

*“Whoever loves becomes humble. Those who love have, so to speak, pawned a part of their narcissism.”* – Freud (Standard Edition, XIV, On Narcissism, p 98)

## **Let's Fall In Love: The Role of Love and Curiosity in Deepening the Treatment”**

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Those of us who do psychoanalytic work are privileged, challenged, subjected to, and expected to experience with our pts degrees of every common human feeling from grief to joy, from sadness to elation, and from cooperation to antagonism every working day. For most of us, this work is a calling. Each of us answers that calling differently. I can only try to share *my* experience. Answering that calling is my topic.

We are seen by our patients as heroes, villains, saviors, destroyers, self-objects, and sometimes we are not seen at all. Inside, and to varying degrees, we feel confident, useless, fascinated, valuable, stupid, smart, loving, angry, proud, perplexed, calm, enlightened, bewildered, and respectful – sometimes we even fall asleep at the switch. How we keep on going is a question I want us to address here today. How do we continue to engage our patients in deepening the treatment – in staying the course – in doing the work? How do we manage to be compassionate observers, warriors, parents, and lovers while at the same time remaining within the boundaries? How do we tame, sublimate, hold, and use the emotions, both our own and our patients', responsibly and safely? How do we present ourselves as steady, consistent, mostly unruffled, and constant, day after day, year after year? How do we deal with our own resistances? And how do we manage to connect with our patients, many of whom dread and fear any kind of connection? How do we deepen our work?

I ask us to ponder these questions today.

I am talking about patients across the diagnostic spectrum - patients who come to see us willingly, not so willingly, and even because of some outside requirement like parole. Much of our clinical literature discusses patients who have committed to analytic work – but what about those patients who are on the fringes, who could vastly improve their lives, but who are too frightened and too angry to trust? And what about the pts who seem really stuck and seemingly unable to take us in? How do we persevere?

I will always remember one of my first patients – a middle aged, African American, homeless man, required to come to my clinic by welfare.

Mr. S seemed to have lost everything. If we believe that the past is repeated in the present, we may assume that there were losses in childhood, never mourned.

TH: I sense you are less than pleased to be here today. Can you tell me about that?

PT: Welfare makes me come – otherwise I'd never be here.

TH: I see. Well, do you think there's anything we can do to make the time worth your while?

PT: No. I can't see what you can do about my life. I sleep in the subway when I can, lost my family, I freeze in the winter and sweat in the summer. What the hell can you do about that?

TH: I see what you mean. I can listen to you – sometimes that helps.

PT: Helps what?

TH: Talking is a way of connecting – and people do need to connect to someone for the sake of their health.

PT: You're a white chick – have nice clothes, a job, probably a family – how can my talking to you have any meaning?

TH: I guess you won't know unless you give it a try.

PT: I been to jail.

TH: What was it like?

PT: Don't you want to know why? What I got locked up for?

TH: If you want to tell me.

PT: I can't. You would hate me if I told.

TH: But that's not why I'm here. My job is to listen to you, not to judge you. You do that yourself it seems.

PT: What do you mean

TH: Well, you think I'd hate you. Why is that?

PT: What I did was bad. I stole.

TH: You must have had a reason.

PT: I wanted money to get high – to get drugs.

Th. Did drugs make you feel better?

During this meeting, I tuned into my feelings: concern, curiosity, challenge, and discouragement. Mr. A was a human being in despair. Making occasional eye contact, worrying that I would hate him, sitting in this clinic, 30 minutes into the hour, indicating a veiled wish for something.

The session continues:

PT: Drugs were a way out. They made me feel relaxed and soft. No hatred, no worry, just peaceful and warm (something changed as he remembered).

TH: It's no wonder you liked that feeling. It must be so hard to face the reality you described.

PT: Yeah – and I feel lousy without drugs.

TH: What was it like before you discovered drugs?

PT: don't like to go there – always trouble. Grew up in Mississippi ...

(Slowly, Mr. A began to thaw. But, the time would soon be up.)

TH: You've begun to tell me a little about who you are. Will you continue next time? I feel like we've made a start here.

PT: Maybe. If I'm still around. Maybe...

I gave him a card with my name and the time of the next appointment.

He accepted it, put it in his wallet and stood up, walking to the door he mumbled thanks.

We can assume that this homeless ex-heroin addict had never shared his pain with another human being. Instead he covered it with drugs. The hope is that by putting his stories into words he would find some relief. Interest, concern, benign curiosity, and calm seemed to reach this man and perhaps someday a kind of love, maybe the rekindled love of infancy, leading to the love of camaraderie and understanding, would grow in him.

Another early case, Richard, was also mandated to get therapy by the court because he was arrested for homosexual sex in a public bathroom. He came to my clinic and moved into psychoanalysis when I began private practice one year later. Richard teased me (once brought me a chocolate covered tool kit for valentine's day – I thanked him and with a smile and when I asked about his choice of a tool kit he said he wanted me to fix him. I had my own ideas) He entertained me, even secretly followed me, (this was before the internet) trying to learn about me. His mother had done the same to him. She actually moved to an apartment across from his so she could spy. He had wealthy and famous clients who he drove crazy by being late, sometimes injuring his career as a designer. His charm covered deep wounds and his flamboyancy camouflaged his low self regard.

He was promiscuous sexually before we knew about aids – and he contracted it before it was diagnosable. 5x a week analytic work over 6 years gradually led to trusting me and to feeling close to me. A turning point occurred when I told him he had to go to the hospital to withdraw from the valium use that he had increased when I was away one vacation. He would stagger into the office, collapse on the couch and when I insisted

that he check into hospital he sat up and sobbed “you really care about me more than the money.” He did go to the hospital and it was serious probably exacerbated by the AIDS we knew nothing about.

In the 5th year of treatment he managed to risk involvement with a steady partner after years of casual sex in bath houses. His partner moved them to his home in another state where he died of AIDS in his arms.

Richard and I experienced hate, frustration, and love for each other over the years of consistent work – he holds a permanent place in my heart. As I look back, I know we felt a special kind of love for each other. Yes, transference love – but also hopeful love. We saw that his mother had lived *thru* him, but over the years he realized that I respected his independence and autonomy. We came to understand that following me was a form of projective identification making me feel as he felt. He also had a wish to be in my home, in my family.

Now, a word about hate and rage and containing. The basic love Amy and I feel for each other really makes it hard for each of us to think of ending. I have been both transference object and new object and recently I have even *been* her. She wants all my 'everything' to make up for a devastating childhood with alcoholic parents who betrayed and emotionally abused her. Her need is tremendous – yet she functions as a good mother and wife. Between periods of hard analytic work, her rage has been expressed over the 10 years with periods of acting out – missing sessions and not calling, being stubborn, etc. Recently she insisted on cutting down from 3 to 2 times a week and then proceeded to have an extra marital affair – (she has a loving husband and children). This potentially self and other destructive behavior, at first rationalized and then analyzed on many levels frightened me and I spoke about resuming the 3<sup>rd</sup> session. She went into a rage expressed verbally, with great emotion, and power – and here is what happened. This is her very condensed interpretation: Practically screaming “I think you're jealous. And angry. I replaced you with another. My lover adores me and excites me. But ... as I say this I realize that this is how I felt when my mother and her lover exposed me to their sex every night in that one room cabin for years. Now *you* know how it felt. And I am my mother – treating you the way she treated me.” As she spoke I began to relax and feel like myself. My fists unclenched and I felt tremendously moved by the work we did together. She continued: “I still cannot understand her. Even being her didn't help me understand. Yes I feel selfish – but – she sucks me dry. Lying is natural to my mother. But I see now – I'm not really like her and you are not me. I have to find a way to let it go. Can I forgive her?”

Several sessions later Amy curled up on the couch and fell asleep. My thoughts were about safety, and letting go in the presence of another. I experienced in my reverie a calm, protected, almost cradling experience. My fantasy/memory was rocking my baby

– watching her sleep without a care in the world.

I think the love between us that has built over the years is what allowed her to show me the rage and hatred she carefully split off and projected into me. But the split is mending. This session makes me remember why I do this work.

Love does not preclude frustration or rage. Recently I asked a despairing patient who knows a lot about gardening whether transplanting an ailing plant into nurturing soil could change it. Of course, plants are not people but the question gave us pause. Is therapy a transplant process among other things?

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 or memories of a good past object - are experienced, eventually 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 or even our rescue wishes. It is a love that comes from respect and caring – *caritas* as Shengold (1989) calls it – He says

*“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.”*

Mr. S benefitted from the attention and acceptance over the years and in his group therapy, where he joined with 6 men about his age who had also been heroin addicts. I had no training in group work so I was flying blind. I began by introducing myself to 7 men between age 40 and 60 who were required to come to GHCC by welfare and who had used heroin.

I told part of my story first – that I was studying to be a psychoanalyst. They were curious so I told them about what I was learning - specifically how one's past can be relived in the present . I told them about self-esteem and how important it was. And as we went along, I told them about how we defend ourselves and that these defenses often got in the way. A big defense was hiding (denial) and they asked what I meant. I said most people hide things like feelings and unpleasant memories from themselves and from others , and how this caused pain. That broke the ice and we began to connect. I also told them that I was new at this but felt that connection was really important to me and that sharing our stories would be a way to start. As the men told their stories, timidly at first and as they listened to each other something started happening. Telling and listening to others' stories was something they had never done. These men had been living out their emptiness and pain by using a drug.

As they experienced the others listening, they began to care about each other and their lives gained new purpose. When one member went to jail the group wrote a letter. (Actually, Mr S admitted that he got himself arrested each year before Thanksgiving so

that he could have a turkey dinner and not be alone.) One member told him about a church he went to for turkey dinner and invited him. When another member felt that he was losing his identity as a master thief so another member taught him to play chess. One man's overt paranoia troubled the group and as they reacted to him with concern and a firmness that he could hear he calmed down. One aspect of paranoia is getting attention. If you believe someone is out to get you, at least someone knows you exist.

Sounds like a fairy tale and tho not everyone lived happily ever after, we all grew tremendously. Why tell you this story. What is analytically based here? Well, the first thing about analytic work is getting interested in the “whys” of what we do in life with benevolent curiosity. It opens a new door. Many pts have no idea about analytic work – and our job is showing how it works.

My demeanor of openness and respect seemed to mean a lot to the men because it was genuine. I honestly respected each man and when they began showing up religiously for our meetings I was inspired. I learned that connecting regularly in a safe space had a magical effect. For the first time these men paid and were paid attention to in positive ways. We tend to forget that attention without judgement is what we *all* want – from birth and throughout life. Wondering *why* without judgment is a brand new experience for most. Relating with words challenged these men and gave them a different way of seeing things. They learned that being sad was OK and tears were nothing to be ashamed of. We laughed together at times and most of importantly, a camaraderie based on trust developed.

Countertransference, the analytic third, self-object and other such concepts fortify us. Concepts of transference and projective identification protect us. Different theories quell our anxiety and need for some kind of order. Using the concept of resistance eases the pain of rejection we often feel. We tend to forget it is transference rejection and projective identification. But, if we cannot recognize loving or caritas as part of our work – the pain can overwhelm us.

So, I am trying to say how I have managed over my 40 plus years to engage the people whose trust has been shattered while maintaining my equilibrium at the same time. To tell the honest truth, I think that when I'm working I'm in some kind of altered state – perhaps it is something like a reverie as Bion calls it or a second self as Roy Schafer calls it. Perhaps it is like the actor who immerses herself in the particular role she plays and can come back to herself when it is over. Yet I feel very alive at the same time. Very involved. So reverie may not be the word. Feeling pushed away and rejected, hated, ignored and also being needed and loved, sometimes all in one session, can play havoc with our emotions. And the sea of words from each patient threatens to drown us. I recently looked at some process notes from long ago and switching metaphors I saw the density of the jungle we trudge thru in each session. That density also sustains us and

even when we get lost in it – we keep going. We know that the end will entail mourning – how much can we mourn in our lives?

I was very fortunate to find Ella Sharpe early in my career. Her gift was this: “The urgency to reform, correct, or make different motivates the task of a reformer or educator, the urgency to cure motivates the physician, but the deep seated interest in people's lives and thoughts must be transformed in the clinician, into an insatiable curiosity, free to range over every field of human experience and activity, free to recognize every unconscious impulse, with only one urgency, namely, a desire to know more, and still more. When we react to something that causes us to think 'i cannot understand how a person can think or behave like that' curiosity has ceased to be benevolent.”

There are no real answers in our work. Only questions.

But, you may say “how can that be possible?” Are we not doing this to help people ease their misery? Lessen their anxiety? Sure, that is our hope but we must temper it with humility. Creating a space for our patients, where they can begin to feel safe enough to speak – to put their miseries and their joy into words – is our most important function. Each of us does that in different ways and the analytic frame supports us. All of us are explorers – traveling unique terrains – to unforeseeable destinations.

Our knowledge of development and the culture in which it takes place, along with our aesthetic sensibilities and common sense, serve as our compasses. And each theory we learn gives us a different perspective. We are more artists and philosophers than scientists. Yet Loewald said:

Our drive to make sense of things is inborn. And I believe that this capacity is nurtured by our own experiences of love and disappointment. Our early feelings of omnipotence are never fully relinquished and the unrequited love we have all experienced is never really forgotten. Are these the basis for our wishes to understand? As analysts we learn to tame that 'need-to-make-sense' by quieting our judgmental streak. For me, the love part is a state of mind that I go to in order to work and to write.

I know no other word to describe what I feel. For me, love includes respect, enthusiasm, passion, platonic and erotic feelings, caring, compassion, and deep appreciation that offsets the disillusionment that always lies in wait.

So, this morning as I try to be your muse, I end up instead asking you to join me in wondering. How can we summon the state of love? We all have different ways. Do we surround ourselves with friends, and animals and art? Do we feed our selves well enough? Music is important to me and I listen a lot. And sometimes silence is an answer.

Benevolent curiosity is a huge part of being in love. When you are in love, the object is

held in high esteem, faults are disregarded, and criticism disappears. You want to know everything about the person or thing you love. Yes, thing. Some people fall in love with a profession (we did,) a sport, a hobby – to which they dedicate themselves heart and soul. This 'state of loving' puts into perspective the normal hatred, envy, impatience, and rage we all harbor so that we can strive to genuinely listen without judgement and without feeling too lost. Sometimes we feel our patient's rage – whether it is projected or a remnant of our own split off and reawakened feelings. (Probably a combination) When a pt is telling me off and attacking me I try to remember who I am while at the same time feeling her rage. At times I have raised my voice – I am human. Being a container of someone's hatred – is often scary and at those times I may say 'ella sharpe' to myself – sort of like a mantra.

She helps me stay in line. Life is always unfair. Recognizing that we play a role in those unfairnesses is difficult. Childhood is filled with calamities often bordering on and including physical and/or emotional abuse. Losing a parent, being hated by a parent, being an extension of a parent, being betrayed by a parent are unfortunately common injustices. As we see our patients continue to expose themselves to injustice we may become horrified. We name this attachment to pain *masochism* and we therapists all have it to varying degrees. The masochistic patient is very hard to sit with. Time and again she will find herself attaching to people who treat her poorly. Change can take many years of painful work on both sides of the couch and we therapists must sometimes struggle to stay involved, lest we feel too masochistic ourselves. We begin to feel useless and even trampled upon. What saves us is our realization that we are being made to feel the way our patient feels. Powerless and powerful at the same time. *Here* is often where the deepening comes in, slowly and often imperceptibly. As we begin to feel victimized by a patient, our patient begins to see that we can sit with her while taking care of ourselves at the same time. Expecting to be paid on time, raising fees, charging for missed sessions, holding to the schedule, looking well, feeling well, enjoying our lives – are ways to let our patients know we have tamed our own masochistic tendencies. One way or another we usually manage to stay.

### **The role of explanation**

When I explained to Mr. S and the group of 7 ex heroin users about psychoanalytic theory and how we develop defenses to protect ourselves, and how the past gets repeated in the present, it got their attention. Contrary to what many psychoanalytic clinicians have been taught, there is value in explaining how we therapists think. How we add up what pts tell us to arrive at an idea. Intellectual, yes, but why not! Sharing how we think sets an example and is an invitation to the patient. After all, adding up what we hear along with the feelings evoked is analytic work.

Our work is filled with losses, our own and our patients'. Mourning is always going on



with us. How can we live like this? Writing is one answer. I encourage you to write. When we write we are alone, but not really. Do our words serve to connect us to others? Lately I have been writing letters and this connects me to others. When I let go of the letter I reread it once in awhile. But my words are really gone. Isn't that the same as publishing your work? While writing my books and articles I always have an audience in mind. That keeps me connected. Connecting saves us all from the despair that life and the knowledge of death bring. What else is there? Especially during the social distancing brought on by covid19. The experience of distance can actually serve to bring us closer to each other. Look at all the time we save by staying home. No commute, no distractions, no waiting on lines, all that time furthers concentration. As we get used to this new way of life I predict more creativity.

Back to our patients: Our psychoanalytic studies can take us only so far. Each of us and each of our patients are unique. We must learn that it's ok to improvise and to trust our intuition. Our theories are scaffolding that once internalized free us to improvise. Learning many theories is like learning many languages but our own personalities always determine how we use them. Sometimes we become passionate – exhorting our patient to speak up in an unfair situation. Now, of course this does not work, but part of the message may give our patient the idea of speaking up. Hearing how we might react to an unfair situation give a pt an idea. Remaining neutral is not always possible or even positive.

As Norman Doidge illustrated in his book The Brain that changes itself, the brain is plastic. Growing new routes or synapses towards a freer life are possible. But the jungles of our mind are dense and it takes time to make new paths.

Most if not all of us come to this work because we have suffered and we realize that love is complicated. But the complexity of love allows us to understand how important a life force it is – and that people have unique ways of keeping it alive. Some people feel that their love must be hidden and that deprives them of connection. At one time in psychoanalytic history, homosexuality was thought of as pathological (not by Freud.) Pre-genital love making was considered polymorphous perversity. But, this has changed. And our values are changing as we speak. Even sadomasochistic sex provides connection and it is the only way some patients can relate. By learning to trust the analyst, chances increase in trusting others. So how do we keep pace with change? I feel that connection is the human need we seek to protect, however it manifests itself. When it feels dangerous it means that development was dangerous. Analytic work provides new pathways for continued development. Loewald's new object comes in here. And maybe my idea of transplanting.

Some of the things I love in no particular order are;

my JJ – a dog who was found wandering the streets – flea ridden, practically hairless,

skinny – and now sitting by my side - fluffy, beautiful, sweet and independent.

Trees - in the woods and in Washington Square park – old, sturdy, graceful.

Elephants, loyal, caring of their young, heroic, and endangered.

Music, a place I can retreat to and feel safe in.

The NY yankees – and Mariano Rivera – a humble hero

Jazz musicians who go to the edges to create something new

Memories of my home town – a refuge from a scary house.

Horses – the beautiful creatures on whose backs I gained confidence and mastery

Pansies whose faces cheered me as a lonely little girl.

Family, both past and especially present

And all of you who sit here and listen.

Perhaps, if each of you make your own list – you will have the chapter headings of your next book. I think I have some of mine.

I wish you all love. For loving and being loved makes all the difference.

Thank you for listening.

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