A Special Kind of Love in Psychoanalytic Work

by Jane S. Hall

Most of us in this field have suffered loss, loneliness, and despair to some degree in childhood, and develop fantasies of rescue that, when tamed through our own therapy, help us in our work. Early loss can be traumatic and when the difficulties inherent in growing up are not accompanied by security, consistency, and empathy, “strain trauma” occurs. Much of our work has to do with recognizing such post-traumatic stress, and doing the kind of psychoanalytic work that helps our patients develop enough trust to form relationships that do not repeat the past. In this paper I try to explore the deadening effect of the loss in and of childhood and to show that love is essential to healing. When such patients come to us in adulthood, no amount of theoretical and clinical acumen alone will do the reparative work of love.

For me, non-transferential love in the consulting room, not often talked about, happens over time. As the therapist and patient begin to connect, and as the patient begins to see that judgment is not involved - as she is listened to with benevolent curiosity, something happens – a new object is experienced, often leading to love. It is not the wild, erotic love that is sometimes played out in therapy as a defense against intimacy, or the transference love for the therapist as past object, and it is not the love that just satisfies our narcissism. It is a love that comes from respect and caring – caritas as Shengold (1989) calls it -

“the need for ... [a] relatively nonnarcissisitic love to neutralize murderous aggression (terrifying in its intensity) that is always enhanced by the traumatization and emotional deprivation thrust on the child victim. Only love can ameliorate, and only being able to develop the capacity for love can make meaningful therapeutic contact possible—in life and in therapy.” This love or caritas is also why ending treatment is so painful, yet part of what is reparative in saying goodbye is the experience of the
first individuation free of guilt and conflict. Along with the trust that allows our patients to love, autonomy is the most precious gift of all. Hopefully that is what we offer our patients.

As an analyst I tend to put an analytic slant on many movies, as I did with The Maid, a Chilean film about Raquel, a maid who has been with the same family for over 20 years (perhaps symbolizing 20 years of therapy). Raquel has just turned 41 and is both angry and depressed. The family, consisting of parents and 3 children can be said to represent Rachel's own family from whom she has been estranged since childhood. The teenage daughter becomes Raquel's victim and/or Raquel as a teenager – and it is clear that envy and anger are operative. The boys, once her babies, are growing up and loss of her role as the boys confidant and caretaker is imminent. Aware of her increasing moodiness, the mother has made a cake for Raquel and given her an expensive sweater which can symbolize the early experiences in therapy indicating a chance for care and warmth on this unhappy birthday. She accepts the celebration grudgingly, without grace, and retreats to her room to sulk, throwing the sweater on the floor (initial resistance and defense against closeness). As the story (therapy) progresses we see Raquel deteriorate (regression) into a paranoid, nasty, mean-spirited woman who starts developing physical symptoms such as severe headaches and fainting spells which have no medical cause (in treatment patients frequently develop physical symptoms, unconsciously trying to ward off psychic pain.) A hospital stay reveals no physical disease. Thinking that Raquel needs help, the family tries getting her assistants (aspects of her therapists) who one by one Raquel locks out of the house (pushestherapist away) - sometimes in comedic ways, and sometimes in evil ways (more resistance and expression of aggression.) Raquel even gets rid of the family cat (the helpless Raquel which repeats the trauma that Raquel experienced when she was sent away from home as a young girl.) One day Lucy shows up, a ray of sunshine compared to Raquel’s black cloud persona. Lucy, (the analyst who emerges after initial testing enables the establishment of trust) is not afraid of Raquel's aggression. When locked out of the house, she sunbathes by the pool. Lucy is experienced as a happy person who manages to lure
(analyze) Raquel out of her gloom (positive transference.) Lucy invites Raquel home for the Christmas holidays (Raquel’s fantasy). During the trip we see her experiencing attention and even sexual opportunity from Lucy’s uncle, which she cannot accept (perhaps a recollection of early seduction and/or an erotic wish). But the two women become even closer and we hear new material about Raquel’s past. At one point she makes a tearful call to her mother — and we infer that a reunion (rapprochement) is not possible. Mother is and has been unavailable for 20 plus years and the fantasy visit to Lucy’s home stirs up Raquel’s feelings of loss and loneliness (what we could call part of ‘working through’). Raquel’s tears are a release and seem to help her mourn her losses and allow her to express her love for Lucy. By spring Lucy decides to return to her family (termination) as Raquel’s personality is greatly improved (identification and internalization of a new object representation, possible after mourning her losses, and lifting of inhibition and depression). In the last scene we see her put on sneakers to go jogging as Lucy had done every evening. The love between Raquel and Lucy has been transformative.

This movie as a metaphor for therapy has a happy ending. How many patients have we each seen, usually over many years, blossom before our eyes when the mourning of an unhappy, often impoverished childhood has created room for new identifications and internalizations? Does this lead to a meaningful life? I think so, because the ability to express and to feel love is what gives life its meaning.

Sometimes we forget that attentive listening is a 'first experience' for our patients — never before have most of them been listened to with benevolent curiosity or bathed in the light of another's full attention. Listening requires the therapist's "accepting silence." The ability to be silent is something we must develop. Many patients ask for activity but active listening is a talent we must cultivate for it is more valuable than direction, advice, and sometimes, even questions. As attentive, active listening evolves, a pace is established. The patient comes to appreciate following her thoughts. We therapists must be
allowed to follow our thoughts as well – and when we have something to contribute it can be done as an association to what the patient has told us. Reciprocal free association is what defines psychoanalytic work in my opinion. Making connections and wondering with the patient develop ego strength and pave the way for reflection and looking inside.

Our analytic education and our own treatment foster empathic listening, which is what keeps us in our chairs. It is what helps us be patient. Benevolent curiosity about a person’s past and present; his childhood; her reminiscences; her everyday life; his relationships; the reasons she comes to therapy; the reasons he cancels a session--are all of utmost importance. When a patient finds it difficult to talk, structure is helpful. Many therapists take a thorough history, sometimes over several sessions before recommending a course of treatment (this is really a way to see if they click, in my mind.) Others prefer to leave space for the patient to begin a consultation. Finding a way to communicate with each patient is the art of establishing a rapport.

Sam came to a clinic for therapy at age 21 as a condition of probation. He had been arrested for selling drugs on campus at the college he was attending. He initially viewed therapy as a way of avoiding jail. His probation term was five years. The therapist was not expected to report to the probation officer but if asked was expected to verify attendance. (This never happened).

In adolescence Sam began smoking marijuana and went on to experiment with both soft and hard drugs at college. While using drugs was a definite part of the culture at the time, selling drugs became more satisfying for him. It provided him with the self-esteem and identity he sought. Being important and powerful was the high he became addicted to.

Sam’s parents immigrated to this country, and the long, hard hours they worked in their restaurant left little time or energy for raising their six children. Sam, the youngest by ten years, was alternately spoiled and neglected as a child. Because his parents were rarely home to supervise and set limits, Sam
fled abandoned, lonely, and deprived, but when his mother was at home he felt coddled, entitled, and
smothered. He was her baby after all – and she felt lonely as her older children moved away. After his
father's death Sam's mother invited him to her bed. So, the loss of both parents as parents devastated
him. He reacted by becoming a tyrant with no discipline.

Sam was highly intelligent and did well academically. His teachers either hated or loved him. His
strong need for attention was either gratified or rebuffed by them. He remembered his behavior in
school as either endearing or disruptive. He was calling for attention while at the same time pushing it
away. Often he would go to school without having showered or changed his clothes for days at a time
and his smell kept others away. As you will see, his deep shame and confusion made him feel that no
one would tolerate him – and his anger expressed his message: STAY AWAY! As treatment progressed
he would face the shame and rage that had deadened his ability to be close to another. Life without
closeness is a dead life. Sam was repeating his past in his present. Friendless and lonely, he depended
on his role as drug dealer for a false sense of self-esteem. Therapy, as we will see, awakened his
potential for connection and he began living and loving once again.

Sam began once-a-week therapy, saying that he would fulfill his probation requirement but didn’t see
the point of therapy. His therapist said she understood that he saw therapy as a must but thought he
might find it an interesting process. Later in treatment Sam reflected on the first sessions and said he
found the therapist’s hopefulness relieving. He also remembered the therapist’s calm way of talking and
was impressed by her interest in what he had to say. No one had ever listened to him before without
arguing or judging him. After several sessions Sam said he would use therapy to “get it all together, to
have different interests and to get to know Sammy.”

In the first month of treatment Sam shifted his attitude towards therapy and articulated his wish for a
“second chance.” He increased sessions and when the therapist opened her private practice he began
five times a week, on the couch work.

What happened to effect the change in Sam’s attitude? His therapist conveyed her interest, respect, patience, and hopefulness by her nonjudgmental and attentive demeanor, and by her benevolent curiosity. It was not just what she said to Sam, it was how she genuinely felt. Her thoughts ran like this:

*Here is a young man who had a difficult and lonely childhood (empathy). He’s in trouble (benevolent curiosity). He is here in my office (hopefulness); He has a story to tell (interest); He survived (respect). I like him despite his attempts to push her away.*

Empathy, interest, hopefulness, and the ability to like the patient set a tone of acceptance that is felt and responded to by the patient. It is the therapist’s attitude more than her words that conveys the message. In fact, if the attitude of respect and hopefulness is missing, words will mean nothing. Attitudes gets unconsciously communicated. The therapist’s attitude determines her ability to use psychoanalytic technique effectively. Hearing and interpreting resistance, transference, acting out, enactment, dreams, associations, and silence (making sense out of the patient’s communication and lack of communication) rest on the therapist’s knowledge of unconscious processes, an ability to be hopeful, and a basic ability to like the patient.

Sam began his fourth session by reporting the memory of a fight at age twelve with a neighborhood kid who said Sam’s parents didn’t love him because they were never home. Sam remembered fighting because he felt hurt. In looking back he felt it was true. In college he felt comfortable by being cool and unemotional. Here, he was giving the therapist a glimpse of the work ahead. He was telling the therapist that he could be very demanding and could cover his neediness by seeming not to care. He was also testing to see if she would be judgmental by agreeing that his behavior was bad. After a while, in this early session, Sam became silent. The therapist took this opportunity to tell him that he would learn about himself by saying whatever came to mind, even if he had thoughts that seemed not to relate
to the subject he had been talking about. Sam responded by saying, “The world is round.” The therapist waited quietly and eventually Sam began commenting on things in the office. He expressed some discomfort by questioning the relevancy of what he had said. The therapist said, “If you follow your thoughts they will lead you somewhere, and you will learn about yourself.” Sam shrugged and said that the mind was really complex. He smiled as the session ended.

Fifteen years of psychoanalytic work with such a person is far different from a 95 minute, entertaining movie. It is often draining, sometimes boring, tedious and angering work with brief but hopefully increasing rays of light. Sam's treatment was very difficult at times when he expressed his rage and frustration. His seductive mother had given him a sense of entitlement that often threatened therapy. But we persisted and slowly Sam showed signs of change. He began dressing appropriately, had an ongoing relationship with a woman, and eventually became very successful in his field. His sadomasochistic behavior was tamed as he became aware of his ability to understand how another might feel (empathy.) And most of all, his shame diminished. His guilt over his mother's seduction, due to her illness, was not his fault and he slowly gave up hating her.

One of Sam's termination fantasies was about hugging the therapist on the last day. Instead, he brought a bunch of flowers with his final check, saying “I want to hug you – but the flowers seem more appropriate.”

Now, I don't want to imply that 'love is all' or 'love makes the world go round' or “Just a little lovin' can go a long, long way” (though I believe it does). Analytic work is not easy and at times approaches the impossible. Sometimes the projections our patients bestow on us take a heavy toll but that toll can become most useful.

Recently Barbara, in twice weekly therapy for two years, whose mother died suddenly in an accident when Barbara she was a child, stopped coming to her appointments and did not call for over 3 weeks,
not even returning my call to her. My initial reaction was beyond benign curiosity. The worry, anger and confusion Barbara felt became mine and I had a glimpse of how she may have felt as a little girl – devastated and angry about the sudden disappearance of her mother. It was a difficult time. I wonder if Barbara stayed away as long as she did in order to let me feel as she had felt and also to let me recover by figuring it out. As objective and skilled and experienced as we may be, we should admit to each other that sometimes we get caught up in enactments. We are human, and whether we are having a bad day or whether the patient's projection is just too powerful, we struggle to contain and to understand the emotions aroused.

When Barbara returned she reminded me that she had done the same thing last year, which I had forgotten. It is the month of her mother's birthday and I should have remembered. This opened the door to the mourning work Barbara had put off by focusing on her present dilemmas. She was ready and I was ready, too. Since her return, we are experiencing her sadness, pain, and rage at mother's abrupt disappearance – thus paving the way for an ability to love again. As she mourns, the sense of entitlement that she has used to push others away, is decreasing and her sarcastically funny way of being with people is softening. Her focus on shopping and wearing designer clothes and bags is now understood as making her feel special – and as symbolizing her father's love for her because neither can express warm affection to each other. The two are connected through arguing about finances. As Barbara mourns her lost mother her defenses against the very feelings of warmth and acceptance that make life fulfilling are softening. As she starts to connect to her father without bickering about money she will learn to trust the men her age who thus far she has found ways to reject.

Carla, a lovely, attractive, intelligent young woman came to see me when she was in her mid twenties. She had recently stopped using cocaine and broken up with her boyfriend who supplied it. Worried about her future, and uncomfortable in the present, she got my name from a relative in treatment. It turned out that the relative's therapist was not psychoanalytically oriented and the differences in our
techniques surprised C. at first. As she gained trust she realized the benefits of my not giving direction, sharing personal information, and even charging for missed appointments. We began a twice a week therapy that eventually deepened into a five times a week work on the couch. For the first several years of treatment Carla was in tears constantly. They streamed down her face and when she began using the couch, I had to use two towelettes. Neither of us could understand why, or what they were realted to as they seemed not connected to content and eventually we just accepted them. In the third year of analysis the crying gradually stopped. Despite reviewing the literature on tears I have never understood what the tears which were never sobs meant. My only thought is that they had been held back for many years and needed to be shed. They also seemed to be a defense to ward off anticipated rejection or criticism.

The beginning phase centered around her problems with authority – specifically her boss. C. had a good job with potential for advancement and realized that hating her boss would not further her career. Her need to control captured our attention. One day early in treatment C made what sounded like a slip by mentioning her four siblings. I pursued this as I had only known of three. “Oh, said Carla, I meant to say three – guess I was including Tommy, but he doesn't really count. He was only two months old when he died.” Naturally, I asked her to tell me what happened. “Oh, when I was almost three, Tommy died. He was in the back seat of the car – I was in the front with my mom. When we got home, mom went to get Tommy and she screamed and I don't remember too much but the police came and I went with a neighbor. My father and the other kids were on a trip to visit my grandmother in Maine.” Carla presented the event in a rather off handed way and I wondered about that. “Well,” she said, “we never talked about it after that. In fact, no one mentions Tommy.” He doesn't even have a headstone at the cemetary.

After my questions, Carla asked her mother to tell her about Tommy's death and was met with: “Oh, that was so long ago – why would you want to dredge that up?”
And dredge we did – on and off for twenty years. Indeed, we found that Tommy took up a lot of space in Carla's representational world – and in her initially repressed fantasies. You see, Carla, like any toddler presented with a new sibling, had wishes that Tommy would disappear, go back where he came from, that he would die. And indeed he did die from SIDs, in plain sight. Carla's wish came true and, being on the cusp of the grandiose stage and the formation of the superego/conscience, she was left with both guilt and the secret fantasy that she had hidden powers. It was these imagined hidden powers that Carla had to mourn, along with the memory of Tommy. As her fantasies came to light we saw that Carla had envisioned Tommy as her child as well as her rival and the reality that mother could not save him fueled her need to be omnipotent and her subsequent difficulty in trusting. (Interestingly, Carla had several boyfriends named Tom and eventually married a man named Tom.)

After 10 years of analysis, Carla terminated. Having a real son, a good marriage, and a successful career we both felt that enough had been accomplished. Two years later, C called due to mild depression and we continued working for another ten years. There was more mourning to do and we saw even more clearly that Tommy's death was still haunting her. This time the work centered around C's step son who was a teenage disaster. Completely out of control, this 15 year old threatened to upset her family life as Carla's husband was unable to set limits to his behavior. It was as though Tommy had come back as a monster (projection of C's original rage and guilt.) Working through this fantasy/reality situation took a long time as it coincided with C's sister's death. Their relationship was ambivalent with envy induced hatred taking the upperhand.

In sum, early loss (not only of Tommy but also mother who withdrew into depression) in this case resulted in the unconscious fantasy of omnipotence and the concomitant feelings of guilt causing a sadomasochistic character pathology. The analysis with its many years of hard work and the love that sustained it worked well for C. who went on to get her master's degree and to change careers. As she embarked on a new career she realized that she no longer needed to make amends for her fantasied
wishes. And, her transference wish that she could be 'everything' to me as she was to her mother before Tommy's birth and death was worked through and finally subsided as Carla relinquished her imagined omnipotence.

I have tried to illustrate how 'a special kind of love' called caritas is a necessary part of our work. Neuroscientists have found that the hormone oxytocin (the hormone of love) is released due to loving attachments. Norman Doidge (The Brain That Changes Itself) in a personal communication said:

“Oxytocin is the chemical.... that I think works in analysis when the patient enters a powerful positive transference with loving feelings or strong positive attachment, to the analyst. That may therefore include everything from powerful positive attachments that make good sense given what has occurred in the analysis, through erotic transference, all the way to the most problematic erotized transferences.”

I would add that in my experience, the capacity for empathy emerges and grows after analytic work takes hold. Experiencing empathy is a new experience for most of the patients I have mentioned and I have seen such patients identify with it, making it their own.

Moments of transferential experience share the stage with genuine recognition of a new object – on both sides of the couch. Classically speaking one would talk of a resolution of the transference – but as I continue to find my own voice I become more and more convinced that classical thinking needs some unlearning and certainly some revision. Whether it is the internalization of the analyst or the increase of oxytocin – (probably both) the ability to mourn makes room for new love and meaningful lives.

In sum, Raquel experienced joy for the first time in her life. Sam, after a long struggle was able to tame his sadomasochistic treatment of women by experiencing safe love. Barbara, little by little, began to feel the pain – covered by a tough facade – and began to mourn her mother thereby allowing new love into her life. Carla put Tommy to rest and changed him from a ghost to an ancestor as Loewald put it.

Her wish for my exclusive love, freed from her grandiose wish, matured into the caritas that she
internalized.

*The Man Who Lisens to Horses* by Monty Roberts describes just how valuable being exquisitely attuned to wild mustangs can be in taking them. Mr. Roberts illustrates how he listens visually, aurally, tactily, and emotionally and I recommend it to therapists. He meets horses where they are – and invites them to relate to him. His book addresses technique like no psychoanalytic text that I know of.

A special kind of love – caritas – has an amazing effect!

References


Doidge, N. (2010) Personal communication


Jane S. Hall, LCSW

janeshall@earthlink.net

A slightly different version of this paper is posted here by permission of the author and original publisher: Round Robin *Psychologist-Psychoanalyst Division (39) APA*, volume XXIV. No. 1 winter 2010 pp. 2-8.