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The Analyst and the Significant Other: Two's Company, Three's a Crowd: Commentary on Paper by Carla Leone

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My response to Carla Leone's paper focuses on how psychoanalysts perceive the significant others of their patients is an attempt to both endorse raising this important question and to augment our thinking about it. Leone identifies the dynamic backdrop for the tendency of individual therapists to unquestionably accept their patient's representation of the significant other. From an interpersonal-relational and family systemic perspective, I raise other dynamic possibilities regarding transference and countertransference, the self as co-constructed with the significant other, introduce the importance of attachment theory, and suggest creative ways to keep a balanced view of the partner who is not known to the analyst except through the patient's representation.

Carla Leone's paper is long overdue, and a significant contribution to the way we think about and talk about the intimate relationships of our patients. I very much enjoyed discussing it at a conference last year, and appreciate its current, even fuller exposition. How accustomed we are in psychoanalytic treatment to experiencing shadowy presences: visions of looming parental figures who painfully deprived or discouraged, parental figures who mystified through oscillating cycles of play and punishment, or any number of imprinting influences on the patients we are trying to understand. What is taken for granted in our work is a kind of unidirectionality—the shaping of our patient's character by others over a long developmental arc. We don't frequently consider as psychoanalysts how the people we work with impacted these developmental figures, even though we know as grown-ups, let alone parents, how different temperamental constellations in children or even different childhood personality structures relax or agitate us. We look at what was done to our patients, rarely how they participated in a loop of interaction.

When we are in the reality of intimate partnering, the rules change, as Leone proposes and maps for us. We remain attuned to the influences and impingements on our patient's need for growth and self-acceptance, but we now must open up our radar screen to how our patient is both representing the significant other and co-creating the relationship, frequently featured by distress and disappointment. Leone trenchantly asks “how, within the analytic transference–countertransference matrix, the therapist/analyst becomes so convinced that an unseen spouse is a certain kind of person – especially when that therapist typically thinks in a more speculative, relational or constructivist manner” (p. 326). Like Leone, I find it endlessly surprising how

frequently contemporary psychoanalysts who are deeply engaged in thinking about reciprocity of influence within the transference and countertransference matrix actually turn a blind eye to these same constructivist principles in intimate relating outside the treatment room. With frustration and with some fascination, I and others who have immersed ourselves in moving between the praxis of working with individuals and dyads have struggled with the central dilemma of Leone's paper. We benefit from her riveting our attention on this puzzle and from the skill with which she examines and reassembles its pieces.

FOUNDATIONAL ISSUES

For me, there are two fundamental issues. The debate in psychoanalysis between narrative and historical truth (Spence, 1982), which I think was theoretically generative, has been silent for a while, replaced by a comfortable assumption that our full purview in psychoanalytic exploration is framed by the patterning of construction and co-construction. What we are reminded of in Leone's paper are some of the complications of this frame. Slavin (2012) commented that "the history of psychoanalytic theories can be understood as one in which subsequent perspectives have attempted to retrieve and reconsider the role of the 'outside'" (p. 680). I think we've mostly abandoned this philosophical/clinical interrogation. In fact, the importance of "external reality" is central to individual psychoanalytic treatment, in ways that we no longer think much about. Analysts still write and talk about parental figures as if they existed in reality as they are represented by their patients. We talk about the transference and countertransference space we inhabit with our patients, but we forget that the very architecture and blueprint of that space is drawn by us. In a fascinating paper on transference, Schimeck (1983) identified some of the idiosyncratic constructions of what we consider transference and said,

The analyst brings to the situation a certain model of the relevant past, a set of selective expectations based on his general theoretical orientation as well as the ongoing data of the analysis. This model will play a crucial role in determining what among the patient's behaviors is transference as the repetition of a particular past. (p. 440)

The question of veridical representation, or lack thereof, is fundamental to the context of couples therapy as well. I always remind myself that whatever we learn about the parents of partners or early childhood experience is being transmitted in the presence of the partner and thus is constructed by the politics of that relationship, not to mention transference to the therapist.

A second basic phenomenon, which is relevant here and which I have written about frequently (Gerson, 2007, 2009), is the question of a particular self-state that I think has not received enough attention in our literature: self-state with significant other. Leone cites Shimmerlik's (2008) discussion of the "enormous amount of information that is processed, stored and communicated through the implicit system" (p. 327). The relationship between intimates, over time, accrues particular and unique affective, defensive, and transference patterning, and this patterning sets into a mold like Jell-O—sometimes like concrete. We become cued to partners we are bonded with, and aspects of our personality are activated in particular intensities, shapes, and forms in these relationships, in somewhat predictable loops of responsivity. None of us live outside this force field. If the cueing is pervasive and redundant, the relationship is likely constricted and devitalized. I have suggested that the torque of this bond can be so strong and immutable that

it requires a high-intensity challenge, and that this kind of couples therapy can be described ritualistically as a social drama (Turner, 1977) involving four phases: breach, crisis, redress, and reintegration (Gerson, 2001). Leone in this paper provides a good illustration of self-with-other in her discussion of “Clint Eastwood” and his oscillating either withdrawn or attacking wife.

Because Western culture so emphasizes differentiation and agency, we often dissociate the degree to which our partners organize our psychological responsiveness. It is as if we suffer a narcissistic cultural wound in admitting it. Why is the unrecognized self-with-significant other so fundamental to this discussion? Because I think it captures the divide between our readiness to talk about co-shaping in our analytic work, where we are comfortable with psychic interpenetration, and an apparent resistance to carrying this concept fully into the extra-analytic life of our patients. We don’t think of our patients being so organized by others, and we likely resist thinking of our own selves in this fashion. But because we don’t have access to the person we are working with in relation to their partner, there may well be zones of character in our own patient that only clearly spring to life in that other relationship. I am radically proposing that we don’t and can’t fully and completely even know our own patients—particularly in the grip of other intense bonds—and thus speculation about an other constitutes truly wild analysis.

COLLABORATION BETWEEN THERAPISTS

As a prelude to examining the dynamics of restricted representation, Leone turns to the process of collaboration between individual and couples therapists. She offers one unfortunate scenario in which the therapists involved begin to fight with each other like the couple does, and cites Maltas (1998), who in dealing with this dilemma “eventually successfully educated the couple about the differences between individual and couple treatment and about how they had contributed to the split between their therapists” (p. 327). Augmenting Maltas’s intervention, I would say that I invariably “educate,” certainly comment, about the difference between treatment modalities, and do so fairly early on in the couples work. In the heat of battle, partners often quote individual therapists, and I think that it’s crucial to point out the therapeutic partisanship at work. It is a rather persuasive communication from me because I can point out that I’m a psychoanalyst as well, and know what the lens shift entails. As for collaborative conversations, I prefer not to talk to individual therapists (or when I’m the analyst, the couples therapist), unless I feel there is splitting or triangulation at work. But then my referrals back and forth tend to be with therapists who are sophisticated about the parameters of each form of treatment. However, I am always open to these conversations, and they are often strangely impassioned, evidence of the kind of counter-transferential traction that Leone points to. I recently had a very useful collaborative conversation with an individual therapist. I’m working with Karen, a woman who sees herself quite victimized in a relationship with a man who does threaten abandonment when he feels desperate about her lack of understanding. But she has been markedly unsympathetic to his current and immense life challenges and I understand his descent into hopelessness. After a few months of treatment, I felt that no matter what therapeutic artistry I could muster—explicit description, metaphoric recasting, empathic coaching—I could not interest Karen in reflecting about her own participation. She asked me speak to her individual therapist, who indeed reported Karen “didn’t get it,” couldn’t grasp what I was asking her to consider. Though this therapist was exceedingly negative about the husband she had never met, and told me that she wondered why Karen “had married him,” she

flat-out agreed that Karen had to be participating in the demise of her marriage. She did report that she was working with Karen on restraining herself verbally, from offering the ill-timed and poorly attuned advice that Karen extended to her harried husband. Now her specific behavioral recommendation and my wish for interpersonal responsibility were not cut from the same theoretical cloth, but clinically we seemed to calm each other with a sense that we shared an overall clinical perspective. I think that Karen's experience of our collaboration became reflected in her enhanced collaboration with her husband. She began to expand her self-reflection and became more attuned to the multiple burdens her husband was shouldering without feeling diminished herself.

THE ROOTS OF THE PROBLEM

Leone wisely and sensitively identifies some of the roots of the individual therapist's overidentification with her patient. She describes aspects of the "positive transference-countertransference bond" thusly:

Even in rockier treatment relationships that involve more negative transference, the protected, asymmetrical, helping-based treatment relationship still often does not trigger the same intense, painful reactions and interactional dynamics that marital or other romantic relationships do. Patient and therapist may therefore naturally conclude that since their analytic relationship works so well, any problems in the marriage or relationship must be more the spouse's fault than the patient's.

Finally, the more immersed the therapist is in the patient's inner world, or the more he or she sees the world through the patient's eyes, the more true or real the patient's perspective can begin to feel. (p. 329)

In fact I believe that the effort to see the world through the patient's eyes can emerge from a wish to compensate for negative feelings towards the patient, from dare I say a position of psychological intimidation that desperate patients can invoke, and from many less-than-positive dynamics. Here I think I am reflecting an Interpersonally weighted relational position. Leone does state:

While feeling deeply understood and having one's feelings shared or agreed with is obviously beneficial to patients, problems can develop if clinicians become so empathically immersed in their patient's experience that it begins to feel like objective "reality," rather than simply that patient's particular subjective experience. This may be a particular risk for self-psychologically informed therapists (including me), given our emphasis on empathic immersion/inquiry into the patient's subjective experience. (p. 329)

Though certainly Interpersonal-Relational therapists run their own risks since the transference-countertransference dance always misses a few beats, the risks do not tend towards idealization.

I liked her remarks about length of treatment, albeit once again I find that in my own work, that duration cuts both ways. In fact it is often in long treatments, where I have achieved a really robust, elastic relationship with a patient, one in which we've gone around the bend disturbing, reflecting, and coming to some understanding of each other, that I can step back and see more of my patient's inevitable irritation to her spouse and freely question it. Similarly I think I'm less biased towards the partner with more individual treatment, since even in cases in which I know

and respect the therapist, I still hypothesize that the exploration self in “self-state with the intimate other” was inevitably constrained, for all the reasons Leone and I are addressing. Just as problematic for me, particularly when I supervise and teach, is a bias in psychoanalytically oriented couples therapists towards the partner with evolved self-reflection and psychologically mindedness. It’s tough going analytically when these qualities are not present, but in couples work, partners who are committed in action, in helpfulness, and support are often insufficiently credited by therapists who singularly endorse high levels of mentalization. I utterly agree with Leone that length of experience as a couples therapist more readily formats a split-screen perspective on any conflict or tension between partners under discussion or in dispute.

What I’d like to add to her review of “Theoretical perspectives” is the perspective of attachment theory, which I cover rather comprehensively in my book and in recent articles. There is a burgeoning literature on attachment theory and couples dynamics that supports the view that partners are inexorably linked in their ability to tolerate the anxiety of intimacy (Clulow, 2001). The focus of attachment-theory-based couples therapy is the troubled relationship, not the individual partners. Attachment theory applied to couples treatment offers a bridge to self psychology theory in its focus on the other as selfobject. Though the selfobject need is universal, a need for a safe and secure base, specific restorative needs differ. That is, a wife may need her husband to step forward and be more present, and he may need her to be less attacking, but both initiatives are in pursuit of a more secure attachment. I think that therapists who become familiar with this literature are likely to resist pathologizing the significant other because they gain greater respect and sympathy for the vagaries in attempts to achieve some beachhead of secure attachment. A man I treated who levied constant criticism towards his wife, which was threatening their marriage, was—from an attachment perspective—trying to keep himself in her mind and keep her close, however misguided his methods.

I would like to take up in more depth Leone’s category of “Transference-countertransference dynamics.” She begins by saying, “For example, the analyst’s relationship history and psychology may make him particularly prone to experiencing the patient as victimized by the partner and himself as protector or rescuer” (p. 331). Though undoubtedly there are specific developmental vicissitudes that lead to this particular dynamic, I actually think it is endemic in psychoanalytic work, a perpetual struggle to remain neutral regarding growth in our patients, and a deep wish to help and heal. Thus when Leone’s colleague with exasperation says, “Of course I only have what she tells me, but still, I have to say *something* when this guy hurts her or disappoints her once again, as he has for so many years now! What else can I say when she tells me these terrible things?!” (p. 325), he is speaking from the need to alleviate pain. When working individually, this kind of relief can be offered through empathic understanding or intersubjective exploration, but it may seem almost heartless in the face of repeated descriptions of neglect by a specific other. I think that the other dynamic origins of countertransference overidentification cited by Leone are on point, including avoiding becoming the bad object, unconsciously dealing with similar issues, or the enactment of Oedipal conflicts. What I want to emphasize is that these dynamic underpinnings very often become enacted in couples therapy, particularly by psychoanalytically oriented therapists, by the therapist failing to keep her focus on interactional dynamics and instead taking a position in the center of the couple’s struggles. I think a pitfall for psychoanalytically oriented therapists is to become too central, too much of a triangle point. We enter this field because we like the intensity of engagement, and we love thinking about ourselves. I think what couples therapists have to tolerate is standing outside what I call the “circle of intimacy” (Gerson,

2009) of the couple. I think that it is protective of the attachment of the couple to function as a third, but actually more as a third wheel. And in this particular position, other countertransference vulnerabilities, such as the pain of exclusion in childhood peer relationships, become paramount for us to examine. She of course is to right to ask us to question our own relationship hurdles, and states

Much later, I came to see the intensity of my reaction as the result of a complex interplay of my own history and issues, those of my colleague (presumably), and those of the couple.¹ Having grown up with younger brothers I had to stand up for and advocate for at times, and having parents who divorced in part because of issues similar to those of this couple, clearly influenced my strong reactions to the couple and to my colleague. As I had with my brothers, I defended the husband and advocated for him, seeing him as the underdog facing the powerful duo of the wife and her analyst. (p. 333)

I am a long-married never-divorced psychoanalyst, and I try to stay aware of how the personal meanings that my particular relationship choice has pervaded my work with couples. However since I think that what's left to countertransference is precisely what we have not become totally aware of, I have to stay alert to treatments that seem too comfortable or too thorny. On this matter I have believed for a long time that what often most haunts us in our couples work is that, however deeply analyzed we are, there is something confusing about parental relationships that never becomes clear to us, because we are too young to grasp much of it. Is not the parental relationship we witnessed one of the more mystifying aspects of childhood, fraught with anxiety as we experience the conflict and thrall between adults we are totally dependent upon? The anxiety that comes with mystification can be activated in treatments that become stuck or confusing, and we have to be careful not to withdraw or, alternatively, be too defensively clear.

A TREATMENT ADVSORY

Leone's specific suggestions regarding how to "respond to relationship problems when hearing only one side of the story" are very informative. I basically agree with all her recommendations, though I think it will be useful to identify subtle differences in my thinking in order to enrich this discussion. Her categories of recommendations follow, and I comment within each of them.

1. "*Appropriately qualify any statements about the unseen partner or the couple's dynamics*" (p. 333). Leone describes a moment in which a therapist might feel "it important to speculate about the husband's possible pathology or limitations" and would endorse a remark to a patient, such as, "It sounds like your husband might be very limited emotionally and may simply not be capable of meeting your emotional needs" (p. 333). I think I may be more systemically hopeful about dyadic change. Though I express puzzlement about the experienced hurtfulness or seeming resistance to change in a spouse, I rarely consider these qualities immutable in any way, and convey this as a meta perspective in my work. I generally throw my clinical weight behind the probability (not inevitability) of the spouse changing, if my patient does.
2. "*Analyze as usual*" (p. 20). All her clinical points are well taken: Partner representation may reflect a transference reactions, reactivation of childhood experiences, or other needs

such as defense against intimacy, or affect. I am currently working with a woman who is harshly self-critical, devaluing herself as a way, I think, of keeping the lid on unprocessed developmental trauma. She recently launched a harsh and critical attack on her husband's competency, and his seeming impenetrability to her input on how he might resolve his difficulties. Though I looked at their interaction carefully with her, my principal observation was that she was subjecting him to the same unforgiving standard to which she held herself. My comment about her treatment of him caught her interest, passed through her defensive barrier. It was an example of how uniquely generative talking about the "external" relationship" can be in analytic work.

3. "*Explore the intersubjective context of the complained-about behavior*" (p. 21). I find this to be uniquely useful. To ask a patient to pause and reflect with me about what may be motivating a partner is a surprisingly rich experience because it introduces the reflective practice of the analytic relationship into the extra-analytic field of interaction. It also interrupts the redundant, defensive narrative representation of the partner.
4. "*Highlight what the patient does when hurt, angry or disappointed and where he/she learned to do that*" (p. 24). I think some of this exploration eventuates (can't help it with my systemic training) in making suggestions of how my patient could act differently with the partner (as I imagine in might for Leone). I generally ask what it's like to hear me make a suggestion, and I wonder aloud whether it was wise for me to do so. And of course to reiterate this at this point, when my patient is complaining or suffering a spouse's behavior, I think about how this dynamic is interacted between us. It's not always clear how it enacted and it's sometimes not useful to bring the issue back into the transference-countertransference matrix, but I always want to and believe that's where it belongs, if it's individual therapy.
5. "*Refer for couple therapy (wholeheartedly)*" (p. 24). What is the context for our wish to refer? Does the decision emerge from a sage clinical assessment, a sense of defeat, from hopelessness, from humility? It's important to know as best as we can. Sometimes I think the referral question is simple. When an individual patient reports acute relationship distress at a key point in the family life cycle, such as the birth of a child or the decline of a parent, which causes dyadic tension, I think a couples consultation is in order. However, at other times, wrestling with the question of whether to refer is quite intense. Leone mentions that "the therapist may also have concerns about diluting the individual work or becoming less central to the patient if the patient is in a second therapeutic relationship, and/or concerns about collaborating with another therapist, such as competitive or narcissistic issues or anxieties" (p. 336). I would add that referring often invokes feelings of failure on the part of the individual analyst, a by-product of the grandiose assumption (to which we are all subject) that we can resolve all key issues within our own therapeutic frame. Most fundamentally, I think the issues of collaboration and competition, and particularly of potential dilution, are much less threatening when one refers to a well-trained couples therapist who is skilled on thinking about clinical material from a dual lens perspective. And I think that couples work, when it is well grounded theoretically, often enriches analytic treatment, sparking new interest in developmental experience or aspects of character which were opaque in the analytic work.

MY ADDITIONAL SUGGESTIONS FOR HEARING ONE SIDE OF THE STORY

I'd like to provide a few additional suggestions for listening with mindfulness and balance to complaints about the significant other, emerging from my interest in attachment theory and my family systemic training. I think it is important to ask how the significant other offers solace, renewal, or healing to our patients in ways that are altogether not apparent when we listen to a barrage of complaints. I worked with an individual patient who was enraged at her husband for finding her convenient as a company escort, a kind of trophy wife, expressing little interest in her otherwise. Of course my feminist hackles were raised. Yet she seemed oddly content with him in a way that seemed to express more than dependency; she was a rather unconventional and very accomplished woman. We had talked at length about her experience of being relentlessly invaded and shaped by her mother, and one day I realized that what this husband offered her was the acute pleasure of having space and freedom to live her own life. It was a rotation in my view of him. I think we still function under Freud's dark vision. When I teach psychoanalysts and listen to case presentations, I generally have to ask at the end, "Is there anything attractive about this couple? Are there strengths in this relationship?" It's as if we feel that to take people seriously, we have to capture darkness rather than light.

Last, it occurred to me in writing this response that two of my favorite interventions in working with couples might be helpful in listening to individual patients describe their partners. I very much favor using metaphors in my couples work, a metaphor that captures the essential reciprocity between the partners. The metaphors often emerge from the language of the couple or I spontaneously suggest them. One metaphor I've suggested more than once in couples therapy is that there is "supervisory-supervisor" arrangement that's been forged, and an unpaid one to boot! For Bucci (2001), metaphor connects the symbolic and the subsymbolic. As she noted, "One cannot directly verbalize the subsymbolic components of the affective core. . . . The power of emotional expression is in the details, as poets know and as Freud also knew" (pp. 51-52).

Second, I try to capture the reciprocal dynamics of the couple in a snapshot, a visual scenario capturing an interaction, often one which the partners report as highly charged. Levenson (2003) noted that though we deemphasize it theoretically, our psychoanalytic praxis is organized around pictures, rather than words. Our questions come out of images, as do our free associations and dreams. The visual representation hangs like a hologram in my office, always accessible to us, reviewed and sometimes edited. One couple I worked with struggling with his recoiling from her spontaneity and reciprocally her feeling constrained by his rigid boundary maintenance talked about a terrible fight during the week. She had called him a pet name before the apartment door closed. "Who knows who heard it?" he asked desperately. "That's more important than my burst of affection?" she retorted. The incident captured their struggle like a frozen frame, and we opened and shut that door metaphorically in many subsequent sessions.

It occurs to me that individual therapists might try to capture what they hear about the significant other in either a metaphoric or visual representation. This rendering might create resonances, I think, to slightly out of awareness influences on our analytic listening, and would reinforce the importance of recognizing and respecting the unique configuration of our patient's self-state with a significant other.

IN SUM

In sum, Leone's paper with its graceful clarity and breadth lands us right in the center of a nest of issues that are complex and fascinating in terms of both psychoanalytic and couples treatment. What's more, the issues have roots that extend considerably beyond the intersection of couples and individual treatment, inviting us to contemplate expanded views of transference and counter-transference, and what might be the limits of knowing our patients and ourselves when we find ourselves close to the ignition of intimate bonding .

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