

The Interpersonal Unconscious

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Abstract

This article makes the case that the unconscious is not the sole property of the individual. It is based in interpersonal influences and interaction. Each person's unconscious is jointly constructed from the individual mind and intimate interaction with others as well as the more distant but constant interaction with the social world and the culture in which the individual lives. In turn, each individual constantly influences the joint unconscious pool in which he lives. We also show that the idea that Freud invented the unconscious as an individual should be modified to show the multiple influences on him during the discovery of the unconscious.

Key-words: family therapy, interpersonal unconscious, interpersonal transmission, unconscious guilt, transgenerational

The unconscious is interpersonally constructed from infancy onwards via unspoken communication between infant and parents, interpersonally expressed in interaction with family, friends and colleagues throughout life, interpersonally experienced in intimate relationships including psychotherapeutic ones, and interpersonally active as it continues growing and learning from the wider social environment.

Freud's original discovery led classical analysts to view the unconscious as an individual construction. Object relations theorists studying not only the individual patient but also the analytic relationship provided a more elaborate view of the influence of parents and the social environment on development, but object relations theory remained essentially an individual psychology. From more recent experience of applying psychoanalysis to couples and families, and from contemporary studies of attachment and neuroscience, we have widened that perspective. It is time, more than 100 years on, to re-frame the unconscious as the product of interpersonal interaction.

Freud's concept of the unconscious emerged first in *Studies on Hysteria* with Breuer in 1895, and was elaborated most famously in 1900 in *The Interpretation of Dreams*. He found that bodily symptoms such as numbness, paralysis, and coughing were the physical expression of emotional conflict between sexual and aggressive impulses. His view of the unconscious was individual in nature – and, we suggest, in origin. For Freud,

dreams represent individual wishes. Each dream stands upon the legs of drives expressed in various levels of psychosexual development. Hysterical symptoms arise from conflict over the expression and suppression of prematurely stimulated erotic feeling, and dreams are constructed from wishes to express drives, residues of daily experience, and memories of past encounters, blended into a dream narrative. In dreams, the unchecked emergence of drives in the perpetrator causes abuse in the victim; past relationships color the dream narrative. Even though Freud described contributions from the interpersonal world to the construction of unconscious functioning shown in dreams and symptoms, his point of view remained focused on the individual.

Until now, analysts studying the unconscious not only thought of it as an individual construction, but also tended to attribute it to the work of an individual – Freud. But Freud was not alone. In Breuer, Freud had a partner in exploring the meanings of hysteria. In self-analysis, Freud's basic tool for proving the unconscious basis of dreams, he was supported silently supported in his correspondence with Fleiss (Freud, 1950). Thus the discovery of the unconscious came from creative partnerships distilled by the genius of an individual. It is time to acknowledge the interpersonal origin of the unconscious – in more ways than one!

Interpersonal Transmission of Unconscious Aggression and Guilt

The first example of the interpersonal origin of the unconscious shows how unconscious affect crosses generational boundaries when a parent's unconscious constellation affects the development of a child's unconscious.

Anne, a 10-year-old girl was in analysis with DES for her paralyzing obsessive-compulsive disorder. Her mother, Janet, was in analysis with a colleague. At bedtime she checked her room endlessly for burglars, was preoccupied with undoing unfriendly thoughts lest someone die, and anxiously recruited her parents to soothe her. She repeatedly reviewed her mistakes in schoolwork and tennis, saying, "The teacher doesn't like me. I won't pass," or "My coach hates me."



Anne attended analysis eagerly, and showed the self she wanted me to see. An accomplished athlete, she brought her racket to the session, drew stylized pictures of tennis balls and rackets, and wrote her name in endless variations, but inner world remained opaque. After several months a different kind of drawing pointed me to Anne's fear of her aggression: A girl with a camera faces a waterfall large as Niagara. Out of the girl's sight is a parachute with a small male figure hanging above the water. When I said, "The parachutist falling in the water is interesting," she said, "Oh, no! Not interesting! I don't want to talk about that!" Anne did not want to face her aggression shown in making the parachutist fall towards the water, unseen by the girl. This gave me, if not Anne, a clear picture of her fear of her aggression, and then we could talk about it. Anne admitted to frequent irritation with her brother, but he was a screen against hidden anger in an anxious relationship with her mother. Her father was almost entirely spared.

Near an approaching holiday visit from Anne's grandparents, Janet, her mother, showed anxiety about seeing her parents, and in the parent session with me resentment at her mother came through. Janet told me that she had become more conscious of this anger in her own analysis, and now felt guilty about it. Like Anne, Janet had spared her father, even though she had reason to object to his minimizing her considerable childhood musical and athletic accomplishments.

In subsequent parent sessions, it became clear that Janet also held a grudge against her husband Bob, Anne's father, for failures and limitations similar to her mother's. She did not let him off the hook the way she spared her father. Bob earned her anger by various displays of thoughtlessness and self-centeredness, even though they were mitigated by

his care for Janet and the children. He was the target for Janet's lifelong anger at a maternal figure.

Now I began to see Anne's small figure of a parachutist (represented in many other ways in other sessions) as a free fall from an earlier generation, an unconscious transmission of her mother's theme. Just as mother harbored resentment at her mother whom she also loved, Anne resented her mother, also while valuing her highly. Then, frightened to confront her mother with her anger, Anne sacrificed another internal figure, an inconsequential male parachutist who represented her brother. But the guilty unconscious recognition of the murderous effect of her anger haunted her every day, making her fear that with one slip her anger could literally kill the objects of her love. Now I could see that the constellation of diminishing and killing off males substituted for anger at the mother, an unconscious constellation shared by mother and daughter.

How were these two similar patterns of guilty mother-daughter resentment transmitted, when Anne's mother was so caring of Anne? The answer lies in Janet's fear that Anne would come to hate her the way she unconsciously hated her mother. Janet let Anne run a little roughshod over her while conscientiously doing for her what she felt her own mother had not. Because of unconscious guilt, Janet saw a threat of retribution in Anne. Anne must have seen that fear in her mother's eyes. The projective identification of resentment and guilt that took hold evoked the very behavior in Anne about which Janet herself felt guilty.

The image of the male parachutist provides a symbolic link between the generations. He is an envied boy, free of the daughter's dilemma with her mother, the butt of Anne's jealous rage, independent and daring, yet going to his fate, much as her father became Anne's mother's sacrificial target. Anne's father and brother, males together, are unconsciously blamed for not compensating for failures in mothering.

Unconscious states of mind are passed transgenerationally, identified with, shared painfully by parent and child. Recurrent interactions imbued with parental anxiety create a battle ground in which parent and child cause each other's unhappiness in current life. Healthy families also share unconscious fear but learn to develop mutual holding that transforms embedded objects. Families without such resilience need therapy to resolve their battles.

Freud extrapolated his theoretical position from the interplay between his creative mind, his experience as a neurologist, and his work with individual adults under hypnosis and later in psychoanalysis. Since then psychoanalysis has extended its reach to treat children and infants, and to couples and families. This gives a broader base for examining unconscious influences on communication, behavior and the cycle of mutual influence on the formation of individual and family structure.

As analysts and family therapists, we understand that all aspects of mind are constructed

in the crucible of interpersonal and intersubjective interaction. Parents lend their minds to their infant, whose brain is hard-wired to make full use of interaction with the adult mind. The infant brain responds to parental affect by neuronal activity that leads to neurologically mediated muscular activity to express affect. This response creates links that build the infant's mind (Schor, 2003a). It seems the infant brain is structured not only to receive signals but also to reach out for adult input, to use it to organize at progressively higher levels. The brain and developing mind are built to be proactively interpersonal (Freeman, 2007).

The infant brain is born with a surfeit of neurons. Development results from pruning neurons while increasing connectivity in an endless chaotic cycle of feedback in multiple interactional sequences. Mind matures when the rich complexity of neuronal growth is widely connected to diverse components of the brain. While maturation occurs in this way at the neurological level, at the psychological level the mind differentiates by splitting into a profusion of specialized parts that interconnect as a disseminated, dynamic system.

Long before we had access to brain scan studies, Fairbairn (1952, 1963) wrote that the infant is born with a pristine ego, which then becomes split in the process of development in response to experience that was felt as good (and therefore desirable) or bad (and needing to be pushed away,) but the interaction between these split parts of the mind tends towards ever higher levels of integration. This was Fairbairn's way of describing opposing yet collaborating forces of deconstruction and construction, a paradox seen at every level from brain architecture to maturation of the mind and its ability to conceive of self and otherness (Schor 1963a, 1963b). This crucial interpersonal environment consists of the constant interplay of one mind with other minds, at intimate levels and at every stage of development. Each individual mind is built to reach out to other minds that then infuse its brain structure and mental architecture.

It has been obvious that language and logical thinking evolve from discourse with others. Thanks to research on neurological growth and affect regulation, we have recently learned the same is true for emotional growth. Parents' continual interplay with infants produces, in the first instance, growth in the right brain where affective range and emotional intelligence of the child are potentiated. The left brain, seat of the verbal, logical mind, which we have always known grows from parents' verbal stimulation, does not catch up until 18 months of age. Joining the image to the word stimulates activity in the corpus callosum, connecting the two hemispheres to promote integrated mental functioning.

The optimal situation for the growth of the infant's right orbito-frontal cortex, the executive of the emotional brain, is a positively toned parent-infant relationship. In their studies of emotional development during early attachment, Fonagy, Target and

colleagues (2003) describe infants' move from initially needing their parents to regulate the infant emotional state (for instance by soothing the overexcited, comforting the fearful, or stimulating the apathetic) to becoming capable of autonomous regulation of affect, a capacity inherited from experience with the parents and always imbued with the resonance of its origins in a co-regulation partnership.

Severe anxiety in the attachment relationship, neglect, and trauma during the growing years actually produce smaller brains. The right brain shows impoverished, constrained connectedness, and the emotional mind located there operates on a reflex basis with little flexibility or modulation. More specifically, with repeated experience of threat and danger, leading to a chronic heightening of fear, the right amygdala, the seat of the fearful response reflex, is over stimulated. The amygdalae fire off automatically before the orbitofrontal cortex can modulate the reflex to an appropriate level of response (Schoore 2003b). With this impaired capacity to delay, review experience, and respond thoughtfully, an emotional short circuit occurs. The individual resorts to fearful defensiveness against incoming interpersonal information.

Transgenerational transmission of confusion as a defense against unconscious guilt in analytic family therapy

Mick came to treatment because he had been caught cheating on a final exam in his senior year in high school – puzzling, since he was already accepted to college and had a good grade in the class. Mick's ADHD, learning problems, and difficulty making friends had marked his earlier development, but he had done well the last two years.

When I (DES) met with Mick's family, it took me some time to discover that Mick was not the only one cheating. Growing up as an only child, Mick's father had been an underachieving cut-up, always a disappointment to his own prominent father. In adulthood it had taken him a long time to confront his alcoholism, so he was invested in Mick's overcoming his learning disability and social awkwardness.

Puzzled by his cheating, Mick could only guess he was driven to it by his mother's saying, "It's not acceptable to do badly on your math exam." It was hard to satisfy his mother's standard.

The discussion soon turned to the battles between Mick's parents. These ostensibly excluded Mick, and yet they bothered him greatly. He often intervened, at times drawing fire by taking on his mother about something else. Mick and his father frequently aligned against the mother, while Mick's sister, Mary, sided with her mother. Father said he never saw his own parents fight – but then Mother reminded him that was because his parents were hardly ever with him, while he was raised by nannies. He had shrouded his parents in idealization, and could not see what they or he had truly felt.

Father then talked about his wife's painful accusations, followed by arguments that

could not be recalled by the next day. She replied she didn't know how she could be married to him after what he had done. But what he had done was completely obscured. Mother alluded to some upsetting things that father had brought out inappropriately. Or did she mean that it was the thing itself that was inappropriate? I could not tell what they were actually talking about. I could not think clearly. Mick and Mary looked bored and dazed. I asked them what they were hearing. Mary said that she really zones out, but she's learned that is just because of her learning disability. Mick said he was confused about what his parents were saying, but his learning ability makes him zone out, too.

I grew slowly aware that I was experiencing a shared unconscious confusion. The children had experienced that state and retreated from it, attributing it to their learning disabilities. I felt that the parents created this confusional state in the family by their refusal to speak clearly, presumably because they were afraid of what they might say. I now said I thought their obfuscating defended them from knowledge. Mother said that my language confused her, and asked me to translate. I explained that "obfuscating" means throwing mud over a situation so that it can't be seen clearly. In this session they were talking about something far wrong without saying what it was, raising anxiety and creating confusion. I added that it could be that the children's learning disabilities, the "cause" of their "zoning out," may have been learned by taking in this confused climate from the parents. Mick, now alert, focused on the discussion for the first time. I asked if this pattern of allusion and obfuscation characterized the parents' fights. They said that this might be so, but they thought because the children did not understand what they were fighting about, they would not be affected.

Mary defended her parents, "No! It's in my brain. It's a brain pattern."

"True," I said, "But the brain is responsive to people around it."

Father seconded me. "I've read new research that says the brain is plastic and molds itself into new patterns. Attention centers can get stronger with different experience." He looked meaningfully at Mary.

Turning to the parents, I asked, "What is it exactly Father has done to make Mother say she doesn't know if she can be married to him?"

The question hit home. After a pause, Mother said, "We've never told the children about it. I don't like to say it."

Father interrupted, "I'd better say. Our marriage almost broke up ten years ago after I went to New York to check on my wife's niece who had run away. I found her lap dancing at a strip club. I was still drinking a lot. I came on to her. I've been deeply remorseful for that. I realized immediately I had to stop drinking. My wife has never trusted me since. Getting her to trust me has been so important to me. I feel I just don't pass the test."

"You and Mick are both trying to pass impossible tests for Mother," I said, "while Mick and Mary show the confusion that develops when dangers to the family can't be talked

about. This one event didn't cause everything, but not talking about it makes learning difficult. It is part of a shared unconscious idea that danger to the parental couple must be obfuscated. You assume clear thinking will lead to danger rather than to safe solutions. Fighting between parents is too dangerous to face, so the children zone out and have trouble concentrating to protect their parents' relationship."

On her way out Mother said she was going to look up "obfuscation". She would like to understand it more clearly.

In this session, we see a core moment of shared unconscious confusion among family members and therapist, which represents the family's chronic way of dealing with internal danger. The children's difficulty learning, and Mick's symptom of cheating to avoid failing the test, organize the family-wide unconsciously maintained style of not thinking clearly. At the moment of Mick's anticipated departure from the family, a crisis about whether he can pass the test echoes his father's difficulty in passing the test of trust since cheating by approaching his niece.

Mick's symptomatic act and his learning difficulty, shows the significance of the system of unconscious interpersonal communication among family members that defines the functioning of his individual unconscious and the form of the expression of his compromise formations. Family members cooperate to induce a state of mind in one another and produce symptomatic behavior in Mick that draws attention to a hidden problem. Mick's cheating episode both expresses and reinforces a shared family unconscious state of mind about men who fail the test and, in their anxiety to pass it, turn impulsively to cheating. This unconscious family organization is echoed in each family member in a different way -- in the learning difficulty of both children, in mother's mistrustful checking up, in father's desperation to prove himself, and in his anxiety over the children's success. Finally, the confusion the therapist felt and worked his way out of was an unconscious countertransference he shared with the family that enabled him to make a vivid, immediate, and understandable interpretation.

Our argument for the interpersonal origin of the unconscious is in keeping with the modern view that the right brain is the seat of Freud's unconscious, that its highest level executive functions are housed in the right orbitofrontal cortex, and that this is where affect is regulated (Schore, 1998). The entire mind, especially the affective right mind, is interpersonally constructed and interpersonally regulated throughout life (Fonagy, Target 2003; Freeman 2007).

We are all emotionally primed and educated to read others' minds. How does this happen? We used to say it must be communicated by micro behaviors or possibly pheromones, all too imperceptible for scientific detection. With the benefit of brain research, we can now say this communication occurs at the neurological level through

the action of mirror neurons (Gallese 2003; Rizzolatti, Fogassi, Gallese, 2006). When person A observes person B doing something, neurons in the corresponding motor area of A fire as if A were active motorically, even though A only passively observes the action. Similarly, if A notices affective behavior in B, the neurons that would produce the feeling in A fire off. Thus there is brain activity in the mind of an observer that instantiates the action state of the person observed – and emotions are experienced through internal body action.

We know things about one another in non-verbal, primarily affective ways through our constant keen right brain interaction and communication that happens ten times faster than left brain, verbal communication (Schorer, 2003a). This communication is heightened with individuals in an analytic therapy where the task is to study problems in affective communication. Right brain communication is the basis for analytic listening, resonating with affect, empathy, and knowing the patient. It is at the core of the increasing use of transference-countertransference interaction as therapy's principal global positioning system. Its importance was acknowledged in Strachey's (1930) plea for employing transference interpretation as the main agent of therapeutic action, but it was not until Winnicott (1947), Heimann (1950), Racker (1968) and others studied the role of countertransference that the ground was set for recognizing reciprocal unconscious communication in psychoanalysis (Scharff, Scharff, 1998.) Now the analyst must not only tune her receptive unconscious toward the patient like a radio receiver (Freud, 1912) to listen to the unspoken messages generated by the patient, but must also verbalize the messages, a new way of making unconscious conscious, of bridging the cross-brain gap between right and left minds, between secondary and primary process.

How are these messages sent and received? Freud noted projection as a defense for getting rid of an unwanted idea (1950, p. 209), and identification as a way of holding on to the lost object (1917). But it was Klein (1946) who saw that infants identify with what has been projected, good and bad. Her idea was that the constitutionally determined death instinct poses a threat to the viability of the self and gives rise to annihilation anxiety. Too much of that anxiety, and the infant has to deflect the death instinct and project the resulting anxiety into the mother to get rid of it. Then the projection colors the mother with that anxiety and makes her seem persecutory. To cope with fear and rage now felt to be emanating from the mother, the infant resorts to introjective identification with the persecutory object evoked in her, to take it inside the self and control it there. Fortunately the hope-filled force of the life instinct creates positive images of the mother that counteract the terror.

Klein (1928, 1945) focused on the infant's perceptions of the parents as a couple as the foundation of the Oedipus complex. Infants deal with unconscious fantasies about the nature of their parents' coupling by projective and introjective identification. She

thought that, depending on the projection of life or death drive material, they imagine the parents locked in endless bliss like a feeding frenzy, or in a tussle to the death. These unconscious fantasies arouse feelings of greed, envy, longing to merge with them, and hatred for being excluded. From this they develop a mental concept of themselves in relation to a couple, and that will determine their future choices of intimate partners in adulthood.

Like Freud, however, Klein maintained an individual focus on the drive-dominated infant, and wrote little about the influence of the actual mother or the parental couple on the baby. This bias was corrected when Winnicott (1947) wrote about the mother's role in detoxifying hate, and Bion (1967, 1970) developed the concept of containment, the mother's capacity to introjectively identify with her infant, sense the infant's experience, subject it to unconscious process and review, and so understand the infant in depth and transmit back a capacity for managing experience. These developments led eventually to the realization that projective and introjective processes are interpersonal, mutual and in constant unconscious interplay in all intimate relationships. All of these projective processes are underpinned by demonstrable neurobiological processes (Schore, 2003a). In the therapeutic relationship, processes of projective and introjective identification provide the basis for empathy, sustained alliance, transference and countertransference, and therapeutic action. In the intimate couple relationship sexuality brings an exquisite physicality that recalls the intense experience of being held and handled during the infant years. Sexual interaction leads to the unconscious projection of images drawn from early experience into the partner via bodily communication, creating a state of shared unconscious communication. Then unconscious fantasies resonate and are introjected to bring integrative pleasure, build the couple's bond, and produce growth. When the projections do not fit, are refused, or are overwhelmingly destructive, and when the couple lacks a good containing function, the projective-introjective identificatory process becomes stuck and the couple relationship is then in a painful unconscious stalemate that stultifies growth.

Freud's early description of an infant powered by the pleasure principle, expending energy in relation to various bodily zones at various psychosexual stages was followed by Klein's version of the anxious infant who expends energy by off-loading excesses of constitutionally given aggression. Then Winnicott (1960) described the infant employing a false self (a more conscious self) to guard the true self (an inner, unconscious self) against the assault of the other's demands. Recent work on the mother infant attachment described ways intrusive mothers can be introjected as alien objects installed inside the self, constantly threatening the self from inside (Fonagy et al., 2003). For Freud and Klein the idea of what is happening in the unconscious life of the child turns on there being a constitutional drive structure that determines what will happen, while contemporary contributors hold that structure is centrally involved in dialogue

with structures of others and develops in relation to them.

Death Anxiety in the Creation of the Shared Unconscious: An example from a couple's sexual relationship

In this final example, we illustrate that a couple's sexual relationship, including both its emotional and physical configurations, expresses unconscious elements that belong jointly to the couple. Then these are communicated through the couple's shared projective identification to therapists in the clinical situation. Sex is the physical aspect of emotional intimacy, colored by partners' internal object relations, fantasies, hopes and fears. In this way, the sexual relationship converts emotional unconscious issues into shared bodily interaction, and problems in relating sexually are intimately expressive of the couple's inner worlds.

Larry and Rachel, in their mid 50s, had been married 25 years when they came to see us. They loved and respected each other, but had not had sex in 10 years. In the first meeting, Rachel gave their story at length with full emotional expression while Larry sat looking immobile and depressed. Rachel said, "I don't want to end our marriage but the problem is that Larry thinks he will die if he stays in the marriage."

Jill cut in, "Rachel has been giving the story so far. I want to be sure Larry doesn't die right now in this session. You've been silent, so where are you in this meeting, Larry?"

Larry said, "I want to be in the meeting, but not in the marriage. I want to move out, live three blocks away from the family, and visit Rachel if she'll let me." He did not want away from Rachel. He wanted away from the sexual expectations of the marriage. Their marriage had been mostly sexless. Larry had been intimidated by women, starting when his father abandoned the family when Larry was 11, leaving him with his exhibitionistic mother and two voluptuous older sisters. Years in therapy had not changed his fear of women, and especially of Rachel's impervious control. He said, "I feel Rachel is a Teflon Woman. She turns my complaints about her back on me to prove there is something wrong with me. I'm not a bad person. I'm decent and loving. Rachel is loving, too, but she's a schoolmarm who wags her finger at me. I feel rebuked, like a visitor in my own home. And I am still affected by her affairs, the first with her boss while she was pregnant with our daughter. So I still can't enjoy a lovely photo of her with our daughter because I think of the affair. Anger blocked my desire. Sex became a problem it hadn't been before. We had sex maybe five times after that, and then it was finished. Then there was another affair four years ago with her employee." Turning to Rachel, he said, "Sorry to expose you here."

Rachel said it had to be talked about with us, but the way she corrected Larry's description of the affairs made us think she did indeed criticize him easily. She continued, "It was totally humiliating. Both the affairs were kind of abusive, but the

worst thing was that after the second one, I was exposed and fired. I got another job, but it was a terrible public ordeal. It was horrible for Larry too.”

Larry said, “I know I must be responsible for Rachel’s unhappiness, and in that sense for the affairs, too. She had promised after the first one never to have another. Then she did it with an employee. But she was so humiliated and in so much trouble, there was no question of leaving her. And then her father died. I couldn’t leave her.”

Rachel volunteered, “He was very supportive through all that.”

As they continued the story, there was a note of pathos, mutual suffering, loving, and losing. Rachel explained, “Larry’s loss of interest in sex was a powerful blow. I was alone and desperate. The affairs came from that. Larry had been excitingly sexual when we courted. I saw him as sexually sophisticated, much more so than I. He was into Playboy stuff, and I thought I would learn from him. But once the commitment was made, he just turned off. I remember one time I tried to be playful with a Playboy centerfold, but he felt I was making fun of him. It was a total fizzer.”

“I don’t remember it that way,” Larry said. “I remember laughing like hell and tickling you. I remember liking the joke, but not whether there was sex.”

David said, “This difference in the memory seems to be the point. Rachel remembers it as a spoiled attempt to appeal that typifies the sense that Larry can’t get it right. Larry remembers it as a good time, whether it led to sex or not. This difference in the memories is part of what troubles you.”

Jill asked Rachel about her growing up, wondering if something abusive in her history accounted for her involvement later in abusive affairs. At first Rachel described her parents as happy together, but then revealed that her mother was totally dependent on her father, who looked to Rachel in turn to take care of her mother. “I’ve always taken care of her, and now I take care of everyone.”

“Who took care of you?” Jill asked.

Rachel shrugged, “I did.”

“So when Larry couldn’t deal with your needs, just as your mother failed to, you took care of him, and turned to someone else to meet your needs,” Jill said.

“I did. And this last affair led to public humiliation. But I was desperate. I had no one to turn to. I was so lonely.”

Larry interjected, “That’s the dead elephant between us.”

David said, “The lack of sex was the elephant in the room of your marriage.”

Jill said, “True, but Larry said, the ‘dead elephant’ which makes me think of death. I see a man dying over and over as if at this moment I am you over and over facing the scene of your father leaving.”

Larry ignored this, and went on to discuss how their previous therapist had understood him to have a “Madonna-whore complex.” He said, “I do feel sexual desire. I masturbate to erotic pictures, but I feel no lust for Rachel.”

As the interview drew to a close, David said, "I'm thinking of how unhappy you have both been for years, and how you, Larry, feel you're dying in this marriage but can't leave. I feel you stayed for your children."

"I would die for my children!" Larry said.

David said, "I think you did die for your children!"

Larry looked hit. "Thank you! That's absolutely right!"

Rachel said, "I feel accused of being the agent of the death of the marriage and of killing Larry."

Jill said to Larry, "I think it's a second death. Larry, you died when your father left. Then, when you slept close to your mother and sister in a tiny apartment, you killed your sexual desire to keep them safe from you without having to leave them. You had to kill the manly desiring part of you. Since then you've given Rachel the feeling of always being left by her man, over and over, just as you were left by your father. You put your pain about that abandonment by your father into her, and then she has put it back into you through her affairs. Since then, sex has carried the pain of mutual abandonment."

Larry said, "The irony is that after I left home, my father actually came back. He had been rejected by the woman he left for, and had lived alone in a rooming house for years. My mother took him back, and they lived together until he died."

David said, "But it was too late for you. Only when you didn't need him, after you had missed him all those years, he came back, not for your sake but to depend on your mother. Now you're afraid to depend on Rachel, to come back to her. And the plan you have is to live in a rooming house near her. That echoes your father's sad life. On your side Rachel, you felt your mother abandoned you by not taking care of you, by making you the mother, and by your father who expected you to mother your mother. Now that scenario repeats in sexual terms: Larry is not caring for you sexually and is asking you to do the caring of him anyway."

Larry said, "We love each other. We are good partners in everything but this. It seems hopeless. It's so sad."

David said, "The sad feeling as we near the end of this session stems from desperately wishing for, and not finding, the care from each other that has been missing all your lives."

Jill said, "Rachel you lived out your desperation in the affairs. Larry has died a thousand deaths. You both share the unfulfilled longing for a person who seems dead to each of you – the dead elephant in the room."

The sense of death of love after years of unfulfilled longing had been a shared unconscious state for Larry and Rachel. Sex in the beginning of their relationship had offered fulfillment, but from the moment of commitment, their repressed rejecting, painful objects had come to the fore in a dramatic to-and-fro with Larry's feeling

threatened by episodes of Rachel's acting critically, followed by his withdrawal, resulting in her feeling unloved, her mounting resentment, his increasing withdrawal, her desperate attempt at repair with the affairs, his increasing hurt. And so, in an accumulating death spiral, they had collaborated unconsciously to produce a dead elephant that occupied almost the whole room of their marriage. In this way, the unconscious sharing of a legacy of feeling unloved (by his father and her mother) and feeling impinged on by each of their mother's demands, combined over time to push out hope that sexual love and all it conveyed could repair the sense of death. They came to share a resonating unconscious image of death and futility, spoken for in the session by the dead elephant image.

Our work in the session involved taking in the feeling of their difficulty directly, and then working from inside our own experience to make conscious what was at first unconscious to us. First we opened our selves to allow unconscious communication, coming thereby to share a mood in resonance with them. Then we each became alert to hidden meanings in Larry's phrase, "the dead elephant," and worked to make sense of our feeling of sadness and longing, and to find out what his slip meant to us and to them. Allowing the affective tone and the slip to affect us unconsciously, and then to use the slip to make the underlying situation conscious, we could arrive at understanding which gradually became conscious to all of us.

When we ended the session, we understood that Larry still had every intention of leaving. So we were surprised a week later when the couple called. The session had, they said, brought new hope for a life together, and they asked to begin couple therapy. The therapy began, and as it did, it developed a pattern of lively, engaged sessions alternating with dead time. As soon as we connected and got moving on a theme, absences interrupted the flow of the work, but at the same time delivered into the treatment the very problem of the relationship, the death of love and hope by unmetabolized dead objects.

The couple conveyed their enormous longing in their body language and in the quality of their emotional expression, more than in their well chosen words. The therapists began to resonate emotionally with their mutual frustration, sadness, and futility. The depth of their unconscious suffering and the structure of their relational difficulty had been instantiated in us through all levels of projective and introjective identification conveyed at a basic level through our mirror neurons (Galese, 2003).

We have presented these examples to show how unconscious fantasies people the individual unconscious with images of significant object relationships. Projective and introjective identificatory processes do their work hand in hand – like neurons connecting furiously and at the same time pruning themselves – to create balanced images of the good and bad aspects of self and mother, self and parental couple.

The family is an intimate small group held together at its core by mutual projective and introjective identification at all levels of psychic organization – from the marital couple at its center to each individual, there being many possible relationship combinations among parents, children, siblings, and extended family. In couples and families deprivation and trauma narrow and distort the capacity for an accurately resonating projective identificatory system, whereas positively toned interactions promote growth in the capacity to tolerate negative experience and affect. The positive family develops a shared unconscious that is able to communicate in a fluid way with the conscious life of the family, giving it life and color, movement and affect. This supports the individual family members to grasp opportunities for learning from good experience and so nourish parts of the self that need to grow and reintegrate into the whole personality. In communication with that family unconscious and the unconscious life of the parental relationship, the individual unconscious forms and keeps on forming at the various stages of development. Then when child, adolescent, and eventually adult chooses play-mates, peers, colleagues and eventually a life partner, the quality of the unconscious determines the choice: the unconscious pieces must fit and yet be dissimilar enough for there to be room for new learning and growth. A couple relationship is born, supporting two individuals to nurture children in the bosom of their shared unconscious, and so the cycle repeats. That is the interpersonal unconscious.

References

- Bion, W. R. D. (1967). *Second Thoughts*. London: Heinemann.
- Bion, W. R. D. (1970). *Attention and Interpretation*. London: Tavistock.
- Breuer, J., Freud, S. (1895). *Studies on hysteria*. In *Standard Edition* (pp. 21-309). London: The Hogarth Press and the Institute of Psychoanalysis.
- Fairbairn, W. R. D. (1952). *Psycho-Analytic Studies of the Personality*. London: Tavistock.
- Fairbairn, W. R. D. (1963). Synopsis of an object relations theory of the personality. *International Journal of Psycho-Analysis*, 39, 374-385. Reprinted in D. Scharff, E. F. Birtles, *From Instinct to Self: Selected Papers of W. R. D. Fairbairn* (pp. 155-156). Northvale NJ: Jason Aronson, 1996.
- Fonagy, P., Gergely, B., Jurist, F., Target, M. (2003). *Affect Regulation, Mentalization, and The Development of the Self*. New York: Other Press.
- Freeman, W. J. (2007). A biological theory of brain function and its relevance to psychoanalysis. In C. Piers, J. P. Muller, and J. Brent, *Self-Organizing Complexity in Psychological Systems* (pp. 15-36). Lanham MD: Jason Aronson.
- Freud, S. (1900). *The interpretation of dreams*. In *Standard Edition*, 4 (pp. 1-338). London: Hogarth Press, 1953.

- Freud, S. (1912). *Recommendations to physicians practicing psycho-analysis*. In *Standard Edition, 12* (pp. 109-120). London: Hogarth Press, 1958.
- Freud, S. (1917). *Mourning and melancholia*. In *Standard Edition, 14* (pp. 243-258), 1957.
- Freud, S. (1950). *Extracts from the Fleiss papers*. In *Standard Edition, 1* (pp. 177-280).
- Galese, V. (2003). The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. *Psychopathology, 36*, 171-180.
- Heimann, P. (1950). On counter-transference. *International Journal of Psycho-Analysis 31*, 81-84.
- Klein, M. (1928). *Early stages of the Oedipus complex*. In *Love, Guilt and Reparation and Other Works: 1921-1945* (pp. 186-198). London: Hogarth Press, 1975.
- Klein, M. (1945). *The Oedipus complex in the light of early anxieties*. In *Love, Guilt and Reparation and Other Works: 1921-1945* (pp. 370-419). London: Hogarth Press, 1975.
- Klein, M. (1946). Notes on some schizoid mechanisms. *International Journal of Psycho-Analysis, 27*, 99-110.
- Racker, H. (1968). *Transference and Countertransference*. New York: International Universities Press.
- Rizzolatti, G., Fogassi, L., Gallese, V. (2006). Mirrors in the Mind. *Scientific American, 295* (5), 54-61.
- Scharff, J. S., Scharff, D. E. (1998). Chaos theory and fractals in development, self and object relations, and transference. In J. Scharff, D. Scharff, *Object Relations Individual Therapy* (pp. 153-182). Northvale NJ: Jason Aronson.
- Schore, A. (1998). *The right brain as a neurological substrate of Freud's dynamic unconscious*. Keynote address, International Psychotherapy Institute conference on Freud at the Millennium. Georgetown University, Washington DC. In D. E. Scharff, *The Psychoanalytic Century: Freud's Legacy for the Future* (pp. 61-68). New York: The Other Press, 2002.
- Schore, A. (2003a). *Affect Regulation and the Repair of the Self*. New York: Norton.
- Schore, A. (2003b). *Affect Dysregulation and Disorders of the Self*. New York: Norton.
- Strachey, J. (1934). The nature of therapeutic action of psycho-analysis. *International Journal of Psycho-Analysis, 15*, 127-159.
- Winnicott, D. W. (1947). Hate in the countertransference. In D. W. Winnicott, *Through Pediatrics to Psycho-Analysis* (pp. 194-203). London: Hogarth Press, 1975.
- Winnicott, D. W. (1960). Ego distortion in terms of true and false self. In D. W. Winnicott, *The Maturation Processes and the Facilitating Environment* (pp.140-152). London: Hogarth, 1975.

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