

Are You There for Me?

Understanding the Foundations of Couples Conflict

by Susan Johnson

On the first day of a clinical placement in my doctoral program during the early 1980s, I was assigned to a counseling center and told by the director that because of unexpected staffing problems, I'd be seeing 20 couples a week. I'd never done any couples therapy, but I did have considerable experience as a family and individual therapist with emotionally disturbed adolescents--a tough, challenging group of clients if ever there was one! So my first thought when given this new assignment was, "After what I've done, how hard can this be?" I plunged in and almost immediately was appalled by how hard it actually could be! People who seemed perfectly sane and reasonable often became totally unglued with their partners--enraged and aggressive or almost catatonically mute. I was in way over my head, with no idea what to do with these couples. I remember one wildly angry pair, whose fight escalated to the point that they threatened to kill each other in my office. What I didn't know at the time was that while I was trying to prevent a double homicide, the clinic's director and staff were poised on the other side of the door, debating about whether someone should come to the rescue. "Do you think she can handle it?" one whispered to another. At that moment, they all heard me break into the melee and shout at the top of my lungs, "Shut up, both of you!!" In the ensuing stunned silence, the director said to the worried assembly, "I think she'll be just fine." In spite of my complete befuddlement and frustration, I found the dramatic, intricate, baffling dances these pairs did with each other enthralling, and wanted to understand better what was going on. Clearly though, I needed some tool in my toolkit other than "Shut up!" if I wanted to make any headway with them. The drama enacted in front of me by a couple was so powerful, so emotionally compelling, and yet so complex and ultimately confusing, that I felt chronically lost. I desperately needed some sort of map that would help me make sense of what I was seeing. I remember one woman, who mostly communicated with her husband by screaming at him, sitting in my office one day describing in gruesome detail all the horrible things she was going to do to the husband's body as he lay asleep in bed that night. As usual, he ignored her completely, except to occasionally yell back, "You're absolutely crazy! You belong in a nuthouse!" Sometimes a wife would sob to her husband, "I love you, I love you--you have my heart in your hands." Then a minute later, she'd be screaming at him, "You bastard! I'll never let you touch me again!" Partners wept, made outrageous threats, and sat sunk in depression, all the while knowing perfectly well they were destroying their relationships, but unable to help themselves. I had no idea how to help them, either.

So I began a frantic search of all the books I could find on couples therapy and tried to put into practice some of what I learned. I read books by analysts about collusion, projective identification, and the need for insight. I read books by behaviorists, who defined marriage as a kind of bargain or exchange in which each partner sought to maximize profits and minimize losses. Couples needed to learn communication skills, these books said, so they could better negotiate with each other--so they could become better friends.

But my couples weren't impressed with any of this. They didn't care about insight, and even if they understood what they were doing to themselves and each other, they couldn't seem to stop. Their communication skills were generally just fine--with me--but they couldn't seem to access the skills with each other. They didn't want to talk calmly and rationally about money or sex or children, and doing communication exercises was just going through the motions and made them angrier. They certainly didn't seem ready to become "good friends." In fact, many of them would complain about exactly this. "We're just friends--roommates," they'd say when I asked them what was wrong.

Feeling stuck, I went back to what I had learned from Carl Rogers--particularly his belief in the importance of empathically understanding a client's emotional experience and reflecting it back in a way that orders and distills it. I also reconsidered Salvador Minuchin's insights about how family members engage in patterned cycles of interactions. I took home session tapes and studied them over and over, focusing on the process rather than the content--keeping my eye on the game the couples were playing rather than following the ball, the particular subject they were arguing about. As I watched and listened to all these couples, it became stunningly clear that they'd sought therapy because they were in a state of anguish and terror. Possibly the most important human relationship in their lives--with each other--was dying, and everything they did or tried to do just seemed to make it die faster.

When I quit trying to provide "insight" into my clients' problems or teach them skills, and, in good Rogerian fashion, just followed the emotional currents, reflecting back to them what I saw and heard, and helping them slow down enough to fully experience and explore their own feelings, I'd occasionally make progress. It seemed then that something shifted emotionally within the couple. New emotions would emerge; anger would give way to sadness or fear. For a moment, I could see and hear them tentatively begin to reconnect with each other, and sense the relationship quiver delicately back to life.

With one couple, for example, every time the man--who completely avoided

his wife and wouldn't sleep with her--tried, in a kind of embarrassed mumble, to justify himself, she'd respond, "That's ridiculous! You're just so incompetent!" After slowly helping them uncover and experience the emotions beneath their interaction, however, I noticed that he began to talk about his feelings in a different way--more openly, straightforwardly, without his usual awkward embarrassment. For the first time, he was really able to look at her, and say that it wasn't that he didn't care about her, but that he was so afraid of her rejection that he felt paralyzed. Again she responded "That's ridiculous," but her voice was softer, and as he repeated his message, she began to look at him with puzzlement--seeing something that had been invisible before. "I never knew you were afraid," she continued softly, looking him full in the face.

The look she had at that moment I now know well. I call it the "dog and recorder" look. It's named after the cocked-head and deeply nonplussed look my dog sported the first time he heard a human voice come out of a recording machine. Its best translated as: "What new thing under the sun is this?" I knew by that look that my dismissing client had begun to see her husband differently. It was moments like these, in which primary emotions were spoken clearly and pulled out new responses from a spouse, that seemed to make the difference in my sessions. What was going on here? I wondered.

Once when I was still pondering these issues, I went to a conference and got into an after-hours bar conversation with an eminent researcher in the field, who argued that getting and staying married was like entering and sticking to a bargain. I disagreed, saying, "The only time marriages are like a bargain is when the relationship is already as good as dead and all hope of intimacy is gone." Then I heard myself adding, almost without conscious thought, "Marriages aren't bargains. They're emotional bonds."

At that moment, it felt as if a door had suddenly opened in my mind and I could begin to truly see what was happening with my couples. I realized what should have been the most obvious truth of all: marriages were primarily about the emotional responsiveness that we call love; about fundamental human attachment. These bonds reflected deep primal survival needs for secure, intimate connection to irreplaceable others. These needs went from the cradle to the grave. How had we ever decided that adults were somehow self-sufficient?

I then began to be struck by how often the couples I saw talked about their relationships in life-and-death terms, as if they themselves were in danger of dying. Like mountain climbers suddenly caught on a narrow ledge in a stiff wind over a 2,000-foot drop, their thinking brains had effectively shut down--all that was left was raw emotion, mostly fear, and a frantic need to reestablish the safety of their connection, without the least idea of how to do it.

It seemed to me that what I needed to help these couples was what, paradoxically, couples therapy had always neglected: a systematic theory of adult love. But how could anybody even study such a nebulous concept? During the ,70s and even into the ,80s, in the halls of academic psychology, love was no more than a disreputable four-letter word, and the subject of “emotion” wasn’t regarded with any more favor. When I first considered getting a doctorate in clinical psychology, I remember telling the head of the department that I wanted to study emotion, the nature of human connection, and how people change in therapy. He looked at me and said flatly, “We don’t do any of that. We do measurements, personality, statistics.” So, I went into counseling psychology instead.

And yet, I wondered, if we didn’t have a theory of adult love and emotion, how could we truly understand what marriage was all about, let alone help couples make any real changes? Furthermore, even if we began to understand more about how love actually played out in marriage, what could we possibly do, as therapists, to bring it back into the process of therapy with troubled couples?

Relationships that Heal

Today, 20-odd years later, there’s been a seismic shift in the way we think about emotion, particularly love. The powerful attachment bonds we form with others are now bona fide subjects for scientific research in psychology, physical medicine, neurobiology, and sociology. We now know how important attachment is throughout the life span for mental and physical well-being.

The scientific evidence is overwhelming: research has shown unequivocally that people in secure relationships have better cardiovascular health, stronger immune systems, lower mortality rates from cancer, and less depression and anxiety, and that they face psychological trauma with more emotional resilience. Research tells us that social isolation is more dangerous for health than smoking or lack of exercise. And when the relationship with our partner becomes distressed, we’re likely to become clinically depressed, highly anxious, and more susceptible to physical illness. In short, those closest to us have a direct impact on our ability to regulate not only our own emotions, but our physiological processes.

We’ve also seen a virtual revolution in the way we treat couples. Once a kind of sideline to the main business of therapy--treating individuals and families--couples therapy focused primarily on getting partners to reduce their mutual bloodletting and achieve a reasonable degree of peaceful coexistence. Today we have a clear, coherent, researched theory of adult love, which provides

an extraordinarily informative map to guide us through the otherwise impenetrable wilderness of a couple's relationship. This map enables us to identify the significant emotional moments that define an ailing relationship and, even more important, create in therapy the moments that can redefine and transform a relationship.

In the course of this process, therapists and couples often experience shifts that seem almost magical. The power of attachment emotions and needs are such that even partners who've never known safe loving responsiveness from others, or have been violated by those they depended on, will still risk reaching out for care. And even if partners see their lover as scared and vulnerable, they can access a protective empathy that even they didn't know they possessed. But it took us a while to figure out how to create a step-by-step approach, so that we could predictably lead people into these moments of profound shifting with each other.

Emotionally Focused Couple Therapy (EFT), the systemic, empirically supported model of therapy I've developed during the past 20 years, allows us to understand what happens at these key moments of change and make these moments happen. We know how to bring about specific, highly emotional interactions between partners that predictably result in moments of deep bonding between them--bonding that lasts. This means that we can not only heal relationships: we can create relationships that heal. When we help forge new, loving connections between partners, we've found that the clinical depression or anxiety in one or both partners lifts.

EFT work is preeminently a therapy of key moments. Marital therapist and researcher John Gottman argues that marital satisfaction depends on a higher ratio of positive to negative emotional incidents between the spouses. But I believe it isn't the quantity of positive interactions and negative interactions that defines the relationship, but the quality of certain moments, which themselves may seem incidental and relatively unimportant, that reveals the status of the entire relationship. Critical key moments define a failing relationship, and critical key moments can heal it.

Consider a couple who comes into my office for an early session, clearly distant and estranged from each other. As it turns out, he's usually the pursuer-blamer, and one of his tactics is to demand sex from his wife almost daily as "proof" that she really loves him. When she refuses, he gets angry, bangs about, and tells her she's "cold" and "unwomanly." This makes her feel inadequate and hopeless, so she defensively shuts herself down and shuts him out. She becomes the withdrawer-resister in the continual dance they do.

The previous night, the two of them had gone to a party. On the way, he'd brooded about the fact that she'd once again turned him down sexually. He noticed in the rearview mirror that his hair was thinning and that he was developing jowls. He didn't feel very good about himself when he got to the party, so he immediately went to the bar and had a few stiff belts to "calm himself down." Then he set out to find his wife and walked into another room, where he saw her engaged in an apparently intense conversation with an attractive man dressed in a beautifully cut suit and sporting a head of thick, glossy, black hair--"looking like a stupid male model from the front of Esquire. " He marched over to his wife and snarled, "Are you going to flirt and whore around all night with this idiot?" She replied coldly, "Yes, because he's so much more pleasant to talk to than you are." The husband stormed out and drove home by himself in a fury, and they hadn't spoken until they came to the session.

This is a classic defining moment in their marriage--a microcosm of the misery he feels and the resentment she feels. Unable to regulate or honestly express his fear of losing her, he turns to reactive rage, which elicits a response from her that confirms his anguish and fear. In therapy, I frame this event as an example of a critical moment of the couple's negative pattern. Then I slow the process down and help him focus on the event, second by second, including the initial cue--seeing his wife with the glossy-haired guy. What did he see when he looked across the room at his wife? What was his body saying? What was going through his mind? How did he feel?

At first, he doesn't have any answers. "I don't know what I saw exactly," he says. After a few minutes, though, he cops to feeling angry that his wife was wasting time talking to "that pretty boy." He recalls that his heart was beating fast, he was breathing hard, and his face felt hot. Then, slowly, as I softly repeat the questions, giving him cues--"Gosh, you said you remember breathing hard, you must have been upset"--I notice that his eyes are beginning to show signs of tears, and I mention it. "Those aren't tears," he says in annoyance, "my eyes are just watering!"

Gradually, he begins to focus on the memory and what was happening for him. "It was the way she was looking at him," he finally mutters. I follow up this cue. "Could you help me understand what you mean? What was it in the way she was looking at him that made you feel so bad?" Suddenly, his eyes brim over with tears and he says in a choked voice, "She doesn't look at me that way any more."

Eventually, we get to the heart of this defining moment: he saw his wife with the other man, his heart sped up, and he felt deep terror--the basic panic response wired into us at the threat of abandonment and isolation. He saw in a flash of agony that she was lost to him. But a second later, he'd bypassed those terrible feelings and flipped over into a secondary coping response of rage, which left

him feeling less frightened and insecure, and perhaps a bit more powerful.

What I see in this little tableau is separation protest. This man is, in fact, terrified that his wife doesn't love him--that he's losing the most vital human attachment in his life. He's reacting in the primal way that frightened, desperate human beings have reacted throughout the entire history of our species: he fights to get her back, becoming ever more aggressive, demanding, and angry. In a much less dramatic but entirely complementary way, she, too, acts out the kind of primal terror that afflicts human beings when their most precious connections are threatened. Of course, she doesn't see his tirades and insults as evidence that he wants and needs her; she experiences them as evidence of his contempt for her as a wife and woman. She feels not only rejected but deeply afraid that, one day, he'll simply leave her in disgust. Rather than engage him, she shuts down, withdraws, and assumes a posture of aloofness to prevent an escalation that'll end the marriage. It's a poor strategy, but like the freeze response of a terrified animal, it's an instinctive, immediate response to impending catastrophe.

Attachment Theory

All of this talk about broken attachment bonds and separation protest probably has a familiar ring to anybody who remembers from graduate school the pioneering work of British psychiatrist John Bowlby, the founding father of attachment theory. Most therapists know his basic premise: the human need to love and be loved is innate, physiologically determined, instinctual, and evolutionarily adaptive.

Bowlby and the attachment researchers who followed him demonstrated unambiguously that babies and young children who didn't get the dependable, trustworthy, attuned response they needed from their mothers became angry and aggressive in an apparent attempt to make the mother respond. Because disconnection, isolation, and loneliness are so unbearable, the children acted as if any response was better than no response--which, in these dire and traumatizing circumstances, is true: any response is better than no response. Children who learned that they couldn't get their attachment needs met finally gave up in despair, becoming apathetic and depressed, sometimes even appearing indifferent, though, in fact, their bodies showed measurable physiological signs of serious stress.

Bowlby's work profoundly influenced the way we think about child psychology. But he believed something that was ignored by psychologists for years: attachment behavior--the biologically based imperative of a young creature to seek and maintain an intimate connection with a dependable, accessible, respon-

sive other--stays with us for life.

After all these years of working with couples, I now understand that the heart of the matter, the central issue in the marriage, rarely concerns the content of a couple's arguments, but almost always concerns the strength and responsiveness of the attachment relationship they have. And the bottom-line test of that relationship is in the answer to a fundamental question each is, in essence, asking the other: Are you really there for me? Do I really matter to you enough that you'll put me first when it really counts--before your job, before your friends, even before your family? Partners in troubled relationships feel that on some basic level the answer to these questions is "no," or at best "maybe." All couples fight, but the fights that really define a relationship are always about the same thing: whether the partners feel they have a safe, secure connection with the other.

So my overriding goal in therapy with couples became to help them regain (and sometimes gain for the first time) a secure attachment bond with each other. But how would I go about this? I'd already tried conventional means--exploring their individual childhoods for clues about their attitudes toward love, teaching them what to expect in marriage, and trying to improve their communication skills--to little effect. Then I realized that if the basis of attachment was emotional cues and responses, than emotion would have to be the royal road to better, more secure marital attachment. Any successful approach would have to focus on helping clients experience, develop, and differentiate their own emotions in the here and now with their partners.

The importance of working with couples at the deepest emotional level can't be overemphasized. Emotional cues and responses are the music of the attachment dance, providing the tones, rhythms, and melodies that suffuse every interaction between partners, defining their relationship. If the underlying music remains a jarring, disturbing cacophony, no amount of skills training will ultimately heal their relationship.

It follows then that the therapist using an EFT approach mustn't be frightened of clients' extreme emotional upheaval, but must learn how to regulate and use it to create new interactions. The EFT therapist is neither a skills coach, nor a wise creator of insight into the past, nor a strategist employing paradox and problem prescription. Instead, we think of ourselves as collaborators with our clients, genuinely curious and fascinated by them, able to feel their sadness, fear, and rage, giving our all to imaginatively inhabit their emotional world. Sometimes I think the key to this kind of therapy is to remember something Bowlby himself believed: no matter how bizarre a person's behavior, it'll seem perfectly reasonable once you understand his or her attachment story.

I grew up in Britain as a pub-keeper's daughter. My mother had an expression for customers, and there were many, who seemed to go a little crazy after a few beers: "He's just having a funny five minutes." I think this kind of gentle tolerance provides a good model for a couples therapist faced with the inevitable, extreme responses people exhibit when facing what feels like the life-threatening loss of an irreplaceable relationship. In a sense, the therapist is almost a surrogate attachment figure, whom both partners can trust to guide them through the shoals of reactivity, risk, and the restoration of trust.

EFT in Action

If the failing marriage is defined by key bad moments, the goal of EFT therapy is to create in therapy key good moments--moments of intense emotional engagement between partners, which become major change events, with the power to transform their entire relationship. Getting the couple to the point at which they can engage in such key moments with each other doesn't happen instantly and easily, but it can happen dependably, even in marriages that might seem lost to all intervention.

The first major step is helping the partners tell their stories to the therapist, rather than to each other. This obviously requires that the therapist forge a bond of trust with each spouse. During this first part of therapy, as a couple grows to trust the therapist, they become more emotionally engaged with each other and begin to explore the fears, sadness, longing, and loneliness that lie beneath the often obnoxious and repellant behavior that fuels the negative cycle of their relationship. After about five sessions, my goal is to help each spouse understand that the "enemy" is the cycle itself, rather than the other person, and begin to "soften" toward the other. By this point, with any luck, they feel a little more hopeful, they've become somewhat gentler with each other, and they're ready for the next, huge step--talking to each other about deeper feelings and attachment needs.

It might be asked why, if the partners have already spilled the beans about their sadness, feelings of failure, and so forth to the therapist in front of the spouse, they must now turn to that spouse and tell him or her basically the same thing. It's because, while it reduces the mutual anger and resentment for one spouse to hear the other reveal such feelings to me, it's absolutely vital that the partners share them with each other--face to face. If a client tells the therapist how much he hurts as his wife stares at the floor, she may feel less angry and a little softer toward him, but nothing important will change. Only a direct emotional connection between the two--eye to eye, face to face--can begin to rebuild a genuine bond of emotional responsiveness between them.

Elvera and Samuel, a couple in their late thirties with two young children, came into therapy with me because both partners had been diagnosed with depression and, after years of individual psychoanalytic psychotherapy, had come to believe that perhaps their rather distant marriage might have something to do with it. Though they considered themselves “good friends,” they’d begun to wonder if this “friendship” was enough to sustain a marriage. Beneath their obvious decorum and restraint, I saw the anxiety and sadness in their eyes.

Highly educated and intellectual people, they’d been raised by severely religious and emotionally distant families in Europe. Samuel’s parents, who were wealthy and socially prominent, had left their son almost exclusively in the care of nannies and servants. Elvera had been raised to believe that a woman should be a modest helpmate to her husband, a responsible mother to her children, and a dignified figure in society. For her to have, much less admit to, sexual and emotional needs would have been considered entirely inappropriate and shameful by her family of origin.

When I inquired more closely about why they’d come to see me, Elvera dropped her bombshell: this couple was quite literally “out of touch” with each other--they hadn’t held hands, hugged, placed a companionable hand on the other’s arm, kissed, or had sex in more than four years. It was only after a good friend had told Elvera that it was really quite odd for a couple not to display any physical affection for each other that they’d come to see me.

With every couple, I try to intensify, crystallize, and heighten what I see as the key emotional issue. In this case, I started to talk about the distance and the loneliness in their marriage. We talked of the importance of touch for human beings--playful, loving, safe--and how vital it is for a marriage. I said that I had a vision of a good marriage, and it was one in which warm, loving touch, as well as verbal expressions of love and emotion (which they didn’t share, either), played a vital role.

When I began talking about touch and emotion, both partners became quiet and attentive. I’ve found almost invariably that if I can connect with people emotionally in the process of asking about their feelings, they’re fascinated and eager. They may find it scary, but they also love the fact that they’re being truly seen and felt. So I asked Elvera, as I was trying to evoke with each in turn the fundamental reality of his or her emotional experience, “Could you please help me understand? Could you tell me how you’re feeling as you say these things about your marriage?”

She answered flatly, “I don’t know what you mean.”

I replied, "When I listen to your voice, you sound calm, reasonable, and detached, but when I look into your face, I'm absolutely blown away by the sadness in your eyes."

At this point, she burst into tears. As it turned out, she'd originally been the "pursuer," demanding more affection from Samuel. When he wouldn't respond, she'd shut down and become increasingly distant and cool. Finally, she'd given up in despair.

After helping them reveal to me, one at a time over several sessions, the feelings beneath their carefully maintained detachment and begin to take small risks with each other, they were ready to turn to each other and, with some guidance from me, begin to talk directly about their deepest emotions. Having gradually put together, made sense of, and expressed their desperate loneliness and neediness to me, they could begin to reveal these feelings to each other.

I always encourage the more withdrawn partner to come out into the relationship first--this is part of the road map of the EFT process. Samuel had been able to piece together his despair at all the apparent rejections he'd experienced and how he'd numbed himself to hold onto his wife and his family. But now he couldn't bear the "emptiness" in the relationship, or tolerate the distance between them, he said to his wife. He wanted to learn how to be close, and he wanted Elvera to take that risk with him. His ability to listen to his emotions connected him with his attachment longings, and he was now emotionally present and reaching for his wife.

The moment in their therapy I remember best was when I pointed out that Elvera was caught between her longing for connection and her fear and shame. It was so hard for her to ask to be touched or held. At this point, she looked at her husband, obviously trembling, with tears in her eyes, and said, "Yes, I can't breathe right now, and I'm shaking. I'm so scared--I can't ask you to hold me." We explored the catastrophic fear she felt and she was able to tell him that one part of her was "sure" that she was too ugly and too difficult to love. If she asked him to hold her then, his face would show the disgust and rage that she deserved. At this point, she was able to put her ambivalence and fear into words, and at the same time, to weep with grief at her sense of loss. She'd never asked anyone to hold her--never.

I asked Samuel whether he could see his wife's desperation, and whether he could help her with her fear. He then looked into her eyes as she wept, put his hand out to her, and said, his voice full, "I've spent four years longing to touch

you, and I, too, have been so afraid. If you come to me, I'll be there. I want you so much. I don't want you to be afraid and alone." He then stood up and she reached for him.

We call this type of event, which is the culmination of a hundred little realizations, risks, and new perceptions, a softening. Once this occurs, both partners are accessible and responsive to each other. They can stay with their emotions, tolerate the other's protests and upsets, and formulate their own needs and put them out in an attuned way with their partner--a way that helps their partner respond. Once this occurs, a new safety and a new connection begin to blossom. The couple can do what securely attached partners and children can do in relationships: they can accept and articulate their attachment vulnerabilities; they can ask clearly for their needs to be met, rather than attack or withdraw; and they can take in another's love and comfort, and translate that love into a sense of confidence in themselves and in others.

Of course, EFT isn't the only therapy to encourage partners to talk about their feelings. But with EFT, therapists have a specific approach to help partners discover and engage with key attachment emotions, and to translate this process into compelling enactments that redefine the quality of emotional responsiveness in a relationship. Elvera had never walked around feeling her fear and shame before. She'd labeled these emotions from an emotional distance. She'd never really listened to them and heard their message about how much she needed reassurance and holding. She'd certainly never acted on the longing and grief that accompanied them.

When Samuel and Elvera left my office that day, I noticed from my window that they were walking to their car hand in hand. This is what I expected. These bonding moments are exquisitely reparative because they home in on the most painful and wounding issues in the marriage and, in doing so, heal them by creating new bonding events. Each partner emerges from such an event getting from the other precisely what he or she yearns for and needs most. What we see is that each partner is personally strengthened and empowered by this process, not only in his or her relationship, but in life in general.

Why It Works and When It Doesn't

It's sometimes asked why and how these relatively few moments of marital therapy can actually turn a relationship around after years of marital decline. I think that these critical moments are like laser beams, striking directly into powerful emotions wired into us for millions of years. In therapy, people find the concentrated, distilled experience of deep emotional bonding intoxicating, dramatic, and sufficiently intense to shift the entire relationship off its old

axis. The freedom each partner feels at not needing to defend him- or herself against the other, who has now become the source of utmost safety rather than danger, is exhilarating and life-changing. Real emotional connection is like a life-affirming drug for us all.

Of course, there are couples whose marriages just can't be saved by EFT. This method won't work if the therapist can't create a basic sense of safety in therapy for both partners. During the first session with one couple I remember vividly, the husband described his wife in words so full of contempt and hostility that they took my breath away. Over the course of several sessions, before I terminated therapy, I couldn't get him to see what he was doing to her, much less own up to it or stop doing it; nor could I get the wife to understand that his attitude might have something to do with her severe depression. Under these conditions, I couldn't risk drawing her into self-revelations that he'd only use to torture her further.

But even when EFT can't "save" the marriage, it can provide substantial benefits to the marital partners. Late one hot Friday afternoon, a tall woman strode into my office ahead of her wispy-looking husband, fairly yelled at me that I was the eighth therapist they'd tried, and then, pounding on my desk for emphasis, announced that she'd left her whole family in another country and ruined her life to marry a man who was proving to be a terrible husband. He didn't love her, didn't pay any attention to her, didn't care whether she lived or died. Both in their fifties and never married, they'd recently met on a cruise, and married almost on a whim. He, a longstanding bachelor who liked chess, computers, and bird-watching, had fallen into marriage with an emotionally volatile woman who terrified him. He said nothing during her long tirade, but when I looked into his eyes, I saw his mute cry, "Help me!"

At the end of the session, the wife told me that a few nights previously, she'd said to him that, having realized how hopeless both her marriage and her life were, her only course was to commit suicide. Whereupon, she'd gotten a rope, gone down to the basement, thrown the rope over a beam, put the noose around her neck, and made noises as if she were hanging herself. While doing this, she'd timed him to see just how long it would take him to come "save" her. It took him a full six minutes to make it down the stairs. She, of course, wasn't dead; on the contrary, she was very much alive and in a state of near-psychotic rage.

This first session with them wasn't my finest hour. It'd been a long week, I was tired and hot, and as she shrieked and banged on my furniture, I found myself mentally thumbing through possible DSM diagnoses and wondering why I'd taken up this line of work. That evening, over a drink (when EFT fails, I turn

to gin), I berated myself for not responding with the kind of empathy and compassion my own model demands, and vowed that the next time I saw the couple, I'd do better.

When the couple came in the following week, I said I felt I hadn't really heard them last time, and I was sure they'd picked up on that. "I just remember," I said, "a story about a strange-sounding drama that might have had to do with testing a spouse, and I didn't know what to make of it. Could you help me understand?" To the woman, I added, "I think perhaps you were telling me that you were doing something that took incredible courage--courage I don't think I'd have had under the circumstances. Really, it sounds to me as if, in your actions, you were framing a vital question to your husband: "If I were dying, would you come to me?"

The woman began to cry and said, "Yes, that's what I was doing." She wept for about 20 minutes, dried her eyes, and then said sadly, "I know he can't be my husband. He's a good man, really, but he's not ready to be anybody's husband. I just can't find a way to accept that. And I needed somebody to hear me."

In a sense, this is the fundamental story of our lives--we all need someone to really see us, to hear us, and to be there for us when it really matters. When we can't make sense of our own experience, we desperately want somebody who can make sense of it for us. In good, secure relationships, we get all this from our mates, or some other beloved figure, and it saves our lives. But when we've lost those connections, the power of a therapist to offer validation--to be the eyes and ears and receptive heart for the deepest emotional yearning of each partner--can help them learn how to do the same for each other. To be seen and affirmed, by the therapist and by one's partner, is often a life-transforming event. It's the corrective emotional experience that we were all once taught was the heart and soul of change in psychotherapy.

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