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Reducing Pitfalls, Enhancing Possibilities: Reply to Commentaries

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After expressing my appreciation to Drs. Gerson and Fulmer for their thoughtful and interesting discussions of my paper, I highlight our many areas of agreement, make one additional point, and note a few areas of difference. Both discussants agree that the problem of individual therapists developing negative constructions of an unseen spouse or partner is common and important to explore and address, given the potential disservice such unanalyzed constructions can do to patients and their relationships. In response to Gerson's assertion that exploration of the patient's "self-with-intimate-other" is inevitably constrained in individual treatment modalities, I agree but suggest that acknowledging this and proceeding accordingly can ultimately lead to the patient feeling more deeply known and understood. After commenting briefly on a few areas of difference with each discussant, I thank Dr. Fulmer for drawing my attention to the parallels between the individual patient's unseen spouse and the child patient's unseen mother. I also thank him for his lighthearted but apt suggestion that (as I paraphrase him) therapists "analyze (ourselves) as usual."

My thanks to Mary-Joan Gerson (this issue) and Richard H. Fulmer (this issue) for their thoughtful discussions of my paper "The Unseen Spouse: Pitfalls and Possibilities for the Individual Therapist." Both elaborate on and extend my thinking to include interesting ideas I hadn't thought of but mostly agree with—and some I have long believed but hadn't mentioned in this paper.

Most important, both discussants agree that the problem I describe is widespread and important to examine and address. Given the significant damage that can be incurred to patients, spouses, families, and relationships as a result of unanalyzed negative constructions of unseen others, anything that reduces the frequency and intensity with which these occur is most needed and welcomed. I believe both discussions contribute significantly to this goal.

Dr. Gerson's section-by-section, point-by-point engagement with my paper was especially gratifying. I felt she had really immersed herself in my ideas, an experience I now see that authors as well as patients appreciate. She clearly shares my frustration with the irony that therapists/analysts who are so aware of mutual influence in the transference–countertransference matrix "actually turn a blind eye to these same constructivist principles in intimate relating outside

My thanks to Arlyn Miller and to Drs. Jill Gardner, Denise Lensky, Rick Volden, and especially Rachel McKay for helpful comments on previous drafts of this response.

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the treatment room” (Gerson, this issue, p. 341). And I heartily second her reminder that bidirectional processes of mutual influence occur between patients and their parents as well as between partners.

Gerson emphasizes that we can never fully know all aspects of our patients, especially the individual patient’s “self-state with the intimate other” (p. 344). I certainly agree, although perhaps self-states or *selves* (plural)-with-intimate-other would be more apt (R. McKay, personal communication, 2013). I think this is why people who have completed a very successful individual treatment are often surprised and dismayed when they later enter couples therapy (with the aim of getting their spouse to change) and find that they have much more to work on in themselves than they’d expected.

Despite the inevitable constraints of individual work that Gerson and I both highlight, I believe that acknowledging these constraints and keeping them in mind can ultimately lead to the patient feeling more deeply known and understood. Fully grasping and resonating with the patient’s current subjective experience, while remaining aware (and conveying to the patient directly or indirectly, verbally or nonverbally) that there are parts of the patient other than those currently present—or known to patient or therapist—can be a richer, more robust form of empathy that can contribute to a deeper therapeutic connection. Collaborating with other therapists treating the patient or even (very judiciously) seeing the patient in more than one modality can help the therapist get to know more sides of the patient, which can similarly result in the patient feeling more known and understood and ultimately lead to greater self-understanding. This may at least partially explain why Gerson’s patient Karen seemed calmed by the conversation between her therapists.

Given our different theoretical homes, it is not surprising that Gerson agreed with me that self-psychologically oriented therapists might be particularly vulnerable to the problematic dynamic I describe, due to their emphasis on listening from within the patient’s perspective. I don’t think most efforts to do so are motivated by the factors she suggests, but a discussion of that issue is well outside the scope of this paper. I agree with her that all theories run their own risks—and here I would include the risks involved in *not* seeing things (to the extent possible) through the patient’s eyes—but will leave that discussion for another time.

Dr. Gerson suggests that individual therapists might be more sympathetic to an unseen spouse if they understood the spouse’s problematic behavior through the lens of attachment theory, as motivated by the pursuit of a secure attachment base. I agree, but the same could be said of other theoretical views as well. For example, it could also help if the behavior was seen as motivated by an effort to elicit needed selfobject responsiveness, by a “forward edge” effort toward growth or by a strong attractor state in the system. The problem is that when individual therapists are caught up in the transference/countertransference dynamic I describe, they aren’t trying to make sense of the unseen spouse’s behavior in light of *any* theory that might be less pathologizing or differ from their patient’s view.

Both discussants note that the wish to rescue a patient is not uncommon and stems from the understandable wish to help or to alleviate pain. I found this reminder helpful and consistent with my understanding of how the dynamic I describe can develop. Regarding Gerson’s concern that couple therapists can similarly wish to be too central to couples (and thus, by implication, “rescue” them), I am sure that can happen in some cases. However, I think there are times when it is crucial that the couples therapist allow herself to become quite central—in order to deepen

the connection between herself and each partner, perturb a very stuck system, or provide needed responsiveness that the partners are temporarily unable to provide for each other, for example. Again, I leave further discussion for another time or another paper.

Despite some differences in our theoretical models, both discussants fully endorsed my suggestions regarding ways to respond to individual patients' complaints about an unseen spouse. Regarding Dr. Gerson's reading of one of my examples, I certainly did not mean to imply a sense of pessimism about the ability of spouses or relationships to change, although I see how it could have read that way. I agree with her recommendation that the individual therapist ask about and listen for what the significant other *does* offer the patient. I also share her views about the benefits of using reverie, metaphor, and imagery to capture an aspect of the couple's dynamic in a "snapshot." (I sometimes note a couple's "theme song.") However, consistent with the theme of my paper, I question whether one partner's individual therapist (even a very experienced couples therapist such as Dr. Gerson) is in the best position to come up with a metaphor or image that includes an impression of an unseen spouse or relationship. Whether verbal or imagistic, the individual therapist's impression of the couple's dynamics still runs the risks I outline in the paper—and thus should be carefully reflected upon and qualified.

Turning to Dr. Fulmer's discussion, I was pleased that he found my opening vignette so "instantly recognizable." I didn't agree with his description of my paper as "an article about relationships between professionals" (p. 349), because while certainly such relationships were referenced, they were not my main focus. However, I very much appreciated his comparing the unseen spouse of individual adult patients to the "unseen mother" (p. 349) of child patients. I have previously described this dynamic as the "little faces problem" (e.g., Eldridge & Leone, 2004)—my phrase for the common problem of therapists finding it much easier to understand and attach to their cute and vulnerable child patients than to the child's much less cute, abusive, or misattuned parents. I completely agree that the treatment of children can be successful only if the child's therapist can form a bond (for me, a selfobject bond) with the usually harder-to-like parent.

Dr. Fulmer suggests that the rescue fantasy described first by Freud (1910) and later by Frankiel (1985) might also explain the pathologizing of an unseen spouse, parent, or colleague. I agree that the rescue dynamic is often involved, as I mentioned in my paper, and found Fulmer's explication of it in film and myth interesting. However, I don't think positive transference/countertransference typically creates anxiety that leads the individual therapist to "demonize a part of his patient in the form of a negative view of the unseen spouse" (p. 350). I don't think such demonizing is typically (even unconsciously) directed toward the patient; rather, I think far more often the unseen spouse is pathologized because of the positive connection between therapist and patient. Fulmer's ideas about the "refused rescue" were also interesting, but in the case I presented, rather than refusing her therapist's rescue, I believe the wife welcomed and appreciated it.

I found Fulmer's final point the most helpful of all. I thank him for cogently and humorously reminding us that just as individual patients' complaints about an unseen spouse should be treated as "dream material" and "analyzed as usual," so should our own impressions of an unseen spouse—or a not-fully-seen colleague—when we have strong feelings about either. That is exactly what I learned from the example I presented, and I thank him for putting it so well.

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