The Role of Love in the Therapeutic Action of Psychoanalysis

“Powerful in [Iris Murdoch] was the love of human differences and of personal idiosyncrasy. . . . Stones were for [her] a natural symbol of individuality. . . . [N]o two natural stones, when examined closely, will turn out to be exactly alike. . . . [T]he scientist and the technologist, perhaps self-consciously and harmlessly, substitute an abstraction from the reality for the reality itself, which is always in the last analysis a collection of individuals. . . . When the individuals under consideration are persons, not stones, the result is unlikely to be harmless. There is loss.”
—Stuart Hampshire, “The Pleasure of Iris Murdoch”

My epigraph speaks to “individuals”—and in this context I am using it to refer to individual experiences and definitions of love. I do not think it is fair to talk about love in a general way, in a generic way. Each instance of love is unique to the circumstance and to the persons who are involved. Glen Gabbard has framed the panel for us with ten definitions of “love” that are witty and trenchant.¹ But they point to vulnerability and longing rather than exist in vulnerability and longing, although my guess is that, at heart, these selections are probably quite personal to Glen. I can’t talk about love in impersonal language. For me, “love” demands the language of experience, and of personal experience, not the language of theory and metatheory, and certainly not a language of emotional distance. So, what I say here about “love” is about me, not about “you,” and not about “them.”
To approach “love,” I have to start with some personal history of “unlove” (a kind of exile). The American Psychoanalytic Association and I have been in uneasy relation to one another for nearly three decades, during which time I have been intensely aware of this, and it, scarcely at all. Our mutual suspicion concerns the human condition, and how differently we (“it” and I) approach it. My increasing unhappiness with the universalizing language of psychoanalysis and certain coercive organizational hierarchical structures led to a condition of exile. But exile has its uses, and in the paradoxical way that “psychoanalysis” can sometimes be extremely helpful in its negative dialectical form, without this experience with the American Psychoanalytic Association I might not have discovered the basic integrity that showed up in my decision not to apply for certification. To join this panel is a tentative return from exile, a return that may actually have begun a couple of years ago when Glen Gabbard invited me to do a book review, which I did (Vida 2000), and he liked it.

Today is probably also related to my having been closely engaged with Sándor Ferenczi for more than a decade. Ferenczi, from the conservative point of view, is still the absolute psychoanalytic bête noire when it comes to “love.” What can it mean, and mean to me, that I am here—that I was invited, and that I accepted? For the moment, I think it means that the American Psychoanalytic Association, Glen Gabbard, and I are behaving hospitably, giving each other another chance, sniffing each other to see if, after all, there might be a dialogue—in other words, to discover whether love is yet possible. It will take time to see if it is, yet I wanted to tell you this, so you would know that something personal is alive in this room.

More and more I think it is a good idea to live long enough for the other side of things to show up. Simone de Beauvoir is reported to have summed this up with the words, “If you live long enough, every triumph will turn into a tragedy.” My younger son in his first semester at college presented a more hopeful version when he said, “It is amazing how much you can learn from someone you disagree with,” and I have certainly found this to be true, but only when I can hold on to myself and use “the difference” to become more
clear to myself. The paradoxical outcome is that the more clear I become to myself, the more room I can make for you to be yourself—provided, that is, that you are able, at least a little, to reciprocate.

**The Four Questions**

1. *Because love is defined in myriad ways, it is difficult to know what we are talking about when we use the term.*

As long as we remain in the abstract, it is *impossible* to know what we are talking about. But if we risk the specific and the personal, we start to see what each of us means by “love.” This touches what love is and isn’t, was and wasn’t, in our—in *my*—personal history. The risk to me is about how you will hear me and what you will do with what you hear: if I make you anxious (which is the risk to you), will you use your identity as an analyst defensively, to tell me that I am wrong, or worse, sick, or, worst of all, *nobody*? Or will you risk laying that identity, like a coat, on the chair in front of you, and come to meet me simply as another who shares the human condition, to allow your autobiography to be present as you listen to mine?

*Do you think there is any type of love felt by the analyst toward the patient that contributes to the therapeutic action of psychoanalysis?*

André Haynal (1993) wrote that an analysis begins with a “moment of mutual seduction” (19). Those who trained me called it, in private conversation, “falling in love.” It is not possible for me even to enter my office in the morning of a clinical day without the hope and the possibility of love. How can I say what it “contributes” when it is not an option or a conscious choice whether it is there or not? This is like saying, “Does it contribute to the therapeutic action that the analyst draws breath, has a blood pressure, and a pulse?” For me, the proper question is not “whether” or “if” but “how.” How is love present—and absent—in the therapeutic situation, and how it is it manifested?
If so, how would you characterize that love?

Everything I, and you, say, do, think, write, stems from our autobiography. Our colleague in Israel, Gershon J. Molad (2001a; 2001b), has been working with this theme for some time, and he and I have been pursuing it collaboratively as well (Molad and Vida 2001; in press; Vida and Molad 2001). We know our patients by the personal details of their autobiographies that unfold in our consulting rooms, and Molad observes that we hold these details and make sense of them only in the context of our own history, our own autobiography. We “attune ourselves to the other” (2001a, 97), the patient; and this makes clinical space, in the main, fairly safe and alive. But when analysts pass out of clinical space into conference space, we “put ourselves back in a center position, trying to attune the other to ourselves,” as though we had passed through a door frame (98). The door frame, he says, “mark[s] the illusion of difference between clinical and conference space, . . . part of a packing-box, which bounds the arrested development of the analyst.” On the other side of this illusory door frame, in conference space, “we face the issue of the analyst’s identity,” using “door-frame language” to set up a conflict between so-called “internal-clinical reality and external-social reality” (98). Conference space then becomes a disaster-area, deadened by mutual defensiveness and fear of retraumatization at the hands of one another.

For me, “love” is an experience of a deep human connection, on an unconscious as well as conscious level, that involves generosity, recognition, acceptance, and something like forgiveness. It is a background experience that “holds” many encounters, both delightful and difficult, over a long time; and it is also an illuminating flash of momentary transcendent understanding, usually unilateral, but occasionally mutual, that may vanish as mysteriously as it showed up in the first place. (Our colleague Nancy Smith, from familiarity with certain kinds of religious practice, has in a personal communication called this “grace.”) I live for and with both of these versions—the background experience and the illuminating flash—although I do not experience them with every patient, nor with every person in my life. But this orientation leads me
to savor a greater congruence between “internal-clinical reality” and “external-social reality.” It is a way of life that dispels the illusion of the door frame.

2. Are there ways in which you think the analyst’s love for the patient is destructive to the analytic process and to the therapeutic aims of the treatment?

Of course. The more benign version of destructiveness is that anything involving a choice has the potential to be destructive as well as constructive, simply by the closing down of one path in favor of another. Joseph Stelzer (1986) finds incredibly harmful the “instrumental dissociation” of psychoanalytic training, which impels the candidate to disavow the deep sensitivity to the emotional vulnerability of another that is often the attraction to psychoanalysis as a profession in the first place. Nina Coltart (1992) speaks more approvingly of an intrapsychic split in the analyst that she deems essential to doing psychoanalytic work: developing the capacity to observe and think at the same time as one feels and reacts. According to Karen Horney (1987), there is “wholeheartedness,” a Zen-like state of the highest presence and the highest absence, in which the analyst’s personal desire plays no part in receptiveness to the patient, although she allowed that the ongoing realization of the analyst’s “personal project” was never not in the room. For Coltart and Horney, the absence of wholeheartedness, the shutting-down of that intrapsychic split, is what is destructive. Is there any way to tell what is destructive and what is constructive? Idealizations are always destructive, no matter how good or justifiable they can feel (at least for a while), and I mean an idealization of psychoanalysis as well as of object-relationships.

But I think we are courting a fallacy to think that we have any kind of control over our internal responses to what is going on in an analytic hour, and anything more than a limited capacity to use either Horney’s “wholeheartedness” or Coltart’s “intrapsychic split.” Ferenczi (1919) located the countertransference in our technique, and this is always true. In my view, Ferenczi’s “other” lesson goes far beyond the discovery that love can be used as a defense against hatred; not only did he
discover in experiential terms that love and hatred always go together, are not dichotomized, but he wrote down what it felt like, how difficult it really is to contain and use that intrapsychic split. In a certain sense, we can say that love is always “destructive” when we sentimentalize it and think we can lop off the ugly bits, whether in the other or in ourselves.

I have a clinical example of the unintended destructiveness of love. A while ago, when I was in an ongoing state of absorbing a profound object loss in my personal history, which I had not known existed and had been, rather miraculously, restored to me, a young woman came to see me in the midst of a long series of disappointing analytic consultations. For years she had been grieving for an analyst who died, and who had “died” in the analytic relationship well before the actual death. After many tries, some of them lengthy, she had been unable to find a new analyst who was not either intellectually cold and emotionally distant, nor projecting his or her own feelings into her. But at first, she took to me, and I, in my raw state, could not stop myself from “falling in love.” This is what it felt like, privately, to me, and it was manifest in a certain degree of accommodation to her unusual circumstances (she was traveling an enormous distance several times a week to see me), but also undoubtedly in implicit ways I responded to her. There was something captivating about her grief. She was unusually bright, exquisitely sensitive, and knew herself to be fragile. During the few months that we worked together, she was able to do some things that she had never before allowed herself, and this was as frightening as it was encouraging. We even discussed that the new analytic love she desired was unbearable because it would involve a successful mourning of the lost analyst who then would be wholly dead. Some months along, I brought a very strong piece of art into my waiting room that she found highly disturbing. Although I removed it at once, her tenuous trust in me was broken.

Several weeks of trying to talk about this were in vain, as I could not generate the right thing to say to help her reconcile my insensitivity in hanging such a piece with what was also present, some capacity of mine to reach her most tender places. During this time, she became much more vocal of her suspicions that “all along” I had been using her as a vehicle for
my own emotionality and didn’t have any real room for her. Angry and profoundly disappointed in me, she left, though for some months she kept after me to refer her to other analysts, and let me know that several of them turned out to be unsatisfactory, too. I acknowledged to her in a limited way that her perceptions of me were correct, but I can tell you that, at heart, I was using her grief: she was speaking for me, too. I was unable not to have a profound automatic conscious and unconscious resonance with her grief; my own had simply not yet been sufficiently metabolized to yield me more room to be with her on her own terms.

3. In the analyst’s ongoing self-analytic efforts, can love and lust be adequately differentiated from one another to inform the analyst’s work?

This polarity is somewhat analogous to that between benign and malignant regression, which Michael and Enid Balint (1968) characterized (probably on some kind of continuum) as a longing for recognition (being) versus a pressure for gratification (having). The longing for recognition corresponds to Ferenczi’s “counterpressure” or “counterlove,” a notion surfacing in “The Unwanted Child and His Death Instinct” (1929), and so named in the Clinical Diary (1932). The “gratification” part of this equation draws on the Swiss philosopher Denis de Rougemont’s (1940) now-classic excavation of the language of passion, the pursuit of death in a mystical yearning for union with the divine that found expression in the tradition of the troubadours in the twelfth century and has ever after informed and distorted Western definitions and expectations of and for romantic love.

“Passion”—eros for de Rougemont, or “lust” as Glen Gabbard has called it here—is about fusion and possession. De Rougemont counterposes to eros the notion of agape, a love that seeks recognition and appreciation of difference, and which to his mind was a sounder basis for a lasting relationship, although there is a sense that (as with all dichotomies) eros and agape always exist simultaneously, in varying combinations. What we see when we pursue the implications of this language is that “passion,” eros, is about the self, replete with
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projections and idealizations; and agape is about the other, or the self with the other. Robert Bak (1953) wrote that falling in love is the inevitable consequence of major object loss, but instead of succumbing to melancholy (the regaining of the lost object by identification), a person suffering from “being in love” undoes the loss with a substitute object, by replacement or resurrection. (This is visible in my clinical example about the young woman.) And Nina Coltart (1992) has described the confusion between loving and being in love as a “moral muddle” (113). The therapeutic situation calls for an “ethics of love” that begins with the exercise of personal responsibility, not even so much in a legal sense (although of course that is there), but in the larger human sense as it needs to exist between any two persons in any situation in relation to one another.

4. What place would you give to the analyst’s self-love and his or her love of the work and understanding the therapeutic action of psychoanalysis?

This is a tricky question, because it presupposes that “the work” or “the process” can exist separately from the engagement of two persons, each of whom is altered in the presence of the other. This substitution of the analyst-as-a-function for the analyst-as-a-person is an example of what Molad means by “door-frame language.” “Love of the work” as a term obscures the connection with details of the analyst’s autobiography that come into play in myriad ways during every hour.

Some years ago a distinguished psychoanalyst presented an important annual lecture to a group outside the mainstream of psychoanalysis, on the subject of the contribution of the countertransference to the clinical impasse. He described the analysis of a young man struggling with painful conflicts about individuating from his difficult and complicated family. The treatment proceeded for a while, we were told, in a genuinely classical fashion, which the young man objected to and railed against; there were many pitched battles, and finally the young man stopped treatment without ever accepting that the classical approach was either necessary or valuable. A few years later, the analyst recounted, the young man called to
thank him, saying that the analysis had been unexpectedly helpful, and that he wanted to come back, but (and it was a big “but”) only on a once-a-week basis and only face-to-face. The analyst, who, throughout this presentation, had insisted on strictly separating the “pure gold” of psychoanalysis from the “alloy” of psychotherapy, took the young man back on these conditions, and the treatment was progressing very well. The analyst’s point seemed to be that holding the line about classical psychoanalysis was what had mattered most, and was facilitating the later treatment. But the audience pressed the analyst over and over again to say why, when he was so convinced of the primacy of the classical approach, did he agree to take the young man back under these second-class conditions. Finally, perhaps worn down by the persistent questioning, the analyst, almost in an aside, muttered, “Well, I loved him, of course.” At this moment, there was a brief silence in the room, as the atmosphere suddenly came alive. Was this shock? Uneasiness? Anxiety? As rapidly as it came, it left, and the discussion went on as though these words had not been said.

It could be argued that the analyst’s adherence to “the process” was crucial in the first phase of the work, in which the patient “improved greatly” despite the open hostile antagonism between the two. Yes, it could be argued that only “the frame” or “the process” allowed the patient such a developmental experience, a gradual self-discovery and self-assertion that led to his standing up to the analyst. (Was this a corrective emotional experience?) But when the patient came back, he spelled out different terms, saying, in essence, either you recognize me openly or there is no “go,” and the analyst agreed. Why? The throwaway remark speaks volumes: “Of course, I loved him.” I would propose that such love was there in the beginning, or at least from early on, and that it somehow leaked out around the purportedly tight seal of a rigorous traditional “analytic process,” and that the patient could smell it. “Submitting” to analysis in the presence of love (and we cannot hide defensively behind the notion that this was purely so-called transference, because the analyst finally admitted his love) is quite different from just “submitting,” because with love there is some real basis for hope.
The crucial question is: what happened during the analyst’s encounter with the audience that no one could talk about? For an instant, the deadness of well-defended conference space was replaced by something alive. It was as though, in the middle of the autopsy, the corpse suddenly sat up and started to talk. *But no one said a thing* about it, not then, or later either. A few of us did to one another, but most of the people I pushed to talk about it simply *didn’t remember* that the word “love” had been spoken. Well, I have been talking about this moment continually ever since (though this is the first time “in public”); and it is undoubtedly a piece of what enabled me to recognize Gershon Molad as a kindred spirit when we met at an international conference some years ago. But at the time of this analyst’s presentation, I felt very much a visitor, an outsider, someone who “knew her place” and would not have dared to speak up, to address that “re-death by silence.” Today, almost a decade later, this would not be so: I would stand up in the audience, right there and then, and say, “Wait a minute, Dr. So-and-So! You just came to life. You said something real. Let’s dismantle the door frame and talk about this. Let’s try to hold our mutual fear. Perhaps we can all be alive together.” *That* is the role of love in the therapeutic action of psychoanalysis.

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Notes
1. Dr. Gabbard’s definitions (reproduced here by his permission) are as follows: (1) that emotion which is not true unless returned; (2) the most slippery word in the human language, used by knaves to seduce, fools for comfort, and by most men to placate the females of the species; (3) a grave mental disease; (4) the crocodile in the river of desire; (4) the only fire for which there is no insurance; (6) the wisdom of the fool and the folly of the wise; (7) a situation which happens when you think almost as much of another as you do of yourself; (8) the triumph of imagination over intelligence; (9) a word used to label the sexual excitement of the young, the habituation of the middle-aged, and the mutual dependence of the old; and (10), by the humorist James Thurber and described by Dr. Gabbard as “his favorite,” what you’ve been through with someone.
References


