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## THE RITUAL OF COUPLES THERAPY

### THE SUBVERSION OF AUTONOMY

**I**T IS THE HOLI FESTIVAL in Kishan Gari, North India. Marriott, the British anthropologist, reports it thusly:

Now a full year has passed in my investigations, and the Festival of Love was again approaching. . . . I began to see the pandemonium of Holi falling into an extraordinarily regular social ordering. But this was an order precisely inverse to the social and ritual principles of routine life. . . .

Who were those smiling men whose shins were being most mercilessly beaten by the women? The boldest beaters in this veiled battalion were often in fact the wives of the farmers; low-caste field laborers. . . . "Go and bake bread!" teased one farmer, egging his assailant on. "Do you want some seed from me?" shouted another flattered victim, smarting under the blows, but standing his ground. Six Brahman men in their fifties, pillars of village society, limped past in panting flight from the quarter staff wielded by a massive young Bhangin, sweeper of their latrines. . . .

Here indeed were the many village kinds of love confounded—respectful regard for parents and patrons; the idealized affection for brothers, sisters, and comrades; the longing of man for union with the divine; and rugged lust of sexual mates—all broken suddenly out of their usual, narrow channels by a simultaneous increase of intensity. Boundless, unilateral love of every kind flooded over the usual compartmentalization and indifference among separated castes and families. [Turner, 1969, p. 187]

We are not in Kishan Gari. Our therapeutic setting is interior, restrained, and private, but of course no less defined and bound by a particular cultural context. How relevant is ritual to our therapeutic process? Anthropologists consider ritual to be an essential cultural form. Embedded in an American pragmatic tradition, however, where ritual connotes "smells and bells" (Oden, 1998) and with our current psychoanalytic emphasis on coconstruction, we are a long way from the healing magic of the shamanistic tradition. In a notably singular inclusion of ritual

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phenomena, Hoffman (1998) characterizes enactment as a contrast between ritual and spontaneity, a suspension of therapeutic hierarchy. I believe that in couples therapy an important ritualized process does occur, which involves intensified bonding and a redefinition of selfhood. The coordinates of ritual are the transformation of both consciousness and social status (Meyerhoff, 1990). In couples therapy the transformation of consciousness is shared and transpersonal. The shift in social status is not a hierarchy reversal, not an upending. Rather, what is reshaped and refigured are fundamental cultural premises about autonomy and attachment.

### The Couple in Context

For me the essence of couples and family therapy is its naturalism. Couples are implicated in each other's lives and cued to each other's mood and cognitive states in myriad ways. People who bond together through the vicissitudes of daily life become attuned, if not rivetted, to each other's body language, mood states, and nonverbal messages. Considerable empirical data, garnered particularly by Beebe and Lachman (1998), indexing the nonverbal matching behavior of partners, indicate that partners induce similar affective and subjective states through facial expression alone.

What I experience when I work with couples is an admixture of a coconstructed and an outsider relationship. Facing me are two people with shared responsibilities and attachments. I'm very aware of the structural and cultural premises that define—both limit and potentially expand—their connection. My work with individuals has a different complexion. Though I'm aware of cultural forces and expectations, I generally experience the intensity of our dyadic, personal relationship most intensely.

In fact, one of the tensions in working within a psychoanalytic couples frame is between the lure of pursuing intrapsychic leads and awareness of the undeniable shared reality of the couple. Because of the influence of constructivism in our work, we are increasingly aware that the sense of *who* we are is determined by *where* we are, and that our therapeutic frame not only contains but also shapes content. Transference is a "playground," but couples play differently. Fantasies and longings that emerge in couples therapy are contextually dependent on the other's presence. When individuals come to a therapist's office *together*, they are telling

their stories to and with each other. She inevitably talks about her mother in terms of her concerns about him. A different mother emerges for her in the psychoanalytic transference playground. We could say that individuals considerably misrepresent themselves when they are in interaction with each other in joint sessions. Recently a husband came to see me alone and confessed that he had put a stop to a behavior that preoccupied his wife. He hadn't wanted to tell her because she'd consider it a "victory." There was something about the transference experience of being alone with me that enabled him to "confess" and elicit my assistance in going public with the information.

Our Western, particularly American, cultural premises endorse the reification of individual narratives, because they privilege autonomy. Individualism, whether "egoistic, romantic, alienated or ideological" (Guisinger & Blatt, 1994) is our ideal. Guisinger and Blatt summarize this socio-cultural ethic:

the modern Western view is peculiar in its emphasis on separation and individuality. Many other cultures do not conceptualize the person apart from his or her relationships. These exhibit what Sampson (1988) called *ensembled individualism*, in which the self versus the nonself boundary is less sharply drawn and others are included within the sense of self. [p. 107]

Philosophically, the notion of individual selfhood is viewed as a lingering sequela to the Cartesian split (Cavell, 1993). For me, the psychoanalytic theorist who first addressed this divide is Harry Stack Sullivan, who featured the decentered self rather presciently in the history of psychoanalytic theory. In "The Illusion of Personal Individuality," Sullivan (1950) exposed the solipsistic envelope of the "personified self." He described the security operations that maintain a defined and bounded self, impervious to correction because of the radar surveillance of anxiety.

Bruner (1990) anoints the contemporary self "distributive," a "product of the situations in which it operates," (p. 109). Today the plasticity of self-experience has become a hallmark of postmodern theory, and is now fully registered in our psychoanalytic canon. Mitchell (1993) evokes the oscillating rhythm of integral and multiple self-experience, and Bromberg (1999) of shifting boundaries. The decentered self, however, is still distributed in a culture that privileges bounded identities and discreet personal experience. The reality that significant others mutually

shape and organize each other's experience is largely denied in our culture. In a certain sense, true intimacy is subversive.

### Example

A couple that has seen two or three previous therapists together over a seven-year marriage presents their grievances. She is upset by his recent admission of flirting with other women at business conferences, because she is well aware that each of them had ruptured earlier marriages because of infidelity. At the same time, he articulates his long-standing despair about her episodic "hysterical" outbursts of verbal abuse and physical self-destructiveness. Yet they in no way view these complaints as complementary, *quid pro quo ultimata*, so immersed are they in their individual perspectives. Even more striking is their failure to consider (or seeming never to have been invited to consider) the connection between these phenomena, that is, to look at what happens *between* them before a meltdown occurs. Might his flirting, suggesting desertion, send her into a panic of loss? Do her exhausting operatic crescendos make him long for sotto voce intimations? I am equally struck by their selective inattention to linkage as they are.

We can hardly abandon the coordinates of independence autonomy and stay oriented in Western culture, but we are challenged to maintain a delicate balance. We have to press ahead to define a reliable sense of self while recognizing the absence of a "me" without a "you." In contrast, an overemphasis on the other, whether in idealization or blaming, is a form of psychological numbness that deadens relationship.

Relationship seeking in our culture continues to be somewhat double-binding. Loneliness is as palpable and aching as when Sullivan (1953) first described it, perhaps even more so today in a geographically and electronically fragmented culture. It is telling that the pledge of matrimonial "forever after" is still alluring to a generation raised on a fifty percent divorce rate. In fact, a recent series of research findings indicate that Americans idealize marriage more than any other aspect of cultural life, in spite of its statistically apparent fragility (Flowers, Lyons, Montel & Shaked, 2001). Since we privilege autonomy, however, not interweaving or merging, there is a tantalizing and frustrating schism between what we long for and how we live in relationships. And the breach may be widening. Willi (1984) believes that as marriage involves less and less economic, and even geographical, dependence, we are seeing an in-

creased frequency of couples with "symmetrical, narcissistic collusions . . . in which partners strive for maximum individual freedom and progressive independence within the relationship" (p. 183).

### The Nature of Ritual

Victor Turner, the preeminent cultural anthropologist of the nineteenth century, most comprehensively delineated a schema of ritual. Turner (1977) was intrigued by the cross-cultural processes enabling groups to resolve crisis. He dubbed these processes "social dramas," quartering them into four phases: breach, crisis, redress, and reintegration, *or* recognition of irreparable schism.

How do people reintegrate? Through ritual enactments. In the crucial third phase of crisis, redress, a unique state of consciousness, can be created through ritual. Ritual locates a space separate from ordinary life, and this space is experienced as a threshold, a margin or limen, when the real disappears and the imaginary prevails.

The liminal process fascinated Turner because he viewed it as the zone of creative reintegration. He described it as follows:

"Being-on-a-threshold" means a state or process which is betwixt-and-between the normal, day-to-day cultural and social states and processes of getting and spending, preserving law and order, and registering structural status. Since liminal time is not controlled by the clock, it is a time of enchantment when anything *might*, even should happen. . . . There may be a play of ideas, a play of words, a play of symbols, a play of metaphors. In it, play's the thing. [p. 33]

Notably, though Turner located liminality in scientific discovery, in political revolution, in calendrical celebrations such as carnival, in social disruptions, and in stage drama, he ignored or was disinterested in the psychotherapeutic relationship. Turner (1982) coined the term "liminoid" for processes that occur on the edges of industrialized societies. Liminoid—as opposed to liminal—experiences are elective, playful, idiosyncratic rather than proscribed. Theater is liminoid, and certainly therapy process is. Hoffman (1998) evokes the phenomenon of liminality within the analytic relationship, a space in which the status of analyst and patient are suspended.

For Turner, one of the most important aspects of ritualistic liminality

is the enhancing of “communitias” (Kobak & Waters, 1984; Turner, 1977, 1982), the restatement of the bonds between people over their status distinctions. Actually it is a crisis of pseudo-autonomy—suppressing or denying the interdependence of their psychological realities—that brings couples into therapy. In the ritual of couples and family therapy, the reversal is of the reified “me” and the minimized and suppressed “we.”

Couples intuitively grasp the ritual function of therapy. I worked with a couple for a long time who had each grown up in reportedly noncommunicative farming families. I would hear them chattering in my waiting room as I opened the door to greet them and would find them silent and strained in my office at the start of each session. I inquired about the contrast and the wife spontaneously said, “In here is sacred time and out there it’s secular.” A husband with years of individual therapy, Jungian and Freudian, said, “The program feels different here. You’re asking me to suspend something—like buy into an existential idea, just go with it, release myself. It feels strange.”

### The Psychoanalytic Tradition and the Therapeutic Action of Couples Therapy

The psychoanalytic tradition, I believe, was initially overly focussed on self-determination, on autonomous self-realization. The challenge of interpersonal, object-relational, and feminist psychoanalytic theorists has shifted that stance. Today we are privy to compelling illustrations of how analysts from every orientation use their own experience, their own spontaneity (of course, we always used our own neurosis) in full-bodied and robust participation in treatment, variously addressed as intersubjectivity, coconstruction, or mutuality. Our relationship with the patient, however, is ultimately in the service of the patient’s expansion of awareness. Today we are quite aware of how quickly an enactment occurs, in which our own needs merge with the desires of our patient. Disentangling from it, we learn more about our patient and ourselves. But couples actually live in this kind of psychic web and resist knowing it.

I think that the potency of couples therapy is its potential for accessing how, once two lives become entwined, so do two psyches. The paradox of couples and family therapy is that the not-me is the shared self, which makes the “me” diminished and more unreliable. A husband reports that he ignores his wife’s “crankiness” on a car ride because his mother was

so overbearing; he has learned to shut people out, to pretend they don't affect him. But it is not his mother riding in the car! It is someone he is sharing his adult life with, the significance of which is lost in self-reflective solipsism. Partners often recognize that their view of the other may be distorted, that they are the repository of layered internalization, or in Sullivanian terms, "me-you integrations," reflecting powerfully imprinted experiences. But what is obfuscated by this perspective is that the "distortions" of the other are a function of, a selected band of, being with this particular other. A client with a depriving mother can make two very different object choices: she can choose a depriving or a compensatory, overly caretaking mate. It's not enough for her to know her own history once she's embedded this dynamic in a particular relationship. For if she's drawn to compensation, she may feel stuffed and infantilized rather than starved. She can only learn who she is by recognizing who she is with. Moving beyond a schema of projective identification, Willi (1984) proposes an expanded self, "the interaction personality" (p. 178). He posits that partners often take opposite relationship positions, for instance, he is painstaking so she can be expressive. It is only when the dialectic becomes prescriptive, or hierarchical, that dysfunction becomes an issue.

I am proposing an extension, a renovation of the two-person structure. Benjamin's (1990) work on intersubjectivity is particularly relevant here. As she states, "Intersubjective theory postulates that the other must be recognized as another subject in order for the self to fully experience his or her subjectivity in the other's presence. . . . But recognition is a capacity of individual development that is only unevenly realized" (p. 35). What we experience in doing couples work, at pentium speed, are the perils and successes of mutual recognition as it occurs between significant others. In experience-near terms, I must see you in order to be seen by you. Johnson and Whiffen (1999) describe it thusly:

When a wife says, "Maybe I can talk about my needs; I do not always have to stand alone." The other partner then seems to shift his appraisal of his spouse ("She isn't so dangerous; she was scared all this time, not just angry"), and when he responds, his sense of self expands ("She needs me. I am important to her and I can give her what she needs"). As he reassures her, her beliefs about the responsiveness of others are challenged and his reassurance also increases her sense of self worth. [p. 376]

As opposed to the halogen illumination of psychoanalytic work, where experience becomes symbolized and enriched, the best moments in couples therapy are laser focussed. The couple is caught in a binding moment, usually intensely affective, in which their personified selves are skewered to self-examination, because the other is there as participant and witness. He, seeing her in a fresh view, has to re-sort all her reflected appraisals of him. He never feels quite the same. This is recognition that springs from embeddedness.

Actually, what releases new experience is counterintuitive. Rather than unraveling the separate strands of motivation of each partner, a new shared fabric is created. As the individuals in a couple experience themselves as more clearly intertwined, their security systems are somewhat neutralized or even incapacitated. Protecting an individual version of reality becomes more and more effortful. The narrative interruption is dis-equilibrating, for as Bruner (1995) has noted, every individual engages in a form of naive realism, believing the version he or she has been telling is the only version that exists.

Sharing a story increases a sense of dependency, which intensifies anxiety. Personifications often heat up and become inflamed. What emerges as unconscious material in a couples session is, in fact, their shared unconscious life, shared preoccupation with danger-safety, with brutality-tenderness, scattered in uncoordinated mosaic fragments in both psyches. We are accustomed, psychoanalytically, to think of individuals as oscillating in conflict, internal states shifting from victim to abuser, from saint to sinner. But we don't think of these roles or personifications as slipping in and out of the skins of intimate partners. A husband who is shrewd and powerful at work becomes more and more strident that he feels unappreciated in his marriage. His strident demand suddenly betrays a desperate need. His wife is frightened by this exposure, because her own security has rested on his emotional ruggedness. Who is more desperate? Who more controlling? It becomes less clear what is "inside" and "outside."

From this perspective, psychological health is the capacity to include the other, not differentiate from her. Dyrud (1980) comments:

Depending on my ability to tolerate anxiety, I may become furious at the failure of fit because I cannot tolerate the disconnectedness of the moment, or I may see a new aspect of our relationship and broaden the range of



my self-other constructs. . . . The difference between sickness (rigidity) and health (flexibility) is whether or not my version of you can be readily enriched and modified by our interaction. My openness to new data requires a healthy degree of self-confidence because it necessarily requires that I modify my version of me as well. [p. 338]

### Countertransference Issues

In my work with couples I enter as a double-agent. My identification, both concurrent and concordant in Racker's terms, oscillates and shifts constantly. But my focus is on the reciprocity of character styles. I let an image or metaphor or choreography emerge that represents complementarity. In a case I supervised recently, I kept thinking of a bitterly feuding couple as "holed up in trenches even though the war was over." In another, I saw a lover as led around by a "leash" on his neck (not unhappily, unfortunately). Though I am interested in knowing and exploring individual history and predicament, I'm aware that partners reify their individual stories in what Donnel Stern (1997) calls "narrative rigidity" (p. 129) and fail to experience how much they are constructed by each other; it is this that truly remains "unformulated." How each coconstructs each other's reality becomes a new arena and a new field of exploration, akin to Ogden's (1994) "third" in dyadic treatment.

I often feel somewhat removed from the epicenter of the engagement, what I have referred to as "outside the circle of intimacy" (Gerson, 1996). This is an emotional position that presents its own challenge in terms of countertransference. Beyond my basic experience of participating as therapeutic protagonist, absorbing and observing the effects of my presence, I feel that the therapeutic stance of witness is particularly relevant to couples therapy. Just as there are rituals enacted that are witnessed by the community, so I witness and resonate to the deconstruction of separateness, the acceptance of connection. In the moments of active dissolution, I am more participant; in the afterphase of reflection, I become more observant. Recently a colleague presented a case of a stale, middle-aged couple who had suppressed and dissociated their individual histories of political trauma and loss. The therapist inquired about their histories and gradually unpacked them. Soon after their stories were told, the husband became dramatically more protective and interested in his wife. The therapist wondered what exactly about her inquiry helped

thaw their frozen relationship. During one of these sessions the husband reported, "It's as though in here we found a place to put things," and the word "witness" sprang to her mind. An alcoholic husband recently said that he heard his wife's uncertainty about the future of their marriage for the first time in my office. "Why here?" "Because you're a witness to us and I have to listen to her instead of defending myself."

I think that the play of couples therapy can initiate rather profound reverberations in consciousness. There is speculation, moreover, that ritual experience has neurobiological effects. Richard Schechner, who has studied performance in terms of Turner's theories, has begun to chart the neurophysiological effects of play-acting, in particular the constant switching between hyper and hypo arousal. Schechner (1990) writes, "We might say, in terms of brain neurobiology, that here right-hemispheric and archaic brain functions are very much in evidence and probably culturally triggered by ritual action" (p. 12).

#### A Brief Clinical Example

Elaine and Roger, a couple in their forties, described themselves as living like "roommates" and engaging in "parallel play." They were beyond the bloom sliding off the rose of their romance; the rose was dying. They had known each other for eleven years and been married for seven of them. Their life together was filled with silent impasses and the absence of spontaneous affection or play. They came to see me because Roger's therapist had suggested it. Elaine had been hesitant; it seemed to her that their problems resided within their psychologies, not between them.

Who were they? Roger was a successful corporate executive, and a passionate avocational painter who frequently withdrew to his studio in the evening (a room in their apartment), where he seemed off-limits to Elaine. She, an aspiring cabaret singer, was blocked in her career pursuit. Roger complained that Elaine did not bring in any income, nor take care of household responsibilities. He felt burdened. They had both been ambivalent about parenting, though Elaine claimed that after two years of marriage, when she decided she wanted a child, Roger had turned her down. His memory was that she had always remained ambivalent. They were devoted to their dog, about whom they had the same thematic arguments: Roger was accused of "coldness" and Elaine of "irresponsible caretaking."

Roger was the only child of an overworked pediatrician and a former actress who had relinquished her career for full-time motherhood. Roger described his mother as manic-depressive, prone to tyrannical outbursts about inexplicable offenses. Only an abject apology would earn her forgiveness, and that not invariably. Sometimes she would leave the house and drive away in their car. In these episodes she usually returned one or two hours later (though sometimes Roger's father had to search for her). Roger remembers these events as terrifying.

Elaine's parents had grown up next door to each other. Her father had a small shop, which required her mother's full-time work. Elaine, also an only child, thought of her childhood as an endless succession of lessons, suited to her talents in music, dance, voice, and so forth. She felt her mother was cold but dutiful. When she died, around Elaine's eighteenth birthday, Elaine was saddened but not stricken. She disliked her father intensely. She reported him to be suspicious of the neighbors, fault-finding with her mother, and relentlessly critical of her. He always seemed peculiar to Elaine; she would catch him just staring at her, expressionlessly. Both parents lived in social isolation in their community, and Elaine felt she had lived a life apart from theirs.

Their first marriages seemed insignificant to them: Roger's brief stint with his high school sweetheart had been all passion, nothing else. Elaine's first marriage seemed incidental to her as well, a short-lived union with an extremely self-centered man.

What was most compelling to them was that they were both only children. This autobiographical distinction represented to them their relational worldview and its handicaps, that is, each felt unschooled in compromise and negotiation. Roger, however, felt that his twice-weekly therapy of the last three years had softened his edges and helped him tolerate his wife's rejection and disagreement with his point of view. Elaine, who was in ongoing, intensive psychotherapy, felt that her mission was to assert herself. She believed that in her childhood she had learned compliance rather than negotiation, adaption rather than self-articulation.

I saw their relationship configured quite differently by these personal histories. Roger spent most of the early sessions darting anxious sidelong glances at Elaine, to determine how upset she might be by the errant complaints he made about her. When he registered sufficient resentment, he became concerned and apologetic. She, reciprocally, did seem visibly inflamed and injured by any criticism he proffered.

### The Early Phase of Therapy

Roger and Elaine lived, psychologically, in their childhood homes. They interpreted all significant interpersonal reactions in terms of their relationships to their parents, and each called on a rather invariant narrative. Roger justified his aversion to conflict by recalling his mother's irrational rages, and the confusing, self-abnegating apologies he made to assuage her. Elaine focussed on her parents' disinterest in her, her acceptance of a smorgasbord of after-school lessons, and her father's erasure of her as a separate person with her own ideas and wishes. Many early sessions were spent tailoring their present relationship difficulties to these individual patterns. My inquiries were probes about the goodness of fit. Was Elaine's simmering anger just like his mother's? Was Roger as cold and dismissive as her father? The questions wafted in the room like feathers, alighting gracefully, without weightiness. During one session, they talked about leaving therapy. Elaine, particularly, viewed talking about current experience as "management"; their solitary investigation of their genetic experience was "therapy." They stayed because something in my response struck a chord. I raised the possibility that they were influenced by each other's actual characters, not just their past experience. Couldn't present experience be as much about redemption as repetition? Could they learn more about whom they had married? Wouldn't that lead them to learn more about themselves, and possibly, what they deeply needed? What if they could convince their partner to be different from their mother or father? Couldn't love be about burying skeletons or axes? We explored ways that each could make a significant, qualitative difference in the other's life. It seemed petty, Roger said, but if Elaine took care of household chores, as promised, Roger would feel cared for, rather than the caretaker he had felt in his childhood. And if Roger didn't disappear into his study, particularly after an argument, Elaine wouldn't feel dismissed, especially now that she was finally learning to "express herself." They promised and renege, and promised and renege, and barely inched toward commitment.

### The Middle Phase of Therapy

During this phase we talked about several unresolved issues, such as childbearing. This, like every other issue, was presented in two discreet versions. Elaine remembered a vigorous effort to persuade Roger to have a child after she was in her early forties, only to find conception impossi-

ble. He remembered her as being ambivalent throughout, or at least until the eleventh hour. Every discussion was presented in dual frequency. Roger found it exasperating that Elaine misrepresented their disagreements outside the sessions. It wasn't that she disagreed with him, but rather that she misquoted him! Roger wished he could carry around a tape recorder so that he could prove to me and to Elaine what had *really* been said.

The sessions in this phase continued to focus on unmet needs and diametrically opposed behavioral tendencies. Roger couldn't stand Elaine's lack of punctuality, and she, in quite complementary fashion, hated his regimentation. Several incidents were examined. One was a party in which Elaine insisted on talking to friends at the last minute, "trying to enjoy herself," which resulted in their missing their ride home on a bleak winter night. In another, Elaine arrived home a half-hour late from a rehearsal, without, in Roger's mind, an adequate apology. She found his icy silence all the way to and during his business dinner sadistic. I invited them to take multiple perspectives on these interactions, perspectives that would include self and other. Couldn't Elaine be hurt that Roger never enjoyed her spontaneity *and* be unduly negligent about punctuality? Couldn't Roger be too suppressing of novelty and fun *and* also feel that Elaine was disrespectful? Balancing description and even interpretation of their positions, however, seemed only partially helpful. Roger was still frightened of Elaine's anger and after-session retaliation, which he freely admitted. She maintained that his fears were unfounded, based on a maternal projection. She got angry, had a long recovery time, but so what? His slights, however, were to the bone: cruel and humiliating. I did notice that their arguments were heating up. Roger was getting confused: Was he precise or suppressive or dependent? Elaine seemed clear that she was a chrysalis emerging, but as what?

I looked at my own participation as honestly as I could. I realized that I, as well as Roger, was skittish about Elaine's anger, particularly because it might precipitate her flight from Roger and from therapy. I didn't feel personally threatened by her simmering anger: it seemed more petulant than dangerous. I also felt that I shared Elaine's contempt for Roger's placating maneuvers, and then I realized that I was somewhat contemptuous of her as well for accepting them! Overall, I felt somewhat removed from their stylized relationship dance, though I had become inducted in maintaining its formalities.

From the beginning of treatment, I felt like I was fighting Roger's bat-

ties for him, albeit in a supportive and coaching therapeutic guise. I kept his grievances in play, probed Elaine's motivation more than he did. Asking him about his using me this way produced self-reflection and recollections of past therapeutic insights, but little change. In one session I decided to commit myself to a change in my participation. I told Roger that I was going to retire from my position as his advocate. I think that in psychoanalytic couples work, because of the traction between the couple, therapists more freely take explicit action, beyond interpretation. Elaine looked pleased, because she felt I was exposing his unresolved neuroses.

During one of the subsequent sessions, Elaine faulted Roger for his "detachment," for leaving her after a tense dinner and disappearing into his studio. Once again she was reminded of her father's cruel disregard. Quite uncharacteristically, probably because this exception proved her rule so unfairly (he had desisted from withdrawal for months), Roger accused Elaine of not grappling with her projections, of ignoring the difference between him and her father. Elaine was deeply affronted, and even I, from my obtuse angle, can see how glowering her look was. Elaine retorted that she hated having a personal reflection thrown back in her face. His doing so was no better than his emotionally deserting her! Roger reported being frightened of her reaction. "Of what" I asked. "We're going out to a special dinner and it will be ruined," he says. "Then make something else happen tonight!" I tell him. "Make it happen." I think I thrust them into liminality, but the moment seemed ripe and ready. It was as if we were trying to swim in a whirlpool of anxieties, of confusions about separateness-projection, tenderness, and terrorism.

They reported the following sequela to the session, which Roger found "amazing." They were sitting in a restaurant disputing something specific and quantifiable, perhaps an apartment renovation issue. Elaine felt that Roger was absolutely ignoring her input, was being totally dismissive. She said, "I'd like to fucking punch your fucking face." She had never said anything like this to anyone ever before. Roger wasn't at all afraid, this is what amazed him. He thought, "What an over-reaction; her degree of anger is ridiculous," and he started laughing. She didn't feel erased or dismissed, which she thought was quite remarkable, if not amazing. "Why?" I asked. Because she too was astounded by her degree of rage relative to so "stupid" an argument. I invited them to think about this as a shared creation of a safety zone, a safety zone they had never inhabited before. Its parameters?: unbridled self-expression without retaliation or

dismissal, irrational anger without terror. I meant "shared" in every sense. Elaine's "fucking punch" threatened Roger, but could have been his own dangerous explosion. Roger's laughter expressed Elaine's victory over hypervigilant self-protection.

What was amazing to me was the individual material that followed in this session. Though we had talked about Elaine's father on multiple occasions, for the first time she recollected that her father had threatened to "lock her in a cell" at the nearby jail to show her what would happen if she were bad. Even more to the point, she revealed that when she became furious as an adolescent, she used to pound on the walls of their house. Her father characteristically responded by saying "she is crazy and should be committed." As in Blake's "Who is the dancer and who the dance?" we were now living Elaine's fear of irrational anger, of psychosis.

#### The Last Phase of Therapy

This shift in their bonding was stable. Roger would spontaneously ask himself, "Why be afraid?" when he felt his anxiety rising, and Elaine reported that she wasn't as angry because she no longer felt "silenced."

Many of the disconnections between Roger and Elaine were bridged in the last phase of the work, but certainly not all of them. We dealt with sex a lot. I worked playfully with them in this last phase because they were open to it and it was part of their new sense of flexibility. Elaine had once put a key to a motel room under Roger's napkin at an anniversary dinner. "Really," I responded. "Are these surprises a relic of the past?" So in short order, they weren't. Individual concerns unfolded. Incidentally, when I meet with partners alone, I take the position that nothing is confidential, but that the partner and I can use discretion in reporting. Elaine divulged that she was figuring out "what being a woman meant" in her individual therapy, that she had always felt repelled by the sight of a pregnant woman carrying "an alien being" inside her. Roger talked about feeling potent in all other sectors of his life, realizing that he was depriving Elaine of this aspect of his personal repertoire, as if to punish her. The last thing I remember their deciding to do was to get into their car and set out for a drive in the country with no determined route or destination! This was Elaine's suggestion, but Roger actually found it inviting.

This treatment pivoted, for me, on the release of self as embedded in individual narrative, to a messier, shared state of consciousness. The inquiry of any shared experience was rough going with this couple; they

viewed themselves as singularly born and shaped. But they were not that different from most of the couples I work with, whose selective inattention veils how much of their lived experience has become configured by the anxieties and defenses of their partners—within the relationship, and to varying degrees, outside of it.

Inquiry about their difficulty in recognizing the other's Achilles tendon and their tendency to keep jabbing into it—inquiry and interpretation about unreasonableness and solipsism—had left the treatment inert. It was the enactment of escalated rage and danger, which I had helped precipitate by “resigning as Roger's coach,” that took them into a liminal space. Who can say what the “good” or “bad” me is when an interpersonal explosion interrupts such self-referential concern? I'm more experimental when working with couples. As Ehrlich (2000) states, “In work with couples, there is necessarily much more interaction on the part of the therapist than is usual when seeing an adult alone. One's sympathies and alliances shift, and the spontaneity and improvisation required to stay in touch with the dialogue of two people makes one's own style and character more visible” (p. 485).

Explosions aren't always necessary, but intensified merging generally is. Some of the current formulations of couples dynamics in terms of projective identification—that is, vectors moving simultaneously and linearly—may be too schematic and insufficiently chaotic for psychic life. The merging of selves often requires a concrete expression. Language doesn't carry the day. In trying to capture the essential mutative experience of psychoanalytic treatment, Levenson (1998) comments, “The relevance for therapy may well be that the signal function of the transference-countertransference enactment, which presently so engages us all, is to supply the corporeal equivalent, the experiential component to the discourse. . . . It is possible that patients resist interpretations, not because of negativism or anxiety, but because no one learns *anything* by being told” (p. 244). I believe that the experiential action—the flare of mutual recognition and dependency—occurs between the couple in moments of intense deconstruction. The status that collapses in the liminoid ritual of psychoanalytic couples therapy is perhaps the most invested and illusory aspect of self—personified self as autonomous and sharply defined. Intimacy requires a new version of ourselves. As George Wald, the optics scientist, said of his life's work, “Overall we are the products of editing, not authorship.”



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