from emotions, but rather by helping partners allow their own emotions and co-creating awareness of and openness to the other. At times, therapy facilitates the transformation of secondary, unwanted emotions that, if left unchecked can become corrosive, by refocusing on primary, underlying emotions which then promotes a change in patterns of interaction so that clients can access and express new emotions (Greenberg and Goldman 2008, 2019). Therapy promotes both other-soothing and self-soothing (Goldman and Greenberg 2013), enhancing change in interaction through responsiveness to self and other's primary vulnerable emotion.

From the beginning, therapists enter the relational process of unfolding meaning and validating each partner's underlying pain, and also begin to identify the interactional cycle. They observe interactional interchanges often characterized by secondary blaming anger and contempt, and painful withdrawal. They then intervene to de-escalate negative interactional cyclical patterns and reframe them in terms of underlying core emotions and needs such as sadness, primary adaptive boundary-setting anger, loneliness, fear, and shame. Therapists and clients gain an understanding of how core emotions are associated with unmet attachment or identity needs. They focus on and validate partners' vulnerable emotional states and needs, helping the couple shift negative interactional patterns by revealing core vulnerabilities to each other. Through this process, a new, more positive interactional cycle is established.

Along the way, it may be important to focus on emotional injuries within the relationship that have prevented partners from revealing core vulnerabilities to one another. In these instances, emotional injuries must be addressed and worked on specifically (Greenberg and Woldarsky-Meneses 2019; Greenberg et al. 2010). In addition to soothing each other, self-soothing is an important intervention strategy that EFT therapists utilize to focus on more intrapsychic factors underlying each partner's vulnerabilities and sensitivities. Self-soothing can be important to allow for core emotions to be fully processed and to sustain long-term change. Finally, once interactional patterns have shifted, therapy focuses on how newly accessed emotion leads to new meaning creation and both lend themselves to narrative change. Old patterns are re-storied as clients discuss new views of self, partner, and the relationship. Such discussions help in part to prevent relapse and promote continued positive interaction (Goldman 2016; Goldman and Greenberg 2013; Greenberg and Goldman 2008).

A large number of studies have demonstrated the effectiveness of EFT-C in reducing relationship distress (e.g. Johnson et al. 1999; Greenberg et al. 2010; Dalgleish et al. 2015; Johnson et al. 2013). Additional studies have found EFT-C to be effective in promoting forgiveness in couples presenting with unresolved emotional injuries (e.g. Makinen and Johnson 2006; Greenberg et al. 2010).

The stages of EFT-C (Greenberg and Goldman 2008) are summarized in Table 1. They will be illustrated through the case example of Samantha and Kate. Samantha and Kate are a lesbian Caucasian couple, in their early forties. They have no children.

Samantha and Kate tell a story, at an early stage of therapy, of a recent fight that occurred while they were driving in the car. They tell how they were discussing finances, and Samantha asked Kate if she had paid the monthly mortgage. Kate answered no, that she had not gotten to it but intended to. Feeling concerned and anxious about finances, Samantha lodged a complaint to Kate, saying, "you leave everything until the last minute." Kate heard Samantha's words as criticism. Feeling put down and diminished, Kate felt the need to defend herself with a counter-attack, shooting back with derision and disgust, "you are not spontaneous, you are 'sooo' boring." This triggered in Samantha a deep feeling of shame and inadequacy, to which she responded with a stronger, more insulting put down of Kate, quipping back, "You are such a child." Kate, already wounded, felt this as a knife digging into an open wound and flustered, struggled for a further defensive retort. Samantha and Kate were now engaged in a negative interactional cycle where wounds that had historical origins in both of their pasts were opened. Each continued to re-injure the other. Secondary emotions in this example are the blaming and defensive anger, while maladaptive primary emotions are shame and feelings of inadequacy.

This is an example of a typical negative interactional cycle. Given the high degree of conceptual overlap between the EFT cycle model and Scheinkman and Fishbane's (2004) vulnerability cycle, this cycle can be mapped similar to Fishbane's Fig. 1, above. The partners' underlying emotions of shame are also seen as sensitivities and vulnerabilities in the Greenberg and Goldman (2008) model. They are understood to be informed by prior relational experiences and historical origins. Defensiveness, blaming, and contemptuous anger are seen as secondary emotions in the Greenberg and Goldman (2008) model and framed as survival strategies by Scheinkman and Fishbane (2004).

In stage one, the therapist explored both Samantha and Kate's feelings of invalidation, acknowledging how painful

Table 1 Stages of emotion-focused therapy for couples (EFT-C)

1. Validation and alliance formation
2. De-escalation of the negative interactional cycle and reframing in terms of underlying primary emotions and needs. Exploring historical origins of core primary emotions
3. Exploration and deepening of primary underlying emotions and needs
4. Restructuring the interaction and the bond
5. Consolidation and Integration

the interaction was for each of them and how fundamental needs were not being met in the relationship. The therapist then began tracking and mapping Samantha and Kate's cycle, working toward reframing it in terms of underlying feelings and needs (Stage 2). In this stage, therapists map the cycle to clarify each partner's role as well as respective primary and secondary emotions. Such conceptual maps aid in case formulation (Goldman and Greenberg 2015). Therapists may also choose to engage clients in a co-constructive process, sharing the map with them and requesting their input. The therapist helped Samantha and Kate to gain awareness of blaming and defensive anger, and to see how these emotions and behaviors were fueling and escalating the cycle. The cycle was reframed in terms of the underlying shame and inadequacy that were driving the negative interaction.

The therapist explored the source of shame and inadequacy in both partners. For Samantha, the source was identified as a very critical and demanding mother. Shame and inadequacy also related back to always feeling 'different.' She recalled feelings of shame when she felt her first crush on another girl and began to confront the possibility of being gay. She recalled how at 15, those in her family of origin were openly dismissive of queer people; she felt she had to hide this aspect of her identity and at the time chose not to share it with anyone, leaving her feeling very alone.

For Kate, the source of her shame was primarily identified as coming from experiences in a prior romantic relationship where she recalled feeling quite rejected. She also related to a feeling of being different; she connected it to her eczema, a skin condition she had suffered with at different points of her life. Through emotional exploration she revealed a high degree of shame and disgust toward her own body. For her, this related to a feeling of being dirty which was also associated with not feeling accepted by society because she was lesbian. She felt that in her coming out process she had addressed this, but also recognized that it was still a painful wound she carried. Beginning to see each other's core wounds and locating their sources in prior life experiences relieved some of the tension in the relationship and helped each partner feel more compassionate toward the other. Both Samantha and Kate felt relieved once the cycle was named and reframed in terms of underlying feelings and past wounds. They were motivated to focus on the cycle as the problem and make this the focus of therapy. The therapy moved toward stage three, in which deep primary feelings such as fear, shame, loneliness and inadequacy are explored. Impasses and blocks often occur in stages 3 and 4 of therapy, as they did in this case.

Impasses

Stage three focuses on the intrapsychic, delving more deeply into each partner's core emotional pain so that it can be revealed to the other. Stage four focuses back on the interactional, helping partners to hear and receive each other's painful underlying emotions. Through these processes, the emotional bond begins to be restructured. At the same time, during these stages, blocks and impasses may occur. The awareness of the cycle, secondary emotions and behaviors and the underlying primary emotions and needs along with their source (stage one and two), is indeed only the beginning of the process. Blocks may stem from patterns established in the couple relationship or from intrapsychic wounds in each partner. Partners feel unsafe in the relationship and fear being attacked, shamed, or abandoned. In couples' interactions, partners are exquisitely sensitive to each other's relational positions and are continuously, closely monitoring for threat or comfort. They may feel it necessary to hold onto protective walls because they have not been in contact with the vulnerability of their partner and thus feel the grounds are unsafe, still riddled with landmines. Partners can become extremely entrenched in their negative cycles. While one partner with a history of critically attacking may have softened into vulnerability, the other may still fear re-engagement based on past hurts. Similarly, a partner who feels abandoned or unseen may have noticed their partner re-engaging but have difficulty trusting that this will remain. It is too difficult to simply lay down weapons.

Impasses may also be related to unresolved emotional injuries within the relationship. Couples may have learned how to co-exist and continue the operations of everyday life as scar tissue grows over old wounds. Revealing underlying vulnerability can activate old wounds that couples have been previously unable to heal. This in turn poses a threat to everyday life. These couples may require specific work on the emotional injury, addressing primary assertive anger or heartfelt shame and sorrow (Greenberg et al. 2010). Blocks and impasses will be explored in the case of Samantha and Kate.

Working with Impasses in the Interaction

Later in therapy, the therapist became aware of how Samantha and Kate were stuck in their interaction. Both were reluctant to soften their positions and "lay down their weapons." The therapist first returned to the interactional cycle and reframed each partner's position in terms of their underlying primary feelings. The therapist said:

> It is scary for you, Samantha, to consider coming out and talking about your shame for fear of being attacked, so you stay locked inside behind a wall. And this is a feeling you have suffered with for such a long time. So many experiences of being shamed and ridiculed. But then you feel so bad, inadequate and worthless so it's hard to really show Kate the painful hurt.

> And for you Kate, you feel so lonely and alone. But I guess it is too scary to share that. It's so hard that, instead, you can't help but tell Samantha what she isn't doing for you.
> But (turning back to both partners), that just leaves you both feeling lonely and stuck behind your respective walls. It's so hard because I guess no one wants to make the first move and dip their toe in the water first.

Here the therapist named the cycle, reframed it in terms of underlying feelings and needs, and pointed out the impasse. In so doing, the therapist returned briefly to stage two, naming secondary emotions but reframing in terms of underlying primary feelings and needs. The therapist reflected on Samantha's fear and empathically conjectured (Elliott et al. 2004; Goldman 1991; Greenberg and Goldman 2019) into her underlying feelings of inadequacy and worthlessness. A sense of agency is facilitated in the couple and in each individual as the therapist encourages them to decide whether or not to risk moving forward. The therapist names the cycle and the impasse, inviting the clients to become aware of it. and to confront the block within and between each of them.

At times, and particularly when there is a strong degree of entrenchment, the therapist may follow up with a response such as:

> It is hard because you are both so lonely behind your walls. But it is scary to come out. I guess Samantha, what Kate might say if she could is, "I feel so alone and it is a painful place to be, and I really need to know you are there, but it is much too hard to let you know." And Kate, I guess what Samantha might say, if she were really to let you in, would be, "I feel horribly, painfully worthless and no good, but I don't dare tell you, for fear that you might see me that way, so I desperately cannot tell you how it really is."

In this example, the therapist named the protective walls, empathically exploring (Greenberg and Goldman 2019; Goldman et al. in press) into core underlying vulnerabilities. Here the therapist senses into each partner's experiential world, empathically conjectures, and validates each partner's underlying painful core emotions, speaking for the unspoken experiences that each are on the edge of feeling and not yet revealing. This manner of therapist responding can be likened to what Dan Wile termed "doubling", a Psychodrama term that involves the therapist temporarily speaking for one partner to the other in session (Wile 2008). Thus, while the partners were not yet willing to risk revealing vulnerabilities to one another, the therapist helped each to see the underlying feelings of the other, increasing the chance they will soften into compassion for one another and take the bold risk of bringing down the protective walls.

Working with Intrapsychic Blocks

While partners revealing vulnerabilities to each other is key to restructuring their interaction, it is common for one or both to have difficulty overcoming blocks to accessing primary underlying feelings and needs. Such blocks can be attributed to earlier wounds and learning that partners bring to the relationship. Vulnerable emotions might be based on earlier traumatic experiences of invalidation, abandonment, neglect, or abuse. For example, a child may have learned from an alcoholic, sexually abusive father that gestures of intimacy were highly unsafe. Thus, when a current partner initiates affection or sexual intimacy, she may recoil in disgust and fear. Vulnerabilities may also stem from earlier cultural learnings related to experiences of racial discrimination or homophobia (Levitt et al. 2019), as in this case.

It is helpful for therapists to have a specific set of steps to guide clients to 'unblock' feelings. The therapist engaged the following steps in a later session in order to help Kate un-block her sadness:

1. The therapist helped Kate become aware of how she was interrupting and suppressing her emotion. For example, when the therapist noticed Kate's sad, drooping face with eyes downward cast, she asked, "What just happened there?" and offered an empathic observation, saying, "You look sad. What's happening inside?
2. The therapist then helped Kate become aware of *how* (as opposed to why) she was blocking the feelings. Helping clients become aware of what they are doing to stop themselves is key. The client may block emotions at a variety of levels, including physiological, emotional, and cognitive. With Kate, this involved awareness of how she was squeezing back tears, holding her breath, tightening her chest, and feeling numb. In addition, they explored the block at a cognitive level when Kate said, "If I cry, Samantha will think I am weak." The therapist thus invited Kate to become aware at all levels of her blocked sadness.
3. Once the client is aware of a previously blocked emotion, and it is accessed, the therapist encourages the client to first express it *to the therapist*, who can provide a safe, non-judgmental environment. The therapist said to Kate, "It is understandable and important that you have learned to protect yourself." Clients may become aware of needs associated with the emotion; for Kate, the feeling of sadness carried with it a need for acceptance. Once Kate was more aware of her feelings, the therapist checked to see whether Samantha was receptive to hearing about Kate's sadness. She then asked Kate, "Can you turn to Samantha now and tell her how vulnerable you feel and how important it is that you protect yourself?" This is an example of an enactment that helped deepen

the expression of emotions. Samantha was very receptive and empathic when she heard about Kate's sadness, saying "I never knew how deeply you felt this. I feel sad to hear it and it makes me want to comfort you."

In this work, the therapist helped the couple restructure the interaction (stage 4). Through the process of revealing vulnerable emotions (stage 3), addressing the blocks and impasses and facilitating couples to positively receive each other (stage 4), the emotional bond was restructured and strengthened. The couple felt closer. Compassion and affection increased, which in turn further strengthened their bond. The therapist also worked with Kate to help her soothe her sadness (Goldman and Greenberg 2013).

At a later stage, when the interactional cycle had shifted, the therapist helped them to solidify and consolidate changes (stage 5) by discussing how they might hypothetically restart a negative interactional cycle and then how they could, in turn, engender a positive interactional cycle where underlying vulnerable feelings and emotions were felt, expressed and received by each other.

Summary

Impasses are a challenging, yet inevitable part of couple therapy. They can occur at a variety of levels and take different forms. EFT-C conceptualizes impasses and blocks as emotional in nature and therefore works with emotion in order to change them. By following the steps outlined above, therapists can identify emotional blocks, help clients access and voice underlying emotions and needs, and improve the interpersonal relationship.

Insights from Object Relations and the Power of the Past: Judith P. Siegel

Couples seeking therapy are often trapped in painful cycles where individual needs are not met, and defensive postures have led to loneliness and pessimism. Object relations theory allows the therapist to expand the context and consider how each individual's expectations and responses are influenced by former relationships. This approach suggests that 'unfinished business' between an individual and his/her earlier love objects creates sensitivity as well as the need to reenact certain dynamics in the current relationship. The power of the past in decoding and responding to a partner's communication has been supported in recent neuroscience research (Barrett 2018). This section of the paper will illustrate how exploring the influence of the past in the present allows dyadic partners to view themselves and their partners in new ways that lead to compassion and alternative responses.

Enactments and Projective Identification

One concept that is fundamental to analytic and object relations theories is enactment. Many couples engage in projective identification sequences in which an unresolved theme from the past is played out between partners. Typically, one partner feels provoked in a way that is familiar but uncomfortable and reacts in a way that is scripted by the past (Siegel 2016). As the sequence unfolds, partners unconsciously trigger each other to take on emotions and behaviors in ways that allow aspects of earlier relational experiences to be revisited. Past and present become blurred as expectations and emotions based on earlier experiences inform the current moment (Siegel 2010). In the replaying of unfinished business, the partner may be experienced either as a vulnerable self, or an oppressive object from the past. While there are usually aspects of the triggering situation that would call for an emotional response, the level of reactivity is far stronger than one would ordinarily expect.

The Construction of Beliefs Through Established Schemas

Recent advances in neurobiology research offer insight into how meaning and emotions are constructed. In the theory of Constructed Emotions, Barrett (2017) describes the process of prediction, which explains how the brain accesses memories to rapidly interpret stimuli. It is likely that memories are stored according to emotional valence. I liken this to a vine that has several leaves (Siegel 2020a). As Cozolino (2016) explains, the brain selects the memory that will most likely yield the information that leads to a rapid understanding of the current situation. As the brain selects one or two leaves on the vine that are most relevant to the situation at hand, emotions from the past are also revived. Even if one does not actively recall earlier events, he/she is using past relational experiences to interpret the partner's intent in order to arrive at a timely response.

However, the brain does not always select aspects of the past that fully relate to the situation at hand, creating an event that Barrett calls prediction error. Rather than pausing to check if their interpretation is accurate, partners typically arrive at conclusions that may have more to do with the past than the present. At the same time, the emotions that were stored in the 'old' memory add to the intensity of their response (Fishbane 2013, 2019).

The revival of unfinished business from the past often lies at the heart of the most painful relationship patterns (Siegel 1992). When unresolved issues from the past invade the present, there is a level of emotional intensity that complicates and escalates the situation at hand. Quite often the relationship becomes polarized as partners take defensive postures that work against intimacy. A painful emotional and

behavioral reenactment rarely leads to insight, and, without therapy, does not generate new ways of responding. Helping couples step out of the sequence and approach the theme in a different way allows partners to support each other and work collaboratively to construct a happier ending to an unhappy theme.

The Role of the Couple Therapist

When partners engage in an enactment or faulty prediction sequence, the therapist may be at a loss to explain one or both partners' overreactions and the postures that ensue. It is the role of the therapist to identify and unravel these emotion-bearing issues and the meaning for each partner. After interrupting an escalating conversation, the therapist can help each partner identify their emotion, and the way they have interpreted their partner's behavior. The therapist may then link the emotions and triggering event to earlier events that were likely referenced in the construction of meaning. In this way, the triggering event is acknowledged, but the emotional response is viewed as being amplified by the past (Siegel 2020b). Exploring the historical context allows both partners to appreciate each other's sensitivities, and in many cases, empathize with their partner's earlier experiences.

The approach is strengthened by providing psychoeducation about the ways that memory can distort interpretation. Partners are coached to recognize the importance of pausing to ask their partner if an upsetting choice of words, tone of voice or gesture was intended. This allows for early intervention in misunderstandings that would typically lead to strong reactions. By connecting the dots between unfinished business from the past and the meaning partners have constructed regarding the theme that led them to impasse, partners are able to respond in new ways (Siegel 2015).

Case Example

Tom and Stephanie, a Caucasian heterosexual couple in their early forties, had been married for fifteen years. He claimed that he had fallen out of love with his wife and thought they would each be happier on their own. Stephanie was stunned by this because they rarely fought and had an active social life. Tom denied being involved or even interested in another woman but said that he avoided being at home because he was extremely bored, and that he and Stephanie had little in common. While he loved staying out late in the city to listen to jazz or go to a show, Stephanie hated crowds and preferred to get to bed early in order to take an early morning walk.

When I first met the couple, I asked for some background information in terms of their families and education. Both were from Australia and the eldest child in their families. Tom's parents had a traditional marriage with a stay-at-home Mom and an ambitious father who raised his four sons to be competitive.. His mother adored the men in her family and positioned herself to put everyone else's needs above her own. Tom also thought that his mother had been overprotective, and often held him back from making commitments to play on sports teams that required travel-away games. When I asked if he thought his mother was intelligent, Tom remembered that she rarely offered her opinions and that his father never asked her. Tom's father was much more invested in his relationship with his sons, and to this day sent him interesting papers that they could discuss by phone.

Stephanie described her mother as a religious woman who was very active in the church community. Her father was described as a relaxed homebody who didn't share his wife's passions but did not seem to mind her active life outside of their home. In most ways her parents had a very conservative relationship, and Stephanie felt that she shared many of their values in the home she had created for her own family.

The couple had been high school sweethearts, and when Tom was accepted to a prestigious university in the United States, Stephanie suggested that she follow him. Although Stephanie had entertained thoughts of becoming a teacher, she put that plan on hold and took a part time job in order to help pay the rent and type Tom's papers. The couple married while Tom was finishing his graduate degree and had their first child shortly after. The couple assumed 'traditional' gender-assigned roles, where Tom pursued his career while Stephanie attended to the children and home life. Tom's employment allowed them to get a Green card, and ultimately, American citizenship.

In our third session Tom raised his dissatisfaction with their sex life. Whereas he wanted to try new options and expand their foreplay, Stephanie rejected most of his ideas and wanted to make love in the same traditional way they had for years. Stephanie defended herself by insisting that Tom would bring home a sex toy or costume and ask her to join in without any connection or expression of intimacy. At those times she felt like some kind of object or even a hooker who was there at his beck and call. Stephanie felt that Tom didn't share her need for connection and would jump out of bed as soon as sex was over instead of holding her or cuddling. Stephanie also said that it was extremely uncomfortable for her to be talking about their sex life with me and couldn't understand why Tom didn't invest more in their connection before he focused on their sex life. Tom felt that he had accomplished everything he had set out to do thus far in his life, but that Stephanie was holding him back from enjoying himself.

I noted how their differences outside of the bedroom seemed to be mirrored in their sex life, with Tom wanting to be stimulated with novelty, and Stephanie viewing love making as comfort built around connection. I mentioned how

in some ways this was a pattern that was gender-influenced according to Mitchell (2003), but that their extreme differences made it difficult to find a compromise that could work for both. I asked if we could explore Stephanie's distrust of novelty and Tom's discomfort with connection in terms of earlier life experiences.

I asked Tom to talk about what it was like for him to cuddle with Stephanie after sex, and he said that his mind was just too busy to slow down. Tom lived for new ideas, new experiences and spent his time fully engaged in challenges or planning for his next adventure. When I asked him what happened when he started to slow down, he said that he would get uncomfortable and offered that there were sad feelings probably related to being unhappy with Stephanie. I suggested to Tom that while Stephanie had been on his team when they were first together, he now saw her as holding him back and putting demands for closeness that made him uncomfortable.

I wondered if there were other aspects of his life where he experienced similar feelings. Tom identified that his work life was not going the way he wanted. While he had received accolades for his sports accomplishments and good grades as a child and been promoted when he first joined the company he worked for, his career had plateaued and he was often assigned projects that were boring and unlikely to lead to future advancement. Tom did not feel secure enough to raise his dissatisfaction at work with his supervisors but could actively complain about his wife. Whereas he was not prepared to quit his job, he could fantasize about leaving a marriage that he felt held him back.

Tom reflected on how Stephanie's protective and conservative nature made him appreciative of her as the mother of his children but did nothing for how he felt about her as his romantic partner. As we explored Tom's emotional experience of being bored, he was able to expand his awareness of feeling stuck and cut off from new ways to prove himself. It was easier to blame Stephanie for 'causing' his dissatisfaction that seemed to come from multiple aspects of his life. Tom noticed that he often started to experience his discontent after speaking with his father. I noted that Tom's sense of self had depended on approval from his father, and that he was cut off from an important source of validation. Stephanie wondered if some of this was just a 'mid-life' crisis and suggested that both of them could benefit from thinking about aspects of their life that needed to be 'updated'. While I validated this as an important direction for the couple therapy, I also said that we also needed to focus on Tom's dissatisfaction with their love making.

I acknowledged Stephanie's discomfort talking about sex with me but suggested that it was very relevant to Tom's unhappiness. I asked her if she felt that Tom was a good enough lover for her. Before she could answer, Tom stated that Stephanie had very rigid rules about what he could and could not do. Stephanie countered that she knew her body and had every right to set limits about what turned her off. I asked her what it was like when Tom started to stray from her comfort zone during their love making and Stephanie said that she would get extremely anxious, lose all interest in sex, and often have to leave the bed.

I asked Stephanie to tell me if she had ever known that level of anxiety around her body before, and she said that she felt the same way when she had a doctor's appointment, particularly if she had to undress. When I asked Stephanie if she had any medical conditions I should know about, she said that she was well now, but had been in a serious accident when she was young and injured her leg, pelvis, and back. She had been hospitalized and placed in a body cast for several months. I asked Stephanie to try to recall what it was like when the doctors came to check on her and she became very distressed as she remembered being poked and pushed and a feeling of being held down and unable to escape. I suggested that while she was free to enjoy love making with her husband when she felt a strong connection, her reaction to his 'using' her body or going outside of her safety zone seemed to evoke anxiety that was similar to her childhood experiences with doctors. Whereas she had been powerless to stop the health care workers from prodding her body, she claimed full control over what she would or would not allow in lovemaking.

Exploring each partner's childhood experiences, emotional reactions, and needs opened new options for understanding themselves and each other. Both partners became curious about ways to move forward, even though Stephanie's pace continued to be slower than Tom's. During this time they were able to make some compromises, with Stephanie agreeing to evenings out in the city, and Tom joining Stephanie in a yoga retreat. Stephanie became aware of her hesitation to debate Tom, her need for his approval, and her fear of being judged harshly by him. The need for validation and acceptance for both partners was explored.

The theme of feeling limited by the other was also discussed as being relevant to both. The couple considered the similarities in their own and their parents' marriages, with one partner being an acclaimed leader invested outside of the family and the other taking a supportive position focused only on family relationships. They saw how they had unknowingly taken on traditional gender roles in their own marriage and the way this worked against the stimulation and growth both partners wanted (McGeorge 2010).

Stephanie suggested that they spend a night away in a hotel and found that after a romantic dinner without the presence of their children, and with Tom more emotionally present to her, she was more passionate than she remembered being in quite a long time. Their ability to compromise and develop a stronger connection was enhanced when they

could empathize with each other and move past the influence of the past.

Summary

A couple's sexual relationship is often relevant to their overall satisfaction, and, as in this case, reflects dynamics that exist outside of the bedroom. If therapy is successful, partners are able to challenge the impasse, and learn about the beliefs and past experiences that underlie their reactions. Through owning a part of the issue rather than blaming the partner for causing the problem, couples can discover new levels of understanding. Although partners may believe that they are reacting only to current events, the way each interprets and responds to the other is often related to the past. Exploring the past helps makes sense of assigned meaning and the conclusions that each partner has reached. As Lane and colleagues suggest, memories that have the power to influence interpretation of the present may be related to a wide range of lived experience (Lane et al. 2015).

In successful therapy the past has less power over the present, and partners are more attuned to themselves and each other. While there are other techniques and goals that are central to the object relations approach such as splitting and countertransference (Siegel 2015), unexamined aspects of the past are often at the heart of an impasse that derails couples from the intimacy they desire.

Conclusion

Each of the approaches presented here has developed in a unique context, yet there are several commonalities. Each model focuses on identifying and changing cyclical interactional patterns that fuel the impasse. All three approaches respect the influence of the past, exploring the emotional impact of past events relevant to the couple's impasse. Often it is wounds from the family of origin that heighten reactivity in the impasse. However, issues related to gender-assigned roles and cultural-contextual experiences of oppression also influence partners' expectations and responses to each other. These issues must be addressed as they arise in order to fully explore sensitivities that may be contributing to the impasse. All of the models work to create a safe space for partners to understand and communicate their more vulnerable feelings, and to facilitate empathy and compassion in the couple. While different concepts are used in these models to assess and respond to clients, there are several common techniques and goals. Given the movement toward integration in psychotherapy (Fraenkel 2019; Lebow 2019), the similarities in these three approaches indicate a potential for their integration in responding to impases in couple therapy.

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