

# The Embedded Self

Second Edition

An Integrative Psychodynamic  
and Systemic Perspective on  
Couples and Family Therapy

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## Possibilities of Integration

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“My main goal is to get them into individual treatment.”

“I started to see them as a couple. He was desperately trying to get through to her, and I wanted to help if I could.”

“An individual patient of mine asked for the name of a couples therapist. Although I think this will be helpful, I’m unsure of how to deal with this other modality.”

More and more psychoanalysts and psychoanalytically informed therapists see couples and families in their private practices and as part of their institutional responsibilities, or become involved in this form of treatment by referring individuals to a couples or family therapist. The increased openness to other interventions is commendable. But the tracking of clinical data when a person is seen simultaneously in individual and family or couples therapy is complicated. For the referring individual therapist, an awareness of the theoretical underpinnings and forms of intervention used in the family or couples work can facilitate this tracking across multiple levels of clinical abstraction.

Reaping the heuristic benefits of family systems theory requires immersion in it, but this may be in the form of a refreshing dip or full-fledge baptism. In the rest of this chapter, I opt for the dip and will talk about work with couples, for that is perhaps the easiest, most experience-near way for most analysts to get started in thinking about patients, and perhaps also themselves, in a systems perspective. In the next chapter, I will broaden my scope to families.

Families—their traumas and their struggles—are what psychoanalysts spend a great deal of their time hearing about. And yet *how* one hears this material will be the question. But couples are perhaps even more experience-near. Some analytic practitioners are already seeing couples, others are perhaps contemplating doing so, but all analytic practitioners have had ample opportunity and cause to ponder and wonder about what goes on in couples therapy and about how it is different than what usually seems to go on in their offices.

There are so many reasons to work with couples as a psychoanalyst. The vibrancy of interaction, the very different countertransference experience, and the rolled-up-sleeve kind of playfulness it requires are all gratifying. And while we are talking about gratification, I wouldn't be honest if I didn't mention that there is an ever-increasing consumer interest in and request for couples treatment.

The increased openness to couples therapy among consumers is sociologically and clinically interesting, and I can only muse about it. Relationships have become more complicated to negotiate in an era in which gender, sexual, and vocation roles are all very much in flux. It is probably not the case that intimate relationships are more difficult to establish during the first decade of the 21st century than they were during the last decade of the 19th century, when psychoanalysis first emerged as a domain of inquiry and treatment. However, intimate relationships seem to be more difficult to *sustain* today; witness the soaring divorce rate of the past few decades. This is in large part because sweeping changes in social ideology, represented most forcibly in the feminist revolution, have deconstructed time-honored assumptions and expectations regarding family structure. The premises of traditional ideology regarding the family now lie about—potsherds of a fractured vessel—requiring each couple and family to patch together for themselves an ideological framework for their lives that is both functional and serviceable. They must construct their own framework in which to address essential questions about interrelationship in a culture in which sustaining a bond with another person is an extremely difficult operation: What is “good enough” parenting? How can parents prepare children for a world that, in an age of information explosion, is relatively unpredictable? What is commitment in a postmodern culture? Does it still mean “forever” in any reasonable statistical or psychological sense? What can and should we pledge to each other? Exclusivity in an age of distracted consumerism? Oh, would that freedom made life simpler.

Then again, perhaps the general postmodern rotation toward external cueing and away from subjective self-examination has encouraged an interest in relationship-based therapy. Rather than pausing to reflect about our intention or effect, we are today cued to instant feedback via electronic communication, and are awash in media information and stimulation. It may be that in today's *zeitgeist* looking at oneself seems more natural “in connection” than in our personal closets. Third, young couples, from whom the sharpest increase in couples therapy emanates, are nowadays impressively pragmatic. A troubled relationship for this generation—like most of life's obstacles—can be actively taken on and, with expert help, reconfigured and resolved.

For myself, couples therapy was in a sense a natural clinical extension of my psychoanalytic identity. I emerged from psychoanalytic training with a particular respect for the interpersonal tradition, which persists today as

its own tradition and is also well represented in the relational movement in psychoanalysis (Wachtel, 2008). One of the leading progenitors of the interpersonal perspective was Harry Stack Sullivan. I think that Sullivan's (1950/1964) greatest contribution was to expand our psychoanalytic frame to include field processes, with particular reference to the patient–therapist relationship. His developmental theory reflected an emphasis on interpersonal processes—what today is referred to as intersubjectivity—such as the contagion of anxiety from mother to infant and the coloration of the self by the reflected appraisals of others. I think that the valuable of Sullivan's concepts for a psychoanalytically oriented couples therapist is his personified self. Sullivan argued that our “illusion of uniqueness is precisely what prevents us from curing ourselves of our neuroses” (p. 216). According to Sullivan, we construct an image of ourselves that is generally positive—though not necessarily so—that becomes fixed in our consciousness. This self-representation buffers the anxiety of living. Once delineated, our self-personification remains impervious to interpersonal feedback, largely through the work of selective inattention. We discredit contradictory appraisals from others. I have written extensively in articles about how Western culture reinforces our sense of psychological autonomy and impermeability. Individualism, whether “egoistic, romantic, alienated or ideological” (Guisinger & Blatt, 1994), is our ideal, and couples therapists get to see it in operation in situ.

Sullivan also talked about experience that was not repressed, not denied, not dissociated, but simply unformulated because anxiety kept it from becoming part of the self. Donnel Stern (1997) has developed and elaborated the idea of unformulated experience, beautifully illuminating how what hurts us is not only what we keep out of awareness, but what we haven't imagined within us as lived possibility. For me, what is unformulated in conscious experience for many partners is the degree to which they are prompted, shaped, and influenced by their intimate other.

There is a great deal written today about multiple self-configurations. Mitchell (1993) evokes the oscillating rhythm of integral and multiple self-experiences, and Bromberg (1998, 2006) has celebrated the “spaces” between different self-states. In fact, Jerome Bruner (1990) anoints the contemporary self “distributive,” a product of the variegated situations in which it operates. The de-centered self, however, is distributed in a culture that still privileges bounded identities and discreet personal experience. For me, the essence of psychological health is to be open to input, even shaping, from others, while maintaining a sense of continuity capable of sustaining the dialectics of self-experience. I think that individuals who grow into adulthood able to maintain a fluid balance between continuity and permeability often find relationship life very satisfying. But, the other side of this coin is that it is intimacy that most challenges this capacity. If there is little give in our sense of self and its embeddedness in the relationship, the objections of

our significant others can feel unjust and, at their worst, annihilating. What can happen over time is that the cueing of insult or rejection immediately triggers the same redundant defensive reaction, and before long the repertoire of shared life is constricted and almost automatic. Actually, the artistry of couples therapy is to render support and holding for self-organization, the customary vantage point of Western psychological life, while inviting the couple to gaze out on the world from behind a new lens, one that includes attachment and interpenetration. I've written about ways to conceive of this work as live drama (Gerson, 2001a) or as a ritual (Gerson, 2001b) in which individual identities are reconfigured and reassembled.

One of the pleasures of integrative thinking is to track an innovative clinical concept as it moves across the aisle. One construct, to take an example close at hand, that has been most warmly embraced and elaborated among psychoanalytically oriented couples therapists is projective identification, first developed by Klein and particularly elaborated by Ogden. How tempting is it to divest oneself of an intolerable quality by cloning it on an intimate partner? If the essence of projective identification, as opposed to projection plain and simple, is in fact to remote-control that unacceptable quality, the intimate relationship with its active longings and dependencies offers the perfect technology. Similarly, Donnel Stern (2006) posed an interpersonal variant of projective identification recently. Stern cites Sullivan's formulation of a triad of "me's" that become organized in late infancy: good-me, bad-me, and not-me (Sullivan, 1953). For Stern, the unacceptable bad-me can be deposited into the account of a partner; so, too, can the uncannily disturbing not-me. However, the not-me is so alien and potentially so terrifying that if it is deposited in another in a relationship field, an endless, repetitive cycle of toxic and hateful representations ensues. Sullivan first spotted this dynamic in the press of individual treatment. Couples therapists see it all the time. In general, the sweep of the contemporary relational movement in psychoanalysis has legitimated all of us to move freely and integratively across theories and concepts. For myself, I have always been interested in figures who are today deemed relational theorists, particularly Winnicott and Fairbairn, and how their ideas can be applied to couples and family work. In fact, I very much feel that in some basic way, I "hold" the couple's contradictory longings and antipathies in a Winnicottian frame that allows for experimentation and expansion.

Attachment theory has yielded a theoretical and empirical literature that has refined psychoanalytic thinking while also impacting family and couples work. There is a very specific and fascinating literature on couples attachment, which I will return to in Chapter 7. Just to offer a taste of this field of inquiry, a factor analysis of the most frequently used adult attachment scale yields two distinct anxieties of intimate attachment: fear of intimacy and fear of abandonment. These anxieties function as a crossbar allowing

the clinician to sometimes unpack bewildering contradictions in relationship patterns. Attachment theory and systems theory are close cousins; both models emphasize the specificity of each relationship as yielding a particular attachment configuration, and both theories post the possibility of change throughout the life span—even, dare I say, without therapeutic intervention—due to the healing influence of significant others.

In a kind of chromosomal linking, attachment theorists have brought psychoanalytic theorists back to Freud's original project—the investigation of how neurobiology shapes character—and family theorists have begun to consider the newly emerging interpretive possibilities. It seems clear that attachment schemas are primal, organized in procedural memory, and get triggered in psychic nanoseconds. Another recent development in the neuroscience area of great interest to us is the identification of mirror neurons. It turns out that as I watch you perform an action, my cortex produces a similar neuronal pattern, as if I were the protagonist and not a mere observer. These neurons may help us grasp a laboratory phenomenon that we witness daily in our offices, and certainly experience in our own lives: how we feel our emotional boundaries so readily dissolve in intimate relationships. Beebe and Lachmann (1998), citing Ginot's work, describe how partners are able to induce similar affective and subjective states in each other through facial expression alone. And these are laboratory partners! How helpful these findings from neuroscience have been to me in integrating psychoanalytic thinking with active systemic intervention. Indeed, these findings help explicate why the playful approaches of family therapy, which are sometimes kinetic and nonverbal in form, and often not directly exploratory in content, may be necessary if the schema at hand are unsymbolized and overcued.

But, however useful the constructs from current psychoanalytic, attachment, and neuropsychological theory are, they don't provide an adequate map for the therapeutic terrain of couples therapy. Why not? Because what we need when working with couples, particularly those caught in repetitive and redundant cycles of blame and disappointment, is an approach that focuses on how their psyches are linked, at times fused. A full elaboration of the phenomenon of multiple self-states would require, I believe, the positing of an additional self-state: self with significant other—a state often dissociated and at the very least disavowed.

We need a methodology that helps us penetrate how the experience of two partners is cross-joined. I recently published an article about the ethics of intimacy (Gerson, 2007) in which I talk about how subversive I can feel ethically in my office, where I have come to view the language of ethics—the principle of the golden rule—as a very linear and very convenient means for couples to stake out their autonomous sense of being wronged and righted. Much more interesting to me in working with couples is to look at how they share the same temptation of violation, or pretend not to.



So what shifts for the psychoanalyst in looking at cross-joined selves? Well, dynamics cycle rather than descend or ripple. By this I mean that we shift our focus from the richness of association or the depth of layered history to how the same patterns become enacted over and over again—and we do so very early on in treatment. In other words, we look at circularity and try to capture it, and better, interrupt it. If she nags and he withdraws, almost any disruption in this tiresome cycle will likely bring some relief and perhaps even delight. It doesn't matter who started it; they're both caught in the circuitry. Psychoanalytically, we are looking at transference and countertransference much more circularly today, but we contextualize each point of origin, we care where dynamics originate, and we chart carefully how they became elaborated. When working with couples, it is sometimes illusory to try to develop each person's profile of dynamics or to seek the point of origin of fresh manifestations; instead, we focus on illuminating the cycle itself. If that cycle and its reciprocity can be captured, particularly with heightened affect, there is a strong possibility that the personified selves of each partner will change. 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 the recognition that springs from embeddedness—when the rules of engagement change.

Throughout most of the work, the twosome is my focus: shared history and shared failures. This is true even when I meet with partners individually, which I do on occasion. Adopting such a focus entails a rotation in emphasis for psychoanalysts, one that takes some effort at accommodation. In fact, I think that if analysts concentrate too much on individual development and individual psyches, they only separate partners more, entrenching them in their autonomously held positions.

When we work with couples, we also often deal with the weight of two resistances, of one-plus-one discouragement, and I think it's important to work more swiftly and perhaps more surgically—a shift for analysts—in order to upend redundant assumptions and personifications. In truth, I think there is something more typically American—progressive, pragmatic, and yes, optimistic—about the systemic view of relationship change. When we focus on interrupting patterning in a couple's life, we often assume that with redundancy dissolved, a more generative bonding will naturally occur. When we work psychoanalytically, we delineate the possibilities of change and expansion more conservatively; albeit strange and serendipitous transformations do happen in our psychoanalytic treatments. Certainly we upend assumptions when we inquire or interpret in psychoanalytic treatment. But the challenges in couples therapy are often spicier and more direct. I am working with a gay couple in which one partner, purportedly empathically but actually cripplingly, details the psychiatric history of the other. I recently asked the partner why he needs three therapists in consultation: his analyst, myself, and his lover. It's a jibe; it stings, but from the

point of view of multideterminism, it is also descriptively true. The quality of my inquiry in couples treatment is sometimes more discontinuous than what I would use in individual treatment—what I am after is a more surprising version of “truth.”

I think it's crucial and enormously beneficial to reflect on strengths as much as pathology. Actually representing a couple's life together with any degree of positive affirmation is often the most shocking statement that the couples therapist can make. Partners in our offices are often joined in the certainty of their failure and shame. True, partners are sometimes chosen who will repeat hurtfulness, but also, people choose partners who will offer the possibility of rehabilitation. The meanest, below-the-belt gambits are often desperate attempts to connect. Once you really immerse yourself in patterning and circularity, some of the least likely candidates for positive description make the cut. I think I've been reframing dynamics for so many years now that possibilities for gratification and solace in the ugliest of scenarios very readily occur to me. Thus, unless one subscribes to a reductionistic, single-channel theory of masochism or repetition compulsion, which I don't, one has to wonder why certain cycles of relating are endlessly replayed. To wit: You witness a partner behaving consistently critically and hurtful. Is it just sadism? Well, in fact, it's also reassuring. This partner is actually expressing riveted interest and is nowhere near abandoning the object of contempt. Here I think that the systems literature has something crucial to offer us as psychoanalysts. I think we still function somewhat under Freud's dark vision. Not that I'm Pollyannaish about human motivation. Many a morning reading the newspaper, I feel myself affirming the darkest view of human nature as hardwired and hopeless. However, I think we tilt too much in that direction in our psychoanalytic perspective. When I teach couples and family work to psychoanalysts and ask for case presentations, I generally have to take up the task of finding something encouraging, something kind and beneficent in the organization of intimate life. It's as if we feel that to take people seriously, we have to capture darkness rather than light.

I think Edgar Levenson's (2002) distinction between the poetic and pragmatic tradition in psychoanalytic practice is relevant to the kind of focus needed in couples therapy for the psychoanalyst practitioner. Levenson (2002) cites a time-worn, if not time-honored, dichotomy in psychoanalytic theory. One end of our evaluative continuum honors the functions of the mind, that is, the imagination—ergo the poetic. The other end of the continuum focuses on the exquisite skills necessary for negotiating the surviving in the interpersonal world, that is, pragmatics. As Levenson points out, these are different emphases, but they are inexorably connected, so that a pragmatic, gritty exploration of an enactment is always riffed by the patient's imagination and becomes a poetic one. I do think that our work with couples tilts toward the pragmatic; what is most illuminating to

look at when working with couples is what is happening between them in the room, *now*, to examine the intricacy of their engagement. Of course, I am not talking about practical pragmatics, that is, daily chores, division of labor, whose turn is it to pick up junior at soccer practice, or any of the other truly banal struggles that some couples are comfortable filling hours with. I mean an examination of the intricacies of *engagement*—how what he says to her activates a sense of hopelessness that might be somewhat misguided but which inevitably results in a resentful withdrawal. I keep the faith that investigating this will fire the individual imagination, that it will spin off into other relationships past and present and odd kinds of associations and images, and it very often does, though I only hear snippets of that material because it's not my focus in couples therapy.

When we work with couples we can be playful. This is a great pleasure in the work for me. Play in couples therapy is less cautious than it is in psychoanalytic treatment. If you accept the fact that partners who come to your office are stuck in the same redundant interactions, using only a fraction of their repertoires, you can poke at the redundancy. They do actually always have each other, for better or worse.

There has arisen a considerable convergence between the family systemic and psychoanalytic literatures regarding playfulness in recent years. Several psychoanalytic authors (Ehrenberg, 1992; Pizer, 1996) describe moments of spontaneous playfulness with individual patients. But I think, like figure and ground, these moments are highlighted because of their slightly transgressive quality, their uniqueness. Playfulness, whether in “homework assignments” (that doesn't sound very playful), verbal reframing, or more adventuresomely, theatrical choreography or ritual prescriptions, is more of the warp and woof of couples therapy. Crucial here is the damping down of the ubiquitous parental transference and countertransference configurations of traditional psychoanalytic treatment—and I do think that our transference unpacking in psychoanalytic treatment is generally parental in coloration. In couples and family therapy, other relationship schemas, such as peer and sibling relationships, become activated. Peer and sibling relationships were usually transacted playfully and casually; transferences based on them are the same.

A word about countertransference here: I think that our countertransference awareness is somewhat different in couples treatment. Certainly I try to know what I feel toward each partner in a couple, how they perturb or stroke me, and I try to think about my response to their relationship as a whole. But I don't talk about “we” or “us”—that is, about any one partner and myself—the way I do in individual therapy, because I think that the traction, the fulcrum of change, lies within the couple's circle of mutual embeddedness. Of course, everything I think and say has “me” as a template; there's no way to avoid this constructivist reality. But I think that examining my “me-ness” is more useful at certain moments in therapeutic

work than others. Actually, a pitfall for psychoanalytically oriented therapists when they work with couples is making themselves too central, too much of a triangle point. We enter this field because we like the intensity of engagement, and frankly, we like to be central to it. I think what couples therapists have to tolerate is standing outside what I call the “circle of intimacy” of the couple. And here, of course, particular countertransference vulnerabilities, such as unresolved hurts of exclusion from our peer relationships or perhaps an oedipal exclusion, become paramount.

Back to playing. For many psychoanalysts, the repertoire of interventions from the family literature, such as sculpting or dramatic enactments, is a bit much. Whether we are too lodged in a parental transference personification or consider too much participation a form of nonmodulation, of acting in, it doesn't matter. And certainly for those couples who come to see us basically well related but stuck in a particular life transition, a psychodynamically oriented exploration of resentments and disappointments will be sufficiently helpful. But for those couples mired in chronic and redundant cycles of attack and counterattack, we as therapists are often trying to tilt windmills in quixotic fashion when we invite intensified self and other examination.

Now I think there are certain approaches that are somewhat integrative of both the psychoanalytic and systemic perspectives, approaches that are quite comfortable to psychoanalysts and do shift dynamics. One is the use of metaphor, a metaphor that binds the partners, which captures their reciprocity; another, related to metaphor, involves invoking a visual image or scenario. Joseph Campbell, speaking of religious and ritual traditions, has commented that people have died for metaphors. The importance of a metaphoric representation or an iconic image is related to the coding of attachment schemas in procedural memory, or, in Bucci's (2001) terms, on a subsymbolic level. As she notes,

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. The poet expresses emotional experience in concrete and specific metaphoric form ... whose meaning sweeps and reverberates far beyond the event or image that is described. (pp. 50–51)

Levenson (2003) notes that though we de-emphasize 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.

Focusing on visual imagery or a visual scenario can be a particularly gripping experience in couples therapy. I recently saw a couple I had worked with briefly around an impending marriage, a considerable achievement for two individuals with serious histories of relationship difficulties and addictive disorders. They came to see me because he had invited his most

recent girlfriend to sing at their wedding. He felt utterly sideswiped by his fiancée's hurt and outrage. She was a 12-step person, fully recovered from alcohol and drug abuse, and for most of their relationship she had carefully monitored his addiction tendencies (most of which were in the sexual area). She was furious when there were slippages, and only partly reassured by confessions, but she was basically encouraged enough by his enhanced self-control to commit to marriage. He said about the recent invitation, "If only I had talked to you about this beforehand; then you could have told me not to." I asked him if he liked having her in that role. Yes, he did, it made him feel safer. And she? Well, it was better than being surprised. I said to her: "You are functioning as a parole officer. His record is clean enough so that he's a free agent, but he has to constantly report to you. Isn't it exhausting being a lover and a parole officer?" We went back and forth a bit, and I added: "I think you're both anxious about the next step, both anxious about surrendering to a shared life, to the dependency it entails. But one way or another, the way you have it parsed out, he has more fun." I think the metaphor of parole officer captured their yin-yang reciprocity with what I hoped was some freshness, like the tang of a fresh spice. Salvador Minuchin (Minuchin & Fishman, 1981) likes to quote Jean Genet's *The Balcony*: "'You have to be a delinquent,' the judge tells the whore. 'If you are not a delinquent, I cannot be a judge.'" Minuchin continues by citing Lewis Thomas, "The whole dear notion of one's own Self—marvelous old free-willed, free enterprising, autonomous, independent, isolated island of a Self—is a myth: Yet we do not have a science strong enough to displace the myth (p. 192)."

One point of clarification: When we identify our reader as a psychoanalyst, we include therapists who are psychodynamically oriented, who work within what Gill (1994) has identified as the "psychoanalytic situation." Moreover, several cautions may be in order before we begin. Our purpose is didactic-heuristic (getting acquainted), not a comparative evaluation. As a consequence, we will not generally be calling attention to the way in which family work is limited. Similarly, I will not be emphasizing the situations in which the depth exploration of psychoanalysis may reasonably be preferred for a variety of reasons. Our first task is to understand one another, and both of these topics are for another book. Also not explored in this text are the points of convergence and divergence with other nonindividual forms of intervention, in particular group therapy. That, as well, could be the focus of another book.

I hope that this text will further spark the curiosity of the psychoanalytic reader who has already taken the initiative to begin learning about family systems theory and family therapy. How this appetite for new knowledge is satisfied—whether in a brief exposure to clinical readings or a full commitment to workshops and consultation—is a matter of personal choice and pacing. However, it is simply hard to cross a bridge without a railing for

guidance and support. This text, hopefully, will provide a sturdy yet flexible railing to assist in crossing into this new clinical territory. An approach is offered. The reader may find other approaches. But wherever you find them, think about the unique and particular power of bonding—how it dialectically both limits and liberates us.

# Theoretical Overview

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The art of progress is to preserve order amid change and to preserve change amid order.

—Alfred North Whitehead

“The map is not the territory.” Korzibski’s (1954) pithy admonition is often quoted as an antidote to doctrinaire posturing, but from a contemporary constructivist point of view, it is clear that we can see and know our territories only through maps. In fact, no territory has any meaningful existence without them.

There are competent reviews of basic theory regarding family therapy\* that have been written for the beginning family therapist, but I believe they do not address the concerns of a psychoanalyst who wishes to absorb this material through a filter composed of familiar analytic concepts and concerns. Psychoanalysts and psychodynamically oriented individual therapists have well-defined maps for individuals. However, work with families requires a change to other maps, for it involves an experiential journey to another therapeutic realm. Psychoanalysts who embark on trying to educate themselves about family therapy soon find themselves on something like a transcultural journey.

Just as one struggles in a new culture to cope with unfamiliar forms of otherwise familiar categories of experience, as any traveler knows, so too does the psychoanalyst journeying into the culture of family therapy encounter unfamiliar rituals, artifacts, and linguistic customs. Take the matter of professional gatherings, for example. Family therapy conferences feature presentations on acting techniques and storytelling. The culturally mandated therapeutic stance is spontaneity, and it is *de rigueur* for presenters to “talk” their presentations informally. In contrast, psychoanalytic conferences are serious. Participants almost always read their papers,

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\* Two useful books of this kind are by Goldenberg and Goldenberg (1991) and Nichols and Schwartz (1994).

presenting their most polished formulations. In a manner isomorphic to their therapeutic efforts, they “interpret” their work to their colleagues. When psychoanalysts play, they play like serious children—mindfully and somewhat cautiously.

Every culture casts a hero. In psychoanalytic culture the ideal analyst, whether a close-to-the-vest Freudian or a warm Winnicottian, is the patient’s steadfast companion, a Virgil remaining at Dante’s side, however deep the descent. In testimony to this ideal, the myriad scholarly papers in psychoanalytic journals focus on “the impossible patient,” a hyperbolic phrase invoking forbearance and commitment in the face of adversity. There are rarely such topic headings in the family therapy literature. The family therapist is not cast as an abiding companion but, rather, as a consulting architect of psychic life who is intent on designing new windows for light and ventilation. For the family therapist, the essential task is to open up possibilities. A fundamental assumption is that family energy is basically growth directed, that is, introduced to new structural possibilities by therapeutic intervention; the family will grow into this new structure and systemic metamorphosis will occur.

Differences in cultural mores and rituals can engender a kind of stereotyping and xenophobia. Thus, family therapists sometimes view psychoanalysts as old-fashioned and stodgy. Their criticism is matched by analysts’ suspicions that family approaches are mechanistic and slick. Sometimes fantasies of defection occur: One senior analyst confided to me the nagging suspicion that family therapists have more fun, and family therapists I know privately wonder: Are analysts actually deeper and wiser?

Psychoanalysts who journey into the territory of family therapy often feel tongue-tied or stymied by new vocabulary. Terms like *homeostasis* are alien to them as a way of describing the clinical encounter. It may be helpful for them to remember that new orientations are often defined and legitimized as much by new terminology as by critical thinking. Sometimes the development of a new lexicon is as much a political maneuver as an intellectual necessity, and semantic distinctions that might not even be necessary become reified. Moreover, differences in the styles used to present clinical material to colleagues may be stranger and more alarming than the ideas they present. Clifford Geertz (1986) has persuaded us that the rhetoric of presentation is inseparable from structures of meaning, but differences in presentation may inadvertently mask the commonality of shared values.

I recently suggested to the chairperson of a small psychoanalytic conference that the presentations be videotaped. Implicit in my suggestion, of course, was a guarantee that the materials would be carefully protected and the papers would be prescreened for confidentiality. However, she still seemed to be wary of my suggestion, as if I were recommending that we invade actual analytic sessions with video equipment. I realized, with a sense of irony, that the medium had unfortunately swamped the message.



Cultures are rooted in historical and social realities. The psychoanalytic movement was born of Europe, and its valuing of subjectivity is emblematic of the turn-of-the-century modernist movement. Modernists regarded the true life as one lived within an individual subjectivity—a position that negated, or at best neglected, outward reality. Though varying in their view of outward reality as alien or chaotic, all modernists, T. S. Eliot and Henry James being among those who expressed this view most elegantly, valued inner subjectivity above all else. The true life was lived within. The prototypical modernist is Joyce's Stephen Daedalus in *Portrait of the Artist as a Young Man*, who is described by Ruland and Bradbury (1991) as "soar[ing] on imaginary wings into the unknown arts, breaking with home, family, Catholic religion and his Irish nation in the process" (p. 14).

Psychoanalysis as a clinical theory and praxis shares with modernism a profound commitment to expanding inner awareness and fostering clarity of self-definition. Utilizing the established parameters of clinical practice (i.e., neutrality in the analyst and commitment to the goal of free association on the part of the patient) as stable coordinates by which to remain oriented, the psychoanalyst ranges over an enormous expanse of conscious and unconscious material while crossing three time zones—the past, present, and future. Unconscious-to-conscious linkages are discovered through dreams, free associations, and above all, transference enactments. The patient's inner psychic life emerges through primary content, at first incoherently and scattered formation. When a gestalt with shared meaning emerges as insight, an often stunning shift in the perception of self and other occurs. The analytic relationship offers an abstract but emotionally dense intimacy, and this structure allows for a drama of reenactment and rebirth.

Born in the second half of the 20th century, family therapy, in contrast, is a largely American therapeutic movement that draws its philosophical perspective from American pragmatism. Richard Rorty (1989), a preeminent pragmatist, locates the essence of this philosophical perspective in a recognition of contingencies, that is, a recognition that "*everything—our language, our conscience, our community [is] a product of time and chance*" (p. 22). This pragmatic tradition, infused with constructs from the burgeoning fields of information theory and applied systems theory, lies at the heart of family systems theory. Its focus is on the *how* more than the *why* of relationships.

The ideology of family therapy closely follows the exigencies of family life. Family members live together and share myriad assumptions regarding their history and living arrangements, from the most ordinary culinary idiosyncrasies to the most arcane family secret. The family's shared database is so complex that it becomes organized in redundant loops of communication, both verbal and nonverbal. "Healthier" families are believed to be organized by somewhat more flexible loops of interaction, whereas dysfunctional ones generally are rigidly bound by these loops in unchanging

and often outmoded repetitions. The family therapist locates the collective pulse—which is sometimes faint—at the heart of this dysfunctionally rigid binding and tries to revitalize the family. He or she does this by bringing systemic patterns into focus, often letting content drift where it may during the process.

The experience of therapy is necessarily kinesthetic and dramatic, for it must carry the family across what Minuchin and Fishman (1981) call the “threshold of redundancy.” As a therapist attempts to redesign the family blueprint, he or she becomes engaged in a drama of enactment that allows for system expansion via the establishment of new loops of interaction. The drama is naturalistic, for the players play themselves, reflecting and reinventing a social system that has too often bred the contempt of familiarity.

The family therapy movement has been characterized by an orientation to fairly rapid and palpable change rather than to intensive exploration. Family therapists unabashedly look for and seek to catalyze in-session evidence of at-home realities. To be sure, this proactive bias in favor of change is a cause for concern, and this concern has led to the development of an alternative position on intervention (which will be considered in Chapter 5). Nevertheless, family therapy praxis usually involves the use of active experiential techniques to encourage awareness.

Psychoanalysts often experience an uneasy sense of freedom when first working with couples and families from an explicit systems perspective, as though they have been illicitly untied from their respectable moorings. However, this freedom is generally accompanied by a more disquieting diminution of therapeutic centrality, as the analyst witnesses the unexpected power of healing and transformation that family members can offer each other. And it can be simultaneously exhilarating, humbling, and surprising to analysts to realize the impact of a systemic change on an individual family member.

This was the case with a couple I treated. They had been referred by the husband’s individual therapist, who saw him twice weekly because of persistent and unremitting marital discord. The therapist reported that the husband, feeling he could not “get through” to his wife, had defensively withdrawn from her. It quickly became clear that these two individuals were locked in mutually aversive perceptions of each other. The wife felt that her husband could not fulfill her emotional dreams, and he saw her as an unlovable shrew. The wife had a deep, impenetrable conviction that “true love” would carry her husband toward her, despite her intermittent humiliation and denigrating attacks. Her conflicts about being loved were a reflection of her developmental experience: Although she had been the favored, golden-haired child of her father throughout her childhood, she was nevertheless enraged at submitting to the hurdle jumping her father had required of her. Moreover, she had been forced to serve as a complicit witness to his cruel rejection of the less favored members of the family.

The husband, considerably self-absorbed and emotionally unresponsive, had been neglected and exploited in his childhood. He was barely up to absorbing the indigestible mixture of rage, need for tenderness, and sense of specialness that his wife communicated. Nevertheless, in the course of couples treatment he was enabled to continue to care about her and withstand better her flash attacks. The change in him toward greater durability also engendered a powerful systemic shift in his wife. She began to acknowledge her role in making it impossible for him to love her as she wanted to be loved. Now this woman was not particularly psychologically minded, and she was wedded to a position of emotional denial of past traumas (she told her own story without personal involvement). Although she entered individual therapy (with a therapist I recommended) basically to placate her husband, she stayed only briefly. However, I was struck by how affected she was by her husband's efforts to reach her and by how open she rather suddenly became to new perceptions. Was it because he was a father, the father of their children, and the implications for her of change in him—toward greater tolerance—skidded across a transgenerational slope to her relationship with her own father? Was it because, in Winnicott's terms, she had the experience of sustaining her connection with an object, her husband, that had survived her most concerted attempts to destroy it, an experience made particularly powerful because the object was a real, not a transferenceal, other? Winnicott (1971) described a developmental relationship progression that begins with a simple recognition of objects as separate and external, progresses to a wish to destroy the object *because* it is external, and finally, culminates in an exhilarating sense of the object's having survived the attempt to destroy it. He charmingly captures this last dynamic of "object usage" thus: "'Hullo object!' 'I destroyed you.' 'I love you.' 'You have value for me because of your survival of my destruction of you'" (pp. 89–90). We are accustomed to thinking of these dynamics as crucial in infancy or transference. Might they not also be restorative in intimate relationships?

This experience made me reflect on how I would have viewed this woman's husband if I had not worked with him but had known him only through his wife's report in individual therapy. I likely would have thought of him as depriving and selfish. The typically intense involvement of psychoanalysts in the inner world of their patients often (though inadvertently) leads them to view significant others as interference with the patient's growth, restricting rather than facilitating characterologic change. What is often not sufficiently recognized by therapists is how the significant others in their patients' lives can provide healing and regeneration for the patient in ways that are at times more comprehensive and more sustaining than what therapists themselves can offer.

It might be a relief to us to recognize this healing capacity. Willi (1987) noted how therapists' concentration on pathology often leads them to

ignore the fact that a partnership that challenges an individual “to just the right degree” (p. 431), far from being restrictive, can actually provoke and shape personality development:

In the interaction with others, we gain a deeper consciousness of self; we are shaped and molded, our potential takes on form and becomes visible by our behavior and action.... I can realize myself only to the extent which I can create an environment that is responsive to my self-realization. I depend on my partners for my self-realization.... This revolutionary aspect of applied systems theory has not been given much attention so far; possibly, it has even been repressed. It conflicted too strongly with the wave of belief in individual self-recognition that culminated in the 1970s. It conflicts, too with the different paradigms of the personality and the goal of psychotherapy used by some individually oriented therapists. (pp. 434–435)

As individual therapists we sometimes become involved in awkward and partisan speculations about the dynamics of significant others (whom we have never seen). Our frustration arises from the fact that we are at times unable to do anything about these relationships—even in terms of evoking new insights in our own patients. In the worst-case scenario we may even resort to pathologizing our patient in relation to the other (e.g., “She’s so fragile that I advised her on how to respond to the threatening note he sent”) in order to deal with our own anxiety-ridden but empathic response to a patient’s dilemma. Paradoxically, however, a full recognition of the phenomenon Willi described can release analysts from worrying about managing the marriages and other relationships of their patients.

The alternative to inquiring about absent family members is to include them, but this has its own problems. Inclusion of family members in a therapeutic session can mask basic paradigmatic assumptions about what their presence signifies. For example, child therapists, though working in terms of individual dynamics, will often see the whole family. From a systems perspective the child in this clinical context is viewed as the “identified patient” by the family, and the interview is likely to lock the child even more securely into the position of symptom bearer, as the clan of significant others gathers to catalog the child’s difficulties. The family therapist, on the other hand, views the child’s symptoms as expressing something important about the family as a whole. In meeting with the whole family the therapist hopes to get a better grasp of the child’s experience in the family and his or her role in the family’s redundant patterns of communication so that this information can be used to make sense of the child’s symptoms.

In a similar vein, simply seeing more than one person at a time does not signify a systemic perspective. Analysts who work only with adults may feel

quite comfortable opening their practice doors to couples for treatment; however, these analysts sometimes work within a formulation of reciprocal individual dynamics, not overarching systems patterns. A theoretical premise, which is heralded by the relational movement within psychoanalysis, is that experience is co-constructed by individuals in interaction, whether these be intimates or therapist and patient (Aron, 2001; Davies, 2001). However, it is the premise of this book that co-construction itself must be contextualized. Co-creation is an altogether different subjective experience in a 24/7 partnership than in a psychoanalytic treatment characterized by leisurely reflection and self-examination.

The basic position of this book is that family systems and psychoanalytic perspectives can function *comfortably* as figure and ground to one another. Each perspective offers a somewhat different set of explanations and constructs on how relationship difficulties come to be, how they can be examined, and how they can be expanded and resolved. However, I think that one gestalt should be privileged if we are to experience a necessary sense of coherence between what we are thinking and what we are saying and doing with patients. E. A. Levenson (1983) referred to this as the “frame” of psychotherapy, “the conceptual delineation of the constraints of patient-therapist interaction” (p. 56). He notes:

As Bateson points out, psychoanalysis is a game; it is structured *play*; it is not real life. Freud, too, referred to the transference as a “play-ground.” Still, this is a point likely to offend anyone who equates play with not being serious or with triviality. No such pejoration is intended. Play is serious business; games can be played to the death. (p. 59)

Bach (1985) notes that “psychoanalysis can take place only within an interpersonal and intrapsychic framework of a certain kind, with some ‘rules of the game’ delineated clearly by the analyst, others by the patient, and still other ‘rules’ or unacknowledged interactions which may be acknowledged and analyzed eventually” (p. 220).

Psychoanalytic therapy and family therapy, with their different rule systems, are different games, in the Batesonian sense. In each, how we act is informed by what we think and how we think is informed by how we act. However, with both perspectives we are working in the realm of intimate relationships, and there can be a useful interpenetration of ideas from one to the other. Potentially, we can enrich our understanding of the operative rule system, and even perhaps amend it to our taste, by borrowing from another perspective. We certainly can expand our understanding of the developmental and motivational aspects of the individuals we are working with regardless of the praxis frame that organizes our relationship to them.

By way of illustration of how the ground of one paradigm can back-light the figure of another, two possibilities come to mind, each involving

a psychoanalytic conceptualization of the figure, namely, the concept of transference and Sullivan's concept of the personified self.

Transference, along with the concept of the unconscious, is a basic cornerstone of the psychoanalytic model. Analysts are ever aware that the task of elucidating unconscious meaning is enormously delicate; the organization of unconscious material emerges gradually as if the invisible ink between the discontinuities of the patient's narrative is being put to candlelight. What we know about the transference we know dyadically, and the constructs we use to talk and think about this phenomenon—for example, projective identification, parapraxis, counterresistance—reflect the dyadic structure. But what happens to our familiar concept of transference when the relationship system becomes triadic, quadratic, or an even higher order? Here is a typical vignette:

A couples therapist receives a referral call from an analyst: "I've seen the wife for two years, and she's made real progress. She is less depressed and self-denying, and she's facing her rage at her depriving mother. As far as I can see, the husband is quite schizoid and antagonistic, constantly berating her in an obsessive way for small failures. I just hope you can get *him* into treatment. That's really why I'm referring them."

As the hour approaches, the couples therapist sweeps her psyche clean of obtrusive countertransference debris that would impede a therapeutic connection with the critical, angry spouse. However, the woman who enters the office is noticeably withdrawn from her husband, locked into a kind of simmering resentment. She responds to her husband's complaints about the relationship with a consistently opaque self-justification. It quickly becomes apparent that her "antagonistic" husband fails to win her attention without resorting to nit-picking and never really makes contact with her because she is so desperately self-righteous.

It is tempting for the couples therapist to conclude that the referring analyst is a muddled clinician. However, the analytically trained couples therapist is presented with an intriguing dilemma arising from this referral contretemps: How is it that the patient becomes so convincingly a certain kind of person within the analytic transference-countertransference matrix and yet appears quite otherwise within another intimate relationship system? More crucial still, what does it tell us about our concept of transference? Why is this woman different with her analyst than she is with her husband? One way to think about this is to question whether the transference data her analyst culls from treating her are essential. It might well be epiphenomenal, perhaps representing an accidental best fit with her analyst's characterological bent. In the latter case are we not thus challenged with the unnerving possibility that we ourselves are significant others to our patients, who might be organizing their analytic participation around their efforts to allay *our* anxiety (Levenson, 1992)? Following from this unorthodox line of thinking, if the latter possibility is, in fact, an

actuality, does it happen early on in analytic treatment or only later? Only in bad treatments or only in good treatments? Although we will return to these questions in Chapter 11, suffice it to say here that the concept of transference in the individual therapeutic model can take on an interesting new look from the vantage point of family therapy.

When dealing with a couple's dynamics, it is arguably most useful for us to keep our favored construct of transference as background (this will be discussed in greater detail in Chapter 11). Indeed, there are times when the individual transference of one family member may usefully come up for consideration within the family treatment. However, it is really a different matter altogether to conceptualize the transference of a couple or a family. Can we (and should we) formulate a concept of shared, or collective, transference, that is, what a therapist represents to a couple or family?

Efforts have been made in this regard. David and Jill Scharff (1987) have developed a concept of the "contextual family transference." Since their ideas are covered more fully in Chapter 4, I will only point out here a paradox that besets even the most sophisticated attempts in this direction. In the presence of a significant other, patients are influenced in their perception of the therapist. An individual describing a mother or a spouse *in the presence of* the mother or spouse is in a very different situation than when he or she is speaking to the therapist alone. There will be differences not only in what is said but also in how the listening of the therapist is perceived. That is, the "shared transference" necessarily involves a partial suppression of what we ordinarily think of as transference. The original concept, our starting point, becomes murkier. Ordinarily, our sense of well-being as we engage in psychoanalytic work depends largely on the sense of competence we derive from organizing our data with respect to the trusted coordinates of transference and countertransference. We can end up losing confidence in our paradigmatic constructs if they become misshapen.

An altogether different figure-ground amalgamation emerges from a view of the self within interpersonal psychoanalytic theory. A minor concept in Freud's original schema (where it took the status of a clinical, as opposed to a metapsychological, construct), the construct of self became the focal point of Kohut's revision of classical theory, his now fully elaborated self psychology. Today we psychoanalysts are actively struggling with notions regarding the essence, experience, and mutability of what we call the self. These issues will be discussed more fully in relation to systems theory in later chapters. For illustration here, however, one particular conception of the self within the psychoanalytic canon, Sullivan's notion of the "personified self," is offered as a particularly promising link between the two theories.

The personified self was introduced by Sullivan (1950/1964) in his paper "The Illusion of Personal Individuality," where he argues that our "illusion" of uniqueness is precisely what prevents us from curing ourselves of our neuroses. Sullivan believed that "anxiety is what keeps us from noticing

things which would lead us to correct our faults” (p. 216), and that we manage our anxiety by dint of our security operations and by constructing a powerful defined and bounded “self.” According to Sullivan, this mythologized self plows through life on the tracks of selective inattention and never veers off its overlearned and overly restricted course. In effect, the self, misguided by anxiety and in the service of supposed self-preservation, de-emphasizes and at times ignores the role and importance of others in shaping us as individuals.

Sullivan emphasized his belief that there is significant “interpenetration” between the self and others, whether the self chooses to acknowledge this or not. This is not to say that he eschewed subjectivity or the concept of an inner life. Rather, according to Sullivan (1950), inner psychological life is importantly populated and shaped by others:

For all I know every human being has as many personalities as he has interpersonal relations; and as a great many of our interpersonal relations are actual operations with imaginary people—that is, in no-sense-materially-embodied-people—and as they have the same or greater validity and importance in life as have our operations with many materially-embodied people like the clerks in the corner store, you can see that even though “the illusion of personal individuality” sounds quite lunatic when first heard, there is at least food for thought in it. (p. 221)

The personified self is created precisely to offset the anxiety of interpenetration by others. However, in one’s intimate relationships, whether in friendship, marriage, or psychoanalysis, there is a possibility for wholesome interpenetration and thus expansion.

This personified self can be brought into focus in both psychoanalytic treatment and family treatment, though the process is slightly different in each. When the frame is analytic, personification is addressed as a transference phenomenon. The psychoanalyst may wonder, for example, how a notion of specialness is rendering the patient impervious to engagement and interpretation. When the frame is systems therapy, the focus is on how the patient’s sense of uniqueness and specialness inhibits him or her from listening to or collaborating with a significant other. In fact, one of the interesting aspects of couples therapy is the powerful effect of shifts in the personification of the significant other, which not only affect relationship functioning but self-awareness and self-experience as well. People who suddenly change their working definitions of the other feel radically different themselves. If simply *seeing* the other differently makes one feel like a new person (a common experiential aspect of family treatment), this phenomenon raises intriguing questions about the assumptions of the psychoanalytic one-person (drive-based) and two-person (internalization-based) psychologies: If



the patient–therapist relationship is a transference construction (as assumed by classical Freudians) or based on projection and introjection (as assumed by object relationalists), why should seeing the significant other differently in fairly short order cause a radical shift in internal dynamics and object relations? Arguably, the Sullivanian notion of the personified self, backlit by systems theory, can account for a significant proportion of variance in the change in people’s perceptions of self and other, a change so often witnessed by family therapists. Both schools of thought, Sullivan’s and systems theory, assume that one’s understanding and experience of oneself is inextricably linked to one’s experience of systemic others.

Of course, there are many more ways to link systemic and psychoanalytic paradigms. Certain concepts are related, such as splitting and triangulation. One could choose to think of intrapsychic dynamics as foundation and family dynamics as supporting infrastructure. Alternatively, we can think heuristically of clinical problems as existing on multiple levels of organization. The intellectual flexibility to be gained by being exposed to both paradigms cannot but enrich our lives and work. The level on which we intervene reflects many factors including our version of what is truth, what we think is the most effective approach to change, and even how we make our living.

At whichever level we choose to intervene, it seems to me essential that we remain reflective and aware of our choices in understanding. I take this position as a normative one, and yet in many ways it seems out of step with today’s professional climate of compromise and theoretical assimilation, and with the sociopolitical climate advocating unbridled celebration of diversity. But I believe that a secure paradigm frame serves as an indispensable life raft to the therapist navigating new clinical waters. It nurtures a sense of competence because it clarifies intentions as well as responsibilities toward patients. The clinical enterprise is sufficiently fraught with ambiguity because of the complexity of the data we deal with, largely resisting orderly categorization. We can at least try to keep our paradigms in order. It is simply too much to try both to grasp the complex individual world of a person in marital distress and to manage the marital crisis itself.

My own experience is that therapists who feel grounded in a paradigm take flight most creatively and gracefully. We are today perhaps too much aware of the importance of constructivist admonitions, that is, that there is nothing out there for us to discover *de novo*. Although such perspectival openness may have its own value in making us more flexible—as people and as therapists—it is not without its own anxieties. If in struggling with a particular clinical dilemma we keep shifting theoretical figure and ground in our thinking about our work, we may become uncertain about why our technique has moved a patient in a certain direction—with no small consequences for our ability to learn from experience. In serendipitous instances, perhaps we may learn important things about ourselves as therapists or

about our patients as persons. However, we often simply feel increasingly anxious and less focused without a clear theoretical perspective underlying our participation.

The issue, ultimately, is not simply one of personal flexibility and openness. Psychoanalysts have certainly moved beyond the strictures of rigid technique that characterized the early professionalization of our praxis. However, we know that everything we express to patients, including warmth and flexibility, is apprehended by them as part of a specific relationship with specific parameters. Therapists are really most comfortable when their capacity for concern can be translated into a praxis in which they have “good faith,” in Sartre’s words. Havens closes his text *Making Contact* (1986) with the following impassioned statement:

Caring is the term most often used for clinical concern, but the word passion better transmits the deep-running sense of interest and often outrage that must infuse difficult and persistent clinical efforts.... As with the great stresses that engineers must mobilize and control, effective clinical behavior needs to render the presence of passion largely invisible, like the still structure of a bridge.... Even more important, the energy of concern needs to be conserved for effective action; it cannot afford to waste itself in empty display. It is by results that therapeutic passion is best known. (p. 182)