

The Theory of Interlocking Vulnerabilities:
An Integrative Approach to Couple Therapy



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THE THEORY OF INTERLOCKING VULNERABILITIES:
AN INTEGRATIVE APPROACH TO COUPLE THERAPY

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By

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INSTITUTE FOR CLINICAL SOCIAL WORK

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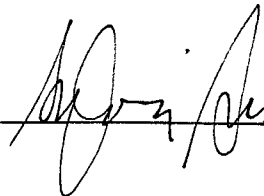
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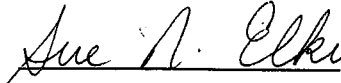
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ABSTRACT

This dissertation elucidates the foundations, development and nature of a new clinical theory of couple therapy, *the theory of interlocking vulnerabilities*, as a contribution toward a more complete understanding of coupling and couple work. Drawing upon overlapping theoretical developments within psychoanalytic and family therapy traditions, this study articulates a theory of couple therapy grounded in thinking about both the intrapsychic and social realms of human exchange.

The theory of interlocking vulnerabilities offers a conceptualization of the repetitive conflicts that propel most couples into couple therapy, as well as a treatment model derived from this perspective. A culturally conditioned, recursive process between each member's characteristic vulnerabilities and the couple's actual transactions exists within every relationship. This reciprocal interaction of intrapsychic and interpersonal experience is responsible for maintaining perseverative, maladaptive patterns as well as flexible, adaptive interactions in a couple system. In a maladaptive process, characterized by the escalation of condemning accusations or the deadly censure of chronic withdrawal, the psychological vulnerabilities and self-protective behaviors of each member interlock, spiraling the couple into increasing polarization. Such polarization, the experience of unwanted separation within the couple, helps perpetuate the conflict. In the treatment model, the member's vulnerabilities and the cumulative impact of their protective activities are recognized and addressed, reducing the momentum of destructive polarization and increasing the couple's capacity for mutual accommodation, differentiation and ultimately, a deeper sense of connection.

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CHAPTER ONE: INTRODUCTION

But every married person knows that "conflict-free marriage" is an oxymoron. In reality it is neither possible nor desirable.

J. Wallerstein and S. Blakeslee, The Good Marriage

In today's world, when coupling is both enlivened and burdened by unprecedented expectations, such as mutual love, passion, friendship, financial collaboration, domestic cooperation and equality of influence, couples are seeking therapeutic help in increasing numbers. In this theoretical dissertation I intend to elucidate the foundations, development and nature of a new clinical theory of couple therapy, *the theory of interlocking vulnerabilities*, as a contribution toward a more complete understanding of coupling and couple work. I am especially interested in theoretically supporting an approach to couple therapy that addresses the confluence in relationships of uniquely personal reactions, reciprocating interpersonal dynamics and powerful socio-cultural forces that inextricably combine to make coupling so complex. Drawing upon recent theoretical developments within psychoanalytic and family therapy traditions, my purpose is to articulate a theory of couple therapy grounded in thinking about both the intrapsychic and social realms of human exchange. Similar perspectives on human behavior and the nature of knowledge, advanced by constructivist and feminist theorists in each tradition, have already suffused both frameworks and led to a more conducive climate for integrating these ideas. The theory of interlocking vulnerabilities adds to the crucial project of linking intrapsychic and social theory in order to broaden the conceptual tools and clinical interventions available for conjoint work.

The theory of interlocking vulnerabilities was developed in the process of exploring the repetitive conflicts that propel most couples into therapy. I propose that a culturally conditioned, recursive process between each member's characteristic vulnerabilities and the couple's actual transactions exists within every relationship. This reciprocal interaction of intrapsychic and interpersonal experience is responsible for maintaining perseverative, maladaptive patterns as well as flexible, adaptive interactions in a couple system. In a maladaptive process, characterized by the escalation of condemning accusations or the deadly censure of chronic withdrawal, the psychological vulnerabilities and self-protective behaviors of each member interlock, spiraling the couple into increasing polarization (Jenkins, 1994). In adaptive interactions, these vulnerabilities and protective activities are recognized and addressed by both members, increasing the couple's capacity for mutual accommodation, differentiation and ultimately, a deeper sense of connection. Such an adaptive process, however, does not result in a static state of accord. Like a duet produced by two musicians, interpersonal harmony is built on dissonant efforts and consistent practice. Recognition that an underlying and persistent tension exists in the effort to coordinate self and other, lies at the heart of this approach.

Much clinical theory grows out of perturbing experiences in the therapeutic hour. Samuels (1989), an analytic theorist, claims that what looks like new theory is often a description of cutting-edge practice. In a similar vein, family therapists Anderson and Goolishian (1988) point out that our "ideologies [are] invented at a moment in time for practical reasons" (p. 373). The theory of interlocking vulnerabilities emerged as a fervent attempt to understand what I repeatedly and often helplessly observed in clinical practice: couples have the same underlying fight over and over again. The manifest

content of the fight may vary, but the latent tension or struggle, what I call the meta-conflict (Jenkins, 1994), is usually the same. In other words, a couple may fight about driving one day and child-rearing the next, but the theme of these overt arguments often revolves around the same covert, repetitive relational conflict. This meta-conflict, when destructively enacted, is difficult to modify because it is personally compelling, interpersonally tenacious and often culturally syntonetic. Not only is there an intensely charged, driven quality to each member's participation in the conflict, the couple's interactions accelerate, becoming increasingly polarized and entrenched as the conflict continues. Furthermore, the social premises that structure and constrain the transaction usually remain outside of awareness, unavailable for analysis or alteration. After years of clinical observation it became clear to me that the adhesive quality of a couple's characteristic struggle is intrapsychically, interpersonally and culturally determined and must be approached from all of these perspectives. While the biopsychosocial basis of couple relating is not separable in reality, in this study I explore each realm separately toward an enhanced understanding of their intricate commingling.

The Problem Of Conceptualization In Couple Therapy

Existing theory in couple therapy did not fully satisfy my search for an integrative conceptualization of the repetitive and escalating nature of couples' underlying fights. Not only is there a paucity of theory specifically developed for couple therapy (Steinglass, 1978; Gurman & Jacobson, 1986), but theories originally developed for other populations, such as individuals or entire families, are imported directly to conjoint work with very little modification or cross-fertilization. While family theorists have made important systemic and

socio-cultural contributions to the field of conjoint therapy, and psychodynamic theorists usefully apply intrapsychic, and more recently relational concepts to their couple work, most of these thinkers remain segregated within their respective professional communities. Despite a growing convergence in the psychosocial perspectives currently informing these traditions, very few theorists from either school acknowledge or deliberately utilize each other's contributions.

In his foreword to the republication of Dicks (1967) well known psychoanalytic study of marital relations, Sander (1993) contends:

The fields of psychoanalysis and family therapy were and remain curiously disengaged and unintegrated. This is unfortunate in that psychoanalytic theory remains the most comprehensive psychological theory of the human mind while remaining limited in its application to a small percentage of patients. One of the causes...of the current crisis of psychoanalysis has been an unwillingness to deal with the analysis of transferences and resistances where they are most often encountered: in everyday family life. [p. xv]

Goldner (1998), describing her commitment to building bridges between the "competing discourses," of psychoanalytic and family systems theory (among others), puts it more strongly:

Multiple viewpoints and models that are thoughtfully conceived, richly described, and empirically documented are urgently needed....Ideas that could mutually enrich one another have instead been set up as

oppositional positions, creating a polarizing context of forced choices between inadequate alternatives. [p. 264]

Despite implicit mutual influence, the therapeutic formulations used within one tradition remain generally unfamiliar to or even proscribed by the other (Wachtel & Wachtel, 1986; Burch & Jenkins, 1999). With a few important exceptions (E. Wachtel, 1993; P. Wachtel, 1993; Ringstrom, 1994; Goldner, 1998), which I elaborate in a later section, the current opportunity to enrich and refine our understanding of couple dynamics by deliberately drawing on overlapping developments in psychoanalytic and family therapy, has been largely ignored. (Couple therapy is also practiced within a behavioral-cognitive framework which is outside the purview of this study.)

An additional problem exists in conceptualizing couple therapy. Not only is there an unnecessary dichotomization of theoretical approaches to conjoint work, but theories from both traditions present a falsely dichotomized view of the couple relationship itself. Couples are generally split into functional and dysfunctional, or mature and immature categories. These simplistic labels belie the complex reality of coupling. Interpersonal tension and emotional reactivity are endemic to any kind of couple relationship. Even very satisfied couples experience fleeting moments as well as longer periods of "dysfunction" throughout their lives together. As Wallerstein and Blakeslee (1995) comment in their study of healthy relationships: a conflict-free couple is an oxymoron.

Couples experience a wide range of feelings together, from contentment to despair, sometimes within the same hour. In ongoing relationships, the emotional climate can shift suddenly and radically if the couple's underlying struggle becomes inflamed. In addition to the strain of such unavoidable

volatility, ongoing social and financial pressures can wear down the good will of any partnership. And yet a sense of inadequacy, failure or shame about such inevitable conflicts is common and greatly exacerbates the underlying dilemma. Distorted images of romantic union pervading our culture constrain a couple's ability to realistically integrate the difficulty of their undertaking into a fuller understanding of normal coupling. Furthermore, these images obscure the social inequities (of gender, race, class, sexual preference, and so forth) that ravage relational harmony. While relationships are deepened by periods of romantic idealization and moments of effortless caring and mutual regard, coupling also involves unavoidable disappointment and tremendous resolve.

The Theory of Interlocking Vulnerabilities: An Integrative Approach

There is an old Buddhist teaching that romantic coupling is like the cracking of two eggs: once the eggs are scrambled, they can never be separated. It is my contention that a couple's interconnectedness, the irreversible scrambling of two individual realities, cannot be understood without integrating ideas that traditionally have been separated into either social or psychic realms of reality. In this theoretical presentation, I examine the interpenetration of these realms, and propose that their conceptual union is necessary for the effective practice of couple therapy. Specifically, I offer a new interweaving of the contextual, circular epistemology of family therapy and the relational, intrapsychic focus of contemporary psychoanalytic thinking in order to more fully understand the reciprocal interaction of separate individuals in couple relationships. Focusing on the conflictual and reparative transactions that are central to couple relations, the theory of interlocking vulnerabilities

deliberately links analytic and social constructs in order to both normalize and modify a couple's recursive, problematic dynamics.

The feminist and constructivist critiques currently influencing each of these approaches has dramatically facilitated efforts to integrate ideas from these bifurcated domains of psychological study. (See Chodorow, 1989, Goldner, 1991, Dimen, 1991, Benjamin, 1992a in feminist theory; Hoffman, 1991, Stolorow & Atwood, 1992, Mitchell, 1993a, Benjamin, 1998a in psychoanalytic theory; Anderson & Goolishian, 1990, Zimmerman & Dickerson, 1993, L. Hoffman, 1990, Pare, 1995 in family theory.) Individual subjectivity is now seen as reciprocally constituted with other people; personal identity depends on meaning-making patterns in a larger social sphere. Even such basic experiences as gender and gender roles are viewed as social constructions forged in communal exchange.

The theory of interlocking vulnerabilities is based on a premise now shared by both psychoanalytic and family theory: human beings and the meanings they construct can only be understood interactively. While relational analytic theory emphasizes conscious and unconscious reciprocal influence, the "interaffectivity" (D. Stern, 1985) of an engaged dyad, and contemporary systems theory focuses on the self-reinforcing communication cycles that take place in a "social aggregate" (Gergen & Kaye, 1992), both approaches now agree that movement in one part of a relational matrix affects every other part (Burch & Jenkins, 1999).

The Relevance of Psychoanalytic Theory

Stemming from this common psychosocial trend in thinking, each tradition has a crucial contribution to make to couple therapy. Relational

psychoanalytic theory elucidates the often subtle, idiosyncratic organization of subjective experience that informs and constrains emotional life and interpersonal experience. It lends meaning and intelligibility to the uniqueness and intensity of each person's engagement in intimate relationships. The impassioned fears and longings repeatedly evoked in couple interactions have familiar qualities; they seem idiomatic, as personal as our own fingerprints (Bollas, 1987). Psychoanalytic theory highlights and explains the repeated "agonies" (Winnicott, 1971) and visceral satisfactions of coupling by offering the idea that adult relationships are imbued with unconscious fantasy, especially the residue of powerful childhood experience.

Early relational patterns, including potent configurations of love, need, helplessness and rage, are forged in the crucible of family interaction, and later in deeply influential peer-groups. Intense bonding and inadvertent wounding in these contexts is universal; horrible infractions by the very people on whom the child most relies occur less frequently, but with devastating results. Inevitably, early relationships between a young child and her larger-than-life parents, siblings, care-givers and peers contribute to unconscious interpretive schemas, mental representations of self and other that help shape subsequent relational exchange.

Even without invoking the primacy of childhood experience, psychoanalytic theory illuminates the idiosyncratic configuring of experience by the mind. As D. B. Stern (1997) points out, all experience is reworked intrapsychically. "The reworking of experience is the rule in psychic life, not the exception, because reworking is the activity by which we carry out our ceaseless attempt to understand" (p. 21). The way the members of a couple construe their interactions derives from characteristic patterns of formulating experience, the tendency to organize perceptions and reactions in a personally

distinctive and expected manner. These intrapsychic elaborations, however, are always contextualized, played out in a particular interpersonal field. According to contemporary psychoanalytic theory, our intrapsychic patterning is not only perseverative, but by inducing predictable responses in others, these internal configurations become self-reinforcing in relational interchange.

The Relevance of Family Theory

Contemporary family therapy is especially effective at focusing attention on the “realm of the *between*” (Gergen, 1994, p. 217). Unlike psychoanalytic theory, which maintains subjective experience as the focal point of any interaction, family theory emphasizes the interaction itself, explaining many couple dynamics as a “recursive dance” (L. Hoffman, 1981), without reference to individual pathology. While psychoanalytic theory holds the individual mind as the cornerstone of relationships, family theory is organized around a different cornerstone: context. From this perspective, the self is no longer viewed as working outward toward relatedness; the individual only exists within relatedness, and more specifically, within the conventions of a particular relationship (Gergen & Kaye, 1992). The experience and behavior of related individuals are interlocked, and these relationships are nested in larger spheres of social organization. Psychological processes themselves are seen as “highly circumscribed by culture, history, or social context” (Gergen, 1985, p. 267). Moving away from notions of individual motivation and historical etiology, family theory has developed a non-linear epistemology to express and explore the “interknitting of identities” (Gergen, 1994) with “a recursive language, in which all elements of a given process move together” (L. Hoffman, 1981, p. 7).

This contextual, non-linear epistemology is vital to a theory of conjoint work, directing the therapist's attention to a couple's interpersonal patterning, and locating the couple in larger social hierarchies, cultural identity groups, and the discursive systems which define all of these circumstances. As Goldner (1988) astutely points out, "social hierarchies [do not] topple at the domestic portal" (p. 24). Issues of love and power coexist in all relationships, reflecting the hierarchical inequalities that abound in our culture.

In this study I elaborate the theory of interlocking vulnerabilities to form a bridge between the intrapsychic formulations and the systemic concepts that I believe are both necessary for conceptualizing a couple's interpersonal impasses, and for promoting the reparative cycle of mutual recognition, empathic acceptance and behavioral change that constitutes effective couple work. While the convergence of psychoanalytic and family therapy perspectives is pivotal to my own approach, it remains largely implicit and under-utilized by theorists from both schools of thought. By explicitly joining these frameworks, the theory of interlocking vulnerabilities addresses a theoretical deficit as well as a clinical need in the field of conjoint therapy.

The Theory of Interlocking Vulnerabilities: A Conceptual Tool

This study offers an approach to couple therapy that conceptualizes the intransigence of a couple's repetitive strife as deriving from a characteristic meta-conflict of interlocking vulnerabilities (Jenkins, 1994). The theory of interlocking vulnerabilities proposes that at the center of destructive conflict there exists an escalating process in which each member's primary vulnerabilities (Elkind, 1992) and self-protective responses provoke and exacerbate the other's vulnerabilities and self-protective stance. When this

reciprocal process is inflamed, the spiraling forces of polarization increase the rigidity and entrenchment of each member's position, eventually leading to an interpersonal impasse. Potent cultural assumptions and mores about aggression and retaliation, dominance and submission, privilege and subjugation shape the contours of this escalating exchange.

Primary vulnerabilities involve two inseparable human motivations: the development of a coherent self and the pursuit of relatedness to others. Mitchell (1988) similarly conceives of human beings as simultaneously self regulating and field regulating, embedded in a "dialectic between self-definition and connection with others" (p. 35). Self development and relatedness cannot actually exist apart from one another. However, lacking a language that could describe these realms without arbitrarily dichotomizing them, I will refer to them separately for exploratory purposes.

Within the domain of relatedness is the need for attachment, protection, acceptance, nurturance, sharing and mutuality. Within the sphere of self development is the urge toward expression, mastery, creativity, self-assertion, authenticity and perhaps transcendence. The dread of disrupting one's sense of self or disrupting a sense of relatedness to one's partner underlie the experience of vulnerability in couple relationships. Fears of being abandoned, criticized, overwhelmed or controlled frequently surface in the course of couple therapy. These core anxieties, while manifesting differently in each partner, are elicited and amplified by the dynamics of the couple as a whole. Since the couple is embedded in a larger cultural context, taken-for-granted assumptions about power and gender roles are invariably involved in the experience of vulnerability.

Members of a couple usually accuse each other of being the source of the problem whenever an interpersonal difficulty escalates into the couple's

underlying fight. The couple therapist must then struggle to acknowledge each member's experience without fueling the accusations. Moreover, she must devise a way of organizing the typically contradictory information she is receiving from each person into a coherent picture of what has gone wrong and what can be done about it. The theory of interlocking vulnerabilities provides a conceptual tool for understanding the reciprocal, although not necessarily equally determined organization of a couple's conflict. By framing destructive conflict as a manifestation of an underlying struggle that involves vulnerability and self-protection, the couple therapist can usually empathize with each person's motivations, without losing sight of the hurtful consequences of their self-protective behavior. The notion that each person is acting from a primary vulnerability mitigates the danger of joining with one member and secretly pathologizing the other. Conceptualizing a couple's accusatory process in terms of interlocking vulnerabilities assumes that there is an inner logic or "hidden appropriateness" (Wile, 1988) in each person's behavior.

In the theory of interlocking vulnerabilities, an ironic premise replaces a pathological or moralistic one, both of which can easily slip into the fray of conjoint work. Not only are primary vulnerabilities endemic to the human condition, they are ironically self-fulfilling. Our vulnerabilities and corresponding self-protective strategies inadvertently elicit the very responses from others that we most fear. Interlocking vulnerabilities connote a process that is context-bound rather than simply driven from within. When one member's vulnerability to personal disruption and interpersonal disconnection is triggered, his understandable attempt to create safety inadvertently perpetuates the relational danger he dreads by evoking the other member's vulnerability. Catapulted into her own area of sensitivity, the second member also attempts to re-establish personal and relational safety with securing

behaviors that amplify her partner's fears. Paradoxically, the self-protective actions that inflame the conflict are often misguided attempts to shore up a threatened sense of a related self. The mutual intensification of vulnerability and self-protection is driven by both the fear of disconnection as well as the hope for reparation.

Hope and dread (Mitchell, 1993a) permeate interpersonal experience; we strive for relatedness while simultaneously protecting ourselves from disruption and isolation. What appears to be nothing more than terribly destructive behavior in a struggling couple is often a complex, convoluted attempt to do two things at the same time: to establish contact in a hopeful, albeit constricted or provocative manner, as well as to prevent disconnection and the shame that is associated with it. The notion of escalation and the consolidation of self-protective behavior it entails, helps to explain how problematic conflict becomes increasingly intractable in couple relationships (Jenkins, 1994).

The Narrative of Interlocking Vulnerabilities: A Clinical Intervention

As well as being an explanatory concept, the narrative of interlocking vulnerabilities is a useful intervention in couple therapy. In conjoint work I endeavor to articulate the characteristic meta-conflict underlying a couple's most repetitive arguments, actively engaging both members in the exploratory process of recognizing the distinctive vulnerabilities that energize their hurt and outrage. Observations in the clinical hour, as well as each person's historical account, highlight the notion that both members rely on well-worn self-protective responses whenever their vulnerabilities become inflamed. The idea that a couple's fights are driven by an escalating cycle of interlocking

vulnerabilities and self-protective responses is an interpretation that challenges their typical premise of personal inadequacy and failure (ostensibly the other's, but fearfully one's own). Not only is this interpretation meant to disrupt an accusatory cycle, it fosters an alternative form of participation between the members of a couple, from disavowal and blame to empathic recognition and mutual responsibility.

Both contemporary relational theory and constructionist family theory stress the quest for mutuality in human relations. Our primary human aims of relatedness and self-coherence depend on recognition by another who is an equivalent subject, an equal center of experience (Laing, 1967; Benjamin, 1992a). We exist within a paradox: a separate sense of self can only exist within the mutuality of relatedness, "we need to be recognized as independent by the very people upon whom we depend" (Benjamin, 1992a, p. 85). According to the theory of interlocking vulnerabilities, mutual recognition is seen as vital to the process of reparation and the progress of conjoint work. In the course of couple therapy, each member is encouraged to recognize both her own areas of sensitivity as well as her partner's underlying vulnerabilities, relying on identification or "empathic imagination" (Kiersky and Beebe, 1994) to take in the other's sense of distress. At the same time, each member is asked to recognize the interpersonal consequences of her own self-protective actions and to mitigate the impact. The development of compassion for oneself as well as for one's partner go hand in hand with an increasing sense of personal responsibility. The mutual recognition of vulnerability and interpersonal impact promotes both acceptance and change in conjoint work. By constructing a mutually acceptable way of construing the problem, what Weingarten (1991) refers to as the co-creation of "shared meaning," a sense of connection is re-

established, even though painful differences between the partners continue to exist.

While a couple will most likely have the same areas of reciprocal sensitivity for their entire lives together, how inflamed these vulnerabilities become makes all the difference in the quality of that relationship. When a couple understands their underlying conflict in a new way, when it doesn't threaten them with shame and disconnection, their self-protective defenses can soften. If a conflict is recognized as the same old struggle, rather than an endangering source of disruption to the relationship and violation of the self, a couple can begin to dig their way out rather than digging in deeper. This process requires effort and perseverance. The mutual recognition of vulnerability and self-protection repeatedly breaks down and must be continually re-constituted (Benjamin, 1992b). However, understanding a couple's destructive conflict as the inflammation of interlocking vulnerabilities creates a shared, more empathic approach to the underlying dynamic that eventually turns a vicious cycle of chronic and toxic defensiveness into a "virtuous cycle," characterized by the struggle toward personal responsibility and shared meaning.

Theoretical Overview

The theory of interlocking vulnerabilities is based on a theoretical argument that parallels and extends the unfolding discourse in relational psychoanalytic thinking which asserts that subjective experience is mutually and reciprocally constituted with others. Contemporary psychoanalytic theory, now referred to as a social theory of mind (Mitchell, 1988), envisions individual intrapsychic processes as inseparable from interpersonal exchange; a sense of

self and a sense of other are always intermingled (Burch & Jenkins, 1999). Recent two-person formulations of the patient-therapist relationship are extremely relevant to a theory of couple interaction which, as I contend, must include analytic notions of unconscious vulnerability and self-protective organization. However, concepts developed for the unique and circumscribed context of the therapeutic dyad cannot fully account for the interactive complexity of a couple relationship, embedded as it is in broader social forms of organization. Social constructs are needed to augment psychoanalytic formulations for a theory of couple therapy (Dare, 1986; Jenkins, 1994).

Psychoanalytic theory offers important generalizations about the dynamics of the mind, but obscures the specificity of social and historical forces that additionally shape actual relationships. Even intersubjective concepts cannot adequately account for a couple's multiply-determined transactions, lived out in specific circumstances and in a particular moment in time. For example, a gay couple's struggle with issues of monogamy and sexual freedom cannot be adequately explored without reference to the conflicting sexual norms of the gay and straight cultures the two men simultaneously inhabit. The mutual accusations and eventual impasse in a second marriage with step-children cannot be addressed without attending to the powerful but often tacit alliances that inevitably exist in blended families. The hierarchical struggle over decision-making in an African-American couple cannot be fully understood without accounting for the impact of institutionalized oppression and "stereotype threat" (C. Steele, 1998) on the couple's day-to-day lives. When we consider the enormously varied, contextually-bound and multi-layered interactions that occur within a couple on a daily basis, encompassing social and sexual realms well outside the purview of the therapeutic exchange, it is obvious that the clinically-based "inter-psychic" conceptualizations of

contemporary psychoanalytic thinking are insufficient for a theory of couple dynamics.

Although relational psychoanalytic thinkers have turned away from monadic theories of mental life and are now building explicitly interactive theories, the emerging formulations are not yet adequate to conceptualize the multiply-determined process of social exchange. As psychoanalyst Mitchell (1997) points out, the development of intersubjective theory is barely keeping pace with the growing emphasis on interaction in analytic therapy; new conceptual tools are desperately needed. I argue that this is particularly true for the practice of couple therapy, in which some phenomena, such as escalation and the pre-existing power relations that bias participation within a couple (Weingarten, 1998), are not usefully explained. Since psychoanalysis cannot yet provide a full theory of interpersonal functioning, either inside or outside the analytic dyad, and since it also neglects the broader dimensions of power and social stratification that saturate relational interchange, supplemental ideas are needed to provide an adequate framework for couple therapy. In this presentation I propose that the systemic and cultural formulations of family theory, strongly influenced by the social paradigms of anthropology (Bateson, 1972), social interaction (Goffman, 1974) and communication theory (Watzlawick et. al, 1967), can facilitate the closing of this theoretical gap in the development of an integrative approach to conjoint therapy.

An increasing number of analytic theorists are deliberately extending relational analytic concepts to an examination of adult dyads beyond the clinical couple (See Dicks, 1967; Framo, 1982; Dare, 1986; Scharff & Scharff, 1991, Livingston, 1995, M. Gerson, 1996). Although these theorists utilize an operational framework that is systemically oriented, they do not take the next step of explicitly integrating specific constructs from family theory into a

psychoanalytic theory of conjoint work. In an important effort to expand psychoanalytic thinking, M. Gerson (1996) begins to take that step, urging the analytic practitioner to deliberately study a family systems approach in order to both challenge and enrich psychoanalytic practice with couples and families. However, unlike the approach argued in this presentation, she stops short of integrating relevant formulations from each theory, insisting instead that the paradigmatic boundaries between the two traditions be preserved.

A perplexingly small number of contemporary analytic theorists are deliberately pursuing the actual integration of psychoanalytic and family theories for the conceptualization and practice of couple therapy. Three such theorists, P. Wachtel (1977, 1986, 1993), E. Wachtel (1986, 1993) and Goldner (1985, 1991, 1998) have been deeply influential in my own attempt to bridge these traditions for a theory of couple therapy. Ringstrom (1994, 1998a, 1998c), in a parallel development, has advanced a valuable theory of conjoint work which, though not explicitly proposing the integration of psychoanalytic and family theory, incorporates the circular epistemology of family therapy into his psychoanalytic treatment of couples.

P. Wachtel's (1993) theory of cyclical psychodynamics, which I delineate more fully in Chapter Two, integrates concepts from the behavioral and family systems traditions within a psychodynamic framework. Focusing on "cycles of reciprocal causation between intrapsychic processes and the events of daily living" (p.17), this theory does not ignore the momentum of past relational experience, but stresses the way individual adults recruit others into interpersonal patterns that maintain psychodynamics *in the present*. His collaborator, E. Wachtel (1993), explicitly adapts this theory to an examination of the therapist's participation in conjoint therapy. Stressing metacommunicational principles that enable the couple therapist to address a

couple's concerns and complaints while building on their strengths, she suggests therapeutic interventions that emphasize "movement in positive directions." I will return to these therapeutic principles in Chapter Five, as background to an examination of the clinical implications of the narrative of interlocking vulnerabilities.

Goldner (1998) employs the "art of multiplicity" in her work with violence and victimization in intimate relationships, arguing for the use of multiple frameworks, including feminist, psychoanalytic, systemic and those derived from narrative and social constructionism. Arguing that the intense mutual reactivity of the predominantly heterosexual couples she treats is embedded in a larger social discourse about gender, Goldner's (1985, 1991) ground-breaking feminist critiques of both psychoanalytic and family theories are integral to her approach:

Although every relational arrangement, along with the metacommunicative context of meanings and injunctions that surrounds it, is a unique subculture, it is also a product of culture, and in that sense, it is socially patterned and symbolically structured in terms of normative gender categories. Thus, fundamental expectations about how spouses, parents, and children should feel and behave toward one another are shaped by cultural fantasies about masculinity and femininity. [1991, p. 266]

In addition to normative expectations about gender roles, she also examines other social forces, such as the inequities of economic power and social influence that "differentially regulate the nature of participation and the distribution of power" (1985, p. 33) in intimate relationships. Her insistence on

separating the extremely useful notion of circularity in couple relations from “the morally offensive presumption of mutual responsibility” (1998, p. 266) has crucially informed my own thinking.

While the ideas of Goldner and the Wachtels are foundational to the integrative framework presented in this study, it is Ringstrom’s work which most closely parallels the theory of interlocking vulnerabilities. Utilizing the concepts of Stolorow, Brandchaft and Atwood (1987; Stolorow & Atwood, 1992; Stolorow, 1994) in his intersubjective approach to conjoint therapy, Ringstrom (1994) has developed a six-step model in which a couple’s vicious cycle of “reciprocal selfobject failures” is interrupted by the therapist’s attunement to each member’s subjective experience, promoting the healing function of self-attunement as well as mutual attunement within the couple relationship. In the early phases of therapy, “the therapist’s assertion that neither spouse has a more correct version of reality than the other” (p. 160) is integral to his attunement to each individual. As the treatment progresses, the therapist facilitates each partner’s capacity to be introspective about the impact of his or her developmental history of thwarted selfobject yearnings, arising in the context of the present relationship as reenactments in the service of maintaining self organization. Such introspection in the presence of the other highlights a sense of “ownership” of the relational conflict. In the final stages of therapy, each partner develops the ability to attune to and support the other’s introspective capacity and personal development.

Although our theories were developed independently of one another, there are important points of convergence as well as significant distinctions. The theory of interlocking vulnerabilities proposes that self-protective responses to heightened vulnerabilities interlock in a struggling couple, escalating the couple’s meta-conflict into an acute or protracted cycle of

accusations and withdrawal. In a similar vein, Ringstrom (1994) suggests that marital conflict is reciprocal: each member's complaints derive from unmet selfobject longings, now manifesting in "reciprocally antagonistic, repetitive dimension transferences toward one another" (p. 161). Marital conflict is propelled by the disruption of self that occurs whenever an important selfobject function fails. While I emphasize the disruption of the couple's bond as an equally important factor in the escalation of conflict, the maintenance of a cohesive sense of self is also seen as driving a couple's interlocking vulnerabilities. In Ringstrom's model, the therapist's symmetrical attunement to each member's hopes and fears fosters a greater awareness of the "thematic connection between past failings and those experienced in the present," as well as any "self-sabotaging function" that may prevent the fulfillment of each member's "self strivings" (p. 176). Each partner is helped to tolerate the other's upset over unmet needs and acknowledge his or her own failure to be attuned to those needs. While I favor the idea that interpersonal harm derives from unavoidable vulnerability and compensatory self-protection, rather than failures of attunement, Ringstrom's notion of "ownership" is similar to my own emphasis on empathic recognition and mutual responsibility. Another important point of convergence involves the outcome of therapy: Ringstrom acknowledges that accepting the inevitability of disappointment rather than striving for perfection is the goal of conjoint work.

There are several key areas of divergence between Ringstrom's model and the theory of interlocking vulnerabilities. The most obvious has to do with the difference in language and conceptual tools. Ringstrom uses the conceptual vocabulary of self psychology and Stolorow et. al.'s (1987, 1992) approach to intersubjectivity theory, emphasizing selfobjects, malattunements, repetitive dimension transferences and invariant organizing principles. My

own vocabulary, stressing meta-conflicts, interlocking vulnerabilities, self-protective cycles and inflammation is based on experience-near concepts that can be readily used in the therapeutic hour. Another important distinction is that, while Ringstrom implicitly relies on a circular understanding of couples' affective interactions, he does not explicitly integrate family therapy constructs into his model of conjoint therapy. For example, his acknowledgment of the polarizing effects of "circularly reinforced and affectively amplified" relational conflict does not shed much light on the dynamics of escalation itself. I believe that family theory's elaboration of the interactive construct of compensatory reactivity adds a crucial dimension to our understanding of escalating conflict. Finally, unlike Ringstrom's approach, a cultural analysis of the personal and interpersonal consequences of social stratification and stereotypic expectations based on gender, ethnicity, class and sexuality, is integral to the theory of interlocking vulnerabilities and pivotal to my entire approach to couple therapy.

The innovative theories of Wachtel & Wachtel, Goldner, Ringstrom and other integrative thinkers inform my own efforts to explicitly incorporate the pre-existing field theory of family theory into a psychoanalytic framework in order to elaborate and culturally embed the dialectic that exists between intrapsychic and interpersonal experience in any couple. Although psychoanalytic and family theory have been viewed as two explanatory systems with distinct and separable conceptual boundaries, I prefer to think of these traditions as overlapping domains of psychological thought, divided like countries for the purpose of sovereignty. Couple therapy, then, is usefully conceived as a wide swath of land that lies along the arbitrary border of each domain (Wilson, 1998), a relatively unexplored terrain that reflects the landscape of each more highly-developed region on either side. While

frameworks focus our attention, their boundaries are constructions rather than innately drawn, and thus can be reconstructed to incorporate more terrain and wider vistas.

Method of Approach

The present study articulates the theory of interlocking vulnerabilities for couple therapy, elaborating and supporting this approach by drawing on current intrapsychic and social theorizing. More specifically, the theory of interlocking vulnerabilities is based on the interpenetration of four conceptual realms delineated within psychoanalytic and family theory: the subjective and intersubjective domains of psychoanalytic therapy, and the microsocial and social domains of family therapy. The theory of interlocking vulnerabilities not only conceptualizes relational dynamics as simultaneously motivated by experience within all these realms, but it seeks to further the articulation of their implicit convergence.

In the next chapter I begin by tracing the development of contemporary psychoanalytic thinking to its current perspective on the reciprocal nature of intrapsychic and interpersonal experience. I then delineate and critique an intrapsychic framework for an integrative theory of couple therapy, including the construct of unconscious experience, the relational investigation of internal representations, Elkind's (1992) theory of primary vulnerabilities in therapeutic impasses, the concept of transference and its contemporary elaborations, including P. Wachtel's (1986, 1993) theory of cyclical psychodynamics, and Benjamin's (1992b, 1998) exploration of mutual recognition. In chapter three, I describe the social constructionist developments in family theory, explicating and critiquing a social framework relevant to my approach, including Bateson's

(1958) notion of mutual escalation, reciprocal organization, White's (1986) theory of restraints, Weingarten's (1991) theory of intimacy and the current emphasis on social stratification and cultural saturation in narrative therapy. In Chapter four I elaborate the theory of interlocking vulnerabilities, combining ideas from the previous two chapters to form an integrative theory of the intrapsychic and social dynamics that sustain couples' problematic interactions. Chapter five illustrates with case material how the theory of interlocking vulnerabilities can be used as a clinical intervention. Therapeutic narratives that facilitate the development of mutual recognition and shared meaning are proposed as clinical tools for modifying maladaptive cycles of couple conflict. Chapter six discusses the significance of this theory for couple therapy as well as its limitations, and suggests areas for future research.

Significance of Study

This theoretical study of conjoint therapy is grounded in the intersubjective thinking of relational psychoanalysis. Influenced by the constructivist view that subjective meaning is created with others, analytic practitioners now emphasize the interactive nature of psychotherapy and the interpersonal basis for psychological change. These trends are particularly germane to the practice of couple therapy. However, the interactive theories of psychoanalysis alone cannot fully explain the complex interpersonal functioning of a couple relationship, with its tendency toward mutual escalation and its immersion in a larger cultural context. The theory of interlocking vulnerabilities explicitly integrates microsocial and social concepts from family therapy to elaborate and expand the subjective and intersubjective formulations of a psychoanalytic approach to couple therapy. It also normalizes

the continuous existence of reciprocal relational vulnerability in any couple, avoiding the idealized notion that successful couple therapy produces abiding harmony. Not only is the theory of interlocking vulnerabilities useful as a psycho-educational tool and a clinical intervention, but it serves as a conceptual bridge between the segregated traditions of psychoanalytic and family therapy for a theory of conjoint work.

CHAPTER TWO:

SUBJECTIVE AND INTERSUBJECTIVE THEORY
IN PSYCHOANALYSIS

Human beings require systems of meaning, including a sense of personal history and motivation, to knit their world together. Psychoanalysts are experts at the way those systems of meaning become constructed and change.

S. Mitchell, Influence and Autonomy

In this chapter I articulate the relevance of psychoanalytic thinking to a theory of couple therapy by delineating the intrapsychic framework which supports the theory of interlocking vulnerabilities presented in this study. Since the particular analytic formulations included in my clinical approach are drawn from recent relational developments in psychoanalytic theory, I begin by briefly tracing the evolution of analytic discourse to its current interactive understanding of mental life. In the next section, I elucidate key subjective and intersubjective constructs and demonstrate their saliency for the therapeutic action of conjoint work. Finally, the limitations of this framework are explored. Psychoanalysis, like all theories, is both an achievement and a constraint, simultaneously revealing and concealing what can be understood about human beings and their interaction. While my primary purpose in this chapter is to describe the elaborate internal landscape, and the newer interactive horizons that an intrapsychic framework can offer conjoint therapy, the overarching goal of this theoretical study is to establish the efficacy of integrating psychoanalytic and family therapy concepts for a more complete theory of couple therapy. Toward this end I articulate what is obscured as well

as illuminated by an analytic view of dyadic relationships, later arguing for the inclusion of certain social theories to compensate for deficits in the interactive formulations now emerging in relational psychoanalytic thought.

Evolution Toward a Social Theory of Mind

Psychoanalysis as a theoretical and clinical discipline involves the detailed investigation of mental life. What is seen as constituting mental life, however, has changed dramatically over the last few decades, both inside and outside psychoanalytic circles. It is widely recognized that psychoanalytic thinking and Western thought in general, are inextricably linked. The current reconceptualization of subjective experience in analytic thought is thus embedded in larger intellectual and cultural trends where it is reciprocally shaped. Social theorist Pare (1995) describes this larger movement succinctly: "In greatly simplified form, it might be said that the prevalent epistemology in the humanities ...has been evolving during this century from a focus on the observed world as object, to a focus on the observing person as subject, to a focus on *the place between* subject and object, that is, the intersubjective domain where interpretation occurs in community with others" (p. 3, italics mine).

Correspondingly, the evolution of psychoanalytic ideas has moved in just such an intersubjective direction: from a focus on the objective study of the individual's internal, biologically driven conflicts toward a collaborative investigation of the individual's emotional interconnectedness with others. As we will see, psychoanalysis has not taken the study of "the place between" as far as contemporary family theory; nevertheless, there has been a significant swing away from the autonomous drive-ridden self to the innately related

subject of current relational theories. While many constructs have been maintained from its beginnings, such as unconscious experience and the notion of transference, the growing emphasis on the interactive nature of mind underlies recent revisions as well as new conceptual developments in psychoanalytic theory.

Many theorists describe this change in focus as a new paradigm in contemporary psychoanalysis (see Stolorow, et. al. 1987, Hoffman, 1991, Beebe, Jaffe and Lachman, 1992). Mitchell (1988), one of today's most influential psychoanalytic theorists, calls it "relational-model theorizing." This synthesis of current trends in analytic thinking can be summarized as follows: "Mind has been redefined from a set of predetermined structures emerging from inside an individual organism to transactional patterns and internal structures derived from an interactional, interpersonal field" (p. 17). There are two interconnected themes embedded in this perspective that are particularly relevant to a theory of couple therapy. 1. Relations with others are *formative* of intrapsychic patterns. Relationships, rather than drives, are considered the basic building blocks of mental life. 2. Relations with others are *mutative* of intrapsychic and interpersonal patterns. Human beings experience and give meaning to their world in a fundamentally interactive manner.

While relational psychoanalytic theory is still primarily concerned with the individual's subjective experience, there is a new emphasis on locating the development and enactment of mental life in a social matrix. "The central metaphor of the new psychoanalytic paradigm is the larger relational system...in which experience is continually and mutually shaped" (Stolorow, 1995 p.393). This contextual view of the human psyche has emerged from a confluence of factors, including psychoanalytic and epistemological theorizing in contemporary thought. I will briefly describe each of these important

theoretical currents and their culmination in a new interactional psychoanalytic psychology.

History of Relational Theory

The current emphasis on the formative nature of relationships in the development of the human psyche has developed over the last few decades through a cluster of relational theories, including British object-relations theory, interpersonal psychoanalysis, self psychology and intersubjective theory. While it is beyond the scope of this presentation to elaborate upon each of these contributing theories, an understanding of the overarching relational theory in psychoanalytic thinking and its roots in a paradigmatic shift away from Freudian drive theory is relevant to the theoretical integration I am offering in this study.

Freud presented his first psychoanalytic ideas with Breuer in 1893, over 100 years ago. The subsequent 50 years of psychoanalytic thought were dominated by Freud's basic conceptual framework: instinctual drive theory. In this deeply influential conceptualization, human beings are portrayed as driven by primitive, physical energies or tensions that are experienced as urgent sexual and aggressive wishes. We are caught in a tumultuous tug-of-war between the primary need to express these impulses and the secondary need to control the underlying instinctual forces in order to accommodate social reality (Freud, 1911). The psyche is composed of a series of compromises between the expression of instinctual drives and the defenses which control and channel them (Mitchell, 1988).

While Freud's astute clinical observations reveal that he certainly knew relations with other people were central in a person's psychological life, his

theories were based on a kind of “intrapsychic determinism” (Stolorow, 1995). That is, Freud believed that the basic motive underlying a person’s relationships was the discharge of inherent physiological drives. In fact, the word “object,” in object relations, was originally derived from Freud’s premise that instinctual drives seek gratification from their libidinal objects. “The object of an instinct is that in or through which it can achieve its aim” (Freud, 1915, p.87). Freud’s object could be a part of one’s own body, a thing or another person. Over time, however, the meaning of this term as it applied to other people was severed from its original intertwining with drive theory. Because of its clinical centrality, the problem of object relations--of how individuals are affected by relationships with other people--became the major focus of almost every psychoanalytic theorist who followed Freud (Greenberg & Mitchell, 1983).

Object relations theories were developed by Freud’s detractors as well as by his followers. Some theorists like Klein and Winnicott maintained allegiance to Freud’s drive theory, but promoted the primacy of early relationships in human development. Other theorists, like Fairbairn, Sullivan and Thompson broke away from Freud’s instinctual framework to establish theories that radically departed from the psychoanalytic orientation of their time. Despite enormous diversity in these early formulations, they all shared a common focus: the inevitable impact of mental representations of important early relationships in the shaping of an individual’s sense of self as well as his or her subsequent relational patterns with others.

According to this line of thinking, we incorporate aspects of our relationships and make them part of ourselves. We also attribute aspects of ourselves and our internalized relationships to other people. While there is still considerable disagreement about how this internalizing and externalizing takes place, in general, the study of object relations explores the relationship

between real, external people, often referred to as external objects, and our internal images and residues of earlier relations, referred to as internal objects. While many clinicians object to the word "object" to denote actual relationships is confusing or dehumanizing, it is meant to convey the notion that both our sense of self and our relationships with actual people are never devoid of internalized residual interpersonal experience. That is, even when we are convinced that we see another accurately, that we recognize the other as a separate subject in her own right, we are inevitably looking through the lens of our own previously formed expectations and beliefs.

Initially, the new emphasis on the formative nature of early object relations rather than the discharge of drives did not alter what Stolorow and Atwood (1992) refer to as "the myth of the isolated mind." Adult interpersonal relations were seen simply as enactments of a more fundamental, over-determined world of internal object representations. Furthermore, early object relations theorists believed that an individual's internalized relational patterns could be understood objectively. Like Freud's, their perspective was essentially monadic, what is called a one-person psychology. According to this theory, the individual can be studied in isolation, uninfluenced by the presence of the observing therapist.

Contemporary Developments in Relational Theory

In recent years, however, analytic theorists have begun to embrace a two-person or intersubjective psychology. The emergence of a dyadic, interactive perspective in contemporary psychoanalytic thinking emphasizes the mutative nature of relationships. In this view, "...nothing that enters the psychoanalytic

exchange can remain fully divorced from the influence of the other or from the interpenetrating effects of (two-person) interactional processes" (Frank, 1993, p. 606). It is now understood that the way a client ascribes meaning to his life arises out of an interpersonal field, including the interpersonal field of client and therapist. And there is a deepening conviction among contemporary relational theorists that what the therapist understands also arises out of an interpersonal field: the relational matrix of her personal, professional and cultural worlds, as well as the therapeutic dyad. In other words, what the therapist understands about her client's inner world can only be glimpsed through the therapist's own subjectivity (Mitchell, 1997). The unavoidability of reciprocal influence in relational-model therapy has been informed by a larger impulse in contemporary thought.

There presently exists a widespread cultural movement and intellectual trend, a "shared consciousness" (Gergen, 1985) which aims to examine the social origins of taken-for-granted "truths" about human existence. Such an analysis "seeks to reveal the cultural construction of concepts people generally assume to be natural or universal...in order to break the grip of their control on our thoughts and actions" (Spretnak, 1991, p. 4). A constructivist epistemology is particularly suited for this purpose. Constructivism argues that meaning is not inherent, rather it is developed interactively. Social psychologist Kenneth Gergen (1985) summarizes this perspective: "The terms in which the world is understood are social artifacts, products of historically situated interchanges among people" (p. 267). Wachtel (1980) puts it this way, "We are always constructing reality every bit as much as we are perceiving it" (p. 62).

Early object relations theorists emphasized the formative nature of the relational matrix rather than the discharge of physiological drives on psychological development. Current relational theorists stress the interactive,

context-bound construction of meaning within this relational matrix. While this trend toward a constructivist view of the therapeutic endeavor has not been fully integrated into the theory and practice of psychoanalytic therapy (I. Hoffman, 1992), it has played a major role in the development of contemporary relational metatheory. Psychoanalytic therapy is no longer envisioned as an archeological reconstruction of the Truth. Rather, it is now conceived as synthetic. "The patient's experiences, associations, and memories can be integrated or organized in innumerable ways....The 'meaning' of clinical material does not exist until it is named--it is not uncovered but created." (Mitchell, 1993, p. 58) In recent years, the focus on relationships rather than drives, combined with "...a more relativistic approach to truth in the clinical situation" (Cooper, 1993, p. 171), has developed into what contemporary psychoanalytic theorists claim is a new interactional psychology.

The paradigm shift from positivist, drive-theory formulations to constructivist, relational theories in psychoanalytic thinking has profound clinical as well as theoretical implications. Mitchell (1993) writes, "The nature of the analytic relationship and the analytic process is profoundly changed when one defines oneself as a collaborator in developing a personal narrative rather than as a scientist uncovering facts." (p. 74) This shift has altered the way theorists think about and employ fundamental psychoanalytic concepts. Both the subjective and intersubjective constructs which I elaborate in the following section, and later incorporate in the theory of interlocking vulnerabilities, have been modified by the interactive perspective now re-shaping psychoanalytic theory.

An Intrapsychic Framework for the Theory of Interlocking Vulnerabilities

An intrapsychic framework is uniquely effective at focusing the clinician's attention on the subjective experience of each member of a couple, and contemporary developments have added an investigation of the intersubjective field between them. This focus is crucial for making intelligible the personally compelling and reciprocally adhesive nature of each member's involvement in the underlying fights that drive most couples into therapy. As any member of a couple will attest, the defensive urge to fight back or protect the self at all costs often defies a deeply felt intention to have a more satisfying relationship. Family theory better explains the dynamics of escalation and broadens the notion of contextualization by exploring the cultural embeddedness of a couple's meta-conflict. Psychoanalytic theory, however, illuminates the uniquely personal, often unformulated experience of each individual as it has evolved in important relationships in the past and manifests in primary relationships in the present. Intersubjective theory elaborates this view by asserting that the interaction of two people involves not only each person's set of internal relations but "a new set between them" (Benjamin, 1995, p. 3).

From a relational perspective, then, the individual's internal and external worlds are inseparable. While subjective and intersubjective experience are thus integral to one another they are heuristically divided in the next section for emphasis and clarification.

The Subjective Realm of Experience

Unconscious Mental Processes

A psychoanalytic framework is built on the foundational concept of unconscious mental processes. Indeed, the notion of unconscious experience is by far the most influential and far-reaching contribution of psychoanalytic theory. Freud, drawing on Breuer's research on the connection between symptoms and latent mental activity, proposed that we are never completely transparent to ourselves. Conflict, especially neurotic conflict, derives from an unrecognized separation of conscious and unconscious realms of mental life. Moreover, this conflict can only be resolved when these psychical domains "confront each other on the same ground" (Freud, 1924, p. 440). Ultimately, unconscious thought must be transformed into conscious thought; consciousness must struggle to prevail.

Freud's illuminating ideas about the essential division of mind and the suffering this division entails reverberate deeply in our contemporary understanding of human life. However, his conception of the unconscious mind can no longer be accepted in its entirety, steeped as it is in anachronistic notions of drive theory. Freud viewed the unconscious as our deepest psychical reality, a cauldron seething with instinctually motivated "wish-impulses" that propel us to destruction without the intervening forces of reason and renunciation (Freud, 1931). While his conceptualization of unconscious experience greatly expanded and enriched our view of mental life, this construct, like any other, continues to evolve.

As psychoanalysis has become more interpersonal and pluralistic, Freud's view of the unconscious as the container of our most fundamental biological drives no longer serves as the underlying metaphor for analytic

thought. (See Spence, 1987 for a thorough discussion of the movement away from Freudian metaphors in contemporary psychoanalysis.) The classical unconscious as a reified "geography of hidden truths" (Fourcher, 1992, p. 323) has given way to a relational unconscious that is "inherently interactive and ambiguous" (Hirsch & Roth, 1995, p. 267). The cleaving of mind into conscious and unconscious realms is now seen as deriving primarily from relational experiences rather than physiological instincts. A contemporary construct of unconscious process usefully explains how the unique interpersonal history of the individual organizes subsequent experience of self and other largely outside of awareness. It is thus crucial for a theory about human coupling and conjoint work.

Like other psychoanalytic concepts, the construct of unconscious process elaborates and extends "commonsense psychology" by articulating what is widely recognized: that a great deal of human experience is held unawares. Writers and philosophers throughout the ages have depicted human beings as so complex that we seem unable to know ourselves fully. We act upon feelings and motivations that are obscured from our own view, although not necessarily from the view of others. It makes sense, given the flux of internal and external stimuli that surround and impinge upon us every moment of our lives, that we are able to respond to and incorporate certain experiences without recording or retaining an awareness of the interaction. Psychoanalytic theory emphasizes that experiences with an intense emotional valence are also likely to be held out of awareness.

According to psychoanalytic thinking, consciousness and unconsciousness are mutually constitutive. On the one hand, unconscious processes shape consciousness, intruding through symptomatology, animating our dreams and intuitions, energizing relationships and generally organizing

much of what we call character structure. On the other hand, consciousness continually penetrates and transforms unconscious life, sometimes disguising, sometimes illuminating aspects of the self. While consciousness may include processes of deception that maintain a biased but acceptable view of self (Slavin & Kriegman, 1998), in its more reflective capacity consciousness expands subjectivity, dispelling shadowy, often out-dated beliefs with insight, lifting the veils of self-delusion and self-idealization with awareness, and creating life circumstances in which unconscious processes of creativity can be productively expressed.

In a very interesting article updating the theory of unconscious psychic experience, Wolstein (1982) elaborates a relational dialectic between conscious and unconscious realms of experience. In contrast to more esoteric definitions, he describes unconscious experience simply as "very privately held knowledge" (p. 421). "Un-con-scious" literally means: not yet public, not yet held in common. D. B. Stern (1997) calls this "unformulated experience," experience that has not yet been put into words with others. Shapiro (1989) refers to something similar in his assertion that psychological movement inheres in "the articulation of...unarticulated, unrecognized, or unreflective subjective experience" (p. 11-12).

While some theorists (Slavin & Kriegman, 1998) object to a unidirectional view of unconscious process, suggesting that human beings use consciousness to both reveal and conceal ourselves, other thinkers (Wolstein, 1982; Spezzano, 1996; D. B. Stern, 1997) emphasize that, however ambiguous the progression, within unconscious experience is the movement toward consciousness. As Wolstein (1982) puts it, "the theory of unconscious psychic experience is a theory of psychic process and pattern about to become conscious" (p. 416). In other words, we seem to have an inborn urge to make private,

unconscious experience public and thus conscious, despite a strong and inhibiting fear of doing so. In a similar vein, Spezzano (1996) contends that we repeat our symptoms or problematic patterns because we are continually trying to communicate something about ourselves, "...attempting to use all available others to recognize and make conscious our unconsciously generated feeling states" (p. 612). The point I want to emphasize is that the complex process of bringing unconscious experience into consciousness involves other people.

While Freud (1924) originally identified this movement from unconscious to conscious awareness as the basic mechanism of analytic therapy, he confined his exploration of this singular process of "mental change" (p. 442) to the analytic relationship, neglecting to characterize it as endemic to psychological life in general. Wolstein, on the other hand, argues that the transformation of unconscious into conscious process reflects the basic human activity of curiosity. I would add that the pervasive urge to bring what is at the periphery of consciousness into one's direct line of vision, or to bring an internal impulse to external fruition, also inheres in our innate relatedness to others.

Curiosity involves a push for meaning, "the striving to make intelligible." (Wolstein, 1982, p. 421) This striving, in turn, involves our interdependence with others. That is, intelligibility inherently involves making ourselves intelligible to other people. By making something conscious we transform "some private and still unshareable knowledge of psychic reality" into shareable knowledge. By being known by others, we are able to know ourselves. Benjamin (1995) says something similar when she asserts that we come to know and to alter our own subjective experience in the process of being recognized by another subject. Or as Spezzano (1996) puts it, "Consciousness is a mental activity undertaken with the ultimate aim of

sharing mental contents, not only communicating to others our affects and representations but making them available *to be mixed with* those of others to create something new and better." (p. 609, italics mine) As I later argue, the idea that unconscious process entails movement from private to public knowledge, from concealment to recognition, has important implications for a theory of couple therapy. It is the basis for my assertion that couple therapy can be psychologically transformative.

The contemporary construct of unconscious experience encompasses two realms that are especially relevant to conjoint work: the realms of creativity and discovery (Wolstein, 1982). It is through unconscious process that we discover old experience as well as generate new experience. Freud's early formulations set the stage for the notion of two kinds of unconscious process. He claimed that the unconscious entailed: "...processes which are merely latent, temporarily unconscious, but which differ in no other respect from conscious ones and, on the other hand, processes such as those which have undergone repression, which if they came into consciousness must stand out in the crudest contrast to the rest of the conscious mind" (p. 122). According to Freud, the unconscious contained the unknown as well as the repressed.

In a similar, but more benign vein, Wolstein eloquently claims that the unknown which inheres in unconscious experience is the source of creativity. Within the realm of unconscious experience we create "...new experience from the spontaneous, still unlived possibilities never before envisioned" as much as we discover "...old possibilities in the conditioned, still forgotten experience already lived through" (p. 413). For example, in a creative endeavor we often say that something new--a new idea or image--emerged spontaneously from the unconscious. In psychotherapy we often feel as though we have discovered something old, such as a vulnerable part of ourselves that was always there, but

just beyond conscious reach. These two “dynamic and mutually corrective” (p. 413) aspects of unconscious experience constitute the human resources of exploration, creation and self-knowledge--all central to any form of therapeutic process. They also underlie two important strands of experience central to coupling which I elaborate in the next section: “the needed relationship” and “the repeated relationship” (S. Stern, 1994).

Unconscious Relational Configurations

Intrapsychic theory ascribes much of human suffering to our unconscious dynamics--to what has not yet been made intelligible. Once construed as derivatives of biological impulses, there is now an emphasis on the internalization and generalization of important early relationships as central to these unconscious processes. According to contemporary developments in psychoanalytic theory, individual existence is seen as inseparable from one's past and present interpersonal matrix. Because attachment to early caretakers is crucial for human development, we unconsciously internalize aspects of our relational environment as a way of insuring continued attachment and interaction. Early interpersonal relationships and identifications are incorporated as unconscious representations or schemas for subsequent relating in much the same way as we remember and build upon what we learn about our physical world in order to survive. Unconscious internalization refers to the way these relational contexts are carried within, inevitably and often invisibly influencing our current relationships. The theory of interlocking vulnerabilities is based on the notion that the vulnerabilities each member experiences in a couple relationship are constituted, in part, by unconscious relational experience.

These relational representations or internal objects can be conceptualized as unconscious fantasies involving feelings, memories, images and ideas that constellate around our interactions with other people, particularly our early caretakers. Internal objects are invested with a great deal of emotional energy, especially love and hate, and various combinations of these two emotions. We also form mental representations of the self that include feelings, memories, images and ideas that pertain to one's own person. However, as Hamilton (1990) states, "...if there is no external object with which to compare one's self, there is no self and no stable sense of reality" (p. 18). This is a crucial contribution of object relations theory: it emphasizes that the existence of a self inherently involves other people. In an intrapsychic framework, this means that our internal representations of others exist interdependently with our self-representations, creating what is called an object relations unit. These units or interactional patterns between our self- and object-representations constitute our internal relational matrix (Mitchell, 1988). It is through this matrix that we develop stability and instigate change in subjective experience.

Interpersonalist Harry Stack Sullivan (1953) used another term to describe those aspects of past interpersonal experience that continue to influence and restrict a person's current interactions: "personifications." Our personifications, or "surviving imprints," do not mirror actual interactions, rather they are caricatures (Fromm, 1964) of early experience with important caretakers. Personifications are like the characters in a novel: initially the author may use a real person to generate a fictional character, but there is rarely an exact correlation between them. Partly based on the demands of the unfolding story, the author's imagination elaborates her original impressions, eventually creating a fictional character that is unique and quite distinct from the actual person. Most object relations theorists neglect to emphasize what

interpersonalists assert: the internalization of ongoing, meaningful or endangering interpersonal experience is always mingled with countless other factors, such as a child's developmental level, constitution, temperament, symbolic capacity, the social categories that shape symbolization, and position in the larger cultural context. Like a fictional character based on real life experience, the unconscious memories of idiomatic patterns of relating are replete with subjective modifications and imaginal intricacies.

Drawing on Sullivan's conceptualization of personification and Fairbairn's (1952) similar notion of internal objects, contemporary relational theorists use the terms "relational templates," "internalized relational configurations" (Mitchell, 1988), or "unconscious representations" (Greenberg, 1991) to depict internalized experience that develops within an interpersonal matrix and is replayed in some form throughout life. Different relational theories emphasize different aspects of this relational matrix. Some theories, such as the British object relations school, emphasize the impact of object relations, the actual interactional and internal presence of other people. Some theories, such as self psychology, stress the establishment, organization and protection of the self within the relational matrix. And there are those theories, such as interpersonal and intersubjective theories, that emphasize the transactions between self and other. Each dimension, however, is inextricably linked:

There is no 'object'...without some particular sense of oneself in relation to it. There is no 'self'...outside a matrix of relations with others. Neither the self nor the object are meaningful dynamic concepts without presupposing some sense of psychic space in which they interact, in which they do things with or to each other. [Mitchell, 1988, p. 33]

No matter which of these three vantage points is used, the relational model views an individual's repetitive patterns of relating to self and others as derived from the pervasive human tendency to maintain connection, to preserve one's internal and external relational world.

Transactions with influential others in childhood are incorporated as relational schemas or templates which inform later relationships in both perseverative (Mitchell, 1998) and self-reinforcing ways. Again, it makes psychological common sense that if a child suffers from being overly criticized by the adults he loves, learning to expect criticism will help him anticipate and try to avoid this anxiety provoking experience. When the child becomes an adult and falls in love with someone who is capable of both criticism and praise, the over-determined expectation of criticism will skew his perceptions and behavior in an unnecessarily painful direction. It is the inaccessibility of these relational expectations to the light of conscious awareness that keeps them problematically inflexible, unable to accommodate the inevitable changes of our relational world.

Internalization, however, is not only a process of defense. As Benjamin (1995) asserts, "*all* experience is elaborated intrapsychically" (p. 40, italics mine). Internalization processes are pervasive, "a kind of underlying substratum of mental activity--a constant symbolic digestion process that constitutes an important part of the cycle of exchange between the individual and outside" (p. 40). In other words, every time we relate to another person we are drawing from both the intrapsychic and intersubjective realms of experience. Benjamin argues that problems arise when there is a loss of balance between fantasy and reality, when intrapsychic representations dominate actual interpersonal experience. Indeed, the mind's permeability to the intersubjective realm is a sign of psychological health (Benjamin, 1995).

In couples, the members' unconscious representations unavoidably skew their participation in the relationship, for better and for worse. Problems develop when expected interactional patterns are too rigid, too over-bearing, thwarting the development of more flexible, dimensional relational experiences with one's partner. Because coupling is especially evocative of early experience, recapitulating the tactile intimacy and vivid interconnectedness of the parent/child relationship, the members of a couple are particularly vulnerable to having inner representations overshadow their interpersonal interactions. Some theorists characterize these inflexible patterns as "...adhesion[s] to loved ones of the past with whom they are embedded and from whom they cannot separate" (Hirsch & Roth, 1995, p. 271). While I prefer a notion of internalization that is not as concrete and causal as the idea of adhesions to bad objects, nevertheless, these templates of interactional patterns induce both conscious and unconscious expectations that the present and future will be the same as the past. Attempting to change a couple's interpersonal patterns without addressing these relational schemas, which I prefer to call the intrapsychic inertia of the individual members, will minimize the lasting effectiveness of conjoint work.

The residue of past relationships is not the only thing that affects our current interactions. Self psychologists, in particular, emphasize that there is an inherent movement toward new and healing transactions that also influences relationships (Stolorow et. al., 1987; Ringstrom, 1994). Wolstein's idea that creativity, not just discovery, emanates from unconscious processes has similar implications. There seems to be a hopeful search for new and reparative relations as well as an anticipatory fear of old, repetitive relations that inform interpersonal experience. An inherent capacity to create new

experience as well as discover the influence of old experience is central to the unfolding of human relationships.

S. Stern (1994) makes a similar claim. His observations of the clinical dyad has led him to posit that human beings do not simply react to each other on the basis of internalized traumatic relational patterns from the past, they also respond on the basis of "...a proactive, hopeful developmental thrust" (p. 331) to engage new relationships differently. That is, patients may expect retraumatization and, in anticipation, defend themselves in characteristic ways, pulling for familiar responses from the therapist; but they will also try to involve the therapist in the *reparation* of old injuries and the exploration of new interpersonal experiences. Stern states, "In fact, what we refer to as the patient's character structure might usefully be thought of as the relatively enduring compromise between these two motivational tendencies: 1) the tendency to engage a current relationship on the basis of expected retraumatization and 2) the tendency to engage the same relationship as if the new person will respond differently and better" (p. 331). The first tendency leads to what Stern calls the repeated relationship and the second tendency leads to the needed relationship. These dynamics effect all important relationships, not just the therapeutic dyad. Repeated and needed interactions, both hope and dread infuse our couple relationships, as well.

Primary Vulnerabilities

From a psychoanalytic perspective, a great deal of our conscious and unconscious lives are fervently devoted to maintaining relationships, reflecting both our need for love and our dread of loss. As Mitchell (1988) puts it, "...the pursuit and maintenance of relatedness is seen as the essential motivational thrust both in normality and in psychopathology" (p.169). We

have seen that childhood interactional patterns are internalized in order to promote and protect our relational matrix. These schemas then contribute to our subjective experiences of intimacy and attachment, fear and vulnerability in adult life.

Relational theories emphasize that relatedness and self-development are integral to one another. Just as Winnicott claimed that there is no such thing as a baby without a mother, contemporary theorists assert that there is no such thing as a self without an other. A dialectic exists between them: relatedness is essential to the development and cohesion of a sense of self, self-development propels us toward human exchange. However, in order to maintain safety in one realm, we paradoxically constrict the other. That is, we seek relational connection even if this means constricting or repressing vital parts of the self that we fear will engender *disconnection* (Miller et. al., 1991). On the other hand we inhibit certain kinds of connection with others (often exaggerating aspects of ourselves) in order to maintain a cohesive sense of self. For example, a young woman in a lesbian couple realizes that she mutes competitive feelings toward her partner for fear of jeopardizing their bond. An older man complains of a lack of tenderness in his marriage, but moves away from a vulnerable exchange with his wife in an exaggerated show of independence for fear of "selling out" his sense of integrity. It is important to emphasize that despite the impulse to distort the self to protect relationships, the self is not entirely silenced. And despite the urge toward self-preservation, relatedness is not completely forfeited. Rather our particular mode of amplification or constriction becomes "*...the form through which contact is made*" (Mitchell, 1988, p. 290, italics mine).

These fundamental patterns of pursuing and protecting relatedness constitute what many relational theorists call character structure: the aggregate

of our self and relational representations in all their interactive complexity. For example, Atwood and Stolorow (1984) refer to these patterns of relatedness and self-protection as organizing principles, or the "structures of subjectivity." S. Stern (1994) views personality as a compromise between relational needs and fears. And in a similar vein, Newman (1988) asserts that painful experiences with significant caretakers are walled off behind "...tenacious defenses to protect [the individual's] vulnerable core," forming a person's "protective character organization" (p. 253). Each person's unique configuration of self-other experiences constitute a personal grid or "idiom" (Laing, 1967; Bollas, 1987) through which relational experience is integrated and generated, created and constrained.

Like Newman's idea of a "vulnerable core," Elkind (1992) uses the evocative term "primary vulnerability" to describe a pivotal aspect of this psychic organization. There exists in each of us an area that is particularly sensitive and "insufficiently protected" which she calls the realm of primary vulnerability. This domain encompasses a central human concern: "the preservation of the cohesiveness and connectedness of the self" (p. 100). Cohesiveness of the self refers to the relatedness of different self-states or facets of the self. By connectedness of the self is meant the maintenance and preservation of the bonds comprising actual important relationships. Again, there is this notion of a self-other dialectic: we are vulnerable to disconnection within the self and between the self and others. As Elkind states: "Disconnection from significant others jeopardizes our sense of internal cohesion. Each of us, by virtue of being human, lives with anxiety related to the realm of primary vulnerability" (p. 101).

Elkind (1992) borrows a story recounted by Heinz Kohut about a group of astronauts on a space mission to dramatically illustrate the intensity of this fear

of disconnection. When the astronauts' spacecraft was believed to be malfunctioning, scientists running the mission from earth asked the astronauts to consider two alternatives if the problem could not be corrected. They could circle endlessly in space or they could return to earth, burning up in reentry. Even though either option meant certain death, the astronauts immediately chose to return to earth, despite the fact that their deaths would occur sooner. As Elkind concludes: "The dread of the disconnection of self from whatever place is invested with the meaning of a home base is a universal, primordial fear" (p.100).

Primary vulnerabilities imply an intensification of both hope and dread, reflecting a psychological realm that is especially vulnerable to wounding and intensely in need of reparation. This sense of vulnerability is endemic to the human condition, a special "...sensitivity to the potential dissolution of a cohesive sense of a connected self [that] is basic to all human beings" (p. 132). While the sensitivity that evokes the experience of vulnerability is universal, the response of important others to the vulnerable state partly determines how entrenched and problematic the vulnerability becomes. As a sense of self develops with others, our primary vulnerabilities take on "personally specific form and shape" (p. 103). That is, the area of primary vulnerability manifests differently in each individual, reflecting concerns that include: fear of disintegration, betrayal, separation, failure or success, and anxiety about abandonment, rejection, and neglect.

P. Wachtel (1993), drawing heavily on Sullivan and Horney, depicts something similar in his description of anxiety. Because of both normal and pathological responses from important caretakers, children learn to be particularly afraid of certain feelings, thoughts and inclinations lest they disrupt the support and connection required to promote further growth and

development. Eventually, this anxiety becomes characteristic and self-reinforcing:

Several factors, rooted in the existential realities of human childhood make it likely that in the course of development every one of us will impose certain blinders and limits on ourselves that have less to do with what the world requires of us than with the particular skew with which we have learned to view that world. [p. 33]

While each person's area of primary vulnerability, the "particular skew," of one's anxiety, takes a unique form and varies in its level of pathology, in general, this kind of vulnerability is associated with a *normal* fear: the fear of disconnection from others and the threat to internal cohesion that this engenders.

Elkind developed the concept of primary vulnerability to explain the ruptures and impasses that can occur between patient and therapist in depth psychotherapeutic relationships. I find this idea equally useful for a theory of couple therapy. Unlike the more widely used "narcissistic vulnerability" which implies a developmental deficiency, I prefer the terms primary vulnerability or core anxiety because I can utilize these non-pathological concepts in the interpretations and narratives I employ in conjoint work. Furthermore, areas of primary vulnerability are not based on developmental trauma alone. While painful relational experiences in childhood significantly contribute to the particular configuration of vulnerability and self-protection that each of us enacts in our relationships, there are other crucial factors to consider. Constitutional factors, adult relational experiences, gender conditioning, sex, race and class identity, as well as other historical and cultural influences also

contribute to the form of our vulnerabilities and can be included in this concept when used in conjoint work.

Areas of primary vulnerability exist within all of us. The problem is not so much the vulnerabilities themselves, but "...the unproductive, self-defeating modes we have of managing, adapting to, and responding to them" (Elkind, 1992, p. 103). A notion of primary vulnerability inevitably includes the idea of self-protective processes. In other words, how we protect ourselves against our particular fear of disconnection contributes to both the constructive and destructive ways we live our lives. Primary vulnerabilities and the characteristic ways we shield them are activated, and often exacerbated, in the intensity of our couple relationships.

P. Wachtel (1993) elaborates this idea in his theory of cyclical psychodynamics. While our vulnerability to disconnection is sometimes experienced as, let's say, the fear of rejection or disapproval, more often we don't even experience the vulnerability because we automatically ward off the anxiety it generates through self-protective defenses. Anxiety is the way a person *hides* something from himself (Phillips, 1996). As P. Wachtel (1993) quips, "If the person can help it, he does *not* walk around anxious all day" (p. 31). Rather, anxiety often affects us silently. A physical metaphor is helpful here. When the body receives a wound, the muscles surrounding the wound tighten in order to compensate for the weakness and protect the vulnerable area from further trauma. Over a prolonged period of time we become unaware of the tightening; it simply becomes the habitual, unconscious way we hold our bodies, our idiosyncratic musculature or posture. Similarly, we structure our psychological lives to bind or avoid our core anxieties in ways that leave us unaware of the anxiety or even of the avoiding. But the avoidance is incomplete, imperfect; the anxiety inescapable even if not always

felt. We will inevitably experience the consequences of this avoidance in our interpersonal relationships.

Not only is avoidance of anxiety incomplete, but the habitual strategies we use to protect ourselves from anxiety create interpersonal consequences that ironically perpetuate the anxiety. As Wachtel puts it, "crucial skills in living, that in the normal course of development require countless experiences of practice and shaping, are impaired because the person is driven by anxiety to avoid the relevant experiences" (p. 32). In other words, the avoidance of anxiety is self-perpetuating, a vicious circle that generates more anxiety about "the vulnerabilities and distortions in living" (p. 32) that our avoidance compounds. Wachtel emphasizes the role of irony, as opposed to the notion of repetition compulsion or the quest for mastery in his view of repetitive relational cycles. He claims that we often repeat traumatic relational patterns *inadvertently*; our self-protective defenses ironically pull for the dreaded, yet familiar response. Or as Phillips (1996) says, we pursue something by running away from it; fear is "an ironic form of self-protection" (p. 57).

Newman's (1988) relational theory of trauma (see Stolorow & Atwood, 1992 for a similar idea) sheds more light on this idea of compounded anxiety and highlights Elkind's notion that a psychological realm can feel "insufficiently protected." Newman believes that early traumas occur in two stages. In the first stage, the parent or caregiver fails to meet a child's basic need--the need for approval, for example. This failure, if severe, evokes an intense emotional reaction in the child involving anger and the anxiety of disconnection. At this point the adult can affirm the child's emotional response in a reparative way or fail the child again by disapproving still further, turning away from the child's need for reassurance and reconnection. This secondary trauma creates emotional isolation and shame. A self-protective

strategy begins to form to ensure that the experience of anxiety and increased vulnerability does not occur again. Ultimately these self-protective strategies contribute to the vulnerabilities they seek to shelter.

The internal patterns that constitute our unique areas of primary vulnerability develop because of the inevitable traumas and secondary traumas that inhere in our dependence on others. The fear of disconnection from ourselves and others, the paradox of dependence and agency that exists throughout the life cycle, is at the heart of our emotional lives. These primary vulnerabilities are activated in our most evocative adult relationships, and seem to lie at the center of couples' destructive conflicts. The concept of primary vulnerabilities and the habitual strategies of self-protection that accompany them are thus particularly useful for understanding the repetitive fights that are reported in conjoint therapy.

As conjoint therapists, we often hear the colloquialisms, "She really pushed my button!" or "That is just too hot a topic for us to discuss." Translating these common expressions into the current theoretical framework, we could say that members of a couple lose their psychological flexibility, and thus their ability to negotiate the inevitable problems of living, whenever their respective areas of primary vulnerability are affected. That is, an ordinary conflict in living becomes an intractable fight when primary vulnerabilities are involved. The rigidity of the meta-conflict that has been evoked is based on both the chronicity and acuity of the vulnerability.

When a psychological area feels insufficiently protected, we chronically defend it, the way the body's musculature compensates to protect a wound. The habitual distortions in our posture hamper the fluidity of normal movements, but we are able to carry on life's tasks. When there is some immediate danger, however, the protective process becomes acute: habitually tight muscles

suddenly spasm in response to an anticipated blow. The “hot buttons” in a couple correspond to areas of chronic vulnerability that have become inflamed. Both the chronic and acute methods of psychological self-protection contribute to the hardening of defenses, and thus the intractability of a couple’s destructive conflict.

The Intersubjective Realm of Experience

Transference

The notion of primary vulnerabilities can be conceptualized intersubjectively as well as subjectively. Indeed, primary vulnerabilities cannot be understood apart from human exchange. When our vantage point shifts from one person to two, the notion of primary vulnerabilities becomes central to the psychoanalytic concept of transference, especially the reformulations of transference prevalent in recent relational theories. Two person theories about the reciprocal impact of unconscious experience on the therapeutic dyad are especially relevant to an examination of reciprocal experience in couple relationships.

Under the influence of interpersonal and intersubjective thinking, the idea of transference has been broadened from its long-standing focus on an individual’s psychological distortions to include reactions that are reciprocally constructed between both participants in the clinical dyad. The therapist is no longer conceived as a neutral observer of the patient’s projections, but as a participant-observer (Sullivan, 1953) who inevitably affects and subjectively interprets what can be observed. While this interactive understanding of transference has been evolving over the last 50 years, its roots lie in some of Freud’s earliest writings.

Freud (1895) invented the term transference to describe the way psychoanalytic patients transfer intense feelings on to the person of the physician. In many of Freud's writings (1924), he emphasized the unrealistic and inappropriate nature of the transference, claiming that the passionate feelings of affection or hostility directed toward the analyst, are "...not accounted for by the latter's behavior nor by the relationship involved by the treatment" (Freud, 1924, p. 448). The patient establishes a "*false connection*" (Breuer & Freud, as cited in P. Wachtel, 1987, p. 26) between the analyst and a person from the past. In other words, the transference is not a reasonable response to the analyst, but the patient's distortion, an illusion that "is reproducing something that had happened to him long ago" (Freud, 1924, p. 451). While these ideas underlie the traditional uni-directional view of transference as "...something quite distinct from 'realistic' reactions to others" (Wachtel, 1987, p. 27), Freud also struggled with the complexities inherent in this clinical concept.

In his most recent book, *Action and Insight*, P. Wachtel (1987) articulates Freud's conflicting views of transference, arguing that Freud was well aware of the ambiguity of the phenomenon. In the case of Dora, Freud claimed that some transferences "cleverly tak[e] advantage of some real peculiarity in the physician's person or circumstances ...attaching themselves to that" (as cited in P. Wachtel, 1987, p. 27). In his essay on transference-love, Freud partly collapses the distinction between transference and genuine feelings when he states that "this is the essential character of every state of being in love. There is no such state which does not reproduce infantile prototypes" (as cited in P. Wachtel, 1987, p. 27). The implication is that many of the processes Freud labeled transference occur in all relationships.

Freud's struggle to incorporate the impact of "some real peculiarity" of the analyst into the notion of transference and Sullivan's subsequent attempt to expand the concept to include the real person of the analyst have found fertile ground in contemporary analytic thinking. There is a growing conviction among today's theorists that what constitutes transference involves both the patient's relational expectations, generated in the past, as well as plausible reactions to the participating therapist, generated in the present. In other words, the patient's transference response cannot really be separated from the therapist's response, what has traditionally been called the countertransference. Indeed, it is now believed that "...transference and countertransference reciprocally generate and interpenetrate each other" (Greenberg & Mitchell, 1983, p.389). From this perspective, the therapeutic encounter reflects both client's and therapist's "unconscious organizing activity" (Stolorow, 1994). Transference and countertransference are both understood as necessary and inevitable re-creations of prior relational experiences that intersect in the present.

Elkind (1992) believes that this intersection of therapist's and patient's intrapsychic organization is a source of attachment and empathy, as well as vulnerability and reciprocal wounding. Within the transference-countertransference matrix there exists the potential for "wounding without gain" along side the opportunity for psychological transformation (p. 2). Drawing on Bowlby's (1973) attachment theory, she asserts that when the sense of security in the attachment bond between therapist and patient is jeopardized, for whatever reasons, both therapist and patient can be catapulted into their respective areas of primary vulnerability. When the therapist's area of primary vulnerability intersects with the patient's area of primary vulnerability, the

sense of endangerment may lead to a full-blown impasse in the therapeutic relationship.

According to Elkind, when "primary vulnerabilities remain invisible and unnamed, patients are in jeopardy of being rewounded....in ways that echo earlier experiences" (p. 105). Rewounding is inevitable in therapeutic relationships. What is often unrecognized by the therapist is that the patient's over-determined and destructive self-protective impulses are also an attempt to restore the connection to the therapist that the wounding has threatened. If the therapist's anxiety about the threatened attachment bond pushes her into a personal area of primary vulnerability herself, she will act self-protectively, and may be unable to help the patient understand the significance of his hurt and defensive attempts to re-establish connection. (See Ringstrom, 1998b for similar perspective on therapeutic impasses.) As in Newman's (1988) process of secondary trauma, the therapist's self-protective response may lead to a "secondary level of wounding that further injures the patient and places the therapeutic relationship in jeopardy" (Elkind, 1992, p. 119).

Extending Elkind's notion of intersecting areas of primary vulnerability in the clinical dyad to couple relationships, we can see that past relational wounds are not simply replayed in the present, but they intersect to create new and uniquely configured conflict. We do not just transfer past relational experience to our current relationships, rather the intersection of each person's organizing activity creates "a new set between them," a dynamic with a life of its own. This more complex and reciprocal view of transference is particularly relevant to a theory of couple therapy: both members' organizing activities intersect to create their distinctive couple dynamic (Ringstrom, 1994).

Stolorow, Atwood and Brandchaft (1987) have a similar interactive view of transference. Invariant organizing principles of both client and therapist

interact to mutually configure the therapeutic experience. They argue that while unconscious ordering principles that originally crystallized within the child-caregiver system organize an individual's subsequent experience, it is the current intersubjective context that determines *which* principles will be called on to organize a particular interaction. The therapist's level of attunement and unconscious organizing principles intersect with the client's invariant organizing principles, influencing which dimension of the transference becomes the foreground or background of any clinical transaction.

According to Stolorow and Atwood (1992), the unconscious organizing activity that manifests in the transference can be understood along two dimensions. In the self-object dimension, "the patient yearns for the analyst to provide needed developmental experiences that were missing or insufficient during the formative years" (p. 24). In the repetitive dimension "the patient expects and fears a repetition with the analyst of early experiences of developmental failure" (p. 24). The selfobject and the repetitive dimensions of the transference are both seen as co-determined (to varying degrees) by the client and therapist. This idea is very similar to Wolstein's (1982) created and discovered strands of unconscious experience and S. Stern's (1994) needed and repeated relationship. It also underlies Ringstrom's (1994) "reciprocal repetitive negative transferences" that maintain marital conflict. When hope and dread exist in the same relationship, as they do in any couple, we are particularly susceptible to meta-conflicts in which our needs and fears chronically compete.

The healing that takes place within these transferential experiences is not based on the elimination of the client's organizing principles, rather developmental change occurs in therapy and throughout the life cycle when *alternative* ordering principles are developed and consolidated within an intersubjective system. According to Stolorow et. al. (1987), the establishment

of new organizing principles occurs through new relational experiences with the therapist in concert with the development of the client's capacity for reflective self-awareness. (See Ringstrom, 1994 for the application of this idea to conjoint therapy.) From this vantage point, transferential experiences are not simply replays of prior experience, rather they are uniquely constituted in the current intersection of subjective experiences and modified in the crucible of adult interaction.

P. Wachtel (1993) is another relational theorist who emphasizes both the formative and mutative dimension of adult relationships. Unlike theorists who view transferential experience as a hold-over from early childhood, largely unrelated to later experiences, Wachtel claims that our unconscious organizing principles and our *current* patterns of daily life reciprocally maintain each other.

To explicate this theoretical perspective, P. Wachtel (1993) uses the example of a young man who presents himself in therapy as overly meek and unable to assert himself. A classic psychodynamic point of view would probably conceive of this transferential enactment as an anachronistic defense against repressed, anxiety-provoking rage transferred from early childhood. Wachtel conceives of the anger as generated in the present.

Rather than viewing the patient's anger as primary--as an archaic impulse from the past--and the defense as a reaction to it, a cyclical psychodynamic analysis illuminates how both the anger and the defense are continually regenerated in response to each other. [p. 20]

The young man's rigid defense against the anxiety of feeling anger renders him incapable of protecting himself or even adequately communicating his basic

needs to others. He is, therefore, often overlooked, dismissed or even taken advantage of by those around him. Of course, such interpersonal experiences provoke the client's anger, which necessitates redoubled efforts to hide that anger from himself through extreme self-abnegation. The vicious circle of continued meekness and further neglect by others is a self-perpetuating process that maintains itself in the man's present-day life. As Wachtel points out, even though this pattern has probably been going on all his life, the anger the young man attempts to hide is not "old" anger that has been "in" him since childhood, rather it is anger that was generated quite recently by the very defenses he uses to rid himself of the anger.

Although transferential processes involving the couple therapist certainly occur and can be fruitfully utilized within the triadic configuration of conjoint work, my experience has led me to hold individual transference as background to the usually more pressing foreground of a couple's cumulative, multiply-layered transferential material. As Freud intimated so many years ago, transferential relationships abound in daily life. A couple relationship is highly transferential, serving as a crucible for its members' habitual fears and needs, inflaming and potentially transforming each partner's relational longings and expectations. An integrative approach to conjoint work must consider the subjective and intersubjective dynamics of anticipation: couples anticipate and ironically induce, often through hopeful, but misguided attempts at self-protection, the very relational transactions they dread. What is particularly germane about this perspective for couple therapy is that it situates repetitive transferential enactments, once the exclusive domain of psychodynamic theories about the past, squarely in an interactive, interpersonal field in the present (See Ringstrom, 1994, 1998). Simple one-directional projection has no place in this view. Instead we must examine the couple's

present relationship in detail to learn how each member *recruits* (Wachtel, 1993) the other into characteristic mal-adaptive patterns. Because the problem is being perpetuated in the present rather than simply driven from the past, present-day interventions can make a difference in the cycle. This perspective offers real hope to the couple trying to change a problematic dynamic and to the couple therapist attempting to enable that change.

Mutual Recognition

We have finally arrived at the question of what fosters therapeutic change in an intrapsychic framework. Broadly speaking, psychoanalytic therapy aims at enriching the patient's sense of self and other. By rendering the patient's internal organization more conscious and flexible, the therapist seeks to, in the words of a poet, "add to the stock of available reality" (R. P. Blackmur, quoted in Phillips, 1996, p. 17). This expansion of the patient's characterological and relational horizons occurs through thoughtful, challenging and often deeply moving interaction with the therapist. But what kind of therapeutic interaction is so meaningful and transformative? And what are the implications for a theory of couple interaction?

A traditional view holds that it is primarily the generation of insight through the analyst's accurate interpretations that cures, furthering self-knowledge and increasing the patient's sense of agency in the world. While compelling in its explanatory power, this classical account has lost its privileged status in recent years. Understanding does not necessarily lead to changes in living. As Mitchell (1996) points out, interpretations often fail. No matter how brilliant or well-timed, they can be incorporated into the patient's characteristic pathology—"slotted into the very categories the analyst is trying to get the patient to think about and understand" (p. 175). In other words, a patient

whose central dynamic is compliance may experience an interpretation as a demand to comply; a patient whose central conflict involves the fear of intrusion construes an interpretation as another invasion to resist. Mitchell puts it succinctly: "Interpretations are credited with pulling the patient out of his or her psychopathology; yet, interpretations are deeply mired in the very pathology analysts use them to cure" (p. 176).

How else does the analytic therapist help her patient expand his "customary psychodynamic orbit" (p. 177)? Mitchell locates contemporary notions of therapeutic action in the emotional interaction between patient and therapist, in both its interior and exterior manifestations. "The central locus of analytic change is in the analyst's struggle to find a new way *to participate*, both within his own experience and then with the patient" (p. 179, italics mine). In this view, an interpretation is another form of participation, rather than a special form of knowledge. The analyst looks for repetitions, discovers herself in "the confines of the patient's dynamic," then struggles with the patient to find a way out. The interactive struggle to experience "something more" together is at the heart of therapeutic change.

Spezzano (1996) also conceptualizes therapeutic change in terms of emotional interaction. He believes that even within the constraints of characteristic patterns of relating, the patient is trying to communicate something important about himself in order to expand his sense of self. According to Spezzano, we are preadapted to communicate our feelings to others, and it is only through this communication that we are able to reflect on our affective lives. In other words, communication is intrinsic to self-knowledge. Not only does this apply to the therapeutic encounter, but it underlies human development in general:

From...an intersubjective perspective all of us have come to know our emotional lives only to the extent that our affects and our allusions to them were recognized by others who could tolerate in themselves whatever they felt in the face of our feelings, could think about what they felt, and could then communicate to us something psychologically usable by us. [p. 612]

In other words, having our emotional experiences recognized by another is central to the process of psychological development. In psychotherapy, the clinician fosters a "dialogue of recognition" in order to promote change.

Benjamin (1995) has written extensively about the centrality of recognition in the therapeutic process. She sees the analytic exchange as an "active search to find emotional resonance in the other" (p. 14). Gilligan (public lecture, 1997) also uses the word resonance to describe what we seek in human interaction. The search for emotional resonance in the therapeutic encounter corresponds to a struggle for recognition that underlies our psychological development throughout life. We come to feel that we are the authors of our own experience by having our experience, indeed, our very existence, recognized by another. "Recognition is that response from the other which makes meaningful the feelings, intentions, and actions of the self....But such recognition can only come from an other whom we, in turn, recognize as a person in his or her own right" (Benjamin, 1988, p. 12). In other words, recognition is essentially a mutual process.

Mutual recognition, the ability to be recognized and to recognize the other as a subject, is not easy or automatic, and is perhaps the central problem which a theory of intersubjectivity has to address. Benjamin (1992a) puts it this way: "The primary condition of intersubjectivity, recognizing the other, means

that there is a fundamental tension in the self" (p. 85). The tension is between asserting the self (the need for recognition by the other) and recognizing the other (allowing the other's self assertion to affect one's self). The mutual recognition of the other as an equal subject or "center of orientation" (Laing, 1967), is predicated on sustaining rather than overcoming this tension.

Benjamin describes the struggle to recognize oneself and the other as equal centers of experience as both a difficult and unstable achievement. The maintenance of such a dialectic between self and other, both internally and externally, is obviously an ideal. In actual interactions, this tension regularly breaks down. What is important, according to Benjamin and the infancy researchers (D. Stern, 1985; Beebe & Lachmann, 1992) she aligns with on this point, is that the tension be restored, that the breakdown in mutual relatedness be *repaired* rather than avoided. The tension between holding the experience of self and other is never resolved, rather it must be suffered (Goldner, lecture 1998).

Mutual recognition draws on the notion of empathy, but differs from it in important ways. Kohut's (1984) investigation of the clinical use of empathy sheds light on this divergence. In German, Kohut's first language, the words "einguhlung," "sich hineinversetzen," and "wahrnehmung," which we have translated into one word, empathy, literally mean, "to find one's way into," "to put oneself into the place of another," and "coming to know the stranger" (Basch, 1995). In most human interactions there is an intersubjective flow of experiences that involves an awareness of one's own thoughts and feelings as well as an awareness of what the other person might be thinking and feeling. The clinician deliberately enhances her awareness of the other, locating an approximation of the patient's feelings in herself through "vicarious introspection." At the same time the therapist decenters from her immediate

subjective response, drawing upon empathic imagination (Kiersky & Beebe, 1994) to extend her understanding of the patient's unique experience. Empathy is both an inner inquiry, an attempt to find the human resonance between one's own and the other's experience, and a reaching out beyond one's experiential limits—a leap of faith in the humanity of the stranger.

Empathy certainly plays an important role in conjoint therapy. Not only does the clinician need to affirm each member's emotional reality, but the partners learn to "empathically decenter" (Rosenbaum & Dyckman, 1995) from the exclusivity of their own perspective. A new perspective, what Benjamin (1992b) calls "a shared reality" is slowly constructed. As philosopher Marcia Cavell (1988b) puts it, empathy is not a matter of "getting somehow outside my own mind and skin and into yours, but discovering and widening the base we share" (p. 874). However, empathic understanding is not enough. In couple therapy we are in the unique position of apprehending both individuals' vulnerabilities, unspoken wishes, and fears, as well as the interpersonal impact of their self-protective, over-determined attempts to communicate these wishes and fears. Conjoint work involves the need to accept as well as the need to change.

The concept of mutual recognition is particularly useful for a theory of couple therapy because it encompasses the notion of empathic acceptance as well as the necessity of taking responsibility for one's interpersonal impact. Mutual recognition entails conflict and struggle, experiences that the concept of empathy minimizes. In couple therapy, an individual struggles to move back and forth between the experience of having his own subjectivity empathically seen and named, and the experience of recognizing the other's subjectivity as well as his impact on the other's subjectivity. There is a continuing tension in relationships based on the coexistence of these competing motivations; "self-

interest" inevitably biases our engagement with others (Slavin & Kriegman, 1998). The concept of recognition incorporates the idea that relationships involve an ongoing conflict of interest, requiring that we see the other subject as distinct and self-promoting, as well as interrelated and empathically attuned.

In conjoint work the therapist, and then the couple comes to recognize the hopes and the constraints embedded in each member's attempt to be in relationship to one another. This is actually a very difficult process. In a couple it is particularly difficult to recognize the other as an equivalent center of complex experience and conflicting motivations because of the intensity of personal need and anxiety that coupling evokes. Yet it is just this mutual recognition that promotes both acceptance and change. The experience of having our own unique compromise between longing and fear empathically recognized by another is often extremely healing. As noted earlier, we are continually seeking recognition for our emotional experiences in order to make unconscious affects conscious, in order to expand our sense of self. However, it is equally important to acknowledge the impact on the other of our self-interested, self-protective organization of the world. The therapeutic action of couple therapy is grounded in this complex, sometimes tender, sometimes vehement, dialogue of recognition. It is a dialogue that must be attempted over and over again, without the expectation of complete resolution. The tension inherent in mutual recognition underlies the premise that ongoing relationships involve reciprocal conflict that can be mitigated, certainly better understood, but never eliminated in the psychological scrambling of a couple relationship.

The Relevance and Limitations of an Intrapsychic Framework for a Theory of Couple Therapy

Relevance

It is my contention that the magnification of psychic experience, in both its subjective and intersubjective manifestations, is crucial to a theory of couple therapy. A psychoanalytic framework directs the couple therapist's attention to the complex workings of the mind, providing a language that captures the intensity, what could even be called the extravagance of our emotional experience of others. Neither the strength of a couple's attachment nor the tenacity of their repetitive conflict can be adequately understood without access to intrapsychic theories that address the fervent longings and vulnerabilities embedded in our unconscious expectations of relationships. While social theories illuminate the vast invisible web of our interdependence with others, psychoanalytic theories convey the immediate and personal translation of that interdependence into the realm of feeling. A vocabulary that amplifies our felt experience, both the joys and the agonies, the terror and ecstasy of relatedness, is indispensable to an understanding of human coupling.

Contemporary psychoanalytic theory explores the subjective world as it intersects with the intersubjective realm of interpersonal exchange, positing that internalized relational patterns energize and give particular meaning to an individual's actual relationships. An intrapsychic framework amplifies the enduring nature of these idiomatic patterns of relating, the familiar ring of our responses to others. As any member of a couple will attest old habits often defy new experience: even when we are convinced about the positive outcome of personal change for our relationships, we find ourselves slipping back into old

ways of thinking, feeling and relating time and time again. Our minds uniquely organize and bear the memory traces of important relational events throughout our lives. Painful or merely repetitive interactions that take place in childhood are particularly influential, forming expectations that are elaborated in the mind and manifest in later relationships, building momentum with each self-fulfilling transaction.

Classical analytic theorists have historically addressed this intrapsychic inertia by situating the locus of any relational change exclusively in individual psychodynamics. Contemporary analytic theorists, however, envision psychodynamics as being interactively constituted, located "...at the interface of reciprocally interacting subjectivities" (Stolorow, 1992, p. 1). Thus, the unconscious organizing activity of one individual intersects with another's organizing activity to create interactions that are unique to the particular dyad. This relocation of intrapsychic processes to an intersubjective arena offers couple therapists conceptual tools to investigate the powerful undertow of individual relational patterns in a couple's reciprocal dynamics. An intrapsychic framework gives meaning to what would otherwise be shrouded in irrationality, helping us understand why our participation in relationships is not always what we intend.

Psychoanalytic theory depicts the reciprocity, the dialectic between individual and interpersonal experience. It gives meaning to the way members of a couple feel personally compelled to enter into fruitless conflicts, and then become interpersonally trapped in a driven, interminable exchange. Each member of a couple is involved in a convoluted attempt to protect the self at all costs, and yet maintain some sort of contact with the other. When relatedness is threatened, each person's sense of self is vulnerable to disruption; when each individual's personal safety is threatened, the connectedness of the couple is

quickly at stake. The enduring dramas of relationships: longing, fear, jealousy, ecstasy, passion, helplessness, rejection, betrayal, desire, self-expression, guilt, shame, reparation and so forth, are all shaped by the paradox of self-interest and mutuality in human exchange. Relational psychoanalytic theory facilitates an exploration of the inseparable drives toward relatedness and the development of the self that constitute these prevalent affective themes.

Unlike most social theories, a psychoanalytic framework insists that human beings rarely change quickly or easily. However, it does offer a theory of therapeutic action that is extremely useful for conjoint work. There exists in every one of us feelings and motivations that are not yet intelligible to ourselves that have a profound impact on our lives, including our relationships. And yet within the obscurity of unconscious experience is an innate movement toward the transformative experience of recognition. While we are never completely transparent to ourselves, we pursue interactions that enable us to be recognized and thus to become known. There is an “originality” (Winnicott, 1971), an idiomatic approach to creating interactions with others that might foster our own development. While we fear the repeated relationship, we also long for the needed relationship and, despite the fact that we often ironically induce the exact behavior we fear, we also try to create healing experiences in our couple relationships. Psychoanalytic theory helps us understand not only why it is that couples have the same one or two fights for their entire lives together, but also why they spend a life-time trying to do it better. The innate desire for mutual recognition can be harnessed in couple therapy to motivate change.

Limitations

Relational psychoanalytic thinking emphasizes the interpersonal nature of the patient's internalized meanings but vastly under-emphasizes the cultural embeddedness of those meanings. Current psychoanalytic therapy is based on a field theory of conscious and unconscious interactions that occur primarily between individuals (parent and child, patient and analyst). While relational theories have embraced "the psychodynamic importance of social reality" (Greenberg, 1991, p. 70), social reality is viewed through a lens that magnifies individual transactions, especially the way intrapsychic and interpersonal patterns reciprocally generate each other in a series of dyadic relationships, beginning in infancy. Within this two-person formulation there is still a danger of reducing reciprocal interactions to one-way enactments of unconscious representations because of the undertow of one-person theorizing that still exerts a strong pull on all intrapsychic concepts. Without a social analysis, even intersubjective thinking becomes reductionistic, relentlessly evoking early childhood experience as the explanatory locus of most human suffering.

While the history of a person's organizing constructions is fruitfully scrutinized in an intrapsychic framework, the larger historical context in which these meanings are immersed is generally ignored. Relational psychoanalytic thinkers are less apt to use a wide-angle lens to pick up the cultural saturation of individual experience, the macro level of societal meanings found in the study of our larger institutions and social systems. Analytic practitioners are not encouraged to investigate such powerful influences as gender expectations, economic status and institutionalized oppression, and to include these broad historical determinants in their study of an individual's development. The

lack of emphasis placed on social roles and cultural norms in the process of internalization leaves relational psychoanalytic thinking oddly decontextualized despite its efforts to situate intrapsychic phenomena in social transactions. The meaning that comes into existence in any dialogue, including the therapeutic dialogue, cannot be understood apart from our cultural zeitgeist. By stressing interactions that primarily reflect internalized relational patterns, crucial social sources of meaning-making are lost.

Not only is the therapeutic conversation incomplete without an analysis of the social forces that shape the patient's personal meanings, the *therapist's* participation cannot be understood apart from a larger cultural framework, as well. As constructivist theorists, Efran and Fauber (1995) point out, psychotherapy never occurs in isolation. "It resonates with themes that are afoot in the larger community, and it reflects the progress that the community has made in terms of figuring out how people ought to live together" (p. 280). The therapist's larger community includes her professional community, what Silverman (1994) calls her "interpretive community," those professional affiliations and normative assumptions that inform and constrain her clinical experience and identity. Indeed, there are many specific communities and social orders that have to be taken into account in order to understand each member's participation in the therapeutic endeavor. Without the awareness of how meaning is formed locally, in specific circumstances, analytic practitioners are apt to assume that their theories reflect universal human dilemmas rather than problem narratives that have been constructed in a particular social context, with a particular therapist, from a particular point of view.

Psychoanalytic thinking relies on a limited set of theories or narratives about living that are relatively abstract, historically embedded in the affective experience of the parent-child dyad, but relatively detached from many of the

specific conditions of a person's current life. Although good practitioners adapt psychoanalytic theory to explore their patient's complex circumstances, the theory itself does not address "the complex details that crowd the corners of daily life," (Gergen & Kaye, 1992, p. 172). For example, relational theories about invariant organizing principles do not deal with how the death of a woman's grown daughter can organize character structure. The concept of projective identification cannot explain the impact of certain social realities such as poverty or sexual discrimination. Like any theoretical approach that ignores the specificity of social contexts, psychoanalytic narratives are sometimes "precariously insinuated" into the particular circumstances of a person's life. Without a social perspective, psychoanalytic therapists are in danger of imposing their own professional narratives onto the idiosyncratic complexity of their clients' intrapsychic and interpersonal situations.

A theory of conjoint therapy dangerously ignores a huge realm of meaning if it excludes the cultural embeddedness of couple relationships. The dyad, be it the therapeutic dyad or a couple relationship, can never be seen as "the preeminent context organizing the arrangements of intimate life" (Goldner, 1985, p. 33). Both power and intimacy in couple relationships, related to the dialectical concepts of dependence and agency, are structured by larger social forces that must be acknowledged and addressed by any couple therapy. Without a social analysis, the reciprocal notions of relational psychoanalytic theory over-simplify a couple's conflict, reducing built-in social asymmetries to intrapsychic proclivities, and thus coming ominously close "to blaming the victim and rationalizing the status quo" (p. 33).

Goldner (1985), reporting on findings about the allocation of domestic chores between spouses, makes the resounding point that even if married couples work the same number of hours outside the home, the women do

more of the housework. However, when women's earnings approach that of their husbands, the men do more housework! Psychoanalytic theory has no mechanism, no theoretical avenue for addressing the way such social phenomena invisibly shape a couple's interactions. Without a theoretical framework to illuminate such cultural forces, a psychoanalytic practitioner could find the woman who is working outside the home as much as her husband yet doing most of the chores, unassertive, or worse, masochistic, without examining the social hierarchy that is based on unequal earning power.

Even if the psychoanalytic couple therapist decided to incorporate a social analysis into her work, it would be hard to intervene with this couple because of the intrapsychic focus that continually orients the participants inwardly. Couple therapists in particular, must address issues that are saturated by cultural as well as personal values. As Goldner (public lecture, 1998) claims, couple therapists are called upon continually to make moral decisions in conjoint work because they intervene in couples' daily lives. Since the couple therapist deals with actual behaviors like breaking up, dividing the housework, deciding to live with a grown child, being polyamorous or having a baby, what she says has direct social consequences. But psychoanalytic theory does not prepare clinicians to be this active.

In an unusual article entitled "Action, Insight and Working Through," relational theorist Frank (1993a) proposes that, "...action and insight form an essential dialectic within the psychoanalytic process. Yet, many recent psychoanalytic formulations ...have continued to view psychoanalytic and action-oriented techniques dichotomously" (p. 535). The action-oriented techniques he is referring to have to do with directly helping patients change their interpersonal behavior outside the clinical hour based on the assumption

that more adaptive behavior can advance understanding and insight, just as new insight can modify behavior. Even though this assumption seems basic, analytic therapists have traditionally eschewed any intervention that might be considered "directive." While "...few analysts can claim to have conducted an analysis so technically 'pure' as to be devoid of attempts directly to influence the patient's relations to the interpersonal world" (Adler, 1993, p. 581), this "purity" is still considered the ideal.

The often implicit attitude that it is not good psychoanalytic technique to directly influence how patients respond to their interpersonal relationships with other people (besides the analyst) minimizes the full implications of an interactive relational theory: that early relational patterns are continually maintained or modified interactively *later in life*. Indeed, the mutative potential inherent in all our important relationships is not only vastly underutilized by psychoanalysis, but it is dangerously ignored:

Were others persistently to react to us in ways that differ from our transferential expectations--transference here referring not just to what transpires between patient and analyst but rather to the pervasive tendency in all facets of our lives to experience the present in light of the past and its residue in psychic structures--*those expectations would gradually be modified..* [Wachtel, 1995, p.591, italics mine]

Conversely, without modifying our current relationships, our transferential expectations will be reinforced and maintained.

Family therapy, on the other hand, is predicated on this premise of mutual influence: the inevitable reinforcement of relational patterns that takes place within a family system. Based on this systemic conceptualization, family

therapists have developed numerous ways of facilitating change within the circular context of interpersonal relationships which have much to offer psychoanalytic therapists if they are willing to embrace the full implications of their own relational theories. In recent years, both psychoanalytic and family therapy theories have evolved toward the inclusion of a common frame or premise: the shared concern with the primacy of interaction. Only the joining of social and intrapsychic interpretations of interpersonal events can render the complex reciprocity and culturally stratified relations of most couples intelligible. Both perspectives are necessary to create an image of couple transactions that are acutely personal and broadly cultural, individually constructed and socially determined, spanning interior and exterior relatedness.

CHAPTER THREE:

MICROSOCIAL AND SOCIAL THEORY IN FAMILY THERAPY

It is not independent selves who come together to form a relationship, but particular forms of relationship that engender what we take to be the individual's identity.

K. Gergen & J. Kaye, Therapy as Social Construction

In this chapter I describe the social framework that is joined with psychoanalytic theory to support the model of couple therapy presented in this study. This social framework, created by synthesizing concepts originally proposed by Gregory Bateson and those subsequently developed by theorists in the field of family therapy, stresses the primacy of social interaction in human existence. In the family therapy tradition, couples and families are viewed as social aggregates in which all members regulate each other and in which no member can change without changes occurring in all the other members and in the system as a whole (Willi, 1987). While the idea of recursive relational patterning underlies all family theory, feminists and social constructionists additionally focus on the cultural restraints and social stratification that also configure human interaction. The search for reciprocal transactions in family work now includes an awareness of the social inequities that bias those transactions and the cultural discourses that shape the inequities. The social framework presented in this chapter is situated in a general systems approach, but draws heavily on these important developments in contemporary family theory.

I begin by examining the intellectual origins of family therapy, elaborating Bateson's (1958) foundational concept of schismogenesis and his subsequent communication research that set the stage for the development of the entire field. After tracing the evolution of family theory from the use of a systems metaphor to a narrative metaphor, I then elucidate the key microsocial and social constructs that are relevant to the model of interlocking vulnerabilities. Finally, the limitations of a social framework are explored.

Evolution Toward a Narrative Theory of Family Therapy

The field of family therapy is founded on evolving ways of understanding the interactive nature of human beings. Beginning in the early 1950's, this orientation has had a transformative effect on the entire field of psychology, shaping the intellectual milieu for similar "social-contextual" (Silverman, 1994) developments in psychodynamic schools of thought. For decades, a systems theory enabled family therapists to address what intersubjective practitioners currently assert: that individual experience is constructed interactively with others, rather than generated unilaterally from within. A family systems approach is distinguished by attention to the organization of relationships and the restraining contexts in which these organizing processes unfold. Family theorists reject deterministic notions of historical etiology and linear causality, preferring to see all behavior as part of a sequence of interactional events that are recursive, with no obvious beginning or end (Goldenberg & Goldenberg, 1996). Without denying the significance of internal processes and individual behavior, a family approach emphasizes that human systems are more than a collection of individuals acting upon one another, they can be seen as entities with interactive properties all their own.

Family therapy is based on a transactional model rather than an etiological model (Dell, 1980). Unlike psychodynamic theories which construe the individual as the locus of psychopathology, family theory conceptualizes psychopathology as the product of a struggle between persons (Haley, 1963). In individually-oriented approaches, a person's actual relationships are altered as a *by-product* of internal change. In family theory, the reverse is posited: an individual's experience is altered as her actual relationships change (M. Gerson, 1996). The development of symptomatic behavior in a family member is understood as a manifestation, not of internal representations from the past, but of problematic transactional processes taking place within the family system in the present (Bross & Benjamin, 1982). Neither the family nor the afflicted individual can be singled out as the "location" of the disorder (L. Hoffman, 1981); the members' behaviors are not causal, but co-evolutionary (Dell, 1980). While contemporary psychoanalytic theorists are beginning to challenge "the heresy of interactionism" (Mitchell, 1997), elucidating interactive processes that are now seen as central to the therapeutic action of analytic work, the focus is still ultimately on the exploration and transformation of the patient's mind. Interactions outside the consulting room are of secondary importance to both the analytic relationship and the patient's intrapsychic make-up. Family theory, on the other hand, firmly situates both an individual's psychopathology as well as the phenomenon of therapeutic change in the "realm of the between."

More recently, underemphasized aspects of social stratification such as the gendered dimensions of power and social control, the marginalization of certain racial, ethnic and sexual groups, and the pervasive influence of socioeconomic status are being explicitly added to family theory's examination of reciprocal interaction within the family system. Aponte (1987) argues that

personal as well as family problems inevitably are embedded in a "social ecological matrix." The dynamics of one social system unavoidably interface with others. For example, the wage imbalance between men and women in the work world skews the balance of power in many marriages; the history of the gay rights movement, with its resistance to the dominance of heterosexual values, shades a discussion about monogamy in a gay couple. Reciprocal patterning no longer means that each member has an equal effect on the pattern or that the pattern can be viewed as self-contained. The emphasis on the embeddedness of all participants, including the therapist, in a larger social context has been incorporated as a "second-order" systems perspective in contemporary family theory.

Beginning with Bateson's (1972) metaphor of "mental maps" to convey the way human beings are limited in their interpretation of reality by the maps they use to understand the world, family theory has been influenced by constructivist thinking. Recent social constructionist contributions, focusing on the way we think, speak and act within the forms our culture has prepared for us, add crucial social and historical dimensions to the practice of family therapy (Mair, 1988). The creation and resolution of interpersonal problems cannot be understood apart from an analysis of cultural images and discourses about normative relations. The most intimate interaction is saturated with social rules and meanings that are not universal, but arise within a particular time and place. Even the phenomenon of romantic coupling between equals is a contemporary idea. According to L. Hoffman (1990), social constructionism "...posits an evolving set of meanings that emerge unendingly from the interaction between people. These meanings are not skull-bound and may not exist inside what we think of as an individual 'mind.' They are part of a general flow of constantly changing narratives" (p. 3). Family theorists who

have incorporated these constructionist tenets emphasize the social interpretation of reality and the intersubjective influence of language and culture on individual meaning-making in couples and families.

The emphasis in today's family therapy on stories and narratives obviously follows from this perspective. People are interpretive beings (Pare, 1996). Moreover, the world can only be interpreted interactively with others through language, rendering our narratives about reality the primary source of human meaning. As Jerome Bruner (1991) puts it, "we organize our experience and our memory of human happenings mainly in the form of narrative--stories, excuses, myths, reasons for doing and not doing, and so on" (p. 4). All human exchange involves both the telling and the retelling of stories. Indeed, "...retellings are what culture is all about. The next telling reactivates prior experience, which is then rediscovered and relived as the story is re-related in a new situation. Stories may have endings, but stories are never over" (E. Bruner, 1986, p. 17). Family therapists adopting this narrative perspective view human interaction in terms of "shifting systems that exist only in the vagaries of discourse, language and communication" (Anderson & Goolishian, 1990, p. 161). Second-order systems theory, with its reliance on physical metaphors, is now being subsumed by a narrative metaphor in family theory, emphasizing a less mechanistic, more human view of communication. From this vantage point, therapy involves the negotiation of meaning; the therapist influences the organization of a family's "context of ideas," rather than the family system itself (L. Hoffman, 1985).

To understand this evolution from a systems to a narrative metaphor and its influence on the microsocial and social constructs utilized in the theory of interlocking vulnerabilities, the origins and history of family therapy are now reviewed.

Origins of Family Therapy

The first family therapists were originally trained as psychoanalysts. Thus, the roots of family therapy reach back to the early years of psychoanalysis, especially Freud's acknowledgment, elaborated later in object relations theory, that family relationships play a crucial role in personality development. Some psychoanalysts such as Sullivan, Horney, Fromm-Reichman and Thompson broadened the psychoanalytic perspective further by introducing ideas from field theory and cultural anthropology. Indeed, their insistence on addressing interpersonal rather than intrapsychic processes foreshadowed the focus on social patterning in family therapy. However, because of the psychoanalytic prohibition against contaminating individual treatment by involving family members, it was not until social researchers began to use live observation in the 1950's that the family was first observed and finally treated as a clinical entity in and of itself. Much of the history of family therapy involves repeated attempts to correct for imbalances and rigidities in psychoanalytic theory.

The new, but rapidly expanding field of family therapy gained considerable momentum over the next decade as a passionate interest in communications research swept the country. Norbert Wiener (1950) coined the word "cybernetics" to refer to this growing body of knowledge about information-processing systems. Borrowing cybernetic formulations, researchers inside and outside the psychoanalytic tradition began to study the family as a system, an entity with organized patterns of communication and self-regulation. Bateson, a cultural anthropologist, was prominent among these researchers. Even though Bateson was not a clinician himself, his research on communication theory had an enormous impact on the

development of family therapy. Before the publication of this research in 1956, most early family work was mired in awkward transformations of psychodynamic theory (Andersen & Goolishian, 1988). It was not until the work of Bateson and his colleagues that the full potential of an interpersonal perspective began to be realized (Gergen, 1985).

Bateson's theories about communication cycles posit human experience as fundamentally interactional rather than individually motivated. Even the concept of mind is modified by this relational perspective. Individual mind is always situated collectively, in an ecology of ideas; *"the mental characteristics of [a] system are immanent, not in some part, but in the system as a whole"* (Bateson, 1972, p. 316). Borrowing from both sociological and anthropological perspectives, Bateson and his colleagues elaborated a framework that focused on multilevel psychological processes that take place in communication between individuals rather than within them. Indeed, following Bateson's research, Watzlavick, Bavelis and Jackson (1967) proposed that communication is at the very center of human existence. "...Quite apart from the mere exchange of information, man *has* to communicate with others for the sake of his own awareness of self" (p. 85). Communication provides the confirmation of self and other that constitutes our humanity.

The field of family therapy evolved from this focus on communication and continues to identify with the basic social tenets that inhere in a communications approach. In order to fully understand these social premises, we must return to their origins in Bateson's seminal idea of "schismogenesis," a formulation about communication cycles that was first conceived during an anthropological investigation of cultural organization in New Guinea.

The Study of Schismogenesis

It was in the early 1930's that Bateson first traveled to New Guinea to study the Iatmul culture, a non-hierarchical, head-hunting people who maintain a sharp role division between the sexes. One of the Iatmul's ceremonies, the "naven" ceremony, perplexed and fascinated Bateson. It seemed to deal with conflict within the group and the maintenance of social stability. In this ceremony, social ties between a sister's child (laua) and his mother's brother and brother-in-laws (wau) are dramatized and thus strengthened, counteracting the social tendency for these two groups to compete and create divisions in an otherwise stable clan. A brief description of the ceremony will reveal its salience to the Iatmul culture, as well as its significance to subsequent research on social dynamics.

Typically, the laua boast about important achievements, such as building a canoe or killing an enemy, in front of their wau. While this boasting is culturally mandated, if it is excessive, the wau react with their own rivalrous boasting, triggering an escalation of the lauas' flaunting behavior. When unrestrained, this mutual rivalry culminates in a brawl. However, if a naven ceremony is performed, the escalating pattern of behavior is circumvented. Indeed, a spontaneous naven ceremony usually is enacted whenever a young man performs an important tribal activity, before the rivalrous boasting can get out of hand. In this ritual, the wau "...put on the most filthy and tousled skirts such as only the ugliest and most decrepit widows might wear" (Bateson, 1958, p. 12). Then these "mothers" wander about the village looking for their "child" (the laua), stumbling about and further demeaning themselves, while the children of the village roar with laughter. When they find the laua, a gift is presented to him, and at a later time, the laua gives a return present to the wau. In large naven ceremonies, the tribe's women also become involved, dressing

up as if they are men. Bateson observed that the role reversal, transvestitism and buffoonery of the naven ceremony somehow contain or pre-empt polarizing competitive forces in the Iatmul culture. He speculated that without this custom, accelerating conflict between the laua and the wau, the two major social groups of the Iatmul, would create dangerous levels of instability in the Iatmul's world.

While investigating the purpose of the naven, Bateson (1958) began to understand the broader social phenomenon of escalation, which actually occurs widely in the natural world. He coined the term "schismogenesis" to refer to our uniquely human form of escalation, describing it as a cycle of increasing "...differentiation in the norms of individual behavior resulting from cumulative interaction between individuals" (p. 175). Without the intervening effects of the naven ceremony, spiraling forces of differentiation (individual boasting), separation (reciprocal, provocative flaunting), and eventual hostility between the two groups of men accelerate until there is a social breakdown.

Applying Schismogenesis to Other Social Contexts

Bateson's observations of these ceremonially regulated, self-reinforcing cycles in the Iatmul culture led him to generalize to other social situations. He began using the concept of schismogenesis to describe any interaction in which the actions of A trigger B's responses, which then trigger an even more intense, "overly-harsh" reaction from A. Bateson's concept of schismogenesis reveals a crucial factor in human interaction: *relationships seem to contain a tendency towards progressive change*. Progressive change is neither internally nor externally motivated, rather it is an inevitable property of the interaction itself. As Bateson (1958) noted, when we study the reactions of an individual to the

reactions of other individuals, "...it is at once apparent that we must regard the relationship between two individuals as liable to alter from time to time, even without disturbance from the outside" (p. 176). Bateson came to believe that the study of schismogenesis and the cumulative process of mutual reactivity in relationships, has widespread implications for many different fields, including psychology.

Bateson proposed, for example, that schismogenesis plays an important role in many forms of psychopathology. In paranoia the patient's distrust triggers responses in others that justify the patient's fears, intensifying his or her distrust. Such self-reinforcing relationship sequences may even contribute to neurotic disorders. Bateson wondered, with amazing insight for a non-clinician, if internal schismogenesis exists to some extent whenever an individual is involved in external schismogenesis with another. As external escalation increases, internal polarization rigidifies, creating an internal position that is one-sided and over-determined. These ideas led Bateson to suggest that individual pathology cannot be studied outside "the relations which the deviant individual has with those around him" (p. 180). The notion that the individual can only be understood as a being in communicative interaction with his social context provides the fundamental premise of a family therapy framework.

The Development of a Systems Metaphor in Family Therapy

Bateson refined his concept of schismogenesis 20 years later after attending the pivotal Josiah Macy conferences, which brought together prominent scientists from a wide range of disciplines to study communication, particularly its role in regulation and control. It was during this series of

conferences that the science of cybernetics was born, the study of methods of feedback control within a system, especially the flow of information through feedback loops (Goldenberg & Goldenberg, 1996). Bateson used the concepts generated by cybernetics to clarify his thinking about the inseparable relationship between stability and change in human interactions that he first elucidated in his study of the naven. He was especially interested in what systems theorist W. R. Ashby (1952) called "first order change," the maintenance of stability in a system in the face of minor fluctuations in the environment, as well as "second order change," the larger, structural change of a system that is sometimes necessary for its survival.

Bateson now saw schismogenesis as a feedback loop that was self-corrective in a recursive manner. Looking back on his research in New Guinea from this new perspective, Bateson reconceived the naven ceremony as a feedback loop: complementary behavior in the naven ritual (the caricature of complementary sexual relationships portrayed in the ceremony's transvestitism) is triggered by symmetrical behavior in the Iatmul tribe (the male rivalry). Borrowing the cybernetic concept of "first order change," with its emphasis on self-regulating cycles and homeostasis, Bateson understood these counteracting schismogenic cycles as a means of maintaining stability in the Iatmul culture in the face of fluctuations in the cohesion of its members. But sometimes the naven did not work, and a clan would split off from the group and form its own village. This, Bateson realized, could be understood as "second order change": a system's response to drastic differences in the environment. Not only is it important to look at factors that control runaway schismogenesis, but sometimes schismogenesis can be useful in breaking up out-moded or unhealthy stability (L. Hoffman, 1981). The new off-shoots of the Iatmul tribe, for example, probably ensured the culture's long-term survival,

even though too many disruptions would have meant extinction. While stability in a system is necessary for its survival, a certain amount of instability can produce variety and the re-vitalizing effects of deviation from the status quo. As Bateson (1972) later declared: "All changes can be understood as the effort to maintain some constancy and all constancy as maintained through change" (p. 381).

Bateson (Ruesch & Bateson, 1951) applied a refined formulation of schismogenesis, as well as other cybernetic formulations to his bold research with Jay Haley, Don Jackson and Richard Weakland (1956, 1963) on communication processes, including schizophrenic transactions. This research was pivotal in the development of family therapy, spawning concepts such as the double bind theory and family homeostasis, ideas that served as major building blocks in the construction of a systemic framework.

Bateson et. al. studied schizophrenic communication in order to understand why a schizophrenic seems unable to differentiate between literal and metaphoric speech. They hypothesized that a schizophrenic might, in Bateson's words, have "learned to learn" (Bateson, 1972) in a family context in which this behavior was somehow adaptive, like other forms of schismogenesis. Though the outcome of this research, with its emphasis on the psychological rather than the medical etiology of schizophrenia, has been hotly debated both inside and outside family therapy circles (Goldstein, Rodnick, Evans, May, & Steinberg, 1978; Anderson, Reiss, & Hogarty, 1986; Buckley, 1988), the Bateson group believed at the time that the family context of schizophrenics supported the schizophrenic's irrational behavior and resisted constructive change.

Based on their findings, the Bateson group promoted the idea that the family was basically an equilibrium-maintaining entity that countered mal-

adaptive, as well as potentially adaptive changes in the system in order to maintain family homeostasis. This somewhat skeptical view of the family was supported by research on families that had extremely closed, immovable systems (Jackson, 1957; Haley 1959). The idea of the "double bind" was advanced to help explain how such families maintained this control. Human communication involves at least two layers of information, "a statement about participating entities and a statement about that larger entity which is brought into being by the fact of interaction" (Ruesch & Bateson, 1951, p. 287). In other words, in addition to the overt information, a message covertly conveys information about the nature of the relationship between the participants. The double bind is a habitual mode of communication in which an overt demand at one level of communication is covertly nullified or contradicted at another level, without the possibility of leaving the interpersonal field.

In their famous double bind article (Bateson et. al., 1956), the group cited an example of a mother who is feeling bothered by a child. Instead of saying, "Go away, I'm tired of being with you," she says "Go to bed; you're very tired and I want you to get your sleep." If the child responds to the overt message of care by drawing closer, the mother will probably pull away. If the child challenges the mother, she will get angry, punishing the child for accurately reading the situation. He will become confused, but because of his dependence on his mother, he will be unable to leave the interpersonal field. If these communication patterns are chronic, the child may begin to use language and metaphor in a "crazy" way to avoid the mother's control of the relationship. The double bind theory reflects a key concept that emerged from Bateson's research: that pathological behavior is often adaptive, a logical response to an illogical situation.

The early theoretical underpinnings of family therapy were based on an integration of Bateson's communication research, the application of cybernetics to family systems, and the inclusion of several key biological notions about homeostasis and organizational complexity (von Bertalanffy, 1968). As these research-oriented concepts were combined with the clinical experiences of a widening group of family therapy practitioners, a general systems theory or cybernetic theory of family therapy evolved, creating a major epistemological shift in psychological thinking (see Ackerman, 1958; Bell, 1961; Jackson, 1957; Whitaker, 1958; Satir, 1964; Haley, 1971; Watzlawick, Weakland & Fisch, 1974). In encapsulated form, "...the *essence* of a systems approach is defined as attention to organization, to the relationship between parts, to concentration on patterned rather than on linear relationships, and to a consideration of events in the context in which they are occurring rather than an isolation of events from their environmental context..." (Steinglass, 1978, p. 304). Pattern-recognition is at the heart of the cybernetic approach to family therapy. Following Bateson, systems theory pays attention to relationship or feedback loops between individuals rather than within them.

The Development of a Narrative Metaphor in Family Therapy

Over the last 15 years, first-order cybernetic theory has been strongly criticized as too narrow and mechanistic. With the continued evolution of communication theory, the advent of an influential feminist critique and the introduction of social constructionism, there has been a reappraisal of systems theory in family therapy. New approaches build on one another and sometimes compete for primacy, such as second-order cybernetics, cultural family therapy and the narrative metaphor of family work. Second-order

cybernetic thinking is considered a backlash against what many saw as the manipulative, overly-directive and authoritarian strategies of many family therapists. Second-order family therapy retains its foundation in systems thinking, however, it emphasizes the participatory status of the family therapist in the family system. "From this perspective, a family is composed of multiple perspectives--multiple realities--and the therapist, no longer seen as an outside observer, has a part in constructing the reality being observed" (Goldenberg & Goldnberg, 1996, p. 14).

With the inclusion of such constructivist thinking in family theory, the original idea that communication conveys *information* about a relationship has expanded to include the way communication creates *meaning*. While family therapy once focused on reciprocal patterns of control in couples and families, there is now an emphasis on the meaning each member makes of the other's response, and the effects of these meanings on the relationship. In this view, human beings are seen as organizing their experience through interpretive frames called narratives or stories. Narratives do not simply reflect experience like a mirror, they are the way we attribute meaning to our experience, the way "...events are received by consciousness" (E. Bruner, 1986, p. 4). Moreover, narratives evolve in interaction with others. Not only is reality invented, as Watzlavick (1984) once claimed, it is now viewed as a *social* construction. Language brings forth a world created with others (Anderson & Goolishian, 1988). Cultural or narrative family therapy has added a focus on the centrality of language and the cultural constraints of meaning-making to family practice.

The narrative metaphor extends the idea of wholeness in the organization of a system. Just as each element in a system can only be understood as part of a greater whole, every member's interpretation of a

problem is dependent on the meaning that is created in the larger system. There is, therefore, no universal truth about a couple or family, rather there are "multiple truths" or multiple stories that are co-created by the family as well as the therapist. "These 'stories' not only reflect but, more importantly, define and give meaning to the family's experiences, and in that sense are self-perpetuating" (Goldenberg & Goldenberg, 1996, p. 14). From this perspective, both meaning and social systems themselves are created through dialogue. Family therapy now is seen as a family conversation that includes a new person, the therapist, and a new perspective which, in interaction with the family members' perspectives, can generate alternative, less "problem-saturated" narratives. Understanding is believed to be consensual and intersubjective in nature; meaning is construed as lying "...in between people rather than hidden away inside an individual" (de Shazer & Berg, 1992, p. 74). From a narrative perspective, the co-creation of new, "preferred" meanings constitute the experience of therapeutic change.

A Social Framework for the Theory of Interlocking Vulnerabilities

A social framework is uniquely effective at focusing the couple therapist's attention on the realm of the between. The stereotype of family therapy consisting of a room full of as many family members as possible is outdated. "Family work is a way of thinking about life and problems, not necessarily a particular arrangement of bodies in a room" (Efran & Clarfield, 1992, p. 208). The following constructs help us think about life and problems in a particular way--through the primacy of inter-relatedness and the meaning-making capacity of collaborative conversation. While microsocial and social

realms are continually interpenetrating, they are distinguished in the next section for heuristic purposes only.

The Microsocial Realm of Experience

Borrowing heavily from Mead (1934), Vygotsky (1978) and Goffman (1959, 1967, 1969), Gergen (1994) uses the term "microsocial" to denote the realm of the between: the immediate and palpable sense of "intersubjective interdependency," as opposed to the remote realms of social structure or individual subjectivity, conceptual spheres that are always "off stage, immanent but never transparent" (p. 216). Gergen argues that the experience of self is fundamentally dependent upon the attitudes and actions of others. Human beings "instinctively coordinate their actions" in the domain of microsocial process (p. 216).

Mutual Escalation

The construct of mutual escalation helps explain the intensity and volatility of couple relations from an interactive standpoint. The notion that each person's reactions build on the other's, creating "overly-harsh" responses that can accelerate exponentially, is pivotal for a theory of couple therapy that must address the interpersonal momentum of repetitive conflicts. In the theory of interlocking vulnerabilities, the concept of mutual escalation underlies the notion that a couple's vulnerabilities "interlock," propelling recursive conflict into increasing states of polarization. The social concept of escalation reworks Elkind's (1992) idea of intersecting vulnerabilities into a process that is more dynamic and progressive, adding the observation that interpersonal reactions are often *compensatory*. It also sharpens an

understanding of how destructive cycles of increasing alienation can be countered by inverse escalating processes, such as the cumulative experience of mutual recognition and the coordination of interpersonal meanings. Most importantly, incorporating the microsocial construct of mutual escalation into a theory of conjoint therapy avoids the tendency to see conflictual as well as reparative transactions in couples as only individually motivated.

Drawing from Bateson's research on schismogenesis and cybernetic theories about communication cycles, family theorists are especially adept at explaining amplification in human transactions. Bateson refers to escalating processes as cumulative and reciprocal in nature, increasing differentiation between individuals through mutual reaction. These self-reinforcing cycles, what Boulding (1963) calls "mutual reaction processes," are "processes in which a movement by one party changes the field of the second, forcing a compensatory move by the second party, and so on" (L. Hoffman, 1981, p. 42). Escalating interaction cycles do not simply repeat themselves in a fixed, circular manner, but rather accelerate exponentially into ever-widening spirals of mutual reactivity.

Embedded in the notion of mutual escalation is Bateson's idea that relational exchange inherently involves reciprocal, progressive change. Cumulative interactions between people are unavoidable. Problems often begin with ordinary life difficulties that intensify because the difficulty is mishandled, or because the same problematic solution is applied over and over again, exacerbating the difficulty. As Fisch et. al. (1982) claim, in a "vicious-cycle" process a difficulty is turned "into a problem whose eventual size and nature may have little apparent similarity to the original difficulty" (p. 14). When mutual reactivity gains momentum, a couple's dynamics become increasingly entrenched. The concept of mutual escalation helps explain the

interpersonal tenacity of a couple's repetitive conflicts, how interpersonal reactions are fundamentally coordinated, taking on a life of their own.

However, it is important to remember that while mutual escalation often leads to disruptive or chronic relational difficulties, it can catalyze constructive movement in a couple system, as well.

The concept of mutual escalation is based on a recursive, rather than linear epistemology. Bateson (1958) regularly objected to uni-directional formulations of interpersonal events, such as the psychodynamic tendency to describe maladjustments in marriage as a carry-over into the marriage of attitudes that were previously formed in relationships with parents. While this "phrasing" may be historically accurate, it is not sufficient to account for the break-down in the marriage, "...and it is difficult in terms of such a theory to explain why such marriages, in their earlier stages, are often very satisfactory and only later become a cause of misery to both partners" (p. 179). Couples often complain that what they found extremely attractive about each other in the beginning of their relationship, years later is at the center of their most repetitive, acrimonious fights. Certain "actions and reactions [are] reasonable in themselves, but simultaneously propel the pattern of exchange toward an ever more extreme outcome" (Gergen, 1994, p. 226). The compensatory reactions that escalate in a couple often are adaptive initially, becoming distorted with the passage of time.

Bateson (1958) calls this process of cumulative distortion "over-specialization." He hypothesizes that in an unrestrained schismogenic cycle, the actual personalities of the individuals involved eventually become over-determined and distorted as a result of over-specialization in one direction. Bateson speculates that the adaptive motivation embedded in a mutual escalation cycle reinforces its self-generating nature. Behaviors and roles that

once worked are tried over and over again. That is, "... in trying to find again the answer which was formerly satisfactory, [the individuals] actually specialize even further in their respective roles" (p. 187). Bateson (1958) concludes that this distortion of the personalities must eventually produce mutual hostility, with each party resenting the other for "causing" his or her own distortion and each person becoming increasingly unable to understand the emotional reactions of the other. "It is likely that the further apart the personalities evolve and the more specialized they become, the more difficult it will be for them each to see the other's point of view" (p. 189). As the reciprocal process of escalation proceeds, and mutual adaptation turns into reactivity against the other, relationships becomes less and less stable.

Bateson (1958) elaborates two kinds of schismogenic cycles in which paired patterns of behavior escalate: complementary and symmetrical schismogenesis. Based on these ideas, I use the term "complementary escalation" to refer to the communication cycle that occurs when the self-generating behaviors of two individuals are different. The cycle of assertiveness and compliance in a long-term relationship is an example of a potentially adaptive complementary cycle that can spiral into a maladaptive cycle of blame and guilt. If unrestrained, complementary cycles can implode, creating extreme reactions such as depression on the part of the compliant partner and compulsive over-control on the part of the assertive partner. "Symmetrical escalation," on the other hand, refers to the amplifying, compensatory actions of two individuals when their actions are similar. In a couple, common symmetrical cycles involve the mutual acceleration of anger or the ever-widening cycle of mutual withdrawal. Like complementary cycles, symmetrical cycles can be adaptive or maladaptive, propelling a constructive crisis or disrupting relatedness entirely. Mutual escalation of either a

symmetrical or complementary nature creates an "avalanche of events" (White, 1989, p. 115) which can lead to a vicious cycle or a virtuous cycle, polarizing or catalyzing needed change.

Bateson's (1979) original classification of transactional processes such as mutual escalation, grew out of his dissatisfaction with "unipolar psychological words" and their attribution of interpersonal experience to intrapsychic structures. Bateson especially cautions against assigning internal causes to such experiences as dependency or aggression, claiming that these terms have their origins in relationships between persons, and these relationships precede all such terms of description. I concur with his objection to the use of unidirectional concepts to explain couple dynamics. Attributing relational conflict to individual pathology deflects attention away from the interpersonal field that shapes the conflict in the first place. Even psychoanalytic theorists now acknowledge that the interpersonal field structures the potential for what we can say and think and what we cannot (D. B. Stern, 1997). The notion of mutual escalation mitigates the tendency for members of a couple to blame themselves or each other for problematic behavior by contextualizing their difficulties in the realm of the between. As Bateson (1972) argues, "...when systemic pathology occurs, the members blame each other, sometimes themselves. But the truth of the matter is that both these alternatives are fundamentally arrogant. Either alternative assumes that the individual human being has total power over the system of which he or she is a part" (p. 438).

In the field of anthropology, social behavior is studied from a diachronic point of view, which is concerned with cultural change over time, as well as from a synchronic perspective, which is concerned with the working of cultural systems at a given period. Bateson (1958) claims that the use of both these

perspectives is vital in the study of interpersonal as well as individual maladjustment, especially when the problems are progressive:

In Freudian analysis and in the other systems which have grown out of it, there is an emphasis upon the diachronic view of the individual, and to a very great extent cure depends upon inducing the patient to see his life in these terms. He is made to realize that his present misery is an outcome of events which took place long ago, and accepting this, he may discard his misery as irrelevantly caused. But it should also be possible to make the patient see his reactions to those around him in synchronic terms, so that he would realize and be able to control the schismogenesis between himself and his friends. [p. 181]

Bateson suggests that certain kinds of interactions, such as those generated by self-reflection or the cumulative process of mutual love, serve as inverse processes, counter-acting the increase of self-generating hostility that takes place in a destructive reaction process. In a similar vein, Watzlavick et. al. (1967) propose that such maladaptive cycles can be broken only through meta-communication, a process in which "communication itself becomes the subject of communication" (p. 95). As I argue in Chapter Five, mutual recognition and the creation of shared meaning are two such meta-communication processes that create "inverse progressive changes" (Bateson, 1958), thus countering a couple's increasing polarization.

Reciprocal Organization

The concept of reciprocal organization interactively addresses an experience that all couples share: the mutual involvement in undesirable

relational patterns. Not only do a couple's vulnerabilities interlock in the intensity of an escalating fight, they also interlock in everyday interactions that are unwanted yet nevertheless willingly and often frequently repeated. Each member's behavior and beliefs seem to "invite" (White, 1989a) the other's response in a reliable, recursive manner despite each person's intention to refrain from the problematic transaction. In the previous section, it was argued that a couple's repetitive conflicts cannot be understood without a notion of cumulative reactivity that can intensify and accelerate into disruptive cycles of progressive change. The idea of reciprocal organization builds on this formulation, explaining how a couple's mutual reactions may counter-act each other, forming recognizable patterns that maintain stability and characterize a couple's relational style over time.

Beginning with Bateson's efforts to understand how schismogenic cycles are restrained from disrupting all social systems, family theorists have been concerned with how couples and families maintain themselves as social units in the face of progressive change. The reciprocal organization of behavior, roles and communication in a couple serves just such a homeostatic function, maintaining the "reciprocating identities" (Gergen, 1994) that constitute the couple as a coherent whole. According to the concept of homeostasis, couples tend to establish acceptable behavioral norms and resist change that alters a pre-determined level of stability. Imbalance activates built-in mechanisms to restore what Hardin calls the "homeostatic plateau" of the relationship (as cited in Hoffman, 1981, p. 51). For example, the complementary cycle of assertiveness and compliance in a long-term relationship may be counteracted by a symmetrical cycle of dependence which prevents the complementary cycle from escalating implosively. In another couple, symmetrical "runs" of accelerating anger are checked by compensatory cycles of mutual avoidance,

which are then countered by the build up of anger in a recursive pattern that repeats itself over and over again. Most relationships include both symmetrical and complementary processes which contain each other in repetitive interactional sequences. These sequences eventually form habitual patterns of relating, or "recurrent states" (Taylor, 1970) that organize the on-going nature of relationships.

Couple members are mutually involved in patterned interactions that are not only self-generating, but also self-limiting. Each person's response coordinates with or compensates for the other's reactions. For example, when one member's outside activities exceed an acceptable upper limit, the other member of a couple compensates by withdrawing from the relationship, re-focusing the first partner's attention back on the couple. As this pattern repeats itself time and time again, resentment on both sides grows. While each "correction," temporarily counters a potentially destructive escalation in their relationship, the dilemma of how to negotiate contact together is unresolved. "'Stability' may be achieved either by rigidity or by continual repetition of some cycle of smaller changes, which will return to a *status quo ante* after every disturbance" (Bateson, 1979, p. 103). The reciprocal organization of interaction in a couple does not maintain the relationship in a static state, rather it "rights" imbalances in both adaptive and maladaptive cycles.

As indicated in the example above, reciprocal organization in couples often involves the issue of power. Hoffman (1981) usefully reminds us that the term power must be understood in context. Unlike contexts such as political elections, sports or war in which the parties have no stake in each other's well-being, in a couple the struggle for power involves access to intimacy. "There is only one invisible but important task which few other institutions can perform as well. This has to do with an orderly access to intimacy" (p. 191). The

reciprocal organization of access to intimacy, including the couple's adaptation to one or both member's anxiety about intimate contact, can create a sense of well-being or be a constant source of tension in relationships.

Using a concept elaborated by Kai T. Erikson, Hoffman (1981) suggests that access to intimacy provides a "social envelope" that is as important to the individual's survival as amniotic fluid is to an unborn child (p. 191). She goes on to point out that because of the interdependent nature of the "goods" competed for, there is no way to win unilaterally. The experience of intimacy is mutually constituted with others, and must be coordinated, rather than demanded or imposed. To further complicate matters, Chapple (1970) proposes that the need for intimate contact is intertwined with the need to be left alone. He claims that we may even have a daily "interaction quota" which involves a need for social interaction as well as a need not to interact. The reciprocal organization of power in a couple often involves "access control"--access to the other as well as the ability to stop interaction when needed. If one member of a couple withdraws as a means of maintaining access control, the other member may feel compelled to pursue, generating a reciprocal process that has no beginning or end, and no easy way out. Moreover, these reciprocal patterns are often culturally syntonetic. As will be seen in the section on social stratification, the cultural effects of gender training often reinforce the struggle over access control, rendering the negotiation of contact between members of a couple even more problematic.

The notion of reciprocal organization should not be confused with behavioral determinism: context does not *cause* individual behavior (Bogdan, 1984). Rather, context organizes individual perception. A person's behavior is dependent on the *meaning* of events rather than on the events themselves. Reciprocal patterning emerges from the way each member of a couple supports

the perceptions and ideas of the other member. In other words, reciprocal organization is based on "an ecology of ideas" (Bateson, 1972), the reciprocal confirmation of ideas that takes place in the realm of the between. Using the notion of ecology to refine the notion of reciprocal organization, Bogdan (1984) notes that as with other natural ecologies, change and stability are both contained within its conceptual boundaries. The stability of an ecosystem can be maintained through the ravages of fire and drought, but it can be radically changed with the introduction of a new species. Likewise, the reciprocal organization of a couple often is maintained or only gradually modified through major transitions, such as the aging process, job changes, even tragedy. On the other hand, even a small perturbation of the system can change its organization significantly, depending on the meaning of the event. The reciprocal organization of relationships can be very resistant to change, but if the meaning of a couple's interactions is expanded in conjoint work, important changes in the couple's dynamics will occur.

The Theory of restraints

The theory of restraints underlies the notion that changing the meaning of a couple's interactions fosters change in conjoint therapy. The familiar, limited meanings that couples assign to their experience together restrain their ability to generate new, reparative interactions. Attempted solutions to repetitive conflicts often become an integral part of the problem because they are based on the same premises as the problem itself. In family therapy, a theory of restraints "establishes a curiosity as to what has restrained family members from participating in alternative interactions, from discovering alternative solutions" (White, 1989b, p. 67). A notion of restraints helps us understand why couples "just go round and round in terms of the old

premises" (Bateson, 1972, p. 427), and how the construction of alternative premises expands a couple's interpretive horizons, fostering new forms of participation within the dyad.

In recent years, the focus in family therapy on the patterning of experience has expanded to include the patterning of meaning, what is referred to as *narrated* experience. In this view meaning is no longer depicted as internal representations that can be discovered objectively, rather meaning is intersubjectively constituted in conversation, "a product of dialogue itself" (Weingarten, 1991, p. 295). In other words, experience is mediated by the stories we tell each other about it. The process of constructing stories or narratives to organize experience involves inclusion as well as exclusion; narratives both determine and circumscribe meaning. Narratives enable us to recognize and understand some aspects of experience while restraining us from relating to experiences that lie outside our stories. Not only do we try to live out our stories, we are invariably "lived by" them (Mair, 1988).

Bateson (1972) originally adapted the notion of "restraints" from cybernetic theory. Unlike causal explanations, which are usually positive predictions, cybernetic explanations are always negative, explaining the course of events by an analysis of restraining factors. "Positive explanation proposes that events take their course because they are driven or propelled in that direction, invoking notions of quantities, of forces and impacts" (White, 1989a, p. 67). The etiological statement that internal conflict between primitive and adaptive forces is the source of neurotic suffering, is an example of a positive explanation. In negative explanation, events take a particular course because they are restrained from taking alternative courses. One person's behavior is restrained from proceeding in any number of possible directions by the behavior and beliefs of the other. For example, if a man withdraws from a

couple's argument, the woman's response is restrained by her partner's behavior and the meanings it evokes for her. While she may follow her partner through the house shouting loudly or withdraw in kind, she will probably not continue to speak quietly to an empty room.

In a previous section, the notion of over-specialization was used to shed light on the tenacity of a couple's conflict, especially why people repeat the same problematic, over-determined solutions to their relational dilemmas. The theory of restraints further illuminates this perseverance in on-going relationships. According to White (1986), the theory of restraints involves the "network of presuppositions, premises, and expectations that make up family members' map of the 'world'" (p. 169). This network of presuppositions works largely unconsciously, contributing to sensory and cognitive limitations. We can only perceive information that is in some way relevant to our expectations. "Information that does not have meaning in this context is 'forgotten or blurred'" (p. 170). Gergen (1994) puts it another way: A problem stated within a given system of understanding will limit itself to solutions born of that system, and assertions from alternative systems will remain unrecognized" (p. 253).

In times of conflict or stress in a couple, each member's map of the world often involves personal blame, "a construction in which the problem is explained in terms of personal inadequacy, incompetence, imperfection and disloyalty" (White, 1989a, p. 66). A solution within this system of beliefs would require more "correct" behavior, thus reinforcing the couple's basic premises. Since the solutions belong to the same problematic premises, they serve to perpetuate and reinforce the very problems they were supposed to solve (Watzlawick et. al, 1967). Using a term coined by Evans-Pritchard (1937), White (1989a) contends that we become ensnared in our own "web of belief" (p. 66). Narratives about the other's negative intent inhibit each member from fully

examining the interpersonal consequences of his or her own actions, thus constraining what occurs in the couple interaction.

The theory of restraints adds a social and linguistic component to a theory of problematic relations. According to a social constructionist perspective, problematic behavior has more to do with the consequences of restrictive meanings than defensive psychic structures; interpersonal change involves the coordination of new ways of attributing meaning to the same relational events. However, while the restraining properties of meaning-making are powerful, the theory of restraint, like reciprocal organization, is not synonymous with determinism. In the therapeutic endeavor, the interaction of each member's dominant narratives can be examined and expanded to include the meanings of important others as well as new, unforeseen meanings. Since language is central to the interactive process of making and restraining meaning, it is in dialogue that we open ourselves to others and consider their point of view. Through conversation, especially therapeutic conversation, new themes and narratives, new ways of giving meaning to a problem can emerge. "Therapy relies on the infinite resources of the 'not-yet-said' in the narratives around which we organize ourselves in our conduct with each other" (Anderson & Goolishian, 1988, p. 381). This resource for change, the not-yet-said, can shift our view of a problem by expanding the constraints of what we are able to experience. The not-yet-said is not something that resides "in" the psyche or the unconscious; rather it is created between and among people. The restraining properties of our basic premises perpetuate problematic interactions in couples; creating alternative narratives is reparative, slowly changing a couple's dynamic by expanding the horizon of meanings that is available to them.

Shared Meaning

The development of new meaning is central to the therapeutic endeavor in contemporary family therapy. Using social constructionist and feminist theories, Kathy Weingarten (1991) examines the reparative potential of *sharing* meaning. She suggests that the process of coordinating or co-creating meaning underlies the experience of intimacy. While intimacy is often thought of as an individual capacity or as a quality of a relationship, Weingarten argues that these two ways of looking at intimacy obscure how intimate interactions are actually produced. Rather than conceptualizing intimacy as an ability that resides *within* an individual or as a product of extensive mutual self-revelation on the part of two individuals, "intimacy is conceptualized as built up from single intimate or non-intimate interactions that can produce a variety of experiences, including connection and domination" (p.285). Global assessments of each member's capacity for intimacy or of the over-all quality of their relationship tend to promote blaming and hopelessness in a couple. By conceptualizing intimacy and non-intimacy as derived from repeated intimate or non-intimate interactions, a couple may feel more empowered to do something about their daily transactions.

To further explicate this perspective, Weingarten uses a musical analogy: Intimacy is like the harmony two or more singers can achieve. Harmony does not dwell in any one singer, nor is it an aspect of their relationship to one another. Instead, harmony is something *they create together, in the moment*. Applying this analogy to the realm of interpersonal communication, one's capacity for conversation or the subject of conversation are less important than the present coordination of the conversation, itself. An intimate conversation involves each person's sense of inclusion in a shared meaning. When meaning is shared or co-created, neither individual feels over-ruled or

discounted and both people feel that their own experience has been recognized. For example, when one woman approaches her female partner about hurt feelings she has been having, and the partner insists on talking about the chores that never get done, it is not the subject of housework or each person's inadequacy that makes the interaction non-intimate, it is the imposition of meaning on one person by the other as the conversation proceeds.

When people share or co-create meaning they have the experience of knowing and being known by the other. Quoting Gurevitch (1989), Weingarten (1991) views such mutual understanding as the "act of recognizing in another person another center of consciousness," (p. 295) a perspective that is strikingly similar to Benjamin's view of mutual recognition. When people refrain from meaning-making, or impose, reject and misunderstand meaning, this constitutes a non-intimate interaction. In the example above, one member of the couple defensively imposes her own meaning on the other. In another couple, there is a withdrawal from meaning-making when one person abruptly leaves the room during an argument. In still another couple, one person's meaning is rejected with the dismissive exclamation, "That's ridiculous! Those aren't the facts."

No relationship is immune from engaging in such non-intimate interactions. Weingarten's (1991) transactional view of intimate and non-intimate interactions mitigates the problematic cultural practice of "enshrining" intimacy and pathologizing struggle in couple relationships. Creating intimate interactions and avoiding or repairing non-intimate interactions does not happen "naturally" in functional or mature couples, it requires awareness and hard work. Weingarten also insists that "there are politics nestled in the heart of intimacy" (p. 285). Intimacy cannot be

understood in isolation from the cultural contexts that influence and inhibit intimate interactions.

Non-intimate interactions, for example, often involve issues of power and gender; they tend to privilege one person's experience at the expense of marginalizing the other's. Non-intimate interactions do not just obstruct intimate interactions, they have the "power to distort, diminish and degrade people's experiences of themselves and others" (p. 297). For example, the tendency to impose meaning on others and thus reduce the possibility of *shared* meaning is often a problem that men bring to interpersonal interactions. If a man imposes his individual view of something on his female partner by indicating, for example, that she is being irrational and not to be taken seriously, he is leaving her out of the process of co-creating meaning and a non-intimate interaction will result. His partner may not only feel distanced by this interaction, but degraded as well. Women bring their own characteristic problem to the building of shared meaning, which is the propensity to confuse their own meanings with those of others. For example, if a woman regularly defers to her partner's needs and is inattentive to her own, this too can result in a lack of shared meaning and a non-intimate interaction because the woman has left *herself* out. Subjugating oneself is also a degrading experience.

Intimacy is a process, not a static achievement or a fixed state of failure. Intimacy is built up of consistent, highly individualized and nuanced interactions that both people consider meaningful, whether or not these interactions involve soul-baring or are even terribly personal. For one couple, the ability to be quiet together and to allow one another a fair amount of privacy is the hallmark of much of their felt intimacy. For another couple, one of whom likes to be quiet and one who likes a great deal of conversation, this same amount of silence will create a non-intimate experience, especially if the

couple cannot construct a similar understanding of their dynamic, legitimizing what they each need, even if neither one feels they can consistently provide it. Sometimes the sharing of meaning involves a shared understanding of a conflict that has no obvious solution. Quoting Gurevitch again, Weingarten (1991) explains that in the process of moving from the "inability to understand" to the "ability to understand," one may need to develop the "ability to not understand" (p. 295).

Meaning can be used to connect or dominate. A view of intimacy that involves "the tensions and ambiguities of intimate and non-intimate interactions" (p.302) helps us understand how distortion and diminishment can exist alongside caring regard in most relationships. From this vantage point, couple therapists can help their clients recognize non-intimate interactions, exploring the personal and cultural issues that contribute to them as well as the interpersonal consequences they engender. Couples can also learn the skills to restore intimate interactions when intimacy is no longer viewed as a capacity or quality, but rather as an accumulation of interactions that include both members' experience.

The Social Realm of Experience

Human interaction and its meanings are always historically and culturally situated; social expectations and processes are immanent in any couple exchange. Two arenas of social process relevant to conjoint therapy are those institutionalized differences in power that affect a couple's sense of mastery and efficacy in the world and with each other, and those "culturally sedimented" (Schutz, as cited in Gergen, 1994, p. 49) ways of understanding

relationships that powerfully, yet often silently determine the meanings couples attribute to their experience together.

Social Stratification

Family therapists have always been oriented toward understanding broader social processes. Until recently, however, social forces were studied primarily within the family, tracing the recursive transactions between family members that support or inhibit each person's development and well-being. Under the influence of constructionist and feminist critiques, the impact of larger social structures on the immediate interactions of couples and families is increasingly invoked. Interactional processes cannot be understood in a vacuum. Families and couples are embedded in cultural contexts that both constrain their meaning-making activities and bias their interactions through institutionalized forms of oppression, the hierarchy of economic status, and gender conditioning. In contemporary family therapy, microsocial concepts illuminating interactive sequences between individuals cannot be separated from social concepts that depict the stratification of power and resources in the culture as a whole.

Over the last fifteen years, family therapists have become particularly cognizant of the gender-linked rules that restrain interactions and expectations within couples. For many years, a consideration of gender roles was viewed as incompatible with systemic thinking. Early cybernetic formulations of reciprocity in marital relationships, for example, were based on implicit notions of social equality, obscuring the differentials in power and status between the genders. While some theorists (R. D. Laing, 1967; Haley, 1976) recognized the hierarchical organization of families along generational lines, the hierarchical problems between men and women were mistakenly chalked up to equal

participation in a circular dynamic. Now family theorists argue that to ignore the impact of gender conditioning is in itself nonsystemic (Walsh & Scheinkman, 1989). The examination of gendered aspects of social stratification is vital to a theory of couple therapy, whether the couple includes the same or different genders.

In Goldner's (1985) cogent feminist critique of traditional family therapy, she argues that the family is regulated, not simply by interpersonal dynamics, but by "social forces above and beyond the family's affective field" (p. 33). The presumption that the members of a couple play equal and interchangeable roles in the service of the couple's stability ignores their immersion in a culture that distributes its resources unequally. Goldner charges that by overlooking the power inequalities between men and women that prevail in society, family therapists have taken positions that come ominously close to blaming the victim:

Indeed, from a feminist perspective, the systemic sine qua non of circularity looks suspiciously like a hyper sophisticated version of blaming the victim and rationalizing the status quo. No matter how subtle the argument, feminists detect at its core the notion that 'battered women are asking for it' or that women's anger is misplaced because their manifest powerlessness is just another 'move in the game,' and so on. [p. 33]

Goldner is especially concerned with the complex interpenetration of family relations and the world of work. Using studies of the allocation of domestic chores between spouses, she makes the point that the reciprocal organization of roles in a couple or family cannot be characterized as "separate but equal."

There is evidence that working wives generally do more than five times as much domestic work as their husbands (Goldner, 1985). However, Goldner cites one study (Model, 1981) which found when the women's earnings approach that of their husbands, the men do more housework. In our particular social and historical era work alone does not earn domestic power, rather economic leverage seems far more powerful a domestic arbiter. Goldner concludes: "Findings such as these suggest that our conception of hierarchy and complementarity will have to be expanded to incorporate the traffic between these social levels" (p. 37). In other words, the idea of relational reciprocity must include issues of power and domination, adding the notion of hierarchy to that of complementarity, shading the pristine idea of circularity into something far more complex and socially embedded. As Goldner (1985) puts it: "Whereas psychologically complementary relations can be fluid, with two people gracefully shifting hierarchical positions as the situation demands, socially complementary relations are rigid, resulting in fixed hierarchies organized around social categories like 'gender' "(p. 38).

Zimmerman and Dickerson (1993) have similarly refined the notion of reciprocity in couples. While they search for reciprocal patterns that support a couple's problems, they also insist that men often have greater influence on the pattern in heterosexual relationships. For example, a man's tendency to withdraw in a relationship not only invites his partner's pursuing behavior, it may unequally determine it. Men are often trained in certain power tactics, like aggression and stonewalling. Moreover, they are not only conditioned to see their opinions as truth, but in the work world they are unequally rewarded for their assertiveness. In a conflict they tend to protect their positions, rather than listen to the other's point of view, preferring to be alone under stress. Women, on the other hand, are often more comfortable affiliating under stress,

attempting to communicate about their emotional experience. They have been socialized to take more responsibility for maintaining and nurturing relational ties than their male counterparts. In a reciprocal pattern of withdrawal and pursuit, the man who does not feel obliged to maintain connection has more freedom to insist on his own position at the expense of his partner's. In a relationship, the cultural mandate to protect the male self and accommodate the female self skews even the most intimate interactions between men and women. Zimmerman and Dickerson try to engage the couples they see in discussions about gender training in order to externalize interactive patterns that inhere in such social asymmetries, expanding a couple's sense of choice about whether to continue behavior that is socially rewarded but relationally problematic.

Walsh & Scheinkman (1989) also make this important point: certain gendered patterns may be functional at one system level, but not on another:

Traditional roles, rules, and interactional patterns that may have enabled men to fit with societal standards for success have nevertheless been dysfunctional for the family. Families have been organized to support that success, to the detriment of overburdened and undervalued contributions of wives and mothers and to the limited participation of husbands in family life. [p. 38]

Another example of gendered stratification that may work for men, but not for women is the way women are held primarily responsible for maintaining family bonds and nurturing children. This hierarchical arrangement frees up men to develop non-domestic sides of themselves, but it burdens women with the cultural truism that problems at home invariably involve maternal

deficiencies, "As a consequence, women and their relationships in families remain the predominant focus of therapy" (p. 32). The unequal ordering of status and power between men and women is now recognized as a fundamental organizing principle in couple interactions that must be addressed both within the couple's dynamics as well as within the therapist's consulting room.

In a similar vein, Ken Hardy (1997) focuses on social stratification based on race, ethnicity and sexual preference which intimately affects people's relationships and lives. He is deeply committed to addressing the connection between social oppression and a couple or family's presenting problem. Oppression, according to Hardy, "is an extremely insidious phenomenon because not only is it designed to keep one group from having equal access to privileges, it also has the power to make the oppressed group feel as if they are responsible for being one-down, and crazy for feeling the anger, rage, resentment and depression that are natural responses to being marginalized and silenced" (p. 7). Oppressed groups are exposed to repeated experiences of painful and humiliating injustice, but any intense reaction to such treatment is prohibited. Racism and other forms of discrimination leave marginalized groups feeling alienated from themselves and others, stranded in a state of what Hardy calls psychological homelessness:

The negative cycle of psychological homelessness is a state of feeling displaced and disconnected from the world around you, dislocated from a sense of safety and belonging. We absolutely have to help clients address, head-on, the stories of their marginalization and help them to understand how it impacts on their lives, and then help them find

strategies to respond to the crazy-making effects of oppression in the sanest ways possible. [p. 7]

This sense of being caste out of the larger human community, of being unacceptable and unwelcome, of not "intrinsically fitting in," has far-reaching psychological implications. Acknowledging and engaging the effects of social oppression are vital to therapeutic healing.

Elaine Pinderhughes (1989) describes the oppression of people of color in particular as a systemic phenomenon. She describes people of color as being trapped in roles that maintain the equilibrium of the larger social system. Through a process of "societal projection," the dominant group perceives and treats subordinate groups as inferior. The psychological consequences for both groups are profound. The subordinated group must struggle with the internalization of these projected, stereotypical images and beliefs, as well as negotiate external conditions of exploitation and disregard. The dominant group is vulnerable to intolerance of cultural differences, an unrealistic sense of entitlement, and unsound judgment of self and others. While the psychological consequences of oppression on the dominant group remain largely outside their awareness, clinical practitioners must take into account the effects of social stratification on every member of society.

It is my contention that all couple therapy requires an awareness of the social hierarchy in which each member is unavoidably situated. Even for those couples with ostensibly similar backgrounds, the joining of two individuals socialized in diverse familial environments, exposed to particular peer networks and institutional settings, and characterized by idiomatic relational expectations is usefully conceived as a cross-cultural experience. Heterosexual relationships inevitably involve differences in power and entitlement. A

socio-cultural perspective is certainly requisite for conjoint work with couples whose members come from markedly different ethnic or economic backgrounds. Cultural and sexual identity differences between the therapist and her clients also necessitate further examination of issues of privilege and power differentials that unavoidably enter into the therapy. Finally, work with any marginalized group demands a consideration of the effects of oppression. As I later argue in the model of interlocking vulnerabilities, the vulnerabilities that interlock in a couple may include what sociologist Claude Steele calls "stereotype vulnerabilities," anxiety stemming from the deep currents of racism and sexism that distort our entire culture (as cited in E. Watters, 1995).

Cultural Saturation

Just as relationships cannot be understood as operating outside the stratification of a larger social context, the meanings that couples attribute to their own and each other's behavior cannot be altered without examining the beliefs of the larger culture. When we internalize certain cultural discourses, such as those about romance, individual success or normative sexual behavior, we are often alienated from the contexts in which our lives are actually lived. For example, the idealization of intimacy in our culture can create expectations that unnecessarily burden relationships. A homosexual man who decides that sexual passion is not as central to his relationship as a shared sense of family and community, may suffer from unnecessary alienation when he compares his partnership to the sexual ideal that pervades our culture. A woman whose marriage is coming to an end will almost certainly feel the burden of failure and inadequacy in addition to the disruption of loss. The constructionist notion of cultural saturation reminds practitioners to investigate the cultural

discourses that may be contributing to a couple's sense of discontentment, alienation or hopelessness.

Bateson recognized the influence of cultural values on interpersonal interaction years ago in his research on schismogenesis. He suggested that the traits that become increasingly differentiated in schismogenesis are culturally determined. That is, the content of the schismogenic cycle is not as important as "...the emotional emphasis with which it is endowed in its cultural setting" (p. 183). Some patterns of behavior are regarded as commendable in a particular culture and others as wrong. There are some symmetrical behaviors, for example, that are not imbued with cultural meaning and so would not lead to "over-drastring replies" in another. For example, issues of assertiveness and individual achievement are privileged and therefore more likely to trigger a symmetrical cycle than issues of dependence and care-taking, which command less attention in our culture. Moreover, certain complementary patterns that are not emotionally laden may create distortions that remain unconscious and therefore tolerable. For example, the escalation of male adolescents' specialization in performance and female adolescents' specialization in spectatorship may have created personality distortions that were tacitly accepted until recent investigations about gendered participation in the classroom created a sense of alarm about the silencing of girls in our culture.

Despite Bateson's insistence on the cultural embeddedness of interpersonal phenomena, many forms of social influence were ignored by family therapists who were blinded by their own immersion in these taken-for-granted cultural narratives. For example, the widespread belief among family therapists that boys could only be raised adequately with a man in the house mirrored the cultural imperative that boys need to be separated from the emasculating influence of mothers if they are to become real men. Social

discourses about gender and sexuality play a prominent role in the next example as well. An increasing number of couples are presenting in therapy with painful questions about the viability of relationships in which one or both members are exploring a new sexual identity. A contemporary sexual discourse that insists on the exclusivity of sexual preference limits the way these couples can think about their dilemma. For example, if the man in a heterosexually-identified couple works to acknowledge and accept his sexual feelings for men but does not want to leave the relationship, truisms such as bisexual men are "really gay," constrains the couple's options. On the other hand, the heterosexism that inhibits a full embracing of homosexual proclivities must also be examined. Social discourses about normative practices in coupling, involving sexuality, gender roles, intimacy and autonomy are extremely powerful, limiting alternative ways of understanding human relations.

Contemporary family therapists, especially those adopting a social constructionist framework, construe psychotherapy as a "collaborative discourse" in which the meaning of experience is transformed "...by the fusion of the horizons of the participants" (Gergen & Kaye, 1992, p. 182). Not only are alternative meanings generated in this conversation, but a crucial aspect of this process involves the changing of *meaning-making habits*. That is, therapists encourage their clients to consider the cultural constraints implicit in many of their premises. Heinz von Foerster once observed that "we are blind until we see that we cannot see." Gergen & Kaye (p. 182) refer to this insight to propose that a fundamental aspect of therapeutic action occurs when the client's eyes are opened to seeing his own blindness. The realization that experience and meaning *are relative* can liberate us from limiting constructions of the world, introducing an experience of receptivity, promoting an openness to something new.

The Relevance and Limitations of a Social Framework for a Theory of Couple Therapy

Relevance

A social framework focuses our attention on the interactive context that envelops all human exchange. L. Hoffman (1981) refers to the Chinese saying: "Only the fish do not know that it is water in which they swim," to capture our inability to see the complex network of relationships that sustains us. The social origin of individual experience is often invisible, hidden in the conventions of language and current, taken-for-granted assumptions about the self. Social theory illuminates the invisible surround of our social network, that "cooperative enterprise of persons in relationship" (Gergen, 1985 p. 267) in which we make meaning of our world. From this perspective, the locus of pathology as well as psychological health resides not within the individual, but within the social envelope. Indeed, problematic interactions in couples often have less to do with individual pathology and more to do with "an intrinsically pathological situation which [can] distort and rechannel the behavior of essentially normal individuals" (Haney, et. al., 1973, p. 90).

The previous comment by Haney, et. al. was written twenty-five years ago about a now infamous study which came to be called the Stanford Prison Experiment. The results of the study were shocking and unexpected, and underscore the centrality of the social surround for individual experience. A group of psychologically healthy college students volunteered to be randomly assigned as mock-prisoners or mock-guards in a prison-like environment. The research had to be abruptly terminated after only six days as the mock-prisoners became increasingly traumatized and began to suffer breakdowns:

Some of the students begged to be released from the intense pain of less than a week of merely simulated imprisonment, whereas others adapted by becoming blindly obedient to the unjust authority of the guards. The guards, too...quickly internalized their randomly assigned role...Several of them devised sadistically inventive ways to harass and degrade the prisoners, and none of the less actively cruel mock-guards ever intervened or complained about the abuses they witnessed. [Haney & Zimbardo, 1998, p. 709]

There are numerous, important ramifications of this experiment, but for the purposes of this study I want to emphasize one that highlights the contribution of social theory: individual identity largely is a function of our social context, "self-definition is realigned over time as social circumstances are altered" (Gergen, 1985, p. 268). Or as Ross and Nisbett wrote in their analysis of Haney et. al's findings, "the immediate social situation can overwhelm in importance the type of individual differences in personal traits or dispositions that people normally think of as being determinative of social behavior (as cited in Haney & Zimbardo, 1998, p. 709).

A family therapy perspective emphasizes a way of understanding human beings that is similarly context-dependent. The interaction of the individual and the family system is conceptualized and treated as recursive and indivisible. As Bateson (1972) originally asserted, the self does not exist within the individual, it exists in interaction, in the space between. In his words, "...mind is immanent in the larger system--man plus environment" (p. 317). The explanatory locus of human behavior is shifted away from "the interior region of the mind to the processes and structure of human interaction" (Gergen, 1985, p. 271). The individual is a constituent of the whole; one's

identity is dependent on the supporting roles that others play. Our self-narratives, how we conceive of ourselves over time, are embedded in a "network of reciprocating identities" (Gergen, 1994). Our very self-concept is dependent on the attitudes and actions of others. The primacy of social interdependence does not rely on psychological explanation in a social framework of human interchange.

Contemporary family theory focuses on interactive contexts that are local, eschewing "master narratives" (Weingarten, 1998) that explain with generalizations the suffering in people's lives. Overarching explanations, such as those found in psychoanalytic notions of unconscious conflict or selfobject needs, represent a closed system of understanding that the family theorist opposes. Instead, contemporary family theory orients the practitioner toward the unique circumstances of a person's story, both the local vicissitudes of human interaction that shape the story, and the story itself, the "narrated reality" (Gergen & Kaye, 1992) that is created to make sense of the circumstances. Rather than generalize about psychological structures, a family perspective attends to the complex details of intersecting levels of social experience: the impact on a couple of their 24 year old son's return to the family home, the residual effects of slavery (Hardy, 1995) on the lives of a contemporary African-American couple, the transformation of a woman's life in the process of deciding to put her husband with advanced Alzheimer's into a nursing home, the power imbalance that develops in a lesbian relationship when one of the women gives birth to a child and decides to stay at home. An intrapsychic framework alone cannot make intelligible socially-driven phenomena, such as "stereotype threat" (C. Steele, 1997) in a mixed-race couple, or the gender imbalance that biases a heterosexual couple's struggle over what kind of birth control to use. A family therapy framework uniquely highlights

the larger systems and broad cultural conditions in which a couple's psychological difficulties are explicitly and implicitly embedded. It also emphasizes "the creative generation of meaning" in the therapeutic exchange, rather than "a search for a definitive story" (Gergen & Kaye, 1992 p. 181).

Family therapy introduced the notion that change is an interpersonal phenomenon long before contemporary psychoanalytic thinkers promulgated the analogous idea that change occurs within a relational matrix. And family therapy is uniquely adept at utilizing all relationships as a context for therapeutic change. While psychoanalytic thinkers such as Spezzano (1996) argue that we naturally seek a complex mixing of our own consciousness with "all available others" to gain greater access to ourselves, family therapy brings this idea into practice both inside and outside the clinical context. Family therapy explicitly relies on the active modification of relational patterns in daily life, thus utilizing all of an individual's transferential relationships as a matrix for change.

Limitations

Family therapy theories acknowledge the impact of larger social forces on interpersonal interactions but de-emphasize the influence of unconscious internalization. While family therapy's focus on the interpersonal and cultural meanings that forge individual experience has expanded all schools of psychological thought, minimizing the influence of early, sometimes pre-verbal transactions, leads to a view of psychological suffering and change that can seem too facile. Of course, most family theorists recognize the effect of the client's family of origin on current relationships, using concepts such as "intergenerational loyalty," "transgenerational patterning" or simply "family

narratives" to highlight historical aspects of an individual's current relational problems. However, these formulations assume that the consequences of one's personal history are accessible to conscious modification. Sometimes, this is the case: when a couple's pattern of withdrawal and pursuit is described in terms of loyalty to each member's family of origin, this narrative may "perturb" the system enough to trigger the relinquishment of the problematic interaction. More often, however, such interpersonal patterns do not seem so amenable to change, no matter how many new meanings are offered. There is an *adhesive* quality to certain kinds of reactivity, an intransigence in patterns of thinking, feeling and behaving, even though they create a tremendous amount of pain. The process of organizing experience operates primarily outside our conscious awareness. Obviously, early conditioning contributes to these unconscious ordering principles or relational templates. While psychoanalytic thinking may accord too much influence to childhood experience, family therapy tends to ignore the very long history of our most repetitive and often non-specifiable responses to important others in our lives. The concept of unconscious internalization helps to explain how it is that, as novelist Doris Lessing put it, human beings change very slowly, and not very much.

Internalization, especially as it is conceived in intersubjective theories, involves a powerful kind of learning that occurs in the interpersonal transactions that take place during childhood when an individual is extremely dependent on others, and development and learning are taking place at an accelerated pace. What is learned, the complex patterns of relating and ascribing meaning to experience, is still conceived as mutually constructed, with the child bringing his or her own temperament, developmental level, symbolic abilities and other physical, emotional and cognitive proclivities to the interaction. However, it is acknowledged that the internalization process

obtains its momentum because it occurs in relationships that are characterized by a substantial degree of asymmetry in power and influence. The meaning that is formulated in childhood is not caused by these powerful others in a linear manner, it certainly is not immutable, nor does it reside "inside" the psyche, all understandable objections posed by family therapists to the notion of internalization. Rather, the concept of internalized patterns is a way of describing a psychological force, those meaning-making habits that emerge in the first two decades of life and still occur with consistency and tenacity under particular relational conditions. Early internalized patterns have a powerful and long-lasting effect because they are reinforced recursively by subsequent interactions over time. Spezzano (1996), borrowing from Freud's original description of internalized representations, states that experience takes shape unconsciously as affects, presymbolic enactments and images. To become conscious, however, these things must be formulated in interaction with others. Thus, internalized patterns entail *both* unconscious experience and socially constructed experience in changing, but inseparable configurations.

From the social constructionist position in family therapy, "...problems arise when contexts clash" (Efran & Fauber, 1995, p. 284). That is, problems are created when meanings derived from different social contexts conflict; these conflicts dissolve when the contexts expand to encompass new perspectives. However, the internalized context of prior, formative transactions is notably missing in family therapy theory. Because the construction of experience, including the experience of a problem, occurs in language, some family therapists treat these constructions as insubstantial and easily modified. They underestimate the power of assumptions, "the solidity of constructed reality" (Efran & Farber, 1995, p. 292). Even within the family therapy field itself, a critical eye is being directed toward those family therapists who have devised

one session interventions, changing a family's narrative and then sending them on their way. While problems exist in language, simply changing the language does not eradicate the problematic pattern of thinking, feeling and relating. What we learn from repeated experience and reinforced suppositions changes slowly. The concept of unconscious internalization adds another dimension to our understanding of the inertia of relational patterns by including the force of unformulated experience that is constructed in each social context in which it is named, but still bears the stamp of its "...accumulated background of meanings" (p. 292) as well as its idiomatic beginnings (Bollas, 1987).

What constitutes human experience involves a multiplicity of factors in inseparable combinations that are historical and current, self-propelling and relationally-oriented, cognitive and affective, somatic and social. Family therapy is adept at observing the current (synchronic), relationally-oriented, interpersonal forces that are crucial for understanding psychological experience. As previously noted, no other perspective addresses the forces of escalation and progressive change in couples and families as well as systems theory. However, family therapy could benefit from incorporating a more immersed experience of individual subjectivity into its theory and practice; what constitutes a sense of self must be more carefully drawn. Our core anxieties and defensive patterns propel our interactive patterns, just as our interactions potentiate and maintain our vulnerabilities and self-protective defenses. Systems theory focuses on the self-generating cycles that occur in human interaction and under-emphasizes the intrapsychic inertia that energizes these cycles. Interpersonal information is not the only kind of energy that fuels a system. "Internalized information" plays a significant role in any human transaction.

The dichotomization of social and intrapsychic concepts in the field of psychology is particularly detrimental to the development of a conceptual framework for couple therapy. Each tradition has a crucial perspective to offer. A social framework illuminates the centrality of each person's social envelope, the network of relationships, obligations, customs, houses, furnishings, objects of reference, cultural values and social habits within which personal identity precariously dangles (L. Hoffman, 1981). An intrapsychic framework reveals the interior envelope, those internalized and elaborated relational schemas through which experience is formulated and interpreted. An understanding of couple relationships must draw from both these realms.

Like human behavior, our theories are interactive and compensatory: each theory corrects for the gaps in previous theories, thus rendering the new theory inevitably skewed in another direction (Mitchell, 1991). Combining viewpoints creates a "habit of mind" in which "each perspective acts as a check on the other" (Goldner, 1998, p. 268). I conclude this chapter and introduce the next with Goldner's cogent assertion about the value of integrating multiple discourses:

Seeing through multiple lenses is not a compromise; it is a choice that reflects an intellectual, political, and psychological ideal: to recognize the value of competing and contradictory perspectives, and to negotiate the emotional demands of such multiple attachments without splitting ideas and people into good and bad. [p. 268]

One theory is insufficient if it stands alone; the complexity of human coupling can only be explained from multiple vantage points.

CHAPTER FOUR:

THE CONCEPT OF INTERLOCKING VULNERABILITIES:
TOWARD AN UNDERSTANDING OF COUPLES' REPETITIVE CONFLICT

There seems to be no agent more effective than another person in bringing a world for oneself alive, or, by a glance, a gesture, or a remark, shriveling up the reality in which one is lodged.

Erving Goffman, Asylums: Essays on the Social Situation of Mental Patients and Other Inmates

In this chapter and the next, I elaborate the theory of interlocking vulnerabilities for couple therapy. This approach to conceptualizing and interrupting destructive conflict in intimate relationships integrates the psychoanalytic and family therapy frameworks presented in the previous chapters. Not only are specific constructs incorporated from each tradition, but overlapping perspectives on interaction, emphasizing different, complementary aspects of relational exchange, are implicitly evoked. I begin with an examination of conflict, a fundamental source of suffering as well as transformation in couple relationships.

Conflict in Intimate Relationships

Human coupling is infinitely complex and inevitably conflictual. A couple's interactions entail "multiply-layered meanings" (Goldner, 1991): cumulative, reciprocal patterns of experience that braid together personal and cultural interpretations of love and danger, vulnerability and power, self and

other. In any exchange there is an intersubjective flow of experience, what R. D. Laing (1972a) calls "interexperience," involving an awareness of one's own thoughts and feelings as well as an awareness of what the other person might be thinking and feeling. Constructive conflict refines interexperience, expanding awareness of the multiple meanings of each person's needs and desires. When a couple is gripped by destructive conflict, however, awareness contracts: each member's interpretation of the other's behavior slants in a malevolent direction, the fear of being hurt dominates the interaction. In destructive conflict, interexperience is restrained by negative expectations, tenacious convictions about emotional danger that are isolating, yet reassuring in their predictability. If the members of a struggling couple challenge their own emotional premises and take the risk of more open, heart-felt communication, they are particularly vulnerable to the forceful re-assertion of familiar self-protective mechanisms, now strengthened by the threat of insufficient shelter. A theory of couple therapy must address the multiply-determined relation "between experience and experience" (Laing, 1972a) that maintains repetitive problematic behavior even when the couple longs for safety and connection. In this chapter I elaborate the integrative theory of interlocking vulnerabilities as a conceptual tool for understanding the intransigence of a couple's repetitive fights. In Chapter Five I elucidate a conceptualization of the therapeutic process that interrupts and reverses the momentum of such destructive conflict.

Destructive Conflict: Escalating or Prolonged Relational Strife

Not all conflict is destructive. George Simmel (1955), whose social theory underlies much thinking about the interactive processes of daily life, poses that

the underlying function of most conflict involves the development or restoration of needed social bonds. Referring to conflict in society as a whole, Simmel suggests that "a certain amount of discord, inner divergence and outer controversy, is organically tied up with the very elements that ultimately hold the group together" (in Retzinger, 1991, p. xix). Conflict can be creative, challenging social limitations and psychological biases, constructing new and better ways of understanding human differences. I subscribe to the rock tumbler view of relationships: just as stones are polished by the abrasiveness of repeated collision, individual existence is expanded and enhanced by the friction of interaction. Conflict in a couple serves important generative and restorative functions, readjusting as well as revitalizing the relationship. However, escalating or protracted conflict, what I am calling destructive conflict, can weaken and ultimately rupture a couple's bonds.

When a couple enters conjoint therapy there is usually a sense of urgency in the air: destructive conflict is most often at the center of their despair. While a few couples present with a specific, circumscribed problem to solve, most couples enter therapy shaken by the intensity and persistence of the suffering in their relationship. Some couples appear guarded and withdrawn from one another, dissatisfied with their amorphous "lack of intimacy"; other couples have explicit and sometimes vehement complaints about each other's problematic or hurtful behavior. Whether the couple is taciturn or vociferous, neither person knows how to stop the pain in their relationship or even how to understand it, and there is often a sense of failure and hopelessness that accompanies the couple's doomed attempts to improve their situation. One of the most important tasks of the couple therapist is to offer hope to a struggling couple without promising a particular outcome in therapy. This hope is based on a conceptualization of couples' repetitive conflicts that emphasizes the

paradoxical nature of relational struggle: while it can be extraordinarily painful, and sometimes destructive enough to effectively end the relationship, it also can catalyze and potentiate profound psychological change for each member and for the couple as a whole. Within the complex entanglement of a relational knot lies a remarkable opportunity: to bring influential fears and inclinations hidden or overlooked at the periphery of awareness directly into conscious view, thus expanding a restricted sense of self and deepening the bond of recognition with another.

The Underlying Meta-conflict in Repetitive Fights

Powerful conflicts emerge in a wide range of interactive contexts, from seemingly inconsequential to momentous circumstances. The initial banality of most arguments often obscures the import of the psychological drama being enacted by the couple. While couples certainly struggle over life-altering dilemmas such as alcoholism, financing a second career, a changing sexual orientation or having a baby, more often destructive conflict begins with the details of domestic life. I regularly reassure a humiliated couple who can barely stand to report the quotidian beginnings of a recent quarrel, that wrangling over who leaves the lights on or who puts away the dishes is a normal part of sharing space on a daily basis. However, when either minor or major difficulties build momentum, erupting into a familiar and protracted struggle, something else is going on. It is my observation that couples have the same one or two fights over and over again; the same set of pessimistic assumptions about the other's disappointing behavior is nursed over the course of many years. The provocation may differ, the content may change, but the meta-conflict underlying the overt exchange seems to be similar from one argument

to another. While personal and social circumstances such as tragedy, illness, oppression and the scarcity of needed resources create untold suffering in relationships, most couples enter conjoint therapy driven by their characteristic meta-conflict.

A familiar fight between Eleanor and Tom, a white, middle-class, actively Christian couple in their late 30's, began over a dispute about a misplaced cup of coffee. In the commotion of making breakfast and getting off to work, they each had put down their respective cups of coffee to attend to something more pressing. When Eleanor went to retrieve her cup from the spot she was sure she had left it, it was no longer there. She inquired of Tom if he had inadvertently taken it, and received what Eleanor experienced as a dismissive reply: "No, I never lost track of mine." She persisted, "Are you sure? I know I left mine here." Tom's response was annoyed; Eleanor pursued the conversation with more intensity. She was hurt by the tone in his voice and wanted to explain why she felt she should be able to find out if there had been a simple mistake. Tom felt that the entire conversation was unnecessary, another instance of Eleanor making a problem where there didn't need to be one. Before they knew what was happening, Eleanor and Tom were shouting at one another. Tom accused Eleanor of always needing to be right. He was sick of her assuming that all the mistakes in their relationship were his. Eleanor accused Tom of always being defensive and hostile. She had only been looking for her cup of coffee. She wasn't trying to start a fight, but he was always ready for one. As their anger escalated, Tom and Eleanor hurled increasingly bitter allegations at one another, until Tom abruptly left the house. They barely spoke to one another for days after this incident.

When a disagreement over the ownership of a cup of coffee turns into such a fierce, compelling altercation, it is useful to conceptualize the problem as

a destructive enactment of the couple's meta-conflict. In her research on marital quarrels, Retzinger (1991), drawing on Simmel's (1955) theory regarding social bonds, proposes that conflict escalates when the vital bond that exists between spouses is disrupted. "Threatened or damaged bonds create an environment for conflict. The purpose of conflict is to signal the need for readjustment or change when the [bonding] system is no longer functional" (p. 59). Miller (1986) makes the related point that relationships involve movement, either towards better connection or increasing disconnection. Because the root of disconnection, the source of alienation that threatens or damages relational bonds, varies from couple to couple, I conceptualize a couple's meta-conflict as the expectable and reciprocal manner in which that particular couple's bond is compromised or broken. Meta-conflicts are not in themselves destructive; rather, they entail the unavoidable intersecting of individual sensitivities in ongoing relationships (Elkind, 1992). Meta-conflicts are like the fault lines in an earthquake zone: conflict does not arise haphazardly, it erupts along a couple's overlapping areas of vulnerability. Together, a couple's characteristic concerns, developed over years of personal, interpersonal and cultural adaptations, act like the geological plates moving slowly below the earth: when enough tension builds in these over-determined fault lines, upheaval is inevitable. Such interpersonal disjunction can mobilize constructive conflict or escalate into a destructive fight.

Eleanor's and Tom's characteristic struggle is encapsulated in their final bout of accusations. As Tom walked out of the house he yelled, "I'll never get out from under your criticisms--you'll never give me credit for anything I do! Eleanor screamed back, "It's hopeless: you see me as the monster, and you're always the victim! You will never understand me!" Tom longs for recognition and dreads the disapproval he feels is Eleanor's ultimate response to him;

Eleanor longs for understanding and dreads the disdain and emotional abandonment that she anticipates from Tom during any conflict. This same paired set of responses eventually emerges whenever Tom and Eleanor have a serious fight. The fight may start out as an altercation about money, vacations, housework or sex, but it inevitably ends up spiraling around these central themes: Eleanor's fear of being misunderstood and abandoned, Tom's fear of being criticized and overwhelmed.

Sometimes it is relatively easy to pick out the covert meta-conflict in an overt argument. Expressions such as "you always" or "I never" or "it's hopeless" often give it away. Even in the absence of such obvious exclamations, the destructive interchange driven by a couple's meta-conflict has a familiar, threatening ring. There is a self-generating momentum in a couple's habitual fight, a mutual escalation of blaming, anger and withdrawal that moves in a predictable direction. Such predictability is characteristic of destructive conflict. This is because the predictability of a couple's perseverative exchange involves a "conservative intention": both members restrict their awareness of themselves and the other, responding only "in the well-worn channels" (D. B. Stern, 1997). This restriction of perceiving, thinking and feeling, what Shapiro (1989) refers to as a person's distinctive style of distorting awareness, is paradoxically self-protective and provocative, involving both disavowal of one's own participation in the conflict and amplification of the other's responsibility that predictably induces a compensatory response. As Retzinger (1991) puts it: "Blaming the other is a clumsy attempt to maintain one's own sense of worth...It may be more comfortable to use the inadequacies of a spouse as a rationalization than to acknowledge the part played by [the] self" (p. 170). Embedded in such mutual self-deception, however, is a desperate, misguided attempt to re-establish the

interpersonal bond. As we will see in Chapter Five, destructive conflict is transformed into a creative struggle by mobilizing this wish for restoration.

Meta-conflicts are culturally shaped and idiosyncratic. That is, a couple's expectable, repetitive dynamic is both psychically and socially driven, revolving around what Laing (1972) aptly calls a "spiral of reciprocal perspectives" (in Goldner, 1991, p. 263). Evoked and compounded by the escalating spiral as well as the reciprocal perspectives churning a couple's interpersonal action, meta-conflicts involve psychosocial vulnerability and mutual reactivity. In a later section I will examine the role of escalating reactivity in the theory of interlocking vulnerabilities. In the next section, I illustrate how each member's perspective is constricted by characteristic vulnerabilities that are personally and socially relevant, inciting and sustaining the destructive enactment of a couple's underlying struggle.

Psychological Vulnerabilities: Personal and Cultural Restraints in Couples' Meta-Conflicts

What Laing refers to as "perspectives" are rarely thought out, articulated positions. They are more likely to be unconscious vantage points or interpretive inclinations, experience that is often unformulated yet extremely influential. D. B. Stern (1997), quoting William James, calls the unformulated experiences that propel our participation in relationships, "feelings of tendency." Shapiro (1989) calls the subjective experiences that are inevitably engaged in relationships, "unarticulated, dimly conscious sensations and ideas of the self" (p. 49). The well-worn direction of a couple's meta-conflict can be partially understood as the recursive engagement and inflammation of each member's anticipatory sense of personal and relational danger, what P. Wachtel

(1993) refers to as anxiety and Elkind (1992) calls a person's primary vulnerabilities. Based on the more fluid definition of unconscious and conscious experience elucidated in Chapter Two, these vulnerabilities incorporate tendencies that are experienced with varying degrees of awareness. Moreover, these cognitive and affective inclinations are paradoxically hidden and revealed in interpersonal exchange; the tendency to blame the other implies vulnerability, but masks its influence.

The psychological vulnerabilities that inhere in relational conflict reflect two fundamental and inseparable aims of human existence: relatedness and self-development. The establishment and elaboration of a sense of self is codeterminate with the establishment and elaboration of relations with others. We develop and subsist within a matrix of social bonds that are inherently reciprocal. In other words, human existence involves a perpetual exchange between self and other, and between interior and exterior experience. What we call internalization and externalization are processes of "transition or modulation from one mode to another" (Laing, 1972, p. 6). The self internalizes both the human resources of love and acceptance, challenge and recognition, as well as particular cultural and familial patterns of exchange, including harmful experiences of disempowerment, humiliation, neglect and more pernicious forms of oppression, trauma and abuse. External experiences, although enormously influential, are reworked in an intricate process of psychic digestion (Benjamin, 1995). That is, experience is organized and elaborated by previous experience, temperament and imagination in a synthetic process that remains mostly outside of awareness. As D. B. Stern (1997) comments, human experience is not only "the joint creation of interacting influences from within and without," but "...internal and external influence

also continuously shape each other, partly by changing form and actually becoming forms of one another" (p. 5).

The interplay of inner and outer experience, however, is not as seamless as this description might imply; it is a complex and hazardous process, inevitably leading to areas of conflict and vulnerability. Just as the ecology of interacting beings and environments is constituted by risk and uncertainty as much as order and predictability, transformations of internal and external realms of psychological life are similarly ambiguous. Trauma is not the only source of psychological vulnerability. The dangers of insufficient inner or outer resources, problematically conflicting needs for self-directedness and relational safety, or simply the exquisite sensitivity of human beings to an inevitably imperfect and changeable environment, render all of us vulnerable to being overwhelmed by a sense of internal or external danger. The essential yet conditional nature of human interdependence lies at the heart of the dilemma. Primary vulnerabilities are thus unavoidable aspects of a related self that are, for developmental, societal or temperamental reasons, "insufficiently protected" (Elkind, 1992) from the experience of danger in interpersonal exchange. The fear of disconnection or disruption, in relation to ourselves and others, is at the core of most psychological vulnerabilities. And it is our misguided attempts to shield these vulnerabilities from anticipated or actual violation, that create most of our psychological difficulties.

Vulnerability inherently involves the press for increased protection. One important reason to conceptualize the psychological impetus behind a couple's destructive conflict in terms of vulnerabilities is that this formulation is neither historically reductionistic nor currently pathologizing. The idea of vulnerability implies an active, protecting aspect of the contemporary self rather than a passive, developmentally-rendered deficit self. Each member is

seen as more complex, more human than his or her manifest behavior. Each person's subjectivity is taken as seriously as the "other's" view (Jane Congar, personal correspondence).

The concept of vulnerability is also normalizing. Although each person's area of primary vulnerability takes a unique form and varies in its level of intensity, and therefore, in its level of potentially destructive influence, in general this kind of vulnerability is associated with a *normal* fear. Correspondingly, the interlocking vulnerabilities in a couple's meta-conflict are seen as integral to the intricacy of their interdependence. Personal, interpersonal and social adversity are unavoidable, and constitutive of personality throughout the life cycle. As Winnicott (1956) pointed out, neurosis is not really an illness, it is a testimony to how difficult life is (cited in Greenberg & Mitchell, 1983). Buddhists have a wonderful term for the human response to life's difficulties: it is called "slightly saddened love," that poignant sensation of fallen hope that occurs when we discover that human succor is neither permanently available nor completely sufficient. Slightly saddened love sounds benign, and in its essence it is. However, what starts out as a person's particular vulnerability to the experience of disappointment, shame, fear or loss can begin a cumulative cycle of interpersonal action that can escalate to a destructive level of reactivity. Using surprisingly similar language, Simmel (1955) points out: "The deepest hatred grows out of broken love. We cover our secret awareness of our own responsibility for it by hatred which makes it easy to pass all responsibility on to the other" (in Retzinger, 1991, p. 14). When unacknowledged, the vulnerability to self-disruption and relational disconnection, two sides of the same human conundrum, can lead to destructive conflict. When vulnerability is recognized, a couple's meta-conflict

can become a crucible for the mutual expansion of awareness, empathy and responsibility in relational exchange.

A Case Example: Marcie's and Frank's Interminable Struggle

Unlike Tom's and Eleanor's struggle over a morning cup of coffee, Frank's and Marcie's meta-conflict, as well as the vulnerabilities animating it, were initially hidden in the urgency of financial disaster. Frank and Marcie, both white, Jewish and from working-class backgrounds, entered couple therapy after two years of living apart with an explicit goal: while they both desired reconciliation, neither of them felt they could move forward until they reached a decision about whether to file for bankruptcy to clear the credit card debt they had both accrued during their separation.

Over the course of thirty years of marriage, Frank's and Marcie's increasing polarization had been relentlessly focused on the handling of their financial affairs, culminating in their separation. Frank, a contractor and moon-lighting entrepreneur, had always earned most of the family income. After a failed business attempt, he became particularly enraged at Marcie's vocal resentment about their financial status and her depressed withdrawal. In the wake of her fiftieth birthday and the collapse of Frank's new business, Marcie was frightened by the prospect of having almost no money saved for their retirement. She felt bitter about the years of never having had a say about Frank's business ventures and depressed about the bleak financial future unfolding before her. After a particularly heated argument over their financial downslide, Frank impulsively moved out. Marcie retaliated by casually dating several acquaintances. Even though she felt deeply rejected by Frank's sudden departure, Marcie threw herself into her hobbies and tried not to look back.

During this period of separation, Frank and Marcie maintained contact through their two grown sons; they would see each other at family events, and quietly tracked each other's lives. Despite mutual resentment and distrust, Marcie and Frank remained unquestionably attached to one another. When they started to see each other regularly again, their interactions oscillated between moments of tenderness and fierce antagonism. They joked that they couldn't live with each other and they couldn't live without each other.

For many months, every couple session inevitably devolved into an urgent exchange of angry accusations and threats of withdrawal. Frank despaired about whether they could ever build a mutual sense of trust as long as Marcie refused to work out their finances together. He vehemently complained that Marcie did what she wanted with the money she earned in her part-time job, leaving him with the enormous burden of paying most of the bills, including a mortgage for the family home which she continued to inhabit alone. He was furious about her apparent indifference to his constant state of anxiety about money and became livid whenever Marcie withdrew into depression about their financial morass. He believed that her depression was an expression of blame, and that she held him responsible for all of her unhappiness, despite the inhuman work schedule he maintained in order to provide for her. Although he routinely threatened to leave the relationship, claiming that he finally had to start taking care of himself, it was evident that Frank was unwilling to stop taking care of Marcie.

Marcie often seemed depleted by Frank's furious allegations; her responses sounded alternately resigned and retaliatory. She insisted that she wanted to work out their financial predicament together, but that she couldn't because Frank never listened to her. Marcie believed that given the size of their debt and the level of their incomes, it was futile to simply tighten their

belts and pay the bills together. If she turned over her small pay check to him, it wouldn't make a dent in their debt and she would be left without money for her daily expenses. She contended that in their marriage Frank had always maintained complete control over their money and she had felt continually powerless and unheard. For example, he would spend money on the sports events he liked but balk at paying for the shows that she enjoyed, insisting that they were an unnecessary luxury. She was adamant: she would never give over control of her earnings to him again, and she would not live with him until he stopped raging at her. While Marcie claimed that all she wanted was for Frank to stop resenting her, she passively accepted the inequity of their financial arrangement, using a portion of her own income for discretionary spending while maintaining a dependence on Frank for her basic living conditions that was both unrealistic and unacknowledged.

This couple's financial situation was so overwhelming that I thought for a long time that until they settled the question of whether or not to file for bankruptcy, they would be too preoccupied with their financial circumstances to work on the mutually blaming, inflammatory mode of exchange that typified their relationship. For some couples, this kind of facilitated problem-solving is extremely useful. However, when a pressing dilemma and the couple's meta-conflict are tightly snarled, attempts at problem-solving are often fruitless. Marcie and Frank arrived at the same impasse over and over again as soon as they tried to talk about how to become financially solvent. Marcie desperately wanted to file for bankruptcy and was incensed that Frank would not heed her advice, yet she never took an active role in researching the legal and financial ramifications of such a weighty decision. Frank refused to file for bankruptcy because it would foreclose the possibility of starting the new business he hoped would rescue them from their financial woes. Even though

he could not come up with a realistic plan of action for their financial future, and often seemed completely immobilized himself, he railed at Marcie's unwillingness to help him with the bills they already had. I eventually framed their inability to resolve the question of bankruptcy as an acutely painful manifestation of a long-standing, characteristic struggle. While the subject of money continued to be exceedingly compelling and our sessions would often become mired in circular discussions about the pros and cons of bankruptcy, I deliberately shifted the couple work to an exploration of Marcie's and Frank's meta-conflict.

To reiterate, a couple's meta-conflict revolves around each member's characteristic relational concerns and vulnerabilities that, as I later demonstrate, repetitively interlock in destructive conflict. Marcie's ongoing complaint was that Frank never paid attention to what she thought or felt in almost all arenas of their lives together. She longed for Frank's respect and recognition, but felt helpless to elicit it and unwilling to recognize her own participation in their reciprocal dynamic. Frank's constant concern was that Marcie blamed him for all of her unhappiness. He longed for Marcie to come toward him with loving support, but continually harangued her for her failure to do so, ignoring the impact of his rage. These reciprocal perspectives, Marcie's and Frank's intertwined themes of longing and self-protection, emerged in every battle about money, and their desperate attempts to convince the other of the validity of their positions effectively thwarted all efforts to address their financial dilemma. Slowly, we began to explore and articulate the vulnerabilities driving this endless drama of betrayal and attempted redemption. In the next section, I continue to use this case example to illustrate how these vulnerabilities, the intrapsychic aspect of a couple's intersecting areas of sensitivity, restrain their interaction.

Primary vulnerabilities: Personal Restraints in Relational Interaction

There are many ways to describe the human vulnerability to self-disruption and relational disconnection that is inevitably evoked in couple relationships. Based on Elkind's (1992) description of primary vulnerabilities and Feldman's (1979) conceptualization of intimacy anxieties, I delineate five areas of insufficient protection that I have found useful for conceptualizing the intrapsychic skew of reciprocal perspectives energizing a couple's repetitive conflict and restraining alternative responses to one another.

1. Fear of exposure and disapproval: The longing for connection with another stimulates interpersonal exposure. When someone has a relatively high degree of self-acceptance or is experiencing interpersonal circumstances that promote self-esteem, exposure, the wish to be seen and known as fully as possible, is experienced as intimacy-enhancing and relatively non-threatening. However, in conditions of relational disruption or low self-esteem, exposure is associated with being found out as weak, inadequate or inferior, and a sense of shame rather than intimacy is evoked.
2. Fear of rejection or abandonment: This fear is associated with early feelings of being overwhelmed and helpless when there were painful separations or neglect from parents, siblings, peers and significant others, as well as contemporary experiences of disrupted interpersonal bonds. Longing for connection triggers these experiences of loss. Feldman (1979) observes that the generation of conflict is a prevalent response to helplessness: anger temporarily counteracts the experience of feeling alone and defenseless, and is a desperate attempt to engage the other.
3. Fear of merger or being controlled: The longing for connection with another involves a paradox: we long for the softening of boundaries with a similar other, as well as the recognition of our uniqueness by a separate other. The

experience of merger is associated with the wish for more fluid boundaries, for the experience of identification and affinity. When a sense of self is secure, and the connection feels safe, temporary merger is stimulating and gratifying.

However, when the sense of self is insecure or actually threatened by domination, or when merger is culturally proscribed, as in the socialization of men, merger is longed for but also signals danger, and an unconscious or conscious anxiety about the loss of individual identity can become prominent. An increase in rigidity is a common response to the fear of losing one's sense of differentiation from the other.

4. Fear of attack: Longing for connection can also stimulate experiences of interpersonal distrust. According to Feldman (1979), early experiences of extreme frustration generate destructive impulses that are often projected onto the environment, leading to fears of persecutory attacks. Epstein's (1995) description of an episode with his young daughter is emblematic of this fear. In this anecdote, his five year old daughter develops a phobia about the wind after her little brother is born. Refusing to leave the house whenever it is even a little breezy outdoors, the young girl is terrified that the wind will carry her away. While her parents had made a point of accepting the girl's anger at her new baby brother, they had overlooked angry feelings she might be having toward them. When they eventually created a game in which their young daughter could play-act a fierce battle with her mother, her fear of being swept away by the wind disappeared. Epstein hypothesizes that his daughter's rage, especially at her mother, was so threatening to her sense of a related, acceptable self, that she externalized it, rendering it safely outside of herself, but dangerously all around her. Adult experiences of intense anger and its disavowal can also lead to the fear of attack.

5. Fear of one's own destructive impulses: Klein and Riviere (1964) posit that children experience great remorse for the enraged, destructive part of themselves that can emerge when their wishes are subverted. This remorse is connected to an intense fear of actually destroying the loved one. Although most of us have experienced the disconcerting sensation of wanting to hurt our beloved, cutting ourselves off from the very person we most need, there is a recognition that wounding invariably occurs in intimate relationships and does not signal the dissolution of the connection. However, when there is a dearth of self-acceptance or when the other actually appears to be emotionally devastated, the fear of one's own destructiveness is amplified, often restricting the capacity for self-expression.

Over the course of many months, descriptions of Marcie's and Frank's primary vulnerabilities were carefully developed in our work together. The meanings that they each attributed to their own and the other's areas of sensitivity were especially explored. While these cumulative narratives are more detailed and nuanced than I present here, we often used a condensed version as a shorthand to facilitate the couple work. Marcie and Frank share a similar vulnerability: Marcie is particularly vulnerable to the experience of being over-looked and rejected while Frank dreads the helplessness of feeling alone and abandoned. Although these vulnerabilities are interpersonally evoked, now an elaborated part of Marcie's and Frank's present-day dynamic, the following individual histories lent this paired formulation resonance and emotional impact.

Frank grew up with a mother who was hospitalized several times for severe depression, and a blue-collar father who held the family together financially but was alcoholic and emotionally avoidant. As a young boy, Frank

remembers desperately trying to please his parents, driven to make his chaotic family somehow work. However, his parents' emotional lives were unpredictable and unresponsive to his efforts: his mother's depression would suddenly intensify and his father's usual placidity would sometimes transform into an alcoholic stupor. Frank felt guilty and ultimately inadequate. As a teenager, he became secretive and self-reliant, following his elder brother into a life of casual jobs and aggressive partying. When he met and married Marcie, however, Frank's longing for a stable family manifested as a sudden decision to find more lucrative employment.

Over the years, Frank learned to manage his profound vulnerability to being abandoned by rigid, unreflective attempts to control his environment. His quick and fierce temper was meant to keep everyone around him safely in line. Of course, his own life had been anything but safe. Reflecting and recursively maintaining an inner sense of chaos, his life was mostly overwhelming to him: he had suffered from addictions, financial ruin, and shady business dealings that had left him chronically anxious. In the midst of this turmoil, he always felt deeply responsible for his family's well-being, but simultaneously enraged at Marcie's dependence on him and his inability to depend on her. While he still bemoans the futility of getting what he needs from Marcie, he has never given up trying to coerce her into being the kind of woman he could finally rely on. He both tries to control her and is continually controlled himself by her dissatisfaction in an endless cycle of confusion about who is really responsible for whom. Even though Frank rails against Marcie's withdrawal and blaming, he covertly blames himself for not rescuing her like the knight in shining armor he has desperately and always wanted to be.

Marcie grew up in a household shrouded by loss and grief. Her older brother died in an accident when she was three years old. Her parents,

overwhelmed by this tragedy, did their best to parent their young daughter; but there was a vacancy in their interactions, a black hole that at first she tried to fill and ultimately tried to avoid. Marcie is deeply vulnerable to being rejected or overlooked, responding to a sense of being forgotten by becoming self-forgetting in a perpetual cycle of invisibility and brittle, agitated self-sufficiency. Her hidden longings for dependency and recognition emerge primarily in her relationship with Frank.

As an adult Marcie was forever tuning out or scrambling away from an ever-present undertow of pain. For example, while she successfully avoided thinking about the consequences of running up a large credit card debt during their separation, covertly demanding that she be able to rely on Frank, when the creditors began knocking on her door she immediately fell into a deep depression. Marcie is bitterly resentful of Frank's controlling disregard, which continually triggers her vulnerability to being over-looked and rejected; however, she binds her anxiety by avoiding his pain as well as her own until it invariably overwhelms her. Even though she desperately wants Frank to listen to her, to attend to her without anger and disregard, Marcie is prone to feeling empty, insubstantial, and ultimately not worth his attention. Resentful demands and passive withdrawal have been her primary means of coping with this vulnerability and communicating need.

Cultural Vulnerabilities: Social Restraints in Relational Interaction

The human personality is "more densely organized" (Shapiro, 1989) than any one theory can conceive it to be. Our psychological vulnerabilities cannot be adequately described by intrapsychic, or even intersubjective concepts alone. Psychological vulnerabilities are constituted by a complex mingling of past and present experience interacting with a particular set of social exigencies.

While primary vulnerabilities may have been originally configured by the "possibilities and requirements" of childhood relationships, they are elaborated and reconfigured in present day relationships that are embedded in larger social institutions. Shapiro (1989) deftly articulates this view:

...The distortions of the adult relationship are creations of the adult personality rather than a direct transference of a preserved childhood memory or fantasy. Specific vestiges and memories--perhaps affecting ones--of childhood relationships remain; but it is their continuing significance to the adult that sustains and energizes them, rather than the other way around. [pp. 180-181]

The "continuing significance" of a person's vulnerabilities is partially sustained by the cultural context in which the multiple meanings of relatedness arise. The experiences of power and powerlessness, in particular, rooted in institutionalized attitudes of superiority and inequality of social influence (Pinderhughes, 1989), are potent determinants of psychological vulnerability. As Jerome Bruner (1990) states: "Human beings do not terminate at their skins, they are expressions of a culture" (p. 12).

D. B. Stern (1997), referring to Heidegger and Gadamer, describes culture as "a 'clearing' within which experience carries meaning, ...a small space carved out of the vastness of the possible" (p. 27). Our personal restraints, while uniquely configured in each individual, ultimately are constituted within the "tightly circumscribed horizon" of a particular culture. Cultural discourses about intimacy, social status and personal agency limit the horizons of what we can think and feel. Psychological constructs themselves, created within larger social discourses about the meaning of being a self, are only relevant within a

specific historical era (Gergen, 1985). Especially in arenas in which society's normative views and stereotyped expectations are prominent, such as gender, race, class and sexuality, personal and cultural influences can only be separated arbitrarily. Maintaining the "tension between individual specificity and cultural processes" (Layton, 1998, p. 9) is vital to conjoint work.

When Sydney, a middle-class, African-American man in his early 30's and his partner Bill, a 35 year old white man from an upper-middle class background, entered couple therapy dissatisfied with their level of intimacy, the issues of racial oppression and white privilege emerged as one among many important touchstones in our work together. The impact of racial injustice and Sydney's compensatory responses to it, could not be separated from his personal tendency to "fill in all the gaps," a self-protective stance cultivated over many years of living with an explosive father. Driven by the personally and socially pertinent sensation of immanent attack, Sydney often tried to control his environment to such an extent that there were few opportunities for Bill to enter his orbit bearing help or comfort. Bill's responses to Sydney were multiply-determined as well. Bill's personal inclination to disavow anything about himself or Sydney that he judged as "weak," intersected with his cultural myopia about racial oppression. Despite membership in a marginalized group himself, Bill struggled to understand Sydney's experience of endangerment.

One day Sydney began our session by describing an errand that he was dreading: he had bought a pair of shoes the day before, and decided that he wanted to return them. But he was embarrassed, certain that he would be construed by the salesperson "as another black guy whose eyes were bigger than his wallet." Bill tried to coax Sydney not to be too concerned over a stranger's opinion of him; Sydney emotionally withdrew, joking about the cultural stereotype. I commented that the threat of being perceived through the lens of

a limiting and diminishing stereotype (Steele, 1998) sounded real and painful--perhaps too painful for either of them to fully acknowledge, for there own, complex reasons. Over the course of the couple therapy, the exploration of how these personal and cultural restraints intertwined in their relationship expanded Bill's ability to empathically identify with Sydney and increased Sydney's awareness of the complexity of his conflict about relying on Bill.

The intrapsychic vulnerabilities that disconnect us from ourselves and others have social analogues; in combination these processes inflame self-protectiveness, putting additional pressure on a couple's dynamic. This was certainly the case with Marcie and Frank. In addition to the interactive contingencies of their relationship, Marcie's and Frank's vulnerabilities to rejection and abandonment were woven from the threads of temperament and personal experience, as well as gender discourses about the social roles of men and women in a changing era. (The psychological repercussions of their class backgrounds were also explored, but will not be elaborated here.)

Marcie grew up in the early 1950's. Her personal vulnerability to being overlooked and forgotten intersects with the gender socialization of that era, in which women were taught to play supportive roles and remain in the background of male events. Marcie's tendency to blame Frank for their financial situation can partially be understood as an intrapsychic adaptation to endangered dependence, as well as a culturally-mandated expression of indirect agency, a reflection of the cultural imperative that if a woman wants control, it must be acquired through a man. Frank's tendency to control his environment paradoxically reflects an intrapsychic adaptation to overwhelming helplessness as well as a manifestation of still potent social mores about male dominance and the imperative to economically provide. His sense of personal helplessness does not stand in opposition to an unrealistic sense of entitlement

and responsibility bestowed on him as a member of a socially privileged group. Indeed, the experience of unfair advantage, guilt and the fear of losing that advantage are often intertwined and self-generating. While Frank felt controlled by Marcie's emotional withdrawal in the reciprocal organization of their relationship, he actually had much more power to decide their financial future, both fiercely guarding this prerogative and suffering the burden of it.

Incorporating an awareness of cultural restraints into conjoint work requires the therapist's skill and timing, equivalent to the effective development of an intrapsychic or intersubjective interpretation. Social reductionism is as much a danger as intrapsychic reductionism. The usefulness of a particular social analysis or intrapsychic/intersubjective analysis must be carefully assessed, paying close attention to the insidious emergence of stereotypic thinking. Bollas (1989) writes about the hazards of such conventionalized thinking in analytic work:

I am certain that my most common error as an analyst occurs when, after working with a person for some time, I have organized the individual into a set of interpretive references, yielding up in each session, one or another of ten or fifteen by now fairly routine and predictable interpretations. [pp. 63]

Organizing our understanding of a couple's meta-conflict into a stereotyped set of cultural explanations is similarly perilous, veering into attitudes that are overly simplistic and moralistic. As D. B. Stern (1997) warns, any time the participants in a particular interpersonal field are locked into "stereotypic descriptions" of their experience, creative exchange is drastically diminished.

This warning applies to the therapist's comments and interpretations, no matter what realm they address.

In the therapy with Frank and Marcie, the personal and cultural restraints that restricted their destructive interactions to the well-worn channels of their predictable meta-conflict, served as figure and ground to one another during certain phases of our work. While the therapy was primarily focused on the exploration and reparation of intersubjective experiences that felt deeply personal to Marcie and Frank, the cultural biases inflaming their conflict sometimes were explicitly woven into the narratives we were developing about their interlocking vulnerabilities. Mirken and Geib (1995) describe the exploration of larger contexts that impinge on relationships as "pushing out the context," a method that enables couples to externalize some of the problems they have been blaming on themselves or each other. Decentering from accusatory premises by locating their dilemma in a larger social discourse, Frank and Marcie found it particularly useful to remember the cultural underpinnings of men's experience of being elevated or demeaned by their financial status and women's experience of censure for failing to provide sufficient emotional support for others.

Self-Protective Cycles of Vulnerability

Thus far, I have been investigating the psychological vulnerabilities that energize a couple's particular meta-conflict, personally and culturally restraining alternative interactions between them. It is time to add an investigation of the "reciprocal spiral" that inflames and binds these vulnerabilities together. Bergman and Surrey (1994) capture the felt experience of this spiral:

You step into it and become less and less able to keep from going down the same path. There is a feeling of being trapped or taken over by this habitual, stereotypic movement, less sense of freedom or range of motion, less space and energy for any creative insight or action, a feeling of being locked into a power struggle. [p. 5]

In this section I focus on the interactive aspects of such repetitive dynamics, including the intersubjective and microsocial forces that constitute a couple's particular struggle. Self-protectiveness and compensatory reactivity combine to create the exponential escalation of a couple's interlocking vulnerabilities, mirroring potentially constructive conflict in destructive patterns of relational exchange. While there is a more complex reciprocity among all three participants in the clinical triad than I indicate here, in Chapter Five I examine the larger relational matrix of conjoint therapy more fully, including the therapist's participation.

There is an important irony that inheres in our vulnerabilities: no matter what their source, psychological vulnerabilities and our attempts to shield them are tendentious, fostering cycles which are self-perpetuating. In a couple, each person's areas of primary vulnerability and corresponding self-protective response are inevitably stimulated and perpetuated in present day interactions with an intimate partner (Jenkins, 1994). This self-generating tendency of primary vulnerabilities manifests on subjective and intersubjective levels as well as micro-social and social levels of experience. Without a personal or interpersonal sense of protection, our subsequent attempts at sheltering our vulnerabilities are both over-determined and compensatory, distorting self-awareness and evoking skewed responses from others that confirm our worst fears. The escalating forces of mutual reactivity and their

embeddedness in a larger social discourse shape the spiraling contours of destructive conflict.

In the subjective domain, when one person responds to another from a state of primary vulnerability, he is responding to a complex amalgam of the other's actual behavior and his own sense of insufficiency (Shapiro, 1989). Returning to the case example, Frank felt continually oppressed by Marcie's unhappiness, certain that she held him exclusively responsible for all her dissatisfactions, indeed, for her entire life. While Marcie *was* inclined to externalize her own sense of inadequacy, blaming and withdrawing in response to emotional danger, Frank invariably amplified her response with his own experience of personal deficiency. His perception of her resentment and withdrawal lacked clarity and perspective; his conviction that she blamed him for everything was untouched by mitigating interpersonal experience. In such vulnerable states there is an impaired differentiation between the self and the external world:

...It is the nature of such egocentric experiences that they are not sharply defined pictures; they are not objective images with various features misapprehended or distorted. On the contrary, the egocentric image of the other one is not only lacking in sharpness but is, perhaps, hardly an image at all. It is an experience, a reaction, compounded of subjective sensation, dimly felt idea, and elements of objective reality fused together. [Shapiro, 1989 p. 35]

Self-awareness as well as awareness of the other are infused with powerful subjective sensations and "dimly conscious" premises. Frank is, in Shapiro's

words, "absorbed by, almost hypnotized by" the force of Marcie's resentment. Her resentment cannot be separated from the sensation of his own inadequacy.

We often structure our psychological lives to bind or avoid anxiety in ways that leave us unaware of either the anxiety or the avoidance (Wachtel, 1993). Without this awareness, a primary vulnerability can be precipitously and powerfully evoked; we are captured by an interaction, high-jacked by the strength of our own response. In such states, internal experience predominates over intersubjective experience, although it is the interpersonal interaction that triggers the imbalance and eventually reinforces it. As Benjamin (1992) puts it: "It is the loss of balance between the intrapsychic and the intersubjective, between fantasy and reality, that is the problem" (p. 52). In a state of primary vulnerability the breakdown of balance between these realms is inescapable and self-perpetuating.

Shapiro (1989) describes the elicitation of anxiety in an interpersonal exchange as automatic. Using the language of vulnerability, when a person's primary vulnerability is inflamed, he reacts in a "ritualistic way," his responses seem inevitable, "driven by some unarticulated rule" (p. 35). For example, when Marcie makes a resentful remark about their financial plight, Frank responds automatically and ritualistically, with the same pressured, predictable rage. He reiterates for the 100th time that he has got to get out of this relationship so he can start taking care of himself. He has the same worn, indeed threadbare reaction to what he perceives as imminent danger: to shield the sensation of overwhelming helplessness and despair with a sudden outburst of anger at the first sign of Marcie's emotional distance.

On an intersubjective or microsocial level, Frank's ritualistic response to feeling vulnerable elicits a response from Marcie that reinforces his experience of danger. As Laing (1967) pointed out years ago, defenses are not simply

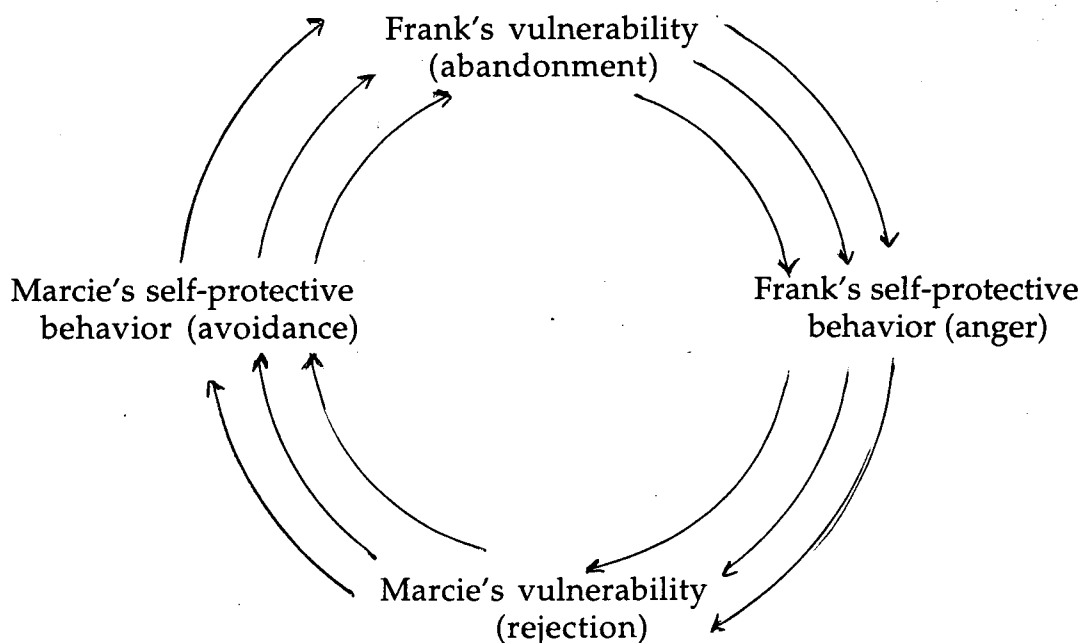
"intrapersonal" actions on oneself; they are "transpersonal." "I act not only on myself, I can act upon you. And you act not only on yourself, you act upon me. In each case, an *experience*" (p. 35-36). Wachtel (1993) refers to something similar in his theory of cyclical psychodynamics. A person's anxiety and her characteristic way of avoiding it "are continually regenerated in response to each other" (p. 20). Moreover, this reciprocal cycle of vulnerability and self-protective reaction inevitably involves and relies upon the responses of others. According to Wachtel, we inadvertently *recruit* others into our mal-adaptive patterns of anxiety and avoidance, thus maintaining the pattern in our present day interactions.

Frank's primary vulnerability involves the dread of helplessness and abandonment. He protects himself by avoiding these experiences with an over-determined attempt to control his environment, especially with anger. His desperate need for support is both communicated and hidden in angry accusations, unconsciously circumventing the overwhelming sense of helplessness with which it is associated, and which, as a man, is particularly stigmatized. As Wachtel emphasizes, there is an irony in the way our predictable attempts to ameliorate an interpersonal situation, or to self-right in a disruptive exchange, induce reactions in others that perpetuate our anxiety. The other's response is compensatory: without necessarily intending it, one member's reaction elicits an overly-harsh reaction in the other. Ironically, Frank's self-protective attempts to communicate his needs and fears elicit the very response he most fears. In their marriage, Marcie understandably recoils from Frank's anger, distancing herself from his accusatory attempts to control her likely desertion.

Interlocking Vulnerabilities

But what about Marcie? Why is she inevitably pulled into being an accomplice (Wachtel, 1993) in Frank's relational pattern? The formulation of interlocking vulnerabilities is especially useful in understanding the powerful reciprocity of a couple's repetitive, destructive conflict. When two people become mutually reactive to one another in a predictable, recursive manner, it is likely that each person's cycle of vulnerability and self-protectiveness has been triggered. In this case, when Marcie's vulnerability to feeling unseen and rejected is inflamed, she resorts to her distinctive mode of self-protection, the avoidance and minimization of pain. Inflaming Frank's vulnerability to abandonment, Marcie's self-protective cycle of fear and avoidance interlocks with Frank's in a recursive, compensatory spiral.

Model of Interlocking Vulnerabilities



While each member's vulnerabilities are personally and culturally over-determined, the spiraling reactivity of interlocking vulnerabilities takes on an interactive life of its own, escalating exponentially as each person reacts self-protectively to the increasingly extreme response of the other. Between Marcie and Frank, the escalation is complementary: When Marcie is feeling rejected by Frank, overwhelmed by his angry accusations, she withdraws into herself, numbing herself with endless activities and sudden deflation. Frank experiences Marcie's frenetic schedule and emotional withdrawal as abandonment. He becomes angrier, desperately hoping to engage Marcie's understanding and avoid additional harm. Marcie experiences his anger as relentless and dehumanizing, evidence that her feelings are being further ignored and her personhood disregarded. When she becomes depressed, Frank responds with increased vehemence. His threats to leave the marriage spiral Marcie into deeper despair. A familiar and escalating cycle of acute vulnerability and desperate self-protectiveness is well underway. *Couples become such avid accomplices for each other's mal-adaptive patterns precisely because they are each highly-motivated participants in their own self-protective cycles* (Jenkins, 1994). As these cycles interlock, the mechanisms of escalation and over-specialization accelerate and entrench each member's self-protective response.

Needed and Repeated Relational Experience

S. Stern's (1994) thinking about the needed and the repeated relationship adds another dimension to this picture of a self-perpetuating reciprocal process between two members of a couple. The needed relationship is based on hope, the repeated relationship is based on fear. Hope and fear interact in all

committed relationships, but are often distinctly drawn in new relationships. When we first fall in love there is often a sense of wonder--our new love seems to be everything we ever wanted. We are joyfully convinced that we've finally found the ultimate "needed relationship." But when the flush of new love begins to wane or when our partner disappoints us, we are sometimes plummeted into doubt, now certain that we've inadvertently landed right back in one of those awful "repeated relationships." There is a sense of being pulled up short, of being fooled or misled. "You aren't the same person I fell in love with" is a typical lament in the transition from needed to repeated relational experience.

In ongoing relationships members often oscillate between the needed and repeated aspects of relating, interactively reinforcing each other's subjective experience. While each member of a couple may expect insufficient protection, and in anticipation act self-protectively in ways that pull for the familiar and dreaded response, both partners also try to involve the other in the reparation of old injuries and the exploration of new interpersonal experiences. The coexistence of need and fear in the same important relationship is threatening because it affects the stability of our self-esteem and self-cohesion. From a relational psychoanalytic perspective, Mitchell (1988) claims that the emerging possibility of a new, hopeful kind of relationship is inherently destabilizing to our preexisting relational configurations. Ringstrom (1994) contends that couples re-enact past relationships in the service of maintaining the familiar organization of the self. Family therapist Larry Feldman (1982) suggests that most couples live by implicit relationship rules which are compromises between wishes and fears. These rules are designed to promote stability. It probably makes intuitive sense to most of us that when we push against a well-worn self-protective strategy in order to engage a person with the hope that he

or she will respond differently and better, we often feel particularly vulnerable. We've gone out on an unstable psychological limb, and we know that it's a long way down. The crash is often experienced as shame.

Secondary Trauma

Newman's (1988) relational theory of trauma highlights the idea of increased vulnerability in the face of relational hope and need. To reiterate, traumas occur in two stages. In the first stage, there is a difficult fit or failure in relational attunement. This failure, if repetitive or severe, evokes an intense emotional reaction in the vulnerable person, involving heightened anxiety; anger or withdrawal. At this point the other can affirm the vulnerable person's emotional response in a reparative way, empathically recognizing his experience of relational pain, or, by disapproving still further, turn away from the vulnerable person's need for recognition and reconnection. This secondary trauma creates emotional isolation and shame, as well as a self-protective determination to ensure that this experience does not occur again. Human beings not only compensate for one another's behavior, reacting in an overly-harsh manner to perceived or actual violation, but we compensate for our own relational needs, banishing hope and innocence with an iron hand.

The idea of enhanced vulnerability arising out of the precariousness of relational hope and the fear of relational harm, including secondary trauma, is particularly useful in helping us understand the tenacity of a couple's spiraling pattern of interlocking vulnerabilities. For instance, if Frank resists his tendency to control Marcie and acknowledges his own vulnerability with the hope that Marcie will respond positively, and perhaps reparatively, he will be especially vulnerable to the slightest sign of her emotional distancing. If Marcie

does not respond in an ideal fashion at this point, which is unlikely since she has her own vulnerability to deal with, Frank will probably become more accusatory than usual--hurt by her withdrawal as well as her lack of understanding about his unstable, vulnerable condition. In addition to anger, he will probably feel ashamed for having exposed himself "when he should have known better." The conflict will escalate and Marcie's and Frank's polarization will become more entrenched.

Destructive conflict occurs in most relationships. As psychological vulnerabilities are triggered, compensatory reactivity escalates an altercation or hardens a couple's problematic organization. Such inflamed or protracted strife further erodes psychological safety, insuring that a couple's unavoidable meta-conflict will devolve into a destructive fight. The overall well-being of a couple-relationship does not depend on avoiding conflict, but on repairing the damaged bonds that provoke and perpetuate destructive conflict in the first place. In the next chapter I explore the de-escalation of destructive conflict in conjoint work. Interlocking vulnerabilities express certain interior movements of the self, however, they are potentiated and amplified within the spiraling momentum of mutual reactivity with another. Reparation is similarly constituted: personal responsibility as well as reciprocal responsiveness must both be mobilized for therapeutic change.

CHAPTER FIVE:

THE NARRATIVE OF INTERLOCKING VULNERABILITIES:
 INTERRUPTING DESTRUCTIVE CONFLICT AND REPAIRING
 RELATIONAL BONDS

The other person's behavior is an experience of mine. My behavior is an experience of the other. The task...is to relate my experience of the other's behavior to the other's experience of my behavior.

R. D. Laing, The Politics of Experience

God save us from single vision.

William Blake

In this chapter I describe the treatment model that derives from the theory of interlocking vulnerabilities. Contemporary thinking in relational psychoanalysis and family therapy illuminates the primacy of interaction in the process of change. Psychoanalysts Pollack and Slavin (1998) note "the inevitability of...reciprocal influences in the treatment relationship," and suggest that mutual responsiveness is "necessary to provide a new outcome to an old internalized relational paradigm" (p. 871). Family therapists Anderson & Goolishian (1990) depict the locus of change in the realm of the between, emphasizing the reciprocal creation of new meaning, the transformational "not-yet-said" that emerges through dialogue. Integrating these perspectives, the theory of interlocking vulnerabilities stresses the centrality of reciprocal processes in reconfiguring a couple's problematic relational patterns in conjoint work. While the unraveling of interlocking vulnerabilities depends on individual introspection and personal accountability, it is intrinsically an

interpersonal endeavor. Recognition of a couple's escalating spiral of inflamed vulnerabilities and intensified self-protection, initiated by the therapist and developed within the couple itself, mitigates the polarization of destructive conflict by promoting a shared understanding of the meta-conflict underlying the couple's escalating cycle. Understanding the mutual reactivity and interpersonal impact of a couple's repetitive conflicts expands self-awareness, empathy and accountability in an inverse progressive process that strengthens differentiation and rebuilds a sense of connection.

There are three broad therapeutic objectives that are fundamental to the treatment model presented in this chapter:

1. Reducing the momentum of destructive conflict by identifying reciprocal processes,
2. Repairing the couple's damaged bond by developing the mutual recognition of vulnerability and interpersonal impact, and
3. Strengthening the couple's connection by promoting a shared way of giving meaning to repetitive conflicts.

These therapeutic aims are interpenetrating and recursive; one builds on the other in a progressive cycle of reparation and change. Interrupting a couple's escalating conflict by framing their accusatory interaction as a reciprocal process of mutual reactivity involves the recognition of interpersonal impact. The exploration of interpersonal impact reveals personal vulnerability and the potential for harm in each member's characteristic self-protective response. And the mutual recognition of vulnerability and interpersonal impact is already a shared way of giving meaning to the problem that joins the couple in a "third" process: a dialogue that includes rather than negates each person's subjectivity (Benjamin, 1998b). This cycle of reparation is sometimes compacted into the microcosm of one session; at other times one or another therapeutic aim is emphasized week after week. However, none of these therapeutic objectives can ultimately be

separated from each other; they interlock to progressively rebuild a couple's bond.

Reducing the Momentum of Destructive Conflict

This initial therapeutic objective is aimed at helping couples reduce the escalation of interpersonal harm and decrease their polarization in a repetitive fight. Destructive conflict occurs when the threat of personal and interpersonal disruption transforms potentially constructive conflict about relational needs and differences into escalating, perseverative forms of alienated exchange. Retzinger (1991) describes functional and dysfunctional conflict as similar to Bowlby's functional and dysfunctional anger: "the first restores social bonds, the second erodes them further" (p. 58). I quote Retzinger (1991) at length:

Escalation takes place when the bond is threatened and shame is elicited...The more emotionally reactive and undifferentiated the parties, the more likely they are to engage in dysfunctional conflict. The behavior of one spouse is experienced as an attack by the other, who in turn shows like behavior toward the other (blame, disgust, contempt, withdrawal, and so on). Each feels injured by the other, but each is also unaware of his or her own injury of the other...Since each sees only the part played by the other, each reciprocates with more vehement assault. The loop continues with each party placing responsibility on the other rather than acknowledging his or her own part. [p. 58]

The theory of interlocking vulnerabilities poses that this loop is not simply circular and redundant, in destructive conflict it inflates exponentially. A more accurate model of an inflamed process is not an enclosed circle of reciprocal reactivity, but an ever-widening spiral of increasingly extreme or rigidified reactions. Over-determined expectations of the "repeated relationship" accelerate in a hostile climate. Each member's chronic sensitivities become acutely inflamed vulnerabilities in the overly-harsh exchange of an escalating conflict. As conflict intensifies or becomes entrenched, a couple's bond is jeopardized by anticipated as well as actual violations, thus perpetuating the destructive conflict.

Identifying Reciprocal Processes to Reduce the Momentum of Destructive Conflict

The therapeutic action of conjoint work must first reduce the threat to each member's sense of an acceptable self, as well as to the couple's bond, by decreasing the momentum of accusatory, defensive interactions. In this section I suggest that the identification of reciprocal processes, using the language of interlocking vulnerabilities, is especially effective in decreasing the escalation of destructive conflict. Conceptualizing and describing a repetitive conflictual pattern as a reciprocal process of interlocking vulnerabilities generates a new, less divisive framing than the familiar, inflammatory one the couple has been using. By replacing the couple's retaliatory exchange with the narrative of interlocking vulnerabilities, the acceleration of blaming and defensiveness that typically promotes a repetitive cycle of conflict in the first place is interrupted. Both members waver in their conviction that the other is causing the problem since each of them is clearly viewed as a vulnerable participant in a reciprocal

cycle. Moreover, the attribution of vulnerability is a less shaming narrative than the dreaded explanation of personal inadequacy each member has been secretly considering or forcefully externalizing. From this more benign perspective (E. Wachtel, 1993), each member is more likely to expand self-awareness and challenge narrow, stereotypic ways of construing the other's experience.

Interpretations or narratives are really forms of interaction, the therapist's attempt to find a new and more expansive way to interact with her patient. As Mitchell (1996) points out, effective therapeutic action involves the therapist's struggle to break out of the confines of the patient's psychodynamic orbit, transforming old relational expectations into new interpersonal experience by finding alternative ways to participate in the relationship. Transformative narratives are usefully conceived as affectively imbued interactions that "create something new from something old" (p. 185). P. Wachtel (1993) makes a similar point: "It is often in the patient's *framing* of the truth, in the particular way he organizes, categorizes, and gives emotional meaning to what has transpired, that his difficulty lies. And it is the therapist's new and different--and generally less accusatory--framing of the truth that can open the possibility for cure" (p. 69). In the following clinical excerpt I begin to construct a less inflammatory narrative based on the notion that a reciprocal pattern involving vulnerability and self-protection supports a couple's problem. While I do not assume that each member is equally responsible for the pattern, this framing is meant to counter the blaming and polarization that escalates conflict.

A Case Example: Jan and Richard's Inflamed Conflict

Jan and Richard, both white, middle-class and in their late forties had been married for three years, second marriages for both. As soon as they sat down for our first appointment and before I could even begin my usual inquiry about why they were coming to therapy at this time, Richard blurted out that he felt very strongly about not wanting to have a first session with both of them in the room. In an urgent tone he explained that he wanted me to be able to hear what each of them had to say about the problem individually, since they saw it so differently. Afraid that a joint discussion would be inflammatory and would contribute to the problem, he offered to leave and let Jan have this first session alone.

I was taken aback by his insistence on this arrangement--partly because I was surprised, and partly because I felt somewhat controlled by his adamance, and what I soon understood as his desperation. I turned to Jan to find out how she felt about Richard's proposal. She was ambivalent, afraid the session would lead to a huge fight, but unwilling to be pressured by Richard into meeting alone when she didn't really want to. Richard interjected that he was afraid that the way Jan presented the problem would be hurtful and make things worse. Jan countered that the way Richard presented the problem was very upsetting to her as well.

As the tension between them escalated and sharper words were exchanged, I intervened to decrease the building momentum of their accusatory exchange. Acknowledging how precarious their connection felt right now and how much worse they were afraid of feeling by exposing their difficulties in therapy, I agreed that the way each member of a couple describes a problem can feel hurtful, unfair and provocative. However, I wondered if in

this first session the problem could be described in non-inflammatory terms. I asked each of them in turn if they would be willing to tell me their version of the problem *carefully*. They agreed that they would try.

Jan started by saying that she and Richard had recently stopped having sex because Richard's anxiety during sex turned her off. She went on to explain that in the beginning of their relationship sex had been easy and satisfying, but after a year or so, Richard began to be afraid that sex would not go well, replicating the chronic sexual alienation of his first marriage. She had tried to be supportive of Richard, accommodating to his sudden and unpredictable bouts of anxiety during sex as best she could, but it hadn't made any difference; his fear just seemed to come out of the blue, even when things were going well between them. She exclaimed emphatically that she was fed up with Richard's desperation about their sex life, and angry about being blamed. After months of guilt and confusion, she had finally decided that Richard is the one who should take responsibility for his fear and deal with it himself.

Richard's description of the problem was more subdued. He explained that Jan's decision to cut him off sexually and her refusal to deal with their sexual relationship together was a big part of the problem. He felt certain that unless they could approach their sexual difficulties as a couple, nothing would change. He was very frustrated that Jan seemed to see the sexual issue as only his problem, especially since her anger and distrust obviously heightened his anxiety, and her unilateral control over whether or not they had sex made him feel more desperate.

I purposefully did not inquire further into the details of the problem. By their own admission they had been able to relate their stories with more care than usual, and I did not want to gamble with this relative success. Instead, I began to construct a reciprocal narrative that might include both of their

perspectives in a non-accusatory form. Acknowledging how upset they both seemed about this impasse in their relationship, I suggested that Jan's anger and Richard's despair about their situation were probably inadvertently reinforcing the other's feelings in ways that we could try to do something about. Jan's frustration and anger seemed to be partially about feeling unfairly blamed by Richard; Richard's despair seemed connected to feeling cut-off by Jan. I pointed out that sometimes the feelings of hurt and anger about not being understood by one's partner become so inflamed that it is necessary to reduce the inflammation before determining the extent of the problem underneath. Jan and Richard each acknowledged that "not being able to get through" to the other had made the sexual issue much worse.

As we neared the end of that first session, I asked Richard and Jan what had originally drawn them to each other. I was surprised by how readily each of them said that they found the other very sexually attractive. Jan also said that Richard was interesting, loyal and a good father to a teenage daughter from her first marriage. Richard found Jan intelligent, very attractive and someone he really enjoyed spending time with. At the end of the hour Jan and Richard both felt that, while they strongly disagreed with the other's point of view about the sexual problem, their interaction had not been as inflammatory as they had feared. Feeling hopeful about this accomplishment, they decided to set up further appointments.

I often use the metaphor of inflammation when a couple presents with escalating conflict in conjoint work. Rather than perceiving a couple problem as a collision of disparate needs and unconscious motivations, I prefer to think about the problem more dynamically, as an inflammation of an injury or sensitive area, driven by unconscious experience as well as escalating reactivity. When an area is inflamed it is very difficult to observe the underlying injury

directly. The inflammation itself becomes the problem, even though its original purpose is to heal the wound. In other words, it is our self-protective, over-determined attempts to communicate our subjective distress to another person that often perpetuates the distress. Relational conflict escalates when the couple's problematic solutions become ritualistic, compelling in their compensatory necessity. I will often say to a couple, as I did with Jan and Richard, that we cannot begin to know how to address their underlying problem until we reduce the inflammation surrounding it. Often it is just this reduction of the inflammation that constitutes the work of couple therapy.

Repairing Relational Bonds

Diminishing the momentum of escalating conflict begins the process of repairing a couple's damaged bond, the second broad objective of the treatment model presented in this chapter. Interrupting the escalation of a couple's destructive fight usually makes an enormous difference in each member's experience of the problem, even though the underlying area of sensitivity remains. I regularly have the experience of witnessing a couple in one session describe their hurtful, blaming interaction with deep pessimism, only to return to my office the next session feeling connected and optimistic. What has happened? Were they exaggerating before? Have they been cured just by sitting in my office for one session? My own speculation is more modest: I believe that a knot of despair can begin to loosen based on relatively minor interactive changes that reinforce a couple's bond.

This does not mean long-lasting change is easy to accomplish in couple work. It usually is not. Often couples become re-inflamed over and over again, their areas of sensitivity raw and exposed in an almost continual fashion. But

even with these couples we can sometimes see moments when their tension dissolves. A couple's characteristic dynamic, what I have been calling their meta-conflict, is highly volatile: it can flare up precipitously and die down suddenly. However, when repeated experiences of relational disruption accumulate, polarizing a couple into an entrenched impasse, a couple's meta-conflict remains chronically inflamed, simmering just below the surface of almost every interaction.

In chronically conflictual or withdrawn relationships, the intrapsychic skew of both members, intensified by their cumulative reactivity, becomes a greater focus in the couple work. Each member is helped to identify and mitigate the interpersonal consequences of primary vulnerabilities and idiomatic forms of self-protection. In cases of protracted alienation, the reparation of the couple's threatened bond requires more than the identification of reciprocity; each individual's relational adaptations must be explored, as well as the exacerbation and mutual impact of these adaptations in the couple's habitual exchange.

The Recognition of Vulnerability in Repairing Relational Bonds

In this main section and the next one, I describe the role of mutual recognition in repairing a couple's damaged bond. Recognizing the subjectivity of the other and having one's own subjectivity recognized in turn is central to the experience of reparation. "...Recognition begins with the other's confirming response that tells us we have created meaning, had an impact, revealed an intention. But very early on we find that recognition between persons--understanding and being understood, being in attunement--begins to be an end in itself" (Benjamin, 1992, p. 47). The disruption of such mutual

recognition, however, is inevitable; "relatedness is characterized not by continuous harmony but by continuous disruption and repair" (p. 58). Couple therapy aims to restore a healthy tension between recognizing the other and asserting the self. Recognizing the vulnerabilities underlying the cycle of destructive conflict is integral to the process of repairing a couple's disrupted bond.

A Case Example: Rachel and Connie's Protracted Conflict

Rachel and Connie, an inter-racial, inter-faith professional couple with a ten year old daughter, entered therapy expressing a deep sense of hopelessness about the viability of their relationship. Over the eleven years in which they had been living together, Rachel, who is white, Jewish and the biological mother, and Connie, who is a third generation Asian-American woman, had become increasingly resentful about what was missing in their relationship. Rachel felt "unmet" by Connie; her desire for shared activities and emotional engagement were constantly dashed by Connie's distracted, unorganized style and avoidance of conflict. Connie felt belittled by Rachel, continually criticized and micro-managed. Her longings for acceptance and relational ease were perpetually thwarted by Rachel's increasingly anxious and disrespectful comments about Connie's life. Rachel's tendency toward anxious involvement with those she loved and Connie's general self-forgetfulness in relationships not only intersected problematically, but the escalation of their self-protective behavior greatly exacerbated these relational threats over time. As Gergen (1994) points out, certain actions and reactions, while reasonable in themselves, propel the pattern of exchange toward an increasingly extreme outcome. By the time Rachel and Connie entered couple therapy, the size and nature of their relational impasse had ballooned far beyond its original proportions.

Bateson (1958) originally captured the experience of such progressive change in his conceptualization of reciprocal escalation. In a mutual reaction process between members of a couple, a movement by one member changes the field of the second, forcing a compensatory move by the second member, and so on (L. Hoffman, 1981). According to Bateson, both parties become increasingly polarized in their positions as the compensatory process proceeds over time. Each person's perspective narrows as the polarization continues; awareness is reduced to an increasingly sharpened and singular vantage point. As the members' reactions become more extreme and centered within a threatened sense of a relational self, the overlap in their experience is radically diminished. The innate search to find "emotional resonance" in the other, to build a shared reality that can support the self and the relationship (Benjamin, 1995), is problematically attenuated. Eventually, neither member can recognize nor even imagine the other's point of view; a sense of separation, of being cut off by the other, comes to dominate the relationship. As Simmel (1955) suggests, conflict *follows* separation, rather than separation being the result of conflict (in Retzinger, 1991). Or as Fonagy (1999) states, trauma lies in the destruction of our "most cherished expectations about human behavior, that it is regulated by a mutual recognition of mental states" (p. 27). When the relational bonds of mutual recognition are continually compromised, the couple's alienation galvanizes and prolongs destructive conflict.

In my work with Connie and Rachel, it soon became clear that their personal vulnerabilities and compensatory reactivity to one another had reciprocally diminished their ability to understand the other's dilemma. Their characteristic ways of organizing relational experience, including transferential expectations and culturally-imbued experiences of the self, had become progressively magnified and immutable in their cumulative exchange. Locked

in polarized, egocentric perspectives, each person's way of making meaning of their struggle excluded and denigrated the other's reality. Connie's perspective had narrowed over the years to an emotional conviction that she was primarily the victim of Rachel's relentless negativity, leaving her no choice but to remove herself from the path of Rachel's disappointment and criticism. Rachel was lost in the singularity of her own experience, as well. She was convinced that she simply couldn't trust Connie, and that her negative expectations were justified by Connie's chronic forgetfulness and emotional withdrawal. While Rachel's communications were overtly conflictual, involving blame, threats and nagging and Connie's communications were covertly conflictual, based primarily on such avoidance tactics as withdrawal, distraction and placating (Retzinger, 1991), Rachel and Connie were in an almost perpetual state of inflamed alienation.

The Therapist's Response

The recognition of vulnerability usually begins with the couple therapist. By weaving each member's story of the problem into an intertwining narrative of vulnerability and self-protection, the therapist is able to acknowledge the suffering engendered in a couple's entrenched conflict without pathologizing and further alienating either member. Searching for "the inner logic and twisted hopes" (Mitchell, 1994) embedded in a couple's destructive conflict, the therapist recognizes and thus makes meaningful the feelings, intentions and actions of each member (Benjamin, 1988). The therapist's empathic recognition of vulnerability, including possible unconscious meanings of each person's experience, reduces shame and isolation, establishing a therapeutic bond that fortifies the couple while their own "bonding system" is repaired.

At the same time, the therapist replaces the couple's mutual accusations with a reciprocal interpretation that arrests the self-protective mechanisms of blame and disavowal, decentering each member from their exclusive point of view. The therapist's recognition takes place in front of a partner whose own ability to recognize the other as an equivalent center of complex experience is probably drastically curtailed. The therapeutic action of couple therapy involves a unique configuration: while the therapist usually addresses her questions and comments to one member at a time, she cannot avoid communicating to both members simultaneously (E. Wachtel, 1993). Witnessing the therapist's recognition of the other's subjective experience expands the predictable constriction of awareness that characterizes destructive conflict. By affirming the existence and acknowledging the seriousness of each member's pain and at the same time constructing a narrative that acknowledges the reciprocal nature of that pain, the therapist sets the stage for the empathic recognition of vulnerability within the couple itself.

Empathic recognition is a process of "discovering and widening the base we share." By "exercising my imagination as to the beliefs and desires you may have in respect to which your behavior seems more or less reasonable to you" (Cavell, 1988b, p. 874), we learn to see the other's behavior from an "inside out" (Bromberg, 1991) perspective. The empathic recognition of vulnerability, first by the therapist and then by each member, does not require the denial of one's own subjective experience, as most people fear. As the therapist oscillates between recognizing each member's hopes and fears, both members learn to hold the other's experience in tension with their own, to suffer the experience of multiple truths. "Shared meanings and misunderstandings...are crucial sites for expansions of consciousness of self and of consciousness of the other"

(Harris, 1992, p. 133). The self is not obliterated by identifying with the other, rather, it is enlarged (Persons, 1988).

Sometimes the couple therapist's ability to recognize each member's subjectivity is compromised, especially when the therapist's sense of protectiveness of one or the other member is evoked. Countertransference influences, reflecting the therapist's own vulnerabilities, are inevitable. For example, in the beginning I experienced what Racker (1957) refers to as a complementary countertransference in relation to Rachel, finding it easier to imagine and give voice to Connie's fear of disapproval and humiliation than Rachel's vulnerability to abandonment. In the face of Rachel's apparent indifference to her interpersonal impact, I struggled to recognize her feelings in a way that was genuine and psychologically useful to her. My own self-critical identification with certain difficult aspects of her personality reduced my empathic responsiveness even further. After several months, my reactivity to Rachel shifted, and I found myself exasperated by Connie's passivity, instead. I had to work hard to remember Connie's fear of being overwhelmed by pain, especially when she responded to Rachel's contempt with passive acquiescence, and I experienced her "forgetfulness," what felt like a turning away from our therapeutic gains. Sometimes my own distress about feeling ineffectual in the therapy obstructed a more empathic view of both of them.

The tenacity or inaccessibility to consciousness of each member's vulnerabilities can also obstruct the development of mutual recognition in couple therapy. Rachel's profound vulnerability to feeling utterly alone in life was shielded by an anxious hyper-vigilance that, in the spiral of their compensatory exchange, would escalate into judgmental resentment, and eventually an impenetrable contempt. Connie's fear of disapproval, as well as an anxiety about her own angry impulses, were hidden by a desperate urge to

please. Connie's efforts to placate Rachel's anger inevitably involved the numbing of her own pain and frustration, resulting in a kind of vacancy in the relationship. The notion of interlocking vulnerabilities helped me frame the extremity of their reactions to one another as deriving from the overly-harsh reactions of polarization as well as unconscious relational configurations. Both their longings and fears were exacerbated, amplified by the reality of interpersonal violation. Rachel both anticipated abandonment and experienced it over and over again. Her ritualistic responses to Connie, characterized by anxious attempts at controlling anticipated disaster, reflected unformulated experience as well as Connie's actual emotional avoidance. Connie's withdrawal was both an intrapsychic adaptation and the behavioral shutting down of someone who had actually been violated by the very person from whom she longed for acceptance and recognition. My awareness and articulation of the intricate interweaving of characterological and interpersonal tendencies affirmed each person's reality, enabling Connie and Rachel to engage in a more introspective inquiry into the multiple sources of their relational experience together, including long-standing vulnerabilities that had been enacted and progressively elaborated in their destructive conflict.

The Recognition of Mutual Impact in Repairing Relational Bonds

The recognition of mutual impact, the second task in the reparation of a couple's damaged bond, evokes the question of agency: if we recognize that we are affecting the other, often in hurtful or distressing ways, we are subject to responsibility and choice. In destructive conflict both members tend to disavow their own agency--believing that their self-protective responses are "necessary," hinged on the other's problematic behavior. Pollack and Slavin (1998) call this

"...the paradox of an experiencing self that can at times be or feel agentic and at other times nonagentic" (p. 859). The development of a sense of agency, however, is critical to reparation. The ability to be genuinely influenced by the other's experience, along with the knowledge that one can have an impact on the other, underlies the experience of remorse.

Continuing the Case Example

In the work with Connie and Rachel, the recognition of each member's subjective experience was essential to the conjoint work, but it was not enough. Rachel and Connie also needed to be moved by the other's pain, to feel remorse, to take responsibility for the interpersonal consequences of their characteristic self-protective responses and retaliatory behavior. Their awareness was repeatedly directed toward their own agency in the relationship; our therapeutic conversation oscillated between an acceptance of vulnerability and an increasing awareness of the repercussions of compulsively shielding this vulnerability. The recognition of mutual impact was essential to our therapeutic progress.

As conjoint therapists, we are in the invaluable position of being able to recognize each member's idiomatic wishes and fears, as well as the interpersonal impact of their self-protective, over-determined attempts to communicate these wishes and fears. The therapist can move from an inside out vantage point, recognizing each member's subjective experience, to an outside in perspective (Burch & Jenkins, 1999), witnessing the harm that is being done to the other in the process of protecting the relational self. This is a unique and fruitful aspect of couple therapy: it provides a context in which an individual is able to move back and forth between the experience of having her own subjectivity seen and named, and the experience of recognizing the other's

subjectivity (Burch & Jenkins, 1999). However, the ability to do this is an evolving process. It requires an increased awareness of one's own self-interest and potential for harm, as well as a greater ability to tolerate the tension between the need for recognition oneself, and the ability to recognize the other.

Often there is great reluctance to acknowledge one's own hurtful behavior, especially when it feels motivated by the other's "malevolent" acts. Referring to Barnett's (1980) apt phrase, D. B. Stern (1997) claims that we all maintain defensively motivated "areas of innocence:"

If one remains ignorant of the conclusions one might draw, or the observations one might make, or the feelings one might have, one sometimes can pursue aims one prefers not to acknowledge while bypassing certain conflictual, anxiety-provoking interactions. [p. 51]

Rachel, for example, maintained an area of innocence about the full impact of her anger, expressing instead an entitlement to authentic expression and a resistance to "being silenced by Connie's avoidance of anger." Connie also "disclaimed" (Schafer, 1983, cited in D. B. Stern, 1997) the interpersonal consequences of her withdrawal, insisting that she was driven to subterfuge by Rachel's attacks. The self-awareness of each was constricted, an awareness of the consequences of one's own behavior was restrained by perseverative adaptations as well as the compensatory spiral of mutual reactivity. Much of the conjoint work involved a non-pathologizing, but sometimes very direct articulation of Rachel's and Connie's self-protective reactions, emphasizing how each contributed to the escalation and entrenchment of their repetitive conflict. Since the couple was so deeply mired in exacerbated vulnerability and ritualistic, self-protective responses, the interpersonal impact of their behavior

had to be named over and over again. The following excerpt is an example of one such intervention.

One session, Rachel observed that she had felt much more relaxed with their daughter Lee while Connie was away for a few days. She went on to say that because Connie's parenting style is so inconsistent, she has difficulty trusting or respecting it, and probably maintains a higher level of vigilance when Connie is around. As Rachel continued, and Connie listened without reaction, Rachel's comments about Connie's parenting style began to escalate in intensity, her frustrated tone almost immediately giving way to contempt. Rachel accused Connie of taking the easy way out, of being unwilling to make the sacrifices involved in setting clear limits with Lee. When she bitterly remarked that Connie had never wanted Lee to begin with, and that maybe she should stop expecting real coparenting from Connie, I intervened. Turning to Connie for a response, I hoped that after months of work locating her own anger rather than retreating into self-forgetfulness and passive aggression, Connie would stand up for herself and engage Rachel in a way that would set some kind of limit. Instead, Connie began to mechanically mirror Rachel's concerns, conceding in a flat tone that she *is* inconsistent and probably does way too much for Lee. Connie went on to acknowledge that she avoids fighting with Lee about all the things that Rachel thinks Lee should be accomplishing, admitting that maybe she does take the easy way out. Connie finished by saying that Rachel's threats to move away and parent by herself have made Connie feel more detached; after all these years, it feels as if her heart has finally shut down.

The Therapist's Response

I am aware of my own multiple reactions to Connie's response, including frustration with her masked aggression and deep sadness about her sense of resignation. I respond by saying that I haven't seen any evidence that her heart is shut down. Referring to her childhood adaptation of forfeiting her own impulses to keep a precarious peace in a brittle, rigidly structured family, I comment that the problem is not that she lacks a heart, but that she often tries to hide it. Connie acknowledges that when she doesn't want to fight with Rachel she acts like her threats and criticisms don't get to her, and after a while they don't. When I observe that the problem with hiding her heart is that sometimes she can forget that it is actually still there, Connie starts to cry. In a voice filled with emotion for the first time that session, she protests that if something happened to Lee she wouldn't feel like living. Losing Lee would break her heart; she would do anything to get her back. I repeat that in order to avoid having her heart broken, she has learned to conceal and disguise it. The problem is that it doesn't work: not only does she forget that she has a heart, Rachel also forgets that what she says can bruise that heart. Connie thoughtfully allows that hiding her heart has not protected her from feeling continually hurt in this relationship.

Rachel's initial response to this exchange is introspective. She reveals that when Connie's heart is hidden, when she doesn't know what Connie really feels, Rachel feels "dropped" and very anxious. Shifting suddenly into a resentful tone, Rachel returns to a focus on Connie as the problem, exclaiming that Connie's inability to be present in the relationship has always been what has kept her at a distance. Rachel continues to voice more criticisms, ominously proclaiming that this relationship will never work for her if Connie is unable to follow through, unless she can pay more attention to things like

parenting and managing her weight. Referring back to childhood abandonments, I comment that when Rachel cannot find Connie and becomes frightened about being all alone in the world, she tries almost anything to get a response. The problem is that the more she criticizes or threatens Connie, the more Connie wants to hide. Rachel protests, asserting that she needs to be able to express anger in this relationship. In a self-righteous tone she claims that people admire how straight forward she can be, and she is not about to give that up. I acknowledge her intention to be authentically engaged in this relationship, but suggest that her anger develops into contempt without her fully realizing it--like slipping into another language. Drawing on Rachel's actual bilingualism, I suggest that it is as if Rachel is speaking English, and unconsciously drifts into German. She thinks she is still communicating needs and fears, unaware that she has shifted to a more urgent, condemning form of communication. At the end of this session I reiterate that when Rachel's anxiety is disguised by contempt and Connie's hurt is lost in withdrawal, each of them is left terribly alone in the presence of the other.

Strengthening Connection: The Creation of Shared Meaning

The third broad objective of the clinical model presented in this chapter involves the strengthening of a couple's connection through the development of shared meaning. In conjoint work, the therapist is forever searching for a way to frame a couple's problematic interactions, especially the destructive enactment of their predictable meta-conflict, in terms that include both member's subjective experience. Effective therapeutic narratives create a new, shared meaning about the couple's conflict, an understanding that does not exclude, diminish or degrade either member's experience (Weingarten, 1991).

The recognition, first by the therapist and eventually by each member, that one's motivations and responses are personally and interpersonally meaningful, even though they are also problematic, develops trust and fosters less defensive introspection. As Harris (1992) suggests, it is through "the making and adjudicating of meaning that the self and self-in-relation-to-other is constructed and played out" (p. 123). The sharing of meaning is essential to the bond of feeling understood by another.

Weingarten (1992) proposes that it is the communication of shared meaning which fosters intimacy. Intimate interactions occur when meaning is co-created or coordinated, whereas non-intimate interactions occur when meaning is rejected, imposed, or misunderstood. The negotiation of meaning, adjusting and expanding each member's view of the problem to in some way include the other's perspective, is a vital component of constructive conflict. Destructive conflict forecloses such reciprocal influence. What is crucial to the reparation of a couple's damaged bond is the recognition and repair of negating, non-intimate interactions. Intimacy is re-established when each member opens up a space for the existence of the other. The creation of a shared domain of meaning does not necessarily lead to a feeling of warmth or closeness, rather it involves the experience of being understood, even when such understanding entails disappointment and compromise.

In couple therapy, the negotiation of how each member attributes meaning to their relational dilemma creates a transitional space for expanding a sense of self and other (Harris, 1992). This process of coordinating or co-creating meaning is similar to Cavel's (1988b) notion of widening the base. It inverses the experience of polarization, insuring that neither person feels over-ruled or discounted by the other's perspective. Acknowledging the other's formulation of experience, even when it does not exactly correspond to one's

own, develops the differentiated connection that most people seek in their couple relationships. I return to the case of Richard and Jan to illustrate the importance of negotiating and ultimately coordinating the meaning attributed to a relational impasse in its eventual deconstruction.

Summarizing briefly, Richard and Jan entered therapy in the throes of an impasse: Jan refused to have sex with Richard until he dealt with the anxiety that regularly disrupted their sexual relationship. She claimed that Richard would break out into a cold sweat, lose his erection, and then desperately try to continue the sexual contact even though she was no longer interested. She was tired of being blamed for the problem and pressured to accommodate when nothing she did seemed to make a difference. Richard acknowledged feeling unpredictably anxious during sex, suddenly becoming fearful even when everything seemed to be going well between them, but he insisted that her withdrawal when this happened was part of the problem. Richard was adamant: the only solution was to work on the sexual issue together. Walking a fine line between recognizing and articulating his desperation for contact and her fear of pressure and criticism, we began by exploring the meanings they each attributed to their sexual difficulties.

As one would expect, each person's perspective diminished and distorted the other's sense of reality, thus polarizing the couple into a deeper state of alienation. Jan feared that something was wrong with Richard, that perhaps she had made a mistake in marrying him, and that she would never be able to trust him to maintain the relationship. In her most alienated moments she believed that Richard's anxiety during sex was either a symptom of some underlying pathology or an attempt to sabotage the relationship. She especially could not understand why Richard seemed to blatantly ignore her need not to be pressured into having sex. Richard experienced Jan as with-holding, fearing

that this marriage could become as unsatisfactory as his first. He claimed that being close to Jan and having a frequent, exciting sex life was the most important thing in his life. Unable to understand why Jan would deny him something that was so crucial to his sense of well being, Richard simultaneously conveyed a sense of entitlement and despondency over the possibility of deprivation. Both Jan and Richard felt victimized by the other; neither of them could see their own part in the impasse.

From the very beginning of the therapy, I began to focus on each person's vulnerabilities and the interpersonal impact of their polarization on the couple's dynamic. Jan's vulnerability to disapproval, what she described as the feeling of being "exposed and wrong," often manifested as disapproval of those closest to her. Jan revealed that she felt totally responsible for the success or failure of the marriage. Self-criticism energized her critical stance toward Richard because his sexual anxiety was a sign to her that she and the marriage must be failing. Richard began to articulate his vulnerability to feeling abandoned. He came to see that even though he had every intention of listening to what Jan felt about their sexual contact, and even though he actually spent an inordinate amount of energy trying to please her, when his desperation about being cut off got very "loud" it was hard for him to hear her plea not be pressured into sex. Out of his desperation, his inner pressure to ward off loss, he would lose track of his own feelings as well as hers and blindly try harder to make contact.

The articulation of these sensitivities began to disrupt their accusatory dynamic, creating a shared ground of meaning from which to rebuild and strengthen their emotional bond. Slowly, over the course of several months of therapy, Jan and Richard began to understand the ways in which their own self-protective responses triggered and inflamed the other person's primary

vulnerabilities. Jan began to appreciate just how frightened of abandonment Richard really was. She could see that her attempts to correct Richard's sexual problem while disavowing her own participation in the couple dilemma, contributed to his anxiety. Richard began to see how vulnerable Jan was to being blamed. He was able to acknowledge that his desperate reproaches and visible despondency when she did not want to have sex, could inflame the part of her that felt overly-responsible for the viability of the marriage. In their sexual relationship, the cycle of fear and self-protection became apparent to both of them: Jan would internally criticize herself and externally pathologize Richard, while Richard would externally push to connect sexually but internally feel more and more afraid.

The shift from polarized meaning to coordinated meaning occurred gradually, through the exploration of intrapsychic, interpersonal and cultural restraints manifesting in their relationship. For example, using important historical information and its transference manifestations, we began to understand Jan's vulnerability to disapproval as a confusion between disappointment and failure. She experiences sadness, loss, and disappointment as signs of inadequacy that she then becomes critical and angry about, disavowing her underlying vulnerability. In one session Jan said that each of her husbands has been "flawed" in some way and that her first husband's inability to admit this flaw led to the downfall of that marriage. Using this description as a reflection of Jan's own inner struggle projected onto her partners, I suggested that when she is disappointed *she* feels flawed, and must disavow this shameful sense of failure.

We have also examined cultural expectations about male and female sexuality that have restrained Jan and Richard in their attempts to understand themselves and one another more fully. For example, I have tried to

deconstruct the prevailing assumption that normal male sexuality is predictable, natural, uncomplicated, non-relational and self-serving. Richard's sexuality is affected by emotional dynamics as much as Jan's. Jan's recent willingness to talk about her own eroticism, including her fear of being stereotyped as menopausal, thus diminishing the complexity of her experience, has taken the focus off Richard and created a more mutual dialogue about their sexual relationship and the cultural surround that unavoidably effects it.

The therapy has progressed well. Richard can see the ways he abandons himself and then feels abandoned by Jan. Jan has learned how difficult it is for her to feel adequate in the face of disappointment and how quickly she assumes Richard must be either inadequate, or worse, malevolent. The couple therapy has helped create a shared context, a shared ground of meaning from which Richard and Jan have come to understand and accept their own and each other's deeply etched vulnerabilities. Slowly the sexual knot of fear, self-protection, isolation and projection has unraveled.

"Conflicts do not so much resolve as dissolve, disappearing when the context that constricted them shifts to encompass new perspectives." (Rosenbaum and Dyckman, 1995, p. 24) The articulation of multiple, interacting perspectives is meant to help each member decenter from their own narrow, defensive position through an appreciation of the other person's experience. The movement from a polarized spiral of increasingly alienated intrapsychic and interpersonal positions to an inverse reaction process that broadens both member's interior and exterior vantage points, is essential to the process of reparation in couple conflict. The goal in conjoint therapy is not so much to resolve the meta-conflict that propels most repetitive difficulties in couple relationships, but to establish a way of slowing down the momentum of its escalation and diminishing the over-determined polarization of a relational

impasse. Ringstrom (1998d) makes the point that a reparative motif is established for each couple by repeated experiences of reparation in the therapy hour. In the theory of interlocking vulnerabilities these experiences of reparation involve recognizing vulnerability and mutual impact, as well as coordinating the meanings attributed to the couple's problematic dynamic.

The alienation of an embattled couple, the sense of being cut off by the other, isolated and misunderstood, escalates conflict. Just as the experience of falling in love highlights points of connection as new lovers tell the stories of their first encounters and unfolding mutual discovery over and over again, alienation in relationships is derived from lack of mutuality and accentuated points of separation. Therapeutic approaches that diminish unwanted separation by recognizing the meaningfulness of each member's experience, build the sense of relational safety that supports increased self-awareness and personal accountability required for reconstructing the couple's damaged bond.

I'd like to tell a Buddhist story to further illuminate this point. Many years ago, during the life of the Buddha, a young child suddenly died. The mother of the child was beside herself with grief. She was so distraught that she refused to fully acknowledge what had happened and so continued to carry the child with her wherever she went. Soon someone sent her to the Buddha. She knew he was considered a great monk and teacher so she begged him to heal her child. He said that he would do what he could, but first she must bring him a mustard seed from every household in which there had never been a death. So she went from one home to the other throughout the village, asking for a mustard seed. But almost every household she came to had also experienced a death, so they could not give her the seed. She went to many homes, and talked with many people about the losses they had suffered and

eventually the woman returned to the Buddha without the mustard seeds and asked him to help her bury her child.

This story is about many things. Obviously this is a story about profound loss and grief. But I believe it is also a story about the healing force of connection, the connection we can feel through mutual recognition and the sharing of meaning. Even the unbearable is easier to bear if we know we are not isolated from other human beings. As Winnicott (1971) so elegantly put it: among human beings there is no such thing as separation, only the threat of separation. Mutual recognition and the sharing of meaning address that threat by restoring our experience of connection.

There are innumerable ways of helping a couple interrupt an escalating process of fear and isolation. However, the therapist's reframing of the problem in a non-condemning way, based on the assumption that both members' responses make emotional sense in the context of their particular vulnerabilities, is a crucial first step. The affirmation embedded in the act of recognition promotes self-acceptance, and paradoxically an increased ability to acknowledge personal agency and responsibility for one's part in an escalating spiral of reactivity. Self-protective cycles of interlocking vulnerabilities maintain the status quo, eliminating opportunities for new learning to take place. However, couples can discover the specific ways in which they become present-day accomplices in each other's cycle of vulnerability and self-protection. They can also learn to remember with compassion the hope and dread that perpetuate these cycles, the longing for the experience of interconnectedness that underlies a couple's painful struggle.

Racker (1968), a psychoanalytic theorist, writes quite poetically about the process of "remembering" his patients underlying need to be connected in a trusted, caring relationship: "Behind the negative transference lies simply

thwarted love....[This knowledge] helps the analyst to respond with love to this possibility of loving, to this nucleus of the patient however deeply it be buried beneath hate and fear." (p.159) Reframing a couple's negative cycle of defensiveness by identifying the core wish to be connected helps the couple as well as the therapist respond differently and better to their own "possibility of loving".

CHAPTER SIX: CONCLUSION

It really boils down to this: that all life is interrelated. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny.

Martin Luther King

Emotional attachment, need fulfillment and behavioral interdependence are hall marks of intimate relationships. Clearly, the biological, intrapsychic and social realms of human existence are inseparable in the complex experience of coupling; "an inescapable network of mutuality" exists at all levels of experience and constitutes a couple's bond. Converging patterns of connection and differentiation, unconsciously evoked and interpersonally elaborated, uniquely organize a couple's exchange within the horizons of a particular social context. Conflict is inevitable in the complexity and ambiguity of such multiply-layered interactions. However, when conflict no longer adjusts or refines interrelatedness, but instead threatens or damages a couple's bond, unavoidable experiences of discord escalate into destructive patterns of polarization. A theory of couple therapy must address this intertwining of internal and external experience, the intermingling of anticipation and actualization underlying a couple's perseverative strife. It must also conceptualize the experience of change, carefully shaping a reparative process out of the alienation of destructive conflict.

In this study I argue that psychoanalytic formulations emphasizing the subjective experience of interrelatedness, a couple's conscious and unconscious

interaffectivity, are usefully supplemented by family therapy constructs stressing the interactive dimension of interdependence, the self-reinforcing cycles of a couple's communication and behavior. Together, these conceptual realms form a dialectic, creating a fuller, more complete framework for conceptualizing and practicing conjoint work. According to psychotherapist and feminist theorist, Jane Flax (1990), contemporary thinking about the human condition is best served by facilitating "conversations between different ways of thinking, being especially careful to search for and include those voices that sound foreign to or critical of our 'native' ones" (p. 12). My own approach to constructing theory is based on such inclusiveness. In the following section I summarize the unique contributions of the integrative theory of interlocking vulnerabilities for couple therapy. Like any theory, it comes with a point of view, and in the second and third sections, some of the theoretical and clinical limitations of its purview are acknowledged and delineated. In the final section of this chapter, I conclude with suggestions for future research.

The Theory of Interlocking Vulnerabilities: Its Contribution to the Theory and Practice of Couple Therapy

The theory of interlocking vulnerabilities explicitly joins constructs from contemporary psychoanalytic and family theory, offering a "double description" of relationships that is indispensable for conjoint work. Bateson (1979), using a binocular metaphor to describe how one perspective, a monocular view, cannot yield the depth of binocular vision, insists that a combination of perspectives, "view upon alternative view," is necessary for any "increment of knowing" (cited in Goldner, 1991, p. 263). To use another visual analogy, psychoanalytic theory functions as a zoom lens: its magnifying properties create an image of

coupling that is acutely personal and highly detailed, amplifying an intricate tangle of interior and exterior relatedness. Family theory functions as a wide-angle lens, capturing the almost invisible web of interactions in which each member's identity is precariously suspended, illuminating the implicit power of cultural narratives to shape personal meaning. Such a double description, "the combining of information of different sorts or from difference sources, results in something more than addition" (Bateson, 1979, p. 86). Joining different perspectives, what Bateson calls "the method of double or multiple comparisons," yields an additional dimension, a metaphorical depth, "a bonus of understanding."

Combining these vantage points, the theory of interlocking vulnerabilities offers a view of relationships in which intrapsychic patterning and behavioral interdependence are both integral to the destructive conflict of an embattled or chronically withdrawn couple. While some approaches to conjoint work emphasize differentiation and personal insight, and others stress process and communication, the theory of interlocking vulnerabilities proposes that these complementary levels of experience are cyclically related. A couple's problematic interactions are constituted by each member's transferential inclinations, uniquely constellated and amplified by the reciprocal reactivity of their actual exchange. Such primary vulnerabilities not only have their own intrapsychic momentum, but they interlock in the interpersonal momentum of a couple's repetitive transactions, intensifying their dilemma over time. The theory of interlocking vulnerabilities is unique in adding the family therapy constructs of progressive change and reciprocal escalation to an intersubjective theory of couple therapy. Progressive escalation manifests in both constructive and destructive interactions, from the accelerating accusations of a rageful fight to the mutual reparation of trust in its

aftermath. While each member's intrapsychic patterning shapes the contours of such mutual reactivity, the process of escalation, itself, powerfully influences each member's internal organization, inflaming and progressively cementing intrapsychic schemas.

The theory of interlocking vulnerabilities, with its double description of relationships, is especially useful for understanding the intractability of couples' destructive conflict. The intersubjective tangle of interior and exterior relatedness is usefully conceived as a cycle in which vulnerability and self-protection are self-generating in a person's daily life (P. Wachtel, 1993). Not only is each member's cycle of vulnerability and self-protection evoked in everyday interactions within the couple, but in the overly-harsh exchange of escalating conflict these cycles combine, creating a larger spiral of reactivity. Both members, highly motivated by the press of their own self-protective dynamics, become active participants in each other's inflamed and overlapping cycle. The interactive complexity of such inflammation exceeds the explanatory power of concepts such as projection and projective identification. A couple's communications and actions are not only outward manifestations of latent or induced meanings, the members' affective, cognitive and behavioral responses to one another are *progressive*, and in most cases, *compensatory*.

Unlike most psychoanalytic approaches, the theory of interlocking vulnerabilities draws on social theorizing to underscore the embeddedness of individual agency in the flux of relating. In destructive conflict, a movement by one member changes the field of the second, forcing a compensatory move by the second member, and so forth, intensifying the interchange exponentially. Behavioral polarization, such as blaming or withdrawal, and intrapsychic polarization, such as defensive internal splitting, are reciprocally reinforcing. Both members become increasingly centered in a narrowing "web of beliefs,"

stereotypic thinking about one's own innocence and the other's malevolence, or one's own inadequacy and the other's superiority, or perhaps one's own victimization and the other's indifference. Not only does each member seek out and fasten upon that aspect of the other's behavior that confirms his or her worst fears, the escalation of increasingly extreme behavior makes the dreaded response more and more likely. A couple's well-worn channels of constricted experience, intrapsychically anticipated and interpersonally enacted, restrain new, creative encounters and deepen a sense of alienation. The disruption of interconnectedness, Winnicott's threat of separation, rigidifies escalating conflict into the protracted polarization that often propels the couple into therapy.

In couple therapy, insight into personal motives and affect states is crucial, but not enough. The exacerbation of those states and the creation of new, often more painful experiences in the compensatory process of destructive conflict must also be addressed. Relational polarization catapults each member into an area of primary vulnerability that draws from personal history as well as the present experience of severed connection. Human beings are fundamentally affiliative; as Retzinger (1991) points out, unwanted separation generates conflict rather than the other way around. In addition to exploring its transferential elements, a couple's alienation must be addressed as a powerful catalyst for conflict in and of itself.

Clinical interventions derived from this theory attempt to reduce the alienation of a couple's escalating reactivity by fostering the mutual recognition of vulnerability as well as a shared sense of responsibility for interpersonal harm. Habitual, tendentious meanings attributed to a couple's characteristic struggle, including accusations of inadequacy, malevolence and entitlement, restrain more benign experiences of self and other. These relational

expectations are elicited and reworked using the language of vulnerability and self-protection; each member's unconscious process as well as the couple's reciprocal organization are examined in their interactive complexity. Mutual experiences of increased self-awareness and self-acceptance, in conjunction with an expanded sense of empathy for the other and responsibility for one's own emotional impact, repair a couple's damaged bond. This reparative process is fortified and expanded by the couple's growing sense of connection. Knowing that alienating conflict will erupt over and over again in a couple's life together, a new set of meanings, a less accusatory, less alienating way of describing their underlying struggle is constructed, making the reparative process accessible over time.

Recognizing the reciprocity of escalating conflict and painful polarization does not mean that each member is seen as equally responsible for the momentum of a reactive spiral. The theory of interlocking vulnerabilities, unlike most psychoanalytic approaches, contextualizes a couple's dynamics in larger social discourses about intimacy, gender, agency and power, revealing important, often unconscious layers of a couple's reciprocal patterning that are usefully symbolized like any other unconscious constraints. Remaining aware of the cultural analogues of acutely personal experience, such as a woman's fear of not being heard and a man's fear of being humiliated, or a lesbian couple's concern about not having "real" sex, or an inter-racial couple's struggle over control, fosters an expansive therapeutic sensibility, an appreciation of the density of intersubjective experience.

The conviction that disclaimed vulnerability and unacknowledged interpersonal impact exacerbate conflict in an escalating cycle of mutual reactivity orients the couple therapist to unformulated experience in the intrapsychic, interactive and cultural realms. Using the theory of interlocking

vulnerabilities, the therapist oscillates between recognizing each member's subjectivity, particularly idiomatic experiences of longing and fear, and revealing the interpersonal impact of behavior designed to simultaneously communicate and shield those longings and fears. The goal of therapy is to help both members open up a space for the existence of the other by including each person's subjective reality in a shared understanding of the couple's habitual struggle. Healing occurs within the experience of relational connection. In the theory of interlocking vulnerabilities, self-understanding and personal responsibility are continually embedded in the experience of mutual impact; individual change is fostered by the reciprocal action of repairing and strengthening the couple's bond.

Theoretical Limitations

In the introductory chapter, I suggested that the influence of constructivist and feminist thinking in psychoanalytic and family theory has fostered an implicit convergence of these traditionally disparate approaches. Contemporary psychoanalytic theory, like its systemic counterpart in family theory, asserts that all human events are co-created by the participants. Eschewing the notion of an isolated, bounded self, both traditions recognize that "there is no force 'outside' our social relations and activity...that will rescue us from [our] partiality and embeddedness" (Flax, 1990, p. 27). Human beings and the meanings they construct can only be understood interactively.

Although the development of this contextual perspective has been enormously fruitful in a wide variety of clinical approaches, and is foundational in the theory of interlocking vulnerabilities, it also underlies its theoretical limitations. The illuminating power of constructs that locate

human suffering firmly in a relational context is indisputable; what can remain in the shadows of such intersubjective thinking, however, is the remarkable force of intrapsychic inertia. In a critique of contemporary psychoanalytic theory, Benjamin (1991) cautions that a constructivist approach may obscure an awareness that a person has *substance*, what she calls "historically sedimented relations," apart from how the other interactively constitutes that person (p. 528). I agree with Benjamin's admonition that we recognize the difference between the intrapsychic and intersubjective realms, conceptualizing these domains in dialectical tension, rather than collapsing them into one another.

In the theory of interlocking vulnerabilities I attempt to hold the subjective and intersubjective as well as microsocial and social perspectives in tension with one another, as "view upon alternative view." However, because it's primary focus is relationship experience rather than individual experience, the theory tilts in an intersubjective and microsocial direction. While the theory of interlocking vulnerabilities usefully conceptualizes the problematic dynamics of couples who are, for intrapsychic, interpersonal and cultural reasons, "caught in the grip of the field" (D. Stern, 1997), it is less useful when members are unresponsive to the relational field, caught, instead, in an intrapsychic vice of their own impenetrable expectations. In this theory, relational distress is situated in the flux of a couple's interlocking vulnerabilities; intrapsychic inertia is necessarily addressed, however, it is understood within the interactive patterning of a particular relationship. Even though the recognition of both member's primary vulnerabilities, and the articulation of their unconscious relational matrices, constitute much of the therapeutic action of my approach to couple work, the theory of interlocking vulnerabilities stresses each member's relational matrix *in action* (Goldner, 1998a).

The theory of interlocking vulnerabilities is predicated on the permeability of intrapsychic experience to interpersonal interaction. It assumes that the members of a couple can tolerate movement in their psychodynamic orbits, that they have the capacity, even if unpotentiated, to acknowledge the other as an equal center of experience, at least some of the time. Clearly, this is not always the case. When one or both members are locked in their own internal object worlds, when there is a severe or prolonged loss of balance between intrapsychic and intersubjective experience, interactive concepts must be supplemented by those stressing intrapsychic perseveration. Formulations derived from individual work with traumatized, rigidly structured or highly defended clients, are particularly useful in these circumstances.

Mitchell (1991) states that "...some of the important differences among current psychoanalytic schools were developed in reaction, perhaps overreaction, to omissions or underemphases in another model" (p. 5). While I deeply value the therapeutic sensibility generated by perspectivist theorizing, I recognize the danger of swinging too far in *any* one direction. The intrapsychic realm cannot be subsumed by the intersubjective domain. In some couples, unconscious relational templates dominate the actual relationship. The ability to move beyond characterological patterns of self-protection and repetitive enactments of unformulated experience may require years of individual work before conjoint work can be useful. The theory of interlocking vulnerabilities can underemphasize these deeply unconscious, perseverative schemas by giving too much weight to the mutuality of experience. I concur with S. Stern (1994) who views the repeated relationship and the needed relationship as coexistent in any dyad. Each member's anxiety about retraumatization is an ongoing obstacle to the needed relationship. If one or both members are overwhelmed by that anxiety, understanding the interactive nature of the

couple's suffering may need to take a back seat to an examination of each member's sedimented characterological expectations.

Another theoretical limitation involves an underemphasis in the opposite direction: the theory of interlocking vulnerabilities does not sufficiently incorporate the *behavioral* dimension of experience to adequately address issues of physical violence or substance abuse. Substance abuse needs its own theoretical and clinical focus, adjunctive approaches that treat compulsive behavior as well as physiological and psychological dependence. In cases of domestic violence, a moral discourse is also paramount. The primacy of preventing assault and maintaining safety in situations involving physical intimidation and potential injury, requires a focus on behavioral and moral alternatives to escalating conflict. As Goldner (1998b) points out in an eloquent article on violence and victimization in intimate relationships, a treatment approach to these problems must address issues of justice and equity. Speaking of the need to hold moral and psychological aspects of intimate life in tension, Goldner states: "Issues such as mutuality vs. domination, self-assertion vs. intimidation, or the question of a victim's personal agency--given the context of her victimization--require this kind of doubled vision" (p. 269). While a feminist analysis of power and agency are integral to the theory of interlocking vulnerabilities, this aspect of the theory would need to be greatly expanded to effectively address issues of physical abuse.

Clinical Limitations

A major clinical limitation of the treatment model derived from the theory of interlocking vulnerabilities involves the difficulty of managing shame in the emotionally intense, extremely exposing experience of couple

therapy. Although this approach explicitly addresses and attempts to minimize shame by, among other things, recognizing the humanity underlying the destructive fervor of self-protective responses, and emphasizing the inevitability of suffering in the negotiation of connection and separation in intimate relationships, the exposure of conjoint work can still feel intolerably shaming to some couple members. The treatment modality itself is fraught with potential collisions, imbalances and disconnections among all three participants. As E. Wachtel (1993) puts it, in conjoint work "...the therapist cannot rely on the trust generated by an exclusive relationship, in which the therapist gives the patient *undivided* attention and concern, to cushion the blow of ineptly made or unintentionally hurtful interpretations" (p. 276-277). Not only is the therapist's recognition of each member's emotional reality sometimes experienced as terribly invalidating by the other, upsetting the conviction of personal innocence and one-sided victimization, the very oscillation of the therapist's attention from one member to the other, can, in itself, feel like an emotional betrayal.

The experience of being seen from the outside in, from the partner's critical, but also uniquely discerning perspective, can fruitfully challenge the well-worn channels of each member's over-determined experiences of self and other when enough safety is provided by the therapeutic setting. However, adequate safety is not always attainable, and in these circumstances, exposure elicits shame and powerful, self-protective responses. When one or both members experience the careful exploration of reciprocity as an assault or an abandonment, or when the couple therapist is unable to find a way out of problematic unconscious or conscious alliances, the narrative of interlocking vulnerabilities must be modified or preceded by a more individually-oriented approach. When couple members demonstrate extreme characterological

rigidity, profound dissociation or overwhelming decompensation, conjoint work may need to be discontinued altogether.

In most circumstances, however, the addition of adjunctive individual work is sufficient to contain and strengthen an overwhelmed or threatened sense of self, or to help each partner manage the psychological pressure of holding one's own experience in the face of another, often contradictory and accusatory perspective. Sometimes it is useful for the couple therapist to consult with each member's individual therapist, expanding her clinical consciousness to include a more individually-oriented, empathically immersed perspective to mitigate the members' shame. Such consultation has the additional benefit of enabling the couple therapist to examine her own countertransference, the obstacles to empathic recognition that are constituted intersubjectively or by the treatment modality itself.

In my work with Beth and Allison, for example, my empathic recognition of Allison's pain during a relational crisis was experienced by Beth as a denial of *her* experience. Early in our work together, Beth told Allison that she had recently been involved in an affair. Allison was devastated, lost in feelings of hurt, disbelief and humiliation. Beth was extremely defensive, appearing unmoved by Allison's pain, and at times even cruel in her indifference. Within two sessions of the disclosure, Beth began to complain that I was spending too much time addressing Allison's feelings of betrayal. She insisted that her experience be acknowledged too, asserting that the affair had been a positive experience for her and that she did not want to apologize for having had it.

I believe that Beth not only felt betrayed by my attention to Allison, but also deeply shamed. The experience of shame involves an interior experience of unacceptability or isolation that is often elicited by corresponding

interpersonal experience. Not surprisingly, in a complex, reciprocal enactment, I *was* having difficulty recognizing Beth's subjective experience in the tumult of our initial sessions. Her anticipation of isolation and my actual distancing from Beth exposed an interior experience of unworthiness that she fiercely protected in a characteristic, self-fulfilling manner. Managing the vulnerability of shame in the exposing, multiply-layered context of couple therapy is always challenging, and it is exceptionally challenging in situations that evoke powerful affect in all the participants, including the therapist.

When one member's self-protective response to shame elicits from the therapist the very response she most dreads, the couple therapist's perspective may need to be supplemented by a more subjectively immersed clinical stance. The timing and intensity of Beth's anger about my attending to Allison's pain created an impasse. Allison had just found out about the affair and the experience of betrayal was overwhelming her. I felt that this experience had to be recognized more fully. But I didn't want to lose my connection with Beth in the process. She seemed incapable, at the moment, of acknowledging her emotional impact, disavowing any responsibility for Allison's pain. I felt disturbed by her lack of empathy for Allison, and unempathic toward Beth in response. It was at this juncture that I decided to consult with Beth's individual therapist.

Since we explore and mediate our clients' consciousness through our own (Spezzano, 1996), altering our own consciousness in consultation changes what we are able to see and reflect back to our clients (Burch & Jenkins, 1999). After hearing her therapist's empathic perspective in our consultation, I experienced more "potential space" in my relationship with Beth, more access to an experience-near understanding of her subjective experience. Even though I had understood that Beth's rage was an attempt to communicate

something about herself that I needed to understand, in the context of the couple therapy, with its inherent demand for balance and its inevitable conjunctions and disjunctions of unconscious experience, I was struggling to find a way to recognize her subjectivity without disregarding Allison's. An untimely response to Beth's demand for affirmation about the affair could feel terribly abandoning to Allison as she grappled with the experience of betrayal. Borrowing the individual therapist's clinical consciousness (Burch & Jenkins, 1999), I was able to reframe Beth's anger as a desperate attempt to fight her way out of shameful isolation, a fierce struggle for contact that ironically left her more isolated than ever. By empathizing with the vulnerability behind Beth's angry accusation that Allison was receiving too much attention in the therapy, I was able to circumvent her insistence for affirmation about the affair and acknowledge her terror of being unseen, instead. Moreover, the recognition of this vulnerability did not divert my empathic recognition of Allison. Trusting that Beth's identification with Allison would not obliterate her own experience, we both were able to bear witness to the enormity of Allison's pain.

Couple therapy is always potentially shaming. E. Wachtel (1993) points out that "...couple therapists are apt to see the darkest and most unattractive sides of their patients. The couple knows that the therapist is getting an impression of each of them that is in some sense based on their worst selves" (p. 277). The fear of being turned away from by the therapist, as well as by one's partner, inflames vulnerability and self-protective behavior. One crucial goal of any kind of couple therapy, and which is congruent with the theory of interlocking vulnerabilities, is to reduce the experience of isolation within the clinical situation. The recognition that vulnerability, self-protection and conflict, even destructive conflict, are inevitable consequences of our humanity, of our powerful longings for relatedness as unique and valued

individuals, fosters connection and mitigates shame and isolation. The building of such recognition within the couple is predicated on the therapist's ability to apprehend and articulate each member's longings and fears, to "remember" that behind their destructive conflict lies thwarted love.

Suggestions for Future Research

The theory of interlocking vulnerabilities is a conceptual framework and treatment model for couple therapy that has emerged from a larger theoretical endeavor: the interweaving of intrapsychic, interpersonal and social views of human relatedness. Theorists from diverse schools of thought are engaged in this project; their insights, developed quasi-independently, are converging in striking ways. Compare Mitchell's (1999) statement, "...human minds are fundamentally social phenomena that become focalized and secondarily elaborated by individuals" (p. 89), with Gergen's (1994) statement, "...for the constructionist, relatedness precedes individuality" (p. 214). Bowlby is another theorist whose work revolves around the primacy of relationality. While inclusion of his attachment theory was outside the purview of this study, this theory would be a salient addition to the overarching project of integrating notions of interior and exterior relatedness, and particularly relevant to the further development of the theory of interlocking vulnerabilities.

Like contemporary psychoanalytic and family theorists, Bowlby's (1980) attachment theory is predicated on the idea that "...intimate attachments to other human beings are the hub around which a person's life revolves" (p. 422). He defines attachment theory as "a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance,

including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise" (cited in Bacal & Newman, 1990, p. 209). Throughout the life span, a person's sense of well-being as well as the experience of emotional distress, "...are determined in large part by the accessibility and responsiveness of his principal attachment figure" (cited in Greenberg & Mitchell, 1983, p. 186). Bowlby's assertion that the threat to an affectional bond creates anxiety and anger, what he calls separation anxiety, is similar to the idea proposed in this study that a couple's alienation, both internally and interactively evoked, escalates relational conflict.

Bowlby proposes that self-protective patterning, what he calls attachment behavior, is a response to unwanted separation or the fear of separation. While the idea of self-protective cycles in the theory of interlocking vulnerabilities is based on a similar premise, the concept of relational vulnerability would be usefully enhanced by Bowlby's conception of different kinds of attachment behavior. Bowlby (1980) describes two broad problematic patterns of attachment behavior that develop in response to attachment figures who are unpredictable or rejecting. In avoidant attachment, needs for attachment are minimized to avoid rejection while remaining in distant contact with the attachment figure. An awareness of one's own neediness, as well as the other's rejection are "defensively excluded"; irritation and vigilance are often associated with this attachment strategy. Ambivalent attachment involves clinging or "adherence" to the attachment figure, defensively excluding feelings of anger about the person's inaccessibility which can manifest as indirectly expressed resentment when contact is finally achieved. In this strategy, separation tends to create great distress and the person's preoccupation with regaining relational security can curtail differentiation and exploratory modes of experience.

While these attachment strategies have been refined and elaborated by several researchers such as Ainsworth (1989) and Main (1990), this cursory review suggests the relevance of Bowlby's attachment theory for an approach to couple therapy. The interlocking of relational vulnerabilities could also be understood as the interaction of two different attachment strategies. If one partner with an avoidant pattern maintains attachment by being distantly watchful, wary of his partner's unpredictability, and the partner has an ambivalent style in which need for contact and resentment about past rejections alternate unpredictably, then part of their spiral of reactivity may involve the problematic interlocking of these attachment behaviors. The interface of primary vulnerabilities and attachment strategies would be a fruitful area for future research.

Another arena which deserves further inquiry is the question of how the theory of interlocking vulnerabilities might inform therapeutic work with individuals. The individual therapist's exclusive attention creates an empathic immersion that illuminates and obscures certain aspects of her client's character. There is a benefit to the individual therapist in utilizing the consciousness of the couple therapist to modify the blind spots that inevitably develop from the intense empathic identification in individual work.

While effective individual therapy always involves an awareness of the client's intrapsychic and interpersonal experience, including the person's impact on others, the individual therapist can also feel protective of her client, inadvertently over-identified with his subjective point of view. The deep commitment to hold and honor the client's subjectivity can obscure a full recognition of the interpersonal consequences of that person's characterological idiom. These interpersonal consequences may be illuminated in the transference/countertransference enactments of individual therapy. Indeed,

these enactments often reveal a significant amount about how the individual recruits others into repetitive interpersonal patterns. However, there are gaps in what the individual therapist experiences about the interpersonal life of her client. As individual therapists, we rarely see the level of irrationality and volatility that goes on in the person's primary relationships (Frank, 1993b). This dimension is more immediately available in the couple therapy setting.

As individual therapists we sometimes find ourselves worrying about whether a client can really blossom in the intimate relationship he or she endlessly describes, sometimes with great despair. The individual therapist may hold feelings of frustration, anger, or merely tolerance toward her client's partner. Acceptance of the partner and optimism for the couple is often displaced by over-identification with the individual client. If the individual therapist holds in mind the notions of interlocking vulnerabilities and the inflammation of escalating reactivity, she may be less likely to problematize her client's partner, less apt to assume that her client is being psychologically thwarted by his relationship. With this model in mind, the individual therapist might explore more thoroughly, not only her client's unconscious relational expectations, but his actual behavior, his often disclaimed participation in patterns of escalating conflict. The individual therapist might consciously alternate between the inside out perspective of dyadic work with a broader awareness of the client's impact from an outside other's point of view. The theory of interlocking vulnerabilities might also temper the individual therapist's skepticism about her client's intimate relationship so that the complexity and reciprocity of their interactions could be more clearly seen. More research could be done to determine whether the theory of interlocking vulnerability expands the individual therapist's awareness, enabling her to add

to the stock of available reality by borrowing the couple therapist's clinical consciousness.

The theory of interlocking vulnerabilities, whether used by the individual or couple therapist, is meant to focus attention on the depth of suffering evoked by the severing of human connection, our internal and external alienation from needed others. In couple therapy, the theory highlights each member's vulnerability to disconnection, the anticipation and actualization of dreaded isolation that lies beneath a couple's destructive conflict. It also enables the therapist to witness and articulate the unavoidable reciprocity of each member's experience, the inescapable network of mutuality in which relational conflict arises. The therapist can then help each member situate the self as well as the other in that network, to make a space for the existence of one's own subjectivity and the other's equally significant subjectivity in the scramble of coupling. There is often an "ineluctable blow to egocentrism" (Benjamin, 1998b) in this struggle for mutual recognition, but there is also a remarkable opportunity. Within the tumult of intimate relationships we are sometimes able, in Eudora Welty's (1998) words, "...not to point the finger in judgment but to part a curtain, that invisible shadow that falls between people, the veil of indifference to each other's presence, each other's wonder, each other's human plight."

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