The Drama of Couples Therapy

Mary-Joan Gerson[1,2]

In the author's view, the intensity of couples/family treatment arises from a suppressed acknowledgment of reciprocity, of interconnectedness among family members, beyond the often familiar dynamics of blaming and deprivation. Eliciting a recognition of profound interdependence raises anxiety, and stands in opposition to culturally prescribed concepts of autonomy and independence. To this end, a dramaturgical model of couples/family is proposed and discussed, involving the therapist's participation as director, witness or audience, and protagonist.

KEY WORDS: couples therapy; family therapy; drama.

All the world is not, of course, a stage, but the crucial ways in which it isn't are not easy to specify.

Goffman, 1959, p. 72

A THERAPEUTIC MOMENT

A couple who have generally spoken to each other as if they are seated across a boardroom table are flushed and on the edge of their seats.

"Oh yeah," she shouts, "I'll take the money I brought into the marriage and bank it in my own slush fund."

"Sure," he screams, "and I'll put you on an allowance."

"No, you'll be paying alimony, you jerk!"

The next week, each reports that they pulled back from the brink and recognized what they'd be sacrificing if they lost their marriage. He says,

[1]New York University Postdoctoral Program in Psychotherapy and Psychoanalysis.
[2]Correspondence should be addressed to Mary-Joan Gerson, 80 Central Park West, New York City, New York 10023.

"We've very rarely argued like that, and it was really weird to have someone else watching."

This example is not meant to convey a vision of therapeutic sensationalism. What I hope it captures is the intensity of an interpersonal enactment, suspended in time. I as therapist am witness and director and protagonist, because I have provided the proscenium and participated in the process. I hope to illustrate in this paper the usefulness of a dramatic metaphor for the therapeutic action of couples therapy.

THE ESSENCE OF COUPLES/FAMILY THERAPY

All of therapy is about indexing the unknown. Wachtel (1999) notes, "The patient is not so much 'resisting' the therapist's efforts as trying to hold on for dear life to whatever safety and stability he has achieved in his life" (p. 104). But for me the essence of couples and family therapy is its naturalism. Convened in our offices is an assemblage of individuals who otherwise gather around a kitchen table, visit in-laws, and share vacations. They are implicated in each other's lives and cued to each other's mood and cognitive states in myriad ways. The interconnectedness of family members yields a paradoxical blend of therapeutic opportunity and limitation. As couples therapists, we are limited by the overcueing, the haunting familiarity of the expected. In recognition of this persistent return to familiarity, Minuchin emphasizes the need to "cross the threshold of redundancy" in intervention. However, collective resistance allows for therapeutic opportunity as well. The safety in numbers and stability between individuals invites spontaneity and creative experimentation in family therapy intervention.

At the dawn of the family therapy movement in the late 50s, clinical theorists were struck by the adhesion of the family, its collective emotional and ideological life. The collective was deemed a "system" adopting the analogue of the nascent cybernetic revolution. But the operational language that systems theory embodied—homeostasis, circuitry, and redundancy—has always been problematic for traditional psychodynamic clinicians, rooted in a humanistic tradition. This lexicon seems to drain the spirit and soul from clinical work. Even within family therapy, there was objection. Recently, the narrative movement has presumably been a humanistic response to locate process in language instead of machines.

Perhaps initial stage family therapists were too zealous about looking at patterning across people and too readily disregarded individual psychology. Now we can reflect on these elisions (Nichols, 1987; Wachtel, 1994). However, as a psychoanalyst, I have always been aware that I have at best

limited access to the complexity of an individual seen with significant others. Although the notion of a "true self" is alluring, from a postmodern perspective we recognize how illusory it is. As a corrective, Bruner (1990) anoints the contemporary self "distributive, a "product of the situations in which it operates" (p. 109). Artists have always been intuitively aware of multiplicity. Virginia Woolf once remarked, "How queer to have so many selves." (Kakutani, 1995). Coltart (1996) amusingly notes that from a Buddhist perspective, the self is "after all, an illusion—is, in other words, a no self!" (p. 138)

For me the bridge theorist between psychodynamic and systemic thinking is Sullivan, who though hardly Buddhist in temperament or training, early and consistently grasped the decentered self. In "The Illusion of Personal Individuality," Sullivan (1950) exposed the solipsistic envelope of the "personified self." He described the security operations that maintain a defined and bounded self, impervious to correction because of the radar surveillance of anxiety. Sullivan's bridge has been buttressed in the last four decades, as treatment has been expanded beyond his traditional dyadic psychiatric model, to include the security systems of multiple significant others.

We are increasingly aware that the sense of *who* we are is determined by *where* we are, and that our therapeutic frame not only contains but also shapes content. When individuals come to a therapist's office *together*, they are telling their stories to and with each other. Ergo, she talks about her mother in terms of her concerns about him. An altogether different mother emerges for her in the transference "playground" of individual therapy. The narrative process is different. Gergen and Kaye (1992) note that "Each portrayal of self operates within the conventions of a particular relationship" (p. 181). Certainly psychodynamic therapists are interested in loosening the strictures of a fixed and singular narrative and do so within the transference and countertransference matrix. But what is unique about couples therapy is the duality of the narratives. Partners in a couple tell their stories on separate channels, with little shared frequency. The couples therapist begins a conversation that hopefully creates a shared narrative, one so compelling that it overrides the discreet, individual presentations. Expanding the stories invites a blurring of their boundaries. This is no mean feat in a culture founded on the inalienable right to be independent, autonomous, and self-contained.

No matter how postmodern, how constructivist in our thinking we become, we can't abandon our need or conviction that we are individual "personalities" and "selves," at least not west of the Urals. Guisinger and Blatt (1994) summarize this sociocultural ethic:

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

Philosophically, the position of individual selfhood is viewed as a lingering
sequela to the Cartesian split (Cavell, 1997). And it is widening. Willi (1984)
believes that as marriage involves less and less economic, and even geo-
graphical dependence, we are seeing an increased frequency of couples with
"symmetrical, narcissistic collusions ... in which partners strive for maximum
individual freedom and progressive independence within the relationship"
(p. 183).

Because we can hardly abandon the coordinates of independence au-
tonomy and stay oriented in Western culture, we are challenged to maintain
a delicate balance. We have to press ahead to define a reliable sense of self
while recognizing the absence of a "me" without a "you." As therapists, our
challenge is to help clients maintain this sense of balance, or at least the
commitment to tolerate the teetering and tottering of the effort.

I think that the potency of couples therapy is its potential for accessing
how once two lives become entwined, so do two psyches. People often recog-
nize that their view of the other may be distorted, that they are the repository
of layered internalizations, or in Sullivanian terms, "me–you integrations,"
reflecting powerfully imprinted experiences. But what is obfuscated by this
perspective is that the "distortions" of the other are a function of, a selected
band of, being with this particular other. A client with a presumably de-
priving mother can choose a depriving or an overly caretaking mate, and
her subsequent experience and anxiety activation depends on this particular
choice. It is not enough to talk about deprivation, once she's embedded this
dynamic in a particular relationship. From then on she will have a different
experience of deprivation, that is, she may feel infantilized and deprived
of adult recognition, or she may feel the spectral haunting of her childhood
hunger.

Thus, early on in my couples work, I introduce the somewhat radi-
cal suggestion that clients can't even own their own distortions. The idea
that we are utterly embedded in relationship for self-definition is, as I've
noted, an exceptionally radical consideration. As Minuchin and Fishman
state (1981)

There is the term *symbiosis* to describe a two-person unit in circumstances that are
pathologic in the extreme ... But this term ignores normal interactions. Although the
mental health field has a vast array of studies of normal transactions between mother
and child, it has no word to describe this complex two-person unit. One could coin a
term, such as "mochild" or "chother," but it would be impossible to devise terms for
all the multiple units." (p. 13)

What releases new experience is counterintuitive. Rather than unravel-
ing the separate strands of motivation of each partner, a new shared fabric
is created. As the individuals in a couple or family experience themselves as
more clearly intertwined, their security systems are somewhat neutralized
or even incapacitated. Protecting one's own story becomes more and more
difficult and effortful. The narrative interruption is disequilibrating, for as
Bruner has noted (J. Bruner, Personal Communication, 1995) every individ-
ual engages in a form of naive realism, believing the version they have been
telling is the only version that exists.

Sharing a story increases a sense of dependency that intensifies anxi-
ety. Personifications actually heat up, and become inflamed. People don't
find their long-standing versions of themselves in shards all around them
without experiencing considerable anxiety. Most of us find it trying enough
to deal with "mirroring" by the significant other, with its attendant pinches
and disappointments. A far greater assault to our personified selfhood is
the fact that we are actually shaped by the other in a somewhat limited,
bounded field of relationships potentialities. Recognizing that one's degrees
of freedom as a person are shared with significant others is very different
from blaming or accusing others of being hurtful or neglectful. The shared
degrees of freedom make it less clear what is "inside" and "outside" the self.
Actually, the moment of facing coconstruction is the moment of transfor-
mation. Working with couples around an ever more tightly coiled narrative
of mutual self-organization can lead to fresh ideas of who each is. I worked
with a couple in which over a course of a few months, the husband accessed
a profoundly organizing wish to rescue, just about anyone he had been in-
timate with. In his late teens he had fled a violent family of origin. He had
thought of entering the priesthood. Why? To rescue other novitiates from
unacceptable sexual impulses.

With a shock of now nondissociated recognition, his wife realized that
he had been on a rescue mission with her from the start. Finding her in
the middle of a fairly deep depression, he had reorganized her living space,
attended to her children's schedules, and generally resuscitated her. But
their erotic life had been minimal from the onset. Rachel had always ex-
plained this in terms of her own history of trauma, including a rape by a
stranger. She had been convinced that her own sexual history was a nec-
essary and sufficient justification for their absent erotic life, because John
was a sensual as well as attentive man. She had noticed a decline in his
attentiveness with a increase in her own competency, but she hadn't real-
ized that she was sharing her bed with a celibate missionary. The drama
of rescue, on a plane separate from their histories, captured the essence of
their attachment and catapulted them into reexamination of each other and
themselves.

THE DRAMATIC METAPHOR

When we meet couples in our offices, we sense that we are witnessing a drama in process. This may be Scene 2 or Scene 2000 in a series, but it is part of a ongoing drama that has a rhythm and content and shape that is being played out, performed before us. In fact, when I work with couples I often find myself working principally within a specific genre, that is comedic or romantic, in Messer's frame of reference, but my influence on the genre choice is less personal than it is with individual clients (Messer, 2000). Yes, the couple's "performance" is effected by my therapeutic presence, which I will address. But overall I think it is less effected by it, less enriched in fact by it than an individual's story, because the protagonists share an ongoing and quotidian reality. I think that viewing couples as performing a drama is a useful metaphor for thinking about the shared experience that a couple or family bring to the clinician's office and for the therapeutic action it requires. Clinical process has always been cradled in models. Freud's psychoanalytic project was articulated in terms of nineteenth century physics, and family systems theory, as I've noted, was coined in cybernetic language. The dramatic metaphor has been proposed before in the family therapy literature (Friedman, 1984; Kobak and Walters, 1984; MacCormack, 1997), and the psychoanalytic literature (Grolnick, 1984), but I hope to address its usefulness from a different perspective in this paper.

There is a strand of scholarship that has linked psychotherapy in general to theater. MacCormack (1997) illustrates the centrality of the theatrical metaphor in Freud's work, quoting Lyotard (1977) who locates the unconscious as an "aesthetic of late 19th century Viennese theater" (p. 155). For MacCormack, the theatrical metaphor is all embracing, including the "role" of transference, the concept of "acting out, and the premise that whereas 'if' in everyday life may be an evasion, in both theater and therapy 'if' becomes a truth" (p. 159).

For Friedman (1984) both therapy and theater "...represent a revolt against the normal use of discourse, an understanding of the natural limits of rhetoric and a recognition that communication is at least as much an emotional phenomenon as a linguistic one" (p. 24). He views the play of therapy and theater as central, and because he is a family therapist, it is a more adventuresome playground than Winnicott envisioned (Gerson, 1996). Friedman proposes that "the word 'authenticity' be resolved for rare stamps and books, 'because' authenticity can rob both therapist and motivated family members of one of their most effective initiatives—their capacity to be mischievous" (p. 27).

However, the argument I am presenting here is that couples (or family) therapy is particularly suited and illuminated through a dramaturgical model.

First of all, couples and families arrive with a drama in process. Although clients may elect to populate, or try to populate the room with others, these remain quite minor characters as a rule.

Burke (1945) created a concept of "dramatism" that included five terms: "what was done (act), when or where it was done (scene), who did it (agent), how he did it (agency), and why (purpose) (p. xvii)." An imbalance in the "ratio" of these components generates drama.

In drama we begin with *act and scene*; *Death of a Salesman* opens as follows:

> From the right, Willy Loman, the Salesman, enters, carrying two large samples cases...He is past sixty years of age, dressed quietly. Even as he crosses the stage to the doorway of the house, his exhaustion is apparent...Linda, his wife, has stirred in her bed at the right...More often jovial, she has developed an iron repression of her exceptions to Willy's behavior...
>
> **Linda,** hearing Willy outside the bedroom, calls with some trepidation: Willy!
>
> **Willy:** It's all right. I came back. (1949, p. 12)

Thus we become rivetted by Willy Loman's demise before we know anything much about him.

So it is when a couple or family enters our office. There is a story in action: she has betrayed him; he has smothered her. Wilder (1958) commented that "A dramatist is one who, from his earliest years, has found that sheer gazing at the shocks and counter-shocks among people is quite sufficiently engrossing without having to encase it in comment" (p. 197).

Quite the opposite is true of individual therapy. There we begin with intention and character: "I feel that my life lacks meaning; I can never sustain relationship." The specialness, the extraordinary quality of individual therapy, is that it provides an arena in the ordinary pragmatics of daily living—action and means—become symbolized. When we work with individuals we enjoy an exploration ranging across possibilities more than actualities. The reason we don't take the adoration, idealization, or disdain of our patients too personally, is not only because we're well-trained but also because we aren't constrained by the vicissitudes of financial insecurity and shared parenting which constrain partners. The life of the imagination is freer. Nabokov was once quoted as saying he would find it quite alarming to find someone dressed like Lolita standing on his doorstep. The structure of psychotherapy shapes content. As Hagen (1996) noted, "You don't tell an event as if it's happening—that's sentimentality or melodrama; you tell it in terms of who you're telling it to." I think that the dialogic narrative model informs individual therapy, but that couples and families therapy is best served by drama.

Second, a unique feature of couples therapy is that the casting is so perfect. As opposed to the "playground" of transference that Freud first

identified, in which the analyst serves as an effigy of the absented "object," the couple bring each other to the dock. Couples bring their real relationship to the therapist's office; they are bound by each other's presence to enact their customary interactions. Kramer (2000) incorrectly notes that "... some people really do have different and more complete selves in a relationship than they have in isolation." It seems to me that everyone does. For Levenson (1983), the essential algorithm of psychoanalysis is the examination of reported content in terms of the analyst–patient relationship. Staying within this frame yields expansion. Couples therapy involves another algorithm: each participant is invited to look at how her/his self, personified and known, is dependent on the personification of the other. There are several formulations for understanding reciprocal personifications, namely projective identification (Catherall, 1992), complementary positions in family of origin (Kerr and Bowen, 1988), and others. I think if the explication of reciprocity becomes too clear, too algebraic, the therapeutic action vaporizes. It's the geometry of a shared structure that is the heart of the drama.

Third, Brook notes (1968) that a key aspect of drama is that it "... denies time. It abolishes that difference between yesterday and today. It takes yesterday's action and makes it live again in every one of its aspects—including its immediacy. In other words, a representation is what it claims to be—a making present" (p. 139). Couples who embark on a description of a recent conflict reenact it in the twinkling of a therapeutic eye. If she is recounting an instance of his insufficient empathy, he may bristle and defend himself, thereby dismissing her longing. She becomes justified in believing him to be nonempathic. Rather he may be extrasenstive to criticism, and she may never realize or experience the difference in his character.

Fourth, the dramatic metaphor serves couples/family therapy well because of its potential for intensity of representation. Minuchin and Fishman (1981) introduce aspects of drama as intervention approaches for family therapists, for example, enactment and intensity. I think beyond specific interventions and techniques, an immersion in the dramatic rendering can enliven the therapist's vision and participation. Thus in couples/family therapy the therapeutic task can be viewed as lighting the stage, and illuminating the shared life-drama. Within the frame of a dramatic rendering, what systems theorists have called redundancy—overly-familiar and deeply grooved loops of interaction—can serve as dramatic elements. Just as the stage setting frames a play, so the overly familiar premises of a relationship can be abstracted and serve as props and settings for a new dramatic development. A couple who are incapable of resolving any important issues, most poignantly whether to have a second child until it has become just about too late, report that they live in an apartment with bare walls. She wants to be surrounded with family photos, which he finds a tasteless second-best to the art objects

he covets. Both are ashamed of their living space and rarely invite anyone into it. I highlight this visual rendering, which could be an incidental moment in the therapy, and tell them how clearly I see them living in a shared state of deprivation. It is as if we have created a stage design in my office, symbolizing the shabby interior design of their apartment and their marriage. If Freud was committed to replace individual neurosis with ordinary individual suffering, Beckett (1931) viewed drama as redeeming the boredom of living with its suffering.

What couples/family therapy and drama share is not only a kind of "make-believe" but the exquisite and endlessly recursive play between the real and the imaginary. Just as theater is a mixture of the real and pretend, so a couple is performing a relationship in both senses of the word: Reenacting a relationship that has a consistent shape independent of the therapeutic audience, and also showing a certain face of that relationship at any given time. Landy (1994) states, "Drama is based in paradox, the most essential being that persons acting dramatically live simultaneously within two levels of identity: that recognized as me and that recognized as not-me. This dramatic paradox is most clear in theater, the art of performing dramatic texts to an audience, where the actor plays the role of a character who is not himself."

I am not of course suggesting in a version of my own naive realism that what the therapist sees is the privileged "reality" of the couple's existence. We do respond personally to couples, and they factor in our responsivity. But I do believe that the reciprocity of cued patterning in dynamics allows for a dramatization that is relatively more independent of the therapist's personality or character than it is in individual psychodynamic therapy; that couples reorganize together, in alignment to our participation, maintaining the traction between their identities.

If we view couples therapy as drama, the therapist's role (no double entendre avoided) is multiple: director, audience, and protagonist. This fluidity may seem disquieting. However, it includes the same wide range of engagement as the basic participation–observational stance familiar to interpersonally oriented psychoanalysts and now rather consensually accepted by all psychodynamic therapists. As director the therapist moves the drama forward, and often a slight change in the overcoded story or narrative can release many shifts in relationship life. Here the creativity of intervention becomes apparent. Partners are encouraged to "play" with new possibilities in any realm—behavioral, affective, and ideational. The couple has an experience similar to the actor, remaining someone familiar, becoming someone slightly unknown, but drawing on the familiar persona. The experimentation is analogous to the fantasy elaboration of individual therapy, but is interactional.

Second, as the partners in a relationship experience themselves as characters in a story, overarching from the bounded selves they have sustained, the therapist serves as a witness or spectator to this expansion. A unique possibility for what Gergen and Kaye (1992) refer to as "reflexivity" occurs. In presenting overly familiar interactions and patterns to a neutral but responsive witness, the couple senses the possibility of a fresh perspective. Similarly, actors performing the same role every evening respond to subtle cues in audience communication. But, ironically and somewhat paradoxically, the couple is both aware of and oblivious to the therapist as witness. In this vein, the couples therapist feels removed from the center of the engagement, what I have referred to as "outside the circle of intimacy" (Gerson, 1996). This is an emotional position that presents its own challenge in terms of countertransference.

And lastly, there are times when the therapist becomes a true participant in the drama, a protagonist. These moments, which occur in individual therapy as transference-countertransference enactments, are generally minitherapeutic explosions, releasing overbinding redundancy. Why they occur, why the therapy becomes so clearly weighted on participation rather than observation is a therapeutic question that is currently at the forefront of psychoanalytic and narrative therapy exploration (Gerson, 1996). Length of therapy is certainly a factor, it seems to me, and length is likely related to rigidity and redundancy in a couple's relationship.

A CASE EXAMPLE

Beth and Peter were referred to me by her individual therapist who was an eating disorders specialist. Her anorexia was largely rebated and her somewhat severe depression controlled by medication. Beth would continue to see this therapist on a once-a-week basis. Peter had begun treatment with a colleague of hers, and surprising himself as well as Beth, was thoroughly involved and committed to continuing. But their marriage was a battlefield.

Session One

In the initial meeting, I learned that Peter had episodic rage reactions: he would break favorite objects of Beth's and insult and curse her in the foulest language, often in front of their 2 year-old daughter. The episodes of disruption were cyclonic; there was no interrupting their velocity and force, once initiated. If Peter withdrew after initial abuse to contain himself, Beth pursued him to express her outrage and he escalated. If Beth threatened

him punitively once he started to lose control, it inflamed him. What were their histories? Peter's mother had died suddenly from a heart attack one evening when he was 8 years old; he found her dead in the kitchen. His life as the oldest of three siblings, including a sister and a younger brother, under the daytime supervision of a rigid grandmother, was joyless. Beth's mother had suddenly left home to join her high school sweetheart when Beth was 13; she saw her sporadically after that. Her relationship with her father, certainly more than her younger brother's had been bitter and contentious ever since. Because of their early traumas of disruption, they were a couple highly attuned to each other's emotional state and random gestures.

I listened to the description of their life together. They worked together at the same institution cognizant of each other's responsibilities. Peter had the superior position, but Beth was dissatisfied with his performance. In general, life was chaotic—no time for food shopping or preparation, little time to be with others outside their little unit. Peter would start his take-home work late and generally fall asleep on the couch. However, with the exception of the inflammatory outbursts between them, their parenting seemed exemplary, with special attention given to their daughter's needs for attention and care.

In the first session, I focussed their attention on the event that precipitated the eruption of rage. It was as if I established a mis-en-scene. The setting was their kitchen; I pictured them both and I was audience to the impending eruption. But as one does in viewing a drama, I inquired about the motivation for the action. The disturbing event that week was one of the familiar interactions. Peter had acutely reacted to Beth's not letting him finish a thought he was struggling to communicate. She thought he had simply exploded in impatience. In a sense, this is a bread-and-butter basic of couples therapy but nevertheless a dramatic moment. Beth had no experience of her behavior evoking Peter's reaction; her schema was that his behavior reflected his own irrational needs. On the other hand, it hadn't really dawned on Peter that it was the midsentence splice of his thinking that was most derailing. It was as if I had located them each in a dramatic script. In the role of witness or spectator, I invited each of them to describe what the other's behavior meant. Peter felt that Beth was dismissive, so impatient in her listening that she erased him. Beth felt that Peter's long-winded expositions betrayed his belief that she was incompetent, or worse mentally deranged. I invited them to consider these additional meanings in the ensuing week, and learned in the next session that invoking the multiple meanings had been useful. Had we not located their action in a focussed and shared interaction, on a proscenium they could both view, had we simply talked about perceptions and personifications, I don't think there would have been a change.

Middle Phase of Therapy

With continued exploration and experimentation, Beth and Peter set-
tled into a rhythm of peaceful coexistence with less frequent though still
harrowing emotional flare-ups. A clear pattern of their interaction emerged:
Peter felt barraged by her negative appraisal of his behavior. Beth felt that
his unreliability and lack of commitment justified her critique.

Ironically in an effort to balance her criticism, Peter perseveratively
recreated in the sessions a particularly harrowing scene from the past. It
had an iconic quality like any emblematic dramatic moment: the soliloquy
from Hamlet, the madness of Lear on the heath. It was the scene preceding
Beth's hospitalization for depression: she is inconsolable, unable to care
for their child. This rendering always evoked a counterdramatization by
Beth—Peter's psychological deafness and insensitivity, vividly illustrated in
his failure to negotiate a time and place for a family social event the day
of her descent into despair. They perseveratively located each other in the
past in a separate dramatic enactments of failure and disconnection. I felt
myself struggling to move the drama to a present, and better yet, a future
time frame with new possibilities.

All through the therapy, I talked with Peter and Beth about the con-
nection between their individual histories of instability and their current
difficulties. But this interpretive work was not transforming; it seemed to
buzz around their minds, not their hearts. In one session in which Beth was
itemizing Peter's negligent and derelict performance as a professional and
as a coparent, Peter became visibly desperate. At home, this would have
undoubtedly escalated into a full-scale battle. Here as playwright I asked
them to step out of role: to transform the characters they were playing.
What would make a difference to each, a significant addition to the old, dis-
satisfying repertoire. I asked each of them to make one request that would
transform their lives together. Peter asked Beth not to criticize him in front
of their child. Beth asked Peter not to denigrate her friends and family. The
results were surprising. Beth had been unable to shift her behavior, but Peter
had succeeded admirably during the subsequent week. The conundrum was
why Peter's ability to change his behavior had so little meaning to Beth.

Over time the frequency of outbursts decreased significantly and Beth
and Peter terminated couples therapy with the caveat of returning at will.
They did 8 months later.

Apparently therapy had drawn them closer to each other and each of
their professional lives had blossomed. But Beth was still living, she felt, in a
state of perpetual trauma because of Peter's propensity to violent destruction
of household property and verbal assault in front of their daughter, however
infrequent these eruptions were. I realized I was working with a couple with

whom my therapeutic action as director and playwright, though useful, had
remained simply too external to their highly charged, densely interlaced
difficulties. The change I had brought about had not offered a profound
liminal transformation. My interventions, like many in family therapy and in
cognitive behavioral work, had provided a different patterning, but missed
the epicenter of the couple's traction. For some couples, a shift from past
reenactment to present possibility is sufficiently liberating. For others, an
enhanced sensitivity or generosity is enough to create a new social drama.
But for couples who experience a profound breech in their union, something
more absorbing is required.

In this phase of the work, I once again tried to bring their household
drama to life. Thus in one particularly upsetting afternoon, Beth had rushed
home for an urgent departure to a birthday party, only to discover Peter
snoozing on the couch. The vitriol she unleashed was unbearable to him.
I suggested a connection to her mother's sudden abandonment, and a per-
sonal vulnerability to disrupted, expected events. In fact, could it be that
Peter's diatribes served as a vicarious denouncement of her own mother?
At this stage, Peter talked about thinking of his father as an angry, sadistic
person for the first time. He seemed to be considering a new and more rele-
vant identification with him. But no matter what dynamics were unpacked,
a fulsome shared irrationality remained a feature of their life together.

Last Phase

Beth and Peter arrived one afternoon looking very tense: She reported
that in a violent reaction to her criticizing him, Peter had broken her most
treasured possession. It was irreplaceable. As she tried to convince Peter of
her desperation, he paralyzed her with equally persuasive descriptions of her
own provocativeness, her own abuse. She said she didn't think she could live
any longer with this episodic trauma. I don't take positions in couples therapy
that sanction one view of behavior (unless a client's physical integrity is com-
promised) and though I am active in intervention, I assiduously avoid giving
advice. But I encouraged Beth to deliver an ultimatum: She would end the
marriage if Peter destroyed something else precious to her. None of us could
tolerate the imbalance between expressed devotion and tenderness with the
unpredictability of destruction. I don't think the issue was my intolerance
of anger or even its violent expression; to the best of my self-knowledge,
this is not a flash point for me. I experienced my participation as organi-
cally emerging from the drama I had first witnessed, and then unsuccessfully
attempted to reshape from a directorial distance. At this moment, I felt I
had entered their drama and with Burkean necessity had to match action

and character. With the same slight sense of the uncanny, I decided to call each of their individual therapists to discuss this development. I rarely have frequent conversations with individual therapists when I'm working with couples unless I feel that something has gone awry in the larger system. But at this point in Beth and Peter's treatment, I felt the need to contact them. With permission, I called each individual therapist and talked over my sense that a taboo on Peter's violence was therapeutically necessary. Back and forth, weaving individual and couples perspectives, we reached agreement. I had become an instrument of their inexorable push toward reintegration.

A therapeutic edict, we know, is hardly binding. But Beth and Peter held this new frame without disruption and eventually the therapy seemed to run its course. For several weeks we talked about the change, always in terms of a shared triumph. Because she felt safely protected by the boundary, Beth felt less enraged and acted less provocatively. Because she gave him the space to control his reactivity, Peter was able to taste and savor the pleasure and dignity of self-control. They had the experience of taming a wild beast together. Naturally, they still had issues: Beth was too managerial; Peter couldn't set limits with their child. But with the redress of violence, the heart of their relationship seemed revitalized and the therapy ended.

SUMMARY

Couples and family therapy lends truth to the lie that we are separate and autonomous individuals. Although this challenge has been levied by philosophers, by revisionist psychoanalysts, and by developmentalists, the model of theater, a shared life as a living drama, can articulate it for the couples therapist. In describing the essence of theater, Wilshire (1982) says

> Illuminated is the perennial human predicament: we both need others and are threatened by them, and we are threatened precisely because of our need. We need others to approve us and authorize us, and we are threatened by them either because they can withhold this, or because they approve at the cost of engulfing and smothering us. Tragic theater will never be outmoded, because there is no escape from this problem." (p. 361)

There will surely not be an escape route available to therapists who work with couples and families in any form of relationship crisis.

REFERENCES

Beckett, S. (1931). *Proust*. New York: Grove Press.
Brook, P. (1968). *The empty space*. New York: Touchstone Press.

Bruner, J. (1990). *Acts of Meaning*. Cambridge, Mass: Harvard University Press.
Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
Burke, K. (1945). *The grammar of motives*. New York: Prentice-Hall.
Catherall, D. R. (1992). Working with projective identification in couples. *Family Process*, *31*(4), 355–368.
Cavell, M. (1997). *The nature of self-understanding* [Panel presentation]. New York: William Alanson White Institute.
Coltart, N. (1996). *The baby and the bathwater*. Madison, CT: International University Press.
Friedman, E. H. (1984, January-Feburary). The play's the thing. *Family Therapy Networker*, *8*(1), 23–30.
Gergen, K. J., & Kaye, J. (1992). Beyond narrative in the negotiation of therapeutic meaning. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 166–185). London: Sage.
Gerson, M. J. (1996). *The embedded self: A psychoanalytic guide to family therapy*. Hillsdale, NJ: Analytic Press.
Goffman, E. (1959). *The presentation of self in everyday life*. Garden City, NY: Doubleday Press.
Grolnick, S. A. (1984). Play, myth, theater and psychoanalysis. *Psychoanalytic Review*, *71*(2), 247–262.
Guisinger, S., & Blatt, S. J. (1994). Individuality and relatedness: Evolution of a fundamental dialectic. *American Psychologist*, *49*(2), 104–11.
Hagen, U. (1996, April). Panel discussion on *Mrs. Klein*. Presented at the annual meeting of Division 39 (Psychoanalysis) of the American Psychological Association, New York, NY. p. 17.
Kakutani, M. (1995, April 18). Virginia Woolf, every last bit of her. Review in *New York Times*.
Kerr, M.E., & Bowen, M. (1988). *Family evaluation*. New York: Norton.
Kobak, R., & Waters, D. B. (1984). Family therapy as a rite of passage: Play's the thing. *Family Process*, *23*(1), 89–100.
Kramer, P. D. (2000, May 7). What do we talk about when are paying someone to listen [Panel Discussion]. *New York Times*, Sunday Magazine Section.
Landy, R. J. (1994). *Drama therapy: concepts, theories and practices* (2nd ed.). Springfield, IL: Charles C. Thomas.
Levenson, E. A. (1983). *The ambiguity of change*. New York: Basic Books.
Lyotard, I.-F. (1977). The unconscious as mise-en-scene. In M. Benamou & C. Caramello (Eds.), *Performance in postmodern culture* (pp. 87–98). Madison, WI: Coda Press.
MacCormack, T. (1997). Believing in make-believe: Looking at theater as a metaphor for psychotherapy. *Family Process*, *36*(2), 151–169.
Messer, S. B. (2000). Applying the visions of reality to a case of brief therapy. *Journal of Psychotherapy Integration*, *10*(1), 55–70.
Miller, A. (1945). *Death of a salesman*. New York: Viking Press.
Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Cambridge: Harvard University Press.
Nichols, M. P. (1987). *The self in the system: Expanding the limits of family therapy*. New York: Brunner/Mazel.
Sullivan, H. S. (1950). The illusion of personal individuality. In *The fusion of psychiatry and social science* (pp. 198–226). New York: Norton. (Reprinted in 1964)
Wachtel, E. (1994). *Treating troubled children and their families*. New York: Guilford Press.
Wachtel, P. L. (1999). Resistance as a problem for practice and theory. *Journal of Psychotherapy Integration*, *9*(1), 103–118.
Willi, J. (1984). The concept of collusion: A combined systemic-psychodynamic approach to marital therapy. *Family Process*, *23*(2), 177–185.
Williams, R. (1968). *Drama from Ibsen to Brecht*. London, England: Penguin.
Wilshire, B. (1982). Theatre as Phenomenology: The disclosure of historical life. In R. Bruzina & B. Wilshire (Eds.), *Phenomenology: Dialogues and bridges*. Albany: State University of New York Press.