

The Seekers Forum Transcript

Right Relationship: An Interview with Dr. Amir Levine

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Mark Matousek: Hello, Dr. Levine, it's good to meet you. Thanks for joining us today.

Dr. Levine: Hey, it's great to be here.

Mark: Thanks. The pandemic has changed our feelings about attachment and closeness and connection. A lot of people are more awake to that need in themselves because of the isolation. Tell me why does attachment get such a bad rap in our culture?

Dr. Levine: I'm hoping that by now it gets a less of a bad rap than when I wrote the book several years ago, quite a few years ago now, because that was one of my missions, to really explain to people that that whole idea that we have to be independent and that we have to rely on ourselves. It just doesn't really coalesce very well with our biology. It's a good idea maybe. It's nice to think about not having to depend on other people, but our biology, we're not built that way. In fact, we're built to be very intricately involved with other people. We need other people, they need us and if you think about it, we hardly do anything alone. Even if we're sitting and thinking, oftentimes it's a conversation and sometimes it's a conversation with other people, so we're hardly ever alone.

Mark: Is it true that the default network in the brain is all about relationships?

Dr. Levine: I think for sure, especially for humans, if you think about, I mean, we're not particularly a strong species physically, yet we are able to inhabit almost any place on this planet, including very harsh weather and part of that reason is because we can collaborate with other people and we can find ways to protect ourselves with other people. It was just one of my patients, he's having some problems with his girlfriend. Sometimes oftentimes I tell people to text me in real-time in the treatment, then I can talk to you about that, why that is and part of it has to do with the fact that I'm also a child psychiatrist. I told them, text me in real-time because part of what I do is what we call secure priming.

They get so upset with each other and it's enough I can just say a sentence or two that does secure priming and they can revert it to a more secure stance and they do much better. Then his girlfriend said, "Why do you have to text him? Can't you just deal with it on your own?" I said, but that's such a myth of dealing with things on our own. We never deal with things on our own.

One of the most powerful ways of regulating emotional distress is by forming a connection with someone that we're securely attached to. It's more powerful than any Xanax or any pill that you can think out there. You can take all about a few minutes of talking and reaching out to someone that we connect with securely to do that. At the same time, one of the most powerful generators of emotional distress is their insecure relationships. Really attachment is that, the basis of both suffering and healing from suffering. That's why I think it's so important.

Mark: You say that half of people are securely attached, general 55% ,and that the others are split between anxious and avoidant attachment styles. Tell me why do those anxious and avoidant styles get better with age? I thought that was fascinating.

Dr. Levine: Oh, isn't it really fascinating? That's part of what I really like about this whole field because I think it's very unlike looking at pathology, the whole attachments field doesn't come from the medical model where you study about what normal is based on

pathology, but it rather is a more developmental-- It takes more of a developmental stance. It has its roots in developmental psychology.

Attachment, you don't really think in terms of what's healthy or sick or what's healthy and what's not healthy. You think more in terms of, is it working for you or is it not working for you? Is this effective or is it ineffective behavior? I think what happens if you give people a chance and they can learn what's more effective, it's such a powerful experience. That's why I tell people to engage with me texting in real-time because you can teach them a small, yet super effective way of interacting with their spouse or their significant other. It really takes it on a different trajectory. Then you see, whoa, it really is working and then they take it a step further and a step further.

I think people can learn over time how to become more secure if they're given the right surroundings and like finding a way to appreciate what the secure stance is and learning how to do that. You can really, really learn that and so for therapists, it's fun because you can make a few little changes that then translate to different interactions in the world outside. That takes the patient to a completely different trajectory.

Mark: Can you give me an example of a startling example of that, working with a patient?

Dr. Levine: I think one example was about the patient and his significant other. He really resented the fact that she needed to get some treatment and that she wasn't going to get the treatment. When he texted me like, "No, she's not going to get it, then I told her and she doesn't listen to me. She doesn't really care about what I say," and this and that and the other thing. Then I told him we've been working together all this time and we've been talking, it took you to follow one of my recommendations of a specific treatment that you should do, it took you maybe almost a year.

Why is it that you expect her to immediately listen to what you have to say and all that in little texts. He said, "Oh, you know what? You're right." Then he was able to go there and say, "You know what? I understand why you wouldn't want to go and do all these things. I, myself, had a hard time following through on other people's recommendations. It's not easy, so I totally get it and I want to be there for you and help you facilitate it if I can, but obviously, I don't want to force you to do anything you don't want to do."

Think about it, that really changed everything around because all of a sudden his girlfriend felt understood and heard, and someone is listening to her. That's part of the whole secure attachment, it is like feeling heard and feeling that people understand you and see you. That's a very profound experience.

Mark: Let's dig in a little deeper into insecure attachment versus secure attachment. Is it true that insecure attachment comes from a disruption in closeness between-- Does it start in childhood?

Dr. Levine: Some people will say that and I'm sure maybe in part it may stem from that. I think the way that I see it and maybe some people may take an issue with that, but I'm going to go for it anyway. I personally don't think that it's completely known where these attachment styles come from. Some of it certainly may be because of early childhood experiences. Some of it may be even because of like experiences later in life. Even in adolescence when you form your first romantic relationships and all of a sudden someone really breaks your heart and that's something to really unsettle your faith in human beings.

I also think that it has, if I step back for a moment and I think about it, then from an evolutionary perspective, there is an advantage to have heterogeneity in the population. It all has to do with, I think, attitudes towards closeness and danger. If we take a moment and if we think about it from that perspective, there's an advantage for people to have an anxious attachment style. We talked about how there's an anxious attachment style, avoidant, and secure, and for a very small percentage of the population there's an anxious-avoidant mixture.

It all has to do with how much, how they feel about how much they want intimacy and closeness on one hand. On the other hand, also how sensitive of a radar they have to potential threat to that closeness and availability. If you love intimacy and closeness but you have a very sensitive radar to potential threat, then you have an anxious attachment style. If you love intimacy and closeness, absolutely love it, but you don't have a very sensitive radar, a lot of the potential threat may go over your head. Then you have a secure attachment style.

If you want to be together with someone else but too much closeness makes it like you're uneasy about it, and you push the person away a little bit, then you have an avoidant attachment style.

It's very simple and I think there's an advantage of having someone being hyper-vigilant. Here, let's look at COVID-19, at the pandemic now. Some people, they're very anxious to potential separation, or they would say, "No, do we have to really stay at home and not go anywhere?"

It may be annoying and I've had several patients where there was a difference between the spouses of how much they thought they should hunker down and be careful and how much they should wear a mask, not wear a mask, go places, not go places. If you have a very, very vigilant person with you, and you comply to what they're saying, then it can be all the difference between life or death. Sometimes there's an advantage for having a high alert system in place and sometimes there isn't.

It's good in evolution to have a heterogeneity that you have a certain portion of the population that's more sensitive to potential threat, and others that are less sensitive. It's also good to have some that like more closeness and some that like less closeness. You see that play out throughout the whole phylogeny. You see it in even very, very simple organisms, even in *C. elegans*, which is a small little worm that we love to study in neuroscience because it has a very large nervous system and is relatively simple. Even in *C. elegans*, you have two types of feeding behaviors, the aggregate feeding behavior, and there's solitary eating behavior.

If you put some food there, all of a sudden those who aggregate, you see a big pile of *C. elegans* all coming swarming to get the food, but then there's a certain segment of the population, I don't know, I can't remember what the percentage is now, that are solitary and you see one coming over, the other one goes the other way and they reject each other chemotactically, and there's one gene that you can actually change, it's a single mutation, I think you can change that gene, and you can convert aggregate feeding behavior to solitary feeding behavior.

I can see that there's an advantage for that because if there's a lot of food, you tell everybody to come and so there's an advantage in the aggregates' eating behavior but also then, it's a perfect scenario for a slaughterhouse, right? All of a sudden someone comes there, they find

the source. There's an advantage of having the solitary, because if there's a predator, they're not going to get eaten but there's also an advantage of telling everyone that, "Hey, there's food here, let's have a feast." I think it's a very basic principle that runs throughout biology and phylogeny. It's not all only of how we're being treated as children. It goes much deeper than that.

Mark: That's so fascinating. It flies in the face of Winnicott and the whole idea about the mother-child connection, and that really determining the blueprint of-- You're saying that certain children come in with that even without the maternal connection, they come in more anxious or avoidant or secure.

Dr. Levine: I think so and there's some research to suggest that, that it has to do also with a certain temperament or certain predisposition. I'm not going to say that I'm saying that everything that Winnicott and other people said is wrong, I'm just saying that I think it's more complex than that. That there is certainly some precondition genetic stuff. There's stuff also about the environment in utero that can have an effect. There's multiple, multiple levels, it's so complex. This whole social organism is a very, very complex organism. We're just starting to understand some of the complexities that are there.

Mark: The mother or the caretaker doesn't bear the sole responsibility for whether her child or his child is able to attach or bond later on.

Dr. Levine: I don't think so. I think that would do it. You can see also even when you look at children's attachment styles, they differ between different caregivers. We have a much richer repertoire of attachment than people can think but there's some baseline of whoa, I can identify danger more so than someone else, or other people that are more secure. It's like I don't really see the danger. It's not that they are better than the other one, it's just a matter of how the radar, how it's calibrated for danger or non-danger.

Mark: That's what gives the same person the ability to be insecurely attached to one person and anxious or avoidant with someone else.

Dr. Levine: Right. Let's say if you're someone that has a very good radar for danger, meaning you're more anxious, but then you meet someone who's secure. So secure people, I've fallen in love with secure people throughout the process of writing the book. I think before that, I took it for granted.

I didn't really notice-- Those are the people that I was calling, they say they'll call, they always show up when they say they'll show up, they're not late, they always reply with a text or they send back the email, things go easy with them. You know that you're always welcome.

It's just like we all have these people in our lives. If you think about it, I'm like, hopefully, you all have some of these people in our lives, but we tend to take, I at least, I used to pay more attention to where there was potential strife. If someone didn't call me or someone excluded me or someone-- It's not just me, I think we have a tendency, our social brain does not like exclusion. It loves hyper inclusion, it hates exclusion.

Our attention goes that way, and it's like, "No, I need to correct it, I need to correct it." Part of what I try to teach patients and also when I supervise mental health people, psychologists, and social workers, is to try to teach people to shift their gaze and focus more on the secure

people in their lives. It doesn't mean that you have to not have the insecure people in your life, it's just a matter of turning down the volume on insecurity and turning up the volume on security. Basically, people that are secure, it is just that they don't see the danger that much and it makes it much easier. It's a much easier way of living, but as long as the environment is truly not dangerous.

One of the examples that I like to give is a patient of mine in 2008, and it's like where is she now because who knows what's going to happen, and you'll see what I'm talking about.

She woke up at 6:00 AM, sometime in 2008, and shook her husband, woke him up, and she's like, "I have a bad feeling, you have to sell all of our stock." She's like, she wouldn't leave him alone, it took about a week, he liquidated all of their stock. Then about a month later, the stock market crashed. There is really research that show that people in an anxious working model, they're more sensitive also in identifying facial expressions of anger or happiness.

They're very, very in tune to those things. On the other hand, if the environment is safe, it's nicer to have someone around who loves intimacy and closeness and who doesn't get all riled up from little things.

Mark: Right, the hyper-vigilant person who can't relax.

Dr. Levine: Right, when you're with someone who's secure, and you say, like you have the radar system, it doesn't record, there's nothing to trip the radar system, so then they appear as secure too because if you're anxious, then you're afraid of things but people are secure also. It's the same thing with secure mothers where they looked to see what is the secret of a secure mother. How come she can keep the bond, such a secure bond with their child? Do they hold them more? Are they more in tune? Do they spend more time with them? And they found that that's not the case, that they just have a sixth sense of when they need to be held.

I find it the same thing also with secure spouses. They just have a knack of what the other person needs, so I call it the theory of mind. Putting yourself in someone else's shoes and knowing where they're coming from and they know that it's their responsibility to take care of those needs. I really have to emphasize that these are not-- I should really call it micro needs because this system, it's not about the big needs. It's about small little things. That's what I try to teach people. It's about micro needs. It's a radar system. It doesn't care so much about huge gestures. It cares about the small little things in life. It's like if I text when am I going to be texted back? We all know it, we all have this surveillance in our head and we all notice it. We all derive pleasure from when people respond to us quickly, it's always like, "Oh, wow, how come he texted right back?" We all like that. There's something in us that-- It's that radar system. If we learn how to do that, and that's why it's also so helpful because people think, "Oh my God, it's so much work." If you learn how to do it, if you learn how to listen to that system, and how to keep it quiet, and it doesn't take much, then your work is cut out for you.

Mark: Do these principles apply across the board with different kinds of relationships, parent, child, friends, boss-employee?

Dr. Levine: Absolutely. It's that type of radar system that exists in all of our relationships. Some of it was studied a lot in parent-child interaction, and also, then later on in adult attachment in social psychology. It definitely is studied also in good friendships and also in the workplace. We all know it from interacting with bosses and some bosses are amazingly

secure and some bosses are not. I actually used it. I had this one person that I work with and she was very, very anxious. I've learned in the beginning, before I wrote the book, actually, whenever she would call ten times, it was like, "Oh, I can't deal with it," or I just would ignore her, and it would actually cause even more and more and more and more.

Then I've learned that it's better to actually preemptively call her and talk about things and then try to actually preemptively feel, be attuned to what she might need. That caused everything to flow much more smoothly. Actually, we were able to work really, really well together. If I hadn't really learned that trick of how to keep the other person's attachment system to not think that it's in danger, I don't think we would have done so well together.

Mark: Yet different relationships, obviously have different protocols, different structures. Romantic, erotic relationships bring their own kinds of insecurities, parental relationships bring their own kinds of fears and anxieties, right? You adjust your treatment to that, I assume.

Dr. Levine: Yes, but there are certain principles that really cut through all of these. One of that is that need to feel included and belong. When was it I wrote, because now I'm writing another book, and one of them I wrote about, I wrote an example about, suppose you've been working on this project for two years, and then you find out that your boss is holding a meeting, and he didn't really invite you to the meeting, how would you feel? If you're anxious, or if you're avoidant or secure, you'd feel very different things. I told it to a friend and immediately he jumped, he's like, "Oh my God, that'd be terrible and that exactly happened to me." People really relate to that.

It depends on the relationship that you have with the other person. He immediately went to this idea of like, "Oh my God, that means that he's trying to take it away from me, he's trying to exclude me, he's trying to take all the credit for himself and all the work that I've done." If you had a secure relationship with this boss, he could be like, "Well, he knows how much I hate all these meetings, and how much they're not even really effective, and people talk and talk and talk, and nothing gets done. He really values my time. He knows that I don't need to be there."

You see, it's such a different way of looking at the world. This is the workplace, we're not-- It really, that whole idea of "is it dangerous," "is it not dangerous," you make people feel secure or not secure, it really cuts through a lot of different relationships. It takes on a different flavor. A lot of the same principles are the same.

Mark: Speaking in general principles, what's the difference? How would you articulate the difference between a healthy attachment and an unhealthy attachment, a codependent or a toxic attachment?

Dr. Levine: That's why I think I said the part that I love about this field is that it doesn't look at things from that healthy or not healthy perspective. It looks at it more from the point of view, is it effective or ineffective? My two mentors are this power couple in the university. One of them won the Noble Prize, he and his wife are both professors at the university. They're like that. I think they're older now, but when we were working together, she would call him every two hours at the office. Their offices were in adjacent buildings. They would always come to the building, come to work together, and leave together. She would make sure that he has enough time.

During the day she would call the secretary to make sure that his assistant, that he has the slot allowed for him to go swimming, and if they took it away from him, or if he decided, she would give him a hard time. They would be, someone would say they're completely codependent, but the truth is, it really worked for them. They achieve, obviously, they worked really well together. They both were very, very, super highly achieving in their fields. They were actually a power couple in the university. Everybody feared them and respected them. They were extremely, extremely close, but it worked for them. That's why it's either effective or ineffective. I look at it more from that perspective. [crosstalk]

Mark: There are no rules. Excuse me, what did you say, sorry?

Dr. Levine: It's either working for you or not working for you. The rule is that, is it effective, meaning-- This I think is a very important principle. The idea is, this whole, especially in a romantic relationship, but again, it all carries, it's true in many other-- You have to think about this whole idea of relationships and feeling connected. It's a safety mechanism. That's how humans feel safe. We don't feel safe because we have a lot of money in the bank. We don't feel safe if we have an expensive car. We don't because that's not the whole safety mechanism.

When we were formed we didn't have all these things. We feel safe through other people.

Not only us, also animals, like if you look at dogs. I love to bring dog examples because they're always-- It's such a good way of looking, seeing how attachment works and how it relates to safety. Good relationships, effective relationships, because I don't want to give it a good or bad. I want to want to leave that out. Effective relationships are relationships that you don't really think much about because they're there and you feel safe, and you know that the other person is there for you.

It enables you to feel, whoa, I'm safe, and then it kicks in the exploratory drive, and you start looking out into the world and you want to create, and you feel that someone has your back, so you can go and be more brave and try new things. That's what really good relationships or effective relationships are about. In any kind of way that you can look at it, in romantic, in friendships, in the workplace, when you have that, people achieve a lot. That's the function of effective relationships.

Mark: That's so fascinating. It just turns the whole thing upside down because we're taught to train ourselves to have a healthy relationship as if we know what that would be before we know who it would be with.

Dr. Levine: Right. I think so. Yes, exactly. I think it's more about finding a way to-- It's finding someone who can, like in that example that I gave you, that can see you and that can see what you need. Meet your needs, those micro needs, even before you ask for them. It takes talent. That's why I told you that I learned to fall in love with secure people because they have that talent. It's so underappreciated in our society because people don't even realize that it's there. They do it really seamlessly.

Psychiatrists, we often don't see people that are secure because they don't come to therapy. [laughs] They are busy having their good lives, their happy lives. It goes under the radar. These relationships do exist. In fact, they're very, very common. There's so much of that in the world, I feel and it's very, very rewarding to help people find that in their own private

worlds. I do it both in my-- I teach therapists how to help other people attain that, and then also I teach my patients how to attain that.

When people do-- Think about it. Well, maybe people come twice a week to psychotherapy. It's just from the whole idea of the social milieu, it's just a drop in the bucket. If you can take those hours and teach them how to change their milieu and transform into a more secure milieu then you're setting them up for success because then they go out there and they have all these secure people around them that can really listen. It's very healing. I can listen to them and they really care about them. For some patients who are only used to insecure interactions, initially, it's like being in this scary unfamiliar foreign terrain. It's like they don't even know how to deal with it and like, "Are you sure? Are you sure danger is not coming from here? Are you sure this behavior is not danger?" It's like, "Trust me, it's not danger. You're just not used to it, but you'll get there." Then when you give them the reassurance after a while they say, "Well, maybe there isn't danger around. This actually feels comfortable." You see the transformation.

Mark: Another counterintuitive point in your book is about the need to love yourself before you can love someone else. That's such a cliché, but you don't seem to go along with that.

Dr. Levine: No, because I don't really-- I think probably because of everything that I told you because I see how much, and I've seen so many examples of that even before I ever became a therapist. The first time I saw something like that was in high school where, with me and Rachel, my coauthor, were really best friends in high school. We had a friend with terrible, terrible self-esteem, had a lot of eating disorders, hated the way she looked, had eating disorders and other, and depression, anxiety, really did not like herself at all.

Then, she met one of our other friends who simply adored her. He worshiped the ground she walked on. It was beyond belief. They were together for a while and with time you can see her really transform. She started to feel like he gave her so many compliments. He loved the way she looked that you can see how she was transformed. I become to really believe in the transformative power of love.

The idea that you'll learn to love yourself, I just believe that we're very-- The same thing that I told you in the very beginning, if we find a secure, and it's true in the small interactions and the bigger interactions. The most powerful way of regulating emotional distress is by proximity to someone that we're securely attached to. We're social species and it's more powerful than anything we can imagine. Our brain is just built for that.

Mark: We need that message in a me-me, I-I culture that's so self-cystic and self-absorbed and--

Dr. Levine: I'm sorry. It just isn't our biology. [chuckles] Our biology is such that when we meet people and that's the whole also the difference. People don't realize that there's a physiological difference between being apart and being alone. When you break up with someone, you are really living a physiology of being apart. People say, "Why can't you be alone? Why are you not happy being alone?" I have to say also that I think being alone is stressful to our physiology. Throughout our whole evolution, when were we ever alone? It doesn't really happen that often.

Also, other animals too, social animals too. One of the ways that we induce stress in mice when we study mice is also social isolation. It's extremely stressful. I think that whole idea of

learning to love yourself before you can have someone else love you is so misleading and misguided and really prevents people from knowing that the trick is to find the right people to love you, to give you secure love that then you can prosper and evolve and then give love back and love other people. You see what I mean?

Mark: I do. The idea that you have to take care of your neediness before you can bond or before love is possible, you think is questionable?

Dr. Levine: Also, let's think about it for a moment. How do you learn to love yourself? What do you do? You go to therapy, but then you don't learn to love yourself by yourself. You're working with someone else. There you go. Again, you have a relationship with someone. You learn to love yourself by talking to a friend. How do you learn to love yourself on your own? I don't know, if you sit and meditate, okay, that's fine, but eventually, you're going to have to interact with someone.

That whole thing about neediness, that's part of what I'm trying to really teach people now and that's part of the new book that I'm writing now, is also about that, is really teaching people that the system doesn't really need a lot to feel safe. That's what most people don't understand, especially avoiding people because it's so scary to them. It's like, "Oh my God, I'm going to drown in that need." It's very simple. It's very similar to any parent, who knows that you're much better off in taking care of your child's needs before it becomes a huge need.

If you see that they're getting tired, you want to put them to sleep before they become so, so tired that they're cranky, and then it's harder to put them to sleep. If you want to make sure that they're not super, super hungry, because if they're super, super hungry, you're going to feel it. The same thing here. You want to identify things early on and take care of them before it gets out of control, but that's what a lot of people in our society don't realize.

They think, "No, no, no, you have to take care of your needs and I have to take care of my needs," but that's not our biology. Once we become a dyad, once we form an attachment with someone, our autonomic nervous system becomes dependent on them. Things that we don't control, they control. The quality of a relationship can affect people's blood pressure and breathing and heart rate, their sleep, their immune system. So many things that we don't control now that common physiology controls.

It's a really nice idea to think that we're all going to stay independent of each other and not really care what the other person does or does not do, but it just doesn't hold up. It's not our biology. I'll give you a small example and that's not from a romantic couple. I love it because it's all COVID stories because now we have to go and sometimes stay with other family members. A couple that has I think they have four kids and they're all young. Obviously, I know kids are a lot of work and especially, when there's-- I think one is three years old, they're young, still needing to dress them, take them to the bathroom, tons of work, never-ending work.

They're used to doing that, but now they went to stay-- Because of COVID they were living in Manhattan. They went to stay with their father-in-law in their rural area in this huge, big house. Now they have to do the same kind of work that they're used to doing, but the father-in-law is sitting on the couch watching TV while they're running around, not doing anything. All of a sudden it's like they developed this huge resentment of he's not helping us. You take the same thing that they're used to doing all the time.

All of a sudden, you insert someone else now into the equation, and all of a sudden, wait, wait, but don't you see our need? Don't you see, do something at least to help us. It changes our whole perspective. You can try to learn to love yourself all you want, but you insert someone there and all of a sudden they see that you're having a hard time with something and they ignore it. You could have handled it before that, but now it becomes something different. It's like, "Whoa, this person is there and they're ignoring me." Physiologically, it becomes something different.

Mark: Did you make a distinction between apart and alone?

Dr. Levine: Yes, I made--

Mark: What's the difference?

Dr. Levine: It's a physiological difference. When we attach to someone, our whole physiology changes because I told you it's a safety system. In such a way that there are certain neurotransmitters in the brain and hormones in the brain that change their level of expression. Basically, the hormone that actually kicks in the physiology distress, the whole stress signal that culminates in the production of cortisol actually goes up, but then the rest of the cascade doesn't go up. If you're alone and you're not attached to someone, it stays down but if you're attached to someone it goes up.

I should say more specifically, they found this out in animal models. I would think that these things are pretty conserved through evolution. I would make an assumption, but anyway, it's also interesting to see what happens in these animal models of animals that pair bond. It goes up, but then the rest of the cascade doesn't really get triggered, but the minute you separate them, that cascade goes right through. It's basically like having a trigger, chemically or biologically triggered gun that will be much, much more sensitive to the separation. Being alone and being apart physiologically for the brain is not the same. It's a completely distinct entity. I think it's very important to understand that. It's the same thing when you insert someone there when they're alone, they didn't care that they had to work so much. They didn't have any other choice but all of a sudden it formed an apartness because there was someone there that didn't care about what was going on and that hurts.

Mark: Now that makes sense. Do you think in a relationship that solitude, the ability to be alone is an important part of intimacy?

Dr. Levine: That's the whole thing when you know that someone is there and you know that someone is in attune to you and when you have a secure base. Of course, you're going to be alone a lot of the time. You know that the other person is there and you know that you can trust them then that's what happens. I told her you don't really think about your relationship much. Just like, "Oh I want to read this book. I want to listen to this podcast. I want to exercise. I want to do this."

Sometimes you invite the other person to do things and sometimes for some couples they want to do everything together and that's fine if it works for them, totally if it's effective I have no qualms with that. Some people, it's all about developing a baseline that both people feel heard and understood.

Mark: Just one last question. Now if you could give folks one piece of advice about attachment and trusting their physiology, what would it be?

Dr. Levine: The one thing that I would say that relates-- There are so many different things that I could say but the one thing that I would say is to really-- That's what I've learned. I think the biggest take-home message from the book, I've learned to really appreciate the secure people in my life and really find a way to give them more attention. Foster those relationships more, turn up the volume on those secure relationships because that can be really transformative to our brain to have all those small interactions with secure people.

Mark: That makes sense. Can I ask you one quick question?

Dr. Levine: Of course.

Mark: I'm really interested in this. I'm interested in the balance between heart and mind in love in relationship. We have this cliché about trust your feelings but is that always a good idea?

Dr. Levine: Now, this is the whole topic of the book that I'm writing now [laughs] because it is and it isn't. That's why I'm writing this book to give you a blueprint of knowing which feelings to trust and which feelings not to trust. That's basically what all this next-- a big portion of this next book is about. Actually, a lot of it is about what-- It's like the prequel to this book because it's about what happens.

It takes time to attach to people and to feel attached but then when we meet people that we are into especially in a romantic setting, there's that big initial spark that happens. How do you know if that spark is going to lead to a good match or not a good match? The whole idea is like there's certain things that you need to trust and there are other things that you need to actually test and see whether you can trust it or not. It's not a simple answer. There's a whole going to be-- A big portion of the book is going to be dedicated to that and try to guide people through it.

Mark: Feelings run amuck can ruin a connection.

Dr. Levine: Definitely. I'll tell you what I think can ruin your connection. I think what people don't understand is that it's a very, very important principle to understand what is our function in the relationship? Most people don't know it and the function is to regulate the other person's emotions. That's what we're there for. Think about me, like I'm this other person's Xanax. I'm there to regulate their emotions and vice versa. When there are a lot of really difficult hurtful feelings in a relationship, I think that something is off in the dyad because secure relationships are not about that.

It's about smooth sailing. It's about yes, here and there you have difficult moments but it's not about constant, really difficult emotions. If that happens, something is not working right. That whole function, relationship function is misconstrued and it needs to be realigned. There's a misalignment in the bond that doesn't allow this mutual help in regulating feelings happen.

Mark: It's so fascinating. I could talk to you all day but I just want to thank you so much. It's great to meet you and good luck with your new book.

Dr. Levine: Thank you very much.

Mark: Thank you, Amir. Bye.