Love in the Time of Psychotherapy

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This paper examines the hypothesis that patients need to arouse the loving feelings of their psychotherapists in order to reach a sense of their own lovableness and capacities for loving. The history of love in the countertransference is reviewed and two kinds of love are described, leading to the idea that secondary love arises out of primary love. Examples of work with three patients demonstrate clinically various ways in which the therapist's loving feelings are reached.

‘It is the physician's love that heals the patient’
attributed to Ferenczi

It has long seemed to me that ‘love’ in our work as psychoanalytical psychotherapists seems to have been much neglected. I believe that most patients who present for analysis or psychotherapy feel themselves quite unlovable at some very deep level. My hypothesis in this paper is that until and unless there can be felt moments of love for the patient by the therapist, the patient is not able to develop fully. I think it is only when a patient can arouse our deepest loving feelings (not empathy) that we can really hope for a truly positive outcome from our work.

At times when I have questioned changes in patients, I have asked myself ‘Do I love X because he/she is making use of me and starting to change?’ (my narcissism); or, indeed, ‘is it because I have found myself able to love him/her that growth and a sense of lovableness are now possible?’ (allowing his/her healthy narcissism to develop).

Paradoxically, I may discover my loving feelings when a patient is finally able to vent his/her rage and hate towards me or when a patient is struggling to reach, or has managed to reach, feelings of pain, loss, despair, joy, etc., either towards me or towards some significant other. I may find my loving feelings when a very ‘concrete’ patient shows some capacity for play and symbolization. In other words, those moments, not of compassion, pity or empathy, but of an unspoken rush of feeling of ‘I really love you’ for a patient, can arise at various times and within many scenarios.

In my first analysis, when I felt unlovable very often even though I had many loving relationships in my life, I wanted urgently to know if my analyst loved me. Her wise response was something like ‘when you come to feel loved by me, then you will know’. It was very true. It happened again in my second analysis. In hindsight, although many years of hard work and interpretation were undergone by both of us, what mattered most to me was that I reached a deeply felt sense of being lovable.

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Firstly, I shall endeavour to say what I mean by love, then to trace the various historical theories regarding love and finally to give some clinical material for illustration. Coltart (1992) speaks of love as a mystery, indefinable by the language of psychological theory. She also writes of qualities such as ‘patience, endurance, humour, kindness and courage’, then adds ‘detachment’ and states that they can ‘all be subsumed under the name of love’. ‘Loss or lack of it brings about depression, alienation, feelings of emptiness, and False-Self manifestations …’ (pp. 118-9).

Suttie (1935) emphasized that the love bond comes from an emotion of tenderness’ … more a mental sympathy than a genital relationship’ (p. 31). It is this emotion of tenderness that I am referring to in this paper, although I would almost wish to call it ‘extreme’ tenderness to distinguish it from a milder feeling. Suttie stressed the point that tender feelings and affection are not based on libido theory and sexual desire, but on the ‘pre-oedipal, emotional and fondling relationship with the mother and upon the instinctual need for companionship …’ (p. 86). I believe my patients need to experience (or re-experience) the therapist as a loving mother. This would encompass Coltart's qualities listed above, although I feel that ‘detachment’ is not present in more primitive loving states. To these qualities mentioned by Coltart, I would add containment and reverie (Bion) and the oft-missing ingredients referred to by Suttie - tenderness and affection.

I wish to emphasize, however, that these tender loving feelings must emanate from one's most authentic self - there is no place for sentimentality in my ideas.

As I demonstrate, love is initially experienced through an ‘oceanic’ feeling (Freud) or a ‘harmonious, interpenetrating mix-up’ (Balint) but later matures into a separated-out activity, with recognition of the other's subjectivity (‘detachment’). Perhaps these earlier feelings are part of Coltart's ‘mystery’? In any case, I believe that more mature, object-related love is a derivative from the earlier oceanic feelings and primary love. I assume that both are present in my countertransference feelings, and are significantly linked to mother love. Unlike most mothers, however, I am unlikely to begin a new therapy 'loving' a patient, though I may like him/her. Thus, I shall also be exploring what happens in the therapy to arouse my love, without which I am suggesting my patients cannot reach their capacity for loving and a sense of lovableness.

Moving now to history and Freud's statement in his Three Essays on the Theory of Sexuality, ‘a child sucking at his mother's breast has become the prototype of every relation of love’ (Freud 1905, p. 145). Coltart called this first stage of Freud's theory on love, the ‘genetic’. The second stage, she termed the ‘narcissistic’ referring to his 1914 paper ‘On narcissism’, regarding the conditions for falling in love, and the third stage (the nucleus of object relations theory), ‘the expression of the whole sexual current of feeling; of the relation of the total ego to its object’ (Coltart 1992, p. 114).

By 1923 in The Ego and the Id, Freud had replaced the topographic model with the structural model, incorporating the Ego Ideal and thus the importance of the object began to be emphasized further. In his 1930 paper, Civilization and its Discontents, Freud refers to ‘falling in love’ and ‘oceanic feelings’ (undifferentiated love) and later to ‘aim inhibited love’ and ‘genital love’ differentiated love). The latter two imply more mature object-related love and would therefore develop out of the former.

Since 1920 in Beyond the Pleasure Principle, Freud struggled with the antithesis between death and life instincts - the need to overcome hate with love. Later, Klein too was strongly influenced by Freud's ideas on libidinal and death instincts.

Meira Likierman (1993) considers these ideas in her article, ‘Primitive object love in
Melanie Klein's thinking'. She has noted that most Kleinian papers, whilst emphasizing destructiveness and sadism, pay little attention to primitive loving feelings. Indeed, there is a current tendency to confuse loving feelings with a state of idealization, as opposed to an acceptance of an early object love arising 'in response to the love and care of the mother' (Klein 1937, p. 65).

Likierman identified two separate states in Kleinian thinking: that of ‘a normal primary experience of an ideal nature’, and another where it is ‘defensively transfixed in a boundless, all-giving form’ (1993, p. 251). She states that it would be quite erroneous to think that Klein believed the infant to experience only a defensive form of idealization. Ferenczi (1933) became convinced that it was necessary to separate out early feelings of ‘tenderness’ from a later, more mature, partly sexual love of passion, thus seeing love as having its own developmental phases (p. 166) from the beginnings of life. Klein, however, believed ‘the infant to experience love of an ideal, boundless quality from the beginning of post-natal life’ (Likierman 1993, p. 251). I feel my term of ‘extreme tenderness’ to some extent combines the tenderness referred to by Ferenczi and Suttie with these feelings referred to by Klein and by Balint (primary love). I shall return later to ideas of the infant's love ‘in response to’ the love and care of the mother.

Ferenczi's ideas, focusing on the role of the mother's loving feelings for the infant as vital for healthy growth, were a strong influence on Klein, and began to place an emphasis on the role of the mother that had to a large extent been overlooked by Freud.

Alice Balint's (1949) paper ‘Love for the mother and mother-love’, describes the archaic love that exists from the beginning in both child and mother. What the infant demands is absolute unselfishness from the mother - that she should ‘be there’ or ‘not be there’ as needed. ‘The ideal mother has no interests of her own’ (p. 252) and the infant has a complete lack of reality sense in regard to the interests of its love object. This fundamental archaic love implies a mental state where there is a ‘complete harmony of interests’ (p. 254).

Alice Balint then goes on to examine the mother's archaic love for her infant and sees in it the same lack of reality sense because ‘one's child is indeed not the external world’ (p. 255). For the child, the mother is an object of gratification and so is the child for the mother who looks upon her child as a part of herself. She calls this early relationship ‘instinctive maternity’ as opposed to later ‘civilized maternity’ (p. 256). She goes on to say: ‘The real capacity for loving in the social sense … (tact, insight, consideration, sympathy, gratitude, tenderness) … is a secondary formation’ governed by the reality principle. She stresses the essential difference between maternal love and love for the mother in that ‘the mother is unique and irreplaceable, the child can be replaced by another’. ‘We experience the repetition of this conflict in every transference neurosis’ (p. 257). So, in this archaic love, there is no reality sense toward the love object but ‘what we are wont to call love’ develops directly under the influence of reality (p. 259).

Alice Balint has written about a patient who had within her ‘the deep conviction that it belongs to the duties of a loving mother to let herself be killed for the well-being of her children’ and quotes a warm feeling, something like: ‘How kind of you that you did die, how much I love you for that’ (1949, p. 251). This is most reminiscent of Winnicott's statement in ‘The use of an object’ where the subject says: ‘Hullo Object!', ‘I destroyed you', ‘I love you', ‘You have value for me because of your survival of my destruction of you', ‘While I am loving you I am all the time destroying you in
(unconscious) fantasy’ (Winnicott 1971, p. 105). This, then, also leads on to the idea that archaic love demanding the life of the other is what has to pre-date civilized love - love occurring within the reality principle - within the real world of objects.

In contrast to this destructive, devouring, archaic love, Michael Balint (1968) takes a gentler approach to primitive love and puts forward his theory of ‘primary love’ as a more apt and useful concept than ‘primary narcissism’. He likens it to ‘an all-embracing harmony with one's environment, to be able to love in peace’ (p. 65). So, whilst Freud (1930) saw this feeling of fusion (‘oceanic feeling’) as a pathological phenomenon, being a regression to an early state of narcissism and an inability to relate to objects in the real world, Balint saw it as an essential stage of early development. He also felt that regression to this state would occur in important moments in an analysis.

Balint stresses the point that aggressiveness and even violence ‘may be used and even enjoyed, well into the states immediately preceding the desired harmony, but not during the state of harmony itself’ (my italics) (p. 65). Winnicott also says ‘aggression is part of the primitive expression of love’ (1950, p. 205). In ‘Hate in the countertransference’, he says ‘if the patient seeks objective or justified hate, he must be able to reach it, else he cannot feel he can reach objective love’ (1947, p. 199). He also tells us ‘that the mother hates the baby before the baby hates the mother, and before the baby can know his mother hates him’ (p. 200). He goes on later to say that ‘the patient cannot see that the analyst's hate is often engendered by the very things the patient does in his crude way of loving’ (p. 203).

Here, I am trying to make the point that our emotions, particularly those of love and hate, are extremely closely connected but, at the moment of loving harmony, hate takes a back-seat. So that, in writing of love, I am not ignoring hate, rage, violence and destructiveness but I want to place the emphasis on love for the purposes of this paper. I take a position akin to that of Michael Balint - that sadism and hate are secondary phenomena - consequences of inevitable frustrations. This is, of course, a very different approach from that of Melanie Klein who focused on the innateness of sadism.

Balint feels the individual is born ‘in a state of intense relatedness to his environment’ (1968, p. 67). The primary objects that prove to be gratifying are normally, first of all, one's mother. During certain stages of analysis or psychotherapy, the therapist or analyst also becomes this primary object.

In this harmonious two-person relationship only one partner may have wishes, interests and demands of his own; … it is taken for granted that the other partner, the object or the friendly expanse, will automatically have the same wishes, interests and expectations. (p. 70)

This is like the ‘archaic love’ that Alice Balint postulates, in the sense of the ‘harmony of interests’.

I have pondered on whether Michael Balint is talking of dependency or love. But I think he see this as the most primitive form of love: the harmonious environment is the all-embracing love object and the infant can, according to Klein too, respond lovingly to this love and care. Because there is a relatedness, however primitive, Balint rejects the term ‘primary narcissism’.

Fromm (1976) distinguishes between infantile love and mature love. Infantile love says, ‘I love because I am loved’ and ‘I love you because I need you’. Mature love says, ‘I am loved because I love’ and ‘I need you because I love you’. ‘I love because I am
loved’ is a responsive love (Klein) whilst ‘I love you because I need you’ would seem to be more in line with Alice Balint’s ideas on archaic love and the ‘harmony of interests’. Fromm’s statements regarding mature love imply a sense of self and other - an adult, separated-out state of being.

I return now to Freud whose paper, ‘Observations on transference-love’, warns the analyst to resist any tendency toward countertransference feelings of love. Freud (1915) states that it is dangerous to let oneself have tender feelings for the patient and it is imperative not to give up the neutrality acquired by keeping the countertransference in check. He goes as far as to say, ‘the love-relationship in fact destroys the patient's susceptibility to influence from analytic treatment’ (p. 166). It would seem, therefore, that Freud felt that tender love, a feeling of fusion, and erotic love on the part of the analyst were all equally threatening to a successful outcome from analytic work. These views did not modify over time.

Searles (1959), in total contrast to Freud, wrote a most frank and illuminating paper on ‘Oedipal love in the countertransference’ and, indeed, is of the opinion, which I share, that the analyst's work with the patient has to realize within the patient both ‘the capacity for feeling loved’ (p. 289) and the recognition of one's capability for being able to achieve mature love. He says later that the ‘patient's self-esteem benefits greatly from his sensing that he (or she) is capable of arousing such responses in his analyst’ (p. 291), and feels that the degree to which a patient is able to arouse these loving feelings in the analyst will affect the ‘depth of maturation which the patient achieves in the analysis’ (p. 291).

It might seem, therefore, that what I am trying to convey was said most lucidly and movingly by Searles in this 1959 paper where he talks about the analyst's countertransference to the patient as ‘a deeply beloved, and desired, figure’ (p. 286). I am making a similar point to Searles's, except that throughout his paper, love is oedipal and not pre-oedipal. In addition, Searles is referring to the therapist as responding to the patient's love and longing; or to the analyst's narcissism when the patient gratifyingly improves; or else to the likeable adult the patient becomes in the termination phase of analysis. Other love responses are attributed to the therapist's unanalysed transference feelings carried over from his own past.

My point, therefore, is somewhat different in that I am stating that for many patients (particularly those with schizoid and narcissistic personalities), the therapist's love (not just his/her unanalysed transference feelings) will need to be aroused by the patient before the patient is able to discover his/her own capacities to love and feel lovable. This was Klein's point - the infant finding his/her loving feelings in response to the love and care of the mother. So that I believe we are trying to work towards our patients reaching a state of lovableness within, and a capacity to love (out of intimacy and gratitude) their therapists truly - rather than all kinds of feelings which could be misconstrued as love, such as idealization, worship, clinging and defences against hate. Indeed, if this does not happen, then I believe that the state of being here described by Klein (1937) remains unchanged: ‘an unconscious fear of being incapable of loving others sufficiently or truly, and particularly of not being able to master aggressive impulses towards others; they dread being a danger to the loved one’ (p. 63).

Before leaving this theoretical section, I hope I have made it clear that I have been referring to two kinds of love-archaic and civilized, infantile and mature, primary and secondary. Whilst Freud considered the first kind somewhat pathological, feeling that it was a regression and not object-related, others since have disagreed seeing this
primitive love as a vital state of being which is at times re-felt in life generally and in the consulting-room. The capacity for secondary, civilized, mature love arises out of the more enmeshed and primitive but the latter is always present. Indeed, we may not always be aware at the time how primitive or otherwise are our feelings of love for the patients or theirs for us. It is possible that if I were to ask myself ‘why did I feel I loved my patient at that moment?’, I would find it difficult to define whether it was because I felt a ‘harmony of interests’ or whether I felt a more separate, realistic caring, sympathy or tenderness toward the patient. (Hopefully, if I do momentarily lose my reality sense, this would be promptly regained!) I believe the same happens for a patient. Whether he/she loves the therapist because of a sense of ‘absolute unselfishness’ on the therapist's part, or whether there is a deeply felt gratitude towards an other for insight, concern, etc. might be difficult to identify.

I would like now to turn to some clinical illustrations of my point of view. All the patients had been in therapy with me for several years.

John (aged 32) came into therapy able to verbalize that he wanted to feel loved, and thought that he could achieve this with me by giving me a ‘brilliant’ time with him and his being my ‘best’ patient. His two fears were of being found to be mad, and of the extent of his neediness which I might see and hate. He was also struggling hard to control his sadistic feelings - felt, in particular, towards his mother, though later experienced also towards a younger sibling and towards his father, who reportedly told John that he was ‘shit’ without him. John had come to believe this, and previous failed marriages and failed businesses seemed to prove to him that he was incapable of being successful on any front.

About one year into the therapy, he brought into the session the book Love’s Executioner and, on exploration, one reason he wanted me to read this was that in it the therapist talked about finding something to like in the patient. At the end of the session, when I was coughing, he said that I might have accepted cough-drops from him.

Thinking about possible meanings in this material, I saw that John was preoccupied with loving feelings in one way or another. The book title seemed highly significant - who will be the executioner of the feelings? If he could get me to love him, would he then attack/destroy this love (shadows of past relationships), or was he trying to find something to love in me - which he was finding difficult, particularly with an impending break and the risk of my rejection of his loving feelings. I certainly had a sense that he experienced rejected, hateful and destructive feelings toward me, which may have led unconsciously to my coughing. I could not be allowed to know about them, however, because cough-drops were suggested by way of reparation. It could also be possible that he felt he was choking me with his material - both wanting yet fearing to do so. Perhaps he carried cough-drops through a fear that I would be choking him with my interpretations?

Shortly afterwards, in the session prior to the break, he told a story about Noddy and Big Ears:

Noddy wakes up happy, feeling ‘it's a lovely day and I'm going to see my friend Big Ears’. On the way he comments to people what a lovely day it is and how he's off to see his friend. However, when he arrives, Big Ears opens the door and says, ‘Fuck off, Noddy’.

From this I understood that there was an inner configuration of a Big Ears person who is telling the other (who is trying to be loving and friendly) to fuck off, and a
Noddy person who wants a loving, friendly relationship and does not see the aggression coming. Just who is who in this picture may change from time to time. There is certainly an issue of hurt rejection. I see these feelings of hurt, rage and rejection as secondary feelings (as Balint describes) - a response to recent feelings of not being lovable and acceptable to me.

In the earlier years a constantly felt rejection and humiliation was the time boundary around the session. If he came early, he felt humiliated by waiting and being seen to be ready; whereas if he came late, not only did he miss out on his session time but his fury and sadism might be detected. If only, he felt, I had a waiting-room, then somehow he would not be so exposed as to what he was feeling both internally with himself and also towards me.

Some while into the therapy, I started to feeling loving towards John because, although his behaviour was often seductive and devious, there were also glimmerings of efforts to make contact with me and to work and to play. It became clearer that many of his internal objects were cruel, uncaring, demanding and sadistic, yet not all. I heard about a father who scooped him into bed when he was scared in the night and a grandma who felt safe enough to run to. He desperately wanted me to believe him and to trust him and I found he began to work and play more creatively in the sessions, developing a genuine interest in his dreams, instead of bringing them along to please me. Alongside his increasingly felt need of me he became more openly attacking with vociferous complaints about not affording the fees, my discharging him a minute early, hating the time boundary, and a fantasy of leaving a pile of shit on my carpet. Then, perhaps, like he was with his dad, I would be ‘shit’ without him too. I, as object, had to survive his destructive attacks, then I think I could be used and also seen as loving - accepting him for whom and what he was, not what he was trying to be to win me over.

I probably began to love him as I was gradually allowed to know him, not his collusive, seductive performance but a him who hated me because he had come to need me. Much later he was also able to value me, and protests about the fee ceased. As I discovered his real hate, rage, fear, neediness, playfulness and willingness to struggle - not a pseudo-copy of it - I became aware of loving him, and there were moments of a sense of harmony.

As he slowly realized his independence firstly from his family and later from me, he found he could acknowledge and even value those times of dependence on me and others. He lessened an attachment to a girl-friend that had been sexually but not emotionally gratifying, and he worked through some hateful and rejecting feelings towards his young son who lived abroad. During this time he freely admitted how much he had need of me. As I became both less denigrated and less idealized and he discovered some trust and safety, he ceased to feel so antagonistic and destructive towards his mother and found a way to re-establish a friendly relationship with her, after cutting her out of his life for some years. His relationships and his work life began to be handled with greater maturity and he often reported an inner dialogue he had with me during the gaps. He had internalized my loving attitude towards him and was in turn behaving in a more loving, less destructive and aggressive manner in his external life. As this was happening, it brought about some fear that he might be with me forever. He wanted to fix an ending date: he thought six months, I thought another year. However, being able to hold an idea that he could, if he wished, leave in six months without incurring my retaliation enabled him to stay another year. In that year...
he achieved the significantly more mature relationships that I referred to. At the end of therapy he thanked me for ‘giving me my life’ and said the therapy had ‘meant everything to me’. Follow-up appointments have shown that he has been able to consolidate his capacity to love and his feelings of being lovable. He has developed ‘the capacity to be alone’ (Winnicott 1958) and a sense of himself as lovable for who he is, not what he does (Fromm 1976). Importantly, once he could feel more lovable for whom he was, what he did in terms of business achievements and emotional relationships became significantly more successful.

Jean (whom I have written about elsewhere (Gerrard 1994) came to therapy telling me about the Hans Anderson fairy tale of The Mermaid. She identified with this mermaid who had given up her tongue to try and win love. Her tongue was the instrument that would have expressed her feelings, but to express her needs made her vulnerable, humiliated and, in her mind, would almost certainly end in rejection. She defended herself by contempt and superiority. I was never allowed to know that the sessions mattered to her or that I existed for her in any alive way. What she most desired was love, closeness and intimacy but these were greatly feared, mostly because she would become so vulnerable, but also because she imagined she would destroy them. We could say she came to me with a warning: ‘If I ever find my tongue again, that would certainly mean that I should be unlovable’. Indeed, Jean was so often harsh and attacking that she was difficult to love. Yet when I saw her tears in relation to images of two people together in a symbiotic relationship (a harmonious, interpenetrating mix-up), thus revealing the full extent of her yearning, I did begin to love her. Her internal objects were disinterested and disconnected and so mostly I was made to feel as she felt as a child, trying very hard to make contact with an other who seemed not to see me at all as the person I was. Her image of me changed gradually over time. Initially she painted two blocks, side by side, with no movement or connection to each other. Later she painted two blocks again but joined together.

Near the end of therapy, Jean's image of me changed again. She had seen me for some months flailing helplessly in my chair behind a newspaper, which looked like a printed firescreen. From my right armpit a dagger pointed towards her. This meant that for her it seemed I was hiding behind a blur of printed words (the books and theories that she feared stopped me from seeing her). It also meant that she could not get close or my dagger would pierce her heart. After a session when she had felt cold and I had put the fire on, which seemed to have conveyed to her that I had her needs in mind, and perhaps even a loving attitude toward her, she told me that her image had changed. The whole picture had reduced to the size of a key-ring and the knife had become very tiny and plastic. In other words, no damage could be done and nothing dangerous stood between us. She then imagined that she could look across, see me and say with recognition: ‘Hello, Jackie Gerrard’. We were both moved by the telling of this, and I felt very loving toward her, with a sense that she knew and even if she could not yet reciprocate, she could at least allow it and risk a greater intimacy. At the end of our final session she asked for a hug, which we had, and she left me with the words: ‘I love you, Jackie Gerrard’. This mermaid had found her tongue.

Lastly, there is Jenny (an only child of 26), a more disturbed personality who has also found ‘connecting’ extremely difficult. She had felt unconnected to her mother as a small child and had an absent father who was away for long periods at a time. With me she was highly anxious, sometimes to the point of incoherence, and seemed almost unable to ‘take in’ from me in any way, although occasionally something I had said
that seemed to be ignored at the time would be brought back by her. I was not allowed to know, at least not in the moment, that I was of any use to her at all, which created something of a hopelessness and frustration in me.

She seems to be the type of patient described in Giovacchini’s paper, ‘Absolute and not quite absolute dependence’, where ‘helplessness is central to their pathology’ and they also show a fear of lack of consistency, ‘so that their environment is perfectly predictable’ (Giovacchini 1993, p. 242). This results in difficulties in exploration and play' in the therapy.

This places the therapist in a precarious position. He cannot deal directly with the patient's often conscious assertions of helplessness, and yet he cannot abandon his patient to terror. Furthermore, he is incapable of becoming the rigid character that the patient demands, and that he believes he needs. (p. 243)

Giovacchini emphasizes that the therapist must accept the patient's helplessness and rigidity, but at the same time maintain a foothold in his own reality. If the patient can tolerate this split, then treatment can proceed.

With my patient, Jenny, I became the useless mother she felt she had, and I felt as helpless in dealing with her as she felt in her dealings with the world. She seemed similar to Giovacchini’s patient, who has no particular wish to understand herself but looks solely for nurture and support. When she felt she did not get this from me (which happened quite frequently), then I was no better than a waste of time and money. With Giovacchini's patient it was the shift from absolute to ‘not quite absolute’ demands within a holding environment that enabled some form of play: ‘a not quite is gradually transformed into a transitional space’ (p. 251). He says that the patient can begin to play with the paradoxes contained in her rigid reality.

However, some patients are unable to find a ‘not quite’ zone and thus never manage to play. Giovacchini suggests that perhaps in these cases the safety of the analytic setting does not overcome the catastrophic terror that blocks the ability to play. I do not yet know whether or not Jenny will find this zone. Our work and my thinking about it, however, have enabled me to find a link between play and love. Mostly, I am not able to find within me the loving feelings that I am sure Jenny needs, nor can she give or accept love with me or others. Thus, I find that my difficulty in loving her does not allow for any movement in her capacity to form loving relationships. She has spent a life-time as a hidden self where genuine love and genuine hate are both risky.

Riviere's (1936) paper, ‘A contribution to the analysis of the negative therapeutic reaction’ mentions the horrors within the internal world: ‘the undying persecutors who can never be exterminated - the ghosts’ (p. 144). Jenny resists becoming aware of what is within, insisting instead that she needs care, advice and support. ‘Belief in better things is so weak; despair is so near’, says Riviere (p. 146). There is barely a grain of hope and yet the patient clings to analysis as there is nothing else.

My struggle with Jenny is ongoing. I certainly do feel that I need to find an entrée into my loving feelings for her before she can safely dare to reach for her own. My difficulties centre around the problems in locating her true feelings and in establishing a ‘not quite’ zone where play could take place and with it a space for love and hate.

We have all moved a long way from Freud's ideas of 1915 that analysis should be carried out in the state of abstinence or privation. However, it is still difficult, I think, for the analysts and psychotherapists of today to think about tender feelings towards their patients. For instance, Kernberg's recent book Love Relations (1995) refers only
to the analyst's countertransference in terms of erotic responses, and writes of patients who experience
erotic longings in connection with unrequited love ... Patients with borderline personality organization may manifest particularly intense wishes to be loved, erotic demands with strong efforts to control the therapist, and even suicide threats as an effort to extract love by force from the therapist. (p. 115)

Balint (1968), however, could allow for his patient ‘to live with him in a sort of harmonious interpenetrating mix-up’ (p. 136) - in other words, offering the possibility of primary love. Searles allowed far more rein to his countertransference feelings and their vital importance, but he was, on the whole, referring to the developmental stage of oedipal love (romantically and eroticly involving the therapist), whilst I am wishing to state that (a) the love of the therapist for the patient can certainly be pre-oedipal; and (b) more importantly still, that until and unless the therapist finds these loving feelings within him/herself, the patient will be prevented from making the developmental changes that need to occur in the psyche for the depressive position to be reached (Riviere). To my mind, genuineness, a wish for connectedness and a capacity for work and play in the patient are the principal ingredients which will engender loving feelings in the therapist.

Finally, I hope I have not conveyed that love is all that is necessary in a psychotherapeutic relationship, because that is far from what I intend. Interpretation (and other agents for psychic change - Stewart 1990) is vital to the work and to allow the patient to feel understood. Sometimes, however, especially for quite regressed patients or those with a very weak ego (M. Balint 1968; J. Klein 1990), interpretation is felt as unhelpful or even at times persecutory to the patient. Love is certainly not enough but then again, in my view, neither is interpretation, containment, reverie or any other psychoanalytical activity without the backing of love.

References


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