

Stonebriar Psychiatric Services News & Views

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Individual Therapy
Marital / Couple's
Family Therapy
Relationship Counseling
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Medication Management
Speaking
Evaluations/Assessments



Autopsy of a Marriage

Attend a traditional wedding ceremony, and you may hear the officiator speak to the enduring nature of marriage and how we are to bear with one another "in sickness and in health until death do us part." This is the essence of the marital relationship, to be enduring in love, patience, and kindness. Such a safe relational space is deep and wide enough to embrace both the joys and challenges of lifelong partnership. Partners are committed to the highest good of each other and their relationship. Many wonderful and precious gifts are born from safe relationships, including children!

However, reality and starkly depressing statistics remind us that marriage relationships often fail, being host to a variety of maladies and characterized by toxicity in relationship and in the partners themselves. In the same way that medical students learn about the severity and pathology of disease states through examining a cadaver, we can also learn about the severity and pathology of relationship disease states by examining the death of a relationship (a divorce). The purpose of the following fictitious autopsy is to reveal the cause of death of the relationship, variables leading up to divorce, interpretation of the injuries, and the manner of relationship death (i.e., suicide, homicide). Although a morbid view, I challenge and encourage everyone to take a clear wide-eyed look at what pathology can infect your relationship so that proactive, saving steps are taken.

FINAL POSTMORTEM REPORT

John and Jane DOE Marriage- date of birth May 21, 1995

Approximately mid-day on the 18th July 2011, at the request of the Los Angeles Relational Special Victims Unit (RSVU), I attended the scene of a suspicious death of a marriage relationship in Norwalk, California. On arrival, I was met by Detective James Hindsight and Detective Ashleigh Foreboding. I was logged into the inner cordon of the scene, located in Courtroom D of the Norwalk Courthouse, at 0950 hours.

Scene Formulation: Located at the scene were a middle-aged man of Irish-Scottish descent and a middle-aged woman of Peruvian descent, both appeared slightly older than their biological age. Both partners held legal papers in their hands; these were verified later to be the divorce decree. Feelings of loss, uninterpreted anger, and empty void were found scattered nearby the couple. A few feelings trailed up and down the carpet of the main corridor of the courtroom. Word weaponry and legal jargon were found within feet of both partners.

Rigor Mortis: Signs of rigor mortis were fully established in all aspects of the relationship. The aspect of hope appeared to be the last to move into rigor mortis, as it was still residing in one partner prior to the proceeding at 0800.

Post Mortem Examination

Scars on the Relationship: The relationship had scars profusely and throughout, characterized by the following: repetitive and chronic **invalidation** with signs of increasing intensity over the past 4 to 6 months, **contempt** and **unforgiveness**, **judgmentalism**, **repeated emotional and physical abandonment**, **blaming and shaming**, and **character assault**.

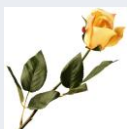
Signs of Sharp Force Injury: One partner had sustained blunt-force trauma to self-worth, lodged in the heart and mind by partner infidelity. The other partner had sustained repeated sharp blows to self-worth, exacted by caustic verbal abuse and lodged in the heart and mind. These injuries appeared to have occurred approximately 23 months prior to the time of relationship expiration at the courthouse. They appeared to have received limited if any intervention for these traumas.

Treatment for

Depression
Anxiety / Panic Attacks
Eating Disorders
Bi-polar Disorder
Obsessive –
Compulsive
Disorder
Compulsive Behaviors
such as sexual
addiction
Post-traumatic Stress
Disorder from past
abuse
Ryotional issues
Adjustment to life
changes

Ages Served

Adult
Adolescent
Children ages 10 & up



Other Signs of Injury on the Partners:

BRAIN: One partner showed problems with low activity in the prefrontal cortex (PFC). Low activity in the PFC is associated with *problems with empathy, procrastination, poor insight, and short attention span*. Both partners had low Serotonin, which can result in *chronic fatigue, feeling emotionally numb, and feeling discouraged or depressed*. One partner had a hyperactive anterior cingulate (AC) in the brain. When the AC is hyperactive, a person tends to be extremely *rigid, inflexible, prone to hold on to grudges, argumentative, and hypercritical*.

MIND/COGNITIONS: Partners exhibited skewed and extremely negative cognitions of each other. These thoughts and beliefs were reinforced at specific junctures when partners attempted to express their hurts and were *rejected* by responses of *invalidation* and *indifference* (partner defendedness).

VOCAL CORDS: There were clear signs that vocal cords had engaged in chronic critical, sarcastic, and embittered *tones*. One partner had tightening and partial paralysis of vocal cords found, secondary to repeated partner *minimizing* and *neglect*. The other partner had strained vocal chords, indicating overuse by *yelling, screaming, and threatening*.

CHEST/CARDIOVASCULAR: Both partners were found to have weightiness and compression in their chest and shoulders. One of the partners, who had recently been experiencing chest pain and trouble breathing, was found to have large amounts of catecholamines (epinephrine and norepinephrine) in the blood stream. This can happen under extreme emotional distress, when the nervous system is over-excited.

EMOTIONAL SKIN: Emotional skin membranes were unusually thickened and leathery in appearance, indicating that stonewalling, denial and deflection of responsibility had occurred. Upon close examination, when pressure was applied, the emotional skin was in fact extremely thin and delicate. This revealed that both partners had sustained considerable *unresolved emotional wounding* prior to and during the relationship. This wounding compromised emotional skin integrity, resulting in lack of resiliency. Both partners had cosmetic attempts to hide emotional scars too painful to be known, superficially presenting a stronger outward appearance than the actual compromised self. *Partner invalidation* was the primary defense employed to protect against emotional pain. *It was also the primary form of partner assault*.

Autopsy Summary & Conclusions:

1. Complicating factors in the relationship included untreated imbalances in brain functioning. This negatively affected ability of the partners to engage safely with each other and be supportive.
2. The actual point of death was the point at which *intimacy* was totally and utterly destroyed. Although most of the intimacy was eroded over time, the last several months of toxic behaviors culminated into *total abandonment of the relational space*.
3. Both partners exhibited a significant *deficiency of anemic proportions* in *felt-trust, agape (self-less) love, patience, empathy, kindness, forgiveness, and nurturance*. This is imperative for safety, passion, and intimacy, the sustaining forces in committed relationship.
4. Although there was clear evidence as reported above of the partners attacking one another, the actual cause of death of the Doe marriage was suicidal in nature.
5. Attempts to protect against partner attacks or abandonment were intended for self-protection, but lack of personal awareness and appropriate dispensation of defenses and boundaries was in fact relational suicide. The evidence indicates that this was an *accidental suicide*.
6. Cause of death was *emotional annihilation of self and partner*. Emotional annihilation took place through repeated use of *defective coping skills*, which were intended for protection, but were ultimately injurious to self and partner. These coping defenses prevented relational repair in the service of self-defense. *The anemic state of the relationship could not withstand such hemorrhaging*.
7. The partners lacked *consciousness/awareness* of the purpose of conflict, viewed it as something to be destroyed, and destroyed the relationship and each other in the process. *Unaddressed latent (old) wounds*, had they been treated earlier, could have been springboards for further *healing* in the relationship as opposed to points of implosion.
8. The death of the relationship was entirely *preventable*.

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