

Inter-Analytic Couples Therapy
Book One: The Theory

Search for the Other



Walter E. Brackelmanns, M.D.

Dr. Brackelmanns introduces an exciting new model that wraps the most promising ideas and concepts about marriage into a unified and comprehensive whole. This comprehensive book will teach therapists to help couples accomplish differentiation from each other and enable them to develop a close, intimate, empathic and accepting relationship.

Inter-Analytic Couples Therapy: An Interpersonal and Psychoanalytic Model Book One: The Theory

by Walter E. Brackelmanns, M.D.

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PAPERBACK ISBN: 978-0-9964749-0-0

HARDCOVER ISBN: 978-0-9964749-3-1

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Published by Edmund Brock Publishing, LLC, Sherman Oaks, California

Printed on acid-free paper.

BookLocker.com, Inc.
2018

First Edition

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Introduction

The reason this book is titled *Inter-Analytic Couples Therapy--an Interpersonal and Psychoanalytic Model* is that the material presented in it derives fundamentally from psychoanalytic thinking and theory but is applied to the interpersonal relationship as well as to the intrapsychic world. Naturally, the discussions make use of concepts and techniques from other theoretical orientations as well, when appropriate. These other approaches include systems theory, narrative therapy theory, cognitive behavioral theory, sensorimotor psychotherapy (SP), attachment-based intensive short-term dynamic psychotherapy (AB IS-TDP), affect regulation and dysregulation, and recent advances in neuroscience. Although I do believe that a clinician should select one basic theoretical model as the foundation for therapy, I do not believe that anyone should throw out what we have learned from other theoreticians and researchers, past or present. When any valuable new idea comes along, we should find a way to incorporate it into the theory and model we are using. I have attempted to do this in my model – that is, to incorporate the contributions of many of the major psychoanalytic thinkers, as well as other widely respected clinicians, researchers, and writers. You will therefore find ideas herein from the likes of Sigmund Freud, Margaret Mahler, Heinz Kohut, John Bowlby, Aaron Beck, Daniel N. Stern, Habib Davanloo, Allan N. Schore, and Pat Odgen.

It often seems to me that the only treatment modality therapists feel comfortable using without training is couples therapy. They behave as if couples therapy can be performed without any special instruction other than education and experience in doing individual adult psychotherapy. What is interesting about this attitude is that the knowledge and experience of doing individual psychotherapy can be more of a hindrance than a help to the fledgling couples therapist. Another curious phenomenon, less true now than twenty years ago, is that most mental health training programs were designed to train students, residents, fellows, and trainees in family therapy but not in couples therapy. My own view, and that of many of my colleagues, is that couples therapy is a different treatment modality altogether, not *just* a part of or the final phase of family therapy. In fact, it is useful to keep in mind that *problems with children means marital conflict, but marital conflict does not necessarily mean problems with children.*

Of course, couples therapy *is* the final phase of family therapy (as discussed in great detail in the third book of this series, *Book Three: The Therapies, All Roads Lead To Rome*), but very little family therapy is actually practiced in the private sector. There are three main reasons for this rarity, one being the difficulty of coordinating all the family members' schedules so that everyone in the family can participate in the therapy. A second reason is resistance on the part of the parents to engage in family therapy, because they would ultimately have to deal with marital conflicts that they have buried deeply under six feet of steel-reinforced concrete. A third reason for the scarcity of family therapy is that "now you see it, now you don't." Family therapy is, by its nature, brief in duration. The longest time I have ever had a family in therapy was for a year, at one session per week. All of my other family therapy cases were much shorter. The goal in family therapy is to progress from discussing the child's problem to focusing on the marital conflict. When this shift has been accomplished, the child usually moves into individual psychotherapy or adolescent group psychotherapy, a transition that frequently leads to disruption of the family therapy.

Many parents will let you treat their children but guard carefully against any threat of unveiling the well-defended marital conflict.

A theme repeated throughout this book is that in couples therapy, we move people from oneness to twoness while still retaining the oneness. By this I mean that when people present for couples therapy, they are in conflict and they do not treat each other as separate individuals. Instead, they treat each other as bad self-objects. They are criticizing and defending, and have no interest in who the other person is. We call this behavior the *dialogue of distance*. The basic task of couples therapy is to move these people to a state of separation and individuation in which they are empathically connected to each other. This task is accomplished through the *dialogue of intimacy*, which consists of talking about feelings and listening to feelings. It requires the couple to deal with four major problems that people have in close intimate relationships: problems of *communication*, *closeness*, *transference*, and *attachment*. The couple's problem with attachment means there will be a problem with intersubjectivity, the ability to see the other as a separate individual.

These four types of problems are to be thought of as domains rather than different steps or stages in treatment, because once work on one of them is started, work continues in that area throughout the process of couples therapy. Even so, there tends to be a general progression through these problems in roughly the order given above. It turns out that Inter-Analytic Couples Therapy as it progresses follows the developmental line.

One of the most recent problems to come to the attention of our field, and in some ways the most important problem we deal with, is insecure attachment leading to problems with intersubjectivity. Since the issue in attachment problems is the real relationship and the lack of attunement one person has to the other, *it is essential that there be a real relationship before there can be a corrective emotional experience* (French and Alexander, 1946). From the beginning of the therapist's work with a couple, when the focus is on educating the couple in the concepts and principles of communication, work on insecure attachment does go on, but it usually cannot be directly

addressed in couples therapy, and the couple cannot be empathically connected until the real relationship has been established. It is also not really possible to uncover the defended emotions of pain, rage, guilt, grief, and love until the real relationship has been established. These affects are outside of awareness, and are a result of early trauma linked to disruption of the attachment bond without repair. Fortunately, studies have shown that only about fifty percent of the attachment bond disruptions need to be repaired in order for the person to have a secure attachment (Fogel, 2014).

The dialogue of intimacy consists of working on sensitivity and connection, leading as a result to attunement and responsiveness. The individuals in the relationship become sensitive to each other but the unconscious bond between them – the bond that in large part defines marriage or a permanent relationship - is retained. This is the eventual “oneness” we are referring to when we say we move people from oneness to twoness while still retaining the oneness. The method for achieving this goal, and the foundations of that method, are the subject matter of *Inter-Analytic Couples Therapy, an Interpersonal and Psychoanalytic Model*.

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