

Mending broken hearts with a throw of the dice

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Three case studies of therapy with heartbroken men are presented. Therapy progressed in three stages: (1) gaining insight into the distinction between love and attachment, (2) drawing lessons about the clients' needs and behaviors in love relations and (3) coping with pain producing ruminations. Six most prevalent disturbing thoughts were identified and corrective statements were formulated. Clients were asked to rehearse hourly one of six disturbing thoughts chosen with a throw of a dice. They all felt a marked relief after two or three days. Some possible explanations of the effectiveness of using dice are offered.

Keywords: loss; extramarital sex; intrusive thoughts; love; chance; broken heart

Introduction

A break up of a love relationship as well as the discovery of a lover's extra relations affair constitutes a painful experience of loss and negative affect. Feeling deserted or betrayed by a person to whom one was emotionally attached is easily translated into feelings of insecurity, diminished value and rejection. This is a universal reaction which finds its expression in popular songs the like of Snoop Dogg's "Why Did You Leave Me", self-help books and web sites offering advice on coping. Thus the wikiHow (2009) page on "How to get over love?" was read 1,391,259 times. The number keeps on growing.

In some cases, the break up can induce clinical depression and in extreme cases lead to stalking, homicide and/or suicide. Fisher, Brown, Arthur, Strong and Mashek (2010) provide an important insight into the neuro-physiological basis of the anguish and obsessive behaviors associated with romantic rejection – when subjects were viewing photographs of their former partners, specific areas of their brains were activated, including (1) the ventral tegmental area, which controls motivation and reward and is involved in feelings of romantic love, (2) the nucleus accumbens and orbitofrontal/prefrontal cortex, which are associated with craving and addiction, specifically the dopaminergic reward system evident in cocaine addiction and (3) the insular cortex and the anterior cingulate, which are associated with physical pain and distress. In other words, "broken heart" can be considered as a mixture of love, yearning and pain.

In a survey (Knox, Zusman, Kaluzny, & Cooper, 2000) of college undergraduate students at a large south-eastern university in the USA about their recovery from an

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ended love relationship, it was found that most reported medium difficulty, while men reported more difficulty than women. This difference might be related to the fact that women initiated the break-up more often than men. Not surprisingly, time and a new relationship were found to be the best medicine for broken hearts.

Two comments are in order. First, it is not clear whether these findings are applicable to different age and social status populations. Most of the love relations described were quite short without expectations for permanent bonding. Second, even in an environment that encourages romantic serial experimentation, at least 5% reported serious difficulty and emotional pain.

Reactions to loss of love requiring psychotherapeutic intervention have much in common with other problems with accompanying depression and anxiety. As personal attachment styles (Williams & Riskind, 2004) and self-esteem (Waller & MacDonald, 2010) color one's reactions to loss of love, a variety of aproaches and techniques are usually used, among them dynamic, inter-personal, cognitive-behavioral and narrative approaches. The present article presents an approach that can be used independently or as an addition to other approaches and especially when rimination is still a key component in the picture.

Rumination plays an important role in cases of prolonged and intensified grief reactions. Nolen-Hoeksema (1988) reported that people with more ruminative styles of responding to their distress shortly after their loss were more likely to remain highly distressed over the subsequent 18 months. On the other hand, Wegner and Gold (1995) describe the higher physiological reactivity, negative emotional and cognitive effects of suppressing thoughts of a past relationship. Their advice to the lovelorn is practically a prescription of the symptom – to pine for the lost love as attempts to banish thoughts only fan the flames (PT Staff, 1992).

It seems that two contradictory recommendations are offered – the former to avoid rumination and the latter to engage in it. This contradiction could be solved with the adage "If you cannot beat them – join them". This article suggests another solution, namely, letting chance dictate, on prescribed occasions, which thought to ruminate upon. Three case studies will be presented to demonstrate the application of this novel approach to mending broken hearts.

Three heartbroken men

The first client was a 48-year-old divorced man who had a stormy marriage with many conflicts and separations. The couple would break up and make up again until the next crisis. Twelve years before therapy began, they did get a divorce and he moved out to a rented apartment, leaving their home to his children and their mother. Still, the divorced couple would occasionally get together and have sexual relations. The client started a new relationship, which his ex-wife tried to obstruct. Later she found a boyfriend too, and let her ex-husband understand that this time the break was final.

He entered a state of depression. He cried a lot and could not stop thinking about his ex-wife and her whereabouts. He could rationally agree that the relationship was bad for him and actually he should have been happy that she found someone else and let him off the hook. It was rational and correct but his heart felt differently. He felt that if he was suffering so much he must have really loved her, but this love was tearing him apart.

The second client was a 22-year-old soldier. He had a girlfriend for three years and all these time he felt very serious about the relationship. From the beginning, he was attentive to her needs and treated her parents like family, helping them with many household chores. They, however, were demanding and critical and their daughter never stood up for him. He expected her to be more loyal to him and independent of them, but she preferred to terminate their relationship.

He was heart-broken. The girl was the "love of his life". He gave so much of himself and now felt empty. Just like the first client, he would think about her incessantly and the thoughts left him sad and suffering. "I must still love her very much," he concluded.

It was nearly a month since the separation, and he didn't feel any relief. He was not in the mood to see people, cried a lot and hardly slept. He was worried that he was gradually turning into a "psychiatric case".

The third client was a 43-year-old married man. The couple had three children. In the last three years the marriage had deteriorated – he felt that his wife was not considerate enough of his needs, while she felt that he avoided discussing their problems. Eventually, he found out that his wife had a short affair, which included extra marital sex (EMS) with a former married boy-friend. This discovery led to a marital crisis, following which they started couple therapy. In addition he sought individual therapy to help him cope with the situation and clarify his feelings. Although there was a significant improvement in the relationship, and he was not looking to break up his family, he was tormented by disturbing thoughts about the love affair, which made him consider a divorce just as a measure to end these ruminations.

This client did not feel abandoned like the other two clients, yet, just like them he suffered from a serious blow to his self-esteem. The feeling, that after all he was not that special and unique for his wife and that it was not sure anymore that she will always be there for him, was almost unbearable.

There were of course differences in the work with the three men and in the relationship we had developed. The therapist was a consultant to the first client who was experienced in life, and had a cynical streak. The therapist was more of a mentor to the second client, who grew up with a single mother, was a little naïve about matters of the heart and hardly discussed his affairs with friends. With the third client the therapist stood for an older friend, as he could not share his pain with friends and family, as he did not want to turn them against his wife. Yet with the three of them it was suggested that it would be a bad idea to get rid of the pain before it was made sure that the necessary lessons were learned from it.

Attachment and love

The following is not a comprehensive theoretical review but, rather, a summary of some ideas that were presented in therapy, to help the clients make sense of their distress.

MacLean's (1990) model of the triune brain was presented to these clients with the explanation that the loss they experienced was dealt concurrently on two levels: one by their attachment unit in the old mammal brain, the other in their verbal and rational frontal lobe in the cortex. It was explained that our attachment unit is not a logical one. Its function is to create a solid bond with another human being and, once it happens, not to let it go. Such bonds between lovers are modeled on parent and child bonds (Bowlby, 1979, 1988).

This unconscious unit is incapable of a simple and immediate understanding that a particular bond is over or bad for us. Thus, we continue to hold on and when the object of our attachment is gone, we start pining, hoping and yearning until the reality gradually sinks in, enabling the next stage of mourning.

The process of coming to terms with loss is a very painful one, a fact that can explain why abused partners often stay in relationships. They well know that their partner is harmful to them, yet they are reluctant to leave, rightly anticipating the terrible pains of separation. In such situations the rational person knows that the relationship is bad news, yet the unconscious, old-brain attachment unit goes on doing its job — maintaining the bond. The problem is that, having to provide an interpretation for their feelings, people in such a situation often tell themselves that if they continue to suffer, it must be a sign that they really love their partners.

At this point a distinction was made between attachment and love. Differentiation between related concepts is not merely a rhetorical device, but actually a tool for coping. The therapist acknowledged that philosophers and poets have discussed the question of love for ages and no final definition can be expected for this complex human phenomenon.

In any case, love must be something that feels good and makes people happier, creative, productive and generous. This axiom is necessary in order to help lovers reject an oxymoron such as "sweet-bitter love" or "love kills" as was so beautifully sung by Freddie Mercury. The bitter taste comes from pre-mature attachment to someone who shouldn't have been trusted or someone who is no more appropriate. In this case the "half-sweet" is the working of our attachment unit, which operates just like a baby, smiling when mom is around and crying when she disappears.

It was Frank Harris (1963), the author of the scandalous 1922 autobiography *My Life and Loves*, a person who in all his many affairs loved but once, who of all people defined love intelligently as a feeling towards another person, combining attraction, affection and admiration. More than 60 years later, a similar triangular theory of love was suggested by Sternberg (1986), consisting of three components – hot (passion), warm (intimacy) and cold (commitment).

Using these terms, it could be said that the "bitter" stories of the three clients above consist of a mismatch between attachment and love. In the case of the second client it was the attachment unit being activated before feelings of love were developed. In the case of the first client, it was the attachment unit carrying on its operation, not registering the demise of love. The third client was in a state of uncertainty, finding it difficult to decide whether love on his and or her part is congruent with the extra-marital affair that took place.

Drawing lessons

In therapy, these men reinterpreted their emotional suffering in terms of their psychological system trying to reach a new equilibrium between attachment and love. Consequently, they entered the next stage of drawing lessons from their painful experience. As Epictetus taught, it is beneficial to adopt the attitude that hardships are a good opportunity for learning and self-improvement (Oldfather, 2007). The first client realized that he is not yet ready for an intimate committed relationship. He liked being alone and he wanted to keep his independence. This might have been the very reason he continued the relationship with his ex-wife. He decided that he will make this clear to his prospective dates in an open and respectful manner.

The second young client reached the conclusion that next time it would be better to wait before meeting his girlfriend's family; that he should find quite early in the relationship whether he can admire her for being independent and assertive and whether he feels mutuality of expressions and gestures of love. He discovered that it is not a good idea to ride an "express bus" from first date to marriage, but rather go on a "local" and continue as long as the ride is pleasant and see where it will get him, letting love emerge.

The third client started checking whether his wife can be compassionate with his pain, without him blaming her. He realized that he himself was responsible for always trying to please her, without making his wishes and demands clear. He later understood that the usual advice given in such cases to share with the spouse moments of anxiety and mistrust actually put the two of them in a bad place. Explanations about her whereabouts, expressions of love and regret, not because she so felt in a given moment, but because he was miserable changed the relationships from one between equals to one of caretaker and recipient.

These men gained important insights with practical implications for present and future behavior in intimate relationships. Yet the troubling intrusive thoughts did not subside. They were ready now to do something about it. Inspired by Jay Haley's (1944) ordeal therapy, the clients were asked whether they would be willing to invest between 40 and 50 minutes a day to get rid of their disturbing thoughts. All of them were ready to do so.

Using dice

At first clients and therapist identified the six most prevalent intrusive thoughts about their partner or ex-partners. They were listed on a card to be carried in one's wallet. These ruminations were explained as the attachment unit's attempts to come to terms with the new reality. By definition, these statements are not very rational. An objective alternative was formulated for each statement. For example: "Our separation is now final, she will naturally do as she pleases with her life; my job is to take care of my own life"; "my pain just proves that I can feel and that I was attached to her. I need this recuperation period in order to enter a new relationship."

The third client learned to look objectively (that is not as an injured party) and ironically (not as life is supposed to be, but as it really is) at EMS. Most people decry it, but as a matter of fact, depending on studies, it was estimated (Wiederman, 1997) that 26–50% of men and 21–38% women, or according to another survey (Atkins, Baucom, & Jacobson, 2001), 22.7% of men and 11.6% of women had had extramarital sex. Durex's (2005) Global Sex Survey has found that 44% of adults worldwide have had one-night EMS and 22% have had an affair.

When EMS is under cover, it can even be a triviality. Discovered, it creates havoc in the relationship. The person engaged in it confronts a serious dilemma choosing between honesty and much suffering or lying and avoidance of trauma. There are enough reasons to prefer lying in this case.

This client also learned the trickiness of "trust": no one can know what his or her partner is doing when they are by themselves. No one can get a guarantee that EMS will not happen. In addition, the more one tries to check on the partner, the more suspicious one becomes. The only rational option is to trust one's own feelings. Feeling loving and loved is the main issue, and if one doesn't feel like that, then this

is really the problem, regardless of what the partner does or does not do. The client learned to use this perspective to answer his own ruminations.

One cannot willfully stop thinking about something. Knight Dunlap's (1932) technique of negative practice was suggested as a way of coping with rumination. The use of dice following Luke Reinhart's (1972) novel *The Dice Man* was added in order to introduce some playfulness into what was seen as a tragic situation.

They were then asked to cast a die every waking hour, on the hour, rehearsing the corresponding statement for two to five minutes. After they felt the pain involved, they were instructed to switch to the rational perspective and bear it mind for another minute or two. Following are their statements:

First client

- (1) Where is she now, what is she doing?
- (2) Is she with someone else at all?
- (3) She has probably forgotten me already.
- (4) How is it possible that she is necking with another male and I am alone at home?
- (5) I wish that she will call me and will be together again.
- (6) How can I ever overcome all this pain?

Second client

- (1) Why did she leave me and make me suffer?
- (2) I love her and I will wait for her my whole life.
- (3) I miss her so much and I wish that we could reunite.
- (4) Should I call her and suggest that we meet over coffee to talk?
- (5) What did she find in him that I was lacking?
- (6) What are they doing together? She feels so good and I am miserable.

Third client

- (1) How could she lie to me?
- (2) Did she have any other lovers?
- (3) How can I know that it will not happen again?
- (4) Why did she not think about the consequences?
- (5) Why did she do it?
- (6) Does she still love her ex-boy friend?

Results

The three clients were asked to play the dice game for two days at least and if possible for up to a week. After only two or three days, they had significantly fewer in-between intrusive thoughts. They found the experience somewhat amusing and were surprised when some statements had to be repeated consecutively and others hardly came up at all. Towards the end of the week the three clients independently stopped rehearsing these thoughts. The first two clients felt free. Their bad moods stopped, they were much more active and optimistic. They hardly thought about

their "ex". The third client stopped his ruminations and reported less acute pain. Nevertheless, he was still in doubt about the fate of the relationship, deciding to give it a chance for another six months.

Discussion

These three men are different in their age, marital status and the kind of loss they experienced. The fact that they all responded well to the intervention suggests that chance can be utilized to solve problems of loss. As the six statements are formulated individually and the frequency of their rehearsal is determined by chance, it would be almost impossible to run a controlled experiment on this procedure. Wernik (2010) offers some accumulative validation, demonstrating successful use of similar chance and action techniques to solve habitual problems of overeating, overuse of sexually explicit media, posture, obsessive-compulsive behaviors, smoking and panic attacks.

The results can be explained in terms of paradoxical intervention, negative practice, chaos theory (emergence of change from small bits of action) and ego-parts therapy. Yet, all these explanations are given post-hoc and therefore can only serve as hypotheses in need of further study. Wampold (2001), who investigated the effectiveness of psychotherapy, found that the type of treatment and the theoretical bases of the techniques used were not crucial factors. In contradistinction, the therapist's strength of belief in the efficacy of the technique and the therapist as a person were large factors, while the therapeutic alliance was the most important one. The approach presented here introduces acceptance, collaboration and playfulness into the relationship.

Notes on contributor

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