

Chapter 2

Are You Ready to Love Your Spouse?



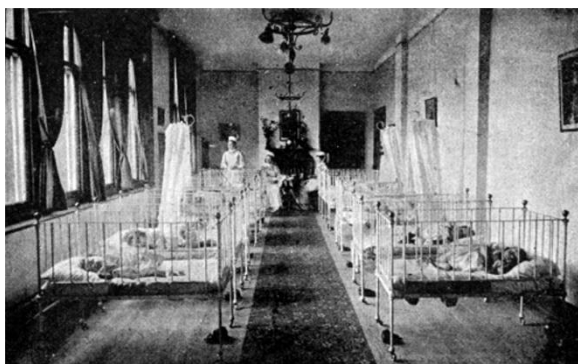
Introduction

No one can wave a wand and erase the uncertainty, pain, or anger you may be feeling in your marriage. But this book provides a way forward that can make a difference. And the good news is, you already have the prerequisite “stuff” to be successful. What is it? Your *inherent inclination to love and be loved*. When we see what happens when love fails, it becomes easy to accept this reality as truth.

One can truly grasp the power of love by observing what unfolds when it is absent. Starting from the very beginning of life, let’s embark on a brief journey into the loveless

extremities of human existence. What is life like when love fails or is seriously disrupted in infancy and childhood? What is life like when love, the glue that connects all human beings, does not sufficiently make its way to the developing infant and child? After this brief journey ends, I will highlight its relevance to adults and its application to marriage.

When Love Fails in Infancy



Uncontrollable was a word used to describe the death rate among infants and toddlers in orphanages all across America in the early 1900s. Hear the voices of three medical doctors from that era. Dr. Hamill, of Philadelphia: “I had the honor [sarcastically speaking] to be connected with an institution in Philadelphia in which the mortality among all infants under 1 year when admitted to the institution and retained there until death, was 100 percent. That is, no infant admitted under 1 year of age lived to be 2 years old.”

Dr. Southworth from New York City: “I can give an instance of this difficulty from an institution that no longer exists, in which on account of the very considerable mortality among the infants admitted it was customary to enter the condition of every infant on its admission card as hopeless.”

Dr. Knox of Baltimore: “I can give testimony from Baltimore of the same kind. A year or two ago I had occasion to investigate [orphaned] babies sent to the different institutions by the city supervisors... None of those that stayed continuously in the institutions lived until the end of the first year.”

What in the world was going on? The medical community diagnosed the problem as “marasmus,” a wasting away disease of unknown origin. However, according to the dissenting voice of Dr. Henry Dwight Chapin, the fantastic death rate was due to the babies being emotionally forsaken in institutional settings. He argued that the absence of “mothering” was the problem.



Chapin minced no words at a gathering of physicians in Boston in 1914. The doctor stated,

The best conditions for the infant thus require a home and a mother. The further we get away from

these vital necessities of beginning life, the greater will be our failure to get adequate results in trying to help the needy infant. ... I believe the plan of collecting babies in institutions should be abandoned, as, on the whole, doing more harm than good. ... The high mortality is not so much due to lapses in care or details in management as to the system itself, which fails because it is wrong. ... rarely, if ever, is sufficient individual care given to infants in institutions.

Bringing his powerful speech to a close, Dr. Chapin exclaimed,

If the present workers in this field will not improve their methods, then some future generation with wider vision, truer courage, and broader human feeling will accomplish this needed reform.



Chapin's call for reform was heeded. Foster care spread throughout the U.S., and there was a dramatic lowering of the death rate among young orphans.

When Love Fails in Childhood

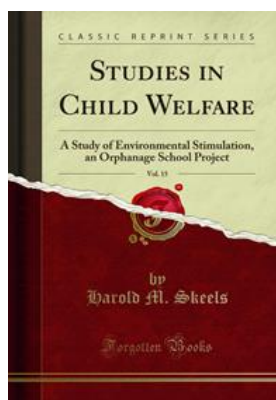


In the 1930s, Harold Skeels worked with twenty-five young children. All were living in an Iowa state institution. They divided the children into two groups. Skeels placed 13 of the children, the experimental group, into a home for mentally retarded teenage girls and women. The average age of the children was nineteen months. 64 was the average IQ. Skeels observed one boy, for example, whom he diagnosed as “retarded” demonstrated, in part, by his incessant rocking back and forth. The other twelve children, the control group, had an average age of seventeen months and an average IQ of 87.

The home for mentally retarded teenage girls and women was divided into eight wards, with approximately thirty girls in each ward. Each ward received one or two of the tots. These toddlers instantly became the center of attention. They received a lot of attention and affection. They went on car rides and field trips with their caregivers. Besides this general care, in almost every case, either an older girl

or a hospital attendant became attached to a child, as if that child were adopted by that individual. An “intense adult-child relationship” developed between the pair.

The experience of the other group of toddlers, the control group, was significantly different. They were not separated or distinguished from the larger population. They received the typical care representative of that era. This meant these children had far fewer caretakers. While the children received good physical and medical care, their social interactions were lacking. Contact with adults or older child assistants focused primarily on daily issues such as eating, bathing, going to the bathroom, etc. The children went outside the nursery room only for short periods to take a walk and to get some fresh air. Of these children, Skeels noted, “The outstanding feature is the profound lack of mental stimulation or experiences usually associated with the life of a young child in the ordinary home.”



The Results. Over the next year and a half, Skeels watched the development of these two groups. At the end of nineteen months, he found that the “experimental” group of children had an average IQ of 92, a gain of 28

points. The IQs of the control group, by contrast, dropped to an average of 61, a drop of 26 points. Interestingly, by the end of the nineteen months, eleven of the thirteen children had been adopted. No one adopted any child from the control group.

Over two decades after completing his last follow-up with the children in the 1940s, Skeels set out to find out what happened to these children. What he found was stunning. All thirteen children from the experimental group, now adults, were self-supporting. Eleven of the thirteen had graduated from high school. Four had finished at least one year of college. A fifth had a B.A. and was enrolled in graduate school. By contrast, the children in the control group, on average, finished only the fourth grade. One had died in adolescence, and the rest remained institutionalized.

As this episode makes abundantly clear, when secure bonds of attachment are not formed at this critical stage in a child's life, the damage that is done lasts a lifetime. When young children have their physical needs met but are emotionally neglected — if they don't receive sustained, loving interaction — they will be handicapped for the rest of their lives.

In 1968, Harold Skeels received the Joseph P. Kennedy International Award. Many recognize this award as the "Nobel Prize" for significant contributions in the field of mental



retardation. Just before Skeels accepted his award, he was introduced by a well-spoken young man, dressed in a tuxedo, who had recently earned his master's degree. During his

introductory words, the young man revealed to the audience that not only was he one of the children in the experimental group, but in particular, he was the one who “sat in the corner rocking.”

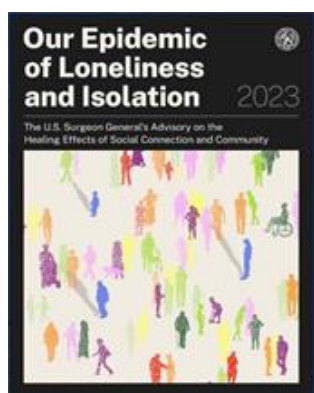
When Love Fails Among Adults



Dean Ornish, M.D., is a clinical professor of medicine at the University of California, San Francisco and president and founder of the nonprofit Preventive Medicine Research Institute in Sausalito CA. His research has reached a wide audience through publication in medical journals, as well as popular magazines and books like, “Love and Survival: The Scientific Basis for the Healing Power of Intimacy.” In this book, he wrote,

Love and intimacy are among the most important factors in health and illness.... I'm not aware of any other factor in medicine—not diet, not smoking, not exercise, not genetics, not drugs, not surgery—that has a greater impact on our quality of life, incidence of illness and premature death.

The sad truth is that when adults live detached lives, they experience greater sickness and have shorter life spans than those who are rich in emotional support.



In 2023, Dr. Vivek Murthy, surgeon general of the United States published a report entitled, "Our Epidemic of Loneliness and Isolation." He wrote,

Extensive scientific findings from a variety of disciplines... converge on the same conclusion: social connection is a significant predictor of longevity and better physical, cognitive, and mental health, while social isolation and loneliness are significant predictors of premature death and poor health.

"People who need people are" not only "the luckiest people in the world," as one song put it. They are the only people in the world. When people become disconnected from others, when the back-and-forth flow of love is cut off, there is premature emotional, psychological,

and physical suffering, even to the point of death. When love is absent, the fullness of the human experience cannot be realized.

Application to Marriage

Marriage, for the vast majority of people, signifies the closest possible relationship between two individuals. In some cases, marriage feels like heaven on earth. In others, it is like a living hell. For the majority of us, it lies somewhere in between.

For those looking to improve your relationship, where do you start? You start with your existing inclination not to get even, not to get yours, but to love.

We've just taken a brief journey into the edges of human existence where the darkness of isolation overwhelms and rays of love are diminished. The outcome is not good.

Marriage, by its very nature, is designed to overcome loneliness. It doesn't always work out that way, but it can. The question is, are you ready to rebuild your relationship? That is,

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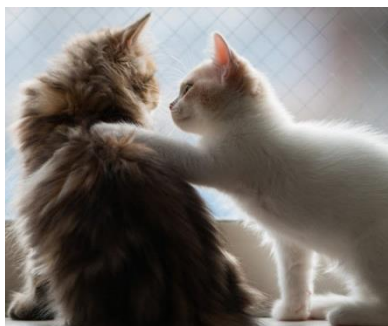


If your answer is yes, let's take a step in that direction right now with the following exercise.

Gestures of Love and Affection

1. Print off the exercise below.
2. Each person completes their own form.
3. Number each line according to its importance to you on a scale of 1 to 4.
 - 1 = Very Important
 - 2 = Important
 - 3 = Nice, but Not Important
 - 4 = Don't Want
4. When finished, exchange your completed page with your spouse.
5. Each day, act on at least one of your spouse's items marked 1 and 2. Ignore the 3s and 4s. Don't tell your spouse when you are doing it.
6. At the end of the day, ask each other which gesture(s) the other did. If you can't recall, no worries. Each new day, try to pay closer attention. Over time you will be more aware.
7. **Do this exercise at least:** 5 days in week one, 4 days in week two, and 3 days in week three. If you go through your spouse's entire list before the weeks are over, go back and repeat a gesture. Hopefully, these gestures of love and affection will be established well enough to continue naturally.

Gestures of Love and Affection



- ___ Make eye contact with me
- ___ Smile at me
- ___ Leave me love notes (post it, text messages, cards, etc.).
- ___ Make coffee, a snack, or a meal for me.
- ___ Affirm me / appreciate me.
- ___ Speak well of me in front of others.
- ___ Compliment me on my efforts, accomplishments, and/or looks.
- ___ Surprise me with something that you know I would like.
- ___ Help me when I need it.
- ___ Touch base with me throughout the workday.
- ___ Ask me about my day.
- ___ Share with me how your day went.
- ___ Regularly communicate with me when we are apart for an extended period.
- ___ Share your inner world with me.
- ___ Take walks with me.
- ___ Comfort me when I am upset.

- ___ Be kind to me by ___ (fill-in the blank).
- ___ Pray with me.
- ___ Go out on a date / have fun with me.
- ___ Attend a social event with me.
- ___ Listen to me without giving me advice (unless I ask for it).
- ___ Tell me you love me.
- ___ Be affectionate with me.
- ___ Hold my hand / Touch me.
- ___ Scratch my back.
- ___ Give me a massage.
- ___ Hug me.
- ___ Cuddle with me.
- ___ Kiss me.
- ___ Make love to me.
- ___ Begin a routine to get in better shape so we can physically enjoy each other more.
- ___ Other things we can do together (write)
- ___ Other things you can do for me that I would appreciate (write).

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