

Psychoanalytic Couple Therapy: Consultation and Therapeutic Framework

علاج الأزواج التحليلي: وصف للاستشارة وسيرورة العلاج

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Abstract: In this scientific paper, the two researchers discussed a therapeutic process derived from psychoanalytic theory, represented by analytical couples therapy, which serves couples in the first place and the marital relationship in the second, in relation to the bonds/relationship between men and women on the one hand, and women and men on the other, according to their gender and sexuality, as analytical couples therapy focuses on analysing the bond built by the partners (husband and wife) between them. In the initial sessions, the therapist's holistic interventions on couple dynamics and individual functioning aim to restore narcissistic balance and help each partner to visualise their relationship. Therapy then involves addressing unconscious complications between the couple as the partners (spouses) reframe their intertwined personal histories within the marital therapeutic framework. Ultimately, this therapeutic process allows a shift from projecting each couple's internal objects onto their partner to recognising the external objects that make up their relationship, ultimately revealing the richness of the other and interactively fostering the psychological growth of both parties.

Keywords: bond, Couple, collusion, psychoanalytic couple therapy.

الملخص: تطرق الباحثان في هذه الورقة العلمية إلى سيرورة علاجية منبثقه من نظرية التحليل النفسي متمثلة في العلاج الزوجي التحليلي، تخدم الأزواج بالدرجة الأولى وال العلاقة الزوجية بالدرجة الثانية علاقه بما قد تتخالله الروابط/ العلاقة التي تجمع الرجل بالمرأة من جهة والمرأة بالرجل من جهة أخرى تبعاً للنوع والجender الذي ينتمي إليه كل منهما، إذ يركز العلاج الزوجي التحليلي على تحليل الرابطة التي بناها الشركاء (الزوجين: الرجل والمرأة وفق مفهوم الزوج والزوجة) فيما بينهم. إذ الجلسات الأولية، تصبوا خلالها التدخلات الشاملة للمعالج النفسي اسهداف ديناميكيات الزوجين والأداء الفردي إلى استعادة التوازن النرجسي وتقديم الدعم اللازم لكل شريك قصد تصور علاقتهما. يتضمن إذن العلاج معالجة التواطؤات اللاوعية بين الزوجين، حيث يقوم الشركاء(الزوجين) بإعادة صياغة تارихهم الشخصي المتشابك ضمن الإطار العلاجي الزوجي. في الأخير، تتيح هذه العملية العلاجية التحول من إسقاط الأشياء الداخلية لكل زوج على الشريك إلى التعرف على الأشياء الخارجية التي تبني علاقتهم،

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مما يؤدي في النهاية إلى الكشف عن ثراء الآخر وتعزيز النمو النفسي لكلا الطرفين بصفة تفاعلية.
الكلمات المفتاحية: الروابط، الزوجين، التصادم، العلاج الزوجي التحليلي.

- Introduction:

Over the past fifty years, clinical research on couples and therapeutic approaches for couple support have significantly evolved. In the 1950s and 1960s, consultations were primarily conducted with individuals discussing marital issues in one-on-one sessions. However, in response to growing demand from couples, this practice shifted, leading to the emergence of joint sessions. These, in turn, paved the way for studies exploring therapies "for," "of," and "within" couples—each reflecting distinct therapeutic goal. It is the therapist's responsibility to clarify these goals, as they shape their approach to listening, the structure of the therapeutic framework, and the nature of their interventions.

To discuss the processes involved in psychoanalytic couple therapy, it is necessary to first define its purpose and outline how the therapeutic contract is established in accordance with this purpose. Therapeutic processes can only be meaningfully analyzed in relation to the space created for the couple and the agreement established between them and the therapist(s).

1- Defining Psychoanalytic Couple Therapy:

How can psychoanalytic couple therapy be defined and distinguished from other forms of couple support and therapy? What is the psychoanalytic therapist's goal in welcoming couples in distress?

To address these questions, one can draw on foundational works by J.-G. Lemaire and A. Eiguer. For the sake of simplicity, however, I will offer a concise, schematic definition.

Psychoanalytic couple therapy involves analyzing both the couple as a unit and the bond the partners have constructed between them. This form of therapy is applicable only when a bond exists in some form- that is, when the partners recognize themselves as being in a couple. This definition inherently excludes alternative approaches to couple therapy.

The therapy examines the bond in its multifaceted dimensions, including object-relational and narcissistic aspects. It also analyzes how the partners and their relationship interact with their actual couple dynamic and with the idealized, fantasized versions of the couple each partner holds. Furthermore, it investigates the interplay between the actual couple (the loving dyad) and each partner's idealized notion of the couple (the loved dyad).

This analysis delves into the meaning and circumstances surrounding the romantic choice, interpreting symptoms expressed as complaints and grievances. These symptoms are then integrated into the psychological framework of both the couple and the individual partners. This process enables the couple to either progress together or part ways with reduced psychological distress for each partner.

Psychoanalytic couple therapy provides a space for the couple to undertake this analysis, particularly focusing on the sources of their suffering. By examining the couple's dynamics, the therapy facilitates the untangling of pathological knots within the relationship.

The goal, then, is to understand how these knots were formed and what role they play in the psychological functioning of both the couple and the individual partners.

2- What Is a Couple?

The deepening of the clinical understanding of psychoanalytic couple therapy has progressed hand in hand with the conceptualization of the couple as a "psychic entity." One cannot advance without the other. Analyzing the couple facilitates its understanding, and understanding it supports its analysis.

The formation of a couple inherently involves a sense of shared purpose: a life project, a plan for children, or even just a mutual commitment to provide support while identifying as a "couple." For instance, some couples seeking therapy might say, "*We came together to turn the page,*" reflecting a shared project that has faltered. Such

projects embed the relationship within a temporal framework, transforming a simple encounter into a partnership and enabling the creation of a conjugal bond.

Like any bond, the conjugal bond is simultaneously an organizing force and a defense mechanism. It is structured not only around conscious agreements (such as "turning the page") but also through unconscious collusions and pacts- what must remain unacknowledged to ensure the bond endures. The bond is constructed and maintained through repression.

Collusions reflect shared psychological issues between the partners, with their opposing or complementary defenses contributing to their initial attraction. While conscious agreements aim to move past these issues, unconscious pacts organize and repress them. These collusions establish certain shared problematics that the partners seek to address either together or through each other. In this way, the relationship becomes indispensable, offering a space where the partners can deposit their most primitive aspects. The partner may become essential as a site for projecting aspects of the self and processing those projected elements within the other.

Compared to other types of bonds- such as friendships, parent-child relationships, or romantic liaisons- the conjugal bond has distinct characteristics: genital sexuality, duration, and, in principle, shared living arrangements.

For Freud, "*the object is not found but rediscovered.*" However, in early relationships with primary objects (e.g., parents or caregivers), the exercise of sexuality is prohibited. The conjugal bond, by contrast, is where sexuality- or more specifically, genitality- is not only permitted but prescribed. Engaging in sexuality within this context transforms the relationship to the object, allowing for its re-elaboration.

Adolescence marks the initial reconfiguration of sexuality, facilitated by the emergence of genitality. However, this occurs in the context of object choices that lack the dimension of duration. Within a couple, the element of duration introduces new

characteristics to the object choice, requiring it to satisfy both the need for security and libidinal satisfaction.

The transformation of a mere encounter into a couple involves organizing sexuality while also providing a space of identity reassurance for both partners. Over time, the projection of internal objects onto the partner may confront the reality of the external object. This recognition of the other as separate and distinct is supported by the eroticization of the relationship.

This process of differentiation enables the mourning of the early objects that are forever lost and forever forbidden. For this to happen, however, the couple must emerge as a distinct group- a new societal unit- differentiating itself from the groups it originates from. This differentiation reactivates and redefines the couple's relationships with their primary environments and foundational groups.

A double process of differentiation- a dual psychological task- is essential for a couple to remain alive and functional as a couple. It must first establish a boundary at its periphery between itself and the external world. This work provides the couple with a *psychic envelope*, creating a distinction between "inside" (the internal dynamic of the couple) and "outside" (the external environment).

The couple must also manage *otherness* within its relationship by addressing the dynamics of sameness and difference, completeness and incompleteness, closeness and distance, and fusion and separation. This ongoing effort transforms how each partner relates to their personal history and strengthens the couple's psychic envelope.

Under these conditions, the enduring couple becomes a privileged space for reworking the relationship to the primary environment and early objects. This psychic work, while demanding, is something every living couple must confront and ultimately brings significant psychological benefits to both partners.

These two processes cannot exist independently. When a couple experiences a crisis, it often signifies a blockage in one or both processes, revealing the unresolved

psychological work necessary for maintaining vitality and growth within the relationship.

3- Couple Consultation and Preliminary Interviews: Description of the Framework:

Couples who seek consultation are often those going through a crisis or questioning the repetitive nature of a specific type of conflict or symptom. The collusions that once served as defensive structures for the couple are no longer effective in fulfilling this function, and their content surfaces in the couple's symptoms. These symptoms, which stem from the collusion, paradoxically enable the partners to remain together without completely losing themselves in one another. In fact, the "glue" of the collusion creates a necessary space that allows each individual to maintain their separate identity.

The nature of the symptom provides insight into the nature of the collusion and the underlying issue- often pregenital in nature- that binds the partners together. Psychoanalytic couple therapy can be indicated for some of these couples, but before this indication becomes clear, the preliminary sessions are of critical importance.

For psychoanalytic couple therapy to be deemed suitable, several conditions must be met during these preliminary interviews.

The first condition is that, throughout these initial sessions, the couple must feel truly listened to and understood in a specific way. Working on the bond- and with the bond- requires the therapist to shift their focus from individual issues to the dynamics of the bond itself. This involves listening to how shared issues manifest and are refracted in each partner, identifying these common issues, and understanding their organization within the "couple dynamic." The therapist must also perceive each partner's relationship with the couple as an entity. Individual problems must, of course, be heard—not to address them directly, but to understand how each partner is reflected in the other and how the couple's bond interweaves their respective issues.

Similarly, the personal histories of each partner are meaningful in this context only insofar as they shed light on how the couple's bond has been structured.

The second condition is the necessity to move beyond the concept of the "identified patient" and guide the partners toward an awareness of the bond they have constructed over time. For this to occur, the couple must feel that the therapist values them as a couple and recognizes the functional role that their relationship has played. Even if their bond is currently failing, it once provided an effective psychological organization and defense that was beneficial to both partners. This recognition has a genericizing effect on both the couple and the individuals. If they later choose to separate, this understanding is equally significant in enabling them to do so without negating the life they shared or the meaning it held.

From this perspective, the symptoms carried by one partner are, in fact, produced by the couple and should be understood as a product of their shared dynamic. The couple's shared issues are refracted through each individual, with each partner manifesting only one aspect of the larger dynamic. A physical or psychological collapse in one partner may signify what each has contributed to the relationship as a source of identity reassurance. Similarly, the complaints voiced by the other partner- such as lack of communication, infidelity, substance abuse, violence, or control- may reflect elements embedded within the collusion. One partner may carry a symptom that reveals a narcissistic conflict, while the other exhibits a symptom rooted in object-relational conflict. These conflicts lie at the heart of the couple's various collusions and stem from their shared issues.

It is therefore essential that, during these preliminary sessions, the therapist provides the couple with an initial understanding- or at least the beginnings of an understanding- of their relationship and its functioning. A holistic intervention focusing on the dynamics of the couple and the partners within it helps to renarcissize the couple and offers each individual the support they need to "think about the couple."

From this point, the indication for psychoanalytic couple therapy can be determined, and a therapeutic contract can be proposed and implemented.

4- Couples in Marital Consultation:

Among couples seeking consultation, roughly half are suitable candidates for psychoanalytic therapy. The remaining couples fall into two categories.

Some cannot move beyond the dynamic of blaming one partner or designating a "patient" within the relationship, as relinquishing this perspective feels too threatening to their psychological stability. In such cases, the individual who has brought their partner to therapy- hoping they will change or "be fixed"- seeks an ally in the therapist for their agenda, ultimately sabotaging any attempt to approach the couple's dynamics as a whole.

Others opt not to engage in therapy but instead use the preliminary sessions as an opportunity to initiate a separation they had previously postponed. Some of these couples are sufficiently neurotic to utilize the therapist, in a role akin to that of a mediator, to confront the reality of their partner and their relationship, facilitating a psychological separation. However, this process may also serve as a form of avoidance, whereby the unresolved issues surrounding romantic choice are displaced onto future relationships.

Both scenarios raise important questions about whether the two key components of the couple- its neurotic and narcissistic dimensions- have been adequately addressed. It is possible for an individual to achieve a psychological separation from their partner without achieving a psychological separation from the couple itself. Such individuals may remain attached to the couple as a group, which serves to support their often-fragile psychic structures and provides a sense of identity security. Furthermore, they may remain unable to let go of the couple as a social institution that provides them with a sense of societal identity.

These dynamics reveal that beyond the relationship between two individuals lies the subject's relationship to the group and to society at large. One may desire to

separate from a partner while remaining unable to detach from the "couple" and the projections placed upon it. This difficulty often leads individuals to rush into new relationships without allowing the necessary time for a psychological elaboration of their representations of "the couple" and the projections they placed on their previous partnership.

Among those who choose not to pursue couple therapy, however, there are some who, after one or several joint sessions, decide to prioritize their personal issues. These individuals initiate personal therapy and, at least temporarily, set aside the idea of working on their relationship.

5-Theoretical Challenges in Psychoanalytic Couple Therapy:

Attempting to convey what psychoanalytic couple therapy entails, to explain what happens within it, and to identify the processes at play is an ambitious goal—yet this endeavor faces numerous theoretical challenges.

As we have seen, this work requires a shift away from focusing solely on intrapsychic conflict to instead consider the dynamics of the bond. But what theoretical framework can be used to understand and define the work with a couple? Can we speak of the evolution of a couple therapy in the same way we speak of the evolution of group therapy, despite the fact that a couple is not a group?

Working with a couple is distinct from working with a therapeutic group because the partners share a common history (Lallem, 2021). It also differs from institutional analysis: while a couple, like an institution, has a history, the couple's history is dual and becomes increasingly complex over time as it organizes the sexual dimension in ways fundamentally different from any other relationship.

Nevertheless, couple therapy has a group dynamic, as there are at least three participants (the two partners and the therapist). As such, it must develop its own theoretical framework that accounts for the interplay of the individual, the bond, and the group. This is because couple therapy operates at the intersection of the intrapsychic, the intersubjective, and the group dynamic.

6-Psychoanalytic Couple Therapy: Analyzing the Bond:

Although it may seem surprising, to address the processes involved in couple therapy, I will move directly from the preliminary sessions to the end of therapy. This approach is motivated by the fact that the conclusions of therapy often involve a revisiting and reappropriation of what has been experienced both within the therapy and in the couple (Lallem, 2022). Reflections on the therapeutic process offered by couples at the end of therapy frequently shed light on how they have reworked their story of meeting and their shared history as a couple. These reflections allow us to grasp the evolution or transformation of the relationship and the therapeutic processes that have unfolded.

Based on my retrospective reflections on numerous therapy conclusions, I have formulated the hypothesis that the benefits of psychoanalytic couple therapy stem from the maturation of each partner (Lallem, 2021). Instead of using their partner and the couple to address parts of themselves through collusion- which eventually manifests as symptoms- these aspects are either internalized within their individual psyches or reorganized differently within the couple. This process involves differentiation and is often accompanied by the working through of unresolved grief that had previously remained inaccessible.

The grief represented by the conclusion of therapy revisits the expectations initially projected onto the couple, which were subsequently displaced onto the therapeutic framework during the course of therapy. In one of the final sessions of a couple I worked with for many years, the husband, with his wife's agreement, remarked: *"We think you probably learned a lot from us. You can write about us if you like. But that will be your perception of what happened- we have our own."* This was a beautiful way of giving back to each what belongs to them and recognizing the differentiation process that had been at work throughout the therapy.

At the conclusion of therapy, as the couple lets go of their reliance on the therapeutic framework, they rework each partner's relationship with their primary

environment as well as the couple's relationship with the larger group context. This particular couple had formed their bond in opposition to their social environment, with each partner unconsciously defending against enmeshment with their primary environment.

Looking back, the husband once stated: *"At first, you didn't say anything; you just listened to us. Then, at some point, you began to say things like, 'Oh really? You think so?' - and that got us thinking."* This statement described the process during the initial phase of therapy: at the beginning, the couple- and, in fact, the two partners and myself- were entangled in a kind of undifferentiated "magma." Gradually, a process of differentiation began to emerge.

Processes of mourning and differentiation are at work in every living couple and are also integral to every therapy. While each therapy is unique, could it not be argued that they all share a common dynamic movement? This movement must be identified through its various expressions.

7-Separating or Continuing Life Together?

It is important to distinguish between therapies that lead to the continuation of a shared life and those that result in a separation. Most separations- though not all- occur in shorter therapies than those that lead to continued relationships. Moreover, in cases where therapy results in separation, it is essential to differentiate between couples in the midst of a crisis and those who are consciously aware of their difficulties with psychological separation and seek help in this regard.

Even during a crisis, when partners begin to talk about a potential separation without acting on it, such discussions can be understood as the early stages of implementing a psychological separation (Lallem, 2021) On the other hand, when separation moves beyond discussion to action, it typically signals the end of therapy.

Does this constitute the termination of therapy or merely an interruption? It is worth questioning. Couples who continue or resume their shared life often pursue the therapeutic process further or in a different way. However, many couples who

separate during therapy gain insights into how they used their partner and their relationship—and how they were used in return. At this point, they may feel unable or unwilling to discuss personal matters in the presence of their former partner. They reclaim parts of themselves they had invested in the couple, and many continue their individual journeys through personal therapy.

The work they engaged in during couple therapy allows them to understand the factors behind their romantic choices. They realize that their expectations of their partner and their relationship were connected to their childhood history. They are able to situate their expectations of their partner within the framework of the Oedipal complex and link their expectations of the couple to unmet needs from their primary environment. Couple therapy reactivates their childhood history, which itself had been reactivated within the couple dynamic. This reworking of their childhood story, along with the mourning it entails, opens the door to personal growth for each partner.

The unfolding of mourning processes during therapy reveals that difficulties in mourning the real and/or ideal partner, as well as the real and/or ideal couple, often stem from unresolved grief. These unresolved losses played a role in shaping the romantic choice and its circumstances, which are then brought into question. Therapy can open the way to a new romantic choice: either a "reelection" of the same partner, whose real characteristics are now better understood, or the selection of a new partner for a different, often more mature, type of relationship.

8-Elaborating the Couple's Collusions:

Therapies that lead to separation allow partners to reclaim their projections, as the pact binding them often contains a destructive, or "mortifying," component. In seeking to free themselves, the partners dissolve the collusion by separating.

Conversely, therapies that enable the continuation of shared life focus on shedding light on the couple's collusions that have come to a crisis point. Understanding these collusions allows the partners to reinvest in both the relationship

and each other. These couples often choose to preserve their relationship, which serves to organize their archaic fixations, rather than risk the psychological consequences of separation or engage in lengthy individual analyses. Psychologically speaking, this is far more economical.

The defensive aspect of their alliance, once recognized, is often experienced in a positive light, even if acknowledging it is sometimes painful. While symptoms may persist, they acquire a different meaning, as the partners come to better accept the gap between their idealized representations of the couple and the reality of their actual relationship.

9-The Phases of Therapy:

To discuss these phases, I draw on cases where the partners have reinvested in their relationship and their partner. What transpired between the partners and the therapist? Between the couple and the therapist? Between the "group" formed by the partners and the therapeutic framework? What marked the transition from the initial crisis to the moment when the partners could feel the therapy was complete?

Although therapeutic processes can vary greatly, they can be described schematically as follows:

The first phase involves a reduction or disappearance of the narcissistic symptom. This symptom, often characterized by physical and/or psychological collapse, is typically borne by the partner voicing complaints about the other. It begins to subside as soon as the therapeutic contract is established.

Group illusion? Upon reflection, it becomes apparent that the manner in which the therapeutic request was made and the contract was established mirrors the couple's original process of forming their bond. It seems that the partners projected onto the therapy the same expectations they had initially placed on the act of "becoming a couple." These expectations are temporarily deposited and suspended, but the therapeutic process will only conclude once these expectations are reworked and reintegrated during the course of therapy and through its conclusion.

For instance, Claude bore the narcissistic symptom during the crisis, while his wife, Catherine, exhibited a sexual symptom. Their initial request for therapy was fractured: they debated between pursuing individual therapy for Claude or couple therapy, which Catherine preferred. They ultimately chose the latter, postponing Claude's individual work for another time and context. Shortly after starting therapy, Claude began to feel better. He described his identity crisis as the collapse of "the couple in which I had invested everything," in his own words. Supported by therapy, he later expressed that he had moved from a "couple-certainty" to a couple filled with uncertainties, admitting, *"I have no idea what tomorrow will bring."* Years later, Catherine began individual therapy, taking on the narcissistic collapse that had previously affected Claude, while the sexual symptom became shared between them and took on meaning for each partner in relation to their individual histories.

During this initial phase, the partners, supported by the therapeutic framework as a temporary substitute for their fragile relational envelope, deposit their bond into the therapeutic group. This phase often feels like a "magma," an undifferentiated state in which the therapist is also included. It is a prolonged period where the partners test the safety of the framework and the therapist, exploring alliances and seeking reassurance. In this early stage, the crisis within the couple is acknowledged and displayed, but its deeper meaning within the therapeutic context has not yet emerged. The search for alliance at this stage is not Oedipal in nature but reflects a desire for unity and a narcissistic bond.

In the second phase, the crisis within the couple begins to take on meaning within the therapeutic process. For example, a marital dispute that had subsided may resurface during a session. This conflict is then directed at the therapist, who must identify the moment it emerges in the therapeutic process. Sometimes, after a period of absence by the therapist- due to vacation or other reasons- the partners may report that everything is going well but simultaneously reenact their conflict in the therapist's presence. When they experience the framework or group envelope as deficient, the

partners reinforce their defensive system as a couple, revive their collusions, and exhibit the symptoms tied to these dynamics.

The couple's work unfolds on two levels:

- **Externally**, where they want to declare, "*Together we are strong,*"
- **Internally**, where unresolved tensions between the partners lead to a crisis.

The conflict or marital dispute can be understood as a defensive reaction against an external environment perceived as failing them. However, this defense is both painful and dysfunctional.

Interpretation must occur on two levels:

1. The conflict between the couple and their external environment, which reactivates the wounds of each partner's primary environment.
2. The conflict within the couple, where pre-Oedipal and Oedipal dynamics of each partner resurface.

At this stage, the beginnings of triangulation emerge. The couple differentiates themselves from the therapist, and differentiation begins to take root within the couple itself. The therapist is used as a point of separation between the partners- a role previously occupied by the symptom. Once this intermediary role of the therapist is sufficiently analyzed, the partners can internalize the third function. Initially, the therapist was part of the undifferentiated "group," but gradually assumed the role of a tangible intermediary between the partners, often replacing the symptom in this capacity. The end of therapy becomes conceivable only when both the therapist and the partners can alternately occupy the positions of the Oedipal triangle.

The third phase is characterized by the elaboration of mourning. While mourning processes are at work throughout therapy, the feeling of improvement- of being able to live without the other- enables the partners to choose, rechoose, and live differently with one another.

This transition from *need* to *desire*, achieved through the renunciation of being "everything" for the other, reworks the romantic choice and revisits early object

relations. It fosters the re-elaboration of childhood losses. The partners move from projecting their internal objects onto one another to recognizing the external object, discovering the richness of otherness and the potential for psychological creativity. They move beyond psychic stagnation.

Before the therapy concludes, however, they must reclaim what they deposited in the therapeutic framework. This reclamation allows them to rework their expectations of the couple as a group that supports their narcissistic identity. Together, they reexamine their intertwined personal histories at the root of their collusions.

- Conclusion:

In conclusion, the partners, after having deposited their bond in the therapeutic group, reconstruct it in the therapist's presence to analyze both its organizing and defensive aspects. This analysis facilitates either the continuity of the couple or the separation of the partners. As the bond emerges from the therapeutic group, the couple reorganizes their collusions by reenacting their relational scenarios during sessions. These scenarios are essential for the personal defense of each partner and for the couple's defense against the external world, represented by the therapist and the therapy itself. They form the couple's relational envelope.

By analyzing these scenarios in therapy, the partners work together and through each other on the aspects of their collusions that cause suffering, tracing them back to their childhood histories. They also address the gap between their idealized representations of the couple and the reality of their relationship.

At this stage of therapy, some couples separate because they see no possibility of reorganizing their bond. For others, who reinvest in their relationship, the greater distinction between the internal and external aspects of the couple creates a more flexible envelope, allowing for exchanges with the outside world while supporting internal work. They gain a clearer understanding of what belongs to each partner, what can be shared, and what cannot.

The psychological work of a couple is a long-term process that accompanies them throughout their lives, as new identifications must continually be reworked between the partners, together and through one another.

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