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Romantic Bonds, Binds, and Ruptures: Couples on the Brink

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“Bill and Jane,” a couple I saw many years ago, are placeholders for all the anguished, angry, exhausting, and poignant partners who have made their mark on my work as a clinician and theorist. They inspired and defeated me in equal measure, and they ground this essay, which attempts to bring together many of the theories I have fallen in love with over the years. Psychoanalysis, feminist theory, and systems theory, of course, but also developmental and attachment theory, Fonagy’s work on mentalization, the strategic family therapies, and containing all of these, the relational turn. I have tried to capture the intellectual synergy of putting all these discourses to work, and to work on each other, all of which is necessary when treating couples on the brink.

Any couples therapist knows the drill. Two partners who politely introduce themselves, tolerating the necessary small talk and business details with appropriate compliance, but clearly itching for the moment when, having now placed themselves in your esteemed professional hands, they can finally let loose and leave the mess to you. Of course it’s too early to be forced into the position of containing the extreme states and dangerous ways of people you don’t know from Adam. But whether too early in the treatment, or too late in your day, these people will have their way with you.

As you probe for some history and context for the emotion-drenched enactment that will wait no longer, the ferocity and volatility of the couples’ initial presentation can often feel ramped up for the benefit of the therapist, evoking one’s experience of patients labeled borderline, who tend to conflate showing with being, feeling with influencing. The borderline analogy is meant to be suggestive, but it is also technical. Most of the partners in our office practices do not have severe personality disorders, but “pathology” is, of course, context dependent. No one is immune from the contagion of reactivity, and few amongst us can resist the siren call of a fight (sometimes to the death) over who gets to inhabit the victim position—the pleasure in that pain being that the other gets branded the perpetrator.

Couples on the brink are trapped in a particularly toxic strain of that process, one that can overwhelm and envelop everyone in their wake, often causing couples therapists to experience the kind of secondary trauma that Gabbard (1986), in describing the treatment of borderlines, called a “physiological countertransference”—pounding heart, dry mouth, trembling limbs. (Indeed, I

will soon argue that the circumstance of severe couples conflict is, in line with thinking in current attachment theory—truly borderline-ogenic.)

In the face of that raw intensity, one's ordinary working state cycles between hot and defensively cold, between anxious, hyperattentive caregiving (regulating, soothing, comforting, all hard-wired responses to distress in those we love), and the private abdication of that caregiving ("I've had it with you two"). The heat, the threat, the confusion, and finally the sheer clinical exhaustion can ignite a defensive withdrawal in even the most devoted clinician. Instead of allowing oneself to receive, contain, and ultimately metabolize the couples' traumatic states, the therapist thinks ironic thoughts. One of my favorite phrases from the heyday of family therapy captures this mind set: "The Situation is Desperate, but not Serious."

Yet despite the intensity of arousal, which is of course contagious, the therapist needs to be able to self-regulate, to calm down—without shutting down. More than likely, these people have hit a nerve. Literally. Being in the presence of people who may be winners in life but are now losers in love—who are often in a state of disbelief, shock, and shame over having been brought so low . . . This is a trigger. In treating couples on the brink, we are constantly being reexposed to intensely disruptive trauma states—preconscious sense-memories of our own untidy, shameful history of romantic loss and failure. Each new couple is iconic before they become unique, and it is here, at the outset, that we are already warding off all traces of that Pathetic Me that knows their experience all too well.

The performance of our duties as a clinical interviewer can serve to keep such identifications at bay because our diagnostic ambitions constitute the couple as objects of our scientific gaze, rather than as people who just happen to be "Not-Me (*now*)." But the identificatory pain such couples activate always threatens to resurface, as they sink into their version of the Paul Simon lyric—"Losing love is like a window in your heart. Everyone sees you're blown apart, everyone sees the wind blow."

Couples in crisis may present in many different ways, content issues and personality styles run the gamut—but whether theatrically voiced or floating in the ether, something is always the same—the shock, the fear of collapse, the profound confusion over what is going on—a situation that incites extreme reactivity, paranoia, hypersensitivity, the feeling of "carrying my guts in a bag," as one man said.

When the one you love keeps hurting you, when the one who hurts you doesn't try to make it better, when the one you need abandons or frightens you, when the one you know becomes impenetrable or unknown to you, when the one who knows you no longer recognizes you—these are the ubiquitous traumas of love lost. This is the shock of omnipotence shattered.

It's every country and western song: your lover can torture you, make you desperate for air, reduce you to abject extremes of begging and collapse or drive you to extremes of destructive aggression—and s/he can make it all go away in the blink of an eye. If only my partner softened, welcomed me back into the familiarity of our relational space, my ordinary world would click into place *in a nano-second*. If only my good mother would come back to me, I'll never do those bad things again.

Yes, think precisely in terms of an attachment crisis—think of the toddler's angry protest, his worry and despair, his joy and relief when reunited with his one and only. Attachment is romantic, and romantic love is, in both the formal and evocative sense, an attachment process. That is why derailments of romantic bonds—loss, injury, deadlock, constitute what trauma theorists consider "relational 't' trauma." Everyone sees you're blown apart.

You know the feeling of a sudden fight with someone you love, that aspect of it where you can't believe this is really happening, the escalation as you try to clobber the other into recognition? This is the moment when "anger as protest," which Bowlby (1973) called the anger of hope, curdles into anger as retaliation, the "anger of despair." It is also the moment when your partner has become the living embodiment of Fairbairn's "tantalizing object": there, but now not there for you—and unlike that toddler, no appeal, no protest brings them back.

ATTACHMENT: "FROM THE CRADLE TO THE GRAVE" (BOWLBY, 1973)

There is now a long-standing, interdisciplinary consensus that the same mechanisms that regulate the mother–infant bond, which grow the brain and co-create the mind, also mediate attachment bonds throughout the lifespan (Zeifman & Hazan, 1999). Sue Johnson, the co-originator of Emotionally Focused Therapy (Greenberg & Johnson, 1988), argued early that romantic relationships were "bonds, not bargains" (Johnson, 1986), a perspective empirically validated by many subsequent investigators, including Beatrice Beebe, whose research comparing adult and infant nonverbal communication patterns led her to conclude that "romantic love is an attachment process" (Beebe & McCrorie, 2010).

Indeed, if you have been living and sleeping with your partner for two years (it should be no surprise that we only attach to those we touch), you are now bonded, wound around each other, nervous system to nervous system, and your psychic state is now joint property. You may not be happy, it may not be good, but despite ourselves, it is our human nature, to paraphrase Crosby, Stills and Nash, to "love the one we're with."

We are, in fact, biologically connected to those with whom we have close relationships, a truism Judith and Allan Schore (2008) distilled in one far-reaching sentence: "At the psychobiological core of the intersubjective field between intimates is the attachment bond of right brain/mind/body states" (p. 15). Brain researchers Stuss and Alexander (2000) captured the process in a single image: "Attachment is affectively burnt into the brain"—an insight echoed by Philip Bromberg (2010), who took to italics to proclaim that "it is not just the mind, *but the brain itself that is intrinsically relational.*" (p. 21)

A. N. Schore (2012) now talks about attachment as the evolutionary mechanism through which intersubjectivity comes on line, evolves and complicates, while Fonagy (2001) described attachment as "the motive force" behind the mutual state regulation that occurs between relational partners. It is this regulatory process, he maintained, that potentiates or shuts down the capacity to mentalize: the ability to hold other minds (including one's own) in mind. Mutual recognition between persons (I–thou relations), which is the cornerstone of the relational ideal (Benjamin, 1995), cannot proceed without mentalization.

ATTACHMENT ALARM/BORDERLINE RELATING

"Proximity to a loved one tranquilizes the nervous system," Schore (2005, p. 19) told us, in one of his memorable rhetorical turns, but Solomon and Tatkin (2011), his former students, reminded us that romantic bonds can also be very risky. Under stress, such bonds can be dangerously amplified or reduced, causing an extreme psycho-biological shift in a couple's immediate experience. As a

result, communication degrades, and is now “by impact, right brain to right brain, not one mind to another” (Schore & Schore, 2008). This is a moment known all too well by couples therapists, who are forever asking partners “what just happened?”

In this heightened state of arousal and dys-regulation, the symbolic register in which therapy is primarily conducted in the early stages—questions, answers, commentary—can feel like an empty add-on, language itself a desiccated, pseudo-mature form of compliance. People flush, the blood drains, eyes avert or glare, a woman gasps for breath after lashing out at her husband in a sudden, lacerating one-liner. And its only 10 minutes into the session.

A patient of mine, channeling Dan Stern’s construct of “now” moments, has taken to calling these cascades “whoosh” moments. Like the dream’s sudden discontinuous shifts, these ferocious escalations can erupt out of a clear blue sky, as someone gets insulted or injured—reacts, attacks, counterattacks, “the right brain communicating its unconscious states to another right brain tuned to receive its frequency” (A. N. Schore, 2005, p. 18).

The intersubjective neurobiology of such “runaways” (the systems term) can be traced back to the right brain’s split-second, preconscious assessment of danger and fright, that moment when the attachment system switches on (see also Slade, 2014). But it is important to emphasize, as Lyons-Ruth (2003) explained, that the hard-wired, intersubjective machinery of attachment reactivity is activated *only under conditions of fearful, relational distress*. Attachment arousal is *off-line* until relational danger is triggered, which is one of the reasons couples on the brink ignite our skepticism. One minute they are falling to the ground, the next they are scrolling on their smartphone and ordering from the online grocer. (When my partner *stops* scaring me, my ordinary world *does* click into place in a nano-second.)

But now consider that once activated, the threat-related mobilization of the attachment system also *de-activates* our capacity to mentalize by evoking overwhelming negative affect. As a result, chronic negative misconstrual between partners becomes the norm, as we continuously conflate effect with intent (“s/he is hurting me” becoming “s/he is *trying* to hurt me”). In the “mindblindness” of these right-brain, doer–done to escalations, mentalization becomes partial and temporary. Bateman and Fonagy (2006), writing about the treatment of borderlines, connected this collapse to “attachment trauma,” especially to finding a spoiled or malevolent self in the mind of the caregiver. Relational alienation between romantic partners creates just such borderline conditions, since both experience the other as negating their essential goodness. Neither can hold the other in mind because their own mind is now in such a state. As Benjamin (1995) explicated, “What cannot be worked through and dissolved with the outside other is transposed into a drama of internal objects” (p. 40).

What is lost in the demise of the two-person perspective is what the early systems theorists called “double description” (Bateson, 1979), that “spiral of reciprocal perspectives,” of “view upon alternative view” (Laing, 1965/1976) that we have come to consider the bedrock of intersubjectivity. As Benjamin (2004a) later discussed, this default to a one-person setting collapses relational thirdness: the mental space that is potentiated by the conjoined view. The resulting vacuum leaves the dyad un-minded, unheld, and unsafe, and the couple eventually loses faith in the lawfulness of relational processes, which can ultimately lead to a loss of lawfulness itself.

The clashing of wills, the inevitable personal corruption and self-betrayals, the shock of not being understood and of being cast as malevolent, the disbelief one experiences at encountering the faithlessness of the partner, all this leads to leads to a state of collapse—and a desperate call to a couples therapist.

RELATIONAL (SMALL “T”) TRAUMA

An angry yearning for the lost relational home drives the downward spiral of alienation in such failing couples. Each apparent escalation reflects the unremitting effort of one partner to master the unresolved trauma of the other’s nonrecognition (and the trauma history that is triggered by that refusal). Trauma theorists have taught us that it is not necessarily a specific event that is traumatic so much as it is the failure of the relationship that permitted that event to occur, allowing its impact upon the victim to go unrecognized, unacknowledged, and without amends. In distressed relationships, each partner can only see themselves as the other’s victim, as the hurt one, not as the one being hurtful. But now consider that *even the state of being hurt makes you the bad one*, because your pain is now aversive, driving the partner to misconstrue, psychically abandon, disbelieve, even attack.

This is especially true of romantic relationships, which constitute a particularly unique form of attachment. The person who is one’s “safe haven” and “secure base,” the one who heals/regulates and cares for you, is *also* the one who can hurt and frighten you. Unlike parent–child relations (or therapist/patient relations), which are meant to be asymmetrical, in the sense that the caregiver privileges the care-seeker’s needs, love relations are *bi-directional*, in that each partner is both the one who needs and the one who is needed.

In the parent–child situation, the parents’ caregiving is not directly affected by the child’s behavior, except at the extremes, because the parent’s attachment security is not dependent on the child’s state of mind. But in romantic love, the caregiving partner is also in the vulnerable position of being the care-seeking child, whose needs will be met only if the caregiver is “of a mind” to meet them (which may not be possible if he or she has just suffered an attachment injury at the other’s behest).

Thus, no matter the particulars or pathology, *everyone’s romantic partner can be a source of comfort but also of danger, the cause and solution to our pain* (Hesse & Main, 2000). When one person’s need ignites the other’s unresolved trauma, a catastrophic attachment paradox occurs, producing a cycle of continuous rupture. The one you need keeps hurting you; the only one who can make it better is making it worse.

Relationships that have fallen into this degree of disrepair are not simply “insecure” in the technical sense. Insecure attachments actually exemplify somewhat successful defensive strategies for managing the fear and anguish caused by a parent or partner’s inconstancy. By contrast, truly failing relationships are not only painful and unsafe, they can be actually toxic, exemplifying the agony characteristic of relational trauma. In the formal lexicon of attachment theory, these are bonds that would be considered “disorganized.”

Disorganized attachment is alarming and disturbing. The mothers of children classified as disorganized have been found to parent in a frightened and frightening manner. Their unnerving behavior (which can be quite subtle) engenders contradictory responses in the child, who is caught in an approach/avoidance conflict. Fear of the mother activates the attachment system, so the child feels compelled to seek proximity and comfort from her, but proximity-seeking increases child’s fear (getting too close to this currently frightening figure), so s/he contradicts her approach (freezing, falling to the ground, running backward, etc.). Hesse and Main (2000) labeled this predicament “fright without solution,” a tormenting experience, as anyone who’s ever watched those haunting videotapes can attest.

Attachment researchers have established that frightened or frightening caregivers are those whose current mental state regarding attachment is characterized by a lack of resolution regarding loss or trauma. If a caregiver has not experienced comfort and soothing in relation to his or her own early fear-evoking experiences, the other's pain and fear will evoke unresolved fearful affects, including sense memories of his or her own helplessness as a child in obtaining comfort.

Couples on the brink are caught in the vice-grip of this same paradox, except that one partner's unresolved state of mind does not necessarily have to hearken back to originary childhood traumas, although there is always that aspect. Sue Johnson wrote that wounds to attachment relationships that result from a partner's emotional unresponsiveness in times of intense need may be equated to trauma with a small "t" (Johnson, Makinin, & Milikin, 2001). Sense memories of such injuries can erupt like a traumatic flashback, overwhelming the partners and their process. People speak in life-and-death terms, and a "Never again" gauntlet hangs in the air.

Mordecai (1995), using the related concept of "ambient trauma," described how such family histories can mark their victims with negativism and despair. This deathly legacy is compounded by the fact that being unresolved around trauma can lead to an inability to *absorb* repair, which appears to be more significant than attunement or rupture itself to the life and fate of relationships (Lewis, 2000). The injured party needs *too* much recognition, so that the very work of repair triggers a new "old" injury, and thus a moment of healing, turns into just another breach.

ROMANTIC ATTACHMENT: DANGER AND SAFETY

Our culture of individualism, with its phobic dread of dependency, has severed romance from attachment, aligning eros with danger and agentic masculinity ("libido"), while attachment is consigned to childhood, weakness, and femininity. These cultural divisions are also reflected in our clinical theories. While the attachment perspective puts the search for safety and security above all other motivations, the psychoanalytic tradition has historically privileged desire. Although this split was theoretically resolved by Fairbairn's move ("libido is object seeking"), these gendered dichotomies still persist, despite years of research showing that secure attachment *thrives* in a climate of relational rigor, rather than in the ministrations of an omni-available mother, completely identified with the child's needs.

Psychoanalytic theory has followed culture in erecting a firewall between eros and attachment, the action and legacy of the incest taboo, perhaps. We still want to keep "the environment mother in the kitchen and the object mother in the dungeon" (Goldner, 2006, p. 634). This binary is convenient since, in sexual relations, we are typically just playacting the diabolical, and will soon want mommy back, even if it is now in the form of watching the news, side by side. By splitting sexuality off from the need for safety and security, we are deploying sex (in theory as well as in life) as a manic defense.

Even Stephen Mitchell (2002), writing about romantic love, defaulted to these habits. He positioned attachment as "the great enemy of erotism," writing that "we learn to love in the context of the contrived and necessary safety of early childhood, and we continue to seek out the kind of safety that screens out [the very elements that fuel the erotic:] the unknown, the fantastic, the dangerous" (p. 46).

But the problem with Mitchell's astute critique is that he ultimately conflated safety, a two-person relational achievement, with "safety-operations" a one-person defensive maneuver. Relational safety is not necessarily deadening or antisexual. In fact, staying in love with the one

you love is possible *only in a context of safety*—not the flaccid safety of tepid cohabitation, but a dynamic safety, whose robustness is established via the couples' lived history of risk-taking and its resolution—the never-ending cycles of “winning and losing” (Davies, 2004), separation and reunion, and of rupture and repair (think of Seinfeld's “make-up sex”) (Goldner, 2004a, 2006).

Romantic vitality and inhibition are not driven simply by the excitement of danger (vitality) or by the fear of risk (inhibition), as Mitchell argued, but by the variety of ways *the partners make that danger safe*, and also by whether they are able to make good on their promise to keep loving, despite the hurt they inevitably cause each other. In this sense, Mitchell was both right *and* wrong. The issue is not a one-person *conflict* (danger *vs.* safety), but a two-person *dialectic* (danger *and* safety).

GENDER MAKES ITS CLAIM

The allure of romantic love is that its inherent action is mutative and healing. But the truth is that the family, hardly that “haven in a heartless world,” is actually our most violent institution outside of the military at war (J. Gilligan, 1997). Moreover, although fifty years have elapsed since the publication of *The Feminine Mystique*, gender inequality is still the norm in domestic life (Esmiol, Knudson-Martin, & Delgado, 2012).

Gender continues to tie a Gordian knot around the heart, and in very troubled heterosexual relationships it remains an open question whether romantic love can be made safer for women and less threatening to men. A young Anglo man, for example, reflecting on the sudden intensity of his explosive outbursts, came to this insight. “One thing I realize every time I hit her, is that I *need* her. And when I *need* her? I'm gonna get her, I'm gonna get her—no matter what.” And from a Hispanic woman who could not be persuaded to remove herself from the escalating conflicts she was having with her volatile partner: “Even if he hits me, he isn't threatening to me, because he showed me his weaknesses. At home, I was just a decoration trotted out for company. I was not needed. So how can he be a threat? I'm crucial to him” (Goldner, 2004b; Goldner, Penn., Sheinberg, & Walker, 1990; see also Rachel Snyder's, 2013, chilling piece on domestic homicide in *The New Yorker*).

Gender inequality reproduces itself one mind at a time, via the gendered premises that constitute heteronormative masculinity and femininity (see also Sheinberg & Penn, 1991). For every abusive man operating with the premise, “Once I'm angry, I'm not responsible for what I do,” there is an abused woman starting with the premise, “I'm responsible for everything in this relationship.” And for a man driven by the axiom, “If I don't win, I lose,” there is a woman organized by the belief, “A bad man is really a hurt child who needs a good woman to take care of him” (Goldner, 1991, 2004b; Goldner et al., 1990)

Such gendered mandates dictate terms that require compliance but also provoke resistance, which is one of the reasons romantic relationships can take on a peculiar paradoxical cast. For example, this was the message one man felt his mother was sending: “Be strong like your father, so that you can protect women like me from men like him.” And in another, the message from father to daughter read like this: “Listen to your mother who is the vehicle through which I speak, although she disagrees with me.”

Consider how, in that first example, for the boy to follow his mother's injunction, he would have to identify with his father, or at least with his father's phallic narcissism, which would mean

repudiating his femininity, and his identification with his mother. Thus, in being a loyal son to mother, he would have become a traitor to her cause. Now imagine that grown man falling in love with the woman in the second example, whose loyalty to her father required that she identify with her mother, a woman whom he knew had privately repudiated him.

SPEAKING TRUTH TO POWER

The inherently charged nature of couples work derives from a synergy of past and present relational emergencies. The conjoint interview is, in itself, a therapeutic scene of address that activates our developmentally charged sense of urgency around naming and fixing disturbed processes within and between those who matter most to us. Indeed, a couples session should be seen as a contemporary, fraught iteration of what developmentalists call a “joint attentional scene” (Tomasello, Carpenter, Call, Behne, & Mol, 2005). This is the circumstance where a child attends conjointly with an adult to a third object of interest, purposefully drawing the other’s attention to it, and engaging in emotional commentary about it. (“Look at this!” gestures the child. “How should I feel about it?”).

This complex form of social referencing, which is initially expressed preverbally, via pointing, can be pleasurable, but it can also be distressed (“Did you *see that???*”). This is the schema that is reactivated in the charged atmosphere of couples therapy, which by its very nature, reevokes the child’s experience of trying to fix things by speaking truth to power. Such a bid is inherently risky, since it is always possible that the child will be disconfirmed, or that nothing will be done. Worse still, the whistle-blower might be blamed for what is wrong, or for just for pointing out that there is, in fact, something wrong.

In couples work, each partner is like that alarmed child, seeking an authority’s confirmation for what he or she is seeing, clear as day. But in the present circumstance, the adult’s eyewitness testimony is being contested by another eyewitness, the partner’s very own love object. Since psychic reality is only granted the status of externality if it is consensually validated, the collision of these competitive narratives can become psychically catastrophic. The issue is now not simply a matter of who is right but of whether or not someone is crazy.

There is no room for complexity at this stage in the downward spiral. If someone is a little bit right, then someone else must be totally wrong. The couples’ history of relational incompetence and bad faith will make anything less than absolute validation feel as if one is being thrown to the wolves. As long as the couple is caught in a do-or-die competition, any expression of need or desire by one partner will constitute a danger signal for the other, and is thus a potential trigger for both. As a result, despite the therapist’s best efforts, the ordinary caring conditions of psychotherapy can become a high-stakes torment for couples, each interaction a test of who will be chosen and who will be blamed.

SOME THOUGHTS ON THE INITIAL PHASE OF TREATMENT

Couples treatment is a Petrie dish on impasse, stalemate, and deadlock. However our patients present, *this* is their presenting problem. The clinical challenge is to co-construct a way out while allowing oneself to be pulled in. The work must be conducted on a knife edge—too much order results in pseudo-mature resolutions that don’t last the night, too little—a bloodbath.

At the outset, the therapy is there to serve as a safe haven from a dangerous “All Bets are Off” state of emergency. The therapist who presents with an ordinary air of confidence and stance of fairness begins as the voice of God, the parent/judge of last resort. The first task is to reassert lawfulness, initially via being the purveyor of rules—how things are done around here—turn taking, no interrupting, no outbursts, and so on. It is the restoration of these conditions and principles, which Benjamin (2004a) labeled the “moral third,” (similar to Carol Gilligan’s, 1989, “ethic of justice”), that make the reemergence of empathy and attunement possible. (This is Benjamin’s “nascent third,” which Gilligan called an “ethic of care.”)

The containing, regulating, soothing, educative, ethically instructive aspects of good-enough psychotherapy, traditionally backgrounded in individual treatment, are here foregrounded to the relief of all the parties. As Greenberg and Goldman (2008) elucidated, these tasks are critical to the work of healing because relational distress is ultimately caused by breakdowns in other and self-regulation of affect (especially anger, sadness, fear, and shame). Bearing and working through these states in the presence of the partner is at the crux of the work. Indeed, there is often immediate relief and a sense of redress when disturbed ways of being with others are rectified in the here and now—where misfires can miraculously get a do-over, affects can be calmed, affect tolerances enhanced, complex messages translated, ruptures painstakingly repaired, and the emotional consequences of attachment injuries worked through among the principals, rather than being reported to a third party, such as an individual therapist, who can do very little with one person’s one-sided picture. (Individual therapy is, after all, an “only child” treatment).

Couples work is conducted in the rough and tumble of the relational here and now, where we are constantly witnessing microviolations that must be made right. Of course, we will sometimes fail in our role as rescuer, becoming an indifferent bystander, an unseeing, neglectful, or unfair parent. But unlike the back-against-the-wall real parent, who, under ordinary circumstances, will call it like s/he sees it (“You go to your room/You say you’re sorry”), couples therapists are trained to evade that other shoe dropping by reaching for one of those “too-smart-by half” interventions the family therapy field is known for. Such moves can, however, come across as the weak response of a timid parent who cannot depart from some variant of “I love you both the same,” when what might be called for is “Listen you two, I have reached my limit!”

We feel too guilty when we cannot—or do not wish to—identify with the hurt part of the badly behaved person, because their meanness or aggression or defensive narcissism is hurting the partner or is destructive to the treatment. Justice or Care? Too often, we flip/flop between them, an ambivalence that can be reflective of the “hostile/helpless” state of mind seen in mothers of disorganized children who cannot handle them, a harshness alternating with a helpless “giving up” that leaves the child (or patient) in a state (Lyons-Ruth, 2003).

Such failures are, of course, a portal into many couples treatments since, like these overwhelmed mothers, couples therapists are often being asked to function at the outer edge of their capacities. Indeed, distressed couples’ rage-proneness, sadism, and despair are so common that secondary trauma and compassion fatigue are commonplace aspects of a long working day.

MENTALIZATION AND NEGATION

We can also expect very little help from our patients at this early stage. They are often operating from the stance Fonagy, Gergely, Jurist, & Target (2012) called “psychic equivalence,” a mind-set

in which one's psychic reality is conflated with external reality ("My reality = Reality"). Unlike mentalization, which allows us to *play* with reality because we know it to be perspectival, psychic equivalence dictates that there can be only one accurate way of seeing things: *my way*. Moreover, mental states can fluctuate, in part as a function of the state of the mind with whom we are engaged. One may, for example, begin a relational sequence with one's habits of mentalization intact, but if that other mind is operating from a stance of psychic equivalence, one's paranoid fortress will start to beckon and we will eventually fall off the wagon and default to our one-person truth as well.

This is the point of no return in many failed couples treatments, since the conjoint enterprise depends upon what the early family therapist Boszormenyi-Nagy and Spark (1981) called "multi-partiality"—the capacity to know one's truth is partial by being able to hold other perspectives in mind. In Aron's (2000) terms, this means being able to hold the tension between seeing oneself from both inside and outside, as both subject and object. We depend on our patients being able to work with numerous versions of the question "Can you see how, from her point of view, you . . . ?" To which the patient too often replies—"Yeah, And Can't You See What S/he is Doing Right Now??"

Sharing a mind with a mind operating in psychic equivalence is not possible if one attempts to complicate, or to propose an alternative way of seeing too quickly—or too instrumentally. This will be perceived as suspect, perhaps even as an attempt to drive the thinker crazy. "(Are you telling me . . .) the world is flat?? That shoe is an apple??" In the world of psychic equivalence, "complexity" comes across as a ploy, the parent's regulatory reminder that the other child has a point too.

In such moments, a clinical default to empathy fails too. "I can see this is very hard for you. . . ." "Yeah, and How Would You Feel If Your Wife/Husband Was Constantly Lying?" The patient (correctly) feels s/he is being fobbed off by the therapist's technical performance of "Empathy," since soothing without highly specific recognition is patronizing—to children and adults alike. The comfort that agitated, aggrieved partners seek is the link to Externality—Reality. If the question is "*Don't you see that???*" the answer cannot be "I see you are very upset."

HOLDING COMPLEXITY

If we are to do a therapy that goes beyond the premature expectation that the embattled partners adopt a two-person view, we must allow, indeed facilitate, their descent into their uniquely distraught psychic idiom, with all its vilifications of the partner seated next to them. For the work to proceed deeply, everyone must understand that couples treatment (like analytic work) *is conducted in transitional, as well as transactional space*. This is a workplace where one's internal objects collide, in real time, with the implacable "otherness" of the Other (who must, for the moment, tolerate being Other to him- or herself). This is the therapeutic paradox at the fulcrum of conjoint treatment, which can be borne only if the partners trust in the ultimate fairness of the process over time. "I will suffer your momentary negation of me (in favor of your interiority), because you will be asked to recognize *me*, in all *my* extremes, before too long."

Positioning the couple to hold to such a stance requires ongoing, unwavering acts of containment and recognition, analogous to what happens when parents peel apart two brawling siblings

who are still trying to land one more punch. First we get between them, then we comfort each of them, helping them to calm down. *Then* we ask, “What just happened?”

What is needed in these circumstances is not necessarily an insight, so much as a way of speaking to that moment *in* the moment. Not the psychotherapy 101 of “I can see you are feeling mad/sad,” although none of us ever do enough of that. Rather, what is called for is an accurate rendering of the shared reality of the moment, one that captures the immediacy of the relational event. “She *really* startled you there.” “That look on your face is saying, ‘Uh Oh, I know what’s coming now.’” “Looks like you’re asking yourself, ‘How could he *say* that?’” “Whew, its *chilly/hot/scary* in here”—all variants of the kind of quick, accurate mentalizing that “mind-minded” mothers (Meins et al., 2002) display when tracking their children’s play.

We now know that getting psychic reality straight—moment by moment—is uniquely central to the development of secure attachment, and is actually more important to its ongoing maintenance than maternal sensitivity alone. In other words, the parent (or therapist) who can say, “I *do* see what’s going on around here!” (Levenson, 1972), produces stronger relational security than the one who just intones “Oh, poor baby.” Not surprisingly, Meins et al. (2002) has shown that the most secure children are those raised by mothers who are both mind-minded *and* kind-hearted).

DOUBLE BINDS

Work with borderlines and with children scored as disorganized on attachment has shown that lies, deceptions, and systematic distortions in family communication are commonplace (Liotti, 1999). Such families are deformed by “mystification,” Laing’s (1965/1976) term for the pathogenic process where the child (or partner) is labeled mad or bad for accurately perceiving what is going on—“You can disconfirm me, but I cannot disconfirm you.”

We now know that mystification does not “cause” schizophrenia, as the original double bind theorists reasoned, but it does seem to constitute the “universal pathogenic situation” that Jay Haley went on to describe (Sluski & Vernon, 1971). Under these toxic conditions, psychic equivalence is not necessarily a mental handicap. It could, in fact, be understood as a defiant act of mental freedom. (“You *cannot* disconfirm me if my reality IS reality”).

Couples caught in the most severe impasses are usually operating in this way, since each partner has reason to fear that the other will try to bend the truth to serve their interests, just as their parents did. Distortions and absolutism, combined with a history of crazy making parents, a family culture of double-dealing, double binds, and of overt and covert scapegoating, all conspire to leave each partner hunkered down. In a ruthless “I win/you lose” economy, owning one’s own part is just a stupid mistake.

In such a context, even a good interpretation of a patient’s resistance to the therapist’s more complex view can get sucked into the meat-grinder of suspicion. Tx: “I wonder if you are skittish when I offer a different perspective because you were blamed for seeing things accurately when you were a kid?” Pt: “This is Not About My Past—This Is About What Is Going On Right Now!!”

At such points, the couple is caught in a life-and-death struggle over who is hurting whom, but more important, *over who is causing what*. In Davies’s (2004) framework, the couple is embroiled in a debate over reality and truth that is laced with blame and badness. As she has memorably discussed, the dogged attempt by each person to avoid being the bad one reproduces

a parent–child relationship in which something toxic is being forced into the other while being denied in the self. The two are caught between love and sanity, a gauntlet that can now derail their love relations and defeat their treatment.

As one of my patients explained, once he was able to reflect on why he had never been able to tolerate my attempt at being balanced (which he saw as my “Being Balanced,” a puerile couples therapy technique), “It’s never worked for us. It gives her a pass. And she’s right, I have hardened toward her. In the past, I would make peace and let her blame me for the fact that *she* is in a chronic, roiling state of turbulence, because I needed sex or a feeling of having my home intact. But now that I am in analysis, I am not going to give up so easily!”

PUTTING IT ALL TOGETHER

I’m going to use aspects of my treatment with this couple (a composite whom I shall call Bill and Jane), to illustrate how disqualification can be driven by the need to be understood on one’s own terms, and to have the other acknowledge the validity of one’s perceptions.

I can’t say they didn’t give me fair warning. Bill opened the initial session with “We are in Peril,” Jane adding, with a dead-on stare, “Can you handle us? You are the ninth therapist we’ve been to.” I managed to parley their one-two punch with some serviceable response (no longer available to me), but as I looked into their darkened ominous faces, I wondered if I had the strength, and already sensed that I didn’t have the will, to provide them with the “safe, but not too safe” (Bromberg, 2010) situation they so clearly would require.

Bill and Jane’s relationship was a theatre of enactment, the pervasive shadow of trauma darkening even the manic defense of romanticism. There was a false brightness and a palpable sadness to the best of times, as they held their breath, waiting for the moment when they would be traumatized by another rupture that would not yield to words, to therapeutic soft sounds, to reason or caution.

They had similar kinds of trauma histories, which potentiated their mutual and multiple identifications, but those commonalities also meant that they could often trigger each other’s worst fears. Bill’s parents divorced when he was a young child, leaving him the angry, child of parents who appeared to be kind and organized in public but were frightening and incompetent in private. Jane’s father died when she was in her teens, leaving her the noisily unhappy daughter of a narcissistic and duplicitous mother, who punished her for seeing things too clearly. The couples’ romantic relationship was constituted as a safe-house for these two lost children, bonded like Hansel and Gretel, making their way through the dangerously unsettled forest of their conjoined minds. But this reparative fantasy was ultimately coercive: “If you don’t keep me safe, *I* will be dangerous.”

Indeed, despite their hunger for mothering, Jane and Bill’s anger around not getting it would make them both very hard to soothe and regulate. Jane would resist my therapeutic ministrations, taking comfort only from Bill, who could snap at any moment, the poignant lost boy shoved aside by a raging feral creature. “Soothe *me*,” Jane would wail, taking the measure of her momentarily orphaned state. But when Bill would comply, ineptly, she would be triggered, since she could always detect the one false note that would infect his expressions of concern.

This was because Bill, given his trauma history, could not be comforting and protective unless he was stepping into a pure attachment scene—Jane as a little bird shaking in the nest, not Jane,

the sullen tweener. Since Bill could never tolerate her dark moods, he would coercively try to get her to shift her state, which would, of course, only make things worse. His double message of care and blame was a confusing, triggering communication that never ended well. (“You are bad when you are hurt, because your being hurt hurts me”). Jane’s attempts at comforting Bill when he needed care were equally barbed. Neither could see how their performance of soothing did not soothe. It confused and inflamed.

In these cycles of repair-as-rupture, they could never rest in the other’s care. Each one’s bid for TLC triggered the other’s painful history of deprivation and scapegoating, which led them to respond to each other with a hollow protection, often laced with criticism and blame. As a result, each one was both the “cause and solution” to the other’s pain.

Moreover, once they were triggered, conflict could rarely be processed, held, or mediated. Accusations just ricocheted between them in a tit-for-tat escalation. (YOU are the bad one, No YOU are! *I* am the victim, No *I* am!). In their never-ending battle over who was the perpetrator and who was the victim (see also Seligman, 1999, on intersubjective projective identification), the couple was reproducing the “kill-or-be killed” relationship each had with their mothers. Either they became the bad/sick one in return for keeping their mother close, or they named the game and were forever exiled—a Hobson’s choice that could never be resolved. (See the exchange between Davies, 2004, and Benjamin, 2004b, on relational bad objects.)

Therapy was a major point of contention between them. Jane felt that Bill’s commitment to his analysis (with a male psychiatrist, which was her father’s profession), had marginalized her, since she had always been his sole confidante and psychic mentor. Bill, on the other hand, felt that Jane’s refusal to go into individual treatment made it impossible for him to get her to address her issues. For Jane, therapy was always suspect, since her father had always used his training to disqualify her. She tolerated the couples work only because it was a venue to connect with Bill, who found her distrust of treatment self-serving and reminiscent of *his* mother’s evasions.

Here is a segment from the end of a session that circled, endlessly, around these themes. Had you been behind the one-way mirror, you would have seen me running the gamut with this couple—tracking, soothing, holding/containing, softening, interpreting, coaching/coaxing—the whole nine yards. But Bill and Jane were having none of it, and I eventually decided to back off and let them find their own way. Bill began by talking about an incident that was casting a long shadow.

Bill: (softly, anxiously) We had problems over the weekend. Jane’s anxiety problems are constant. Suddenly she just darkened after a beautiful morning—and it made me mad. . . . We eventually had a long talk and we both felt better.

J: I didn’t feel any of that! It was a two-hour, exhausting conversation. I felt no better at the end than at the beginning. We have spent all this time and money and he still thinks he can diagnose me! **Jane has “anxiety problems”!?!?**

B: But I *said* I could see what she was saying. . . . Jesus, if I say anything about her, she thinks I think I am blameless. And then she can go off on me for that and we never get to the thing I am trying to point out! . . . (gets soft) I have been in retreat (makes a gestures of helplessness. Jane rolls her eyes).

J: He’s representing himself as the victim—But *he’s* the one who fights *me*! And then he has the nerve to represent himself as the righteous one!

VG: I see how are afraid you are, Bill, that Jane is going to get me off track. (He nods.) And Jane, I see how you’re afraid I’m going to be taken in by Bill. (She looks up warily.)

- J: (Despite herself, softening) I can't work on my long-term issues when you jump all over me, it's not safe to do it! I *DO* have anxiety issues, but you shouldn't be so hard on me! I never shamed you around your issues. . . .
- VG: Jane, that's a good first step, acknowledging that "anxiety is a "long-term issue" for you. But Bill, she added something very important—that she can't really work on the problem in a "you are the sick one" environment.
- B: (Having none of it) But *I can never say how destructive—how painful these moments are!* I can Never get that far! **I can't really talk in here. You don't want to hear it, and she'll just wriggle out of it AGAIN!**
- VG: Bill, she did just start to give you a big acknowledgment—and you are still all riled up. What's going on?
- B: Because I'm remembering the end of the fight. After my careful, loving wrap-up—after we had gotten through it all, she gets up in a huff and says, "Well, I have to load the dishwasher now," huff, huff, huff.
- J: I always load the dishwasher! And I *did* acknowledge my part. What I said wasn't the mature thing to say, it was nasty. But I was exhausted, and I didn't think the discussion was good at all, and now it was two hours later and I didn't get any sleep—but I *did*, I acknowledged it right away—
- B: (Sudden, bellowing outburst) **Are there going to be any rules here at all? Am I just supposed to sit back and . . .**
(What?—my head is spinning)
- VG: Bill, Why are you interrupting her??—She just said "what I did was bad."
- B: **Because she didn't say it Right Away! I had to beg for it, go nuts to get it!**
- VG: OK, I get it—so this must be making you feel that you have to go nuts right here, right now. You don't think she's *really* acknowledging her destructiveness, which is making you feel like you have to flip out here in order to get me to see what's really going on (just as you had to do with your father, who always appeared so well put-together).
- J: What's the point?? It's always about him! Like I don't know what I did is bad? So he had to browbeat me for two hours to get me to see that?? **I was Fighting, so I didn't acknowledge it right away. I was Still Fighting! I *did* see, but I didn't care—Yes, I was being reckless! I didn't care, I was still fighting!**
- VG: I can see that when that switch is flipped there is no overriding it until you feel spent.
- J: **Look I am fighting for my life with him!**
- VG: Bill, when she is scared—like now, she feels the way you do—like she's fighting for her life—that's why, even here, she can't—she *won't* give up. She wouldn't be standing here—nor would you—if you weren't both like that. But you don't see her underlying fear—I often don't see it either—and Jane, you don't see the impact you have. You feel you are just fighting your way out like a cornered animal, but you don't see that for him you are like a freight train barreling down.
- J: **He holds his hands up like that poor little boy—but don't be fooled!! He pulled the phone out of the wall!!**

At this point, my temptation is the "Listen, you two, I have reached my limit" intervention.

This is what I *did* say—

"Listen, you two—I can't take this much longer. One of you will have to come out and help me. I am going to be tapped out if I am left alone out here without any support much longer. I think I have about another minute in me. I can feel that I'm almost at my limit."

While neither Bill nor Jane literally “came out to help me,” both of them helped me by not saying anything more. We all sat quietly for a few minutes until the hour drew to a close.

The intervention, though startling, seemed to create the necessary quiet to settle things down. I allowed myself to say it because I knew the couple would understand that my “collapse,” even if it had occurred, would have been partial and temporary—that I would have recovered my powers, my well-being, and my commitment to the work. Otherwise, I could not have spoken as I did. But I also believe that the Kleinian specter of damaging, exhausting, and ominously weakening me served to shock the couple into an awareness of their destructiveness in a way that nothing else had done.

With the breach of my omnipotence, the chill of reality’s indifference to their complaints soaked into our collective consciousness, shifting something in the ethos—permanently. While the couple continued to be hyperreactive and “on alert” as the work continued, there were also times when I could see them reaching for an approximation of the depressive position, even if it was fitful and fragile.

Moreover, it seemed that the more I accepted my limits, the more my stamina and understanding seemed to grow. In a later session, for example, when the couple started to careen into another all-or-nothing battle over who was the true victim in the relationship, I caught myself working too hard to save them from themselves. This time, I was able to pull back and capture our collective state of arousal with a clarity I did not have before. This is roughly what I said: “I see I’m not getting through to either one of you. You hear me, but you don’t *want* to listen, because you don’t *want* to calm down. You want to tear yourself away from me so you can keep on fighting for your Truth. You’ll fight till you drop. You are like Gladiators—nothing but Death will stop you.”

In this instance, while I was not explicitly sounding an alarm about myself, as I had done in the earlier session, I was, once again, challenging the couple to take more responsibility for their reactivity and dysregulation. The effect was the same—a quieting of arousal. Here I believe it was my recognition, *and acceptance*, of the ferocity and drivenness of their reactivity that produced that oddly calming effect. Perhaps we all felt something of the stillness of surrender, even though the Third to which we were yielding was one of destructiveness.

By giving us all permission to “accept the things we could not change” (the AA Serenity Prayer), I was, without planning it, deploying a variant of the old family therapy technique of “prescribing the symptom” the couple had come to change (their endless, exhausting arguments). Like the family therapy strategists of the 1980s, who were often faced with impossible cases, I found myself telling Bill and Jane that I could not help them be more peaceful, because their addiction to fighting was apparently necessary in the larger scheme of things. (Gladiators are not free agents).

The intervention was also a clinical paradox in that I was explicitly telling them that I accepted therapeutic defeat, while I was, of course, continuing to treat them. My interpretation—that they were doomed Gladiators without a cause was clearly sobering. Moreover, by truly accepting (with no irony or sarcasm) that at least for now, I could not, and perhaps should not, try to encourage them to take a softer, more reflective stance, I shifted the terms of our power struggle, leaving them with nothing to fight *against*. In line with the old theory, the only way they could continue to resist my therapeutic efforts was, paradoxically, *to calm down*.

In the months that followed, Bill and Jane did grow better able to see how their “fights to the death” over Truth and Reality were actually killing them. In the heat of battle, the endorphins of borderline arousal blind us to the fact that we are actually drawing blood, and that bodies do

bleed out. Over time the couple became more willing to dial things back, in part because they were developing the capacity to wait, to trust in the ultimate fairness of the process over the long term.

We terminated before a summer break some years ago. I am sure they are still together. They really love each other. And as with all couples, it is Bill and Jane who ultimately must decide how much change is possible, how much compromise is tolerable, and whether separation can be borne.

While I was probably only a small part of their big story, Bill and Jane made a lasting impact on mine. They forced me to work through the very hard ideas in this paper, and they come back into focus, in all their poignant intensity, every time I teach it.

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