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**Melancholic reactions to loss
in couples and families**

**Blame in the couple:
Connections to past loss¹**

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Summary

This article discusses the possible manifestations of “Complicated Grief” in couple relationships. Two couple presentations are discussed in which a loss of a significant attachment object was linked to a rupture in the psychic equilibrium of each couple. In such couples, there is often a powerful presence of a critical object in their psychic functioning, which represents a failed mourning process. Instead, a melancholic reaction emerges. As in the cases presented, this

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melancholic reaction often manifests in a projected form of self-loathing, such that the other partner is blamed. The paper demonstrates how these issues are identified and worked with in the “couple link”. In this regard, Freud (1917 [1915]) noted that part of the underpinning structure of the melancholic reaction is a narcissistic difficulty that prevents mourning and consequent psychic development, including separation and individuation. We conclude that working with the loss from a psychoanalytic perspective, which is with the omnipotent authorship in the story of loss, is often the leverage for therapeutic action with such couples.

Keywords: complicated grief, loss, melancholic reaction, couple link, narcissism.

Résumé. *La culpabilité dans le couple: connexions avec des pertes passées*

Cet article discute des possibles manifestations de la “Douleur Compliquée” dans les relations de couple. Y est discuté deux présentations de couples à l’intérieur desquels la perte d’un objet d’attachement significatif se trouvait lié à une rupture dans l’équilibre psychique de chacun de ces couples. Dans de tels situations on remarque souvent la présence insistante d’un objet critique interne dans leurs fonctionnements psychiques, représentant un processus de deuil qui a failli. Se fait jour dès lors une réaction mélancolique. Comme dans les cas ici présentés, celui-ci se manifeste souvent dans une forme projetée “d’auto-répugnance”, ayant pour but de culpabiliser là ou le partenaire. L’article démontre comment ces thèmes viennent à être identifiés et travaillés dans le “lien de couple”. À ce propos, Freud (1917 [1915]) soulignait que la part de la structure sous-jacente de la réaction mélancolique procède d’une difficulté narcissique qui prévient le deuil et le développement psychique, en y incluant la séparation et l’individuation. Nous en concluons que travailler avec la perte d’une perspective psychanalytique, c’est-à-dire avec la dimension de la toute-puissance se trouvant à l’origine de la genèse de cette perte, s’avère être souvent un levier de l’action thérapeutique avec de tels couples.

Mots-clés: douleur compliquée, perte, réaction mélancolique, lien de couple, narcissisme.

Resumen. *La culpa en la pareja: conexiones con pérdidas anteriores*

Este artículo discute sobre las posibles manifestaciones del “Dolor Complicado” en las relaciones de pareja. Se consideran dos presentaciones de parejas en las que la pérdida de un objeto de apego significativo estaba relacionada con una ruptura en el equilibrio psíquico de cada pareja. En estas situaciones a menudo existe la fuerte presencia de un objeto crítico en su funcionamiento psíquico que representa un proceso de duelo fallido. Aparece entonces una reacción melancólica. Tal como acontece en los casos presentados, esta reacción melancólica suele manifestarse a través de una forma proyectada de “autorechazo”, de modo que el otro partenaire es culpabilizado. El artículo demuestra cómo se identifican y trabajan estos temas en el vínculo de pareja. Referido a esto, Freud (1917 [1915]) observó que parte de la estructura que subyace a la reacción melancólica es una dificultad narcisista que previene el duelo y el consiguiente desarrollo psíquico, incluidas la separación e individuation. Concluimos que trabajar con la pérdida desde una perspectiva psicoanalítica, o sea con la dimensión de la omnipotencia que está en el origen de la génesis de dicha pérdida, es a menudo la palanca para la acción terapéutica en estas parejas.

Palabras clave: dolor complicado, pérdida, reacción melancólica, vínculo de pareja, narcisismo.

Introduction

Complicated grief, a relatively new diagnostic entity, refers to unremitting grief six to twelve months after the loss of a significant attachment figure in one's life (Lobb, Kristjanson, Aoun, Monterosso, 2006). From a psychoanalytic perspective, it refers to a melancholic reaction to loss, which in the couple often presents in a more projected form as blame directed towards the partner within the couple. In psychoanalytic couple therapy, original unresolved trauma can be witnessed in real time as it is re-enacted in their current relationship. This situation provides a unique form of access to the couple's intra-psychic processes and opportunities for their modification. One could argue that the task of the couple psychotherapist is to help the couple observe their re-enactment with each other and in doing so open up a space to help them find new possibilities for relational wellbeing, intimacy and growth, rather than continuing with a relationship based in persistent unresolved psychic trauma. In terms of link theory, the task for the couple psychotherapist can be seen to be for them to represent for the couple an interference in their projection of archaic internal links onto each other and onto the therapist(s).

The presence of unresolved loss (of different kinds), as a trauma, is a common component of the difficulties with which couples present, the vicissitudes of which are in a dysfunctional couple relationship. While it is true that with any couple presentation it becomes necessary to reframe their original presentation, doing so with couples that have experienced loss involves specific challenges. Amongst these is the identification of the role and extent to which a narcissistic lens has framed the experience of loss.

Robert and Juliet and Mike and Maria were couples who each sought help to manage worsening levels of conflict in their relationships which were connected (in unique ways) to significant loss. The presentation of each couple was characterised by a mutual, though different, experience of being criticised and blamed by their partner. A major part of the initial phase of the psychoanalytic work with these couples involved linking their presenting problems to un-mourned losses. In presentations such as these which are underpinned by a failure to mourn, there is often a powerful presence of a critical object in their psychic functioning. The development of insight into these psychic processes and their impact upon the dynamic of the couple functioning ultimately opened up new potential ways of relating for each couple.

In using these case examples to demonstrate the impact of loss on couple functioning and its manifestation as blame in the couple, we draw on Freud's (1917 [1915]) original notion expounded in "*Mourning and Melancholia*", that such unresolved losses are related to underpinning narcissistic difficulties and associated ambivalence towards lost attachment figures. Freud noted that part of the underpinning structure of such a

melancholic reaction is in fact a narcissistic difficulty that prevents mourning and consequent psychic development, notably separation and individuation.

Freud saw that melancholia, in contrast to normal mourning, resulted in an unremitting emotional suffering and misery and, in extreme cases, the risk of suicide (especially where there are substantial unconscious sadistic impulses towards the lost loved object). He also posited that in this situation the Superego takes on an exaggerated role as an internal judge, which moves it from being supportive and helpful to something by which an individual feels driven, compelled and persecuted. Freud noted that for the mourner it is the loss of the object that is at the centre of the experience, whereas in melancholia it is the loss of a part of oneself due to the narcissistic identification with the lost object. He not only emphasised the role of narcissism in the melancholic reaction, but also the role of ambivalence and sadism. In this regard, he saw that all negative feelings that the patient experiences about himself are in fact those which he felt towards the lost object.

With this in mind it is proposed that in couples presenting with complicated grief and with regard to the determining role of narcissism, it is particularly important to assess the level of psychic functioning in the couple in order to determine the extent to which their pairing represents a true psychological marriage or a narcissistic or fused level of relating (Keogh & Enfield, 2013). It is this latter level of relating which can render a couple vulnerable to a melancholic reaction to loss. In working conjointly with such couples two techniques appear to be particularly helpful. Firstly, we find helpful the use of what has been termed reflective couple interpretations (Keogh & Gregory-Roberts, 2017a). This is a technique whereby the therapists articulate and reflect with each other about the experience that the couple are struggling to understand. This appears to help the couple digest their experience and is also a way of modelling mentalisation and experiencing container-contained functioning. The other technique is the use of couple mutative interpretations (Keogh & Gregory-Roberts, 2017b), that is, those which take the individual archaic psychic issues of each of the couple and link them to their presenting problem.

Moreover, as an overarching theoretical framework, an integrated object relations/link theory appears to be a particularly useful approach in working with such couples (Fairbairn, 1952; Klein, 1984; Losso, de Setton, Scharff, 2017). This framework describes both an internalised view of the relationship one has with one's objects (that is, others with whom one has had a significant emotional attachment) and how these internal links become transformed and modified through external links, especially couple links. The link is different to an object relation and is differentiated by the fact that it is formed as a psychic space out of the subjective reality of the other in their relationship.

We see the couple relationship as the externalised version of internal self-object relations that are influenced by intergenerational, un-metabolised experiences, along with the cultural context of the couple. In real time, in the consulting room, we observe two sets of self-object relations influenced by both horizontal and vertical links as they are played out in the couple relationship.

For couples facing loss as the result of the death of an attachment figure, there is both the loss of an external attachment object and its related internal object. It is only the internal object which can be restored. In complicated grief involving ambivalence towards the lost object, the self becomes impoverished due to the self-reproach it experiences. This is often projected as a part of the externalised difficulties with which the couple presents. In the couple relationship unwanted projections of the self, prone to the harsh reproaches of a primitive superego, contribute to the disharmony with which the couple presents. That is, in the couple dyad, the “other” can have projected into it unwanted and unacknowledged aspects of a partner’s self, associated with melancholic reactions to the loss. The couple may also carry (individually or jointly) un-metabolised intergenerational loss (via vertical links) that impinges upon the couple’s capacity for mourning.

The uniqueness of an object relations approach integrated with link theory lies not only in its attention to the unconscious aspects of mental life, but in the requirement on the clinician to be subjected to these processes as a figure of transference and as an object that creates an “interference” to these processes (i.e. a new link). It is ultimately the therapist’s capacity to reflect upon their counter-transference which sheds light on these processes in a way that assists the couple to emerge from its difficulties. This highlights the importance of using oneself as a therapeutic instrument, given that one is interested in relating to the unconscious aspects of the couple’s experience, as well as being a new (challenging) figure in a therapeutic link, helping to transform the couple’s internal self-object relations.

The psychoanalytic couple therapist may need to reframe presenting difficulties of the couple, so as to facilitate their insight into the unconscious processes affecting their link and current functioning. In the cases where the assessment points to a failure to mourn, this can often be assisted by a series of iterative interpretations in helping the couple understand how they have come to displace their difficulties.

The following clinical vignettes illustrate aspects of the process of assessment and the development of insight in two couples who presented with complicated grief reactions.

Couple one: Robert and Juliet

The couple was referred by a counsellor whom they had met when their five-year old daughter Sofie was diagnosed with a rare form of cancer. Sofie died, despite aggressive treatment trials which were very painful for her parents to observe. Juliet contacted the counsellor the following year to thank her for her support during their daughter’s illness and torment. In the course of the discussion it became apparent that things were not going well for the couple. The counsellor, who was not able to see them because of her role limitation, suggested a referral. Juliet told the counsellor that she and Robert had been arguing and that she feared that they might separate. She said that she was aware that she had become very critical of her husband, even though she felt he had really supported her during Sofie’s illness and that they felt very close as a couple. Noting that things between Juliet and Robert had worsened in this way, the counsellor asked Juliet if she thought Sofie’s death was behind their difficulty. Juliet said it was possible, but that she just felt very confused about what was happening between them. Juliet accepted that it might help if they

spoke with a couple therapist to try and understand what was happening between them. Following the discussion with the counsellor, Juliet had put the idea of seeing a therapist to her husband. As Robert was also very concerned about their marriage, he immediately agreed.

Juliet presented the possible connection to which the counsellor had alluded when she rang to make an appointment. This was somewhat unusual, as the connection between the development of couple difficulties and failed mourning is a connection that often eludes couples experiencing this type of difficulty. It is therefore often necessary to proceed cautiously with iterative interpretations to begin to connect the two.

At the initial consultation, according to Robert, Juliet had become increasingly unhappy with her life and complained to him that she thought her life and work were meaningless. He said she had lost confidence in her role as a physiotherapist. Robert also reported that Juliet had become increasingly critical of him, yet he could not see what he had done to deserve such trenchant criticism and escalating hostility. He was upset by her behaviour and felt bewildered as he thought that he had tried very hard to support and help her. He became tearful as he described the way she was picky about little things he did. He cited how she was completely dissatisfied with his attempts to repair a broken curtain rod, saying it was inevitable that it would collapse. Robert felt he had to withhold his frustration about such responses, as he felt that to express it would make things between them even worse. The relationship felt like a minefield. In response to this, he was spending more time at work where he felt more appreciated and valued. In the second assessment session they talked about prior miscarriages, which seemed to add to their worry about not being able to conceive in the future. This in turn impacted on their intimacy, as each avoided the other and the conflict and fear of both conceiving and then losing a child through miscarriage. At this point Juliet expressed fears about the future of their relationship.

As their family histories unfolded, the therapist discovered that Juliet had lost her own father when he was in the military at the time she was nine years old. He died in a field accident. She said that her mother, who was nursing her new-born sister at the time, was overwhelmed by the loss and Juliet became prematurely responsible for the family and never really spoke about her father's death. She felt she had to protect her mother from distress by not talking about the loss of her father. She said that her mother did remarry when Juliet was 14 years old, to a man she did not like. Despite these difficulties, she managed her distress well and, in her adolescence, found sport a rewarding outlet. She later met Robert playing sport at university and felt she had met the man of her dreams, as he was strong and protective.

Robert had migrated to Australia from Scotland when he was 10 years old after his mother had recently remarried. His mother had divorced his father, as she could no longer tolerate his bouts of depression. We heard that Robert's paternal grandfather had tragically drowned, something that Robert had only discovered recently. Arriving in Australia he studied conscientiously at school and ultimately trained as a solicitor. Despite this, he said he always had an underlying feeling of inferiority and anxiety about how people perceived him. Meeting Juliet seemed to transform all of this for him. He found Juliet, apart being very attractive, also very caring and attentive to home. Marrying in their late twenties with satisfying careers, they were excited about planning a family together.

What we observed and experienced in our countertransference and what we observed about their interactions with each other in this session were confirmatory of the presence of a complicated grief reaction. The loss of their daughter Sophie, it seems, had activated a development of a critical object in their relationships which indicated that the loss had caused a regression in their level of functioning to a paranoid-schizoid level.

It would appear that under the current stressors they had regressed to this level, although they have previously been capable of a higher level of integrated functioning.

More primitive anxieties also seemed to be present. Given the nature of these anxieties and defences, it is notable that at the time of presentation there appeared to be little capacity for a mature level of individuated reciprocal functioning, rather a narcissistic mode whereby the other becomes a self-object (that is, where the other is used to carry unwanted aspects of the self).

In such a situation, the therapist is interested in possible unresolved losses in the history of each of the couple. There is evidence of this in both Juliet and Robert. Each had lost the relationship with their parents (either by death or separation) and each of these parents had suffered significant losses, in addition to the loss within the couple relationship. This is significant in understanding their current functioning because unresolved loss in one partner makes for difficulties in responding to the experience of loss in the other. The other instead becomes a mirror reflecting difficult-to-face feelings that exist in one's self. The couple dyad in such a situation then becomes overloaded with toxic affect that cannot be easily digested and can provoke a process of decay in the relationship. In considering Robert and Juliet's relationship from a psychoanalytic perspective, the loss of their daughter presented a psychic rupture, which opened up traumas connected to the primal mother-baby relationship. The couple link formed by this couple precluded them managing this significant life event, as it has been co-constructed in order to exclude certain psychic realities which prohibit mourning.

Couple two: Mike and Maria

Mike and Maria were a couple who sought help to manage a worsening level of conflict in their relationship, which was characterised by a mutual experience of being criticised and blamed by the other. It became clear in the assessment that their conflict was linked to an infidelity, which was in turn connected to a recent loss, being that of Maria's father. The work with the couple helped them to reframe the meaning of the affair as being associated with their mutual unresolved loss of a parent. This insight opened up a potential new way of relating for the couple.

This case demonstrates in particular the powerful presence of a critical internal object in the couple's psychic functioning and its manifestation as blame directed towards the partner in a couple dealing with complicated grief. It can also be seen that, in the case of Maria and Mike, such unresolved losses were related to underlying narcissistic difficulties and associated ambivalence towards lost attachment figures. As Freud (1917 [1915]) noted, part of the underpinning structure of such a melancholic reaction is a narcissistic difficulty that prevents mourning and consequent psychic development, notably separation and individuation.

In the conjoint couple psychotherapy with Mike and Maria, the effects of unresolved losses in each of the couple was witnessed in real time as it was re-enacted in their current relationship. This provided a unique form of access to the couple's intra-psychic processes and opportunities for their modification.

This couple was referred by their general practitioner (G.P.). The G.P. had become concerned about Maria's repeated anxious presentations and her perception that her husband had increasingly withdrawn from her emotionally and that she was worried that the couple may split up. Maria had also commented that she was "not sure who she was living with" and had become very disillusioned with the relationship. She further reported that their two boys (aged 8 and 6 years) were unsettled and appeared to be responding to the tension within the couple. The older boy, Lachlan, frequently asked why his Daddy was sad and expressed fears that they may lose

him and that he might leave them. On the basis of these concerns, the G.P. had suggested conjoint couple therapy, as she felt the level of anxiety and conflict within the family was escalating. She said that she felt she could not go on in a relationship where her husband seemed so “cold and unresponsive to her”.

When they first attended, they presented as an attractive-looking, middle-class professional couple. Maria was a dark-haired, neatly groomed woman in her mid-thirties who, we later discovered, had an Italian background.

She seemed pressured, intense and anxious in her manner of speech and conveyed an impression that she believed that she could not do anything right in the relationship. In comparison, Mike, who was dressed very casually had a rather boyish, unsophisticated look about him. He seemed to be flat, disconnected and conveyed a sense of hopelessness.

Early in the session, in response to our question about what had brought them to therapy, Maria further elaborated upon her unhappiness with Mike. Specifically, she described how cut-off and un-animated she felt him to be and that he seemed emotionally dead to her. Meanwhile, Mike maintained a feeling of passive anger and resistance, making little comment in response to her complaints, but watching her carefully. Initially, it was hard to understand what was driving such strong, hostile feelings between them. Each acknowledged blaming the other, suggesting a significant degree of splitting and projection.

Session material²

Maria telephoned TK and explained that they had been referred as a couple to help address and deal with the distressing conflict between them.

Related to this, in our countertransference to them, we also had the experience of being judged and criticised. Each of the co-therapists experienced nuances of this. CGR, for example, found that Mike resisted her attempts to understand him and TK felt blocked at times as Maria would indicate that he could never get things right. We found that sharing and processing our (often very different) counter-transference reactions was very valuable in making sense of the couple dynamics.

Maria urged us to side with her view that she was dealing with a partner who seemed to shut her out and who had become emotionally withholding. For his part, he denied being so and described Maria as having become increasingly critical of him. It was when we asked how long this had been the case that Mike revealed an affair that Maria had terminated just a few months earlier. In exploring this issue with them, Maria said that she had been very surprised by the affair, saying she could never have envisaged that this would occur in their relationship. She described how she found herself in “a very overwhelming and confusing space after my father died” and had ended up having the affair with a colleague, while she was on a work assignment in South America. When we asked Mike about his response to the affair, he said that, despite feeling at the time that he might leave her, he had now forgiven her and they had “moved on”. It seemed clear to us that this was not the case. We also discovered that their sexual relating had deteriorated in recent months.

At this point, we made a “reflective interpretation” aimed at initially testing out an implicit view we had begun to form about the meaning of the affair. We reflected to each other that despite the fact that Maria had apologised for the affair and that Mike had said they had “moved on”, it

² The therapist are the authors and their initials are used to identify them in the clinical material.

seemed that things between them had become worse since that time, including their sexual intimacy. We also highlighted that the affair seemed confusing to Maria and out of character for her and we underlined that this had occurred in the period following her father's death.

Mike seemed to resonate with our comments, but Maria was quick to challenge it, saying that she thought things were already "pretty distant between us" before the affair. In saying this, she seemed to deflect from the notion that the affair was linked to her father's death in any way. She then commented that her father, a heavy drinker and smoker, had suffered a terminal illness (lung cancer) and Maria's involvement in his care, over some months prior to his death, strained their couple relationship.

Hearing the ambivalence in her statement, we again made a reflective comment to each other, agreeing that it did appear that her father's illness and his death had impacted on them as a couple and reviewed together the correlation of events.

While the therapists engaged with each other in this way, both Mike and Maria looked thoughtful and observed the process occurring between the couple therapists.

As the assessment of their difficulties progressed, we made further use of implicit interpretation as part of our overall psychodynamic formulation, which we then tested out with them as part of the usual inductive approach of psychoanalytic therapy. We also wanted to determine the couple's ability to work within a psychoanalytic modality. As such, we initiated a process which would ultimately help them to understand how unconscious, internalised working models or self-object relations, derived out of their perception of relationships formed early in their development, had come to haunt their current relationship, especially after an affair had triggered the loss of an idealised psychic representation of their coupledness.

History of the couple

During an early session the couple explained in detail how they had first met when aged in their mid-twenties. There was a notable positive shift in the emotional tone of the communication between them as they reminisced on the events and feelings of that period. Their conjoint personality, indicated on presentation, was reflected in the way in which they each recounted the story of their courtship. Maria was lively, whilst Mike was restrained and somewhat flat. We later discovered that Maria was also very motivated and enthusiastic about her work, whilst Mike in comparison appeared quite unambitious. It later became apparent that they shared in common a self-reliance born out of their developmental histories, which had fostered a more narcissistic fixation in each of them.

Mike said that he had met Maria at a colleague's birthday party. Later, it became apparent that this was not long after his mother had died unexpectedly from an undiagnosed heart condition. Mike described his mother as having been a very self-absorbed business consultant. He recalled that his father, who worked for an international company based in Geneva, travelled a great deal and was away at the time of his wife's death. On his return, his father was absorbed in his own grief and in the period following her death remained deeply preoccupied with managing his mother's business matters and restructuring his own work. Mike, at this point, minimised the impact of his mother's death on him, acknowledging only later in the therapy that he felt very alone at this time and that there was no one available to facilitate his emotional processing of this deeply significant, traumatic loss.

Maria informed us that when they met, she was on a temporary transfer with her job as a civil servant but decided to apply for a permanent position after dating Mike for some time. They then decided to move in together. Mike recalled how he thought that Maria was a sexy and exciting

woman and that he was impressed that she had led a very interesting and adventurous life. From her perspective, she reminded him that she had found him to be a very understanding and sensitive guy, quite unlike others she had met, and that she also thought he was handsome and intelligent. They both smiled as they told us that initially their sexual relationship was very passionate and exciting and that each felt they had met someone who could really understand, love and care for.

In the context of the warmer emotional relationship between them in this session, CGR said to TK, “In talking about how they first met, it seems evident that there are many positive feelings between Maria and Mike, even though a few minutes ago we were hearing how overwhelmingly negative they had been feeling about their relationship”. In this interpretation, we drew the couple’s attention to a resource that could be found in their relationship, but also underlined the splitting (and projection) that was evident in their current presentation.

Given that an affair can be thought of as a symptom of a deeper unresolved issue in a relationship (Scharff & Scharff, 2014), we again focussed on the affair when it emerged organically in the session and noted that it had really caused a rupture in their relationship. Maria then made an interesting statement saying, “Well, I am not sure the affair is the main problem, but I realise it didn’t help things either”. Maria again described how surprised she was at finding herself engaging in an affair, particularly with the senior colleague to whom she reported. Maria further explained that at the time she was in the midst of sorting out her father’s estate – a task that she found difficult, as not only were his financial and legal matters chaotic, but also because she had had a very troubled relationship with her father throughout her life. This drew our attention to the ambivalence that often underpins a melancholic reaction to loss. Maria’s comments triggered a thought that she may be experiencing an atypical bereavement reaction and that the affair may have constituted a manic attempt to deal with the loss.

Later we heard more about her difficult relationship with her father when she told us that he had been verbally abusive and neglectful to her as a child, leaving her to care for a depressed and inadequate mother. On the verge of tears, Maria said that consequently her reaction to his death was very difficult and that she was totally unprepared for the depth and intensity of her reaction. In this context, Mike commented that he too now realised that he also had come from quite a disturbed family, describing some of the relationship problems in his extended family.

Our countertransference of feeling criticised and unworthy (a core feature of a melancholic response to loss), along with this background information which gave us a window into their introjects, helped us to make more sense of the dynamics of Mike and Maria’s relationship. It facilitated a growing realisation that the couple was presenting with the effects of a complex bereavement reaction (a failed mourning) on their couple relationship.

In subsequent sessions over a year’s weekly therapy with the couple, we heard more about Mike’s unresolved loss connected to the traumatic and unexpected loss of his mother as a young adult. His father had been unable to face this loss, which made it difficult for the reality of the loss to be accepted and processed in the family. Consequently, it was not possible for Mike to respond to Maria’s loss, but instead it caused him to withdraw emotionally.

This lack of emotional support from Mike subsequently created a situation whereby Maria became uniquely vulnerable to the attention of her colleague who was, in contrast, available and engaged with her feelings. It later emerged that her colleague was unresolved about the loss of his wife, who had died a few years earlier from breast cancer.

Some conclusions

Both couples discussed had relationships which were underpinned by a poor level of individuation and separation, which left each couple prone to a melancholic reaction to loss. In one instance, this created conditions which could have led to the breakdown of their marriage and in the other couple a vulnerability to the infidelity which also contributed to the risk of a family breakdown. A strong narcissistic element in the personality structure of each couple had fostered an initially positive relationship which had camouflaged an underlying strong self-reliance in each of them. This camouflage was lifted with Juliet and Robert by the trauma of the death of their daughter and in the second couple by the death of Maria's father. In the latter couple Mike's emotional withdrawal (related to his own un-mourned loss) resulted in him being a receptive object into which to project the melancholic/self-reproachful aspect of Maria, thus seeding the mutual blame and criticism that characterised their presentation.

Both couples, however, had significant resources and their capacity to make use of psychoanalytic couple therapy. This enabled us, through our processing of our different counter-transferences and focus on the couple link, to carefully titrate an understanding of the profound underpinning meaning of their respective losses. Their willingness to engage in this process and address the previously repressed pain of their loss of significant attachment relationships opened up new possibilities within their current relationships.

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