

LOVE AND WAR IN INTIMATE RELATIONSHIPS

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Chapter 2

HOW LOVE TURNS TO WAR

Over the years as a psychodynamically oriented couple therapist, I (M.S.) have had opportunities to do premarital counseling with couples newly in love; I've met with long-married couples complaining about disappointments and betrayal; couples frustrated and feeling unloved; and couples who seem to be doing their best to destroy each other. The question has long been on my mind, "What turns two people who feel a beautiful sense of merger and the excitement of being together into two people who are filled with rage toward each other?"

The brain in love produces a wonderful sense of timelessness and euphoria that involves little thought but intense emotion. Millions of neural networks are activated, and the brain centers that mediate emotions, sexuality, and the self begin to expand and reorganize (Bartels & Zeki, 2000; Fisher, 2004). Romantic love releases surges of the neurotransmitters dopamine and norepinephrine and activates brain regions that drive the reward system in a way that is similar to addiction (Fisher, 2004). New lovers talk endlessly, intertwine themselves incessantly (often to the discomfort of those around them), call each other baby names—and are convinced that this state will last forever.

When people fall in love, the seeds of their later wars are already present. Both carry their personal history wired into their brains, and these neural networks are waiting to be activated by reminders

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of early attachment failures. Neuroscience research of the past two decades (e.g., Schore, 2000, 2001c; Trevarthen, 2001) confirms that attachment, separation, and loss during our formative years profoundly affect lifelong patterns of relating and that these relational blueprints correspond to structural and functional development of the brain, nervous system, and neuroendocrine system (more on this topic in Part III). This wiring is manifest in well-worn neural network pathways that are stimulated by triggers that remind us, implicitly, of childhood experience—both the wounds and the peak or longed-for experiences.

It is no accident that of all the possible people to choose from, often the person we select to become the center of our world turns out to have an uncanny resemblance to a person who raised us. We recreate, in our intimate bonds, patterns of interaction that were scripted in our earliest life relationship. How often have we seen someone we know who divorces, only to marry a person just like the partner left behind—hoping that this time, he or she will feel safe, soothed, and comforted at times when brain and body send signals of distress. Too often the partner, playing out his or her own scenario, does the opposite of what is needed. Each then defends, or acts out, against the other. Love turns to war.

The case of Richard and Christine depicts a couple that experienced both sides of the loving-warring relationship over the course

of 3 years. The clinical work and the thinking behind this case illustrate psychodynamic treatment informed by, and embodying, our growing understanding of principles of interpersonal neurobiology. The integrative approach in this case can be seen as a bridge to Stan Tatkin's psychobiological approach in the cases to come, which feature attention to problems of mutual regulation and intervention by means of therapeutic enactment.

Richard and Christine first contacted me (M.S.) with a request for premarital counseling. Each sees the other as perfect, the answer to a lifetime search for a secure love bond, someone on whom to depend. By the time we meet again 2 1/2 years later, each knows there is a problem . . . and each is sure the problem is in the other. Changing the other will not fix a relationship, however. What is happening in the here and now results from a recreation of the past in the present moment. Once partners become intimately connected, both play out

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old attachment patterns, responding to their wired-in expectations of a primary other.

The work of couple therapy is (1) to help both partners understand why each behaves in ways that seem to create problems, clarifying with them how what is happening in the here and now of this relationship is caused by a recreation of the past in the present moment; and (2) to facilitate their ability to be present and attuned to the emotions of each other, encouraging them to discover ways to recognize and then calm the angst and pain. In this way couple therapy has the potential to heal not only the present, but also to help restructure limiting beliefs from the past and establish new patterns in the brain.

RICHARD AND CHRISTINE

Richard and Christine walk into the office holding hands and head toward the love seat without asking the questions couples often ask about where to sit. Their nonverbal, body-to-body communication reflects their current feelings of being "in love." They are here for 3 weeks of premarital sessions, at Richard's behest. He says friends suggested the sessions as a gift they should give themselves in preparation for their forthcoming wedding.

"We know ourselves pretty well," Richard says. "And we don't have any real problems. But we both had bad experiences in our first marriages. So it seemed like a good idea to make sure that there are no danger signals to watch out for. I want to head off any issues that might come up and get the tools to handle them when they do. That's what I do in my business, and this relationship is more important than any business deal."

Richard's declaration prompts me to wonder straightaway if he has a serious need to maintain control. As he spoke, he sat a little taller, his chin lifted, and his voice was confident and authoritative. Couple therapy can be anxiety-provoking, especially for people who have experienced childhood attachment wounds; they often fear being shamed and/or blamed by the partner and the therapist. Seizing control may have proved to be a reliable approach to overcoming difficult life situa-

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tions for Richard. On the other hand, or in addition, it could be a negative way of managing the reemergence of old fears.

At this point I speak to the positive side of the need to maintain control and make a mental note to observe what emerges in the session. "Sounds good," I reply. "But why did you specify three sessions?" "I'm a value investor," he answers, again with confidence and authority. "I figured that if we have limited time, we will get to the important things right away. And I don't want to get in the habit of seeing a therapist regularly, like some of my friends do. I like to figure things out myself and solve my own problems."

Again, this explanation sounds reasonable, and I nod. But I also wonder if it might also indicate some anxiety about closeness and dependency.

I decide to watch the way he relates for other signs of avoidant attachment that set off unconscious impulses to turn away from intimacy.

Genograms and Attachment Interviews:

Getting an Overview

We begin the extended first session with a short genogram (McGoldrick, 1995) to identify marriages and divorces, births and deaths, and extended separations and their causes on both sides of the family, going back several generations. I notice common patterns in Richard's and Christine's family histories. I learn that each is the oldest child of divorced parents. Both have mothers and two younger siblings who currently depend on them for much of their support.

I look particularly for traumatic attachments, separations, and losses, anticipating amplification in the longer, targeted, attachment interviews that come next so that we can all get some understanding of Richard's and Christine's respective attachment experiences when they were very young, and the procedural tendencies that reflect these relationships—the way they respond somatically to each other, in posture, expression, and movement, especially when under stress.

I introduce the questions about their memories of relationships with

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each of their parents and other important people in their childhoods¹ by explaining that their recollections will help me get to know how each of their brains got set up early on for relationships.

Each person develops a complex network of memories, emotions, and beliefs that shape present and future attachment behavior. The questions and follow-up probes I use are designed to reveal the workings of individual partners' models for experiencing the world, experiencing themselves with others, and anticipating how others will respond to them. Both the content of their respective narratives and the ways in which they answer the prompts tell a lot about how their brains are wired, how secure or insecure their attachment styles are, and how they communicate about elements that are stressful.

I continue: "People tend to select mates with some similarity to past attachment figures in their lives in hopes of filling important emotional needs. I am interested in seeing the places where you fit well together, the traits that signal to each of you, outside of conscious awareness, that the other is *The One*."

I also watch their bodily responses as they speak of their parents because these implicit procedural tendencies elucidate their early relationships,

sometimes more clearly than the words. Do they sit a little taller, or do they slump in their chairs? Do they tighten up and constrict their breath, or do they relax and breath deeply?

Getting started, I ask Richard for “five adjectives that describe your relationship with your father when you were under 13 years old.” He replies, “*Uninvolved, preoccupied, absent*, and then says he has no more.

I ask for examples of each of the adjectives. “Give me a memory of when you found him to be uninvolved.”

1. In this case, the questions are derived from the Adult Attachment Interview (AAI) developed by Mary Main (2000), who was researching the connection between adult attachment patterns and toddler attachment patterns. Although the instrument was developed solely for research purposes, Dr. Main has expressed interest in ways that the AAI questions can be used clinically. In the demonstration case of Tim and Caroline that appears in Part II, the questions are derived from Stan Tatkin’s (2006b) Partner Attachment Inventory, a modification of the AAI designed expressly for clinical use with couples.

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“Dad always seemed resentful that Mom was not keeping us quiet enough so that he could read his paper in peace.” His verbal and nonverbal responses convey his sadness and anger that his father was busy with his work or kept his nose in his newspapers and showed no interest in the kids or their mom.

“Anything more?”

“No, nothing,” he said, matter-of-factly, masking any emotion.

I then ask him for “five adjectives that describe your relationship with your mother when you were under 13.”

“*Loving . . . caring . . . supportive . . . affirming . . . strong*,” he replies, his face brightening and his breath deepening. Richard’s entire body seemed to come alive at the mention of his mother.

“Now give me an example of each of the adjectives. Give me a memory of when your mother was loving.” We went through each of the adjectives in which he described his relationship to his mother. All memories were of exchanges that occurred when he was less than 6 years old.

After Richard does so, I go on to ask a series of other questions drawn from the AAI.

“When you were a very young child, to whom did you run when you hurt yourself?” And, “When you were a child, and you were sick, who took care of you?” He answers, emphatically, “Mom.”

“Give me a memory of when you were sick as a child and your mother took care of you.”

“I was 5 and had chicken pox. Mom stayed home from work and brought me soup. I couldn’t swallow anything. She sat on my bed and put her hand on my head. I remember her reading to me.”

In each of his memories he describes turning to his mother when he needed comfort as a small child. He says she did everything for her children and very little for herself.

I learn that Richard’s father abandoned the family when Richard was 6 and that his mother worked very hard to support her three children. “Sometimes there wasn’t enough money to buy food for

all of us, and she'd say she wasn't hungry. That's why I send her money and gifts now. I sent her to Hawaii last year and Europe this year. And I just bought a condo for her to live in comfortably. She deserves it because of all she gave up to care of us."

I pay particular attention to the coherence of his childhood attachments memories, however, and notice that Richard's original

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glowing description of how his mother related to him as a very young child changed when he came up with examples. As he spoke, his body seemed to sag and his voice became quieter.

A few minutes later, when I ask, "Was there something you wanted from either of your parents that you did not get?" I observe the muscles in Richard's face tighten as he tries to hold back tears. He seems to stop breathing.

"It looks like something really painful is coming up for you," I say softly.

The tears, he whispers, are not about what he wanted from his father, "who was missing in action my whole life—but about what's been missing from Mom."

Until Richard starts expanding on the trajectory of his life, I do not know enough about his history to understand the leap from his idealized vision of his mother to the unmet needs that brought out such deep sadness in him. But clearly, something happened to the warm, loving mother of his childhood and that something has set up expectations and longings that were likely to be played out in his marriage. I expect to learn more as I listen and observe the way he tells his story as well as the way that he interacts with Christine.

After her husband left the family, Richard's mother turned to her son as the "man of the house"; she called him "my little man." At 13, he took a job delivering food from a local market and turned over all his earnings to her to supplement her income as a tailor's assistant.

He came to recognize that his mother did not know how to manage money, recalling that when he was 15 his sisters got new shoes but there was nothing left to buy shoes for him.

Throughout his teenage years (a time when adolescents declare autonomy), Richard found himself taking increasing responsibility for his siblings and mother so that they could survive financially.

The closeness he and his mother had shared when he was a young child seemed to ebb, however. And he had no idea as to why.

When he won a basketball scholarship to a prestigious college 3,000 miles away, he hesitated to accept it, worried about how his family would manage without him. Already by that time, without conscious awareness, Richard had come to believe that providing financial support gave him a level of power in his family. He was surprised when his mother encouraged him to go, assuring him that

she could handle things at home with the girls; he was also at once

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excited and disappointed that he was no longer needed—or perhaps wanted.

The examples Richard offers in response to questions on the attachment

interview reveal not sustained affirmation from his mother but his growing sense of emotional disconnection from her as he grew up. He tells, for instance, of how she recently found a packet of cards he had sent to her over the years—birthday cards, Christmas cards, postcards from his travels. “She thought I’d be happy to see that she saved all my cards. But you know, she never acknowledged receiving them. Never a thank-you when I sent them.” The more he tried to help her, the greater the distance he felt from her, and as he spoke of this his pain was visible in the helplessness and anger in his voice and the tension in his body. It appears not to have occurred to Richard that his mother might have experienced the way he offered financial support and advice as controlling.

I ask a final question. “Is there any particular thing that you feel you learned, above all, from your childhood experiences? I’m thinking here of something you feel you might have gained from the kind of childhood you had.”

Richard says, with a hint of pride in his voice: “It made me stronger. I’ve worked since I was 13, and picked up skills at whatever I was doing. I learned to make myself successful by working very hard. I guess what I gained was the assurance that I can take care of myself and my family.” After a short pause, he added, “I also learned not to do what my father did to us. I know that I will never walk out on my family, no matter what. It’s too devastating to those left behind.”

As Richard discusses the dual messages he got from his mother, it becomes clear that his seizing of the caretaking role has had a price—the “loss” of his mother as he knew her, her distancing from the warm connection she had shared with him. She adored him as a child, saw him as the one who would make it in the world, and seemed to depend on his doing so. But as she got over the shock of her husband’s abandonment and managed to survive on her own with three young children, she began to regain her strength—to the point that she encouraged Richard to accept the faraway college scholarship.

Richard’s early experience of his mother led to a belief that women were weak and that he needed to be strong to take care of those he

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loved. That perception would blind him to the change in his mother’s growing sense of empowerment: He continued to see the vulnerable woman of his childhood and could not understand why his attempts to help were met with such chilliness. The same behavior would later significantly affect his relationship with Christine.

Moving to address the same series of attachment questions to Christine, I say, “Give me five adjectives that would describe your relationship with your mother when you were a child.”

“No there there,” she responds, rather plaintively, with a deep sigh, and then adds, “sad . . . depressed . . . needy . . . demanding.”

“Give me an example of “No there there.”

“I wasn’t the only one who couldn’t get her attention,” Christine says. “No one could. She was usually high on something. Occasionally she kicked it, but that never lasted. At least that’s what I remember from before I went off with my uncle.” Christine’s voice was sad, not angry, and she sounded childlike. Her body visibly seemed to shrink into the sofa.

I learn that Christine was raised from the time she was 8 by her father's brother, Uncle Ted, a talent agent who took her on as his ward. She had been recognized as a musical prodigy from the age of 4, when she walked over to the piano at her nursery school and reproduced what the teacher had just played. Uncle Ted first got her singing roles in the companies of big shows, touring the country; later she played a child in a popular musical on Broadway. She also composed songs on her own, and he helped her get a contract to record them.

To my request for adjectives describing her relationship with her father, Christine offers "*uninterested, not there, sometimes playful, sad, untrustworthy.*" When I ask for an example of "*uninterested,*" she says: "I loved to play the piano. Daddy complained that I was making noise when he wanted to sleep—at 4:00 in the afternoon!" Here, she sounded indignant, her chin lifted in defiance.

Mainly, Christine's memories of her early relationships with both her mother and father are foggy. "They were hippies and mostly tuned out. There were lots of drugs; strange people showed up in our house for days or weeks at a time. Mom was like a shadow in the background. Dad was 'the little man who wasn't there.'"

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She isn't sure how her parents made the arrangements to give her to her uncle—maybe some money was exchanged or maybe they just welcomed having one less mouth to feed—but she remembers liking him and not missing them very much. She especially recalls how she loved to curl up on the couch next to him and listen to tales of all his travels and stories about the famous people he knew from his work. When Christine spoke of her uncle, her demeanor changed—her eyes lit up, and her body softened, signs of security she had felt with him.

Her parents sent her cards for Christmas but often forgot her special day, her birthday. The year Christine turned 12 they sent two cards: Her mother's card said that she and Christine's father were getting a divorce. By the next year her parents were living together again, and she asked if they were going to visit her and Uncle Ted in New York. They said they couldn't afford to and Uncle Ted didn't offer to send them tickets, so Christine didn't see her parents for a few years. She seems numb as she speaks of her parents' remoteness. She wonders now why she didn't let them know she wanted to see them: "Maybe I didn't really want to," she says. "Besides, I could see that Uncle Ted didn't really like them. And I didn't want him to be upset so I didn't bother him about it." She did get to visit her grandparents and other family members but felt shy around them. Everyone seemed mad at everyone else. She hated people to be angry. She retreated to music, the place that was safe for her.

For a while Christine became quite successful, with three of her records making the pop charts. When she was 16, her uncle took her back to her mother's home (her parents were again living apart) and "temporarily" left her there. He wasn't feeling too well, he told her, and would come back for her when he was better. But he didn't come back; he died 2 months later. As she speaks of this, there is a downward turn of her chin and slump of her shoulders, slightly less

than might be expected as she describes the loss of her one solid attachment figure.

She missed him a lot and sometimes fantasized that if she had been with him, he would still be alive. She was not happy with her mother, or with her father, who moved back home when she returned.

“They were better then they used to be,” she recalls, “but

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still using pot and still disorganized.” Neither had a steady job. Their income was supplemented by one or another family member.

Christine soon came to understand that mismanagement of money had been a serious problem for both her mother and father over the years, and one cause of their on-again/off-again marriage.

They had no idea of how to keep a budget; when money occasionally came to them (e.g., a gift from her grandmother, a couple of small inheritances), it seemed to vanish quickly.

Shortly after she rejoined her parents, they began talking about expenses and asked her to help support the household. Uncle Ted had invested most of Christine’s earnings for her so she was a fairly wealthy young woman at the age of 16. Christine was thus thrust into a similar position as Richard, supporting the family. But because of the way Uncle Ted had created a trust for her, she had only limited access to her income until she turned 21. She helped to the extent her trust would allow it.

When I ask questions about family, Christine looks at me blankly.

The only sense of family she knew was herself and her uncle, traveling around the country living in hotels and short-term apartment rentals, and finally in an apartment in New York City. Her parents’ only connection to their own families was financial: Money, rather than love, had always been the means of exchange between them.

Christine followed the pattern: Her money bought their approval and kept them from being angry with her.

At age 18 she married for the first time, a short-lived and unhappy experience that ended when her husband stole money from one of her accounts. Although not educated about money, Christine learned to protect what she had: She found an accountant, who taught her to balance her checkbook, guided her on financial decisions, and let her know what she could afford. She bought the home in which she and Richard now live when she was 21.

Christine sees both of her parents often. She also talks to her mother on the phone several times a week, although she says she would rather not, because her mom is like a child, always needing something. Yet Christine keeps giving her mother and also her sister whatever they ask for—to avoid having arguments with them, she says.

I ask her a final attachment question: “Is there any particular

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thing you feel you learned, above all, from your own childhood experiences? Something you feel you might have gained from the kind of childhood you had?”

Christine answers, “I learned to be a good girl and to do what

other people wanted me to do. But I realize now that that is not good for me. I need to find out who I am and what I want to do. Richard is wonderful; he helps me—when my mom and sister become too intrusive, he helps me think clearly about things. I am so lucky to have Richard in my life.”

Exploring the Current Issue

New love is like magic: Each partner has a fantasy that the other will fill in everything that is missing. Christine and Richard are not asking whether they should marry, as some couples do, but how to make sure that their relationship thrives. In the two remaining premarital sessions, we discuss their living arrangements, plans for a family, issues around money, and goals for the future. We also talk about ways to handle problems that develop. I ask them about the kinds of problems that come up and suggest that they think of a specific issue: “Are there any issues right that haven’t been talked about that we might explore together now?”

“The only issue,” says Richard, “is the one about our difference in religion. Christine first promised to convert and raise our children Catholic. I was disappointed that she changed her mind.”

“How was the experience for each of you?” I asked. “How did you try to resolve it?”

“Well, neither of us is that religious,” Richard responds. But I do want my children baptized and brought up Catholic. I don’t understand why she changed her mind on it. I wonder if she even knows why she is now renegeing on her promise? And if so,” Richard turns toward Christine, “how do I know I can trust you about other promises?” Under the surface was the boy who felt betrayed by his mother’s withdrawal of her adoration.

Christine sinks into the couch, and her body seems to contract. I experience her as getting smaller every moment. I comment on the shift in her body and demeanor and ask Richard if he notices it also.

“I notice it a lot. When I try to talk about serious things, Christine seems to go somewhere else.”

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The tendency toward dissociation and regression to a very childlike state is evident in the way that Christine carries her body generally. One gets the sense of two very different selves—the functional one that her parents see (whose relationship she believes she is holding together) and the vulnerable one wanting to be taken care of by her uncle, following his directions to be a good girl and pushing herself to practice constantly and perform when she was called upon to do so.

I ask Christine to stay focused on her body at that moment and see if there are any sensations, images, or memories that come to her mind. I want to access the early experiences that are playing out in her relationship with Richard in the present moment. The memory that emerges, Christine says, is of her uncle, and her fear of him when he was angry with her for wanting to play instead of practice. She remembers being terrified and feeling frozen whenever her uncle became upset by anything or anyone. For a moment I observed the frozenness as she described her confusion about what was happening with her uncle. It is likely that her brain and body

will respond in her current relationship as they did in the past, as neural networks established early on are reactivated.

There is a wide spectrum of dissociative responses, some lasting for seconds, others permeating the personality much of the time. It is hard to say how early in her childhood or when in the chaos of her transitions Christine learned that she could save herself by withdrawing, getting lost or muddled. But she remembers it happening at different times during her life and recognizes that what happens with Richard replicates her reaction when her parents fought as well as when her uncle's demands challenged her beyond her capacity.

Dissociation is often seen as a symptom of posttraumatic stress disorder (PTSD). Had we taken the time to go further at this point, we might well have found earlier overwhelming events that interfered with Christine's ability to integrate sensory, emotional and cognitive information into a cohesive whole. When incidents later come up that are reminiscent of these early traumas, they tend to produce discrete conditioned behavioral and biological responses.

Under the stress of Richard's anger Christine now dissociates, which tends to shut down the frontal lobes, the thinking part of the brain.

Her strength, however, is her internal mindful observer who can look

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clearly at herself afterward, recognize when she "zoned out," sometimes recall what happened, and use the information to shift direction.

This ability to stop and reflect on what is happening in oneself and the other is one of the positive signs that this couple will be able to learn ways to recalibrate after problems arise and to develop new solutions together.

After a few minutes, during which Christine has a chance to draw on her own resources, she seems to regain her strength. She responds to Richard on the religion issue with clarity and insight.

"In the past, I always agreed to do what other people wanted—my uncle, my parents, my first husband. I never went to school and had a real education; I've always been afraid I'm not smart enough. I have to change that; I have to decide what I want separate from what other people want me to do. I need you to understand that about me."

Often, as Christine expresses feelings, Richard's body faces her, but his eyes scan the bookshelves immediately behind her. Even as she attempts repair, his injured self avoids too rapid a reconnection.

These are two people who clearly have avoidant styles of attaching. When he pushes, she tunes out; when she comes close, sharing something important about herself, he looks away.

Christine goes on, her voice gaining confidence and her body looking less childlike. "I'm not renegeing on a promise; I'm growing. We can raise the children as you wish. That's fine with me. But I don't want to give up the religion of my grandparents and greatgrandparents. I have enough trouble holding on to my identity, knowing who I am."

Richard seems to accept that and turns toward her. "I want you to grow; I'll help you," he says. "And I'm glad you have no objections to bringing up our children in the Catholic religion. You know how important it is to me."

The issue of religion could have become a major problem between them. It was avoided as each felt that an important message was heard, accepted, and responded to by the other. Religion, like money, sex, and/or childrearing, can become the battleground for loving-warring couples. I reflect on what I know about the "fit" between Richard and Christine.

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tine, their histories and attachment patterns, their needs, yearnings, and defenses. Both were seen by their caretakers as unusually gifted, and both achieved the success that was expected of them, but neither has been able to translate achievement and financial abundance into sustained love. Both had parents who were unavailable emotionally, and both have felt used and misused by important people in their lives. They each yearn for connection, but both have learned avoidant and resistant patterns of interaction throughout their lives.

Such patterns tend to recreate themselves in adult intimate relationships—as they apparently did in Richard's and Christine's first marriages, which sound as though they were marred by the same "come close-go away," avoidant attachment dynamics.

Christine and Richard, like all of us, are likely to bring their old relational patterns to any partnership. But now, while their relationship is new, they are reveling in the certainty that they have found someone they love who loves them and in the tacit assurance that their individual histories have been overcome. They are unconsciously connecting around the fit they experience with Richard's being a supportive partner and Christine remaining dependent and trying to please him, while at the same time, attempting to grow.

Their unspoken contract works for them—at this time. Richard takes the role of caretaker, and in the process of playing it out, vicariously experiences the nurturing that he craves, as he did with his mother when he was small. His feelings of being loved and appreciated make him work very hard to keep Christine happy and close to him. As long as he is in control, he feels like he is doing his job well.

Christine wants to learn from Richard, as she did from her uncle. When he occasionally points out her mistakes and tells her how she might think about things, she responds positively, as her wish is that he will help her grow and become more independent. At this point, she sees Richard as an ally in her self-actualizing process.

I summarize my take on their relationship at this juncture. "You both have the capacity to encourage the strengths of each other. To make your relationship deeper, Richard, you need to allow Christine's learning, growing, and becoming autonomous. Christine, you need to know Richard beyond his outward self of strength, to know that inside there is an abandoned little boy who is as vulnerable as your abandoned little girl. If you attune to each other and encour-

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age each other's dreams, you will grow together in a bubble of trust and security."

Richard and Christine marry 2 weeks after our three sessions end.

I know there will inevitably be times of misattunement between them and serious questions: Will he be there when I need him? Will

she accept me if she knows how vulnerable I am? Do I have to hide my true self to be loved? I wonder whether they will find the path to healing their respective attachment wounds without additional help and go in the direction of taking care of each other's needs and strivings—or will they get mired in a cycle of unmet needs, anger, defense, avoidance, and disconnection.

The Money Issue

As couples move from the euphoria of new love to a committed partnership that will support them through the inevitable stresses of life, those with a history of secure attachments may not notice minor misattunements within the intersubjective field or may quickly correct and repair them. As specific problems surface, partners stay connected, deal with the issues, talk things through. Those who have a history of insecure attachments, however, will begin to test each other, particularly under conditions of stress, being predisposed to expect that this relationship, too, will disappoint and to respond with criticism, contempt, stonewalling, and a variety of other defenses (Gottman, 1999). Such well-established negative behaviors by one partner are likely to provoke reciprocal negative responses in the other, setting up entrenched patterns between them.

Two and a half years after our first session—6 months after they send me a card with a picture of their newborn daughter—Christine calls for an appointment. When they come in, Richard heads toward the love seat. Christine sits catty-corner on one of the rolling chairs. She brings out pictures of their daughter, Emily, in whom they both clearly delight. When I ask how things have changed since Emily was born, Richard replies that he has been working even harder to make sure that the family is well provided for, no matter what happens. His voice sounds slightly accusatory, his body stiff.

Christine says, “Richard is trying to teach me how to handle money. I’ve learned a lot from him, but sometimes we end up arguing.”

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Richard expands on what he sees as the problem. “Chrissie has always had a lot of money that she made with her music. We’ve kept our money separate, which we both want, and we keep one joint account for household expenses. But I just don’t understand some of her spending. She pays her accountant thousands of dollars every year, and I don’t think that he’s doing the right things for her. Before we were married, if she asked him whether she could afford a new car or a new house, he always told her there was plenty of money and that if she needed more, all she’d have to do is go back to work. So she spent whatever she wanted. She even had a dog walker 3 days a week. But now when I tell Christine that she should find time during the day to walk the dogs herself, since she’s home with Emily, she tells me that maybe she should go back to work.” He speaks directly to me, as if speaking about a recalcitrant child.

Christine begins talking about an offer she got to do a show beginning in a few months, sounding excited, but also as if she is defending herself. She also speaks only to me.

Presenting problems such as their early issue around religion, or now, money and work, are generally the “tip of the iceberg,” covering many layers of underlying issues. They are like nested Russian dolls (Solomon,

1994; Hebersky & Solomon, 2001). *Beneath the presenting problems are generally much deeper yearnings and fears, including the need to be seen and accepted as we are, to be touched physically and emotionally, to feel securely attached; there is also a need for a balance of togetherness and separateness, which signifies healthy attachment.* Richard and Christine seem to be monetizing something much deeper in each of them. On his part, issues of control overlay a craving for nurturing; on hers, a fight for an autonomous identity attempts to supplant her codependent responsiveness to others' demands. Old networks of response, hardwired during childhood, are triggered in their brains, and their bodies, too, are responding as if in the past. Their groping to find a path through their confusing dialogues around money becomes a springboard for relationship trouble that is consistent with the ruptures that are a part of the early history of each. But, alternatively, their current outreach for help could be an entry point for solutions to both relational and individual problems. Failure to identify and resolve underlying issues keeps

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the partners stuck in repetitious arguments—and is the reason that their initial loving relationship may turn into a battlefield.

Getting Present in the Moment

I tell Richard and Christine that we will work on the issues they are bringing up, but that first it is important for us to see where they are right now, in this office, in this moment. I explain that tuning into where they are in the moment—not the argument they had last week or last night or on the way to the session—takes us from the content of their narratives right into what their bodies are saying about the emotions underneath. I suggest that they take a minute to breathe deeply and to notice how much their breathing patterns show signs of relaxation or stressful points in their body. I observe whether or not their patterns match.

Use of mindfulness, or awareness of the body, calls upon a different part of the brain than does the act of thinking and talking, so doing something such as focusing on the breath or using movement in a reaching out gesture, can sometimes be more effective than talking.

This exercise prepares partners to focus away from habitual communication patterns and toward awareness of self and other in the moment.

In this way partners learn to identify the pattern rather than identify with it (Ogden et al., 2006).

I encourage them both to report whatever they become aware of while focusing on the body and breathing. Christine sat very still and expressionless, looking frozen by my request. Richard looks at her and then away. I point out what I see and ask what is being communicated between them nonverbally. Richard says, “Well, if she’s not interested, there’s nothing to talk about.” I say, “Maybe not in words, but there is a whole lot of communication going on here. I think it’s a good start to recognize that you are looking to Christine for some sign of connection, and she looks like a deer in headlights.”

I want to focus not on their stories about what’s going wrong, but on the layers underneath, the unmet needs that cause an emotional and somatic reaction. The first step is to make sure that the reaction itself is picked up—by me, if not by them, at the beginning.

Using a paradoxical technique, I prescribe the symptom. “Christine, for the next exercise, I would like you to sit quietly and say nothing. Is that okay?”

She nods. “Now, Richard, I would like you to do the same,” I say.

I then ask them to get up and go to the other side of the room where I have two barrel chairs on wheels. “The exercise,” I explain, “requires only that you sit down and turn the chairs toward each other. Then look at each other’s eyes and sit for a few minutes in silence.”

(With some couples, I ask them to look only at each other’s left eye, a direct route to the right brain.) (Kawashima, et al., 1991; Nicholls et al., 1999). After a moment I add, speaking quite slowly, “I want each of you to imagine that you can see very deeply through the lenses of the eyes, into the core of the other.” This is a beginning exercise in direct somatic and emotional contact. The purpose of the silence is to enable right-brain to right-brain connection, free of the left-brain tendency to interpose narrative. Eye-to-eye contact is, along with skin contact, the most primary way humans connect. Without such contact, at any time in life, both mind and body are negatively affected. Bowlby’s (1969) landmark attachment research included observations of children in hospitals who were separated from their parents; their responses go from protest to withdrawal to detachment with the passage of time. Adults who weren’t held as children or who feel a lack of connection in their current lives go through a similar protest-withdrawal-detachment cycle, sometimes with a lot of emotion in the protest stage.

After several minutes I suggest that they stop and concentrate on how they feel in the moment. Again we wait silently. In a few moments, the nonverbal intervention takes effect, unleashing a deeper level of emotion and insight.

Christine begins to cry as Richard takes her hands and continues looking into her eyes. “What’s wrong?” he asks. “I try to talk with you, but it’s like your lights go out. You’re gone. I don’t understand where you go, and I’m afraid you won’t come back for days. That’s what keeps happening. How can we solve anything if we can’t talk?”

“I try so hard to please you,” Christine responds, “and then you tell me that what I’m doing is wrong. When I want to do things that feel right for me, and you tell me I can’t, it frightens me, and then I just get all closed down.”

“I don’t tell you that you can’t do things,” Richard protests. “I’m just trying to understand why you won’t listen to suggestions about saving money. People pay me thousands of dollars for these kinds of suggestions.” Richard sounds more confused than irritated.

“I try to talk with you,” Christine says, pulling back slightly. “But whenever I make decisions about what I want to do for the house, or for Emily, you always begin talking about how much it will cost. When you say you don’t understand, you mean that *I shouldn’t do it*. There are things that I want to do and can afford to do.”

Leaning forward, seemingly in an effort to make himself understood and maintain control, Richard says, "I know you have money now, and so do I. But I work very hard for my money because I know what it is to be poor. I want to have enough money to choose to do whatever I want, to travel or to not do anything at all. I want the freedom to do nothing except what I feel like doing. You don't know whether you will keep getting work. I don't either. So when I see you paying \$80 a week for someone to walk the dogs, I know that comes to over \$4,000 dollars a year, \$40,000 in 10 years. You could be investing that money."

Christine's chin lifts, and she pulls away. "It's always about money for you. That's why I don't talk to you. We have two big dogs. They need someone to walk them. And I've had a relationship with Margie, who has walked the dogs for 5 years. She needs the work; the dogs need walking. I don't want to cut it out. I don't need to."

"Okay," Richard says, "we should talk about it, and then you can do as you wish."

"Well, then, let's talk about my taking that part I've been offered. You can be home with Emily while I work in the evenings."

Richard and Christine have made their way back into their presenting conversation, about money and work; this time the spiral grows to encompass another issue. When Christine sidesteps the discussion about money by talking about taking the role she's been offered, Richard broadens the argument:

"You would also have two matinees, and you wouldn't be home on Sundays, when we are supposed to have family time."

I hear in his emphasis frustration and anger. His body language belies both his irritation and his need—his chest collapses ever so slightly, but his voice bristles. I do not yet know all the specifics, but I identify his desperate yearning to have a family, even though his

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wish that Christine make herself and Emily more available when he is home comes out as a complaint.

"I know," she says, "It will be hard on me also. I hate to leave Em; she will miss me too much." Christine's response offers little connection with what Richard just expressed about family time (and his underlying need for her positive attention). She's focused on making decisions about using her time and money to get her own needs met. They are both speaking in code.

"Then, help me understand, why are you thinking of taking this job? You have plenty of money," Richard says. "I spend nothing of your investments. I'm very careful to save what I earn. Why do you need to work?" I note her hesitation and recognize a pattern. His questions invite no answers; they are closer to injunctions. What Richard wants from Christine has nothing to do with her earning, or even spending, money. There is a deeper agenda.

Richard is a caretaker with a need to be taken care of; Christine appears at first to be the dependent one. But I know from our premarital sessions that she is an enabler with her parents. Is she, as is often the case in couples, carrying the problem the other actually is feeling? Might Richard be projecting *his dependent core* on a willing partner?

The difference between codependence and positive dependence is what is being enabled. Codependent people stay in relationships where they enable those who abuse alcohol, drugs, or family members. Happy couples enable the positive aspects of one another. In relationships that work, partners are able to hold and contain the vulnerable underbelly that yearns for a warm hand and loving heart.

Connecting Presenting Problems and Core Issues

To defuse my reference to the displacement of underlying issues by their surface battles, I ask Richard and Christine to talk about Emily's development and each of their roles in childrearing. Here again I listen for meaning, emotions, and defenses, and observe their nonverbal body-to-body communication, as well as the story of their parenting.

I learn that in spite of his intense work schedule, Richard manages to get up to help with night feedings; he keeps talking about

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wanting Christine and Emily to be with him for family time on Sundays.

From the tone of his voice and the slump in his spine I sense that Richard is not feeling appreciated—and appreciation is a precondition to secure attachment. I wonder to myself whether his drive to control Christine financially is actually the way he believes he can get more of her time and attention.

I tell Richard and Christine that we are touching some important underlying issues. "They are ones we must understand and resolve. But let's not make Emily the focus of your problems. It's good that you have brought them in now before they create problems for you and your daughter. Emily's happiness is worth fighting for. She is an important reason for you to heal what is going on in this relationship now." They both nod in agreement.

"Let's take a minute to see where the two of you are," I say, trying to connect their presenting problems with some of their core issues.

"You have given me a lot of information that we will have to process together. Maybe if we can look at it with a new lens, we can see how to change the things that are creating pain in you both.

"Christine, you've been trying to make your own decisions and not be frightened by others—your parents, your sister, your husband. You spent your life with people like your uncle, telling you what you should do. You have lots of household help now, and there is some question in Richard's mind about whether they are taking care of your needs or you are taking care of their needs.

"Richard, it sounds as though you have some real concern about having enough money. Christine's monthly output seems too much for you. My understanding when we met 21/2 years ago was that Christine's uncle had invested prudently for her, and that your business was growing. Has that changed?"

He replies, "I have been much more successful than I ever expected, but I don't know how long this run of good luck is going to last, and I've got a family to protect now. For every \$1,000 we invest instead of spending, we'd have \$20,000 in 10 years with compound interest."

Richard's insecurity goes much deeper than money today or preparation for tomorrow. He talks about a future in which he can

decide how to live. But he is also talking about his past, in which there was no wherewithal to do anything more than survive and no way to deal with his huge sense of loss.

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I note to myself that both Richard and Christine act as though she has limited capacities to function, and that myth—however belied by her professional success—seems to be playing around the edges of their relationship. She feels powerfully her lack of formal education. He still carries the belief from his childhood experiences that his mother cannot function without his help and support. As Richard talks about things that discount Christine's self-esteem, I wonder again when she might discount something important to him. It is not hard to see what the underlying issues are doing to their relationship. It is increasingly clear that money management has become a crucible for decision-making. And domestic decision-making has become the forum for Christine's expression of her autonomy. When it comes to spending for household help ("They need the work, and I can afford it"), she digs in her heels.

This is how the rumbles of war begin—with the issue of the day: Who walks the dog? Who pays which bill? How loving is their lovemaking? Even if partners listen to each other on this surface level, they are not getting to the recognition and repair of core needs and feelings that could open the channels to earned secure attachment (Main, 2002). Furthermore, arguing repeatedly about the wrong thing produces real toxicity if not an actual end to a relationship. Old, well-established neural networks are activated, threatening reenactment of old wounds, but also providing the opportunity for healing. Here is the place for the therapist's intervention to open the channels in a way that is not shaming or blaming.

I mentally review what I see as the impasse that we need to break, the place to intervene. Each learned ways to shield him- or herself with protective defenses when experiencing the pain of emotional disconnection. Richard's protective defense is to be in control. As long as he is in charge, he can make sure that everyone is taken care of—except for that vulnerable part of himself. He has a deep fear that if he is not in charge, things will fall apart, as his family did when he was a child. Christine initially welcomed his take-charge style from the child place in her that needed guidance, but now she experiences it as attempting to squash her own disposition and choices and diminish her capacity to function autonomously. Rather

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than recognize Richard's controlling behavior as a core security issue for him, she thinks it's about *her*.

Christine's protective defense is to disconnect. Perhaps because he continues to feel his mother's emotional distancing from him as a tremendous loss and a total change he cannot seem to make sense of, Richard reads Christine's withdrawal as ignoring or dismissing him. Instead of understanding it as her way to cope with the insecure residue of her developmental trauma, he thinks it's about *him*.

When they bring up the fact that Richard moved his mother from

her home on the East Coast to a condo near their home in California 6 months ago, I take the opportunity to reopen the subject of Richard's deep sadness about her having disengaged emotionally. Based on his responses in the attachment interview we did 21/2 years ago, I know he felt that their relationship changed sometime in his midteens. And I also know that he didn't register the impact on his mother of his continuing to manage her life. She evidently had needed him to take charge after his father's abandonment of the family, but she was long past that. He was not.

"My sisters came to town for a visit," Richard reports. "They all [his sisters and their husbands] got together at the condo I bought for Mom. But they didn't include me." His disappointment, frustration, and feeling of unappreciation were obvious.

"I bought her a place near the ocean. I want to make sure that she has a really good life with no worries. She never even says 'thank you.' I just don't understand it. I know she loves me, but I don't understand why she is so distant. It didn't used to be like that." Richard is beginning to sound like a child, and his face takes on a younger quality.

I say that I can see how painful it is when he talks about this deep yearning for his mother's love. I ask him to stay with his feelings right now, and to see where he holds them in his body. He points to his chest and throat, and I can see tears forming in his eyes. Christine reaches over, takes his hand, and squeezes it. I ask, "Are any sensations, images, memories, or any emotions coming up for you right now?" I'm offering an opportunity for Richard to access early formative memories and their corresponding neural pathways—those that are impacting his relationship with Christine.

Richard sits quietly for a minute, then says, "I have a memory of

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my mom sitting and reading to me when I had chicken pox. She had

so much patience."

"Stay with the image," I suggest, speaking quietly, as if to a child.

"Can you see that little boy, Richard? Can you recall the scene, the room, the color of the walls . . . the furniture, how her voice sounded, what she looked like, any sensations you felt?" For a moment Richard seems there with her.

"It feels good to have her with me. She is so loving. And I love it when she just sits near me and reads to me."

"Can you just stay with the little boy and see him with all his feelings?" I ask quietly.

"Yes," he whispered, and then he fell silent and tears began to flow.

"I don't know what happened to her. I seemed to have lost her. No matter what I do, it's like she doesn't keep me on her mind."

I turn toward Christine, but I'm giving the message to both of them. "I think we have an idea of what Richard may want in his relationship with you—an experience of repair. Whatever went wrong between him and his mom in the growing-up years, he lost a very important relationship. As his wife, you are the closest counterpart to the bonds between Richard and his mother. He wants you to be the adult equivalent of the loving, caring, nurturing figure who

reads to him adoringly. He wants your love when he feels upset or under stress. You want the child in you to grow and become fully adult, and he wants the adult you to love the child in him.”

Effects of Successful Repair

At the beginning of our next session, Christine and Richard head toward the love seat together. She puts her arm on his knee and speaks directly to Richard. “I never really understood what you were talking about until I saw your mother’s recent behavior toward you this week. She really avoids any close contact with you. No wonder you get so upset.”

Turning to me, she said, “We’ve been getting along much better. I’ve decided to take that role in the musical, and Richard supports my doing it. His mom said she would be happy to come over and help with Emily in the evenings and some of the matinees.”

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Richard adds, “It will give me a chance to talk with her.” At this moment, they both seem relaxed and connected. While they talk to me, they maintain contact through physical touch, smiles, and glances toward one another,

“Why don’t you ask her how she feels about your facilitating the move to California?” I suggest. “If she feels it is safe to talk to you, you might learn more about what is wrong between the two of you. If you treat it like some problem your mother has, it becomes pretty hard to fix it.”

Richard says that he will try that. “As long as I know Christine is there with me, I will be okay.” Christine smiles at his expression of need and appreciation, and they seem more intimate and connected with one another. Richard and Christine were beginning to understand each other’s ways of operating as well as what each might do to advance the other’s sense of security, personally and in the relationship, when an event occurs that almost tears them apart.

Repair, when it happens, generally follows just such disruption of intimate bonds. It takes place over time, peeling off layer upon layer of defenses erected to protect against deep wounds long buried. Each healing experience makes the next one easier. And each repair sets off a positive chemical response that helps to develop new pathways in the brain.

Still, where there have been early attachment wounds, partners are predisposed to expect pain in the face of perceived injury, regardless of whether or not the mate has intended to cause either one (pain or injury).

Partners must recognize each other’s vulnerability to such encounters.

Also, they must be willing to respond at that deep level and know what to do to create a healing experience.

Rupture and Deeper Repair

Richard gets regular physical checkups because his father died at the age of 41, a day after having a heart attack. Richard made an appointment with his internist when he came home from a business trip with a respiratory tract infection. The doctor called Saturday morning to suggest some more tests, and when Richard asked when he should go for the tests, the doctor replied, “Why not have them

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today?" So Richard told Christine he was going to the emergency room to get them.

Now, in session, he's angrily repeating her response. "You said, 'we have friends coming over with their daughter this afternoon. Can't the tests wait until Monday?' It felt as though you didn't care. Your friends were more important than my health."

"I didn't know why you would go to the emergency room for tests. I thought you should get them on Monday," she replies.

"The doctor told me to get the tests that day." His voice is even angrier. "He must have thought it was important, but you didn't."

"I was wrong," she says, contritely, but his anger does not abate.

"I stayed in the hospital for 7 hours; I was alone. You were home with your friends who were visiting. You forgot about me. I don't feel very important to you."

"I called you, but you didn't answer your cell phone. I thought you were angry at me and that's why you didn't answer. You were just getting some tests, and you were mad at me." Christine obviously did not understand the depth of Richard's wound triggered by her absence at the hospital.

"The calls didn't come through in the downstairs lab at the hospital. If you wanted to reach me, why didn't you come over there?"

"I thought you were mad at me, and it got me upset."

Richard gets up from the couch they've been sharing and moves to the barrel chair on the other side of the room. From his body language it is clear that he is fuming.

"See, this is what always happens," Christine said, turning to me.

"We go for weeks with everything fine. I'm starting to think we're over the worst, and I do one thing wrong and Richard hates me. That's what happens every time." Clearly exasperated, she throws up her hands in a helpless gesture.

"This isn't *every time*," Richard retorts. "I was in the goddamn hospital. And you weren't there."

"I had Emily to take care of."

"You should have found a way to be with me."

"You were there for tests. If you were sick, I would have called someone to watch Em and gone right to the hospital," she replied.

Christine sounds sincere, really trying to make him understand her, but his emotions are too volatile—he simply can't hear her.

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"Oh, so if I'm dying, you might have tried to get there before I'm dead. I was there in the emergency room, all alone, and didn't even know why my doctor told me to go right away to get the tests."

"I'm sorry. If I had realized, I would have been there."

"That's what I'm afraid of: Something will be wrong, you won't think it's serious, and I'll die all alone."

"I can't do this," she said, talking neither to me nor to Richard. "I know there are things you need from me. We've talked about it, and I try to be there for you. But it's never enough. One time I don't understand and do it wrong, and we're back to square one. I failed."

Christine is very still, appearing to lose hope.

"You don't like it when I get upset," Richard acknowledged, "but

even when I tried to explain it the other day without being angry, you got distant.”

“I can tell when you’re angry.”

“Then I’m in a box. No matter what I do, you can’t hear how important this is for me. You’re preoccupied with yourself.”

“You don’t know how often I do things that I know you want. Whether it’s the food you like to eat or the way we make love, I try to be there for you the way you want.”

“Sure, it’s like a checklist: dinner, check; sex, another check.”

Richard moves his hand and his fingers to demonstrate. “I want someone who wants to be with me, who cares if I’m sick, and not because it’s something you have to check off.”

“I took care of you when you had the flu. I called the doctor to make an appointment for you.”

“You didn’t go to the doctor with me.” Richard then lists examples of sick friends whose wives watched over them, went to every doctor’s appointment, monitored their medications.

Christine cries as he goes through this litany. I say to her, “I may be wrong, but right now as I watch you, I have a sense of you asking, ‘Why be in this relationship where I’m always bound to fail!’”

“Yes,” she responds, “I can’t bear all his anger.”

“You’re both in a lot of pain right now. You were afraid of what was happening to you, Richard, when the doctor told you to get the tests right away. You felt so alone.”

“I still do,” he replies.

“And Christine, right now, you look as though you have just been

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punched in the stomach. I can see that you’re hurting a lot. But I also see that you’re feeling your feelings instead of numbing yourself. That’s important for you.” After a short wait, I ask, “What is coming up for you?” offering Christine the opportunity to get in touch with the repetition of her early history in her reaction to this situation with Richard.

“I remember when I was little, maybe 8 or 9, I didn’t want to memorize my lines; I wanted to play. My uncle got really mad and smacked me. He said I was ruining everything. He said I was such an ungrateful child after all he did for me. I wanted to run away, but I didn’t know where to go. So I went inside myself. After that I listened to him, and he was nicer to me.”

“So you listen to Richard, but it doesn’t work like learning lines. You can’t always figure out what he wants. Then you get afraid that if you don’t figure out what he wants, he’ll rage at you, and you’ll want to get away. The problem is that Richard wants you to be with him because you want to, not because he wants you to or because you have to.”

Richard, sarcastically, says, “It shouldn’t be hard for her to figure out that when her husband is in the emergency room, she should be there.”

“That was an awful experience for you, Richard. In fact, it may have touched on one of your worst fears, and we should talk about that. But it is important that Christine be able to hear and understand

what you were going through—and your anger may be making her disconnect from a message that is very core for you.”

After letting Christine and Richard know that I am attuned to what’s going on somewhere deeper than words can convey, I ask them both to stay with the emotion in their bodies. No one spoke for what seemed an interminable time. I felt like breaking the silence and asking a question, but I also knew that to do that would be an enactment of my own uncomfortable feeling.

Finally Richard began to weep, with deep gasping noises. He was having trouble crying and breathing at the same time.

“My father died all alone. . . . My mother got a call from his girlfriend that she had taken him to the hospital. . . . I went over as soon as I got the message, but he had died before I got there. His girlfriend had left him there, I didn’t make it on time, he was only 41 years old, and he died alone. I think of what that must have felt

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like for him. What it must be like to be dying and all alone. I don’t want that to happen to me. But I’m afraid it will.”

Christine, now crying with him, says over and over again, “How awful,” and “I didn’t understand.” With her empathic response, it is possible that this repair may be helping to change both their early imprints. They are each experiencing something different, the beginning of a reorganization.

“Do you see Christine’s response to what you are feeling?” I ask him, wanting to make this reorganization conscious.

As Richard looked up, his rage still apparent but tightly bound, he says to Christine, “My father died at 41; I don’t know how long I’ll live. I’m trying to live the life that I want, and to protect you, Em, my family. But I have dreams about dying; I dreamed that I’m trying to tell you, but you don’t hear me, and I’m dying and I’m all alone, just like my father was. You’re with your parents, or your sister, or your friends. . . . And you’ll be sorry afterward because you didn’t notice that I was really dying.”

“That fear and the guilt of not being with your father when he died alone has weighed heavily on you, Richard,” I comment.

“You’ve talked about being angry with your father for leaving the family, and you’ve said that you would never leave yours—no matter what. But I can tell from what you are saying today that there is much more than anger.”

“I never really got to know him,” Richard said. “I didn’t see him for a long time after he left Mom and us. But when I got into basketball, he started coming to my games. We really had some good talks—about why he left, what he was looking for, what I wanted to do with my life. But we had only a little time before his heart attack. . . . I just wanted a family, a dad and a mom. I felt so alone when he died.”

As Richard continues, tears flowing heavily, Christine seems to grow in her understanding that all his rage came from his deep painful core and was not really about her. As they leave the session, she reaches her hand out to him, and he grasps it tightly.

“Can we come in later this week?” he asks me.

At the next session several days later, something has clearly

changed. The reorganization of brain, body, and mind that began in the last session seems to have taken hold. They walk in seeming more relaxed and sit close together.

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Christine begins. "Last time, when we went outside, Richard gave me a hug. I was surprised because he was so angry the whole hour in your office."

"I told you what I was feeling, and I was finished," he says. Richard had tapped into core emotion, and Christine did not withdraw as she had in the past. Her tears were for him, and he seemed to sense her presence differently at the end of the session. The repair was palpable to both of them, repair longed for in childhood but often not provided.

The problem they had been having for the past 2 years was one of having no way to let each other understand what was happening deep inside. Every time one tried to let the other know of his or her anxieties, fears, core pain—things they barely let themselves know—it touched a hurt spot in the other. They kept closing each other out, leaving a residue of hurt, anger, and numbness, along with the belief that the other was the cause of the problem.

Each has needed the other to hear, understand, and do something that could reduce the pain. Christine's reaching out a hand when Richard was experiencing so much painful emotion and Richard's reaching out to hug her after the difficult session helped them experience each other differently, at least for that moment. There was a beginning of a connection at that core level of emotional arousal that each has always defended against, and possibly a reorganization that can be a big step toward deep relational security for both of them.

"It's so important that you found a way to repair a serious rift quickly rather than letting it fester," I comment. "Richard has been saying he needs to know that you love and want to be with him and that you are capable of taking care of him in an emergency. Christine has been wanting to prove that she is capable of taking care of things that are important to her."

"Look, I knew you could take care of yourself when I first met you," Richard said. "Look at all you accomplished before most people even graduate from high school. Nobody bothered to see that you got an education, and yet, you have read more books than anybody has, more than I have. I've never had a doubt that you would keep growing. Sometimes I worried about how long it would be before you grew right out of this marriage."

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"Maybe that's why you didn't want me to take any jobs."

"I wanted to be the one to support you."

I say firmly, "There are lots of kinds of support."

Toward the end of this session, I ask them to look at each other again and alternate starting some sentences with the words, *I want*.

"See what comes up."

CHRISTINE: I want to see more of the you that has needs and feelings, not just anger.

RICHARD: I want you to promise to be with me, and not disconnect from me, when I get upset.

CHRISTINE: I want to be able to make my own decisions.

RICHARD: I want you to know how much I love and respect you.

CHRISTINE: I want to be there for you.

RICHARD: I want your help to talk to my mom. She listens to you.

CHRISTINE: I want us to have another child.

RICHARD: I want us to have a happy family.

The conversation then becomes playful, and sexual, their body language much more open to each other. For the time being, the war is over. Their brains, bodies, and minds are not repeating the wounds of the past; instead, they have grown and changed from the repair of their deep-seated conflict. There will be other scuffles and skirmishes, but they know no one will get killed. Richard and Christine have learned that they can survive without resorting to auto-pilot defenses. They've learned that there is someone who is interested in knowing those deep vulnerable parts that nobody else knows. They've learned that they can be friends.

Each married the other with certain expectations and then felt disappointed. They did not get all that they wanted. For a time both thought they'd picked the wrong partner. But they didn't. They had the right partner to get what they needed, someone who could meet them on an unconscious common ground, who could help them repair their attachment injuries of the past.

The treatment focused on fostering reciprocity in meeting each other's core needs, whereby each of them takes a turn as the benign caretaker, particularly in stressful life conditions (Solomon, 1994). There was a strong emphasis on consolidating therapy gains, educating them to tune into their bodies when they feel stressful interactions, and stay-

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ing with the emotions that arise without piling on shame or blame. In our last session together, Christine turned to Richard and said, "I can hear you now. I know where your anger comes from. It doesn't scare me as it did before."

Richard's anger no longer activates Christine's defenses. Once they were able to stay with each other through the process of uncovering and unblocking core emotion, as well as listen to each other's messages, the inevitable problems of living together as part of a family could be discussed and resolved. Repair involves a step-by-step resolution of issues, a process that can bind two individuals together as an intimately attached couple. This is the goal and the heart of couple treatment.

THE PSYCHOBIOLOGICAL IMPERATIVE

The discoveries of evolutionary psychology and developmental neuroscience confirm the psychobiological encoding of the primal need to attach (Hofer, 2006; Minzenberg et al., 2008; Narvaez, 2008; Steele et al., 1999; Tatkin, 2004) and fully support the salutary vision of partners striving to meet each others' emotional needs, maintain secure bonds, and heal the wounds of old developmental traumas. Bowlby (1988) suggests that it began during the Pleistocene era, with hunter-gatherer communities evolving in ways that fostered attachment systems that led to social cooperativeness. These communities, which would have organized around infant care and valued

the maintenance of skin contact, frequent nursing, and quick soothing of fussiness and crying, may have established the basis of attachment in modern-day relationships (Lamb, 2005).

A psychobiologically oriented therapist understands attachment as an organizing attitude and belief system held by each individual regarding the dependability of others. This belief system, actualized as an internal working model, is embedded in the basic wiring of the brain and, as such, is non-negotiable on logical terms. The body experiences a need for proximity and signals this need to the one who is supposed to care. When and how that person responds (along with how much frustration he or she is able to tolerate, and other constitutional variables) determine how safe and secure we feel in desire or distress, and when and how we signal that desire or distress in the future. Through repeated experience with those upon

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whom we depend, our bodies remember and signal accordingly. In this respect, biological determinism inheres in attachment organization. If attachment organization or the internal working model it produces is the blueprint containing adaptive instructions for how we move toward and away from others upon whom we depend, then biological systems are the means that carry out this design. New traumas around separation and loss not only fuel our childhood emotions and defenses, they also cue our psychobiological systems to respond in terms of encoded, autonomic arousal processes. In predictable fashion, unrepaired attachment injuries will eventually emerge alongside an individual's sense of permanence with and dependency on another human being (Tatkin, 2003a) and will be expressed in some manner through anticipatory and behavioral systems of the human brain and body (Tatkin, 2009b). This is the psychobiological imperative.

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