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A LOVE STORY: SELF-DEFINING MEMORIES IN COUPLES THERAPY

JEFFERSON A. SINGER

Linda Harwood let Emily, the cat, into the kitchen and then let me in as well. She said that my hair looked different, "shorter," but I thought that she had changed little in the seven years since I had last seen her. Now 78 years old, her round, broad face, with silver hair to the tip of her shoulders and parted on the side, was still dominated by owl-size glasses, her alert and intelligent eyes looking straight out. Her voice had the whisper of her New England seacoast upbringing, almost faintly English in its intonation.

When Linda and her late husband, Charles, would talk about their home in our couples sessions, it was a moment of clear coming together—of an almost conspiratorial pride in what they had pulled off. Standing in the living room, with the Long Island Sound as the front yard and Spruce Island a rowboat's quick pull away, I knew that this place, built 40 years ago by Charles's own hands, stood as a symbol of their best years together. As Linda led me to an armchair and took her seat beside me, underneath a large framed photograph of two granddaughters in a studio pose, I noticed Charles's handiwork on cabinets with carved silhouettes of sandpipers and, down the hall, below the bathroom sink, seahorses as well. In the middle of the narrow hallway between the living room and the bathroom, an open spiral staircase, much like you would see on a ship's deck, rose to the second

floor. Catching me admiring the staircase, Linda said, "He could do anything with his hands. Woodwork, wiring, plumbing. He had the mind of an engineer—always looking for puzzles to work out and solve."

In a photograph in the hallway, I could see Charles's face and Linda's, surrounded by their two children and their granddaughters. It was not the Charles that I had known. There was no mistaking his professorial bearing, the high forehead, the narrow gaze, head tilted upward, bearing a smile but hoarding the slightest reserve. All this seemed familiar, but it was the flesh that filled out his face, the weight on his bones that struck a chord of difference. The Charles I had known had weighed no more than 100 pounds. When he had called me in February of 1995, he had told me without qualification that he was dying of cancer. He had had cancer of the larynx, mouth, and jaw, dating back to the early 1990s, but a carcinoma in the pleura of the lung had recently metastasized. His body had grown too weak to tolerate any more chemotherapy and the remainder of his life was now measured out in months. He said this with an engineer's matter-of-factness but indicated that there was one loose end that he wanted to address: "I do not want to die with this large gulf that exists between my wife and me. After all that has happened, I want us to be able to feel like husband and wife again."

Realizing that I had probably stared at the photograph in silence a moment too long, I turned to Linda and reminded her of why I had called and the purpose of my visit. I wanted to write about a memory that they had shared with me several times in their couples work and one that ultimately I had explored with them as a means to close the rift between them. Before we talked about that memory, I wanted to be sure that my old scribbled notes from our sessions were accurate about the details of their lives and marriage. We settled into our conversation as she took me back to the first years of their relationship.

BACKGROUND OF THEIR MARRIAGE

Linda began,

We met at a USO dance in May of '46. I liked him from the first. He had an air of intelligence and wit. I found that very attractive. We were married that September. That first night he had three drinks. My father had done his bit of drinking and I told Charles that if he wanted to see me again, he better not be a drinker. After that, I didn't see him drink in my presence for years and years.

For Linda, who had grown up in rather sheltered circumstances, Charles's travels in the Navy during World War II and his polymath mind

brought the hint of something exotic and exciting to her life. Linda's father had died when she was only 13, leaving her mother to take over his stone monument business. Linda had to help in every facet of the work, and soon she became the bookkeeper for her mother, whose own education had ended in the primary grades. Linda had little time for socializing during her teenage years, and her mother had done nothing to prepare her for the intimacies that occur between a husband and a wife. When Charles approached her on their wedding night, she became sick to her stomach. She felt in love and wanted to make love, but "emotionally, it didn't work." Charles was very understanding, and over time, they were able to consummate their marriage and find a rhythm to their love making.

Despite this progress, it became clear after many years of trying that they would not be able to conceive a child. They eventually adopted two children and loved them as their own flesh and blood. Their efforts to be affectionate and involved parents were in stark contrast to Charles's upbringing in the suburbs of Hartford. "His parents were cold as the wind outdoors today." Even years after her marriage, Linda could only call her mother-in-law, "Mrs. Harwood."

There are two striking facts about Charles's childhood. The most remarkable is his claim (which Linda verified with his mother) that he barely spoke until he was 13 years old. At first his parents thought he was deaf, and then perhaps mentally retarded, but all tests and his subsequent school record revealed a perfectly healthy and unusually intelligent (in fact rather gifted) child. Although there was not a formal diagnosis at the time, Charles suffered from what is now called selective mutism (American Psychiatric Association, 1994), a functional lack of speech that is not traceable to any form of medical condition. In retrospect, Charles wondered if the coldness of his home had led him to develop an inner resentment that expressed itself in willful silence. Once his mother realized his intelligence, she pushed him to achieve academically, which only made him pull more tightly into his shell of silence.

His release came when he applied for and received a full scholarship to a boarding school in Massachusetts. He left home at age 13, and only after he had arrived at school did his teachers realize his virtual muteness. Soon an English teacher took Charles under his wing and slowly coaxed him to speak. The two of them decided that they would set the goal of Charles entering a public speaking contest and this would be his public debut in the world of words. On the day of the contest, silent Charles rose to speak for the first time in front of his now wordless classmates. The first words of his speech were "My cat. . . ." The novelty of hearing his mouth discharge these syllables in front of his classmates so tickled him that he repeated them again and again, "My cat, my cat, my cat" as his classmates clapped and shouted. Winning the contest, he went on to become someone

who was gifted with words, as a teacher, as a writer, and a conversationalist the rest of his life.

The other striking fact was that the same teacher who in one sense saved Charles also scarred him as well. As their relationship deepened, the teacher pressed Charles for physical contact. To encourage Charles to reciprocate, he would share alcohol with him and the two would drink and be intimate together. This relationship, based on a confusing mixture of kindness, alcohol, and exploitation, lasted for quite some time, although Charles never pinpointed exactly how long. One certain legacy, however, was Charles's love of Scotch whiskey, a taste he continued to cultivate in secret for the first 15 years of his marriage to Linda.

In those early years of their marriage, Charles returned to school after the Navy, earned a graduate degree in physics, and, after teaching in high school for a while, became a college professor at a local community college. They built their home over a four-year period, having found a vacant lot among the tiny summer cottages that were the only structures on Jenning Point in those days. Linda had known of the Point since childhood, when her father, still healthy and the center of her world, had rented a cottage for the family for several summers in a row. It was a coincidence that Charles's family had also spent some summers near by, but the choice to build a year-round home there seemed a natural one. When they were not working on the home, they took small trips together to Canada and later on to Ireland and England. They loved to travel together, planning, bargaining, and making small purchases to add to the home.

THE SELF-DEFINING MEMORY: THE CAR RIDE HOME FROM THE HOSPITAL

As Linda raised the two children and Charles worked at the college, his late nights began to increase. He was teaching an additional class at an evening session in Hartford, but this commitment could not explain why he would get home at 2:00 or 3:00 in the morning. His breath smelled of whiskey and there was no longer any hiding from her that he was drinking. His great capacity for silence began to return, and he would stonily withdraw from her when the topic of drinking was raised. Betrayed and mortified by this secret habit, which was now becoming increasingly obvious to her, the children, and soon others in the community, she often expressed her resentment by withdrawing from him in bed. She could not stand the smell of his breath or the meanness that overcame him when he drank. Although there was never a moment of physical violence between them, the mutual anger and frustration drove a deep and bitter divide between them.

With the type of full-blown alcoholism that Charles displayed at this time, the next set of events was fairly predictable. Unable to moderate his drinking, his body requiring more and more alcohol simply to function at equilibrium, Charles started to show the effects at work. Year after year, his family, his employer, his physician, and various psychiatrists all stepped in to support Charles's forays into treatment programs and recovery. Meanwhile Charles did the best he could to keep drinking. From the late 1960s to the late 1970s, he went through 23 inpatient programs for alcoholism. Forced to leave his college position, and thereafter subsequent public school teaching positions, he was out of work for much of this period. Linda had attended a teachers' college before she had met Charles and took up a teaching position to support the family. Finally, after receiving a couple of DWIs and facing the possibility of jail, he asked to go to a long-term treatment facility. Linda saw the difference in his eyes and knew that, for the first time, he genuinely had given up and wanted to stop. He stayed at the facility for 18 months, and it was the longest period of sobriety that he had in more than 40 years.

Although the psychiatrist wanted him to stay even longer, Charles felt that he was ready to leave. During his time there Linda and he had made many strides in repairing some of the damage to their relationship. They had met weekly in couples therapy, and after 6 months, Charles had begun to have weekend visits home. They had resumed their intimate relationship for the first time in several years, and Linda had allowed herself a glimmer of optimism about the future. Right before his discharge, Charles had felt some resentment toward her because she had initially agreed with the psychiatrist that he should continue his stay. She was afraid that this time would end like all the others and did not want to take this risk. However, Charles was well enough to have regained some of his lifelong stubbornness. He told her that if she did not support his decision, he would not come home to her. He might even move in with a female patient he had met there. Fuming at this threat, she still relented and agreed to have him leave against the psychiatrist's orders. Linda had reached the moment in her narrative that was to become a central focus of our couples work.

It was the day he was to come home. He was going to drive. He was starting to be stand-offish. Still feeling like I had taken the doctor's side. I don't know what possessed me because I'm not the type who would normally cuddle up to him when he drove. But I must have felt happy that he was coming home and I wanted him to know that. So I slid over across the seat and reached my hand to his. He pulled away. I pulled back then too. We rode in silence after that. From that point in 1978 right to when Charles called you in 1995, 17 years later, we were never physically intimate again. Oh, we slept in the same bed

every night, but we never held hands, hugged, kissed. I would have wanted to, but he seemed to have completely shut down. Out of pride, and anger, I suppose. . . . I did not pursue the matter either.

What struck me as I heard the memory again for the first time in seven years was that I had not remembered who had reached out to the other and who had withdrawn the hand. It did not seem to matter. They both knew how to build a wall that kept the emotion and words inside each of them, while the space between them kept its formal shape. They both assured me that they did not once in those subsequent 17 years talk about the cessation of their physical intimacy.

In preparing myself to talk more with Linda about the couples work we did, and how we referred to the memory, I recalled one more twist to their story. In 1984, the same year Linda's mother died, the same year she had a breast removed due to her own cancer, Charles started drinking and took up with another woman. He left their home for the first time in the marriage and lived with a lover. Inexplicably, he would still come back sober to the house each weekend and they would have Sunday dinner together. There seemed to be an understanding that he could not drink and live with her. After several months, for the first and only time in the marriage, she told him that she would divorce him if he did not seek treatment and return home. By the middle of 1985, he entered the hospital for six weeks. He returned to his home with Linda, gave up the lover, and remained sober for the last 10 years of his life. Their marriage resumed its uneasy truce, propped up by their mutual talent for New England stoicism and forbearance. They focused, as they always had, on the children, and now the grandchildren. Although their own relationship held little for each of them, they worked as an efficient team in reaching out as parents, as members of the Unitarian Church that they had grown to love, and as friends and neighbors.

As a couples therapist, I have seen great variations in marriages over the years, and I do not hold any marriage to one template. For some couples, the loyal partnership spanning 49 years, which the Harwoods had achieved, would have been sufficient. They seldom bickered, never raised their voices. Charles continued to fix everything around the house and comply with every request that Linda made for help. They ate their meals together and took their afternoon tea with the sunsets over Spruce Island. It might have been enough to preserve this peace as a hard-won victory after all the decades of destructive illness and estrangement.

This question certainly went through my mind more than once as I got to know Linda and Charles in the early meetings of our work. It was soon clear to me that for Charles, facing the last months of his life, his familiar stubbornness would not allow this separate peace to be enough. In

our third session, when Charles spoke about the memory of the car ride home from the hospital in therapy, he made it clear why he wanted more.

There was a moment on that ride, when if I hadn't been too pig-headed, still always keeping that I-know-best attitude, I could have seen that our marriage, our real full marriage, and Linda's love for me, was there, but I didn't. We pulled back and we haven't pulled together, not in that way, since. It was a stupid waste and I don't want that to go on, not with the time I have left.

Charles wanted nothing less than for Linda and him to be an intimate couple again. It did not matter that they were both in their 70s (see Zeiss, Zeiss, & Davies, 1999, for a discussion of older adults' sexuality), and it did not matter that he was physically compromised by his cancer. Whatever they could manage was good enough for him: If they could make love, that would exceed his wildest hopes, but he would settle for holding hands, hugs, kisses—anything that would bring the wall down between them.

SELF-DEFINING MEMORIES: THE USE OF MEMORY IN INDIVIDUAL AND COUPLES THERAPY

The divide, as represented in the memory of the car ride, seemed like a formidable boundary indeed. When I first heard this memory, it immediately struck me as a particular type of memory—what I have called in the past a self-defining memory (Singer, 1995; Singer & Salovey, 1993). A self-defining memory is a highly significant personal memory that expresses central themes or conflicts of one's sense of identity. It is a memory that can be characterized by the following properties. It evokes *strong emotion*, not merely at the time of its occurrence but in its current recollection. It is *vivid* in the mind's eye, filled with sensory detail, like a snapshot or video clip. We return to this memory *repeatedly*. It becomes a familiar touchstone in our consciousness that we consciously retrieve in certain situations or that returns to us unbidden (Salaman, 1970/1982). It is representative of other memories that share its plotline, emotions, and themes. Although it is the most central one in our collection, it is highly *linked* to related memories. Finally, self-defining memories revolve around the most important *concerns and conflicts* in our lives: unrequited loves, sibling rivalries, our greatest successes and failures, our moments of insights, and our severest disillusionments.

In my work as a therapist, I have often relied on clients' self-defining memories as important sources of dialogue and interpretation in individual therapy (Singer & Blagov, in press-a, in press-b; Singer & Salovey, 1996; Singer & Singer, 1992, 1994). work with Linda and Charles was the first

time that I made a conscious effort to work with a couple through a shared self-defining memory. Over the past two decades, there has been a gathering literature in the social and clinical fields about the importance of shared memories to couples. As social psychology began to incorporate a concern with autobiographical memory into its models of social cognition and interpersonal processes (Ross & Conway, 1986), it inevitably asked questions about how couples shared or differed in their memories about important relationship events (Ross & Holmberg, 1990). Initially, this work looked at questions of accuracy and gender difference (females were more accurate and detailed in recollection, whereas males were more likely to revise and embellish their accounts), but more recently has turned to looking at how current relationship status affects the structure and content of these relationship memories (Holmberg & Veroff, 1996).

In particular, Holmberg and Veroff have looked at the degree to which married couples' shared memories conform to *cultural*, *subcultural* (ethnically or socioeconomically influenced), and *individual* scripts. They define *script* as "a knowledge structure that contains information about how things develop over time" (Holmberg & Veroff, 1996, p. 349). The formal definition of a script as a knowledge structure may be traced to the seminal work of Tomkins (1979) and the early cognitive science studies of Abelson (1981; Schank & Abelson, 1977). In a looser sense, dramaturgical models of relationships find their roots in the transactional theorizing of Eric Berne (1968), who wrote about the roles individuals inhabit in each others' lives and the games they play out with each other through relationship patterns.

Holmberg and Veroff (1996) suggested that cultural scripts are communicated through mass media, folk tales, places of worship, schools, and any other vehicles of cultural transmission. Couples may feel the influence of these cultural scripts on the recall of each phase of their relationship, from courtship to wedding to domestic life and child rearing. Cultural scripts provide narrative templates that prescribe specific roles for each partner, the sequence of actions, and their timing in the course of the relationship.

Subcultural scripts also prescribe patterns for couples' recollections, but these patterns are heavily shaped by the couples' ethnic, religious, and social class memberships. The courtship script for a traditional couple from India that came together through an arranged marriage will differ radically from a young couple in the United States who were under no formal proscriptions as to whom they might date and marry. These divergent scripts overlay the ways in which couples recall and retell their courtship experience.

Finally, individual scripts express the more specific personal beliefs and values of a given couple. Their unique concerns or ideological preferences influence the content and tone of memories recalled by the couple and provide the narratives a specificity that expresses the couple's personal, as opposed to cultural, identity. Across all three levels, Holmberg and Veroff

emphasized how these scripts strongly shape how events in the couples' lives are recalled and also to a large extent *what* events are recalled. Couples' memories are not veridical accounts of their life experiences but rather emerge from reconstructive efforts, influenced by the transforming power of overlearned scripts in the retrieval process.

Narrative family and couples therapists (e.g., White & Epston, 1990) have extended these ideas to suggest that relationship patterns (not just memories of them) are constructed or constitutive texts (Zimmerman & Dickerson, 1996, p. 13) that express the meaning systems and power dynamics of particular cultures. According to Zimmerman and Dickerson, as couples tell their stories, the narrative structures and language they use invoke problems that are social constructions based in how their culture has modeled negative social roles and unhealthy intimate relationships. The solution to these problematic narrative scripts, as White and Epston suggested, is to help clients "externalize the problem" (p. 38) by seeing these narratives as outside themselves and capable of being controlled, modified, or discarded.

We make the general assumption that persons experience problems, for which they frequently seek therapy, when the narratives in which they are "storying" their experience, and/or in which they are having their experience "storied" by others, do not sufficiently represent their lived experience, and that, in these circumstances, there will be significant aspects of their lived experience that contradict these dominant narratives.

... If we accept the assumptions made above ... we could also assume that, when persons seek therapy, an acceptable outcome would be the identification or generation of alternative stories that enable them to perform new meanings, bringing with them desired possibilities—new meanings that persons will experience as more helpful, satisfying, and open-ended. (White & Epston, 1990, p. 15)

This approach operates at Veroff and Holmberg's cultural script level. It emphasizes how individuals can liberate themselves from confining and often pathologizing cultural scripts that impose a textual rigidity on relationships. At the other extreme, and representing a tradition dating back to the beginning of the previous century, Adlerian therapists highlight the linkage of memories recounted in therapy to the expression of highly idiosyncratic and personally relevant life styles (Adler, 1927; Ansbacher, 1973; Bruhn, 1990). In this view, memories are most expressive of individual scripts, serving as projective devices that convey insight into individuals' current themes and interests, which have been woven into putative accounts of past events. In contrast to the heavy cultural determinacy favored by the narrative therapy school, Adlerians see these memories as indicative of an individual's basic convictions (Belove, 1980, pp. 191-192):

These convictions include expectations about life, expectations about people, the self and others as well as guiding intentions or conclusions about what it takes to live in a world so understood. This framework of basic convictions, expectations, and intentions is referred to as a person's unique, self-created style of life.

Belove applied this perspective to a sample of couples that recounted their first meetings (what he called "first encounters of the close kind" or FECK). Belove's contention is that these FECK narratives provided by couples convey their current relationship style or dynamics.

Like early recollections and myths FECK stories seem to condense the main themes of a relationship into a kind of metaphor *a deux*. The expectations and remembrances of a marriage are captured in a living story, actively remembered, as if the partners were saying to themselves and each other, "For as far back as we can remember this is how things were between us and this is probably how they will be." (Belove, 1980, p. 197)

My use of a self-defining memory in my couples work with Linda and Charles was probably much closer to an Adlerian perspective than the social constructionist work of narrative therapists. Certainly, cultural and subcultural influences surfaced in the memory. When their effort at intimacy failed, they may have felt the oppressive weight of a cultural script that told them that sobriety should lead to happiness and a more intimate marriage. Similarly, their frosty distance from each other resonated with a subcultural script of New England reserve, Yankee stubbornness, and Protestant repressiveness about sexual matters. However, the self-defining memory approach, in sympathy with the Adlerian tradition, sees the memory as a compelling expression of the *unique* shared identity that this couple had forged out of their long-standing relationship. The memory provided a textual metaphor that allowed them to read in a quick and emotionally resonant way who they were with each other and how they interacted as a couple.

My working premise about self-defining memories is that their role as a touchstone for identity makes them relatively fixed in the personality. However, as developmental changes take place in the life course, the meaning or emotional significance of the memory can shift, increasing or diminishing its importance to the self. In series of studies (Moffit & Singer, 1994; Singer, 1990), I was able to demonstrate that the affective intensity of self-defining memories was a function of their relevance to the success or failure of ongoing goals that individuals valued in their current lives. A reordering of a personal goal hierarchy could be expected to influence the weight or salience of particular self-defining memories for an individual or couple,

although the content or narrative detail of the memory might show little change.

In Linda and Charles's case, Charles's press toward intimacy in the last days of their marriage brought the memory of their car ride to the forefront of their shared memories. Its commentary on their failed effort at intimacy sounded a warning alarm that these new efforts were indeed risky and doomed to failure. At the same time, their repeated return to this exact memory suggested a kind of repetition compulsion, or unconscious need to return to this experience, perhaps in the hopes of overcoming and mastering its unresolved conflict (Freud, 1920/1973; Singer & Salovey, 1993, p. 43).

APPLYING THE CRITERIA OF SELF-DEFINING MEMORIES TO LINDA AND CHARLES'S MEMORY

To prepare for any intervention with the couple based on this car ride memory, I started by looking more systematically at the exact nature of the self-defining qualities of the memory. I began with what is a significant and perhaps hopeful aspect of their shared recollection. Unlike the couples in the Ross and Holmberg study, Linda and Charles were in agreement about the details of the memory, and even more, about its emotional significance in their marriage. It was the great stopping point—the moment of withdrawal that had yet to be repaired.

Indeed, there could be no question about the *emotional power* that this memory held for the couple. The pain registered in each of their faces, averted from the other's glance, barely able to look at me, signaled how much enduring emotion remained for them in recollecting this brief moment of their lives. Perhaps nothing was more indicative of its self-defining nature than the *repetitive way* in which they returned to this memory within the first few sessions. One of them would say, "That day we left the hospital . . ." and the other would nod, and complete the thought. By my own notes, I counted six times that they referred to this memory in our first three meetings. The memory had also retained a powerful *vividness*; they knew the exact date that it happened. They could describe in detail the moment when they pulled apart and the icy silence that filled the car for the remainder of the drive.

It was *linked in their minds* not so much to other specific memories but to blended memories of the multiple times earlier in the marriage when Linda had pulled back from Charles in resentment at his drinking, or to the times since the car ride when Charles had withdrawn from any tentative gesture that Linda might have made. It was linked to the hovering silence

that had choked off intimate communication about sex or gentleness or forgiveness in the last four decades of their marriage.

Finally, the walls that they laid down in the car ride rested on foundations laid deep in the soil of *unresolved conflicts* carried over from their own families. For Linda, the loss of her father at 13 was an irreparable hole. Sitting with me in her home, talking now about his death some 65 years earlier, she still choked up. "I lost that sense of security. He made me feel safe. He could fix everything. I was daddy's girl, his princess. I don't think you ever get over it." Linda told me that she and her mother learned to endure. They took control and kept on, pushing the pain back to a discreet place that did not interfere with what needed to be done day to day.

Before Charles's hospitalization in 1977, Linda had given up any hope of having her husband back. He too had been someone who could "fix anything," but the years of alcoholism had worn away her trust in him. The loss of her father had returned as Charles slipped away. When he recovered during this extended treatment, she had gingerly let herself believe that she might regain her sense of security again. As they drove home, she let herself make that vulnerable reach from her side of the car. His rebuff shocked her to her familiar senses: *Losses never heal and this gap will not close*. She resumed her dignified solitude with Charles and directed her love toward her children.

From Charles's part, authorities—his parents, his teacher, doctors, psychiatrists—all had tried to shape his life and tell him when to speak, when to achieve, when to drink, and when not to. Slowly, over time, he had acceded to his wife's authority as well. His drinking had given her more and more control. Now when he had finally taken a significant step to impose some healthy structure on his own life, she had sided (at least initially) with the authorities again. In all his life, his two greatest weapons against the rigid withholding forces of power he had faced were silence and drinking. Having nearly followed drinking to its ultimate conclusion and now determined to abandon it, he had only silence left. *Fearful of having his nascent sense of free will crushed, he pulled back in muteness*.

There he sat, frightened of ever letting go of his fragile self; there she sat, having lost a piece of her self at age 13, determined not to do so again. There they both sat, separate from each other. And this is how they both sat in my office, wondering what to do to break this impasse.

USING THE COUPLE'S SELF-DEFINING MEMORY AS A VEHICLE OF CHANGE

Because Linda and Charles had no trouble recalling and tagging this memory as a pivotal and self-defining moment in their marriage, the next question was simply, how could therapy make use of this memory to promote

change in the relationship? In White and Epston's words (1990, p. 15), what might be done to assist this couple in the "generation of alternate stories?"

In my previous work with self-defining memories in individual psychotherapy, I had often relied on transference interpretations that identified the same interpersonal pattern captured by a memory as now manifest in the psychotherapeutic relationship. This vivifying of the memory through an actual relationship in the present was a powerful tool to help modify attitudes and behaviors that had appeared frozen when only glimpsed through repetitive retelling of the memory narrative. As the therapeutic relationship evolved to a stronger and healthier ground, the memory increasingly served as a touchstone for the way things "used to be" but did not have to be any longer.

In couples work, where transference is not the key agent of change, the therapist is more likely to use more active suggestions and interventions. In my work with Linda and Charles, which, given Charles's health, needed to be as active and focused as possible, I chose to use some gestalt techniques of reenactment and role-playing around their memory. My goal was to help them view the memory from a different angle and to provide them with an alternate ending that would open up new ways of thinking and feeling about their relationship and its current possibilities.

Let me return to my visit with Linda at her home on the Sound. When she finished recounting the memory for me, I asked if she remembered that I asked them to replay the memory for me but to take each other's part. She said that she did and that it had helped, but that the sessions before had readied them for that moment. In the meetings before, they had clarified the issues intellectually. Linda knew that Charles wanted them to grow closer again, that he wanted to be forgiven for his secrets and betrayals. She resented that he might ask this depth of good will from her. Was it not just another form of selfishness, a way that he could die with all the pieces to the puzzle in place, his life finally tied up neatly?

On the other hand, she acknowledged that she was frightened of reaching out to him, that opening up to him, while on the verge of losing him, might be devastating for her. But, she recognized, to lose him, without having him again, would seem like a final and unchangeable loss that she might continually regret. As she worked at articulating these questions and doubts, Charles remained constant in his desire to be close and more loving. Yet, just as he hid from her with alcoholism and silence, he now found ways of using the fatigue and discomfort from his illness to forestall their efforts at closeness. I would give them homework assignments of watching a video while holding hands or trying a gentle backrub for each other, but even these small goals proved difficult for him. He was able to see this pattern of resistance and connect it to his earlier methods of passive retaliation. As they each acknowledged their fears and their

inadvertent ways of sabotaging their goal of intimacy, they would raise the memory of the car ride again.

In the fifth session, Linda entered the meeting in a state of guarded anger. In the waiting room at the hospital, Charles's ex-lover had briefly passed by. This old wound had been stirred up and it was hard for Linda to turn her attention to their goal of coming together.

As Linda and I recalled this meeting, I told her, "You still managed to do this work, though your anger was right there." With some wisdom, she said, "Perhaps that's why I could." That day I asked them to shift their chairs closer, more in a parallel position, approximating the front seat of the car. Once again, I asked them to tell me the memory of the day Charles left the hospital. I told them to close their eyes to envision the moment more clearly. Linda spoke first and set the scene of Charles at the wheel and her beside him. I asked the time of day, the speed of the car, the view from the window. Now it was time for Linda to make her move. At this moment, I asked them to switch roles—for Linda to imagine that she was Charles and Charles, Linda.

In what was growing increasingly more common as the months of his illness progressed, Charles spoke first and tried to imagine Linda's thoughts at that moment,

I am so scared that he will hurt me again. I am so scared that I will trust him and he will disappoint me. I am scared that he will think he does not need me or want me any more.

Linda hesitated a bit to tell Charles's thoughts, but finally replied,

O.K., I am thinking that Linda still does not trust me, that she doesn't think I am ready. I want her to know that I am better, that I can be a responsible person.

I then asked her to imagine Charles's thoughts as she reached over to his hand, "Charles is thinking—I mean I'm thinking—that she is going too fast. I'm not ready." At this point the real Charles did indeed reach over and take Linda's hand. She returned this gesture by squeezing his hand and allowing it to remain in hers.

Linda then asked that we move ahead in time, that we go to the point in 1984 when he told her that he did not love her and walked out. How could we rewrite that moment? Charles lowered his head and expressed his remorse. She warned him again of her fear of being hurt. He accepted this, but told her it was different now. Linda said how new this was to her and how she was not sure what to do with this. Although the session ended shortly after this, I felt that there was now an opening in each wall. They were looking more honestly at each other, looking with more accepting eyes and with more understanding. ~~The anger remained (how could it could~~

ever fully leave?), but it was tempered by other feelings, ones that were both much older (their first affection that had never fully dissipated) and newer (a fresh determination to give to each other in these waning hours).

SUBSEQUENT SESSIONS AFTER THE MEMORY INTERVENTION

The following sessions gathered momentum. They began to take their homework more seriously, expressing more frequent signs of physical connection. In their third month of therapy, they ended a session with an embrace and brief kiss. Charles's health had stabilized and he had rallied enough that they planned a final trip in June to Norway. It would be a challenge for him, but he wanted this last time with her. He wanted to build a new set of memories that would leave a happier legacy.

There was one last way that they made good use of the car ride memory. In a meeting in April, their fourth month with me, they discussed Charles's anger at his doctor, who refused to pursue any additional chemotherapy. She had tried to defend the doctor's position and he had withdrawn in a sulk. They quickly saw the pattern outlined from the car ride memory now projected on to the current situation and took action through communication to preempt any distance that might develop. The memory had given them a tangible script and metaphor that could either spiral them into repetitive dysfunction or guide them toward more satisfying resolutions. Although it took practice, they were learning to take the latter course.

In the last block of sessions, they achieved three important goals. Linda was able to speak more and more openly about her fears, anger, and moments of happiness. Charles supported her opening up, and thanked her for willingness to do so. At the same time, she asked him to speak up and make his wishes known about his estate, his funeral, and his burial. She wanted him to help her manage the difficult times ahead; it mattered to her that he not withdraw and passively hand the control over to her. In a moment of some meaning for them, they confirmed that he would have the burial plot beside her intended plot. After all they had been through, they would lie next to each other in the end. Their third goal was to plan and carry off their trip to Norway. It seemed a far-flung hope that Charles could manage such an excursion, but he remained stubbornly determined to make it work.

And in fact, they did go. They made it to Lapland, rode the train from Oslo to Bergen, shared a reindeer banquet. They were very enthusiastic and proud of the trip, although Charles needed a great deal of rest and assistance throughout the two weeks. From June to September, I saw them every few weeks, but Charles's condition worsened considerably and he began heavy doses of morphine that often made him sleepy and weak.

By October, Charles could no longer come in to meet me, and Linda asked to have her son and daughter come to speak with me. I sat with Linda and her children and we talked about the plans for the funeral, memorial service, obituary, will, and cremation. Charles would have been pleased at how carefully the details were now in place. But even more, his son talked about the change that he had seen in his parents, a gentleness that they had shown to each other in the last few months. He spoke briefly about how he had talked with his father about these changes and his father's continued remorse for his earlier years. Linda heard this and realized that there were still more words they needed to say and resolved to talk more with Charles in the next few days.

Two weeks later, late in October 1995, Charles died in a hospice bed in the living room of the Jennings Point house, his family at his bedside. For every day of his illness, Linda had slept in the bed beside him. Only on this last day, when the hospice staff moved him to the living room, did she sleep alone in the bedroom at the top of the spiral staircase he had built for her.

A LOVE STORY

We had finished our interview, talking right through lunch time without so much as a break for a glass of water. I felt tired, but Linda somehow looked serene. I expressed my gratitude for her helping me to revisit her story, and I also hoped that we had not stirred up too many painful thoughts for her. Linda smiled and looked directly at me again.

My life has gone on, though there isn't a day I don't miss Charles. There is a fullness that his death, the way he died, gave to me. I understand now in a way that I never could before, that love is what matters—not what we could have had—not the beauty of this home—but rather the spirit that built it.

In the Episcopal religion in which I was raised, there was so much emphasis on the life after, on what we would become in the next life. I suppose I am pretty much a Yankee cynic about such things. In the Unitarian faith that I have embraced, we don't spend much time on eternity, we look at what we have and what we can do right now. The other day our minister, who is a former Catholic, celebrated with her woman partner the adoption of a young girl from China. All the members shared in the ceremony at the meeting house. When the prayers were finished, the minister and her partner turned to walk down the aisle holding the hands of their daughter between them. Their faces were radiant with happiness.

As I drove off from Linda's house that day, I thought about the complexity of her marriage to Charles—his drinking and betrayals, their bitter

distances, the physical isolation that they lived with so long, and at the same time, their loyalty, their mutual commitment to their children and grandchildren, and their tentative willingness to come back to each other before his death. One could see Linda's determination to find a message of love in this story as a kind of denial of the pain she had suffered or a justification of the "wasted years" of their marriage. My acceptance of this version of her story could be my collusion in her self-justification or my own rationalization to find value in the therapeutic work we did together.

Over time, I have come to see the merit in all of these explanations of Linda's parting words to me, but I see the greatest merit in recognizing that they did indeed come back to each other and recommit to their marriage. To acknowledge this accomplishment is to see their relationship as a love story, but certainly not the simple romance of a fairy tale or teenage magazine. Love is often bundled with human weakness, resentment, and regret. It coexists with our ability to hurt, and because of the extreme vulnerability it exposes, can shift with the slightest provocation to cruelty or attack. It is neither always pretty nor always constant, but it can endure and it can harness its power to be a catalyst of change. And if we dismiss its ability to allow us at certain critical moments to transcend our own ample limitations as humans, we do so at our own risk. This may not offer the Hallmark tidiness that we would like to find in a love story, but it is the message that Linda and Charles ultimately extracted from their memory of the car ride home. By finally clasping hands, they acknowledged their mutual commitment and let the final journey of their marriage end in peace.

CONCLUSION

In this chapter, I extend my work on self-defining memories and their role in psychotherapy (e.g., Singer & Blagov, in press-a, in press-b; Singer & Singer, 1992, 1994) to consideration of a couple's shared memory. Just as individuals may possess self-defining memories that serve as a metaphor of an enduring concern or conflict in their lives, couples may also share a memory narrative that expresses an important theme of their relationship. In the case presented, the couple was in agreement about the details of the memory and their telling of it varied little from partner to partner. As the work by Ross and Holmberg (1990) suggested, variation in how a shared memory is recounted by each partner would also be a potential source of information about the partners' perceptions of each other and their relationship.

Thorne (2000) has suggested that personal memory telling may reveal different aspects of personality development, including levels of ego strength or maturity, motives of agency and communion, and willingness to present

a particular portrayal of the self to the world. Similarly, the systematic study of couples' memories may reveal critical aspects of their relationship, including their attachment style, their characteristic portrayals of each other, and the way they portray their relationship to the world. Finally, as illustrated, using couples' memories as the basis for role-playing and other dynamic exercises may assist in reframing the particular meanings attached to these memories. Such exercises may encourage partners to make new or renewed efforts to seek different endings to familiar relationship patterns. The power of shared memories to invoke strong emotional responses in the couple can mire them in repetitive conflict, but it can also be harnessed to promote creative and committed change.

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