

**\*\*On Being Lonely, Socially Isolated and Single: A Multi-Perspective Approach**

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“The port from which I set out was the port of my loneliness.”

Stanley Kunitz quoting Henry James, New York Times, 6/10/02.

*Introduction:*

Sitting with patients who complain of being lonely or wishing for a mate, we wonder what causes what. Are they lonely because long for someone they love? Or are they lonely because they cannot imagine anyone to love, or who loves them? Do they believe that their love is unrequited? Learning about how and why people stay alone can help get them to understand what they want and sometimes to make the connections that they want.

**Rationale for Literature Summary**

**Analysts are challenged by the chronically lonely patient. Satran (1978) says that the idea of loneliness may be too threat-ening for people to entertain. Seeing it persist in patients is stressful too. Since we generally believe that emotional growth takes place in the context of a relationship, when working with lonely people who wish for a family, we may become more concerned about the slow course of treatment than we do with patients who are not alone and painfully lonely. Our rescue fantasies are mobilized. Will time pass these people by? Such feelings can occur even when the analyst is convinced that self- knowledge is the goal, rather than any specific life change. When a patient is emotionally constricted and treatment is slow, options may be further limited.**

**Theorists on loneliness often use only one perspective to explain the**

**Loneliness of the patients they discuss.** We are presenting a broad summary of the analytic literature on loneliness, inner aloneness, and lack of intimacy not because we see any particular contribution as key, but rather to state the elements of each of these perspectives, which all have something to offer our patients. Also we will touch on some useful contributions from the social science literature on loneliness. Our premise is that a multi-perspective approach adds to understanding and improves treatment. Elements from social science theory, a contemporary Freudian perspective, along with object relations and interpersonal theory can illuminate a patient's loneliness.

### *Freud and a Theory of Loneliness*

**The analytic literature on loneliness begins with Freud.** He never specifically wrote about loneliness, but he does talk about the fear of being alone of being alone in his chapter on "Anxiety" (1916-1917), pp. 392-411). He illustrates this with a charming anecdote about a child who fears the dark except when his aunt speaks to him. The child says: "If someone speaks, it gets lighter" (p. 407).

Freud describes Dora (1905a) as unsociable, though not focusing on her loneliness, a condition he associated with hysteria. Using our multi-perspective approach, we attribute Dora's unsociability to several factors: her experiences with the objects of her drives, the state of her self, her adolescent status, and perhaps her broader social milieu, which was hostile to people of the Jewish faith (Decker 1991). Dora's membership in a minority group that was discriminated against may have contributed to her dependency on her family that went beyond what one might expect from someone who was more welcomed in society (Goldstein, 1995). Freud came to understand Dora's dynamics and

symptoms as arising from her longing for the love of a woman (Freud, 1905.) He deduced this from her reporting about the pleasure that she experienced from looking at a painting of a Madonna and Child. Klein (1963) might understand the sensual pleasure Dora described as being partly an expression of her loneliness. To Klein loneliness encompasses a longing for the idealized relationship between mother and infant, where one could be understood without words, a typical fantasy about the early mother infant relationship. In *Three Essays on the Theory of Sexuality* (1905b), Freud generalizes his theory and states that love always has to do with re-finding the original love object—usually the mother. M. S. Bergmann (1987) emphasizes that ideal love always has to do with re-finding the lost love object of infancy. Does this definition imply that loneliness is the obverse of love, the state of not having found anyone to replace the lost object of infancy? Indeed, what do we mean by loneliness?

#### *Towards a Definition of Loneliness and Inner Aloneness*

Loneliness does not even appear as a concept in Moore and Fine's *Psychoanalytic Terms and Concepts* (1990). How analysts define loneliness or the state of inner aloneness and how we conceptualize what motivates self-isolation, are influenced by our individual theoretical lenses just as much as our views of other symptoms and character traits. Also, understandably, the theoretical preferences of the time are generally brought to bear on any phenomenon under study, and this is certainly the case with loneliness.

Loneliness may be widespread, but analytic contributions to its study are relatively few. Brenner (1974) understands it as an affect reflecting longing for the return of a specific

person. Brenner's idea of loneliness suggests how it differs from depression, as in his view loneliness implies the hope of return, while depression results from the loss of hope. Zilboorg (1938), on the other hand, conceptualizes two types of loneliness: missing someone we love, and, missing someone to mirror us, believing the latter to be typical of narcissists. Here unlike for Brenner, the longing is for a specific function rather than for a specific person. We have found that for a period of time a person may need to use the therapist as a mirror to assuage their loneliness. M. S. Bergmann (1987) takes issue with Zilboorg, saying about lovers: "I have observed the feelings of loneliness ensue either when the partners fail to understand each other or when they do no more than mirror each other" (P.278). It may be that just mirroring diminishes a person's self-definition, thereby leaving the person lonely.

Can loneliness be the result of social isolation?

Fromm-Reichmann (1959) argues that imposed social isolation can be toxic. An unsatisfactory relationship with the early environment of infancy can lead to a defensive withdrawal and a later vulnerability to psychosis. When they were hurt or disappointed, she believed that such people could become socially isolated by withdrawal and end up psychotic.

Greene and Kaplan (1978) question whether Fromm-Reichmann's (1959) patients were in fact lonely, and conclude they were not lonely in Brenner's sense of longing for a lost love object, but were instead empty or depressed. We question the idea that a person can be empty but rather see emptiness as a defensive fantasy against painful longing. Could Klein (1963) bridge the gap between loneliness and emptiness and depression? In her formulation, the aggressive instincts cause the infant to see the mother as bad and therefore to withdraw

from her. As we mentioned above, for Klein, loneliness is the yearning for a perfect internal state; an understanding without words characteristic of the ideal relationship with the mother. Then, it is not the mothering person that is longed for, but the infant's ideal of the good mother who never disappoints and never stimulates aggression. The emphasis is on what the baby brings to the relationship, rather than on the quality of the mothering, as is the case with Fromm-Reichmann. Cohen (1982), a Kleinian, describes loneliness as a painful fragmentation that can occur even when one is loved; it arises from the fantasy of losing parts of the self, as may occur in psychosis. A person's sense of losing particular self attributes is a variation of Fromm-Reichmann's idea that those who suffer with real loneliness have lost the sense of having had objects in their lives. Winnicott (1958/1965) says that the ability to be comfortable when alone is a developmental achievement that arises out of the child's having played alone in the presence of the mother; the lack of such experience results in being lonely when alone. As with Fromm Reichmann, the emphasis is on the mother having provided a particular experience, rather than the child's innate fantasy life, that has led to a sense of loneliness. Buchholz (1997) building on Winnicott takes issue with those who believe that social isolation is destructive, and focuses on how having time alone can be both nurturing and productive. We believe that pleasure in alone time depends upon a person's sense of self and others rather than whether the person is alone or in the presence of an other.

Adler and Buie (1979) define loneliness as neurotic longing, reserving the term aloneness for the experience of one who is unable to evoke a good object, and so is left to feel empty. They use the term neurotic longing to emphasize that a neurotic person may experience loneliness differently from someone with a borderline structure who, in their view,

might be more intensely anxious. They see such a person more vulnerable to loneliness than neurotics since it is generally believed that those diagnosed as borderline have a paucity of inner objects. By contrast, Satran (1978) who believes that loneliness can engender shame, cites Kohut's idea that loneliness can defend against fear of engulfment. Here, despite the pain, a person might be more comfortable alone than in a relationship. Both ego and self psychologists emphasize the defensive uses of isolation.

We think of loneliness as an affect which is distinctly unpleasurable. It is often a complaint and sometimes a symptom which can be accompanied by loss of mental function when it is very intense. To us the lonely person's longing may be for the object or part of the self. It may also be for what the object or self once was. Longing for the lost other, or fantasy of the other, avoids the pain of mourning at the cost of remaining stuck.

To summarize the questions to this point: Is the lonely person longing for a lost object from the past? Is the lonely person longing for an object to mirror the ideal object that will never disappoint or enrage?; or even, is such a person trying to recapture lost parts of the self? Following our multi-perspective approach we consider social factors such as gender or racial and ethnic biases may be a factor in loneliness. Being marginalized can leave a person lonely (Weiss, 1973).

### *Gender, Loneliness, and Being Alone*

Gender may affect one's likelihood of experiencing loneliness as well as one's capacity to weather loneliness. According to Lieberman, the psychodynamics and the external environment are inextricably linked, particularly for the over-30, single female. She

thinks that the scarcity of suitable male partners rather than intrapsychic conflict, accounts for some remaining alone.

Gilligan (1982) suggests that women may be more vulnerable to loneliness than men because girls develop a way of thinking about the world that depends on a sense of being connected with others. Thus, women feel that to be alone is to be a failure. Men, by contrast, value independence, and believe that it is unmanly to need another to assuage loneliness. They may, therefore be more silently lonely men than women (Weiss, 1973.)

Psychoanalysts also consider that since single or divorced men over 35 are more likely to select younger women for marriage, there are few suitable available men for the educated mid-life woman. While some people can be comfortably single, those who cannot are the ones who seek therapy. Lieberman (1991) believes that isolation and lack of intimacy causes the pain. She sensitively highlights the issues in treating the single woman, as does Rucker (1993). Rucker (1993) is concerned about the reality factors that confront the many involuntarily single women analysands; that is, what she sees as the relatively slim chance of finding a mate. Her emphasis is on possible countertransference dynamics that may occur on the part of male analysts who treat such women, and, also, how the analyst's management of such feelings may impact the woman. She cautions that the male analyst must be appropriately sensitive to the woman's sexual longings. In the absence of other men in the lives of these women, erotic transferences, she believes might be expressions of adult needs not to be interpreted as defenses.

M.V. Bergmann (1985) discusses single women who came to treatment near the end of their childbearing years. She believes that their history of early assumption of the mothering role vis-

a-vis their own mothers, left them ambivalent about taking on that role again. She asserts that role reversal heightened oedipal conflicts and believes that her patients used avoidance of intimacy as a defense against being used as nurturers. Here the emphasis is on the psychodynamics of the choice by these women to be single. Unlike many single women over 35, these women believed that there would be a mate for them, not adhering to the view that there are no men out there. The idea that there are options is empowering and may even contribute to a person finding a mate if that is their desire.

Hirschmann and Munter (1988) worked with adult women overeaters. The overeating frequently took place when the women were alone. In their view, cultural idealization of the slimmer woman leads to a risk of social isolation for compulsive overeaters. Thus, defense may lead to exactly the outcome that was feared. Even when intrapsychic factors determine a person's choice to be alone, acceptance of social explanations may help the patient to tolerate treatment for the deeper issues. Thus a woman who says that there are no men out there is helped to tolerate her loneliness by accepting the reality that there are fewer single men than single women in their age group. Therapists who confront what may be rationalizations too early risk alienating the patient and destroying the possibility of treatment.

#### Character: Loneliness and being Alone

While Weiss (1973) could not decide whether or not there is such a thing as characterological loneliness or even whether it is useful to associate particular character types with loneliness or inner aloneness, psychoanalysts have considered this possibility. Klein (1963) sees everyone as vulnerable to loneliness, but schizophrenics and the physically ill as more at risk. By contrast, Fromm-Reichmann (1959) sees loneliness as a cause of the psychotic state.

We think that a developmental point of view can reconcile some of these differences. If the early difficulties in attachment lead to formation of what Zilboorg thinks of as narcissistic character, which drives others away, and Klein's idea that untamed aggression leads to pushing others away, then Fromm-Reichmann's idea that the state of being alone causes psychosis expresses the view that psychotic delusions are restitutions for missing inner objects; this is what Fromm-Reichmann called "real" loneliness.

#### How Might Characterological Loneliness Manifest Itself?

Guntrip (1961) says that people with schizoid characters are caught between the need for a good love object and the fear of an object relationship. The result is a love hunger masked by detached aloofness and emotional apathy. A person with a schizoid organization cannot risk relationships for fear of emptying the object by taking, or emptying the self, by giving. This suggests that a person can be alone not only because of untamed aggression, but also as a fantasy of preserving the object at the expense of the self. Despite their loneliness, those who see relationships as engulfing may be passive in pursuing companionship in order to avoid fantasies of engulfment. We think that mild fear of loneliness may motivate people to seek relationships, but intense fear of relationships may make loneliness seem preferable to the risks of relating in an intimate way. Therefore, we do not see seeking out relationships or choosing to be uncomfortably alone as dependent primarily upon character type but rather as a result of a person's fantasies, conflicts, sense of pain, and total life experience.

*Defense: Loneliness, Inner Aloneness and Social Isolation* While loneliness can defend against intrusion, in itself it can

be so painful that it is defended against. We believe that one such defense is a fantasy of no inner objects. Jarvis (1965) sees compulsive behaviors defending against loneliness in children. She believes that loneliness resulted from an early pattern of sado-masochistic object relations between mother and child. Bruch (1958) believes that fearful adolescents use compulsive eating to avoid social interactions by making themselves fat and therefore less acceptable to peers. Patients sometimes use each of these defensive patterns.

### Attachment Theory, Loneliness, and Social Isolation

Bowlby (1973) considers loneliness part of the human response pattern rooted in a need to maintain our species. Attachment is seen as a critical variable in maximizing survival. In his view, loneliness is a signal and potentially adaptive, in that it sets off behaviors that are necessary to survival. Both Bowlby and Parkes (1969), another attachment theorist, (Weiss, 1973), conceptualize separation anxiety as “proximity promoting”, since it attempts to re-engage the object.

Integrating attachment theory, including the ideas of Bowlby, with other psychoanalytic concepts, D. Silverman (1998) describes a patient who by resisting relationships by clinging to old negative ones, believed that he was avoiding feeling alone. Silverman’s view is another way to think about the negative therapeutic reaction. It suggests the possibility that a may use therapy to continue in self-defeating behavior out of fear of losing or abandoning his objects, even negative ones, rather than as a wish to defeat the therapist.

Why would the patient need to create the fantasy that new object experiences would result in the loss of early ones? We would attempt to engage the patient in exploring this question.

## The Therapist and the Lonely Patient

When treating profoundly lonely patients, Fromm- Reichmann (1959) said that the overarching interpretation is: "I'm here." This implies that the therapist's use of self is crucial to the treatment of those who experience "real" loneliness. By contrast Greene and Kaplan (1978), Cohen (1982), and Schafer (1995) emphasize countertransference. They think that when the patient feels lonely in the session, this is induced by the patient's transference fantasy, isolation of affect, or as Cohen puts it, out of an inadequate integration of his inner world.

The fragmented style of Cohen's patient recalls the more alienated characters in the plays of Beckett and Pinter who appear to be losing the struggle to stay connected to self and other. Our integrative approach asserts that one can be present and interpret countertransference. The therapist asserts her presence and asks the patient whether what she herself feels is what the patient cannot put into words, thus establishing and maintaining an alliance.

There are several ways in which the analyst can create a conversation that draws the isolated patient into a relationship. Ehrenberg (1992) provides an example. She told an impulsive patient, who used treatment to describe her impulsive actions, that she acted as if she had only to bring her body to the session and the therapist would do the rest. This intervention opened up the dialogue to include the relationship between therapist and patient, which we believe is critical with lonely patients.

## Social Science Theory and the Lonely Patient

We also believe that by including elements from social science with our broad psychoanalytic

perspective we can understand the chronically lonely patient in a way that comes close to the patient's view of having been excluded rather than imposing the idea that the patient is excluding the world to actualize certain fantasies. The guilt that would be occasioned by taking responsibility for the exclusion and the fantasies can be kept in check and only gradually accepted in a way that does not overwhelm the analysand.

The social science view, which locates the problem outside of the self, may help the person feel less blamed. Poland (1996) a psychoanalyst, emphasizes the need for tact and timing in working with

patients. This need to accept the patient's view for a period of time seems especially useful where the patient believes his or her voice has been unheard. An intermediate stage in which the patient understands herself or himself as only able to consider one perspective as contributing to his or her isolation or loneliness may give way to other ideas as they experience their therapist's willingness to understand their view.

### Summary and Conclusions

Above we outlined how we think about intrapsychic, and interpersonal factors, as well as social ones, in dealing with the symptom of loneliness and the sometimes concomitant feeling of inner aloneness. Even when the social science understandings are used only as tactical or pro tem explanations, they help to avoid alienating the patient. Here we have integrated social science viewpoints with those of psychoanalysis to understand a symptom picture that has been variously explained. Some commentators believe that it is socially imposed, and others have seen it as symptomatic of very early deprivation, and others still have attributed it to Oedipal conflict. Although James' view of his loneliness suggests it developed in his relationship with his mother,

our idea is that factors like those discussed above along with narcissistic injury, unconscious guilt including conflicts over aggression, and situational or cultural phenomena, potentially drive and reinforce loneliness and aloneness.

Loneliness transcends diagnostic categories, but it is most profoundly painful when it is experienced as inner aloneness. Both people who are alone, and those in apparently close relationships can experience inner emptiness that leaves them painfully lonely.

The necessity of using countertransference to understand the experience of the lonely, as well as to overcome impasses, has been emphasized in the literature. The analyst's need to feel connected both internally and in relationships partly explains the emphasis in the literature on this dynamic. Interpretations that recognize the contribution of the drives, the environment, the state of the self, including regulatory needs, and current situational factors may be useful as well.

There may be many different kinds of lonely and alone patients. Different dynamics may give rise to the loneliness even within the same patient, and different people may use their aloneness and loneliness to resolve different types of conflicts. In other words, with those relatively and sometimes isolated patients who pose powerful resistance to change, a multi-perspective approach seems most promising.

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