

The Evolution of Imago Relationship Therapy: A Personal and Professional Journey

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When does anything begin? Each of us is an energy pulse that began around ten billion years ago with the creation of the universe. Most of who we are, our DNA, genetic code, instinctual defenses, IQ-came into being before we were born. The rest is experience, and some, but not much of that is remembered. And all of it contributes to the creation of our personal and collective history. And some of that is remembered. Here is what I remember.

Imago Relationship Therapy is a synthesis of the genetic and personal history of myself and my wife Helen. The source of the impulse that gave it birth is our similar and quite distinct childhoods: the death of my parents and the absence of Helen's father, motivators of our primal search for healing through reconnection. Our divorces are another source, the aftermath of which led us to reflect on what happened to our marriages, to inquire into the nature of committed partnerships, and to resolve to find a way not to repeat the past.

THE BEGINNING OF IMAGO RELATIONSHIP THERAPY

In a more formal sense, Imago Relationship Therapy began on the morning after I received my divorce papers. When I returned to teach a class on psych-therapy at Perkins School of Theology, Southern Methodist University, a student questioned me regarding the difficulty men and women have relating to each other and the mystery of the male-female relationship. I admitted that I did not know the answer, but I committed to finding the answer to that question for personal and professional reasons, not knowing that such a resolve would lead to an altered career and a new life-style. All of these factors constitute the roots of IRT.

In addition to these roots, Imago Relationship Therapy owes much of its form and content to the dynamics of Helen's and my relationship as a couple, including our years of courtship. While the contribution each of us made is a function of our unique gifts, needs, resources and personal history, it is in all respects, like any child, a co-creation. And paradoxically, the dynamics of our relationship is largely a product of the experiments we developed to improve it, which in turn gave birth to the Imago system.

Childhood Influences

Although Helen and I come from opposite ends of the social and economic spectrum and did not meet until we both were parents of two children and had divorced, the similarities in our childhood experiences formed a bridge for our personal and professional partnerships. When I was born, my father was dying, and my mother was situationally depressed. When I was six, my mother died, leaving me an orphan cared for by older siblings, who became my surrogate parents. Helen saw little of her father for her first seven years; thereafter, both of her parents were preoccupied with events outside the home, leaving her virtually an emotional orphan cared for by household staff, who became *her* surrogate parents. Thus, our first relationship lesson was identical: A No matter what you do or don't do, you can't get the attention you need. I grew up feeling valueless and powerless, and Helen, Powerless and invisible. Hence, our mutual interest in and difficulty with primary relationships was, if not primordial, at least primitive, and our search for a stable partnerships, somewhat obsessive!

The spiritual tone and missional qualities of the Imago system have their roots In our teen-age involvement with religion, specifically the Baptist church. I grew up in a small town and became active in a relatively small First Baptist Church; Helen grew up in a city and became involved in the world's largest First Baptist Church. In those religious communities, we unconsciously sought a supportive context in which to feel valuable and visible in a way that compensated for what was missing

in our homes. Helen became active in the church choir and dreamed of becoming a missionary or a minister's wife. I became a preacher-boy-evangelist and considered the mission field. Both of us had a vision of making a difference in the world.

Helen's vision took shape as a community activist and philanthropist, committed to the visibility and empowerment of women, yet always invested in creating an intact home with family members closely bonded and reliable for each other. My vision took form, first as a minister, then as a pastoral psychotherapist and later as a professor of pastoral care and advocate of children, with an interest in personal healing and a deep commitment to a secure family. These activities have now become for us a shared vision of a society transformed by conscious marriages and conscious parenting, producing healthy, empathic children who will create a world whose essential texture is personal freedom and universal equality, empty of any emotionally underprivileged and disenfranchised persons.

An Early Hypothesis

My answer to the student at Perkins School of Theology who asked: "Why do men and women have so much trouble being together?" began the construction of the theoretical system which became Imago Relationship Therapy. Responding immediately with: "I haven't the slightest idea." I continued with some intuitive, though random, thoughts about a possible connection to unresolved childhood issues. Promising to think more about it, I came back to the class the following week and put forth the tentative hypothesis: "It appears that we tend to marry people who are similar to our parents, with whom we struggle over issues that we were unfinished in childhood." This became a tenet of IRT. One of the students in that class invited me to elaborate on those remarks to a single's group in his church. Since there were several weeks before the lecture date, I spent a lot of time reading and thinking about the functions of projection, transference, and unconscious perception in the selection process. In that lecture, titled "Love or Illusion," I developed the thesis that romantic love was a response to the

unconscious perception of the similarity between certain traits in the personalities of one's parents and the selected partner. Many people in the audience, although expressing discomfort with the idea, admitted that it made sense of their experience. It was much later that I discovered that parallel role of projection and the limited role of transference in the selection process.

Over the next several months I was invited to repeat the lecture in several contexts: churches, public conferences and professional associations. The response that it made sense was so consistent that I began to feel I had stumbled upon a key to the mystery of romantic love, which I soon began to understand as a selection process. Invitations to repeat the lecture over the next several months encouraged my confidence in the thesis and spurred me on towards what was eventually to become the Imago system.

In 1977, two years after the classroom event, Helen and I met at a party and began a personal relationship. Our mutual interest and training in psychology, personal experience of divorce, and skeptical attitude towards remarriage sparked a conversation about relationships, which we continue to this day. In addition to our graduate psychology training, both of us had studied Transactional Analysis and Gestalt Therapy with Bob and Mary Goulding, which provided us with a common perspective for conversation. To complete an internship for her degree, Helen chose to become a co-therapist in one of my groups, thus beginning our professional work together.

Needless to say, our relationship became very complex and conflicted, providing the perfect but unplanned laboratory within which we incubated ideas and invented behavioral processes, which we tried to practice with each other. The result of the many hours we spent talking about our childhoods, trying to figure out our mutual vulnerabilities, was the development of the concept of the Wounded child, which,

we theorized, had to be healed in relationship. For many months we debated the issue of whether this healing could occur in therapy or whether it could only happen in a committed partnership. We finally came to the conclusion that, since the *wounding* occurred in relationship with one's parents, logic required that the *healing* could occur only in a context which reactivated the wounds. The idea was born, though not then named, that marriage, conducted with the aim of mutual healing, is the most effective form of therapy; thus evolved the phrase *A marriage as therapy*.≡

THE EVOLUTION OF IRT

One day, sometime during 1978, Helen made a suggestion that led to the development of two procedures that later became foundational in Imago therapy. The first, which we called *A mirroring*, is essentially the Rogerian reflective listening technique. In a heated argument in which both of us were talking and neither was listening, Helen stopped the argument and proposed that we take turns, one of us talking while the other listened. We agreed to the rule that one of us could talk only after reflecting what had been heard, but not before. Since both of us remembered a childhood in which we were not listened to, that process had a salutary effect on our relationship, so much so that I began to teach it to the couples in my practice. While working with these couples, it soon became clear to me that no one seemed to have been listened to as a child, especially when they were upset or angry. Reciprocal listening had such a healing and bonding effect that couples experienced immediate improvement in their relationship.

Helen's second suggestion was about managing our anger and that led to the development of the Container exercise. Both of us had been exposed to a rage-reduced process by our mutual therapist, John Whitaker, a psychiatrist who used Transactional Analysis and Gestalt methods in his practice. In one of his workshops he had demonstrated a process that he called *A The Four R's: Rage, Rest, Rub*

and Relaxation. Helen suggested we use this process to deal with our anger towards each other. Over time we modified it into the seven-step structure of the Container exercise, adding the Behavior Change Request process, which I had learned from Richard Stuart, a social leaning theorist who wrote the excellent book, *Helping Couples Change*, and the Holding exercise, which was suggested by *Holding Time* by Martha G. Welch, M.D. We added the Belly Laugh component of the exercise after we learned about the ability of laughter to replace adrenaline with endorphins.

Helen also made a contribution to the theoretical explanation of the power of the Container exercise to de-energize projections. She had written a paper on Jung's theory of projection in which he developed the concept of Aholding, rather than reacting to, the projections of others as a means of de-energizing these projections. We found that the regular use of the Container exercise helped us, and the couples with which we experimented, to eventually withdraw and own their projections, and to distinguish partners from parents. The Container exercise became the flagship procedure for dealing with couples anger and the centerpiece of the couples workshop.

Marriage and Childhood Connection

In the meantime, I continued to work with my therapist to figure myself out and get a grip on why I was divorced. I also started a systematic reading program on marriage literature, increased the number of couples in my part-time private practice, and started to study them. Up until that time, I had never been interested in marriage intellectually, and the literature on marriage did little to whet my appetite, but I was driven by confusion, curiosity and pain.

In rereading the writings on love and marriage by Sigmund Freud, Carl Jung, Eric Berne and Fritz Perls (my psychological mentors at the time, although their

relationships were abysmal failures, as was the marriage of my theological mentor, Paul Tillich), I discovered that , for the most part, they all viewed marriage as a transferential experience of infantile expectations, directed toward one's spouse, which had to be resolved. Resolution from their point of view, consisted of obtaining insight, differentiating one's spouse from one's parents, and surrendering one's childhood expectations. I understood from this that in order to mature, we must wean ourselves from the yearning of childhood, grieve the loss of unmet childhood needs, and get on with the business of adulthood. Then we could have a happy marriage. And yet my own experience in working with couples over the years led me to the conclusion that resolution by analysis and weaning was the opposite of what actually worked. Helen and I reframed the wish of partners for need satisfaction as indicators of what they truly needed, and their re-enactment of the childhood scene in the relationship as an attempt to heal the childhood trauma, not a repetition compulsion of the familiar. Therapeutically, we helped partners to honor and empathize with each other's childhood wounds, give full expression to their anger and sadness in the Container, and stretch to meet one another's needs. This program seemed to restart their arrested childhood development and help them achieve emotional adulthood. Now they could have a happy marriage

Revelations as Both a Client and Therapist

My own therapy, at that time, focused on understanding my childhood by mentally reconstructing my relationship with my parents, regressing to recover the early script decisions, working through all my feelings, and making new decisions based upon adult reality. I would like to credit my therapist, John Whitaker, for contributing another healing component to the Imago process. Using Gestalt methods, he sought to help me heal my childhood wounds by assisting me to imaginatively recreate my parents into ideal images from whom I received what I did not receive in actuality. He also assigned me to group therapy where I could augment this healing process with surrogate help from other group members, and simultaneously

figure out my unconscious attitudes towards women and marriage in general. Although I did not experience healing or characterological growth in therapy, I did eventually become aware of the way I had lived unconsciously in my previous marriage. In retrospect, my experiences in this marriage matched the dynamics of my childhood- earning for attention but not taking initiative out of fear of my ex-wife=s emotional unavailability. That in-action, I now speculate (given my knowledge of my ex-wife=s childhood), probably triggered her fear of abandonment, which she acted out by emotionally withdrawing from the relationship. The emotional void between us re-stimulated our mutual abandonment fears, which we eventually legalized through divorce.

During this time in my clinical practice, I started listening to couples phenomenologically, i.e., suspending my theoretical assumptions. I had learned of this approach from Maurice B Merleau-Ponty, a student of Husserl, to whom I had been introduced by Eugene Gendlin, a philosopher of phenomenology who had been a student of Carl Rogers. Merleau-Ponty took issue with his German Idealist mentor who believed in the possibility of a *Apriore* perception≅ by arguing that the best we can do is *Abbracket*≅ our beliefs. Not suspend them, in the process of perception. While listening in a sort of reverie of suspended thinking as couples described their frustrations with each other, I began to have images of them as children crying about unmet needs, complaining about their partners as they had complained about their parents. Even though I had attempted to suspend my assumptions, the transference theory seemed validated by my observations. No longer was it necessary to develop the transference with me, the therapist; the transference links between partners became the rich field for exploration.

My first interventions were to interpret this awareness, provoke insight into the couples= parental transferences, attempt to wean them from their infantile expectations of each other, and help them re-parent themselves imaginatively by

using Gestalt exercises. I also put partners into separate groups for experiential re-parenting by the group members-just as my therapist had done for me-all to no avail. Most couples terminated joint therapy in about five sessions, but many of them continued their work in separate groups.

Understanding the Needs of Marriage

During this time, Helen was completing her internship as my co-therapist in the groups. We shifted our procedure and began to ask partners what they needed from each other which, were they to receive it, would create their dream marriage and end their frustration. The answers were equivocal: they all wanted their partner to change while they remained the same. And what they wanted from each other reminded me of the needs of children: someone who could be counted on, who would be available when they were needed, and who had no needs of their own. Their complaints about their spouses were similar to, and in most cases the same as, complaints they had about their parents; it soon became clear that each partner wanted his or her spouse to act as an ideal parent, not like the ones they had in childhood.

I began helping couples negotiate around those needs. From Stuart's *Helping Couples Change*, I understood that change occurs more rapidly when partners ask for specific, measurable behaviors from each other and respond with positive reinforcement. When I began experimenting with these procedures, I encountered the problem of helping couples understand the importance of changing their own behaviors and creating positive experiences from each other that addressed one another's childhood issues. In sheer frustration, I decided to invite all the couples in my practice to spend a weekend with me. This was the inauguration of my first couples workshop. Twelve couples accepted the invitation. I took them to a Methodist camp, which had simple rooms and plain food and was located in a wooded setting. For two days I lectured to them about how their childhood needs

were influencing their relationship, exhorted them that they must learn to meet those needs in specific ways, and experimented with ways for them to create positive experiences for each other. The only experimental exercise I used in that workshop was mirroring. When they returned to their private sessions, all of the couples were more motivated to work, and ten of them began to make progress. Of the remaining two, one left therapy and the other decided to divorce.

IRT Practice Grows

In 1979, Helen moved to New York, while I remained in Dallas. We both thought our relationship was over since neither of us wanted a long distance relationship, but we kept in contact long distance and occasionally visited one another. Our conversations continued, and our relationship seemed to endure the separation. I developed the workshop for couples, using some of the behavioral procedures I had learned from Stuart, the Mirroring exercise, the Container and some guided imagery based on some work I had done in graduate school on the use of the imagination. Some therapist couples began to attend the workshops and became interested in what I was doing. One therapist, Gay Jurgens, now a workshop presenter, insisted that I teach her what I was learning. She, along with Robert Elliott, my senior faculty partner at Perkins, offered to pull together a group of therapists for what became the first training seminar. Although I did not know where I was headed with this work, this format gave me a context within which to begin articulating my insights and to receive feedback from interested and competent professionals. This serendipitous event led eventually to a formal training program, although the content and structure changed with each new insight. Pat Love joined the second training program and began teaching the theory in the Graduate Department of Marriage and the Family at East Texas State University, thus giving the system and academic foundation. The couples= workshops, which soon became a monthly event with around 15 couples, offered me another context in which to explore my theories.

Around this time several people began encouraging me to write a book. Initially I resisted because I felt I did not yet understand my subject, and had limited time and increasing activity. Later, with Helen's encouragement, I undertook the project and secured the services of a writer to help organize the structure of the book and translate my opaque, academic language into recognizable prose. Imago Therapy as a system, however, was *in utero* and not ready to be born until ten years later.

In 1982 Helen and I married and I moved in with her in New York. With her financial generosity and emotional support, I took a semi-sabbatical (returning to Dallas twice a month to see my clients) to complete the book. In 1984 we decided to turn the Dallas practice into The Center for Relationship Therapy, staffing it with trained Imago therapists and developing it as a model for the creation of other centers across the country. That same year, we created The Institute for Relationship Therapy in New York, where Imago therapists Robert and Joan Thorne introduced me to the New York professional community and helped me to establish a training program and clinical practice.

With these organizational structures in place, I traveled to Dallas monthly to meet with the board and supervise the staff of the Center, conduct a workshop and a training program, and do publicity and public relations. The non-profit Center soon attracted the attention of the community, and with Helen's help secured an excellent board of directors and received a fifty thousand dollar grant by the Meadows Foundation. During this time, Helen was involved in establishing the Dallas Women's Foundation, actively supporting the Center and the Institute, and covering all family duties while I was away. And we continued to engage in conversations (we had not yet discovered Adialogue \cong) about Imago theory and practice, actively using our relationship (out of necessity) as a practicum. In 1986, after staff

resignation jeopardized its financial status, and sacrificial efforts to maintain the Dallas r exhausted available funds and energy, we made the decision to close it and transfer the name and remaining equipment to my dear friend, Robert Elliott, who operated it as the umbrella of his practice.

Getting the Love You Want

Meanwhile, I continued to work on the book, which did not yet have a working title, literary agent, or publisher. My secretary at the time had a contact at Holt Publishers whom she told about the book and gave a two-hour audio tape of a lecture I had given at the Southeastern Transactional Analysis Association's annual meeting. Some Holt editors who had listened to the tape invited me to meet with their editorial board; the result was that Hold bought the book on the basis of the tape and the interview. I then secured the services of and agent, Julian Bach, to complete the contract. Jo Robinson, a freelance writer from Oregon, signed on to assist me, and she and I put together a proposal which was accepted. The book now had everything it needed except a title. After we had completed the book in 1988 we decided to assign the term AConscious Marriage≡ to the type of relationship that could be created by couples who used the process. The first title of the book was *The Conscious Marriage: Journey to Wholeness*. After completing all the edits, Helen and I took a trip to Indonesia. While in Bali, the publisher called with a request to change the title, since they had done market research and discovered the title would make it a poor seller. In desperation I said: AWell, call it *Getting The Love You Want*,≡ but did not mean it. They thought it was a good idea, did market research on that title and found it to be a potential best seller. Jo Robinson suggested we add *A Guide for Couples* as a subtitle. The book now had a title and went to press.

Holt's publicity department sent the book to *The Oprah Winfrey Show*. According to Debbie DeMaio, the shows executive producer, Debbie put it on a stack of other

books on relationships without having any intention of reading it. After her fiancé read it and suggested they use it to improve their relationship, she read it and invited me to be a guest on the show. The response to that show prompted Oprah to contact me later and suggest we film the workshop and show excerpts on the show. The 1989 airing of that two-hour series, which won Oprah an Emmy Award for its socially redeeming value, put *Getting The Love You Want* on the New York Times best seller list. In 1992, *Keeping The Love You Find: A Personal Guide* (originally A Guide for Singles) was published by Simon and Schuster, Pocket Books division, and became a New York Times best seller also. Later that year, the certified Workshop Presenters and I launched *Keeping The Love You Find: A Workshop for Singles*. In 1994, Helen and I jointly authored *The Couples Companion: Meditations and Exercises for Getting the Love You Want*. By that year couples workshop attendance reached 100- 150 couples and singles workshop attendance reached 100 attendees. In the meantime, the number of Certified Imago therapists, who in 1990 had formed the Association for Imago Relationship Therapy, reached close to 800 in number. Eighty plus workshop presenters were presenting an average of four hundred workshops annually, including some international workshops; eighteen Clinical Instructors were annually training 200 therapists nationally and internationally. A seven-hour home study/television version of the workshop was broadcast over 200-plus public television stations, resulting in the growth of the Institute's database to about 65,000 names. A revised version of this series was broadcast over the VISN cable network. By 1993, the staff of the Institute had grown to nine full-time persons.

IRT's Continued Evolution

The theory and practice of Imago Relationship Therapy continued to evolve and mutate. Mirroring evolved from a one-level exercise to the three-stage Couples Dialogue/Intentional Dialogue process comprised of mirroring, validation and empathy. Theory developments included a meta-theoretical proposition of human

essence as essentially pulsating energy, influenced by quantum theory and the psychological work of Core Genetics, developed by John Pierrakos. I also developed a systematic, detailed description of the stages of human development by synthesizing the theories of Margaret Mahler, Daniel Stern, Harry Stack Sullivan and Erik Erikson. This led to the development of the new characterological profiles, a clarification of the meaning and function of symbiosis, and the recognition that Imago Therapy concepts and processes reflected an emerging paradigm shift from an ontology of separation to an ontology of connection.

THE NEW PARADIGM

Since I have not discussed the new paradigm in previous writings, I will briefly elaborate on its meaning and significance here. In an ontology of separation, reality is composed of discrete, essentially self-contained entities, composed of a density called A_{matter} , \cong which interact with each other along a continuum of positive and negative valance, but which have no intrinsic connection. This view is reflected in the Newtonian and atomistic view of reality which posits objects as closed although interactive, views space and time as absolutes, and posits an absolute point of reference. In this ontology, the relationship between these entities is secondary to their delineation and to the preservation of their welfare and boundaries. In the human species, this is reflected in the primacy given to the individual and the secondary valuation of context and relationship. The central valuation of the individual makes autonomy the goal of development and independence and self-sufficiency the indicators of maturity. In the healing professions, this view is reflected in the status of psychotherapy as the reigning model of treatment, and in conflict-free intra-psycho functioning as the goal of therapy. Connection and relationship are seen as a problem to be solved, but they can be solved only after successful resolution of intra-psycho functioning and clear, firm delineation of self-boundaries.

Ontology of Connection

In an ontology of connection, reality is viewed essentially as a tapestry in which everything is intrinsically connected. There are no entities as such except as distinguishable points, or nodes, in the tapestry of being, and these nodes which appear as matter are essentially energy present in various and distinct densities. Relationship is not only the primary reality, but the nodes are essentially comprised of other energetic nodes. Thus, the tapestry of being is comprised of the connective, energetic points and their interaction, both of which have equal ontological status. Entities exist in a context which influences their structure and function and which, in turn, influence the dynamics and valences of the context. Each in some sense co-creates the other. This view of reality is expressed in physics by relativity theory and quantum mechanics, and in psychology by Core Genetics, developed by John Pierakos, with whom I have done considerable personal and intellectual work. The energetic, relational theory views entities as open, essentially connected, and mutually influencing each other, views time and space as a continuum, posits no absolute point of reference, and views all things as in motion. In this view, connection, relationship, and constantly changing interaction are ontological; the perception or experience of separation and in-action have no ontological support and are, therefore, illusory. What this suggests is a vision of the universe as truly a uni-verse, a dynamic, constantly changing cosmic oneness, a unitary organism, essentially alive and thus conscious, with no independent parts. This cosmic oneness is expressed in every perceived part, in galaxies, solar systems and planets. The earth as an eco-system is a living, conscious organism in which all animate and inanimate parts are conscious, interdependent, essentially connected, and dependent on the whole.

For the human species, an ontology of connection means that a human being is essentially a unitary, vitally alive, conscious organism with no mind-body split. In

addition, all human beings are connected, interdependent and mutually influential and cannot become immune to contextual influence. For therapy, this means that the focus is placed on the interactive *Abetween*≡ of Martin Buber and also on the internal world of individuals, both of which constitute the context. Imago therapy, dependent upon and expressing this world view, is therefore a *Relationship*≡ therapy which views marriage partners as conscious, energetic inter-actors with constantly fluctuating boundaries, constituting an interdependent whole, which is itself an instance of the cosmic process. The quality of the marriage is a function of the couple's actual interactive relationship, which includes the projections of the intra-psychoic subjectivity of the two individuals, and is dependent upon their congruence with the cosmic process. Developmental processes are contextually determined, character structure is fluid and context-dependent, and effective exchanges are responses to contextual stimulation. Partners are unable to not influence each other; there is no such thing as a static state, self-sufficiency, or independence. The goal of therapy is to become self-reflectively conscious, consciously intentional, differentiated, and accepting of one's dependency. At the same time, one strives to become aware of oneself as both a co-creator and a creature of context. This is the basis for the position that since wounding occurs in relationship, healing and growth can only occur in the context of a relationship.

DEVELOPING DIALOGUE AND A THEORY OF SYMBIOSIS

Given this view of reality, dialogue becomes the intervention of choice. Dialogue was explained in *Keeping The Love You Find*, but the process of its development was not described, so I will do so here, as well as present an outline of my theory of symbiosis, which has evolved since the publication of that book.

Beyond Mirroring and Validation

In 1998, when *Getting The Love You Want* was published, the therapeutic focus of IRT was upon facilitating couples through a series of five exercises: re-imagining the partner, re-structuring frustrations, resolving rage, re-romanticizing, and re-visioning

the relationship. The only therapeutic tool was mirroring. Helen suggested that I re-read *I And Thou* by Martin Buber, which she saw as an example of the relational paradigm, thus a resource for helping to reframe Imago Relationship Therapy, and a potential resource for understanding how to help couples create an I-Thou relationship.

After re-visiting Buber's thought, I became aware of the need to go beyond teaching communication exercises as a therapeutic tool. Mirroring created clarification of the message of the other, but it often led to further polarization. Stretching to meet one's partner's needs offered an opportunity to grow, but it was often a purely cognitive decision motivated by the hope for change in one's partner, and it lacked an emotional component. What seemed needed, in addition, was an altered perception, attitude, and affect toward one's partner. To achieve that degree of change would require a deeper level of contact. Buber clarified for me that a *I-Thou* relationship with others required honoring their otherness as an I distinct from me and any concepts I might have of them. This required a willingness to look at the world of another through his or her eyes.

In addition, the constructivist's view that there is no such thing as pure perception, that every percept is a construct, and the relativist's view that all aspects of reality are intrinsically related, and that there is no absolute position, contributed to clarifying that there is no position from which one could possibly perceive an *≅objective≅* world, free from interpretation. Thus, all perceptions are relative to the perceiver. From these sources I finally put together the concept of validation as the necessary second step in the dialogical process. Validation requires one to look through the eyes of the other, to see the other's world as it appears to him or her, and to understand the logic of the other's point of view. Furthermore, it requires suspending judgment about the sensibility of the other's world and the accuracy of his or her logic, and accepting that the other's perception of the world is equally as valid as one's own.

Mirroring and validation made the world of the other accessible as information and demonstrated the logic in each partner's perspective, thus creating equality, but the process still lacked affect and compassion. To address this I recalled my earlier years of empathy training based on Carl Roger's work and that of his students Carkhuff and Truax, as well as other students of empathy, such as Heinz Kohut and Martin Hoffman. The concepts of cognitive and participatory empathy helped the third step in the three- fold process to fall into place.

The Beginning of Dialogue in Therapy

I felt it would be impossible in the early stages of therapy to expect an aggrieved partner to empathically participate in the affective world of the other, but it might be possible to help them to *Imagine* the emotions of their partner and achieve cognitive empathy. I put these three steps together as the structure and progression of the dialogue process and began to experiment with couples with much success. In the meantime, Imago therapist and clinical instructor Maya Kollman was experimenting with arousing empathy in the Behavior Change Request process by having couples add the phrase, *And that reminds me of* (referring to childhood wounds) after expressing the pain created by a particular relationship frustration, and before making three specific requests for behavioral change from the partner. This addition of eliciting the childhood wound behind the frustration before making the behavior change request aroused empathy in the receiving partner, and transformed this stretching process into a powerful motivation for action. Mirroring, validation, and empathy were now integrated into all *Exercises*. That is, while each exercise, from *Holding to the Container*, is a discrete procedure, they are all modifications of dialogue.

The outcome of these experimentations was my awareness that the process of dialogue itself produced a change in perception, attitude, and affect as well as

increased connection and bonding. This insight required a re-conceptualization of training and therapy. The focus of the therapeutic process was changed from that of making a commitment, learning a skill (dialogue), and engaging in five procedures (re-imagining, restructuring, resolving, re-romanticizing, and re-visioning), to dialogue as process which incorporated the five procedures. I elevated dialogue to a central place in Imago Relationship Therapy and sought to eliminate any non-dialogical transactions in the therapy sessions.

While experimenting with this focus, and trying to make the process as pure as possible, I observed an interesting phenomenon. No matter what couples talked about or what exercises were used, if they did not become dialogical, nothing changed in the relationship. If they achieved dialogue, i.e. made contact through mirroring, saw the logic of the other's point of view through validation, and achieved some level of empathy, they began to lose interest in their problems, became empathic with each other, and expressed compassion rather than frustration. I concluded that the context dialogued about was irrelevant to the outcome of the process. To check this out, I decided to do an experiment by giving several couples a neutral subject, one that did not arise out of their relationship, such as the weather or pets, and facilitated their dialogue about it until they reached a level of empathic contact. For instance, I asked a couple to discuss Acats \cong in the dialogue format. I observed that the process of dialoguing about a neutral subject altered their relationship so much that most of the energy bound in the problem they brought to therapy began to dissipate like air escaping from a balloon. I concluded from this that the safety of the dialogue process allowed the defenses to relax. This experience of safety and the consequent improvement of the relationship appeared to be the unconscious goal of the couple which, once achieved, made their problems no longer relevant.

Dialogue and Paradoxical Problems

From these observations, I deduced that problems in relationship are a result of partner=s fears associated with disconnection-symptoms of a loss of contact with one another, with original aspects of themselves, and thus with the whole of their context. They are also, paradoxically, an unconscious attempt by partners to re-establish contact without losing their identity, and to recover a sense of wholeness. The following scenario is an illustration of this dynamic:

George complains about Mary's criticism of his use of time, his over-working, and his emotional and physical unavailability on week-ends. Mary wants more emotional and physical contact time. She agrees with George's perception of her frustrations and adds that the more she complains, the less cooperative he becomes.

Their conscious impasse is over time and space. George's complaint and his increased distance as a response to her criticism reflect his intuition of her wish for fusion. If he did not keep his distance, he would be absorbed and thus lose himself in her. Trying to be what she wants him to be. In his unconscious, the loss of himself to her physically would mean not only psychic death, but physical death, for the unconscious does not distinguish between the two. In addition, to not be himself would mean that he would risk losing his connection with her. And, since her desire for closeness reflects his denied need for closeness, he, through losing contact with her, also loses contact with the projection through which he maintains contact with his wholeness. George's experience of this global loss of control over his time and space, and the resulting A deaths, is a fear that he would disappear from the universe.

Mary, on the other hand, experiences her partner's distance as a loss of contact and connection, which threatens her physical and psychic safety by arousing her fears of abandonment. Unconsciously, such abandonment means her physical death and the loss of cosmic connection. Her complaints, however, function to maintain distance in order to block her fear of fusion and her psychic self loss. They also serve to maintain contact with George, which she intuitively is essential for her survival, and maintain contact with her Denied Self projected upon him, i.e. her unconsciousness and prohibited need for distance.

Essentially, problems such as these appear to be maintained by partners' attempts (fueled by their reciprocal needs and fears) to differentiate from their spouse without allowing the spouse to differentiate in turn. Paradoxically, this means that what appears to be dysfunctional behavior at the conscious, interpersonal level in committed partnerships is actually, at the unconscious level, functional; it serves the survival directive which is to remain connected to context. Projection, therefore, is a form of connection to the other and the self, and the denial of perceived negative self-traits are an attempt to remain connected to the disapproving Other. Interpersonal problems, especially impasse issues, are therefore a defense against disconnection and its consequence—life. If safety can be established and connection restored, then the problems which served the survival directive are no longer necessary.

Therapist as Coach

Given this, I felt that the therapeutic process and the role of the therapists had to change drastically. Diagnosis, analysis, history taking, and all forms of therapists' authority and expertise seemed irrelevant if couples, caught in the power struggle, were trying unconsciously to restore connection and recover wholeness without losing themselves through fusion with one another. Instead of such expert functions from the therapist as interpretation and confrontation, couples needed to be helped

to cooperate with what their unconscious was trying (but failing) to do through interpersonal conflict. For me, this meant that the role of the therapist was analogous to a coach, a facilitator of the dialogue process. The task of the therapist should be to manage the interaction between partners so that no non-dialogical transactions could occur in the session. This would make dialogue a safe structure that allowed for the relaxation of defenses, and the restoration of contact. Achieving contact and freedom from the fear of losing oneself through fusion would allow for the true discovery of the other and, through that, the discovery of the self. If it were successful, the dialogical process would allow partners to restore contact, achieve self-differentiation and become interior to and empathic with their partner's subjectivity. Were this to happen, it would make sense that problems would disappear, for the intentions of the unconscious would have been served.

The most exciting and unexpected consequence of the dialogical process that I have observed is that the creation of safety, the achievement of differentiation, and the restoration of contact and connection appear to restart the psychological development for both partners that was interrupted in childhood. The defenses that were activated in response to childhood wounding, and which had been energized by the core self, were able to relax, thus returning the core energy to the original functions of the self.

A Theory of Symbiosis

Experiencing these outcomes to the therapeutic process led me to question the symbiotic issue underlying conflict between partners. When our daughter Leah was born, Helen and I witnessed a phenomenon which made us question the extant theory of symbiotic fusion with the mother as the natural condition of the infant at birth. We experienced Leah as attached and relational, even proto-empathic within minutes of her birth. Her immediate connection to us prompted us to propose a revision of symbiosis theory. We postulated that symbiosis is a condition created by

the trauma of the birth process itself, not a condition of nature, as traditionally viewed. The birth trauma is elicited by the difficulty of birth, the attitude of the parents, and often by the mother and child being drugged by medication. Since Leah was born in a warm room within three hours of the first contraction, her umbilical cord cut by me, not spanked, placed immediately in my arms and then on Helen's chest for a full hour, and because Helen had received no pain-killing medication, Leah's birth was devoid of the usual traumatic trappings. As Leah grew, she exhibited great interest in and sensitivity to other person's experience, a high degree of empathic connection to her surroundings people, animals, and plants B and a chronic exhibition of intense and joyful aliveness. Just recently at age 11, she reported walking down the hallway at her school and spontaneously breaking into a dance. At first, she felt some self-consciousness and interrupted her dance. Then she thought, Al have no one to impress, and returned to her dance with others joining her.

When I reviewed the research on child development during roughly the last ten years, I observed that developmental researchers have discovered behavior in newborns that appears empathic, which they call proto-empathy, and empathic responses to others around the eight month that matched our experience of Leah. Not only have proto-empathic responses been observed at birth, but true empathic responses have been observed at three months, and clearly empathic responses at eight months. This suggested a need for revising Margaret Mahler's view of attachment as being the first developmental task, to the view that the first developmental impulse is the maintenance of attachment.

My next question was if empathy, rather than symbiosis, is the natural condition at birth, how is empathy lost and symbiosis acquired? The answer lay in the meaning of symbiosis. I began to define symbiosis as the unconscious fusion of objects with the self, meaning that others and things in the external world are constructed in

such a manner as to serve the survival needs of the self. These survival needs are intensified because of physical and emotional wounding along the developmental continuum, which result in a level of self-absorption in which one's perception of the external world is altered and reconstructed in the service of the self. The self, responding to the pain and threat of wounding, needs the outside world to be a certain way in order to maintain a sense of security. When security is threatened by the actuality of the other, the self goes into an alarm state. This is the source of all frustration.

In response to the threat of the loss of need gratification and, ultimately, survival, the self acts to restore the homeostasis by symbiotic construction that attempts to quiet the survival directive-in childhood by a cry, and in adulthood, by criticism, both aimed at a fusion of the symbiotic image with the objective other. For instance, the cry is an attempt to force the objective other (mother) into behaviors that match the symbiotic image of the Amother who brings me food, thus quieting the survival alarm turned on by hunger. In adult criticism, the infliction of verbal and emotional pain on the objective other (spouse) is an attempt to encourage or force one's spouse to surrender his or her self existence and conform to one's symbiotic image of the spouse as Aone who meets my needs= (i.e., the need for one's spouse to be on time so one can avoid experiencing the childhood abandonment fears triggered by his or her lateness). The failure to achieve this homeostasis creates panic.

I postulated that symbiosis was the singular source of the power struggle. With this perspective, the function of dialogue as a safe process of discovering the spouse as the objective other seemed the only essential therapeutic process. The desired therapeutic outcome appeared to be a reciprocal dialogical exchange that enabled partners to release each other from their symbiotic prisons, communicate their own words, and stretch to meet one another's needs. I had already clarified that

stretching to meet the spouse's need produced characterological change that activated psychological growth toward a short-circuited adulthood. Now, I conclude that the dialogical process is the means not only of deep communication, but of growth essential to achieve healing and wholeness. Such reciprocity between two differentiated and separate, yet ontologically connected, persons is the beginning of true love.

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