

Intimate Notes

Therapists who regularly treat marriages or other strife-filled interpersonal pairings are often faced in the first session by two individuals whose discomforts are complex and whose motivations for consulting the therapist are no less difficult to fathom. Each couples therapist has devised strategies for unraveling such complexity. Here is one, securely based in affect and script theory, that I have found useful:

It is in Volume I of AIC that Tomkins presents his concept of the general Image present in the central nervous system of all humans. The Image is a blueprint for human motivation that in some sense draws together from his general theory all of the complex dynamics of the nine innate affects, their stimulus conditions, their evolutionary utility, and more, into an operational definition of this system. According to Tomkins, the fact that we live with an affect system requires that we follow a blueprint with these four features: "1) Positive affect should be maximized; 2) Negative affect should be minimized; 3) Affect inhibition should be minimized; 4) Power to maximize positive affect, to minimize negative affect, to minimize affect inhibition should be maximized" (AIC p 328).

As I examined this blueprint for individual motivation, it occurred to me that interpersonal relationships should follow a similar path. I felt that a healthy relationship would be one in which the two people are able to 1) maximize the positive affect between them by engaging regularly in mutually interesting and enjoyable activities; 2) minimize negative affect by learning appropriate, constructive ways of handling anger, mutually satisfying ways of sharing and lessening distress, and developing other means by which fearful, shaming, disgusting, and dissimelling interactions would be minimized; 3) minimize the inhibition of affect by learning to communicate their inmost feelings to one another without fear of being shamed or misunderstood by the other; 4) maximize their learning of techniques within the relationship to carry out 1-3 above. When, a year or so before his death, I shared my thinking about this with Silvan, he confirmed that he, too, saw the applicability of his central blueprint to the interpersonal field. I am indebted to him for helping me polish my initial interventions with couples.

As I listen to the members of the couple describe their problems and what brought them to therapy, I find it useful to pay careful attention to where their relationship fits with respect to the four elements of Tomkins's blueprint. Naturally, I expect that they would not be consulting me unless they had significant trouble minimizing negative affect, for who comes to us because of too much happiness? And experience has taught me that most couples have already tried to reduce their discomfort by minimizing the inhibition of affective expression, as if suppression of a problem were the same as resolution. For instance, such people are usually angry at one another quite frequently, or very distant and fearful of sharing with the other anything that would make them feel too vulnerable—in other words they hide their feelings. Both of these problems yield quite easily to joint therapy. However, it is when I sense that the couple has neither the ability nor the willingness to attempt to maximize positive affect that I despair the most for their ability to work anything out in therapy.

Recently I was consulted by two couples with precisely this constellation of difficulties. The first had been married for eighteen years and made it clear that they had experienced difficulties in communication and closeness from the beginning of their relationship. She had recently sought therapy for recurrent depression and this had initiated some changes between them that had increased the amount of negative affect each experienced in the marriage. (Although we no longer accept the older hypothesis that "depression is

anger turned inward" simply because, as Nathanson has shown, "internalized anger" is nothing more than a weak description of shame as a withdrawal script, it is true that antidepressants will allow many people to shift to an attack-other script and allow themselves to be angry at their partners.) Experienced and skillful academicians, in the first session each quietly and carefully detailed the flaws of the other.

After a bit, I intervened and blocked this subtle form of the failure to minimize negative affect by asking them when they had last done something together for the sole purpose of enjoying one another. It had literally been years since they had done anything that met this description. So I piqued their intellectual curiosity by outlining to them some of the aspects of affect theory, including the necessity of maximizing positive affect. At first they resisted by doing nothing new the first week or two. But then they went out together. In the very next session I noticed that they had begun to banter with one another in my presence and that the banter had a very playful quality even though its content often involved problem areas.

The more this couple bantered, the more they enacted a process that stimulated interest-excitement and enjoyment-joy between them, and the more I saw them back off from the issues about the other to which they were clinging angrily when I first met them. As this has happened, I have sensed a greater ability and willingness for each to be vulnerable to the other. Slowly, each is beginning to address his or her own feelings directly without needing to attack the other when feeling badly. I think they now have a chance to develop the interpersonal skills that were so lacking in both when they first married.

They present a direct contrast with the second couple, who were unable to follow my directive concerning positive affect maximization. They agreed with my appraisal that their relationship was utterly lacking in resilience because they were having no mutually satisfying experiences of positive affect. And even though they agreed (at my direction) to stop trying to resolve any of their content issues (a stopgap measure I often use early in treatment to lower the level of negative affect) they made no active attempt to initiate activities of a positive nature. I challenged them about this in the third session by asking each whether this meant that they felt no positive spark for the other. Even though they were both able to describe desirable and significantly positive traits in the other, the wife admitted that she had had no such spark (no interest-excitement) for him for several years. In fact, she had for several years sought excitement outside of the marriage. It became clear to them that it was time for them to confront the reality of their situation. So much had they changed in the 23 years since their marriage at 19 that it was time to accept that she had fallen out of love with him and that they were beating a dead horse by continuing to battle and blame one another. The battle was a result of trying to hide from the pain that each was rightly experiencing over her loss of love for him. Their anger immediately dissipated and they began to feel appropriate anguish for the loss of the relationship. Soon they were gently discussing plans for a separation, and I felt a sense of relief in both.

In both of these cases, my focus on the blueprint suggested by Tomkins allowed me to see past a flood of negative affect and the "reasons" associated with it. By actively redirecting each couple to search for positive affect in the ways characteristic for them, I was able to assist the process of letting go of their "issues" long enough to be able to examine in the presence of each other their more vulnerable feelings about the relationship. This permitted each a clearer perspective on their hopes and desires for their marriage. During any therapeutic encounter we are required to listen and work on many levels at the same time. Awareness of innate affect, of affect dynamics, of the general Image, and of the importance to intimacy of these affective realities can increase our therapeutic effectiveness greatly.