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## THE JUSTICE OF INTIMACY

### BEYOND THE GOLDEN RULE

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*Abstract:* I find that the process of couples therapy is marked by frequent judgments and accusations regarding “fairness” and “justice,” reflecting our cultural belief in the principle of the golden rule. Personification of self as autonomous, emphasized by Sullivan and underlined by a particularly American emphasis on individual independence, reinforces the couple’s salient emphasis on responsibility and moral behavior. However, a preoccupation with “fairness” often masks anxiety about the extent to which we are vulnerable to need and influence in intimate relationships, and to profound difficulties in connecting to another. A therapist can help expand the couple’s relationship discourse, while recognizing the complexity of value implications in moving beyond the frame of the golden rule. This expansion is viewed through the lens of psychoanalytic, systemic, and attachment theory. I illustrate my thinking with a brief clinical vignette.

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IN MY WORK WITH COUPLES I have become acutely aware of how frequently relationship talk is coded in ethical and moral judgments and claims. “I’ve done everything for him, for nothing,” indicates exploitation., “She’s too critical!” implies an imbalance in acceptance, or forgiveness. “I used to accommodate to everything he wanted, until I became my own person,” suggests selfishness.

These judgments, though often offensive to partners, are nevertheless readily familiar and accessible to them. The charges arise from our consensual moral frame, a belief in fairness and equity, best represented by the golden rule. “Treat others only in ways that you’re willing to be treated in the same situation.” The roots of this moral credo, I think, are fundamentally religious as well as pragmatic, and Americans excel at pragmatism. In its worst manifestation, this “rule” functions as a kind of commodity exchange, that is, relationship connection as consumer product for which good value is sought. The currency of exchange in a couple’s life varies:

hands-on assistance, emotional attentiveness, and sexual consideration are often at issue. Sometimes one partner becomes convinced that heightened performance in a particular domain, like task execution, can compensate for a specified deprivation in another, such as emotional responsiveness. The clinical issue, however, is that a focus on equity is often a culturally coded defense against deeply felt deprivation, fear of personal erasure, and emotional risk-taking. Feminist theorists, challenging contractual ethics, view it as a male-oriented paradigm and have proposed other schemas of relationship bonding, such as Gilligan's (1982) ethic of care, and Ruddick's (1989) and Held's (1987) ethics based on maternal experience practice. My own experience with couples is that the language of justice often seems gendered, women more characteristically arguing for connection and men for behavioral fairness. I find, however, that for both men and women, the press for reciprocity and for equity is salient.

I do relate to the sense of injustice that partners bring to the work. The golden rule, however, functions axiomatically as a template of interpersonal experience that I find it difficult to elicit a full-bodied exploration of its meaning in a relationship. Directly challenging the premise of equity tends to arouse anxiety and often leads to even more intellectualized dispute. What's more, in their pursuit of ethical parity, couples often cast me in the position of adjudicator and mediator. Will my decision favor one or the other? Will I at least accept the mantle of jurisprudence so that they can feel located in a familiar cultural milieu?

Rather than focusing on fairness and justice, I try to capture moment-to-moment interactions and the ways partners have come to share a cyclical psychic reality. My hope is that we will come to see a focus on equity as just one language of relationship, one that often defends against intimacy and attachment. I indicate later in this paper how new work in attachment theory as applied to adult relationships can inform our understanding of how intimate bonding can be deepened. As Clulow (2001) notes, "[P]artnership can, in itself, function as a secure base by providing a social and psychological 'skin' of accrued experience, unconscious assumption and external support that holds the partners through testing times" (p. 88).

Long-term relationships were indeed contractual until very recently. Historically, marriage was viewed as an institutional agreement with codified divisions of labor in the service of procreating, and managing an adult life. Today we view long-term bonding as the meeting of soul mates, a union that promises gratification in every major domain of experience. It

is only in infancy, however, that we experience unconditional love and devotion—if we are developmentally fortunate. Perhaps challenging the principle of equity seems regressive to partners; perhaps it evokes a fear of acute dependency and unrequited longing. The parsimony of the contractual seems to quiet such disordered possibilities.

In drama we entertain subverting the contractual frame. Linda Loman, in *Death of a Salesman* (Miller, 1949), is confronted by her son Biff, who says his father always “wiped the floor” with her and who has personally witnessed Willy’s on-the-road affairs. She replies, “He’s not the finest character that ever lived. But he’s a human being, and a terrible thing is happening to him. So attention must be paid” (p. 56). In our offices, however, partners are not so generous with each other; they hold each other to abstracted standards. One woman I see said to her female partner recently, “I’m a protagonist, but I don’t want to be in your play.”

### The Coconstruction of Responsibility

Thus although partners organize the ineffable complexities of their shared life in terms of justice and personal responsibility, my work with them leads, I always hope, to a decentering of individual self-definition and responsibility. Why? Because I believe that what is unformulated (Stern, 1997) in intimate life is what Spezzano (1995) designated “minds in interaction.” I think that in intimate relationships, influence and action often cannot be separated, that partners act and react to each other in patterns that take on a life of their own. There are theoretical foundations for this premise. First and rarely credited is Sullivan’s (1950) innovative perspective that the self is social, that “every human being has as many personalities as he has interpersonal relations” (p. 221). Mitchell’s (1993) dialectic of the multiple versus discontinuous self and Bromberg’s (1998) delineation of multiple self-states sheltered by an illusion of cohesive personal identity have developed and enriched the radical departure from a one-person psychology. Particularly relevant is Benjamin’s (1988) intersubjective schema, in which the experience of independence is paradoxically dependent on recognition by the other. This innovative theorizing in psychoanalysis is maximized in couples treatment. Couples therapy functions as the premier intersubjective laboratory. It is by entering into embeddedness, facing how one is truly seen by a significant other or how one’s unacknowledged anxieties have blanketed a whole relationship, that paradoxically, brings clarity to individual awareness.

Partners who bond together through the vicissitudes of daily life become attuned, if not riveted, to each other's body language, mood states, and nonverbal messages. Empirical data substantiates the out-of-awareness cueing of partners. Data garnered by Beebe and Lachmann (1998), indexing the nonverbal matching behavior of partners, indicate that partners induce similar affective and subjective states through facial expression alone. Neuroscientists are physiologically locating this phenomenon through the action of mirror neurons. As Stern (2004) notes, mirror neurons lie adjacent to motor neurons and enable us to "experience the other *as if* we were executing the same action, feeling the same emotion, making the same vocalization, or being touched as they are being touched" (p. 79).

The clinical issue is not one of merging or lack of differentiation. In fact, it is just the opposite. People who are distressed in relationships and enter couples therapy often cannot experience, as one of their multiple selves, a self deeply bound and ultimately comingled with another. I think that one of the challenges for psychoanalysts in couples work is to recognize that, within the triadic treatment structure, the emotional connection between the partners is the most intense connection in the room. Transference and countertransference exploration can clarify the contours of that connection. However, exploration involving the therapist can also serve to defend against the recognition of partner interpenetration and bonding. Moreover, transference and countertransference awareness is constrained by the necessary limits to "knowing" an individual in couples therapy. Isn't it an illusion to think we ever really hear an individual's story in couples therapy? From a constructivist perspective, we know each partner only through the presence of the other, because everything said or revealed accommodates to the other's defenses. In couples therapy, everything we hear is an interlocking narrative.

### Cultural Embeddedness

In Western culture, deconstructing autonomous selfhood evokes anxiety (Gerson, 2001). I think that Sullivan's (1950) concept of the personified self is very useful here. Sullivan argued that our "illusion" of uniqueness is precisely what prevents us from curing ourselves of our neuroses. According to Sullivan, we construct an image of ourselves that is positive in coloration and that becomes fixed in our consciousness. This self-representation buffers the anxiety of living, and of shame and deprivation.

Once delineated, our self-personification remains impervious to interpersonal feedback, largely through the operation of selective inattention. We discredit contradictory reflections from others. To maintain this sense of self, we sometimes project unwanted characteristics onto a partner, even compelling the harboring of such unwanted impulses and feelings through the process of projective identification (Ogden, 1979). Self-personification, though, does not always involve projection. Instead, self-representation often encourages discourses of self-justification and personal virtue. Sullivan's concept of personification is buttressed by Damasio's (1999) neuropsychological perspective on the difference between the autobiographical self—essentially how the story of self is internally coded—and the more fluid core self, which processes emotional experience in the here-and-now. I have come to realize how much the personified self is fueled and refueled in the moral domain.

Autonomous self-representation is part of an American cultural tradition. As Bellah et al. (1985) note, the traditional American emphasis on individual self-reliance has now been wedded to a newer press toward individual self-definition: "The American understanding of the autonomy of the self places the burden of one's own deepest self-definitions on one's own individual choice" (p. 64). Individual partners generally insist on assessing their own virtue, as if opening up the self-system in the interpersonal field would compromise individual self-expression.

When I work with patients individually and talk about intimate relationships, I find that they can sometimes imagine a reach beyond the "fair" and contractual, although this stretching often springs back once the significant other appears. A patient of mine complains repeatedly of her boyfriend's disinclination to accompany her to special family events. When she confronts him with her disappointment, he says, "I'm not you; if you want that, you've got the wrong person." "He thinks I'm promoting equality," she says. I ask her, "What is his model of giving in a relationship?" This question surprises her, makes her think. "He's more protective lately . . . [a long silence] . . . but you know he's very needy. I like that . . . I chose him for that . . ." "Can you get your needs met by a needy person?" I ask. She smiles; she is a psychologically imaginative person. "He needs me, that's what's great."

This is a complex conversation about equity, beyond the explicitly contractual. This patient has come to trust my staying engaged with her, probably partly because we have talked about her considerable need for solicitousness and focused attention, as well as my various responses to

this need. My engagement and support allow her to muse about novel and expanded relationship possibilities. Her boyfriend, on the other hand, provides no such reassurance of engagement with her.. In fact he seems to deal with the press of her needs by evoking a discourse of parity. Their interactions become adversarial.

### Semantics and Pragmatics

Removed from the heat of exchange, I can hear the press of wishes behind strident judgments and self-justifications, but partners usually cannot. Here we enter into the domain of linguistics and the distinction between pragmatics and semantics, well delineated by Watzlawick, Beavin, and Jackson (1967). Significant others talk to each other about feelings and ideas, in well-polished semantic form. But they are often using this content pragmatically to exert relationship influence. "I've done everything for him for nothing" semantically designates exploitation; it pragmatically begs for caring. Partners generally resist exposing the need behind their critique, and if they do open up, the exposure is often ephemeral. The challenge and special opportunity of couples therapy is to provide an arena in which pragmatic and semantic meaning is juxtaposed. What a person says about his relational style and commitment becomes transparently enacted in couples treatment. I often think of the *New Yorker* cartoon in which a man earnestly assures his paramour, "I may not change, Edith, but I can pretend to change." Not when they're in therapy together.

I join the couple in using the language of justice, which is generally coded in redundant accusations of mistreatment and disregard. But I try to loosen the overwrought redundancy by introducing complexity, or at least, some modicum of novelty so that new experience can emerge. I saw a couple who had had a very barren sex life for a long time; the wife was desperate, partially because of her husband's passive and self-deprecating response to the problem. She hurled insults at him and to justify her own verbal acidity described a humiliating experience several years ago when she had seductively greeted him at the door after a business trip's hiatus, only to have him passionately inquire about dinner's availability. My asking him if he knew how cruel he had been took him aback; his rigid self-representation was disequibrated. This man thought of himself as inadequate, not hurtful. That was not a moment of my ascending to the

bench and delivering a judgment. It was within the language of morality, comfortable to each of them, that I could challenge his ironclad self-personification as bewildered and passive. Describing his response to her as “cruel” most vividly captured his covert but disavowed active participation in the marriage.

Recently, a young wife complained about her husband’s insensitivity to her bronchitis, its sequelae of sleep deprivation and effects on her mood, which was growing darker and darker. “But darling,” he, a master of self-justification, said, “I asked you if you wanted water. I brought you a pillow.” She started to fume. Inciting her rage was his insistence that everything he had done was selfless. She is a woman who was emotionally neglected in her early life, and she does not believe that people are selfless. He grew up in a family that held discretion, not engagement, to be the most valued interpersonal behavior. Later on in the session, after I had encouraged him to think more about the 3 AM coughing, he was able to describe how totally unbearable it had been, how he had wished she would just shut up and leave him alone when she was uncomfortable. When he voiced these sentiments, she seemed relieved and said she felt closer to him. His virtuous self-description had inflamed her sense of being deprived and prevented her from realistically assessing just how much she could expect from him. In a sense, we upended the golden rule. It was the emergence of his selfishness, not his kindness, that enabled her to trust him.

### **Implicit Therapeutic Values**

My entertaining the possibility that the couple could move beyond the discourse of fairness and equity might be viewed as a value position in itself. Undoubtedly true. In a sense, I am suggesting that couples treatment embody a therapeutic vision of alternative possibilities, which Summers (2000) eloquently suggests is “a counterforce to the patient’s sense of temporal stagnation” in analytic treatment (p. 52). Moreover, I do not eschew questions of fairness, but, rather, I try to augment and balance these issues with other possibilities—a more variegated relationship spectrum. Couples who are unhappy are generally constricted and redundant in their discourse. They deliver the same charges and countercharges at each other. A new lens yields a different depth of field and focus.

I know that my participating in a relationship field in which character assassinations are flying back and forth, and my seeing these as patterns

of power or pursuit, not only feels uncomfortably relativistic at times, but also likely encourages me to attend selectively to some of my unacknowledged biases. I think that the ethical web of couples therapy is particularly intricate. Couples have often been joined by a "higher authority"—spiritual or civil—and expect the couples therapist to endorse dominant cultural values. Raising questions about dominant values, such as fidelity or financial responsibility, can seem not only nonempathic but disturbingly transgressive to an injured partner.

Our own clinical work is implicitly if not explicitly ethical. Hoffman (1998) notes that "psychoanalysis is inevitably a moral enterprise and that it behooves the analyst to include, within the analytic work itself, scrutiny of his or her own passive conformity to prevailing social expectations regarding what constitutes the good life" (p. 87). Richardson and Zeddies (2004) quote Friedman, who coined the term psychologism for the individual-centeredness of all psychotherapeutic theory. In couples treatment, there is one value that therapists universally endorse, and that is the value of relationship-making. I think if we are honest with ourselves, we believe in it, as life- and self-giving, however serially or multiply it is arranged.

### **Transformative Images: The Relevance of Attachment Theory**

There is a burgeoning literature on attachment theory and couples dynamics that supports the view that partners are inexorably linked in their ability to tolerate the anxiety of intimacy (Clulow, 2001; Johnson and Whiffen, 2003.). The focus of attachment theory-based couples therapy is the troubled relationship, not the individual partners. Attachment theory applied to couples treatment offers a bridge to self psychology theory in its focus on the other as selfobject. Though the selfobject need is universal, a need for a safe and secure base, specific restorative needs differ. That is, a wife may need her husband to step forward and be more present, and he may need her to be less attacking, but both initiatives are in pursuit of a more secure attachment. Not emphasized in the attachment literature, but persuasive to me, is that the more partners can realize how much they are shaped by each other and how much of their supposed "independent selves" is located in shared experience, the more deeply attached they feel.

Core approaches of systemic and psychoanalytic clinical process, such as the imaginative reach of metaphor, have been elaborated in the attach-



ment couples literature. The importance of metaphoric representation or an iconic image that the couple shares is related to the coding of attachment schema in procedural memory, in Bucci's (2001) terms, on a subsymbolic level. As she notes, "One cannot directly verbalize the subsymbolic components of the affective core. . . . The power of emotional expression is in the details, as poets know and as Freud also knew. The poet expresses emotional experience in concrete and specific metaphoric form . . . whose meaning sweeps and reverberates far beyond the event or image that is described" (pp. 51–52). I worked with a couple for some time that had been together for 10 years in a cycle of household disruption followed by reunion. As the treatment gathered momentum, Jack was more and more inclined to enter the session with a litany of "just" complaints, for example, that Amy was cold, and snide. Amy generally responded in elegant self-defense. After umpteens of these interactions, I asked them what it was about these positions that was so inviting, that is, Jack as public prosecutor and Amy as innocent defender. For me the metaphoric characterizations joined their psyches and their histories in many ways. Although their interactional behavior had made them feel embattled, the metaphor bound them in a psychological knot, for prosecutors indisputably need criminals, and vice versa. This couple returned after a year for some additional work and referenced the prosecutorial–defendant trope repeatedly in our first session.

Attachment couples therapists emphasize moment-to-moment interactions, the capturing of microintense interactions, a long-standing emphasis of systemic and psychoanalytic clinicians alike. Central to my work is what I call an *illuminated moment*, a moment in the life of a couple that is particularly intense and affect laden. We can posit it as an iconic image to be mused about and returned to, like a particularly telling dream in analytic work. One couple described a walk in the woods in which she was hoping he would notice her and he was passionately fixated on the mushrooms, though happy to have her by his side. The moment captured their disconnect. They took that walk again and again with me, rewinding it and rescripting it. These moments are not always particularly consequential, and couples often find my zooming in on them as trivializing more important, "dynamic" issues. On the contrary, as is true of our work, the devil is in the details.

Sue Johnson, emphasizing the importance of these moments in her model of emotionally focused therapy, cites Simpson and Rhodes, who state that the quality of a relationship tends to be "unduly influenced by

those occasions when one member of a couple is seriously distressed and the other member either provides psychological proximity or fails to do so" (p. 22). Partners often report devastating moments of disappointment and disconnection, but when these moments are invoked in session, they often potentiate new experience. I once saw a couple who opened the first interview with the wife's expressing despair at her husband's seemingly long-standing callous response to her breast cancer diagnosis. Within a short while, for the first time, he cried. These moments, although hardly universal in couples treatment, occur when the partners experience themselves not as controlling or justifying experience, but as profoundly sharing it.

### Clinical Vignette

I have been working with Jack and Sally for approximately six months. Both in their early 30s, they have come apart as young marrieds. The beginning of their relationship was pleasurable, but a series of catastrophic health issues that Jack had to deal with took their toll. The cost of these health crises was expectable—both felt depleted and mourned the loss of spontaneity, romance, and shared companionship. The health crisis, however, also resulted in unique and signature difficulties for them.

Sally was, as family therapists would call her, a "parentified child," the eldest of two children raised in a white-picket-fence professional home, whose shuttered windows concealed the excesses of an alcoholic father. Her father's affairs with other women were fairly public, and Sally's mother had asked him to leave. A few years later, however, her mother reunited with her husband. Sally thought that the family's lifestyle was too comfortable for her mother to renounce and that there was not enough in her mother's life to compensate for its loss. Sally had been both mother's and father's confidante, the successful child relative to her younger sister. Her professional work as an executive in a nonprofit organization dedicated to health care reform updated her parentified status as overseer of Jack's medical condition.

Jack was the baby in his family, still called by his childhood nickname, although his professional status as an up-and-coming corporate lawyer belied this coddled position. His family was unusually demanding of his devotion, involvement, and loyalty—both financially and emotionally. Jack's health issues had only complicated their relationship with him.

Jack and Sally had developed an emotional cocoon; almost all relation-

ships to others, besides Jack's family members, were neglected. They abandoned separate interests and then dissolved shared pleasures. From their report (and I witnessed fragments of the dynamic in my office), Jack had indeed become Sally's "child" and she was his health-managing mom. Then this caretaking arrangement shattered. When Jack's health was significantly restored, he began drinking, which aroused Sally's fury. She raged at him, at his friends, and his work life.

I found them difficult to work with. Sally was an embittered woman, generally cool and closed. She seemed fairly uninterested in Jack as a person and was focused on rules, logistics, and the comfortable lifestyle she still wanted; she resented any encroachment on it by his parents. Jack talked to me in corporatespeak: "We need a game plan; we have to move the operation forward; cost-benefit ratios have to be determined."

We spent sessions discussing his family, which was always difficult for me. At this stage of the life cycle, I celebrate filial piety, and Sally had cut off her relationship with Jack's family, a break that seemed to substitute for Jack's need to resolve his complicated attachment to them. Both were in individual therapy—she in a mixed psychodynamic/cognitive behavioral treatment and he tenuously connected to a male psychoanalytic colleague I had referred him to. My colleague and I were clearly having the same experience of Jack: that he had been submerged in his family, in the medical system, and in his marriage. Who was he, after all? He began to show us—objections to his wife's anger, impulsive weekend trips away, and drinking bouts that led him to come home hours later than promised, when he frequently blacked out, threw up. Sally, barely able to stand these circumstances, worried about his health and felt utterly disregarded.

Jack's position on drinking was, "It's my responsibility, and I have to choose to solve it." Good ol' American righteous individualism, in some ways the cornerstone of AA ideology. Jack's self-personification was nourished by guilt, rather than self-righteousness. He talked endlessly about how "unfair" his controlled drinking was, after all Sally had done for him. He was trying to motivate himself by focusing on his unpaid debt to her, the essence of contractual morality. And Sally offered a perfect counterpoint to his facile remorse; she seemed almost enthralled with her descriptions of his base behavior and accusations of betrayal. Jack ended his individual therapy. He wanted more direction—that is, grist for defiance, I thought—than his analyst would provide.

My feeling was that the drama of righteous accusation and sinful but self-regulated repentance could go on forever. One evening, I felt particu-

larly weary about treating this couple, and I think my feelings led me to a kind of detachment that only highlighted the stranglehold they had on each other. I told them that I did not think our work was very productive, that I could see them in this interminable struggle forever. The admission of defeat or exhaustion probably revitalized me, since I was no longer in their grip. It freed me enough to become interested once again in their individual histories. "Is this the first time in your life you've rebelled against someone?" I asked Jack. He described a very goody-two-shoes adolescence—generally returning promptly for atypically early curfews, greeting his mother civilly at the door. I asked Sally about her father's drinking, and this time we followed the thread further. Sally, sobbing, dared to describe her father's physical violence toward her mother, most of which she witnessed. "Did you know this?" I asked Jack. "She never told me," he said.

"How can this change?" I asked skeptically. "For you, Jack, this is a crucial opportunity to reject a woman's restrictions, to determine when and how you will behave without her interference. Sally, you have the opportunity to refuse to tolerate the behavior your mother suffered. As enraging as Jack's drinking can be, you can confront him without danger and deride him for his weakness. You're locked in this forever. There's only one way out: Jack you'll have to stop drinking for her. Not because you want to, not because your conscience dictates it, just because the trauma for Sally is too intense for her."

Although my participation seems to indicate a concern with just or decent behavior, that was not my focus. In fact, I probably endorse Jack's position on the need for self-regulation of addictive behavior. Rather, the issue for me was the absence of connection, the emotional chasm between these two individuals who were purportedly sharing a life together. My description of the perfect synchrony of their childhood histories, as well as the proposal of unilateral action on Jack's part to upset their homeostasis, was actually only one of many ways that the chasm could have been narrowed.

We had a break of one month, and when they returned, I learned that Jack had been abstinent. This change had reassured Sally and evoked her trust. He continued to think of her as more vulnerable, which refreshed his sense of her kindness. How did they explain the change? "When you felt discouraged, it had an impact on us," Sally said. "And," Jack added, "I can't stand to see her cry."

If Jack felt that I had given him "advice" on how to save his marriage, he did not say so. I don't think there was much of a chance of his complying

if that is what my communication had meant with him. Although neither Jack nor Sally talked about being immersed in a “therapeutic moment”—my construction—they did note the intensity and immediacy of that session. I do not think the specific action that rotated the dynamics was crucial to the melding of their family histories. What mattered, I think, was my entering a moment with them in which the experience of attachment was illuminated as both prison and possibility. Ultimately, the possibility of deeper attachment became more compelling than the accustomed and defensive preoccupation with individual self-expression, fairness, and equity.

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