

# COUPLES THERAPY

A Structured **Time-limited Model** Integrating  
**Internal Family Systems (IFS)** and **EMDR** into  
**Object Relations** and **Cognitive Behavioral Therapies (CBT)**



HARMONY PLACE MONTEREY

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# COUPLES THERAPY PROCESS

DAY 1 – Assessments: Adult Attachment Interview, Marital Satisfaction Inventory, Trauma Inventory

- Psychosocial history
- Co-therapy: One partner matched with male therapist; one partner matched with female therapist. With heterosexual couples this has typically been male-male, female-female.
- Clients then switch therapists and answer questions about their partner.

DAY 2 – Roundtable (*Masters and Johnson*)

- Mirror the clients | Consider as 3 clients: The relationship and each individual client
- Introduce communication principle
- Discuss neutrality
- Homework: Rituals, Caring Days, Dates, Increase Positives

DAY 3 — Communication Facilitation (*Wile*):

- Role playing | couples dialogue (*Luquet*)
- Building acceptance (*Jacobson*)
- Sensate focus (*Masters and Johnson*)
- Using distress as a door into unfinished business
- Metacognition

# COUPLES THERAPY PROCESS

## DAY 4 — Stuck Points

- Affect work
- Deeper interpretation | Object Relations
- Attachment principles
- Complementary psychodynamics
- Repetition Compulsion
- Imago
- Timelines | Narrative

## DAY 5 — Internal Family Systems (IFS) (*Richard Schwartz*) & Eye Movement Desensitization and Reprocessing (EMDR) (*Shapiro*)

- IFS with partner in the room
- Couple's Coffee date for processing

## DAY 6: Problem-solving

- Gottman style
- Solvable vs. unsolvable



Every deep desire, every powerful emotion, gives a trail to the unconscious. Usually there is only one-way traffic: outbound, toward the world of sensation and action.

But we can follow the trail to its source by going against the current. With this desire to go against desire to buck the demands of biological conditioning, the journey of self-realization begins in earnest.

— *Meditation in Action*  
Eknath Easwaran



# PSYCHODYNAMIC ASSUMPTIONS

- Successful outcome of separation-individuation leads to a coherent and cohesive sense of self, leading to a sense of self and other.
- Sense of identity differentiates as individual relinquishes over-concern for well-being of family; the self is independent and able to develop values and beliefs that are clearly their own.
- This allows for accepting and valuing separateness and difference.
- Partners with equivalent degrees of immaturity and self-differentiation are attracted to one another.
- Poorly differentiated individual has difficulty facing responsibility for their own functions without blaming the other for their unhappiness.
- Father – domineering, authoritarian, hypocritical – or – passive, ineffectual
- Mother – dominant, rigidly perfectionistic, lacking confidence, distrusting, cold, masochistic, low self-esteem, rejecting, dependent.

# INTRAPSYCHIC CONFLICT

Extension of intra-psychic conflict onto the stage of the outer world often manifests itself in interactions with others that cannot strictly be called interpersonal, because they are essentially extensions of the individual's problems from the past.

These problems are played out using another, not for this or her real self, but as an involuntary paid actor cast in a role from a scenario the patient repeats in the present in order to avoid past memories and feelings.

From Masters, J. & Orcutt, C. (1989). *Marital Co-Therapy of a Narcissistic Couple*. In J. Masterson & R. Klein (eds.), *Psychotherapy of the Disorders of the Self*. New York: Brunner/Mazel



# INTRAPSYCHIC

Self-other relationships change when there is a cognitive shift in relational memory as the client becomes more empathetically attuned to self and others.

# ACCEPTANCE

Jacobson & Christensen, *Integrative Couple Therapy*, 1996

When direct efforts to change are blocked by incompatibilities, irreconcilable differences, and unsolvable problems, the only way to generate relationship improvement is by promoting acceptance of what seems, at first glance, unacceptable. **Acceptance** is the missing link in traditional behavior therapy (i.e. taking something offered).

- 1) Acceptance includes converting problems into vehicles of intimacy. When the problem or conflict successfully brings partners closer together, good things happen.
- 2) Acceptance includes being able to “let go” of the struggle to change each other and remold the other to the idealized mate.
- 3) With acceptance work, it is the complainant who is changing... Acceptance involves a change in emotional reactions to behavior (also increasing tolerance and self-care).



# THERAPIST'S TASKS | INTRAPSYCHIC

## DIFFERENTIATING THE SELF

- Knowing one's own thoughts, feelings, and desires.
- Expressing one's thoughts, feelings, and desires.
- Diminishing emotional "contagion" (not becoming influenced to feel the same thing partner is feeling).
- Developing awareness of what works for one's self in solving conflicts.
- Handling "alone time," including private thoughts and private physical spaces.
- Developing individual goals.

## DIFFERENTIATING FROM OTHERS

- Developing more balanced perceptions of the partner and responding empathetically, even in times of conflict.
- Handling discrepancies in desires for closeness.
- Developing mechanisms for resolving conflicts with the partner.
- Developing mechanisms for "how we do things as couple."
- Recognizing and handling different value systems.

## ESTABLISHING BOUNDARIES

- Developing separate friendships.
- Delineating separate areas of family and household responsibilities.
- Planning for separate activities.
- Delineating separate areas of financial responsibility.
- Developing the capacity to handle privacy within the relationship.

# **IFS | EMDR**

## **Stuck Points, Resistance**

- Sexual Inhibition
- Self-hate
- Anger
- Abandonment
- Loneliness
- Passivity
- Control
- Daddy | Mommy



A thing which has not been understood  
inevitably re-appears, like an unlaidd ghost,  
it cannot rest until the mystery  
has been solved  
and the spell broke.

— *Sigmund Freud, 1909*

## Re-experiencing After Trauma | Trauma Bond

As many as 40% of abused children engage in head-banging, biting, burning, and cutting.

Traumatized people expose themselves to situations reminiscent of trauma;“ repetition compulsion;” victim or victimizer.

Maternal rejection can result in accentuation of proximity-seeking on the part of the infant.

Violence resulting in forgiveness, reconciliation, and physical contact, “fusion and symbiosis,” activates endogenous opioids.



# RELATIONAL THERAPY

- Short-term, time-limited social isolation
- Highly structured
- Him/Her/Them (each individual partner, and the couple)
- Conjoint therapy (Crossing Over) (*Masters and Johnson*)
- Problem under the presenting symptom (Formulation)
- Identifying psychodynamics, partner choice, complementation, *self*-development
- Roundtable (Hooking) (*Masters and Johnson*)
- Increase Positives (“Same Team”) (*Gottman*)
- Modeling Effective Communication (*Wyle*)
- Intrapsychic vs Interpersonal

# Short-term Intensive Psychotherapy

Mark Schwartz & William Masters

## THERAPIST'S FOCUS:

- Directs therapy – clearly defines course and goals.
- Makes suggestions for behavior changes.
- Confronts inconsistent behavior: roadblocks, resistance, sabotage.
- Directs goal-attainment.
- Provides insight, self-reflection, and understanding.
- Focuses intervention on three patients: one partner, the other, and the coupleship.
- Holds up mirror to the transaction.
- Points out each other to each partner — what they do or say that leads down the blind alley.
- Arbitrates differences between the individuals.
- Teaches skills to do it differently.
- Helps each individual feel powerful enough (potential threat of losing other).
- Helps each feel secure enough (make peace with past scars and issues).



From a dissociative perspective, thinking about the normative but separate domains of sensuality and sexuality creates a need to discover the subjective nature of a person's sexuality and the extent to which real sensuality might exist during sexual activity.

Sexuality without sensuality needs investigating. The absence of a clear and coherent sense of being present in the body and experiencing the sensations associated with sexual activity, including the simply sensual ones, is an indicator of the dissociative isolation of somatic experience from awareness.

The human need to hold and be held is missing in action when this isolation of somatic experiencing occurs.

— R. A. Chefetz, *"Intensive Psychotherapy for Dissociative Processes"*  
2015

## **Sensate Focus**

Catalyzes the stuck points interfering with natural manifestations of sexuality. **Psychotherapy** focused on dealing with “stuck points.”



# SENSATE-FOCUSED PRINCIPLES

- Time between sessions is therapy. (Caring Days)
- Your way is not the “right” way
- Acceptance
- Empathetic listening
- Conflict-management
- Problem-solving (using problems to increase intimacy)
- Metacognition
- Focus on self vs. others
- Change First (*Stuart*)
- Urgency and catastrophizing (contract to not threaten the relationship)
- Affect tolerance
- What you say and how you say it (talk about self)
- Change encourages more change

## **Ego State Intrusion**

The entry of inappropriate self-states, typically trauma-bonded into non-traumatic voluntary adult sexual interaction.



# INTRUSION OF TRAUMA-BONDED AFFECT

- Separation of feelings from the need to act out.
- Assessment of actual correspondence between present realities and prior abuse.
- Enhancement of level of (perceived) control in the present.
- Tracing affect back to its point(s) of origination.
- Utilizing awareness of affects' origins as stabilizing reminder, control-enhancer in the present, i.e. *“This is how I used to feel when...”* and reminding the self of how the present is different from the past is self-affirming: *“Now I have the choice of who I share my body with and who I want.”*