The Theory of Interlocking Vulnerabilities: An Intersubjective Approach to Couple Therapy

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In today's world, as women seek their fair
share of power and regard, they are demanding more
from their relationships than at any other time in
history. Coupling is now enlivened and burdened by
truly unprecedented expectations: mutual love,
passion, friendship, financial collaboration,
domestic cooperation and perhaps most
significantly, "equality of influence" (Young-
Eisendrath, 1993). Since both women and men now
have more to gain when relationships work well, and
more to lose when they don't, couples are seeking
therapeutic help in increasing numbers. The theory
of interlocking vulnerabilities adds to the crucial
project of broadening the conceptual tools and
clinical interventions available for couple
therapy.

The Underlying Meta-Conflict in Repetitive Fights

Most clinical theory grows out of perturbing
experiences in the therapeutic hour. The theory of
interlocking vulnerabilities emerged as a fervent

attempt to understand what I repeatedly and often helplessly observed in clinical practice: couples have the same underlying fight over and over again; the same set of pessimistic assumptions about the other's disappointing behavior is nursed over the course of many years. The manifest content of the fight may vary, but the latent tension or struggle, what I call the meta-conflict (Jenkins, 1994), is usually the same. In other words, a couple may fight about driving one day and child-rearing the next, but the theme of these overt arguments often revolves around the same covert, repetitive relational conflict. While personal and social circumstances such as tragedy, illness, oppression and the scarcity of needed resources create untold suffering in relationships, most couples enter conjoint therapy driven by their characteristic meta-conflict. Let me give you an example.

A familiar fight between Eleanor and Tom, a white, middle-class couple in their late 30's, began over a dispute about a misplaced cup of coffee. In the commotion of making breakfast and getting off to work, they each had put down their respective cups of coffee to attend to something more pressing. When Eleanor went to retrieve her cup from the spot she was sure she had left it, it was no longer there. She inquired of Tom if he had

inadvertently taken it, and received what Eleanor experienced as a dismissive reply: "No, I never lost track of mine." She persisted, "Are you sure? I know I left mine here." Tom's response was annoyed: "Why are you making such a big deal about this?" Eleanor pursued the conversation with more intensity; she was hurt by the tone in his voice and wanted to explain why she felt she should be able to find out if there had been a simple mistake. Tom felt that the entire conversation was unnecessary, another instance of Eleanor making a problem where there didn't need to be one. Before they knew what was happening, Eleanor and Tom were shouting at one another. Tom accused Eleanor of always needing to be right. He was sick of her assuming that all the mistakes in their relationship were his. Eleanor accused Tom of always being defensive and hostile. She had only been looking for her cup of coffee. She wasn't trying to start a fight, but he was always ready for one. As their anger escalated, Tom and Eleanor hurled increasingly bitter allegations at one another, until Tom abruptly left the house. They barely spoke to one another for days after this incident.

Not all conflict becomes this problematic. George Simmel (1955), a social theorist, poses that

the underlying function of most conflict involves the development or restoration of needed social bonds. Referring to conflict in society as a whole, Simmel suggests that "a certain amount of discord, inner divergence and outer controversy, is organically tied up with the very elements that ultimately hold the group together" (in Retzinger, 1991, p. xix). In other words, the purpose of conflict is to signal the need for readjustment or change in our social bonds.

Conflict in a couple can also serve important generative and restorative functions, readjusting as well as revitalizing the relationship. However, when that adjustment does not occur, and the couple's bond is compromised or threatened, conflict escalates, like that between Tom and Eleanor, or it occurs over and over again. Retzinger (1991), drawing on Simmel's work, describes functional and dysfunctional conflict in relationships as similar to Bowlby's functional and dysfunctional anger: "the first restores social bonds, the second erodes them further" (p. 58). Eventually, escalating or repetitive conflict becomes destructive, weakening and ultimately rupturing a couple's bonds altogether.

All couples experience particular areas of disconnection and discord in their relationship,

areas that are continually needing readjustment. As Wallerstein (1995) puts it, a conflict-free couple is an oxymoron. Because the source of alienation that threatens or damages relational bonds varies from couple to couple, I conceptualize a couple's meta-conflict as the expectable and reciprocal manner in which that particular couple's bond is compromised or damaged. Meta-conflicts are like the fault lines in an earthquake zone: conflict does not arise haphazardly, it erupts along a couple's overlapping areas of vulnerability. Together, a couple's characteristic concerns, developed over years of personal, interpersonal and cultural adaptations, act like the geological plates moving slowly below the earth: when enough tension builds in these over-determined fault lines, upheaval is inevitable. Such interpersonal disjunction can mobilize constructive conflict or escalate into a destructive fight.

Eleanor's and Tom's characteristic struggle, their meta-conflict, is encapsulated in their final bout of accusations. As Tom walked out of the house he yelled, "I'll never get out from under your criticisms! You'll never give me credit for anything I do!" Eleanor screamed back, "It's hopeless: you see me as the monster, and you're

always the victim! You will never understand me!"
Tom longs for recognition and dreads the
disapproval he feels is Eleanor's ultimate response
to him; Eleanor longs for understanding and dreads
the emotional abandonment that she anticipates from
Tom during any conflict. This same paired set of
responses, fear of disapproval and fear of
abandonment, eventually emerges whenever Tom and
Eleanor have a serious fight.

Integrating Psychoanalytic and Social Theory

There is an old Buddhist teaching that romantic
coupling is like the cracking of two eggs: once
the eggs are scrambled, they can never be
separated. It is my belief that a couple's
interconnectedness, the irreversible scrambling of
two individual realities, cannot be understood
without integrating ideas that traditionally have
been separated into either social or intrapsychic
realms of reality. Every theory is both an
achievement and a constraint, illuminating some
aspects of the human condition and obscuring
others. Joining theories has the unique advantage
of remedying some of the blind spots inherent in
any one theory.

Virginia Goldner (1998), who is both a
psychoanalyst and a family therapist writes about

this beautifully: "Seeing through multiple lenses is not a compromise; it is a choice that reflects an intellectual, political and psychological ideal: to recognize the value of competing and contradictory perspectives, and to negotiate the emotional demands of such multiple attachments without splitting ideas and people into good and bad" (p. 268)

Combining ideas from both the social and intrapsychic realms, the theory of interlocking vulnerabilities proposes that at the center of the destructive conflict that propels most couples into therapy, there exists an escalating process in which each member's primary vulnerabilities (Elkind, 1992) and self-protective responses provoke and exacerbate the other's vulnerabilities and self-protective stance. When this reciprocal process is inflamed, the spiraling forces of escalation and polarization increase the rigidity and entrenchment of each member's position, eventually leading to an interpersonal impasse.

Primary Vulnerabilities

Sue Elkind (1992), in her book on therapeutic impasses, coined the evocative term primary vulnerability to describe an area within both the therapist and the client that is particularly

sensitive and "insufficiently protected" from a sense of disconnection or disruption.   Primary vulnerabilities involve two inseparable human motivations: the development and maintenance of a coherent sense of self and the pursuit of relatedness to others. Stephen Mitchell (1988) similarly conceives of human beings as embedded in a "dialectic between self-definition and connection with others" (p. 35).

I have adapted this notion to work with couples. In my experience the dread of disrupting one's sense of self or disrupting a sense of relatedness to one's partner underlie the experience of vulnerability in couple relationships. Accusations of being abandoned, criticized, overwhelmed or controlled frequently surface in the course of couple therapy. Drawing from Feldman's (1979) work on intimacy anxiety, I consider the following fears areas of primary vulnerability: the fear of exposure and disapproval, the fear of rejection or abandonment, the fear of merger or being controlled, the fear of attack, and the fear of one's own destructive impulses. In therapy, I listen closely for which of these vulnerabilities are most prevalent in the couple's interactions, exploring with each member

their personal significance and interpersonal impact.

This is one of the reasons I particularly like the term primary vulnerability: I can use it in my actual clinical work. I find it extremely useful to think *about* my clients in terms that I can use when I am speaking *to* them. Because the idea of vulnerability is not particularly shaming or objectifying, it does not generally evoke a defensive response. In fact, the concept of vulnerability is quite normalizing. Although each person's area of primary vulnerability takes a unique form and varies in its level of intensity, and therefore, in its level of destructive influence, in general this kind of vulnerability is associated with a *normal* fear: the fear of unwanted separation from oneself or from another. Winnicott (1956) once said neurosis is not really an illness, it is a testimony to how difficult life is (cited in Greenberg & Mitchell, 1983). I make it clear to everyone I work with that the existence of interlocking vulnerabilities is a testimony to how difficult it is to be in a couple.

Another reason I like the notion of primary vulnerabilities is that it is quite inclusive. While painful relational experiences in childhood significantly contribute to our particular form of

vulnerability and self-protection, there are other crucial factors to consider. Constitutional factors, temperament, painful experiences involving sex, race and class identity, as well as other historical and cultural influences also contribute to the form of our vulnerabilities. The human personality is densely organized. Clearly, our psychological vulnerabilities cannot be adequately described by intrapsychic or even intersubjective concepts alone. For example, the social psychologist Claude Steele (1997) uses the term stereotype vulnerability to describe the vulnerability to being diminished by racial stereotypes that can powerfully affect members of minority groups. Of course, this kind of vulnerability infuses couple relationships as well.

Interlocking Vulnerabilities

Up until now I have been talking about the vulnerabilities that energize a couple's particular meta-conflict. At this point I want to talk about the reciprocal spiral that inflames and binds these vulnerabilities together, the interlocking part of interlocking vulnerabilities. This is where family therapy concepts about communication cycles are particularly useful in supplementing psychoanalytic theory. Vulnerability inherently

involves the press for increased protection. But how human beings protect themselves in relationships has a cumulative effect. Habitual solutions to relational problems may start out as reasonable adaptations, but become increasingly unsatisfactory over time.

 The anthropologist, Gregory Bateson (1958) first captured the experience of such progressive change in relationships in what is now called reciprocal escalation or mutual reaction processes. In a mutual reaction process between members of a couple, a movement by one member changes the interpersonal field of the second, forcing a compensatory move by the second member, and so on (L. Hoffman, 1981). Both parties become increasingly polarized in their positions as the compensatory process proceeds over time, and their reactions become overly harsh. As the members' reactions become more extreme and centered within a threatened sense of a relational self, the overlap in their experience is radically diminished. Eventually, neither member can recognize nor even imagine the other's point of view; a sense of unwanted separation, of being cut off by the other, comes to dominate the exchange. This sense of unwanted separation escalates conflict. Indeed, conflict seems to *follow* a sense of separation,
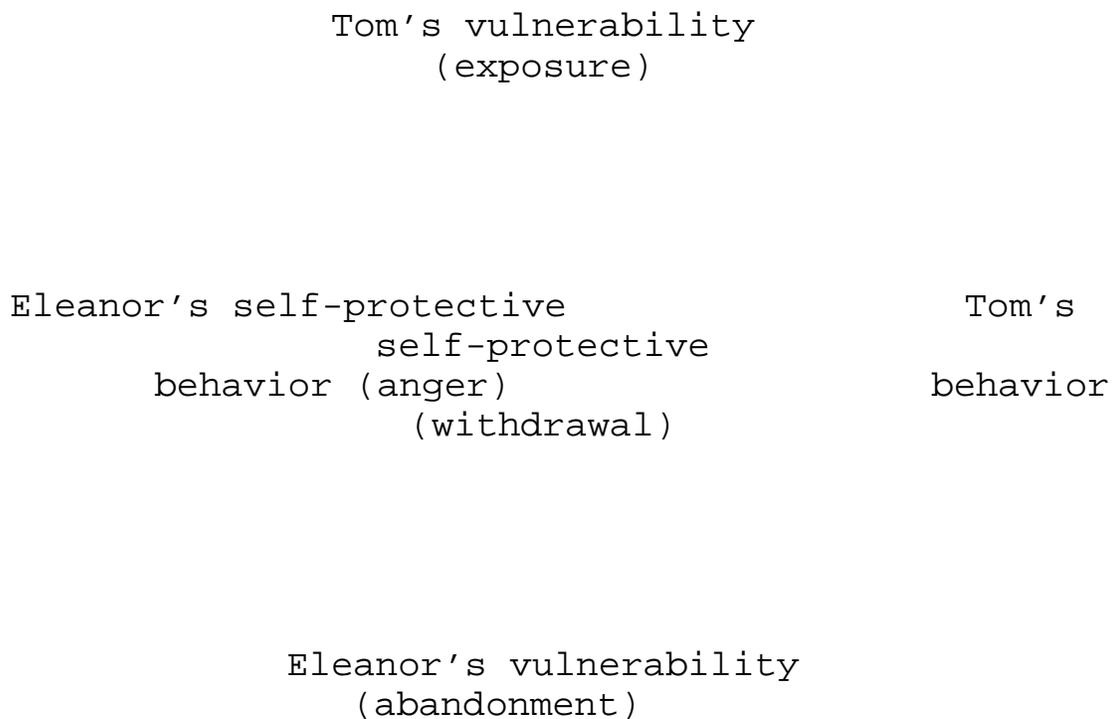
rather than separation being the result of conflict (Simmel in Retzinger, 1991).

There is an important irony that inheres in our vulnerabilities: psychological vulnerabilities and our attempts to shield them foster cycles which are self-perpetuating. In a couple, each person's areas of primary vulnerability and corresponding self-protective response are inevitably stimulated and perpetuated in present day interactions with an intimate partner (Jenkins, 1994). Let me use Eleanor and Tom as an example. Tom's core anxiety involves the fear of exposure, of being criticized and overwhelmed. In therapy I learn that this vulnerability grows out of a childhood history with an unpredictably angry and critical father. However, this vulnerability is continually inflamed in his present life with Eleanor. When Tom feels vulnerable to exposure he withdraws, inducing the very response from Eleanor he most fears: anger and criticism.

But what about Eleanor? Why is she inevitably pulled into being an accomplice (Wachtel, 1993) in Tom's relational pattern? The formulation of interlocking vulnerabilities is especially useful in understanding the powerful reciprocity of a couple's repetitive, destructive conflict. In this case, Eleanor's vulnerability to emotional

abandonment is inflamed when Tom withdraws. When
this happens, Eleanor resorts to her distinctive
mode of self-protection, an urgent attempt to be
understood that often involves anger and criticism.
Inflaming Tom's vulnerability to exposure,
Eleanor's self-protective cycle of fear and anger
interlocks with Tom's in a recursive, compensatory
spiral.

Model of Interlocking Vulnerabilities

Tom's vulnerability
(exposure)

Eleanor's self-protective   Tom's
             self-protective
      behavior (anger)   behavior
             (withdrawal)

Eleanor's vulnerability
(abandonment)

The spiraling reactivity of interlocking
vulnerabilities takes on an interactive life of its
own, escalating exponentially as each person reacts

self-protectively to both their internal anxiety
and the increasingly extreme response of the other.
Couples become such avid accomplices for each
other's mal-adaptive patterns precisely because
they are each highly-motivated participants in
their own self-protective cycles (Jenkins, 1994).

The Needed and the Repeated Relationship

Steven Stern's (1994) thinking about the needed
and the repeated relationship adds another
dimension to this picture of a self-perpetuating
reciprocal process between two members of a couple.
He proposes that human beings do not simply react
to each other on the basis of internalized
traumatic relational patterns from the past, they
also respond on the basis of "...a proactive,
hopeful developmental thrust" (p. 331) to engage
new relationships differently. Stern states, "In
fact, what we refer to as the patient's character
structure might usefully be thought of as the
relatively enduring compromise between these two
motivational tendencies:
1) the tendency to engage a current relationship
on the basis of expected retraumatization and 2)
the tendency to engage the same relationship as if
the person will respond differently and better" (p.
331). The first tendency leads to what Stern calls

the repeated relationship and the second tendency leads to the needed relationship.

In ongoing relationships members often oscillate between the needed and repeated aspects of relating. One moment, one or both members of a couple are quite fearful, expecting insufficient protection from the other, and in anticipation, ironically inducing it. The next moment, there may be an attempt to repair the injury or to explore a new way of relating. The coexistence of hope and fear in the same important relationship, however, is threatening.   It probably makes intuitive sense to most of us that when we push against a well-worn self-protective strategy in order to engage our partner with the hope that he or she will respond differently and better, we often feel particularly vulnerable. We've gone out on an unstable psychological limb, and we know that it's a long way down. The crash is often experienced as shame, or what is called secondary trauma.

The idea of enhanced vulnerability arising out of the precariousness of relational hope and the fear of relational harm, is particularly useful in helping us understand the tenacity of a couple's spiraling pattern of interlocking vulnerabilities. For instance, if Eleanor resists her tendency to pressure Tom to interact and acknowledges her own

vulnerability with the hope that Tom will respond
positively, and perhaps reparatively, she will be
especially vulnerable to the slightest sign of his
emotional distancing. If Tom does not respond in
an ideal fashion at this point, which is unlikely
since he has his own vulnerability to deal with,
Eleanor will probably become more accusatory than
usual, hurt by his withdrawal as well as his lack
of understanding about her unstable, vulnerable
condition. In addition to anger, she will probably
feel ashamed for having exposed herself to the
secondary trauma of wanting connection in the face
of Tom's apparent indifference. The conflict will
escalate and Eleanor's and Tom's polarization will
become more entrenched.

The Narrative of Interlocking Vulnerabilities:
A Clinical Intervention

The theory of interlocking vulnerabilities
offers a way of conceiving repetitious conflict as
well as a treatment model for intervening in it.
There are three broad therapeutic objectives that
are fundamental to this model: 1. Reducing the
momentum of destructive conflict by identifying
reciprocal processes, 2. Repairing the couple's

damaged bond by developing the mutual recognition of vulnerability and interpersonal impact (mutual harm), and

3. Strengthening the couple's connection by promoting a shared way of giving meaning to repetitive conflicts. These therapeutic aims are interpenetrating; one builds on the other in a progressive cycle of reparation and change. They involve both individual introspection as well as the recognition that each member is embedded in a larger system, and that *a couple's problems are not completely individually motivated.*

Identifying Reciprocal Processes to Reduce the Momentum of Destructive Conflict

This initial therapeutic objective is aimed at helping couples reduce the escalation of interpersonal harm and decrease their polarization in a repetitive fight. As conflict intensifies or becomes entrenched, a couple's bond is jeopardized by *anticipated* as well as *actual* violations, thus perpetuating the destructive conflict. The aim here is to reduce continuing violation.

I have found that identifying a reciprocal process in a couple's repetitive fight is especially effective in decreasing the escalation of destructive conflict by generating a new, less

divisive framing than the familiar, inflammatory one the couple has been using. Both members waver in their conviction that the other is causing the problem since each of them is clearly viewed as a vulnerable, (although not necessarily equal) participant in a reciprocal cycle. Moreover, the attribution of vulnerability is a less shaming narrative than the dreaded explanation of personal inadequacy each member has been secretly considering or forcefully externalizing. When the shame and harm of escalating conflict is reduced, each member is more likely to be introspective, expanding self-awareness and awareness of the other's experience.

For example Richard and Jan, both white and in their mid-twenties, began therapy with me in an uproar. Richard had barely sat down when he insisted that he and Jan meet separately with me because the way Jan described their sexual problem was too inflammatory and would only make things worse. Jan, on the other hand, said she felt blamed and controlled by Richard's insistence. After acknowledging that the way each member of a couple describes a problem indeed can feel hurtful, unfair and provocative, I wondered if in this first session their concerns could be described in non-inflammatory terms. I asked each of them in turn if

they would be willing to tell me their version of the problem *carefully*.

Jan claimed that she had stopped having sex with Richard because his anxiety during love-making turned her off. She hated how desperate he seemed to get when sex didn't go well, and after years of trying unsuccessfully to reassure him, she finally had decided to no longer have sex when she didn't want to. It was time for Richard to deal with his anxiety himself. Richard protested that Jan's anger and her refusal to work on their sexual relationship together were both a big part of the problem. It was his anticipation of her pulling away sexually, he maintained, that really made him feel desperate.

I purposefully did not inquire further into the details of the problem. By their own admission they had been able to relate their stories with more care than usual, and I did not want to gamble with this relative success. Instead, I began to construct a simple reciprocal narrative that might include both of their perspectives in a non-accusatory form. Acknowledging how upset they both seemed about this impasse in their relationship, I suggested that Jan's anger and Richard's despair about their situation were probably inadvertently reinforcing the other's feelings in ways that we

could try to do something about. I pointed out that
sometimes the feelings of hurt and anger about not
being understood by one's partner become so
inflamed that it is necessary to reduce the
inflammation before determining the extent of the
problem underneath. Jan and Richard each
acknowledged that "not being able to get through"
to the other had made the sexual issue much worse.
While considerable therapeutic work lay ahead of
us, this preliminary description of a reciprocal
process between them provided a glimmer of hope.

<div align="center">Repairing Relational Bonds</div>

Diminishing the momentum of escalating conflict
begins the process of repairing a couple's damaged
bond, the second broad objective of the treatment
model of interlocking vulnerabilities. Continuing
the reparation involves the mutual recognition of
vulnerability as well as the mutual recognition of
harm in the relationship.

The Recognition of Vulnerability in Repairing
Relational Bonds

Rachel and Connie, an inter-racial, inter-faith
professional couple with ten year old twins,
entered therapy expressing a deep sense of
hopelessness about the viability of their

relationship. Over the eleven years in which they had been living together, Rachel, who is white, Jewish and the biological mother of their two sons, and Connie, who is a third generation Asian-American woman, had become increasingly resentful about what was missing in their relationship. Rachel felt "unmet" by Connie; her desire for shared activities and emotional engagement was constantly dashed by Connie's distracted, unorganized style and avoidance of conflict. Connie felt belittled by Rachel, continually criticized and micro-managed. Her longings for acceptance and relational ease were perpetually thwarted by Rachel's increasingly anxious and disrespectful comments about Connie's life. Rachel's tendency toward anxious involvement with those she loved and Connie's general self-forgetfulness in relationships not only intersected problematically, but the escalation of their self-protective behavior greatly exacerbated these relational threats over time. By the time Rachel and Connie entered couple therapy, the size and nature of their relational impasse had ballooned far beyond its original proportions.

The Therapist's Response

The recognition of vulnerability usually begins with the couple therapist. Such empathic recognition, including the exploration of possible unconscious meanings of each person's experience, reduces shame and isolation, establishing a therapeutic bond that fortifies the couple while their own "bonding system" is repaired.

Such recognition is sometimes a struggle. For example, Rachel's profound vulnerability to feeling utterly alone in life was shielded by an anxious hyper-vigilance that, in the spiral of their compensatory exchange, would escalate into judgmental resentment, and eventually an impenetrable contempt. I struggled to recognize her feelings in a way that was genuine and psychologically useful to her. Connie's fear of disapproval, as well as anxiety about her own angry impulses, were hidden by a desperate urge to please. Connie's efforts to placate Rachel's anger inevitably involved the numbing of her own pain and frustration, resulting in a kind of vacancy in the relationship. I had to work hard to remember Connie's fear of being overwhelmed by pain, especially when she responded to Rachel's contempt with passive acquiescence.

The notion of interlocking vulnerabilities helped me frame the extremity of their reactivity

to one another as deriving from the overly-harsh reactions of polarization as well as their unconscious relational expectations.   Deriving from early traumatic loss, Rachel both anticipated abandonment and in her relationship with Connie, she experienced it over and over again. Connie's withdrawal was both an intrapsychic adaptation and the behavioral shutting down of someone who had actually been violated by the very person from whom she longed for acceptance and recognition. My awareness and articulation of the intricate interweaving of characterological and interpersonal vulnerabilities affirmed each person's reality. Slowly Connie and Rachel began to be more introspective about the anxieties that fueled their destructive conflict.

The Recognition of Mutual Impact in Repairing Relational Bonds

While the recognition of each member's subjective experience was essential to the conjoint work, it was not enough. Rachel and Connie also needed to be moved by the other's pain, to feel remorse, to take responsibility for the interpersonal consequences of their characteristic self-protective responses and retaliatory behavior.

The recognition of mutual impact was also essential to our therapeutic progress.

Couple therapy provides a context in which an individual is able to move back and forth between the experience of having her own experience seen and named, and the experience of recognizing the other's experience (Burch & Jenkins, 1999). However, the ability to do this is an evolving process. It requires an increased awareness of one's own self-interest and potential for harm. Most of us maintain defensively-motivated "areas of innocence" (Barnett, 1980, cited in D. B. Stern, 1997) about our own hurtful behavior which the therapy must slowly bring to light.

Rachel, for example, maintained an area of innocence about the full impact of her anger, expressing instead an entitlement to authentic expression and a fear of "being silenced by Connie's avoidance of anger." Connie also "disclaimed" (Schafer, 1983, cited in D. B. Stern, 1997) the interpersonal consequences of her withdrawal, insisting that she was driven to it by Rachel's attacks. Much of the conjoint work involved a non-pathologizing, but sometimes very direct articulation of Rachel's and Connie's self-protective reactions, emphasizing how each contributed to the escalation and entrenchment of

their repetitive conflict. Since the couple was so deeply mired in chronic conflict, the interpersonal impact of their behavior had to be named over and over again. The following excerpt is an example of one such intervention.

One session, Rachel observed that she had felt much more relaxed with their sons while Connie was away for a few days. She went on to say that because Connie's parenting style is so inconsistent, she has difficulty trusting or respecting it, and probably maintains a higher level of vigilance when Connie is around. As Rachel continued, and Connie listened without reaction, Rachel's comments about Connie's parenting style began to escalate in intensity, her frustrated tone almost immediately giving way to contempt. Rachel accused Connie of taking the easy way out, of being unwilling to make the sacrifices involved in setting clear limits with the boys. When she bitterly remarked that Connie had never wanted the twins to begin with, and that maybe she should stop expecting real coparenting from Connie, I intervened. Turning to Connie for a response, I hoped that after months of work locating her own anger rather than retreating into self-forgetfulness and passive aggression, Connie would stand up for herself and engage Rachel in a way

that would set some kind of limit. Instead, Connie began to mechanically mirror Rachel's concerns, conceding in a flat tone that she *is* inconsistent and probably does way too much for the boys. Connie went on to acknowledge that she avoids fighting with them about all the things that Rachel thinks they should be accomplishing, admitting that maybe she does take the easy way out. Connie finished by saying that Rachel's threats to move away and parent by herself have made Connie feel more detached; after all these years, it feels as if her heart has finally shut down.

The Therapist's Response

I am aware of my own multiple reactions to Connie's response, including frustration with her masked aggression and deep sadness about her sense of resignation. I respond by saying that I haven't seen any evidence that her heart is shut down. Referring to her childhood adaptation of forfeiting her own impulses to keep a precarious peace in a brittle, rigidly structured family, I comment that the problem is not that she lacks a heart, but that she often tries to hide it. Connie acknowledges that when she doesn't want to fight with Rachel she acts like her threats and criticisms don't get to her, and after a while they don't. When I observe

that the problem with hiding her heart is that
sometimes she can forget that it is actually still
there, Connie starts to cry. In a voice filled
with emotion for the first time that session, she
protests that if something happened to their kids
she wouldn't feel like living. Losing them would
break her heart; she would do anything to get them
back. I repeat that in order to avoid having her
heart broken, she has learned to conceal and
disguise it. The problem is that it doesn't work:
not only does she forget that she has a heart,
Rachel also forgets that what she says can bruise
that heart. Connie thoughtfully allows that hiding
her heart has not protected her from feeling
continually hurt in this relationship.

Rachel's initial response to this exchange is
introspective. She reveals that when Connie's
heart is hidden, when she doesn't know what Connie
really feels, Rachel feels "dropped" and very
anxious. Shifting suddenly into a resentful tone,
Rachel returns to a focus on Connie as the problem,
exclaiming that Connie's inability to be present in
the relationship has always been what has kept her
at a distance. Rachel continues to voice more
criticisms, ominously proclaiming that this
relationship will never work for her if Connie is
unable to follow through. Referring back to

childhood abandonments, I comment that when Rachel cannot find Connie and becomes frightened about being all alone in the world, she panics, trying almost anything to get a response. The problem is that the more she criticizes or threatens Connie, the more Connie wants to hide. Rachel protests, asserting that she needs to be able to express anger in this relationship. In a self-righteous tone she claims that people admire how straight forward she can be, and she is not about to give that up. I acknowledge her intention to be authentically engaged in this relationship, but suggest that her anger develops into contempt without her fully realizing it--like slipping into another language. Drawing on Rachel's actual bilingualism, I suggest that it is as if Rachel is speaking English, and unconsciously drifts into German. She thinks she is still communicating needs and fears, unaware that she has shifted to a more urgent, condemning form of communication that has a harmful impact. At the end of this session I reiterate that when Rachel's anxiety is disguised by contempt and Connie's hurt is lost in withdrawal, each of them is left terribly alone in the presence of the other.

Strengthening Connection: The Creation of Shared
Meaning

The third broad objective of the clinical model
presented in this chapter involves the
strengthening of a couple's connection through the
development of shared meaning. In conjoint work,
the therapist is forever searching for a way to
frame a couple's problematic interactions,
especially the destructive enactment of their
predictable meta-conflict, in terms that include
both member's subjective experience. Effective
therapeutic narratives create a new, shared meaning
about the couple's conflict, an understanding that
does not exclude, diminish or degrade either
member's experience (Weingarten, 1991). The
recognition, first by the therapist and eventually
by each member, that one's motivations and
responses are personally and interpersonally
meaningful, even though they also may be
problematic, develops trust. The sharing of meaning
is essential to the bond of feeling understood by
another.

Jared and Cynthia, both white and recently
married, entered therapy because of mounting
conflict about their separate religious
affiliations. Cynthia, a Protestant, complained
that Jared was continually imposing his

fundamentalist Christian beliefs on her, referring to God in almost every conversation. Jared felt that Cynthia was trying to take away the very thing he cherished most: his faith. Searching for a way to give meaning to their conflict that would not denigrate either person's experience, I suggested that faith could be expressed both internally and externally. Jared was drawn to a more external expression of faith, sharing his devotion aloud with others. Cynthia preferred the internal expression of faith, seeking a quieter, private experience of devotion. This description created a way of understanding their differences that they could share. Sharing the meaning of conflict facilitates the life-long endeavor of making room for the other without abandoning the self.

Weingarten (1992) proposes that it is the communication of shared meaning which fosters intimacy. Intimate interactions occur when meaning is co-created or coordinated, whereas non-intimate interactions occur when meaning is rejected, imposed, or misunderstood. Non-intimate interactions, for example, often involve issues of power and gender; they tend to privilege one person's experience at the expense of marginalizing the other's. The tendency to impose meaning on others and thus reduce the possibility of *shared*

meaning is often a problem that men bring to interpersonal interactions. If a man imposes his experience on his female partner by indicating, for example, that she is being irrational and not to be taken seriously, he is leaving her out of the process of co-creating meaning and a non-intimate interaction will result.   His partner may not only feel distanced by this interaction, but degraded as well. Women bring their own characteristic problem to the building of shared meaning, which is the propensity to confuse their own meanings with those of others. For example, if a woman regularly defers to her partner's needs and is inattentive to her own, this too can result in a lack of shared meaning and a non-intimate interaction because the woman has left *herself* out. Subjugating oneself is also a degrading experience.

The negotiation of meaning, adjusting and expanding each member's view of the problem to in some way include the other's perspective, is a vital component of constructive conflict. Destructive conflict forecloses such reciprocal influence. The alienation of an embattled couple, the sense of being cut off by the other, isolated and misunderstood, escalates conflict. Therapeutic approaches that diminish unwanted separation by recognizing the meaningfulness of each member's

experience, build the sense of relational safety that supports increased self-awareness and personal accountability required for reconstructing the couple's damaged bond.

I'd like to tell a Buddhist story to further illuminate this point. Many years ago, during the life of the Buddha, a young child suddenly died. The mother of the child was beside herself with grief. She was so distraught that she refused to fully acknowledge what had happened and so continued to carry the child with her wherever she went. Soon someone sent her to the Buddha. She knew he was considered a great monk and teacher so she begged him to heal her child. He said that he would do what he could, but first she must bring him a mustard seed from every household in which there had never been a death. So she went from one home to the other throughout the village, asking for a mustard seed. But almost every household she came to had also experienced a death, so they could not give her the seed. She went to many homes, and talked with many people about the losses they had suffered and eventually the woman returned to the Buddha without the mustard seeds and asked him to help her bury her child.

This story is about many things. Obviously this is a story about profound loss and grief. But

I believe it is also a story about the healing force of connection, the connection we can feel through mutual recognition and the sharing of meaning. Even the unbearable is easier to bear if we know we are not isolated from other human beings. As Winnicott (1971) so elegantly put it: among human beings there is no such thing as separation, only the threat of separation. Mutual recognition and the sharing of meaning address that threat by restoring our experience of connection.

Racker (1968), a psychoanalytic theorist, writes quite poetically about the process of "remembering" his patients underlying need to be connected in a trusted, caring relationship: "Behind the negative transference lies simply thwarted love....[This knowledge] helps the analyst to respond with love to this possibility of loving, to this nucleus of the patient however deeply it be buried beneath hate and fear" (p. 159). What underlies a couple's hate and fear is also thwarted love. Reframing a couple's negative cycle of defensiveness by identifying the core wish to be connected helps the couple as well as the therapist respond differently and better to the "possibility of loving" buried beneath their interlocking vulnerabilities.

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