

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT
WRITTEN PERMISSION OF MARION F. SOLOMON

EMOTION IN ROMANTIC PARTNERS:

INTIMACY FOUND, INTIMACY LOST, INTIMACY RECLAIMED

Marion Solomon, PhD

People meet, bond, and become wired together in ways that affect each other at a neurological and psychological level. Emotions play a fundamental role in that process. In secure relationships, emotions are vehicles for communicating and solidifying attachment bonds. Couples come into therapy with narratives about their problems that often cover a deep well of disowned emotions, unmet dependency needs and emotional pain. When deep core emotions are inaccessible, and emotional needs remain unmet, powerful dysregulated feelings often interfere with the ability to self-regulate or repair injuries. As we witness growing numbers of people seeking therapy for relationship problems, it is clear that many partners fail to give and receive the very things that are essential for maintaining a secure attachment--empathy, listening, touching, dyadic resonance, a sense of seeing and being seen by each other, and ultimately, an opportunity to be in touch with core emotions while remaining present with each other.

Research has shown that the brain is a dynamic, connective, and socially seeking organ (Siegel, 1999). There is a neurological need for secure attachments. Attachment bonds provide a sense of safety and emotional availability in times of distress that remain constant from early childhood throughout the lifespan. Behavior, arousal, emotion regulation, and awareness are all organized simultaneously through an interactive process that helps to solidify emotional bonding and enable safe exploration of the environment. In every subsequent relationship throughout the lifespan, feelings arise subcortically that

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

influence the process of reasoning and decision making. When negative feelings arise around repeated, unresolved attachment failures, defenses against emotional pain become locked in, while exploration and new behavioral repertoires feel unsafe.

The neural circuitry underlying emotional bonds is now being mapped out as clinical psychologists, developmental experts, and neuroscientists increasingly collaborate and integrate the important knowledge that is rapidly becoming available. In recent years, neuroscience has given us knowledge of the brain's plasticity and the transmitter circuits that can be altered and redirected by our thoughts, feelings, beliefs, relationships, and external life conditions (Doidge, 2007; Siegel 2007). Based upon knowledge of how the circuits in the brain affect and are affected by past experiences, coloring perceptions of current relationships, it is possible to understand why people who meet, fall in love, and get married, can later come to see each other as the cause of anxiety, distress and danger (Solomon & Tatkin, *in press*). New situations reengage old memory patterns. In milliseconds, subcortical processes merge past and present emotional reactions. Feelings arise that can influence the processes of reasoning and decision-making.

Intimate relationships can create growth and change, or alternatively can become locked into destructive patterns of interaction. This chapter explores ways to recognize and change locked-in, painful interactions between partners, and shows how emotions and their regulation --or lack thereof-- play a role both in the dysregulation and the healing of these patterns. Current research uncovering ways to reengage mind, brain, memory, and cognition informs clinical interventions that can help intimate partners perceive and respond to each other's emotions and behaviors in new ways. Relying on an

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

understanding of the interplay of brain, mind, body, and emotion in the dynamics of human relations, we explore how current neuroscience research findings can inform clinical interventions.

THE SOCIAL BRAIN: EMOTIONS AND ATTACHMENT

Research confirms a high correlation between early attachment categories and adult attachment patterns (Main, 2000). From before birth throughout the lifespan, brain, body, and nervous systems are wired together in interaction with the environment, with cascades of emotion setting off chemical reactions, affecting the developing mind (Siegel, 1999). Arousal levels, awareness, and behavior are all organized simultaneously in the brain through this interactive process. Individual psychic life originates in this interactional field. The eye-to-eye, skin-to-skin contact between baby and caretaker first regulates and organizes the experience of inner states (Schorre, 2001).

Stern (1985) identifies various senses of self that are organized through interactions with “self regulating others.” We discover ourselves through the reflection in the eyes of another (Winnicott, 19xx). At the same time as we learn the extent to which we can depend on another to keep us safe, we develop our own unique patterns of relating. These become the working models that we carry into new relationships (Bowlby, 1969).

In healthy development, if we are touched, nurtured, and held in safety, we learn to depend on others, and a secure mode of attachment develops. In a secure attachment, there is an attunement, understanding, and acceptance of us as we are, rather than as what we are supposed to be to obtain the love of the other person. Through positive emotional

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

interactions (mother and baby, intimate partners), we are likely to feel known, loved, and worthy. In relationships that work well, each feels enhanced by the interactions with the other. When things go well, a working model of secure attachment and positive affective interactions will shape our expectations as we enter new situations. This early influence does not guarantee a happy marriage, nor does an insecure early attachment mean an adult life bereft of good relationships. But a secure attachment does make it easier to cope with the stresses that invariably arise in a long term committed relationship

For intimacy to occur, the *care seeking system* (Cassidy, 1999, p. 123), the caregiver's part of the attachment system, has to be functioning well. John Bowlby's concept of a "secure base" (Ainsworth et al., 1978) may be seen as a platform from which to explore Main's (2002) description of "earned secure attachment." Research shows that a good relationship can alter earlier disturbed attachment patterns. Treboux and Crowell (2001) studied adult attachment representations across two ordinary life events: marriage and becoming a parent. Their research found that these transitions could serve as catalysts to change in Bowlby's working models (Bowlby, 1969). Indeed, over a period of 5 years, a secure adult relationship has been found to change responses on the Adult Attachment Interview results from insecure to "earned secure" (Main, 2002) This finding confirms other research demonstrating that connections among neurons can be directly altered and shaped by experience through neural plasticity (Schore, 2003; Siegel, 2007).

Secure attachment facilitates comfort with autonomy. Securely attached people both seek care and give care that the other wants. *Giving care* means being available to an adult romantic partner in stressful times. It means recognizing when the other needs care, and doing what is necessary to provide it. It means being loving, being respectful of

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

the truth of another, and accepting a range of ways of being and feeling (Cassidy, 1999, p. 130).

This need to be seen is as primary in the bonds of significant adult attachments as in the infant-caretaker bond. What is required is the ability to trust that others are available to respond sensitively when we are in the midst of troubling experiences and disturbing emotions. No life is without its stressors. One thing is certain for all of us; there will be times when the heart and mind will be hurt. Life for everyone involves times when at our innermost core we experience fear, sadness, anger, grief. At such times a person desires nurturing and loving care in a primary attachment relationship. It is here that a relationship is tested, and security that the other can be depended upon is confirmed, or not.

Only after a sufficient number of interactions in which security of attachment is tested, and in which the signal for comfort and safety is met positively, do mental representations develop of the other as loving, responsive, and sensitive, and of the self as loveable and worthy. The positive emotional interactions that emerge in the wake of successfully repaired ruptures are crucial (Fosha, 2000, 2003; Schore, 2003; Tronick, 2007) because they are part and parcel of the representations that are the basis of secure working models of self and other.¹ These working models carry the person, child, or adult through the many normal failures of attunement, followed by reparative experiences. When this happens, the relationship becomes a healing emotional bond, “a haven in a heartless world” (Lasch, 1995).

¹ See also Fosha's Self-Other-Emotion configuration, a version of the internal working model with emotion regulation integrated within (2000, pp. 118-126).

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT
WRITTEN PERMISSION OF MARION F. SOLOMON

An important aspect of trust necessary for a well functioning intimate relationship is a belief that the self is valuable and worthy of being loved. This also grows out of the bonds of secure attachment. When, through repeated responsive emotional interactions, a positive internal model of the other meets a positive internal representational model of the self, we have the necessary and sufficient conditions for intimacy. When this is lacking, relationships suffer.

HOW DEFENSES AGAINST PAINFUL EMOTIONS ENDURE AS
LIFELONG PATTERNS

The affective reactions of people with unresolved early traumas often create dysfunctional attachment patterns in adult intimate relationships. Studies show a high correlation between childhood care received and adult care given to a romantic partner (Cassidy & Shaver, 1999). Attachment disturbances result from repeated separations, prolonged stress, or traumatic experiences in our early bonds. Unless recognized and resolved through a reparative relationship bond, the protective defenses that felt necessary for physical or psychic survival become wired in and affect relationships throughout a lifetime. Reemergence of intense feelings in later situations can distort the ability to respond appropriately. When strong emotions arise and are not regulated within the containment and safety of a secure attachment, it becomes difficult to distinguish between impulses of anger, the arousal of anxiety, and early-learned defenses against frightening or painful affect. These defenses, which have been incorporated into the internal working model, are triggered in each new relationship. Partnerships are tested

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

repeatedly. This process occurs as if on autopilot, without conscious awareness or planning, because it has been wired into the brain.

Because affective response patterns arise at a sub-cortical level, emotions, defenses, and enactments remain stored in implicit memory (Siegel, 1999). An interpersonal event recalls an emotional arousal, causing temporal loss, a kind of time travel in which past and present merge. The current situation and current person take on the characteristic of one or more people from the past. Partner and mother (or father) may blend at that moment, setting the stage for defensive reaction on both sides and the emergence of the “marriage monster” (Tatkin, xxxx) We will see this in the case of Ted and Robin.

Couples generally seek therapy when they are caught in repetitive, bewildering, painful patterns of interaction. They both have a narrative explanation of problems between them, each viewing the problems as lying within the other. Yet, as they describe their dissatisfaction and discomfort in the relationship, their account often reflects self-blame and inadequacy. When pressed to clarify, a partner may express numbness, bodily pain, or vague feelings of something being wrong. The therapist must be aware of the transferences between partners as well as transference reactions to the therapist. Many people come into therapy fearing that joint sessions are a dangerous territory in which they will be blamed, or in which shameful or humiliating feelings will emerge, uncovering a needy, fearful, undefended self.

Couples typically interact with each other from a conscious verbal level, while activated sub-cortical emotional underpinnings remain out of awareness. The conscious verbal narratives on which partners tend to rely are a product of left-brain cortical

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

functions that provide a narrative of problems presented in ways that protect the speaker against deep shame or guilt. Sometimes partners convince each other, or the therapist, that the cause of the problem is sex, money, work, poor communication, extended family, etc. These may be real problems, but they often are overlays of hidden deep emotional issues.

The very young child uses whatever defenses are available, including denial, dissociation, projection of emotion to others, and a myriad of defenses designed to protect him or her from being overwhelmed by dangerous emotions. The emotions are particularly frightening and painful if there is no one present to understand or give comfort. What often appears to be high anxiety may be an “overlay,” a defensive reaction covering hidden core emotions. What appears to be pathological enactment may be an attempt to share with another person emotions that are too primitive for words. When there has been severe trauma, the person may try to create certain feelings in another, so that he or she, too, knows what is too unbearable to feel. With emotions and defenses such as these, enactments are tests to see if this person understands and is strong enough and cares enough to contain the emotions that are too painful for the defender to endure. Relationships with partners and with therapists are tested repeatedly to see if, finally, there is someone who can provide the healing attachment that has been needed for so long. Often it takes years to trust the other when toxic emotions are present.

Actions and words that seem to make no sense when listening to explanations of the difficulties may become much more understandable when the therapist helps partners pay attention to emotional undercurrents that underlie surface narratives. This is the path toward the warded-off emotions that previously felt too overwhelming. This type of

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

intervention is best done in the moment during the session when one or both partners experience the emerging emotional content as uncomfortable, threatening, and unexplainable. The goal is to make the sessions a safe holding environment for containment and detoxification of hurtful emotions. These emotions that are not only hidden from others, but even more, hidden from the self—terrifying affect around extreme vulnerability related to abandonment, intensely rageful feelings around neediness unfulfilled and unfulfillable—emotions too shameful to face.

Mary Main (2002) reported studies indicating that a 5-year relationship with a secure partner can change an insecure to a secure attachment. Still more research must be done to determine what happens to toxic emotions in a secure adult relationship.

Videotapes of couples therapy sessions showcase how frozen emotions seem to thaw, solidly entrenched walls begin to melt, and partners relax and begin to say when they are hurt or frightened in moments of interaction.² The healing impact of what happens when core emotions that hold the emotional truth (Fosha, *this volume*) come to the fore will be illustrated in the clinical work with Ted and Robin.

UNDERSTANDING THE INTERACTIONAL EXPERIENCE

An important part of understanding and containing the interactional experience of the partnership is awareness of what is happening in the here-and-now at times when strong emotion may surge to the surface and need to be addressed. The therapist's ability to pay attention to physiological and emotional reactions in both partners, as well as in him- or herself, provides vital information to help understand the process of the relationship in the moment. Patterns that are repeated over time become wired in the

² Videotapes of couples seen by Susan Johnson, Stan Tatkin, Marion Solomon and John Gottman.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

brain and body. New experiences can alter the brain and nervous system, but couples in distress often have difficulty generating novel experiences. Instead, their interactions during conflict tend to be non-contingent and repetitive. People become stuck in their own habitual patterns and enlist those close to them to play out a complementary part. Instead of hearing what the other is saying, each resorts to rigid communication scripts in which difficulties are never resolved. What we often see in couples' therapy is the partners' frustrated and failed efforts to find a better way to feel safe, worthy, and loved.

If either partner views him- or herself as unlovable and unworthy, based upon messages imbedded in the brain early in life, the result may predispose him or her to painful encounters with others and repeated selection of disparaging or unavailable partners. *This unfortunate consequence may be due less to masochistic desire for pain and more to a constant seeking for repair:* "Maybe this potential mate, who reminds me of someone important early in my life, will understand my needs, and will love me, treat me with care, sooth my wounds, be the healing relationship I need." We tend to select partners who have similar or complementary emotional wounds, each yearning for and testing the ability of anyone to know them at their darkest core and still love them. Like the tendency to press on an injury in an arm, we press repeatedly on emotional wounds (Cassidy, 1999).

Every therapist working with couples, or with individuals who have experienced repeated relational problems, has seen this pattern. Sometimes the individual therapist listens to his or her patient's description of a mate and wonders how they can live with such a "monster." Family therapists have described the transformation of a patient's narrative from "dream lover" to "worst nightmare" (Behry, xxxx; Minuchin, 19xx).

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

TED AND ROBIN

I received an urgent call from Ted, a former patient, requesting a joint session with his wife, Robin. I had last heard from him almost two years before, when he had written from Las Vegas saying they were going to get married and life was wonderful. Now he said they must come in right away because he, enraged and fed up, was about to pack up and leave her, much as he had left his first wife.

Ted and I had worked together for almost four years after he was divorced by his wife of two decades and then unceremoniously retired from a prestigious job. Left with a deep well of hurt and distrust, he was suspicious that employees in the new business he started would leave and take his ideas with them, and that women were interested in him only for the money in his golden parachute; he could not even fully trust therapy because he paid for it, “just as I would for a prostitute.”

I knew Ted had had many early attachment problems. We seemed to have recreated together the unavailable parent/angry child experience he had lived during growing up. He was often angry at me and the process of therapy. He hated to stop at the end of a session, became enraged when vacations came up, and complained because I wouldn't talk very long when he called me at night. It seemed at times that we were in a war zone, even as he sat quite properly looking me in the eyes and talking about his life; the war was taking place inside, in the sessions, and he needed me to stay connected while he went through it.

The work of repair began in the therapeutic relationship. When feelings arose during the sessions, he learned to stop, pay attention to his body, and breathe. I gave him

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

feedback about how our work affected me and made sure to match my breathing, body posture, and facial expression to his rhythms; sometimes, when I found that my mind was wandering, I commented on our “losing each other.” When I pointed out that we had an impact on one another, he went from being upset with me for withdrawing to checking in with himself to see where *he* was when I was not connecting.

While we were going through some very difficult encounters in session, his business relationships improved, his agitation in the supermarket check-out line diminished, he overcame his fear of traveling by airplane, and he was able to sit through a movie without having to get up two or three times “to escape.” He continued to date but relationships were short-term, ending whenever a woman expressed interest in getting closer.

When Ted met Robin something changed. He no longer talked about the empty feeling inside, the rages, the sense of being lost, the “black monsters” that filled his dreams, or the wish to find a woman who “won’t drive me crazy.” Ted was in the ecstatic stage of falling in love. (“For the first time, I know what joy feels like.”)

The brain in love produces a wonderful sense of timelessness and euphoria that involves little thought but intense emotion (Bartels & Zeki, 2000; Fisher, 200x). Millions of neural networks are activated, and the brain centers that mediate emotions, sexuality, and the self begin to expand and reorganize. Romantic love involves surges of dopamine and of the norepinephrine in the neurotransmitters and brain regions that drive the reward system, regions closely akin to those involved in addiction.

The romance was quite one-sided at the beginning. Robin told Ted she was still recovering from the death of her fiancé in an automobile accident a year before and said

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

she was not ready for a relationship. Her reticence seemed to make Ted desire her even more; he sent her flowers every day. He kept asking me how to get her more interested, becoming angry (“Who needs you anyway?”) about my not giving him advice on “matters of the heart” since I had written books about relationships, then calling me at ten o’clock at night (“Robin is driving me crazy”).

When Ted called Robin, she would take days before calling back. As was the case with his friendships of childhood, he had to do all the work to have a relationship. But when her friends who met him encouraged her to date him, and to begin living again, he was elated, asserting that this was the kind of woman he wanted -- strong, independent, worthy in so many ways. He proposed to her a few weeks after they met. Robin dated him but held him off until they went out on the one-year anniversary of their meeting: although she seemed very far away while they walked on the beach and watched the sun set, by the end of the evening she “dropped the word marriage” into the conversation.

When shortly thereafter they came to the office for their first couple session, I could understand why Ted was so enamored. Robin was a striking, almost six-foot-tall woman in her mid-thirties, with blond hair pulled back in a chignon. They made a very appealing-looking couple. I found myself drawn into their drama -- his pushing to marry, her need to maintain a distance – even as I tried to maintain the therapeutic stance espoused by Wilfred Bion (1984), one “without memory or desire”

I asked them to tell me about what was happening in their relationship. Robin responded by explaining about the death of her fiancé and how she was not ready to move as quickly as Ted wants to (“I think sometimes that we could get married, but I wish he would give me more room”). When I asked if she could focus on her unresolved

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

feelings for a moment, she said she had difficulty getting to them, and when I suggested she take a moment to check what was happening in her body and see if any thoughts, sensations, or emotion came up, she said, “Nothing right now.” Finally, when I observed that the loss of her fiancé had obviously been very traumatic for her and inquired as to how she felt about discussing in the joint session something that could bring up a lot of emotions, she replied that being emotional had never been part of her repertoire.

Knowing that open-ended questions about her emotions were not likely to result in any helpful dialogue, I focused on some specific questions about her history and her early relationships. For example, I asked her if she recalled when she was very young who did she feel closest to. I asked if she recalled who was there, if anyone, when she fell down, or hurt herself in some way. Utilizing some of the other questions developed by Mary Main (2006) for her research in the Adult Attachment Interview and Stan Tatkin (2008) in his extension of the AAI Questions to Couples, I continued with questions such as, “Who put you to bed at night?”³ She seemed comfortable answering only those questions for which she could give factual answers.

I asked Robin for three words that described the relationship with her mother when she was a very young child. She said “loving,” “kind,” and then couldn’t think of a third word. I asked her if she could give me examples of what about her mother was loving. She said that her mom “was always at home...She was a housewife.” She said that her mother “was not like a lot of my friends’ mothers.” When I asked her to tell me some incidents that would be examples of “kind,” she said, “Mom would put down what she was doing if I needed her.” I asked her if there was anything more, and she added, “I

³ This is an elaboration of the AAI questionnaire, modified by Dr. Stanley Tatkin and seen in videotapes of his training seminars

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

was a good girl and didn't ask for very much...I read a lot and whenever I asked for books, Mom took me to the store and let me pick whatever books I wanted." Mostly she had difficulty giving a coherent narrative about her relationship with either of her parents.

I thought of Robin as having been a solitary young girl with an avoidant attachment pattern. She differed from Ted, who had also experienced solitude when he was young, but hated it. He had ambivalent feelings of wanting to desperately connect, but he couldn't bear the intense emotions that came up when people disappointed him.

In our next conjoint session I asked to hear more about how their relationship evolved. I knew Ted had come into Robin's life when he sought to add the computer company she ran to his business conglomerate. She said she found his interest in taking her out on a date her quite exciting: "He wouldn't take no for an answer and I loved the attention, but something about him scared me. It took a while before I went out with him, and then things went a little faster than I planned." She had wondered about her mixed feelings a year later when she and Ted were watching the sun set together. She could not understand herself or why she talked to him about getting married. "It just came out of me, but I wasn't ready yet."

She talked about memories that keep coming up of her dead fiancé. I noted to myself that she never mentioned his name. There seemed to be something not real going on -- a smokescreen, I thought. I suggested that instead of exploring her emotions, perhaps she could spend a few minutes paying attention to her breathing and notice what was happening in her body as we talked about the shock of her fiancé's accidental death. Each time another memory came up of times and places they had been together, she seemed overwhelmed by grief. She recalled an early beach dinner with Ted when she

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

kept remembering another time, another beach, and another man in her life, and was having difficulty saying goodbye. There had been many such scenes in her mind over the past two years. Her emotions were sparked every time something reminded her of her fiancé. That's why she kept Ted at a distance, she explained.

I asked what she had hoped to get out of the joint session. Robin went back to their one-year anniversary and the sunset-walk on the beach. It had been the first time she did not think of her dead fiancé, she said; perhaps it was time to get married. Ted, she added, is a wonderful, kind, generous man. I wondered how Ted felt on hearing this. I also felt protective toward him, as I did not get the sense that Robin was anywhere near ready to experience love for anyone. Ted just said, "Yes. Let's get married."

Robin mentioned that she had been very anxious about coming to sessions with him, having only ever talked to a therapist one time. I asked her to tell me about it and she said it was when she was a teenager and was having family trouble; afterward the therapist spoke to her parents and they immediately pulled her out of therapy. When I asked to hear more, Robin agreed to tell me in a session alone, and we set a date, but because I could feel her discomfort and reluctance to go on. I offered to refer her to another therapist so she could talk privately about some of the things going through her mind. She was quiet for a moment, then said, "No. This will be fine," but canceled and reset the time of our session twice.

It was clear that that the distancing behavior of which Ted complained was a long-term avoidant attachment pattern. As I learned from what Robin hesitantly told me when she finally did come in, she was raised by a mother who was dismissing of any emotional needs and a father whose interest in business left neither time nor inclination to

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

notice the needs or feelings of his wife or two young daughters. Her mother had had three miscarriages in effort to give her husband what he made clear he really wanted, a son to inherit his business empire. Robin got all the clothes and toys that she asked for but none of the love she yearned for.

Robin tried repeatedly to get her father's attention and at age thirteen thought she was succeeding when her father began to invite her on business trips. But she found his behavior inappropriate and pushed him away when he made sexual advances toward her. She tried to talk to her mother, who suggested that she might be imagining things and sent her to the therapist she saw for one session, whereupon Robin was sent off to boarding school and never returned home. (She has wondered why the therapist didn't report her father. "Maybe she didn't believe me either.") She went on to university and graduate school and moved across the country to thrive in the field of emerging technology. She became much more comfortable when she began talking about her work.

I brought her back to discussing her family by asking how her parents felt about her achievements; immediately, her body seemed to bend over. That was particularly evident when she talked about her relationship with her father, so I asked her to notice what was happening in her body at that moment. She said, "I want to curl up and die." I said I could see that she was in great pain. She clutched at her throat and nodded. When I asked her to pay attention to any words, feelings, or images her throat was holding she looked ready to burst into tears but said nothing, as did I; after a few minutes she turned her head away and began to cry.

Robin and I spent the rest of the session talking about the shame she feels when she thinks about her family. She said she just closes down when she thinks about her

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

father. She knows that she is angry with her mother for continuing to live with him and also perhaps for exposing her sister to molestation. I asked if she had ever discussed the subject with her sister and she said she had not. In fact, she expressed surprise to be talking about it now, as it had been a closed part of her life.

People have not been that safe: “I trusted machines and animals,” Robin said. (“It’s one of the good things I got from my father,” she said. “He is a computer whiz, one of the first in the tech field.”) She earned her living designing computer systems for a successful small company she started with a classmate shortly after graduation. When her partner suggested that they merge their lives as well as their business they got engaged, remaining so for six years because, despite his repeated requests, Robin said she never felt ready to marry. When he died so suddenly, she realized how much she had loved him and thought about her loss constantly.

I asked Robin what she wanted to do. She said she wasn’t sure but Ted was probably the best shot she would have to get married: “We have a lot in common. It would probably be a good idea.” While I wondered if marriage on that basis would work, I said only that she should take whatever time she needed before deciding; meanwhile, I suggested that therapy for her might be helpful and gave her the name of a colleague.

Ted made it clear when I met with him that he did not agree with my message about not rushing into marriage when there were many unresolved issues. He had no qualms and, like Robin, was not asking for my advice. He did not believe they needed any more joint sessions to discuss things, reported that Robin really felt good after her session with me, and said she would call the therapist I referred her to if she wanted to talk more.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT
WRITTEN PERMISSION OF MARION F. SOLOMON

She didn't call. They got married in Las Vegas and sent me a picture of the two of them, arms around each other, looking straight into the camera; it was a typical wedding shot but it made me wonder if they ever looked into each other's eyes. The next time I heard from them was two more years later when Ted called again in great distress. I made an appointment to meet with him the first hour that I had available.

"What went wrong this time?" Ted opened by asking, feeling as though he was back in his first marriage. In a way, he was. Robin's distancing had always been part of their relationship, such that even when they made love he never felt that he had her fully with him. Now their sexual relationship had become nonexistent, and that was particularly painful for Ted because sexuality was a place where he could experience repressed emotions and express unmet needs from childhood "and yet feel like an adult." Sex was one place where he could safely allow himself to be touched, held, soothed, made to feel potent. Ted and Robin's pattern of pursuit/avoidance seemed to be turning into a series of angry, sometimes explosive battles. I suggested a double session of couples therapy to see if we could sort out what was happening between them.

At first, each had lots to say about what was wrong with the other. I told them they used too many words and needed to slow down. I asked them to look at each other and take some deep breaths, then to look into each other's eyes and see if they could tune into what the other might be experiencing. Both expressed discomfort while doing the exercise in the session: Robin felt very uncomfortable with Ted "staring" at her; Ted was afraid of doing something wrong and failing in my eyes. Halfway through the double session Robin said she needed a bathroom break, so I said her body might be telling her the tension was too high and I suggested they both take ten minutes.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

When we reconvened, I explained a little about what I thought might be going on at levels that were out of conscious awareness. Their issues were in the emotional rather than the thinking parts of their brains, I said. They might need to “hold the emotion at bay long enough to use the cortical functions that enable us to see what is happening between the two of you.” They might do better being mindful of the reactions in their bodies and the emotions that come up as we explore their relationship.

Ted was unable to describe the emotion and could only express feelings of anxiety, an overlay to core affect. Robin, too, had a defense system that protected against emotions. Watching her respond in the session, I noted that when strong affect arose she quickly moved to a “blank face” stance, a kind of freeze response (Porges, 200x). Tronick (2007) has described as one of the most distressing characteristics of attachment failure in the earliest bonds between infant and caretaker. The “still face” certainly set off alarms in Ted.

As I watch such locked-in partners, I try to pair my own cortical abilities with my physical and emotional reactions during the session, remaining aware of my body and regulating my arousal. Sometimes I am aware that my thoughts about what is happening during intense sessions serve to downregulate my arousal.

MIDNIGHT MUSINGS ON THE CASE OF A COMPLEX COUPLE

So what was happening with Ted and Robin, two vulnerable people who were each dealing with the repercussions of early attachment failures? I found myself thinking about our work together at night, wondering *how* I could help them, *if* I could help them. There were times when I despaired that nothing I did would be able to break their

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT
WRITTEN PERMISSION OF MARION F. SOLOMON

mutually painful pattern.

It is possible for a therapist who has some grounding in attachment theory and affective neuroscience to see their principles in action in the relational patterns and reflexive defenses—the substrate of behavior—that are unique to each partner. Sometimes, though not always, this knowledge provides the therapist with a solid base from which to help partners heal old wounds. S/he can do so by bringing up not only the emotions, but also the sense of failure and shame that makes strongly felt things hard to talk about.

Ted had learned unique ways to use his cortex to control hyperactive emotional reactions and to “think out of the box” in his business decisions. Robin had never been able to trust because her implicit memory system would become flooded by danger messages whenever she got too close to someone in an intimate relationship. Her amygdala was functioning overtime, forcing her to put walls around herself to ward off intrusions. Both of their attachment patterns were on auto-pilot, with little or no input coming from a thoughtful prefrontal cortex. The romantic feelings that Ted had felt from the moment he had met Robin, and her thought that she loved Ted when she agreed to marry him, had nothing to do with the “collusion” course on which they found themselves. Their early attachment patterns had everything to do with it.

At the beginning of the relationship, each of them looked to the other as an island of safety in a dangerous world. There is always a yearning to find someone who loves us, attunes to us, and provides a reparative experience for early traumatic attachments (Johnson, 2004). Unfortunately, Ted and Robin had selected what was most familiar to them, which allowed them to re-enact their respective past attachment failures. They

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

then defended against the pain inflicted by the other. Each felt too vulnerable to express dependency needs to the other (Solomon, 1989). Nor could either acknowledge vulnerability, but instead defended against it.

Robin's pattern of avoidance caused her to withdraw whenever Ted's demands for more closeness encroached on her carefully maintained boundaries. Ted's history of insecure attachment made him pursue closeness while fearing being injured again. When he has is able to talk about his old angry feelings, he gains some relief. Despite his intense physical and emotional reactions, he does not act out his rageful feelings. But he is often left with a precarious feeling of instability. He has always had an underlying yearning for another who would be available, understanding, and accepting of his deeply hidden, cut-off emotions. He believed that his uncontrolled emotions caused the end of his first marriage. This insight gave him the incentive initially to seek treatment and to do the work required to change; that is, to *experience* emotions rather than to be driven by them. In individual therapy, he found a place to express his feelings and then, slowly, to experience intense primitive affect without being pushed away by the other person. He saw that nobody was destroyed by the feelings that came up in the therapy sessions. Using imagery, and learning to mindfully connect to emotions as they arose, he faced parts of himself that he had never been able to touch. Slowly he began changing his pattern with colleagues and friends.

When he married Robin, her danger messages signaled her to avoid Ted's pressure for greater closeness. His sexual and emotional frustration swelled into an angry barrage of venomous words. She was extremely uncomfortable with any sexual demands and did what she had learned to do with her father's sexual advances; she distanced

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

herself more. She kept telling Ted that she wanted him to love her for who she is, not for what he can get from her sexually. He responded by explaining to her that he feels the most loving after they have sex, and if she wants to demonstrate that she loves him, sex is the best way for her to show it.

Robin countered that love and sex are different things. She knew that after they made love, he seemed much calmer the next day. But that made her feel he was just using her for sex because he felt better. She had no understanding of the calming effects of oxytocin flowing through the brain following orgasm, as well as during intense bonding/attachment experiences. Her feeling was that when he pressured her for sexual relations, even as he saw she was not ready for it, she became an object to be used, not someone he loved.

Each talked, hoping to be understood; neither heard the message of the other. Underlying the conflicting narratives of each were painful experiences from their histories of attachment. What was unresolved was being replayed without conscious thought, with the hope that this time, what went wrong in childhood will be made right.

Two days before Ted's call, there was a turning point in their relationship. Their oft-repeated dialogue about sex and love came to a head. Ted was describing his sense of rejection. He said that he became very angry on the anniversary of the day they met. Ted bought Robin diamond earrings and told her that he was going to take off 2 weeks for the holiday in Paris that she had been asking for. Robin was warm and loving at their dinner in a fine restaurant. Upon returning home, Robin said that she was exhausted and fell asleep immediately upon going to bed. Ted said nothing about it the next day, but was cold and distant.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

In their therapy session, Ted said that he had learned to control his emotions when he got angry, and so said nothing to Robin. No matter what he does to draw her closer, he said, she clearly wants nothing to do with him sexually. He cannot stay married to Robin, seeing that she does not love him. His anger grew as he talked about ending the marriage. Robin had a “deer in headlights” look. She said that Ted’s anger frightens her, and that she always walks into another room when he gets like that. The office was filled with emotion that felt ready to burst. I said that they both look like they were in tremendous pain, and that I knew it is very hard for them to hear each other. I talked calmly about what I saw happening in each of them. Robin was experiencing the sense of danger that she has lived with for a long time. Ted was feeling the rejection that has been a lifelong problem. The way they each protect themselves becomes the problem for the relationship. When strong feelings arise, and they cannot hear each other’s pain, the therapist must provide empathic attunement to modulate the intense dysregulated emotion.

As I talked, I watched them for signs that they had calmed down enough to hear me, and possibly to hear one another.⁴ When each was nodding about something I’d said, I asked the two of them to turn their chairs toward each other and just maintain eye contact. I suggested that as they look at each other, they should be aware of what they were feeling. After a short while, Robin began to cry. But she didn’t talk. After a few minutes, she said, “I think I want to leave now.” I said, “I’m sure you feel like running away, but that is because what is coming up for you is so painful that you have had to push it away, as you’ve done for a long time. Just sit with the feeling and don’t say anything,” I suggested. Here again, the important work is to contain the toxic emotions

⁴ Porges' Social Engagement System

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

and help partners remain present to whatever comes up, rather than finding ways to run, do battle, or freeze their emotions. "I want to be there with Ted," she said finally. "I say to myself that I have to, but sometimes I just can't." Again she was silent, as the tears seemed to want to come out against her will.

"Do you sometimes remember back to your father when you feel pressured by Ted?" I asked her. "No...yes... It's all very confusing."

"Ted," I asked, "How much has Robin told you about why she has so little contact with her parents?"

"She told me that her father came on to her. She is always uncomfortable when she sees her parents. She doesn't like to talk about it. Robin says, 'It's history, it's over.'"

I asked Robin if she could share what happened when her father tried to molest her. I said. "I think it is very important, and that it is affecting you more than you let yourself realize." Robin cried harder, and said that it was "all confusing." She had told her mother, and then told "the lady" that her mother took her to. But no one had believed her. They sent her away.

"What did you tell the therapist to whom your mother took you about your father trying to molest you?" I asked.

"He didn't *try* to; he *did* it to me!" The shocking words came tumbling out. "He hurt me, and he told me that I could never tell anyone. And that no one would listen anyway. He was right, and they sent me away. I don't like to get too close. I get afraid." Robin continued for several minutes, speaking, then silently crying. There it was, the truth of what happened to her and all the emotion she was keeping locked up inside.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

“And you’ve had to hold that in all these years,” I said. “Your father raped you, and you were punished by being sent away.”

“So that’s why you always freeze up,” said Ted. “I didn’t know. I would never hurt you.”

“But you do when you get angry and then get silent on me.”

Ted reached over to Robin and put his arm on her shoulder. She put her arms around him and he held her close.

They had a lot of work to do to heal this relationship and themselves. But the secret that had kept Robin distant from the men in her life, and from Ted, was now understood as a traumatic experience on which she could work. Her emotions led the way: They led the way to distance when unregulated, and they led the way to closeness when regulated. Her talking to Ted about what had happened to her, and her asking him to understand and help, opened a door to connection for him.

It has been 7 years since Ted called for help on his marriage. Ted and Robin are still married. There are times when they have difficulties and call for a “tune-up.” But they have learned to connect emotionally. Their initial fears have receded. They hug each other often, look into each others eyes when they talk, and have found a way to meet their different sexual needs. Robin said the last time we met that her biggest disappointment is that they have not yet succeeded in having children.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

FROM INTIMATE ENEMIES INTO INTIMATE PARTNERS: THE
PROCESS OF CONJOINT THERAPY

Watching partners interact in stressful moments during a conjoint session conveys much more information about the dynamics of their relationship than stories told by one partner to an individual therapist. By observing which of them talks first, how the other responds, whether they resolve things or move toward solution or agree to disagree, whether they respond to each other with criticism or resort to dismissing or become defensive, whether there are signs of Gottman's (1999) "Four Horsemen"—criticism, control, defensiveness, stonewalling—or not, the couples therapist can gather reliable indicators of how each partner operates in the relationship.

Partners who complain that there is no communication may be communicating constantly about things that the other doesn't want to hear (or see). The therapist can comment on nonverbal cues – e.g., the smile when anger might be an appropriate reaction, the foot shaking up and down while a partner is talking -- not by way of accusation but toward identifying some important information. This information forms a foundation for understanding how each learned to operate in the world and how each handles issues such as closeness and distance, power and control.

When couples like Ted and Robin seek help for their relationship, their conscious narratives of what is wrong rarely touch the underlying defensive/protective dynamic that may be causing problems between them. It is here that therapists must intervene to facilitate the necessary changes and improve the relationship. The work requires enhancement of positive emotions and positive emotional interactions to build secure attachments.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

RE-ACTIVATION OF INTERNAL WORKING MODELS WITH THERAPIST
AND MATE

One of the most powerful forces in the psychoanalytic literature relates to transference, the putting of old faces on new people. This happens on both sides between patient and therapist, and it happens in every powerful relationship between people. It was clear that Ted and Robin both experienced early attachment failures. Each was wired to defend against the pain that occurred in important relationships. Each found and then molded the relationship to make the other into the “marriage monster” (Tatkin & Solomon, *in press*) against which he or she defended. Old expectations and ways of avoiding the pain of unresolved separation and loss were recreated. Their pain and their defenses were evident in their body, muscles, throat, face, and everything else driven by the autonomic nervous system. During sessions, Robin’s body became stiff as her throat tightened and her voice became hoarse when we focused on areas that brought up feeling. Ted alternated between tears and agitation, his body shaking as he tried to sit motionless. This restrained shaking reminded me of earlier discussions when he talked of holding himself back from throwing a brick through a store window when he became angry.

Whereas many psychotherapists are trained to attune to sensorimotor responses in patients and in their own reactions and sensations that arise in response to patients in the therapeutic setting, most marital partners have little understanding of what the body does with strong emotions that are kept out of conscious awareness. When transference-like responses occur between intimate partners, the tendency is to develop narratives that help to explain why one feels so agitated, enraged, or anxious with this person with whom I

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

am engaged. Rarely does anyone ask him or herself, in the midst of an argument with a mate, “What is happening here between us that is making my partner so upset or withdrawn?” Instead, defense and attack patterns take over the interaction. The same arguments occur repeatedly with no resolution. They don’t really know about the emotional undercurrents that are stirring them up. But that question and teaching couples to ask it and attend to the bodily reactions that accompany what comes can be a powerful way to dislodge those entrenched patterns and make room for more fulfilling interactions.

LIMBIC AND CORTICAL STRUCTURES

Ted’s and Robin’s narratives about their relationship and the specific incidents we were discussing come from areas of the brain specialized in narratives or explicit systems that are more linear. On the other hand, strong emotional reactions arise from more primitive areas specialized in non-verbal, implicit systems that are non-linear.⁵ When faced with a threat, the brainstem and limbic areas become activated. Within milliseconds there is a discharge of adrenaline and other excitatory hormones. Higher functions of the prefrontal cortex, the “chief executive officer”⁶ of the brain that helps to soothe the mind, regulate the body, and reengage in thoughtful reasoning, are overtaken by the emotional fear circuits.

The amygdala is one of the structures in the brain that processes perceptions and thoughts and tags them with the warning, “Be afraid, be very afraid!” Located near the brain’s center, this almond-shaped bundle of neurons evolved long before evolution of the seat of conscious awareness, the neocortex. When faced with too much threat,

⁵The amygdala and the hippocampus are two of the many structures in the ancient part of the brain referred to as the limbic system (Schore, 2003.)

⁶ Wendy Behry, A nightmare in Shining Armor

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

hyperactivity in the amygdala may disrupt normal processing through the nearby hippocampus and up into higher cortical areas. In instances such as these, some people react in a self-protective manner, uninterested in relationship continuity or integrity, and unable to accurately sequence events later on. This is because the hippocampus,⁷ which is largely responsible for putting experiences into context, into place, and in sequence, is offline during threatening times.⁸

Fear is undoubtedly one of the earliest of the emotions that developed in the evolution of humankind. *In experiences perceived as dangerous, a threat response that surfaces instantly can be lifesaving.* Messages that are immediately transmitted to the body create a sense of distress and preparation for fight or flight.

It is this process that can turn intimate partners into intimate enemies. The joint wiring that began in a state of romantic love, and continues throughout an intimate relationship, creates a deep knowing, an empathy that is not necessarily used for benign or positive purposes. Who can be more hurtful than a mate who knows your most sensitive areas and vulnerabilities and chooses to use them as a weapon? The result can be what Kohut (1984, p, 210) described as “the stuff of which the breakup of marriages, accompanied by the undying hatred of the marital partners for each other . . . is made.”

We are on the cutting edge of developing new models of treating couples that help to detoxify the destructive power of emotion and, as we saw with Ted and Robin, establish earned security in the relationship through reclaiming the healing power of well-

⁷ The hippocampus is horn-like structure that processes and transfers short-term into long-term memory. When the hippocampus is interrupted, there is a reduction in connective transmitter activity to layers of the cortex.

⁸Hebb’s law, (1959), Quoted in Siegel, D.,

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

regulated emotions. We are beginning to know more and more about the processes that can help turn intimate enemies back into the intimate partners.

TREATMENT METHODS FOR RECLAIMING EMOTIONS

- *Provide a place of safety for painful emotions to be experienced without the danger usually associated with discussion of feelings.*

When couples have presenting problems that never seem to be resolved, it may be that what is fundamentally wrong is not the presenting problems but fear of their own and each other's emotions. The therapist models new ways of reacting in the present when intense emotion and defense arise as remnants of trauma from the past. Interventions may require slowing down the action: "Ted, can we stop for a moment? Just before you got so angry, your face and eyes looked as though you were holding back intense sadness. Can we go back to that moment and talk about how it was for you when Robin said that she is so frightened of you that she thinks about running away?"

Partners are encouraged to resist the impulse to react to fear or rage with fight, flight, freeze, or dissociation. These are among the hallmark indicators of early-disrupted attachment that become wired in as patterns that shape adult intimate relationships. Here is where the therapist can be most effective by paying attention to what is happening in the moment. S/he again slows down the action between partners, encouraging each to be aware of the feelings of both by commenting on one or the other's body position or facial gestures or on anything that is happening in the here-and-now of the session.

The goal is to contain the feelings rather than try to get rid of them or defend in ways that elicit destructive reactions. With the therapist's help, partners can learn to ask themselves if their perceptions are accurate for the present situation; to take time-outs

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

when emotions are overwhelming; to question whether their behavior is getting them what they want; to honor/understand the meaning of what is happening in terms of what happened in the past; and to try out new ways of responding.

- *Attend to the affective and physiological reactions of each member of the couple, especially in response to one another.*

The therapist must keep a stance that is attuned to, and equidistant from, both partners. This positioning avoids the danger of one member of the couple's becoming the identified patient and the other's being "here to help." Couples often unconsciously fall into this pattern: each partner has slowly taken on a role in the relationship that is familiar from early history and advanced by the history of interactions between them.

To make sure that both experience their emotions as being held and contained, it is necessary that the therapist include the two of them in comments. For example, after the foregoing question to Ted: "Robin, I noticed that you were hardly breathing when Ted started talking about how you close down when he tries to initiate sex. Can we talk about that old sense of numbness you've mentioned and see if you are experiencing it right now?"

When there are indications of traumatic attachments, sessions are designed to develop the reflective function of the prefrontal cortex. But first, emotions have to be experienced, not avoided. This requires a therapeutic milieu in which each of the partners feels safe enough to allow emotions that come up to be seen. The therapist notices tears that are held back and comments on the pain, and the shame, of needs unmet or thwarted; s/he comments on anger that must be held back and offers opportunities to look at underlying hurt, sadness, fear. S/he looks with both partners at their discomfort and avoidance of saying things that create problems the moment they walk out of the office.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

In the case of Ted and Robin, when emotions come up now, Robin is able to attune to Ted and recognize the difference between his anger and his anxiety. Ted has begun to understand the difference between Robin's avoidant responses toward him and her memory of hurt and terror around sex. To create the climate for change between them it was necessary to help each touch and stay with core emotions while encouraging mindful awareness and contingent communication.

- *Attend to one's own emotions and physiological reactions and consider occasional mindful self-disclosure.*

I came to rely on sensations in my body and on emotions that arose in me as well as on what I saw in the reactions in Ted and Robin when their interactions went awry and emotions felt toxic. To get to that island of safety that would provide a milieu for healing and growing together, I found it helpful to risk sharing some of my own responses and asking if they fit anything either of them was experiencing. Sometimes the therapist's responses will not fit, but the treatment can withstand therapists' incorrect comments if they are posed as questions or qualified ("I am not sure but I wonder if..."). Often, trusting one's own feelings and reactions is the path to addressing the unconscious reactions between partners in the moment of the session.

- *Engage the neocortex, foster positive affects and encourage positive action.*

The therapist's stance here is that "Partners are not sick; they are stuck." (Johnson, 2003). When the emotional system is chronically under stress, the brain structures that allow clear cognitive processes are deactivated. Too often partners do not have access to the tools to talk about their history of built-up resentment. The goal is to get them thinking about the relationship rather than stay with the resentment or with the fear or anxiety many people carry into new situations. Therapists, using their own

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

personal resources (humor, storytelling, analytical thinking) can develop interventions that can enhance the reflective function of the prefrontal cortex

It is important to help partners understand how protective mechanisms that evolved out of necessity early in life may have negative repercussions when reenacted in current relationships. If they develop an ability to view the other with this understanding and with “mindsight,”⁹ they are less likely to become critical of the necessary survival traits in each other. Moreover, identifying their respective unique patterns of attachment can sometimes take the couple’s problems out of the realm of blame and shame.

- *Learn the techniques of the “Social Engagement System” and engage it*

The Social Engagement System (Porges, 2001, 2003, 2006a, 2006b) is a neurobiologically based construct that describes the intricate functioning of the several neural pathways involved in coordinating autonomic activity with social behavior. As defined by Porges (2006a) it integrates links among various anatomical and neural components and describes the way in which they support adaptive strategies for dealing with the environment, including fight/flight/freeze responses when the environment is experienced as a threat. The system is comprised of circuits involved in the regulation of visceral states including heart rate and the control of muscles of the face and head (Denver, 2004). Outside of conscious awareness, the nervous system evaluates risk in the environment and regulates the expression of adaptive behavior based on learned history of what to do when stress and fear arise.

Positive social engagement requires a neuroception of safety and the formation of strong bonds that stand the test of time. For couples like Ted and Robin, whose attachment histories are permeated with fear and defenses against being hurt, the

⁹ Siegel (2007) describes mindsight as the ability to be with and see the other person.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

therapeutic work requires an exploration of patterns that have developed between them -- stress and fear producing avoidance and distancing in Robin, while Ted continues in pursuit because the terror of isolation is an unbearable recreation of his past. Their troubled relationship might have continued for years if they had remained unable to engage in mutual care-giving yet each too afraid of aloneness to end it.

Treatment focuses first on helping each partner recognize, without shame or blame, how common it is for patterns that each person developed earlier to play out in the current relationship. Building on that basic foundation, there are a variety of ways to enhance positive emotions and positive emotional interactions. For example, the therapist can give homework assignments to maintain continuity of the work between sessions: "Keep a notebook handy and write down the times that you feel hurt by your partner or list the things that you appreciate about your partner." Another option: Write down the things that you believe will make your partner feel good. Share your lists with each other, and check out their accuracy."

- *Develop mutual regulation.*

Therapists must help partners understand that the purpose of intimate relationships in our culture is not what it was in historical times, mutual survival, but rather, mutual regulation and positive emotional contact, and that emotional feelings are the result of our evolutionary heritage, not a sign of immaturity or pathology. When partners feel "felt" by one another, a new kind of secure attachment (Main, 2002) develops that helps each grow stronger individually. They can be encouraged to see the value of meeting their deep dependency needs and to talk about their needs for positive emotional contact.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT
WRITTEN PERMISSION OF MARION F. SOLOMON

When partners learn to identify and practice skills that enhance connection while protecting individual boundaries, the result is mutual regulation -- interdependence with differentiation (Solomon, 1994). Ed Tronick (1996, p. 9) suggests that each partner affects the other's self-regulation during the process of mutual regulation. "Each individual is a self-organizing system that has its own states of consciousness—states of brain organization—which can be expanded into more coherent and complex states in collaboration with another self organizing system." Tronick sees this expansion as a way of enhancing the therapeutic relationship as both therapist and patient create and transform unique therapeutic states of consciousness through mutual and self-regulation. In the same way, intimate partners in conjoint therapy can explore and develop new paths to create and transform their relational states. The ultimate goal is to facilitate earned secure attachment (Main, 2002).

CONCLUSION

We now better understand why people who meet, fall in love, and get married later can come to see each other as the cause of anxiety, distress, and danger. Each relationship throughout life carries the remnants of earlier interactions. People such as Robin and Ted who experience frequent breaches in the attachment system live in a state of anxiety in their intimate relationships. Many day-to-day interactions trigger a threat response, along with the anticipation of an empathic failure, frustration, criticism, punishment, and/or withdrawal. Any interactional moment can recreate in each partner a spark of neuronal activation, which serves as a reminder of memories that remain unthought and of separation and loss in times of emotional need.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

And we are now also beginning to better understand how couples who come to see each other as the cause of anxiety, distress, and danger can reclaim their intimacy and can come to trust and reach other and rely on being able to help one another. When couples such as Ted and Robin seek help for their relationship, their conscious narratives of what is wrong rarely touch the underlying defensive/protective dynamic that may be causing problems between them. Creating safety, undoing defense patterns, and facilitating the airing, sharing and regulating of long-denied of core emotions is how therapists must intervene to facilitate the necessary changes and improve the relationship. The work also requires enhancement of positive emotions and emotional interactions to build secure attachments. We are on the cutting edge of developing new models for treating couples that help to detoxify the destructive power of emotion and to establish earned security in the relationship through reclaiming the healing power of well-regulated emotions. Helping each of them touch and stay with core emotions, while encouraging mindful awareness and contingent communication, is necessary to create the climate for change.

REFERENCES

- Bartels, A., & Zeki, S. (2000). The neural basis of romantic love. *Neuroreport*, *11*(17), 3829-3834.
- Behry, W. (Unpublished manuscript, 2007). *A nightmare in shining armor*.
- Bowlby, J. (1969). *Attachment and loss*. New York: Basic Books.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

Cassidy, J. (1999) Attachment & intimacy? In Cassidy, J., & Shaver, P. R. (Eds.) (1999).

Handbook of attachment: Theory, research and clinical applications. Pp. Xxx-xxx. New York: Guilford.

Cassidy, J., & Shaver, P. R. (Eds.) (1999). *Handbook of attachment: Theory, research and clinical applications*. New York: Guilford.

Denver, J. W. (2004). The social engagement system: Functional differences in individuals with autism, Unpublished doctoral dissertation, University of Maryland, Baltimore.

Doidge, N. (2007). *The brain that changes itself*. New York: Viking Press

Fisher, H. E. (2004). *Why we love: The nature and chemistry of romantic love*. New York: Henry Holt.

Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York: Basic Books.

Fosha, D. (2003). Dyadic regulation and experiential work with emotion and relatedness in trauma and disordered attachment. In M. F. Solomon & D. J. Siegel (Eds.). *Healing trauma: Attachment, trauma, the brain and the mind*, pp. 221-281. New York: Norton.

Gottman, J. (1999). *The seven principles for making marriage work*. New York: Crown.

Johnson, S. (2003) The Anatomy of Intimacy” conference, U C Irvine.

Johnson, S. (2004). *The practice of emotionally focused couples therapy: Creating connection* (2nd ed.). New York: Brunner-Routledge.

Kohut, H. (1984). *How does analysis cure?* Chicago, IL: University of Chicago Press.

Main, M. (2000). The organized categories of infant, child, and adult attachment:

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

- Flexible vs. inflexible attention under attachment-related. *Journal of the American Psychoanalytic Association*, 48(4), 1055-1096.
- Main, M. (2002, March). *Introduction to attachment theory and research*. Paper presented at "Attachment from Early Childhood Through the Lifespan," Los Angeles, CA.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York: W. W. Norton.
- Porges, S. W. (2001). The polyvagal theory: Phylogenetic substrates of a social nervous system. *International Journal of Psychophysiology*, 42, 123-146.
- Porges, 2003
- Porges, S. W. (2006a). The role of social engagement in attachment and bonding: A phylogenetic perspective. In C. S. Carter, L. Ahnert, K. E. Grossman, S. B. Hardy, M. E. Lamb, S. W. Porges, et al. (Eds.), *Attachment and bonding: a new synthesis* (pp. 33–54). Cambridge, MA: The MIT Press.
- Porges, 2006b UCLA Attachment Conference, 2006
- Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Lawrence Erlbaum.
- Schore, A. N. (2003). *Affect regulation and the repair of the self*. New York: W. W. Norton.
- Siegel, D. (1999). *The developing mind: Toward a neurobiology of interpersonal relationships*. New York: Guilford Press.
- Simpson, J. A. (1999). Attachment theory in modern evolutionary perspective. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (pp. 115–140). New York: Guilford.

THIS MATERIAL IS NOT TO BE REPRODUCED OR DISTRIBUTED WITHOUT WRITTEN PERMISSION OF MARION F. SOLOMON

Solomon, M. (1989). *Narcissism and intimacy: Love and marriage in an age of confusion*. New York: W. W. Norton.

Solomon, M. (1994). *Lean on me: The power of positive dependency in intimate relationships*. New York: Simon and Schuster.

Solomon & Tatkin (in press) ?

Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: The Analytic Press.

Solomon, M. and Tatkin, S. (2009) *Love and War In Intimate Relationships: How The Mind, Brain and Body Inteacts*. New York: W. W. Norton.

Treboux, D., & Crowell, J. (2001, April). *Are AAI classifications stable across phases of adult development? Transitions to marriage and to parenting*. Symposium presented at the Biennial Meeting of the Society for Research in Child Development, Minneapolis, MN.

Tronick, E. Z. and Weinberg MK, . (1996.) Infant affective reactions to the resumption of maternal interaction after the still-face. *Child Development* 67:905-914.

Tronick, E. Z. (1998). Interactions that effect change in psychotherapy: A model based on infant research. Infant Mental Health Journal, 19, 1-290.

Tronick, E. (2007). *The neurobehavioral and social emotional development of infants and children*. New York: W. W. Norton.

Winnicott, D. W. *Playing and Reality* (1982) Reprinted in the USA in 1989 by Routledge New York.