



i n t h e t h e r a p y r o o m

Helping Couples Get the Love They Want

By Maya Kollman

Deb and Sarah had been together for 13 years when they attended a workshop for same-sex couples I was leading. Two months after the workshop, they began seeing me for couples therapy. In their fifties, both women had acknowledged their alcoholism and entered Alcoholics Anonymous (AA) two years before they attended the workshop. At the same time, each had begun individual therapy; Sarah, to figure out why she was having repeated affairs, and Deb to figure out why she felt so depressed and withdrawn. As Deb examined her childhood history, she began to remember having been sexually abused. Sarah, in her therapy, started to look at the physical and emotional abuse in her childhood. As they maintained their sobriety and worked on these early, buried wounds, the women became more disconnected from each other and increasingly discouraged about their relationship. Deb felt herself shutting down emotionally and sexually, while Sarah was often angry and explosive. Deb couldn't stand Sarah's temper and shut down even more, which made Sarah rage even more at what she perceived as Deb's iciness and dispassion. Both women felt confused. How could a relationship that had been fun before they got sober be so full of conflict now that they were attending AA meetings and in individual therapy?

The workshop I was teaching was called *Getting the Love You Want*, based on therapist Harville Hendrix's book of the same title. After seeing him on the *Oprah Winfrey Show* in the late 1980s, I immediately called his institute in New York and found out how to become a trainer in his technique. I have been using his techniques for the past 8 years with same-sex couples, and training other lesbian and gay therapists in this model. Hendrix's model is called

Imago Relationship Therapy. One of the premises of his theory is that instead of seeing incompatibility as a reason for dissolving the relationship, it is a sign that we are in the right place for healing and growth. Another premise is that we will only be attracted to someone who matches our image of what someone who loves us will be

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like, an image that is created through all the different interactions we had with our caretakers in childhood. We call this image our Imago (the Latin word for "image"). Our Imago match will have some of the positive and some of the negative characteristics of our early caretakers. Therefore, he or she will have the unique oppor-

tunity to recreate in some way the emotional environment of our childhood—not so we can be stuck there, but so we can meet those challenges with the power of being an adult, and come to a healing outcome.

Sarah and Deb certainly fit the Imago model. They had been instantly drawn to each other, and told each other, "I can't remember a time when I didn't know you. I feel so whole and complete when we are together." Sarah's mother had been cold, rejecting, unaffectionate and never touched her or held her. Her father would fly into unpredictable rages and physically abuse her. Deb's father sexually abused her, was an alcoholic and womanizer. When the women fell in love, their conscious minds were thinking, "humor, warmth, loving," but their unconscious minds were jumping up and down shouting, "Mommy! Daddy! Home!"

It may seem depressing and fatalistic at first glance, but actually Imago theory is optimistic: if we didn't fall in love with someone who caused us to revisit our childhood pain, we wouldn't have a chance to move through it and heal. Sarah had to learn to give up her raging and make it safe for Deb to connect with her, and Deb needed to learn to talk to Sarah instead of shutting down. But when they arrived at the workshop, it was with a fading sense that the relationship was worth fighting for. They knew a workshop alone would not "fix" the problem, but they needed some inspiration, a way to believe that breaking up wasn't the only option left.

There is one skill in the Imago model, called the intentional dialogue. The three parts of this skill include mirroring, validation and empathy. The intentional dialogue is a structured way of

Continued on page 25

communicating that helps couples break their bad communication habits, such as interrupting, finishing each other's sentences, walking away or being critical. Sarah went first. She said, "It's hard for me when you don't want to be touched. I feel so rejected and lonely. I'm scared you'll never want to be close again." Deb listened attentively, putting her own reality aside for the moment, and reflected back what Sarah was saying without analysis or interpretation. When Sarah was finished, Deb moved into validation. "It makes sense that you would feel rejected when I don't want to touch you, and you would be lonely, and scared that I will never want you to touch me again." Validation is not agreement, but rather saying, "I am willing to climb into your head and look at the world through your eyes so I can get a sense of your experience, even though it might be different than mine."

After validating Deb, Sarah was able to move into empathy, saying, "When I pull away from you, I imagine you might feel angry and afraid." Where validation pays attention to the content making sense, empathy talks about feelings. Once the receiver has mirrored validated and empathized, partners switch positions. When it was Deb's turn to send, she talked about living in dread of Sarah's unpredictable rage and feeling that her best protection was to shrink herself. Sarah went through the three-stage process, and then they switched again. The intentional dialogue is like a back-and-forth dance that couples learn so that they can get to the heart of the pain and start to move out of it. Sarah and Deb, who began the workshop in an adversarial stance, shifted to a supportive and open stance with each other. This technique has particular relevance for gay and lesbian couples who do not get the mirroring they need from the mainstream culture. Deb and Sarah both said this was the first time in their entire lives they felt heard. I sat with them in the hallway during the workshop as the two practiced this skill together, and watched their excitement and compassion for each other grow. In therapy with them later, we used this skill in every session to create a safe space for each to say things they had never told the other before.

In the Imago model, the intentional dialogue skill is applied to four processes. The first is *restructuring frustration*. Hidden in the frustrations that occur in the relationship are two

important pieces of information. For the person who is frustrated, the piece of information is about an unmet need from childhood that is continuing to go unmet in the current adult relationship. For the person who is doing the frustrating, there is information about the undeveloped part of his or her self. When the person who is doing the frustrating stretches to give the partner what he or she most needs, the frustrator begins to develop that part and become more whole.

In therapy with me, Sarah realized that her frustration with Deb withholding touch was related to having had a mother who never held her—in fact, usually pushed her away—and Deb realized she had never developed the skill to comfort someone physically because she had never been comforted in her childhood. Sarah then asked for three Behavior Change Requests—all positive, measurable and specific. It was Deb's job to choose one of those requests—the one she knew she could do that would stretch her but not break her. The three requests were (1) Deb would say once a day for the next week that she wanted to become more sexual in the future; (2) Deb would hold her once a day for five minutes; and (3) Deb would call her every day and ask how she was doing. Deb, understanding much more clearly than ever before the source of Sarah's pain, was moved by compassion to grant Sarah's request that once a day she would let her know that she would like to become more sexual in the future. Sarah experienced Deb's choice as a real gift, having a better understanding of how difficult this was for Deb because of Deb's conflicted feelings, as a survivor of abuse, about being sexual.

The second process, *re-imagining*, helps partners to imagine each other as both wounded and magnificent. Understanding childhood wounds means being able to stop personalizing complaints the other is voicing, to understand what part has to do with us and what part has to do with an unmet childhood need. Sarah and Deb re-imagined each other as survivors who created brilliant defense mechanisms to get to where they were. Sarah began to see how Deb not being sexual now was not about her at all, but about her painful past. The hurt and anger dissipated and she felt loving and protective of Deb. Deb could understand now why her lover lashed out and needed to rage, and wanted to reach out and help her, not push her away.

Once the women arrived at this profound

understanding and acceptance of each other, we moved into a third process, called *re-romanticizing*. I encouraged them to remember their courtship, why they fell in love, what they wanted to preserve and nurture in their relationship. It is important to spend time focusing on the small behaviors that make each partner feel loved—Sarah bringing Deb a cup of coffee on Sunday morning; Deb always calling Sarah at bedtime when she was away on a business trip. I gave them assignments to consciously plan fun

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things to do together and to make the time for activities that made them feel close. As they worked on their closeness, the women also scheduled appointments with me to talk to each other about specific, difficult issues. They learned to use the energy from the positive to push through their conflicts.

The final Imago process is called *re-visioning*. Many gay and lesbian couples think only of day-to-day survival and have forgotten how to dream together, but studies of successful couples show that having common goals and dreams contributes to success. I have found that even the most polarized couples often share a common vision of what they want the relationship to be. Sarah and Deb wanted to feel safe and respected, and also joyful and close. They both discovered

they wanted to move to the country and have more animals and a garden. They both longed to adopt or raise a foster child, dreams they had never shared with each other before.

They stayed in therapy with me for the next two years, with many ups and downs. They discovered that they didn't know how to handle conflict. Before AA, they would drink to avoid the conflict, and they never made love sober. After they got into the program, they managed the conflict by freezing and raging, and managed their sexuality by cutting it off. I was in close contact with each woman's individual therapist so we could make sure we were all supporting the women's movement in the same direction. Slowly, physical—although not yet sexual—contact came back into the relationship and warmed up their lives, and there were fewer rages. As we approached the end of the second year, Deb and Sarah reported feeling closer than they had in years, and they had decided to take on the challenge of loving each other. They decided to leave therapy and continue to work on their own.

Eight months later, Sarah called to tell me Deb had been diagnosed with the most deadly form of ovarian cancer. For the next two years, Deb was in and out of hospitals for surgery and chemotherapy. When these failed, she tried an array of alternative treatments. The couple used the dialogue to stay close and connected, but as each new treatment failed, the women became progressively depressed, and came back to therapy to deal with this new challenge. This time, Deb worked on the rage she felt at the unfairness of her life coming to an end, at the childhood abuse that had sapped so much energy. Sarah supported Deb emotionally and also financially.

Nearly bankrupt from medical bills, the women sold off most of their possessions. In the midst of this chaos, Deb decided to give Sarah a gift. She recreated the scenario of their first date, setting up the dining room to be the restaurant where they had first met, ending the evening with an erotic sexual experience—the first in 8 years. Eventually, Deb couldn't fight the disease any more. In one of her final moments of lucidity, she looked at Sarah and said, "Thank you for loving me so good." Not long after, she let go and died.

The Imago process is particularly useful for our community because same-sex couples, who experience all the same typical ups and downs as opposite-sex couples, are expected to cope with these challenges without the same ample support systems straights have. Often, they feel isolated, as if they are adrift on a desert island. Teaching them the Imago model is like offering these castaways the tools they need to build a paradise of connection.

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