



North American Association of Christians in Social Work
A Vital Christian Presence in Social Work

PO Box 121
Botsford, CT 06404
www.nacsw.org
888.426.4712

**LEAVE AND CLEAVE: THE NEUROBIOLOGY OF THE MARITAL
RELATIONSHIP**

By: Elodia Flynn and Elizabeth G. Lamberson

**Presented at:
NACSW Convention 2012
October, 2012
St. Louis, MO**

Abstract

Many Christian weddings quote Mark 10:9 saying, “What therefore God hath joined together, let not man put asunder,” yet the divorce rate among Christians remains around 42%. Current research on attachment and neurobiology provide a new understanding of the biblical command from Genesis 2:24 to “leave and cleave.”

Leave and Cleave: The Neurobiology of the Marital Relationship

Then the LORD God said, “It is not good that the man should be alone; I will make him a helper fit for him.”....So the LORD God caused a deep sleep to fall upon the man, and while he slept took one of his ribs and closed up its place with flesh. And the rib that the LORD God had taken from the man he made into a woman and brought her to the man. Then the man said, “This at last is bone of my bones and flesh of my flesh; she shall be called Woman, because she was taken out of Man.” Therefore a man shall leave his father and his mother and hold fast to his wife, and they shall become one flesh. (Gen. 2:18-25, English Standard Version)

In the beginning, shortly after the creation of the world and man, God said an amazing thing: “It is not good that the man should be alone.” With this incredible pre-sin, pre-fall statement, God declared something “not good” in the midst of all the “good” that he had created. In response he formed Eve from Adam’s rib and ordained the “leave and cleave” (Gen. 2:4, King James Version) of the marital relationship. In a time when divorce rates are calculated at upwards of 50% (National Center for Health Statistics, 2010), it is easy to wonder what has gone wrong with marriage. An exploration of attachment theory in light of God’s creation of the “leave and cleave” of the marriage relationship will provide a new understanding of the dynamics of marriage for therapists and counselors working to combat the dissolution of so many homes.

The Development and Impact of Attachment Style

Bowlby (1969), Main (1996) and Ainsworth’s (1978) research into the interaction between babies and their primary caretakers has provided insight into the long-term impact of early care-taking relationships on attachment throughout the lifespan. Bowlby (1975) says that

“Attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and the many forms of emotional distress and disturbance, which include anxiety, anger, and depression, to which unwilling separation and loss give rise” (p. 292). The inborn needs for comfort, safety, and security which are the basis of attachment drive the infant to seek proximity with the mother figure. In times of discomfort, stress, or threat, such proximity provides the emotional contact, safety, and comfort needed by the infant. These innate needs are maintained throughout the life cycle (Bowlby, 1975). Ainsworth (1989) defines five key elements to attachment bonds as including, “a need to maintain proximity, distress upon inexplicable separation, pleasure or joy upon reunion, ...grief at loss...” (p. 711) and a secure base from which exploration is possible.

Attachment theorists such as Bowlby (1969) attribute the drive to seek proximity as an evolutionary response to provide for the survival of the species. When, however, considering an Intelligent Designer as the Creator of men and women, it is easy to conceive that he would provide the drive for attachment as a way to ensure both connection within the family unit and ultimately connection with himself. As Thompson (2010) points out, God, himself, fosters attachment, calling Jesus, Immanuel, “God *with us*” (p. 111).

Research has identified four different attachment styles in babies: secure, resistant-ambivalent, avoidant, and disorganized-disoriented (Main, 1996, p. 238). Each of these attachment patterns is the baby’s response to interaction with the primary caregiver when seeking proximity. From these experiences, the baby builds an internal working model of how relationships function that often persists throughout the lifespan (Bowlby, 1969). Main (1995) cautions, “There is no evidence that these interactions need be positive, and infants

unquestionably take maltreating parents as attachment figures” (p. 411). Ainsworth (1985) further cautions not to think that because an attachment is insecure that it is also weak (p. 805).

In secure attachments, the primary caregiver is tender, provides carefully paced face-to-face interactions with the baby and is sensitive to the infant’s signals for care, assistance and companionship (Main, 1996, p. 238). When the caregiver responds to the child’s signals for help with regularity and affection, the building blocks for security and safety are laid down. Fosha (2003) explains, “...the roots of security and resilience are to be found in the sense of being understood by and having the sense of existing in the heart and mind of a loving, caring, attuned and self-possessed other, an other with a mind and heart of her own” (p. 228).

Ainsworth (1979) explains,

Such responsiveness, I suggest, enables an infant to form expectations, primitive at first, that moderate his or her responses to events, both internal and environmental. Gradually, such an infant constructs an inner representation—or “working model” (Bowlby, 1969)--of his or her mother as generally accessible and responsive to him or her. Therein lies his or her security. (p. 933)

As adults, these babies, having seen themselves in the eyes of their caregivers (Siegel, 2011, p. 180), know who they are and are able to become securely attached to their spouses as well as their own children (Main, 1996, p. 238).

Bowlby (1975) and others (Ainsworth, 1979; Main, 1996), in observing infants’ relationships to their mothers, noticed that a healthy infant is alert, unafraid, and in the presence of his mother as “a secure base,” seems interested in exploring his environment (Ainsworth, 1989). Research has found that babies closely attached to their mothers are more likely to respond positively to being put down and explore their environment, are less aggressive, and

more responsive to comfort than babies who are insecurely attached. These findings have led to the conclusion that secure attachment enhances independence (Ainsworth, 1979, p. 935) and negates the popular notion that close attachment of an infant to his mother will spoil the baby and hinder his development of independence (Ainsworth, 1985).

While a securely attached infant could experience intense distress and a diminished desire for exploration during separation from the mother figure, upon reunion they seek proximity to her, are easily comforted, and can quickly return to play and exploration (Ainsworth, 1979). Secure attachment requires consistent cycles of attunement between infant and mother in which disruptions are consistently repaired (Schoore, 1991).

The effectiveness of a caregiver as a secure base for the child depends on the caregiver's capacity "to regulate her own emotional experience simultaneously with that of her child" (Lipton & Fosha, 2011, p. 257). It is in such a dyadic context that the coping system for self-regulation of the infant/toddler develops. Shore (2001) asserts that,

...in attachment transactions of affective synchrony, the psychobiologically attuned caregiver interactively regulates the infant's positive and negative states, thereby coconstructing a growth facilitating environment for the experience-dependent maturation of a control system in the infant's right brain. The efficient functioning of this coping system is central to the infant's expanding capacity for self-regulation... (pp. 203-204)

Conversely, when an infant's mother is inconsistent in her interaction with the baby, sometimes responding with touch, soothing words and care, and at other times not, the baby's response is one of resistance or ambivalence (Main, 1996). These infants seem preoccupied with their mothers while expressing either anger or passivity during stress and are not comforted by

the mother's presence. On separation, both securely and insecurely attached infants display "protest" behaviors including crying, active looking, and/or the refusal of comfort (Bowlby, 1975, p. 293), however, at reunion resistant-ambivalent babies vacillate between seeking close contact with the caregiver while at the same time resisting contact with her (Ainsworth, 1979, p. 932).

Infants whose attachment figures fail to respond to their babies' cries of distress, have an aversion to physical contact, are frequently angry and show little face-to-face interaction, often become avoidantly attached (Main, 1996; Ainsworth & Bowlby, 1991). Having learned that the primary caretaker offers no response to protest behaviors, these babies develop a primitive defense mechanism similar to what Bowlby (1969) calls "detachment" (p. 27), characterized by indifference toward their mothers. When these infants' attachment mechanisms are activated, they desire closeness to the mother; however, having often experienced painful rejection when seeking close contact, these infants find themselves caught in an approach-avoidance conflict. "Avoidance is viewed as a defensive maneuver, lessening the anxiety and anger experienced in the conflict situation and enabling the baby nevertheless to remain within a tolerable range of proximity to the mother" (Ainsworth, 1979, p. 933).

The final attachment style has been called disorganized-disoriented. This attachment styles results from cases of extreme abuse and neglect in which the attachment figure is both the source of comfort and the source of distress, creating what Main (1996) calls a "behavioral paradox" (p. 239).

The Relationship between Attachment and Neurobiology

Schore (1991; 1994; 2000) has shown that the wiring of an infant's brain is affected by his relationship with his mother. These findings clearly demonstrate that attachment and

neurobiology do not work independently but in concert with each other (Siegel, 1999).

Relationships enhance the activation of neurons causing changes in the structure of the brain throughout the entire life cycle. This capacity of the brain to rewire itself in response to experience provides avenues for change in attachment styles beyond childhood and throughout adulthood (Siegel, 2001, p. 70). Lipton and Fosha (2011) state

It is well known by now that our brains are wired from birth to connect, not only at the microscopic level of synapses and dendrites, but also at the macroscopic level of primary relationships (Solomon & Siegel, 2003). Early attachment relationships shape an infant's neurobiology and set the course for his or her future biopsychosocial self (Schoore, 1996, 2009). Mediated by the greater social environment, this bidirectional, dyadic process directly influences the final wiring of our brains and organizes (or disorganizes) our future social and emotional coping capacities. (Lipton & Fosha, 2011, p. 255)

Siegel (2001) suggests that the orbitofrontal cortex, the part of the brain responsible for empathy, self-narrative memory and affect regulation, develops through attuned adult/child relationships during the early years of a child's life (p. 73). A child's relationship to his parents or primary caretaker is probably the most influential force of how he makes sense of his world and therefore of himself. Siegel (2011) states,

The mind we first see in our development is the internal state of our caregiver. We coo and she smiles, we laugh and his face lights up. So we first know ourselves as reflected in the other. ...[O]ur resonance with others may actually precede our awareness of ourselves. (p. 62).

Lipton and Fosha (2011) explain that a baby's early exchanges with his caregiver comprise of face-to-face contact, physical touch, tone of voice or what has come to be known as

“right brain to right brain” communication. Because the hippocampus does not come online until between eighteen months and three years of age, early experiences are encoded in the brain *experientially* rather than *linguistically*. As a result, “Our earliest perceptions of both safety and danger are prelinguistic and somato-sensory: we carry these nonverbal markers of self-states with us throughout our lives” (Lipton & Fosha, 2011, pp. 255-256). What remains of those early encounters between infant and caregiver is a “felt sense” of the experience for which the individual has no words to explain (Lipton & Fosha, 2011).

This felt sense of experience is encoded through memories of emotions, physical sensations, behaviors and perceptions. These *implicit memories* when activated have no “...internal sensation that something is being recalled. They merely influence emotions, behaviors, or perceptions directly, in the here and now, without awareness of their connection to some experience from the past” (Siegel, 2001, p. 74). While a person will more than likely never *explicitly* remember his or her experiences as a baby, implicit memories become the basis for an individual’s internal working model of self and others (Siegel, 2001) and eventually God (Thompson, 2010).

How Attachment and Neurobiology Impact the Marriage Relationship

As a child matures, attachment bonds are slowly transferred from parents to other relationships (Weiss, 1993; Allen, 2010). Allen (2010) suggests that adolescence brings about a transformation of the attachment system resulting in the de-idealization of parents and decreasing reliance on parental attachment figures. During this time of growth of autonomy and maturation, the young adolescent transfers attachment dependencies from parents to peers. Zeifman and Hazan (2008) report that as children enter middle-childhood, they develop the ability to sustain more intimate peer relationships and will increasingly turn to peers rather than parents for

comfort, mostly preferring peers to parents by late adolescence. Weiss (1993) explains that contrary to the early distress that an infant finds with separation from the attachment figure, as the baby grows into middle childhood, longer separations become tolerable. Slowly the attachment feeling changes into a mature view of parents as “people whom they love as kin, to whom they feel emotionally linked, and in relation to whom they have obligations, but not guarantors of security nor people with whom they maintain an emotional partnership” (p. 71).

Weiss further says that in the final stage of this process, the young adult chooses an adult attachment figure. Zeifman and Hazan (2008) found that as children and adolescents matured, each of Ainsworth’s four characteristics of attachment “(i.e. proximity seeking, safe haven, separation distress and secure base)” (p. 439) was transferred from parents to peers, beginning with proximity seeking, followed by comfort and emotional support. As long-lasting, (enduring longer than two years), and mature relationships are established, transfer of attachment becomes complete with the preference of the romantic partner for a secure base. According to Shaver and Hazan (1988), there are, however, two key differences between adult romantic love and infant-caregiver attachment: adult romantic love includes sexual attraction especially during the early phases of the relationship, and adult love is characterized by reciprocal caregiving instead of the asymmetrical relationship between infants and their primary attachment figure. Romantic love then involves the combination of three different behavioral systems: attachment, sexual mating and caregiving (p. 482).

Bowlby (1979), proposed that the attachment style between parent and child becomes the basis from which an adult relates to his/her partner in a romantic relationship. Other researchers (Hazan & Shaver, 1987; Weiss, 1993; Feeney J. A., 1999) have confirmed Bowlby’s findings, leaving little doubt that the quality of early attachment relationships affects intimate relationships

in adulthood (Ainsworth, 1979; Solomon & Tatkin, 2011). Schore (2001) says, “Because early abuse negatively impacts the developing brain... it has enduring effects. There is extensive evidence that trauma in early life impairs the development of the capacities of maintaining interpersonal relationships, coping with stressful stimuli, and regulating emotion” (2001, p. 208).

Through the Adult Attachment Interview, George, Kaplan and Main (1996) have provided a means for measurement of adult attachment styles resulting from their infant counterparts. The secure infant often becomes a *secure-autonomous* adult, the avoidant displays as *dismissing*, the resistant-ambivalent results in *preoccupied* adults, and the disorganized-disoriented becomes either *unresolved-disorganized* or *cannot classify* (Main, 1996, p. 238; Main, Hesse, & Goldwyn, 2008, p. 33). Main, Hesse and Goldwyn (2008) describe the secure-autonomous adult as one who values attachment, yet is able to be objective about particular experiences or relationships. The dismissing adult devalues attachment relationships and experiences while the preoccupied adult becomes excessively concerned about relationships and experiences from the past. The unresolved-disorganized adults are thought to dissociate from unresolved fear regarding particular childhood experiences while the cannot classify has no organized strategy or state of mind in regard to attachment. Individuals falling in the final two categories were most likely to experience some level of psychopathology (pp. 32-33).

Since attachment interactions are wired in the brain long before the development of language in the form of implicit memories, painful encounters within an adult couple relationship become the reenactment of long forgotten events, and of which only the emotional pain remains. Solomon (2003) states that “whatever went wrong in the childhood of each partner will be tested in an intimate relationship...” (p. 325). When the impact of implicit memories in the sub-cortical regions of the brain are not understood, the couple keeps responding to present day

events not according to the need of the moment, but driven by past attachment experiences while remaining unaware of the cause of their reactivity (Solomon & Tatkin, 2011, pp. 43-44).

Often people choose their most intimate relationships with an unconscious wish to heal the past, with their current relationships mirroring their historical attachment interactions. In selecting a partner, each individual seeks an intimate connection with someone who resembles a significant parental figure (Solomon M. , 1994; Solomon M. F., 2003). These early wounds and protective defenses have developed into unique interactional patterns that are played out in all subsequent relationships and particularly in marriage (Solomon & Tatkin, 2011). Solomon (1994) asserts that more than any other relationship, marriage recreates the good and the bad of the dependency experiences of the infant and young child (p. 47).

Within the bonds of marriage, couples repeat the patterns of emotional dependency they learned at the feet of their parents. Unmet needs in the marital relationship provide fertile ground for the dormant seeds of those early relationships to germinate in conflict between partners. Their unspoken definition of love goes something like this: “If you love me, you will satisfy all my unmet needs for safety and security” (Solomon & Tatkin, 2011, p. 67). Conflict revolves not around the issues they present in therapy, but rather around insecure bonds with at least one partner perceiving the other as either inaccessible or emotionally distant (Johnson, 1986). Like in childhood, they angrily protest what they perceive as their partner’s inattentiveness to their needs for safety and security (Bowlby, 1975). When both partners are insecure, the conflict escalates in attacks and counter attacks, each accusing the other “of being the problem,” demanding changes of each other that very seldom take place without a therapeutic intervention to disrupt long established patterns of behavior (Solomon & Tatkin, 2011, pp. 5, 176).

From the stance of viewing marriage as an attachment bond, Johnson (1986) suggests that therapy should address each partner's sense of security or isolation in the relationship, that needs for contact and security are a normal and natural part of being human, that intimate relationships imply that each member of the couple nurtures and cares for the other in response to need and that in close relationships, the emotional experience is of primary importance (p. 263). Cozolino (2006) says,

From birth until death, each of us needs others who seek us out, show interest in discovering who we are, and help us to feel safe. Thus, understanding the brain requires knowledge of the healthy, living brain embedded within a community of other brains: Relationships are our natural habitat. (p. 16).

Johnson (1986) explains that the issue of being connected and close often is the primary concern in marital disagreements. Like children, adults want their attachment figure, usually their spouse, to be available during stressful times and find a greater sense of security and comfort when in the presence of their partner. When the attachment figure is thought to be absent or unavailable, discomfort, anxiety and stress increase. Johnson continues,

If the affectional bond is perceived as being threatened, then attachment behaviors such as clinging, crying and/or angry coercion generally become more frequent and extreme. Indeed, in distressed marriages, where disagreement or distance are perceived as threatening the relationship, such behavior is commonplace. When the intensifications of attachment behavior are successful and the bond is secured, then stress is alleviated; if not, withdrawal and despair will eventually ensue (Bowlby, 1973b). Attachment behaviors are accounted for not in terms of drive concepts but in terms of information processing, in that, if a set goal of proximity to an attachment figure is not maintained,

then attachment behaviors will be initiated to create that proximity.... These behaviors are, by their very nature, difficult to bring under cognitive control and end only in the event of reassuring contact with the spouse or in emotional divorce and withdrawal. (p. 262)

Conversely, Main (as cited in Solomon, 2009) has found that in marriages where one partner is securely attached, an insecurely attached partner may develop an “earned secure attachment” through reparative adult experiences over a five year period. Siegel (2011) suggests that the qualities of curiosity, openness, acceptance and love in a relationship provides the basis of secure attachment. When an individual “feels felt” in a securely attached relationship, then a sense of value and inner coherence is created, allowing internal integration and regulation (pp. 188-189). As couples rework attachment patterns, they find new opportunities for achieving intimacy (Solomon M. F., 2009).

Insecurely attached couples operate from the “don’t come close – don’t go away” pattern of anxious/preoccupied attachment (Solomon M. F., 2003, p. 328), the physical and emotional withdrawal characteristic of dismissive attachment or the explosive discharge of affect, aggressive distancing and disconnection of disorganized attachments leading to a breakdown of connection and intimacy. When the primary relationship is disrupted, the loss of connection activates long engrained defensive strategies formed to reduce anxiety and prevent emotional pain. In anxious attachment this appears as protest behaviors including clinging, response seeking and pursuit, while in dismissive attachment, the individual suppresses attachment needs, and shuts down emotion (Solomon M. F., 2009, p. 215). Additionally, Bowlby (1988) suggested that anger within an attachment dyad often functions to “deter from dangerous behaviour, to drive off a rival, or to coerce a partner. In each case the aim of the angry behaviour is the same –

to protect a relationship which is of very special value to the angry person” (p. 80). Interestingly, research shows that the presence of anger in marriage is not predictive of divorce or separation (Gottman, 1993).

The Relevance of the Biblical Mandates for Marriage

In his study on the causes of divorce, Gottman (1993) found that just two variables are sufficient to predict dissolution of marriage: for the wife, criticism, and for the husband, defensiveness, contempt and stonewalling. In a cascading spiral of destruction, “criticism leads to contempt, which leads to defensiveness, which leads to stonewalling....” These findings suggest “that these four processes are particularly corrosive to marital stability” (p. 62). It is interesting that the biblical admonition of Ephesians 5:22-33 addresses precisely these two issues. Verse 33 states, “However, let each one of you love his wife as himself, and let the wife see that she respects her husband.” The word for love in this passage is the Greek word *agape*, or selfless, sacrificial love. Shaver and Hazan (1988) suggest that the healthy caregiving of a secure attachment most closely resembles the self-sacrificing nature of *agape* love.

When the marital environment is one in which each partner considers the other as more important than himself/herself, (see Phil 2:3-4), marriage partners are ideally positioned to provide for the innate needs of each other. The authors say “Thus, when two people in a committed relationship modify their beliefs from ‘take care of yourself first’ to ‘take care of each other,’ both the relationship and the individuals are likely to grow” (p. 177). Accordingly, it is in the best interest of each individual to ensure the primary needs of safety, comfort and security at all times (p. 45). Solomon and Tatkin (2011) report that the presence of a loving, accepting and attuned other leads to a calmed and more integrated nervous system. When the marital

relationship is viewed as a psychobiological unit then the repair of old wounds is possible.

Solomon and Tatkin (2011) continue by saying,

The bond of intimacy brings up the very same needs, yearnings, disappointments, and protective defenses that occurred in the primary bonds of infancy and childhood. For this reason, adult primary attachment partners have a unique power to hurt or to heal, to weaken or augment resources of the other. In fact, once the members of a couple have stopped “auditioning” to get the gig and each agrees that the other is “good enough” (Winnicott, 1957, p.135), adult partners are in the best position to shore up each other’s early childhood attachment wounds. The power of this position outweighs that of any other, including a therapist. (p. 4).

The role of the therapist, then, is that of facilitating attachment between the couple as each individual member of the dyad works to process and resolve attachment needs. When the therapist understands that the conflict presented by the couple is their effort to satisfy and heal early attachment needs, then mutual positive dependency is encouraged rather than categorized as pathological co-dependency (Solomon & Tatkin, 2011, p. 55). In this approach to helping couples, the therapist’s concern is to aid each partner in identifying unmet childhood needs, as well as behavior patterns developed to satisfy and defend against such needs. As a teaching tool, the therapist models for the couple collaborative methods to meet each other’s needs (Solomon & Tatkin, 2011, p. 46) It is the therapist’s role to help the couple understand that what they have labeled as “the problem” is their reenactment of old historical events in their own lives. As the therapist teaches the couple to look at “the problem” from this perspective, she helps them create an atmosphere of mutual understanding and empathy, rather than criticism and blame.

The emotional position of the therapist in relationship to the couple is critical, since in this context he/she becomes the attachment figure. Her responses either confirm the patient's old belief that emotions are too much to be handled, or she offers a place of acceptance, empathy, and valuing in which whatever the client feels or thinks can be shared without the fear of being punished, rejected or shamed. This conveys to the patient a new and valuable understanding—it is ok to own and experience emotions in the presence of another who is accepting and loving, regardless of what those emotions are. It is the therapist's acceptance that enables the patient to explore with curiosity and compassion his own internal state without being overwhelmed by it. In doing so, he discovers his own capacity to regulate internal emotional states and accept and care for himself, thus allowing the healing process to take place (Fosha, 2009, p. 3).

In light of the previous discussion, what then is the relevance of the biblical mandate in Genesis 2:24 and Ephesians 5:22-35? In Genesis 1:26, 29-31, 2:19 God decided to create man in His own image and to give him dominion over every living thing he had created. Adam enjoyed a perfect environment and an unencumbered relationship with his Creator, lacking absolutely nothing. In the midst of this perfect situation God makes an outstanding declaration, in Genesis 2:18a, He says, "It is not good that the man should be alone..."

It was God's idea that despite a perfect situation prior to sin entering the world, that Adam needed an *ezer kenegdo* (Eldredge & Eldredge, 2005). Eldredge and Eldredge (2005) say that this Hebrew word, often interpreted "helpmate," is difficult translate. When used in the Old Testament, it carries with it the idea of life and death. The authors say, "A better translation... of *ezer* would be 'lifesaver.' *Kenegdo* means alongside, or opposite to, a counterpart" (p. 32). The implication is that God intended and designed people not only to be in relationship with him but

with one another as well, especially in the marital relationship. The result of God's observation "It is not good that the man should be alone..." is the creation of Eve.

The following statement by Cozolino (2006) suggests that research is beginning to prove what God so long ago declared:

Scientists have had to expand their thinking to grasp this idea: The individual neuron or a single human brain does not exist in nature. Without mutually stimulating interactions, people and neurons wither and die. In neurons this process is called apoptosis; in humans it is called depression, grief, and suicide. (p. 16).

How is it then, if God designed marriage as a place of safety and security that it can turn into such a battle ground? Genesis 2:24 says, "Therefore shall a man leave his father and his mother, and shall cleave unto his wife: and they shall be one flesh" (King James Version). The word "cleave" in this passage means to "cling, stick to..., join to" (Swanson, 1997, p. #398) while "to leave" means "**leave behind**, abandon, i.e., cause an object to stay in a place while the participant leaves" (Swanson, 1997, p. #6440). This may sound easy, however, it seems that often the "leaving behind" is incomplete, and the separation brings with it unfinished business which the couple hopes will be resolved within the context of the marital relationship. Unmet childhood needs accompany each partner with the implied unspoken expectation of both that the other will be the fulfiller of those needs. When this does not take place, it appears that disappointment and loneliness set in, and the battle between the partners begins. Depending on the partners' attachment styles, the battle can be characterized by shouting, accusation, and pursuit or withdrawal and/or apathy. Neither partner understands the reason why such a promising relationship has turned so painful, leaving them often believing that they married the wrong person.

Using a psychobiological approach in such a situation, the therapist's role is to help partners identify needs and defenses that block the couple's ability to provide safety and security for each other. She not only teaches the couple new ways of relating that are cooperative, but models how collaboration provides an environment of safety and security where the needs of both will be met. At the same time, the therapist works to heighten the couple's self-esteem and offers both partners an opportunity to grow intellectually, spiritually and professionally (Solomon & Tatkin, 2011, p. 46). When the marital relationship offers to the couple a sense of safety where both can be themselves without the fear of criticism, shame, or rejection; the sense of aloneness begins to be replaced by a sense of being felt, seen and understood by each other. It is from this position that the Genesis 2:24 is fulfilled and opens the entrance to Ephesians 5:22-33.

In Ephesians 5:25-29, Paul address the couple as follows:

Wives, submit to your own husbands, as to the Lord. For the husband is the head of the wife even as Christ is the head of the church, his body, and is himself its Savior. Now as the church submits to Christ, so also wives should submit in everything to their husbands. Husbands, love your wives, as Christ loved the church and gave himself up for her, that he might sanctify her, having cleansed her by the washing of water with the word, so that he might present the church to himself in splendor, without spot or wrinkle or any such thing, that she might be holy and without blemish. In the same way husbands should love their wives as their own bodies. He who loves his wife loves himself. For no one ever hated his own flesh, but nourishes and cherishes it, just as Christ does the church, because we are members of his body. "Therefore a man shall leave his father and mother and hold fast to his wife, and the two shall become one flesh." This mystery is profound, and I am

saying that it refers to Christ and the church. However, let each one of you love his wife as himself, and let the wife see that she respects her husband. (ESV).

It is in this environment of acceptance, protection, love, and respect that safety and security can flourish. Insecurity in both partners will hinder such a development. However, the couple's recognition of each other's needs, not as pathological, but as unmet human needs in which each is privileged to help the other, will aid the healing of both, and as such fulfill the Genesis 2:24 command.

Conclusion

When couples enter the marriage relationship with insecure attachment patterns, unmet childhood needs and the unresolved pain of trauma become a source of insecurity, fear, anxiety, and disappointment mirroring what characterized their primary relationships as infants and children. Unaware of those long forgotten needs and the accompanying pain, the couple focuses on what they each think their partner does wrong. The promise, excitement, and hope with which they enter marriage soon spiral into criticism, contempt, defensiveness, and stonewalling (Gottman, 1993). The goal of a psychobiological approach to therapy is helping the couple to once again find the hope they have lost and to experience with each other the healing of practicing the principles of Ephesians 4:31-32: "Let all bitterness and wrath and anger and clamor and slander be put away from you, along with all malice Be kind to one another, tenderhearted, forgiving one another, as God in Christ forgave you." (ESV).

References

Works Cited

- Ainsworth, M. D. (1979). Infant - Mother attachment. *American Psychologist*, 34(10), 932-937.
- Ainsworth, M. D. (1985, November). Attachments across the life span. *Bulletin of the New York Academy of Medicine*, 61(9), 792-812.
- Ainsworth, M. D. (1989, April). Attachments Beyond Infancy. *American Psychologist*, 44(4), 709-716.
- Ainsworth, M. D., & Bowlby, J. (1991). An Ethological Approach to Personality Development. *American Psychologist*, 46(4), 333-341.
- Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: a psychological study of the strange situation*. Hillsdale: Laurence Earlbaum Associates, Inc.
- Allen, J. P. (2010). The attachment system in adolescence. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of Attachment, Second Edition: Theory, Research, and Clinical Applications* (2nd ed., pp. 419-435). New York: The Guilford Press.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1, Attachment*. New York: Basic Books.
- Bowlby, J. (1975). Attachment theory, separation anxiety and mourning. In S. Arieti (Ed.), *American Handbook of Psychiatry* (2 ed., Vol. 6, pp. 290-308). New York: Basic Books.
- Bowlby, J. (1979). *The making and breaking of affectional bonds*. London: Tavistock Publications Limited.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. New York: Basic Books.
- Cozolino, L. (2006, Feb.). The Social Brain. *Psychotherapy in Australia*, 12(2), 16-21.

- Eldredge, J., & Eldredge, S. (2005). *Captivativig: Unveiling the mystery of a woman's soul*. Nashville, Tennessee: Thomas Nelson, Inc.
- Feeney, J. A. (1999). Adult romantic attachment and couple relationships. In J. Cassidy, & P. R. Shaver (Eds.), *Handook of attachment: Theory, research, and clinical applications* (pp. 355-377). New York: Guilford Press.
- Fosha, D. (2003). Dyadic regulation and experiential work with emotion and relatedness in trauma and disordered attachment. In M. F. Solomon, & D. J. Siegel (Eds.), *Healing trauma: Attachment, mind, body, and brain* (pp. 221-281). New York: W. W. Norton & Company.
- Fosha, D. (2009). Healing attachment trauma with attachment (and then some). In M. Kerman, *Clinical pearls of wisdom: 21 leading therapists offer their key insights* (pp. 43-56). New York: Norton.
- George, C., Kaplan, N., & Main, M. (1996). *Adult Attachment Interview*. Unpublished protocol, Department of Psychology, University of California, Berkeley.
- Gottman, J. M. (1993, June). A theory of marital dissolution and stability. *Journal of Family Psychology, 7*(1), 57-75.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511-524.
- Johnson, S. (1986). Bonds or bargains: Relationship paradigms and their significance for marital therapy. *Journal of Marital and Family Therapy, 12*(3), 259-267.
- Lipton, B., & Fosha, D. (2011). Attachment as a transformative process in AEDP: Operationalizing the intersection of attachment theory and affective neuroscience. *Journal of Psychotherapy Integration, 21*(3), 253-279.

- Main, M. (1995). Recent studies in attachment: Overview, with selected implications for clinical work. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental, and clinical perspectives* (pp. 407-474). Hillsdale, NJ, England: Analytic Press, Inc.
- Main, M. (1996, April). Introduction to the special section on attachment and psychopathology: 2. overview of the field of attachment. *Journal of Consulting & Clinical Psychology*, 64(2), 237 -243.
- Main, M., Hesse, E., & Goldwyn, R. (2008). Studying differences in language usage in recounting attachment history: An introduction to the AAI. In H. Steele, & M. Steele (Eds.), *Clinical applications of the Adult Attachment Interview* (pp. 31-68). New York: Guilford Press.
- National Center for Health Statistics. (2010, August 27). *Births, Marriages, Divorces, and Deaths: Provisional Data for 2009*. Retrieved from Centers for Disease Control: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_25.pdf
- Schore, A. N. (1991). Early superego development: The emergence of shame and narcissism affect regulation in the practicing period. *Psychoanalysis and Contemporary Thought*, 187-250.
- Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale: Lawrence Erlbaum Associates, Inc.,.
- Schore, A. N. (2000). Attachment and the regulation of the right brain. *Attachment & Human Development*, 2(1), 23-47.
- Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, 22(1-2), 201-269.

- Shaver, P. R., & Hazan, C. (1988). A biased overview of the study of love. *Journal of Social and Personal Relationships*, 5(4), 473-501. doi:10.1177/0265407588054005
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.
- Siegel, D. J. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, "Mindsight," and neural integration. *Infant Mental Health Journal*, 22(1-2), 67-94.
- Siegel, D. J. (2011). *Mindsight: The new science of personal transformation*. New York: Bantam Books.
- Solomon, M. (1994). *Lean on me: The power of positive dependency in intimate relationships*. New York: Simon & Schuster.
- Solomon, M. F. (2003). Connection, disruption, repair: Treating the effects of attachment trauma on intimate relationships. In M. F. Solomon, & D. J. Siegel (Eds.). New York: W. W. Norton & Company.
- Solomon, M. F. (2009). Attachment repair in couples therapy: A prototype for treatment of intimate relationships. *Clinical Social Work Journal*, 37, 214-223. doi:10.1007/s10615-009-0217-1
- Solomon, M., & Tatkin, S. (2011). *Love and war in intimate relationships: Connection, disconnection, and mutual regulation in couple therapy*. New York: W. W. Norton and Company, Inc.
- Swanson, J. (1997). *Dictionary of Biblical Languages with Semantic Domains: Hebrew (Old Testament)* (electronic ed. ed.). Oak Harbor: Logos Research Ssites, Inc.

Thompson, C. (2010). *Anatomy of the soul: surprising connections between neuroscience and spiritual practices that can transform your life and relationships*. Carol Stream, Illinois: Salt River.

Weiss, R. S. (1993). The attachment bond in childhood and adulthood. In C. Parkes, *Attachment Across the Life Cycle* (pp. 66-76). New York: Routledge.

Zeifman, D., & Hazan, C. (2008). Pair bonds as attachments. In J. Cassidy, & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (2nd ed., pp. 436-455). New York: The Guilford Press.