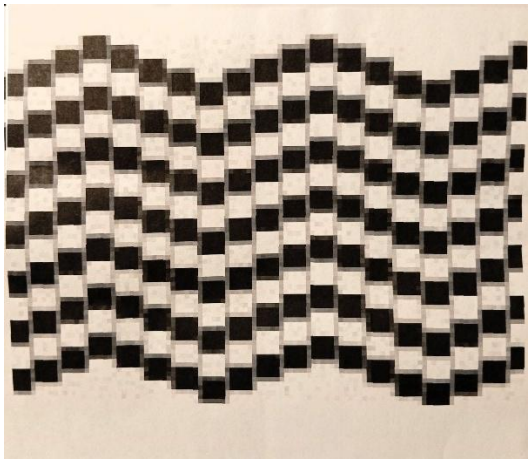
«Moving from synthesis to differentiation»

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The title of the conference, "Moving from divergence to synthesis," provided the impetus for this talk and led me, by association, to a possible continuation of this trajectory: a movement toward differentiation. From this perspective, I will explore the dynamics of enmeshment in the relationship of the couple, both theoretically and in clinical practice.

It is widely recognized that human development and the formation of identity involve a movement from states of fusion toward differentiation. The most fundamental of these begins even before birth, when the first home we inhabit is our mother's body and the next is her embrace. A home that surrounds us, holds us, thinks for us, listens to us, responds to us, attends to our dependency needs, and gives us a sense of security. Gradually and painfully, we become individuals, as the mother herself is the one who expels and exiles us. If development is sufficiently good, then this exile becomes a process through which an autonomous and thinking self is born (Manolopoulos, 2026).

Attachment Theory maintains that attachment and dependency, although no longer apparent in the same way as in early childhood, remain active throughout the life cycle. Bowlby considered the couple relationship to be the adult manifestation of the primary attachment and, correspondingly, to provide a secure base that allows for work and exploration, as well as a protective shell in times of need. The phrase "in sickness and in health" is a reminder of this purpose (Holmes, 2009).

What, then, differentiates the couple relationship from other relationships? Winnicott (Tsambarlí, 2025) introduced the term psychosomatic relatedness to describe the primary

relationship between mother and infant. It is an intuitive, sensory, bodily form of communication that emotionally regulates the infant and lays the foundation for the organization of the psyche. This experience seems to be repeated in couplehood. The increasing intimacy that develops over its course leads to the gradual relinquishment of privacy, while the primitive responses activated by sexual contact intensify the sense of loss of control over the self, leading to an experience of absolute attunement between the partners (Byng-Hall, 1980) and, perhaps unconsciously, to the fulfilment of the early desire to have someone exclusively for ourselves. Particularly in the initial phase of being in love, the illusion of "complete union" is experienced most intensely. Morgan (2018, 2022) likens it to the paranoid-schizoid position of Klein's infant, emphasizing that the couple needs to regress to it in order to connect, so that it can later move into the depressive phase, the phase of loving - a more realistic and holistic form of love.

Thus, the unconscious function of attachment, as it has been internalized, provides a set of predictions and expectations that influence partner choice, the type of relationship, and the dynamics that will develop. These also constitute the couple's projective system, as each partner functions as a frame of reference for the other. Charalabaki (2008) highlights the systemic perspective of the mechanism of projective identification, emphasizing that both partners are involved and actively participate in it. It is a phenomenon that is not only intrapsychic but also interactive: it concerns not only one partner's failure to contain difficult thoughts and feelings, but also the other's capacity to respond to this invitation, receive them, identify with them, and transform them. When this interaction functions adequately, the couple operates as a system in which empathy and relief prevail, while the absence of understanding is replaced by curiosity about getting to know one another. In a symbiotic organization, however, it does not function as a vehicle for communication but primarily defensively, in order to avoid differentiation and maintain the sense that one lives inside the other. The relationship then becomes merely the ground on which unwanted psychic contents are evacuated.

Paradoxically, partners usually come to therapy because they experience the absence of this "togetherness" and seek a way to bridge their difference. Deeper exploration, however, often reveals the opposite: a fused "togetherness," in which boundaries are blurred, a sense of a separate self is absent, and the "we" becomes a suffocating way of relating that affects communication, the regulation of distance and closeness, and personal development. They endlessly seek something without knowing or understanding what its opposite might be, or how to exist as two subjects both within and outside the relationship.

Manolopoulos (2026) poses something paradoxical yet fundamental: "To meet someone, you must first separate from them," thus placing distance, absence, and waiting at the foundation of the relationship. An absence not in the negative sense of emptiness and passivity, but as a productive period, a creative state that generates thought and desire and connects internal and external reality into a unified experience with meaning and value. He also likens the unintegrated and fused self to "a house without rooms that do not separate and therefore do not connect"; the

relationship of a symbiotic couple can also be imagined this way. A relationship in which the partners cannot distinguish what they feel and why; desire and fear become entangled; loss of self and loss of the other become confused; wanting and not wanting occur simultaneously; thought is absent, so that feeling cannot be distinguished from fact, and becomes the most authoritative expression of the truth, while the other's presence is ultimately experienced only as external confirmation, as immediate gratification and consumption without substance. Intense conflicts, distancing, and enactments seem like attempts at connection, as the intensity they generate temporarily gives form to chaos, but also a sense of false autonomy and differentiation as a defense against the fear of abandonment. The degree of self-differentiation will determine the degree of fusion between the partners. After all, emotional fusion is universal; it occurs in all human beings except the completely differentiated person, who has not yet been born (Bowen, 1998).

The couple's state of mind (Morgan, 2018, 2022) is, from the outset, what guides the therapist but can also ground them, as it constitutes their internal framework: their capacity to remain in contact with the partners' feelings, the feelings within the relationship, and their own, while simultaneously observing and reflecting on them. In other words, to function as a participant-observer (Tsambarlí, 2025). This makes countertransference particularly important both for the therapist's effectiveness and for their flexibility in being simultaneously inside and outside the couple. Just as attachment constitutes a fundamental determinant in close relationships with significant others, so too does the need for attachment become activated in the therapeutic relationship, with the therapist inevitably becoming a central attachment figure.

Countertransference concerns not only the therapist's emotional responses to the couple's projections, but their overall experience. This entails the risk of losing differentiation when the emotions brought by the partners resonate with their own that they have not yet mourned. For this reason, the therapist needs to remain continually attentive to what they feel, while also maintaining awareness of themselves: their own internalized attachment, their intrapsychic world, and the issues connected with their subjectivity. In other words, all those experiences that may activate their actions. Working through countertransference can provide access to the couple's psychic world, to an understanding of its dynamics, and to maintaining this third position, which is necessary for the therapist to preserve an active reflective function. The therapist's own personal therapy and supervision are essential tools that contribute to this process.

The therapist's neutrality, without losing empathy, clear boundaries, regulation of emotional intensity in the session, resilience in the face of distress and aggression without reacting defensively, and the capacity to contain the uncertainty that emerges in the therapeutic relationship will protect the therapist from a possible fusion with the couple's pathological organization. They will also allow the therapist to adopt an attitude of curiosity, remaining open to whatever emerges in the here and now of the session, beyond their own wishes and

expectations, thus creating a safe framework that facilitates the therapeutic relationship and change.

VIGNETTE

The vignette presents a fictional couple, the composition of which has been enriched by my clinical work with couples. It does not correspond to any single clinical case, and the details have been altered to preserve anonymity.

Antonis and Angeliki have been married for several years and have a daughter. They sought couples therapy at Angeliki's request, with the aim of improving their communication, reporting that they had grown apart after the birth of their child. They are both employed; however, Antonis's career is in decline, in contrast to Angeliki's, which is progressing.

Angeliki describes him as intellectual and emotionally distant. Although Antonis accepts this description, he reports that when he manages to express himself emotionally, he experiences rejection. He states that he is attending therapy at his wife's insistence, in order to prevent separation, while she, despite wanting therapy, expresses uncertainty about the future of the relationship. I perceive in both a fear and shame about what might be revealed, as well as anxiety regarding the third person they are placing between them. I wonder how they imagine me, whether they see me as someone who can help them or not. I try to make room for these anxieties and acknowledge them as natural.

In the session, however, I observe a discrepancy between their shared narrative and what unfolds between them: Antonis expresses himself with relative ease, while Angeliki remains silent and expressionless, avoiding eye contact. I sense an underlying tension, something unbearable, and wonder what my feeling about them reflects. I suggest sessions every two weeks on a fixed day. In the following meeting, in addition to their relationship, they talk about their individual histories: she speaks about her critical mother, and he talks about his abusive father, whom he fears.

As therapy progresses, it becomes clear that the couple's dynamics differ from their initial description. Angeliki experiences almost every approach by Antonis as intrusive and demeaning and often enacts her distress through sudden departures from home or by periodically asking to separate. I was thinking about her avoidant stance in relation to her mother, who was suffering from chronic depression even before Angeliki's birth. Her stance seemed like a false independence, which served as a defense against her deep need for attachment. Although Angeliki consciously seeks closeness, she appears unable to tolerate it and, through her stance,

ensures her husband's withdrawal, trapping them in a mutual cycle of frustration, with her feeling continually unfulfilled and him inadequate.

Antonis does not appear so much as an introvert, and seems to collapse in the face of distance, pressing almost suffocatingly and even using the child to approach her. He responds to her requests for separation in a passive-aggressive manner, adopting the role of the one who is constantly blamed, tolerates, and makes an effort. Correspondingly, I was thinking about his ambivalent relationship with his mother, whom he remembered at times as a victim of his father's violence and at other times as absent. His aunt had been the most stable and reliable person in his life. Often, I felt that, at times, I was becoming, for him, the caring aunt and at other times the indifferent mother.

At the beginning of their relationship, their dynamics were different: she pursued him, while he avoided commitment. This balance was overturned by marriage, the birth of the child, and their professional trajectories, events that followed one another almost like dominos. I was thinking about their family histories: in Angeliki's family, the weak man was the "good" man because he did not abandon his family, whereas for Antonis, masculine identity had become associated with a violent father who seemed to frighten him and drive him into vulnerability. It was as if their unconscious desires for a submissive man had met and become activated within the relationship, in order to secure it and protect themselves, shaping a game of complementary roles in which the position of one presupposed the position of the other, leaving no room for anything different.

They often projected their internalized rejecting objects onto one another, and the relationship then became filled with anxieties of abandonment and intrusion. For Angeliki, Antonis would at times become the inadequate father who left her exposed and, at other times, her rejecting and guilt-inducing mother, while for Antonis, Angeliki would become either his aggressive father or his cold mother. The child occupied a central position in the couple's dynamics, regulating the distance and closeness between them and functioning as an object of rejection, reparation, or relief from their individual and relational traumas. Their daughter seemed to express their anxieties about separation, manifesting corresponding fears, and this either brought them together or led to mutual accusations and a splitting into right and wrong, as though there was only one way of doing things and anything different came under attack.

They also evoked intense countertransference feelings in me: irritation at their pressure to take sides, dislike toward one or both, provoked by their aggressiveness, but also disappointment for being unable to help them. Recognizing these feelings helped me reflect before my interventions and wonder whether what I was experiencing also reflected something of their psychic world: their difficulty in tolerating anger toward the different other, the frustration of being unable to feel understood by one another, and the sense of helplessness they carried from their early experiences. These thoughts enabled me to understand their difficulties more deeply and to help them put into words what they had previously enacted.

The enactment was not limited to their relationship but extended into the therapeutic relationship as well. This became particularly evident in the lead-up to the Christmas break in therapy, when fear of separation intensified their conflicts and their resistance to my interventions, and was even expressed through somatization. In the last session before the break, another request for separation was raised, leaving no room for elaboration. By placing me in this impasse, I wondered whether this was not only an acting-out but also a way of communicating and maintaining their bond with me. It was as if they wanted me to share their anxiety and keep them in mind while we were apart. After the break, they returned lighter and more optimistic. I wondered whether this change represented a defense against abandonment, through flight toward a healthier and more autonomous part, or an indication of development, suggesting that they had begun to create a psychic space between them. The course of therapy, however, showed that this calm was more a matter of compliance and avoidance.

The tension returned, with the child becoming the focus of the conflict. Her birth had activated unbearable feelings in them—perhaps that same unbearable feeling I had experienced at the beginning of therapy. Beyond its connection with their individual traumas, at the level of their relationship, it signified the loss of the exclusive dyad, as both felt deprived of the other's presence and care. The guilt and shame regarding the part of themselves that had not wanted this child were unbearable, and they projected it onto one another, perhaps with the unconscious hope of finding relief. There was a mourning they struggled to undertake, which prevented them from moving forward.

This tension intensified the negative transference of both, but Angeliki's became more perceptible to me, as she did not always hesitate to express her aggression more directly. In the last session, one of my interpretations particularly troubled her, drawing me into a confrontation with her, in which Antonis did not remain uninvolved, instead taking a position and siding with me. Although Angeliki had been "warning" me over the preceding period about her discomfort with me, I did not sufficiently appreciate this before proceeding with the intervention, nor did I take into account Antonis's stance, to which I remained silent. It was as though I had enacted her aggression and had also become sadistic toward her, but also as though this alliance with Antonis represented my own desire for someone to defend me. Perhaps, unconsciously, something in me had also been stirred. I had perceived none of this, however; in fact, I thought the session had gone very well. I realized it when, days later, they called to inform me that they were ending the therapy. I was taken aback and became intensely distressed; at the same time, however, I recognized the importance of focusing on the value of a closing session, a proposal that they accepted.

The final meeting was cathartic for everyone. They were able to express both the positive and difficult aspects of the therapy in an integrative way, without one negating the other, while I was also given the opportunity to recognize my own contribution to the dynamics that had developed and to restore the balance in the therapeutic relationship. In the meantime, they had

decided to divorce. I wondered whether this was yet another enactment; in time, however, I understood that it was a mature decision, one that both were mourning.

Antonis and Angeliki were two people who had experienced violent and guilt-laden endings in their lives, and we need to be able to have a good ending in order to bear what comes next, to not experience it as a catastrophe, and thus manage to see it also as a new beginning. I believe that in therapy we had a good ending, and perhaps this contributed to theirs as well. It may sound paradoxical for couple therapy, but ultimately, what is the aim? To preserve the relationship at any cost? In their case this did not happen; nevertheless, even if the couple relationship was sacrificed, personal development followed, and that also has value.

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