

ON THE THERAPEUTIC ACTION OF ANALYTIC LOVE^{1*}

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Ari was a patient who was not easy to love, at least not at first, and not for me. Ari was 40 when he began to see me. His marriage was falling apart, and had been miserable for years. He felt close to becoming violent with his wife. He was burned out, always angry and always anxious, at home and at work. His daily marijuana smoking for 20 years, along with cigarettes, was literally making him feel sick.

Ari is physically imposing, athletic, muscled like a bull, with a military and soccer background. He wears an expensive watch, a diamond earring and a leather jacket. He shaves his head close and rides a motorcycle, around town and across country. When I first met him, he spoke in a gruff voice, volubly, bitterly, loudly, and without pause for me, even if I did attempt to get a word in edgewise, which I often didn't. He was marvelously articulate about how enraged he felt about everyone and everything in his life. I noticed how often I felt anxious about what I was thinking of saying to him, and realized I feared he would explode with rage and possibly assault me if I said something he didn't like.

Ari spent most of a year splenetically venting, about his wife, his son, his partners, his employees, etc. Feeling shut out, I often found myself shuttling between resentment, detachment and feeling intimidated. Eventually, I understood that I was withdrawing, withholding a necessary confrontation, in retaliation for the narcissistic injury I felt about my perceived lack of impact on him. This understanding helped me to reorganize and mobilize the assertiveness I needed in order to reach Ari. One day, I finally raised my voice and said, quite loudly,

"You know, I would like to say some things to you, but I'm afraid if you don't like what you hear, you will bite my head off, possibly literally."

Ari looked up at me with his sharp, penetrating eyes, and I was scared. I was quite surprised and touched, though, to see Ari's eyes go moist, his face reddening. He said sadly,

"I'm just like my father. Yes, this is what I do to everyone, my wife, my son, everyone, just like my father did."

I said,

"It must be awfully lonely, with everyone afraid of you like that." He looked up at me, silently. I added,

"You know that song 'Desperado?'"

"Yes, I know it," he said, still looking intently at me.

"You remind me of those lines, 'you better let somebody love you, before it's too late.'"

Ari looked down and began to weep. I was quite moved. Right then, my very mixed feelings about Ari melted into an unexpected warmth, respect and tenderness, and I heard myself say to myself, "I really love this guy." I was able from then on to feel safer to confront, and try to help him contain, his obsessional anger. I was in position to address the tender, wounded part of him, which he had wanted not only to hide, but also, with great trepidation, to show. This shift in me and between Ari and myself allowed Ari to enter a new phase in the treatment. He began to reveal the traumatic aspects of his history he felt so ashamed of and hurt by, a history he had been trying all his adult life to sweep under the rug.

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Ari is one of many analysands I have come to love. Each analytic dyad I have been a part of has had its own unique history of how love did or did not develop, and how it was or was not expressed. What is this thing called “analytic love?” What do we and don’t we do with it? How does its presence or absence impact our analysands, and ourselves?

Psychoanalysis provides a ritualized setting for a process which encourages the development of the analysand’s intimate awareness of himself. In the process, analyst and analysand inevitably and necessarily become intimately involved with each other, intellectually and emotionally. At the heart of this endeavor, I believe, for both analyst and analysand, is a search for love, for the sense of being lovable, for the remobilization of thwarted capacities to give love and to receive love. This may at first seem a more fitting description of the analysand than the analyst, but consider our choice of profession. Is it not likely to be the case that we have chosen our work, at least in part, because it affords us the means of realizing the aim of being especially important to, especially loved and valued by our analysands? We have long been free to discuss hating our analysands (Winnicott, 1947) and more recently to discuss having sexual feelings for them, including disclosing such feelings (Davies, 1998).(1) But it is less often that we discuss our feelings of tenderness and loving affection for our analysands, not with the kind of thoughtfulness and seriousness of many of our other discussions. Erotic or aggressive countertransferences are now widely conferred the status of therapeutic agents, and natural warmth, openness, and expressiveness are no longer considered anti- psychoanalytic *per se*. Yet case presentations where feelings of tenderness, affection and love for an analysand are openly expressed are often greeted with the suspicion that the analyst has “acted out” his narcissistic need to cure by posing as an impossibly perfect parent to a perennially infantilized patient (Freud accused Ferenczi of furor sanandi on similar grounds). In my view, these suspicions against tenderness in our work have gone beyond their proper safeguarding function and have led instead to the inhibition of the growth and development of our thinking about analytic love.

This gap in our developmental and clinical theories was noted long ago by Ian Suttie ([1935] 1999), who asked if “[i]n our anxiety to avoid the intrusion of sentiment into our scientific formulations, have we not gone to the length of excluding it altogether from our field of observation?” (p. 1). Although Suttie’s question is more than sixty years old, I observe nevertheless that it is still rare to find the role of analytic love referred to in any detail in the case histories of our recent literature.(2)

Even when analytic love is spoken of, it is often only touched upon, briefly and indirectly. Ghent (1992), for example, speaks of the needs our analysands often have as “genuine longings for human warmth, empathic responsiveness, trust, recognition, faith, playful creativity - all the ingredients we think of when we speak of love” (p. 142, italics mine). He goes on, though, to caution, that “I would want to make clear that I am by no means suggesting that all of the longings, as they appear in the adult, can be, or should be, directly responded to in the analytic setup” (p. 142). Ghent refers tantalizingly to analytic love here, offering a description of what our analysands have so often been deprived of, and so often seek in vain, that seems beautifully right. Yet he omits, to the disappointment of at least this reader, a more detailed exploration of the analyst’s response to these needs.

Similarly, when Hoffman (1998), describing the analytic situation, states that “The exchange of a presumptively transformative form of love for money can be painfully awkward, particularly in light of the analyst’s awareness of his or her personal limitations and self-serving motives” (p. xix), he acknowledges, though only obliquely, the centrality of love in psychoanalysis. He is far more direct about the pitfalls and perils of analytic love. His description of the “dark, malignant underside of the analytic frame” (p. 224), e.g., points, in vivid prose worthy of Dante, to the analyst’s potential, via his narcissism, to pave the road to hell with good intentions. While such precautionary considerations are not only valid but of undeniable import, it is nevertheless the case that disclaimers and precautions concerning analytic love are ubiquitously emphasized in the literature, while the therapeutic action of analytic love, its power and value, is comparatively under- theorized.(3)

In this regard, many psychoanalysts have for the last century taken their lead from Freud, shunning the concept of “cure through love” as anti-therapeutic. When Freud advises Eitington that “the secret of therapy is to cure through love...” (quoted in Falzeder, 1994), he is referring to the therapeutic traction provided by the patient’s transference love for the doctor. Freud had very little to say of the doctor’s love for the patient, and was concerned with distancing himself from therapies (associated with Rank, Adler, Jung, and finally, Ferenczi) that promoted sentimental, spiritual and hypnotic types of cures, and especially, from the aforementioned “cure through love.”(4)

Freud erred in that he sought to inoculate psychoanalysis from the potentially dangerous effects of analytic love (pseudo-cure by dint of the analyst’s influence; recruitment of the analysand into pathological accommodation (Brandchaft, 1994) to the analyst’s need for power and control) by enjoining the analyst to suppress his love altogether. Of course, one might argue that seduction for the purpose of attaining

control and domination over another might often happen in the name of love, but it is not actually what love is meant to be. And on the other hand, that professional neutrality, abstinence and deliberate withholding of gratification can be equally manipulative means of maintaining domination over and controlling others. This is precisely what Ferenczi argued, and what some of the Interpersonalists and some of the Object Relationists who followed him sought to reform. At any rate, as is usually the case with strategies that depend on suppression, and as the ever-increasing influence of the relational tilt in psychoanalysis demonstrates, efforts to sterilize the analytic milieu have not been successful. The analyst's forbidden and suppressed (i.e., repressed) love returned, cleverly disguised and reversed as the once de rigeur practice of what amounted to the shaming of the analysand for the persistence of his so-called infantile longings, and requiring of the analysand that such longings be renounced and relinquished.

While analytic love is by no means exiled today, I think it is fair to say that it is not readily and universally embraced, either.⁽⁵⁾ With the popularity today of concepts such as Winnicottian holding and Kohutian empathy, this statement may seem surprising. But what I wish to focus on in this paper is the analyst's love in a broader sense, not just specific components of love, such as holding, empathy, or recognition.

Themes similar to those I wish to address have been taken up in recent years by Irwin Hirsch (with Kessel, 1988; Hirsch, 1983, 1994). In a series of papers, Hirsch has carefully considered, from a variety of angles, the analyst's loving, sexual and romantic feelings for analysands, and the ways in which these feelings may or may not enhance analytic work. While in his earlier work, Hirsch (Hirsch and Kessel, 1988) attempts to distinguish the analyst's mature, adult-to-adult love from countertransference love, and maintains a distinction between loving and sexual feelings, in his later work (Hirsch, 1994) he speaks of such feelings more broadly as enactments of sexual and romantic countertransference love. I am more in accord with Hirsch's earlier work. I do not wish to focus here on the analyst's sexual countertransference feelings, because I believe they may be and often are something quite different from analytic love. Erotic countertransference and analytic love need not be mutually exclusive, but they are not the same thing. Further, I do not conceptualize analytic love as equivalent to countertransference love, nor do I see the experience of or exchange of loving feelings between analyst and analysand as always best understood under the umbrella of

"enactment." Analytic love is not necessarily evoked by the analysand's transference, although it will undoubtedly be mixed in with the analyst's concordant and complementary countertransferences.

In this paper, I wish to attempt to articulate my view of what analytic love is, why it matters, and why I believe it is worth distinguishing from the analyst's experience of romantic, sexual and countertransferential love. I wish to join those analysts who see love as central to analytic work, and identify a lineage of psychoanalytic forebears who place love at the center of their theories of development. Rather than seeking to explore the balance of pros and cons, and reiterating the well-known problems connected to analytic love, which Hirsch, Hoffman and others have already done quite well, I will maintain an admittedly lopsided focus on the ways that analytic love might enhance and further the analytic process. Before presenting my attempt at a definition of analytic love, I will focus on a review of this theme in the work of Ferenczi, Suttie, Balint, Fairbairn, Loewald and Kohut. I do not attempt here to provide a comprehensive literature review, a task again already well executed by Hirsch and Kessel.⁽⁷⁾ Rather, I choose the theorists above, and omit others, because they are the analysts whose work has had the most influence on my thinking on this subject, and whose views most support those I wish to advance in this paper.

My central thesis is that given the specific ways in which many of our most important theorists have emphasized the crucial role of love in their theories of development, it should follow that our clinical theories call for and make use of the analyst's emotional responsiveness - in particular, the analyst's capacity to love authentically and use his love therapeutically. This has long been a controversial issue in psychoanalysis, as Friedman (1978) points out in his comparison of the 1936 Marienbad and 1961 Edinburgh Symposia. Both meetings were concerned with understanding what is curative in psychoanalysis, and both raised the question of how or if the psychoanalytic theory of mind corresponds to its theory of technique. The Marienbad participants readily considered, without controversy, how analysands introject aspects of the analyst and aspects of their relationship to the analyst, and how such processes can be therapeutic. Yet by 1961, when Gitelson (1962) cautiously introduced similar themes, his effort was greeted with almost universal rejection, his numerous discussants holding that interpretation alone was the only officially permissible route to psychoanalytic cure. A lone participant in Edinburgh joined Gitelson. Sasha Nacht (1962) summed up poignantly much of what I wish to expand on in this paper:

I have had the experience, as we all have, of treating successfully patients who have been treated unsuccessfully by a colleague. And yet the former analyst had conducted the treatment correctly, and I have been led to ask myself: 'What did I do more than he?' I have also had the experience of being unable to cure

the patient, and asking myself what I did less for him than for others. For a long time this problem worried me, until I reached the conclusion that in one case or the other it was to my own deep underlying attitude towards the patient that I had to attribute the responsibility of success or failure. No one can cure another if he has not a genuine desire to help him; and no one can have the desire to help unless he loves, in the deepest sense of the word [p. 210].

Was Nacht ahead of his time? Or was he attuned to something deeply rooted in psychoanalytic theory that his contemporaries, the members of the psychoanalytic establishment at the beginning of the 1960's, had lost sight of? (8) For in fact, the story of the acceptance or rejection of analytic love as a valid therapeutic agent begins early in the history of psychoanalysis, most notably with what Lothane (1998) has called "the feud between Freud and Ferenczi over love."

FREUD AND FERENCZI

It was just at the critical juncture concerning the nature of the analyst/analysand relationship that Freud and Ferenczi, who had long been Freud's closest disciple, encountered irreconcilable differences between themselves (Lothane, 1998; Aron and Harris, 1993). Ferenczi eventually came to see the quality of love, specifically the mutual exchange of tenderness between parent and child, as crucial to development and central to the understanding of human motivation. He emphasized these themes in direct and deliberate contradiction to Freud's emphasis on sexual and aggressive drives as the foundation of the structure of the human psyche. Correspondingly, Ferenczi saw the ability to generate mutual tenderness between analyst and analysand, constituting mutative new relational experience (Fosshage, 1992), as essential to cure. Ferenczi saw transference, not primarily as an expression of infantile id pressures which, through analysis, would be made conscious and renounced, but rather as a forum for the analysand to reenact and work through traumatic developmental experience within the parent/child matrix. Ferenczi believed this could be achieved optimally with an analyst who was more empathic, authentic and emotionally alive than with one who was anonymous, neutral and abstinent. Ferenczi's analysand, Clara Thompson (1943), summarized his views succinctly when she said that Ferenczi "believed that the patient is ill because he has not been loved" (p. 64).

Ferenczi reasoned: if the analytic situation is a repetition through the transference of the childhood situation, the same things must be important in analysis – the patient must need to feel loved and accepted by the analyst... [Thompson, 1964, p. 77].(9)

While Ferenczi's attempts at mutual analysis are often perceived as the worst case scenario of analytic masochism, Ferenczi clearly came to recognize both the power and the limits of analytic love. In his *Clinical Diary* (1932), he speaks of the futility of pretending more friendliness toward the patient than one really feels (pp. 35-36). Similarly, in his final paper (1933), Ferenczi wrote: "... [Children] cannot do without tenderness, especially that which comes from the mother. If more love or love of a different kind from that which they need, is forced upon the children in the stage of tenderness, it may lead to pathological consequences in the same ways as the frustration or withdrawal of love..." (p. 164, italics in original). The greatness of Ferenczi's contribution lies in his persistent effort to understand and make therapeutic use of his feelings about his analysands, at a time in analytic history when countertransference feelings were considered a sign only of the analyst's insufficiently eradicated neurosis.

Izette DeForest (1954), an analysand, student and friend of Ferenczi's, and later a friend and colleague of Erich Fromm's, points to the above quote, and to her personal conversations with Ferenczi, as evidence that he was well aware of the difficulties involved in using his capacity for love as a therapeutic instrument. DeForest wrote:

The offering of loving care cannot be given, either by parent or by psychotherapist, on demand or in answer to threat. It must be given freely and spontaneously as a genuinely felt emotional expression. And it must provide an environment of trust and confidence and hope, so that the neurotic sufferer can gradually unburden himself of his conscious and unconscious anxieties; of his shame and guilt; of his hostility and plans of vengeance; of his rejected longing to love; of all his deeply hidden secrets. It must provide the environment (no matter how absurd it may objectively appear) which is essential to growth, to the unfolding of individuality. In other words, the therapist must give to the patient a replica of the birthright of love which was denied him, as an infant or a growing child, but which, if granted, would have assured him full stature as an individual in his own right [pp. 16-17].

For Ferenczi, it was not possible to facilitate the analysand's realization of his "full stature as an individual in his own right" without also helping him, via the analytic relationship, to recognize and claim his "birthright of love."

IAN DISHART SUTTIE

A close examination of the work of Ian Suttie would suggest that his contribution to the relational schools of psychoanalysis is nearly as seminal as that of Ferenczi's. In accord with Ferenczi, Suttie believed that what children want first and foremost is to exchange, both to receive and to give, loving tenderness with their parents and other caregivers. Suttie's relational alternative to drive theory focused on the importance of the bond between mother and child. In deliberate contrast to the work of Melanie Klein (Klein, 1932) (whom Suttie knew and argued theory with at the British Psychoanalytic in the '20's), Suttie saw the wish for mutually exchanged love, and not instinctual forces of envy and aggression, as the organizing force in development.

As noted by Suttie's niece, Dorothy Heard, in her introduction to the 1999 edition of his book (p. xxii), Suttie greatly admired Ferenczi. Suttie's wife, Jane, also an analyst, was the English translator of many of Ferenczi's papers in *Further Contributions to the Theory and Technique of Psychoanalysis* (Ferenczi, 1926). Today's interest in Ferenczi can probably be traced from Winnicott to Ferenczi's disciple, Michael Balint, and from there to Ferenczi. Yet Suttie, in his highly popular discussion groups at the British Psychoanalytical Society, where he also read his papers from the mid-20's until his untimely death in 1935, was an early champion of Ferenczi's. Long prior to Balint's arrival in England in 1939, Suttie had been promoting and elaborating Ferenczi's ideas, even as Ferenczi's former analysand, Melanie Klein, was taking many of Ferenczi's ideas, and taking many British analysts, in different directions. Both Fairbairn (in

Guntrip, 1971, p. 24) and Winnicott (1967, p. 575) directly acknowledge Suttie's influence on their work, and Bacal (1987) notes that Suttie's ideas were seminal, significantly anticipating those of Fairbairn, Guntrip, Balint, Winnicott, Bowlby, Sullivan and Kohut (see also the Foreword by Bowlby in Suttie, [1935] 1999). A thoughtful and extensive review of Suttie's book, appearing in the *Psychoanalytic Review*, was written by William Alanson White (1937), the mentor to H.S. Sullivan, suggesting that Sullivan may also have known of Suttie's work.¹⁰

In perhaps his most cogent and enduringly relevant observation, Suttie found that "tenderness itself was tabooed in our culture and science - tabooed more intensely even than sex - and that even psychoanalytic investigation and treatment was sharply limited by this bias" (p. 5). Suttie sought to "put the conception of altruistic (non-appetitive) love on a scientific footing" (p. 3), and in so doing, to make a clear case for a fully interpersonal, as opposed to id-driven, model of development. Anticipating Fairbairn's claim that the infant is object-seeking, Suttie's alternative to drive theory was "the conception of an innate need-for-companionship which is the infant's only way of selfpreservation" (p. 6).(11)

Suttie saw the need to give altruistically as innate and universal. He wrote:

In the beginning of life none of the transactions between mother and infant could be distinguished ... as 'giving' or 'getting' in the sense of 'losing' or 'gaining'. The mother gives the breast, certainly but the infant gives the mouth, which is equally necessary to the transaction of sucking" [p. 38]... I consider the child wakes up to life with the germ of parenthood, the impulse to 'give' and to 'respond' already in it. This impulse, with the need 'to get' attention and recognition, etc., motivates the free 'give and take' of fellowship [p. 58].

Suttie's ideas here anticipate recent discoveries in the field of infant research (Stern, 1985) and in the literature on the "bidirectional model of influence" (e.g., Beebe, Jaffe and Lachmann, 1992).

Suttie, like Michael and Alice Balint after him, deplored the demand in western culture that children, for the sake of impatient parents, prematurely relinquish their rights to be childish, i.e., dependent and in need of secure attachment. In contrast to Freud, he saw pathology as rooted less in Oedipal jealousy and fear of the father, but rather in the thwarted need for the mother, which "must produce the utmost extreme of terror and rage, since the loss of mother is, under natural conditions, but the precursor of death itself" (p. 16). Further, pathology arises for Suttie, not just when the mother fails to give adequately, but especially when the infant feels that its own gifts are rejected by the mother. Suttie anticipates Fairbairn's (1940, p. 25) later work when he says: "The rejection of the child's 'gifts', like any failure to make adequate response, leads to a sense of badness, unlovableness in the self, with melancholia as its culminating expression" (p. 50). As in Fairbairn's (1943) "moral defense", Suttie described how the child "exonerate[s] the mother by condemning the self" (p. 45), saying, in effect, "mother is good and kind; if she does not love me that is because I am bad" (p. 43). Anticipating Winnicott's (1960) concept of the false self, Suttie took note of the infant's "impulse to earn love by becoming what is wanted" (p. 45), as in the defensive strategy of identification with the aggressor (Ferenczi, 1933).

For Suttie, "the 'overcoming of resistances' might almost be paraphrased as the development of a trust in the analyst-parent which will be capable of surviving the reproaches arising from repressed anxiety and rage" (p. 217). The analyst must encourage the willingness of the patient and his emboldenment to relax

his defenses against expressing his hate and so running a risk of being hated. This willingness or trust is a function of transference (positive) or love so that the original ambivalent attachment to mother is 'played off' upon the physician [p. 213].

Suttie introduces here the theme of the developmental necessity for the parent/analyst to survive the child's/analysand's hate and destruction, which Winnicott (1969) would later elaborate as a cornerstone of his own theory.

Suttie saw the goal of psychoanalytic work as consisting of "the overcoming of the barriers to loving and feeling oneself loved, and not as the removal of fear-imposed inhibitions to the expression of innate, anti-social, egoistic and sensual desires" (pp. 5354). While I share Suttie's emphasis on overcoming the barriers to love as a central analytic focus (as does Coen, 1994), it may be the case that his tendency to draw sharply polarized distinctions between his beliefs and those of both Freud and M. Klein has contributed to his relative obscurity now. Additionally, Suttie's efforts to develop his theories were sadly foreshortened by his untimely death. While his work remains largely unread by the psychoanalytic community, at least in this country, there is no question that many of his important ideas were inspirational to and were further developed and disseminated by Balint, Fairbairn, Winnicott, and Guntrip.

MICHAEL BALINT

Michael Balint, Ferenczi's chief disciple, fled Hungary in 1939 and settled in Great Britain, where he became identified with the British Middle School. Balint's and Suttie's views are remarkably similar, although there is no indication in their writings that they knew each other. It is my speculation that Suttie, through his and his wife's contact with Ferenczi, was familiar with the work of both Michael and Alice Balint (1933), and vice versa.

Balint introduced his concept of primary love (Balint, 1937) specifically to refute Freud's concept of primary narcissism. Balint believed, like Ferenczi and Suttie, that human beings are relationally oriented from the beginning. In the stage of primary love, mother and child ideally live interdependently, with boundaries blurred, in "an harmonious interpenetrating mix-up" (Balint, 1968). He saw the origin of psychopathology in disruptions and failures of this primary love experience. He observed that analysands, often after reaching more mature forms of relating to the analyst, would regress to the level of "the basic fault" (1968), the area of the personality formed by traumatic disruptions of the state of primary love. Analysands would then seek to use their analysis for the purpose of making a "new beginning." The new beginning helps the analysand to "free himself of complex, rigid, and oppressive forms of relationship to his objects of love and hate - ... - and to start simpler, less oppressive forms" (Balint, 1968,

p. 134). Balint spoke memorably of the analyst's stance at this stage: the analyst ... must allow his patients to relate to, or exist with, him as if he were one of the primary substances. This means that he should be willing to carry the patient, not actively but like water carries the swimmer or the earth carries the walker... [H]e must be there, must always be there, and must be indestructible - as are water and earth [Balint, 1968, p. 167]. Some may see Balint as suggesting here that the analyst be constantly capable of an intrinsically false, utopian kind of bottomless empathy. In this interpretation, Balint is seen as endorsing a clinical technique promoting the analyst's masochistic selfeffacement, leading undesirably to the infantilization of the analysand, and to the exaltation of the analyst as an impossibly perfect parent. I believe, rather, that Balint is poignantly describing a particular form of analytic love, evoked by analysands deeply in touch with traumatic developmental experience, in which the analyst attempts as much as possible to set his own needs and analytic agendas aside. The analyst provides the analysand a new beginning with his non-impinging, abiding presence, offered in the service of the analysand's efforts at reparative self-delineation. The idea here is similar to Winnicott's (1958) concept of the development of the capacity to be alone, to feel alive and real, in the presence of the other. Balint's version of analytic love is intended to provide a new relational experience. For the analysand who has never felt he had the right or the safety to be real, the new beginning is the point at which, starting with his analyst, he can begin to build trust and hope in the possibility of being in connection with others, without inevitably and inexorably having to become lost, false, or deadened. In contrast to Balint, who saw the basic fault developing at the chronological stage of primary love, I conceptualize the basic fault as crystallizing within the whole course of childhood development, and comprising internalized elements of traumatic aspects of the relationships with both mother and father.

The basic fault, reconceptualized in this way, most often manifests clinically as a central organizing principle (Stolorow and Atwood, 1992) consisting of the analysand's profound dread or deadly conviction that he is hopelessly unlovable.

W.R.D. FAIRBAIRN

Although Fairbairn says virtually nothing about the role of analytic love in therapeutic cure, he is explicit, more than any other theorist, about the role of love in development and pathology. His placement of love squarely at the center of his theory of development is worthy of quoting at length.

... [T]he greatest need of a child is to obtain conclusive assurance (a) that he is genuinely loved as a person by his parents, and (b) that his parents genuinely accept his love. It is only in so far as such assurance is forthcoming in a form sufficiently convincing to enable him to depend safely upon his real objects that he is able gradually to renounce infantile dependence without misgiving... Frustration of his desire to be loved as a person and to have his love accepted is the greatest trauma that a child can experience [Fairbairn, 1941, pp. 39-40, italics mine].

Fairbairn here describes the theoretical underpinning of his concept of the basic endopsychic situation. With love so central to Fairbairn's theory, it is puzzling that he did not seem to consider the role love might play in analytic treatment (12). Whatever his reasons for this omission, Fairbairn's emphasis on love, from my perspective, leads logically to the idea that the analyst's love, and how that love is exchanged and regulated in the analytic dyad, will play a central role in the recovery of the analysand's capacity to love and be loved.

LOEWALD

While Loewald was a passionate Freudian, his early work with Sullivan and Fromm-Reichmann (Mitchell and Black, 1995, p. 186) may have been an important conceptual link to the Ferenczian relational concepts that emerge in his work. (See Mitchell, 2000, for a full elaboration of the relational themes in Loewald's work). Although comparing the analyst's functions to those of parents is as old as psychoanalysis itself, I find Loewald's formulation of this analogy particularly significant because of the linkage he makes between love and respect (it is for this reason that the title of this paper pays homage to Loewald). Loewald (1960) speaks of the parents' "love and respect for the individual and for individual development" (p. 229, italics mine) and how, ideally, love and also respect inform the parent's attunement to the child's developmental process. In Loewald's formulation, the parent holds and mediates to the child a hopeful vision of the child's potential, a vision based in an empathic, loving and respectful recognition of the child's emerging identity. Loewald (1979) wrote that "it is the bringing forth, nourishing, providing for, and protecting of the child by the parents that constitute their parenthood, authority (authorship), and render sacred the child's ties with the parents (p. 387)."

Thus for Loewald, analytic work is optimally conducted as a medium in which the analyst's love and respect for the individual and for individual development serves to revive the analysand's derailed developmental processes – derailments caused by failures in the regulation of love and respect in the parent/child matrix. I will speak further of the crucial link between love and respect, as I understand Loewald's formulation, later in this paper.

KOHUT

Kohut's views on analytic love are not explicit in his writing, although he defended self psychology more than once from charges that his theory offered little more than the despised "cure through love." Yet as Teicholz (1999) points out in her study of the resonance between the work of Kohut and Loewald, Kohut's concept of the archaic selfobject can be linked with both Ferenczi's stage of tenderness between infant and mother, and with Balint's stage of primary love (p. 102). Teicholz notes that "Kohut's selfobject concept expressed an insistence on a lifelong, mutual interpenetration of selves, rather than on autonomy (p. 34, italics in original)." This pro-relational view of health led Kohut to recommend that the analyst protect and accept the analysand's idealization, rather than attempt to interpret it away. Kohut believed that this would allow disrupted developmental processes, based on the unavailability of a sufficiently idealizable archaic selfobject, to have a second chance to resume and take on new, more mature forms with the analyst. Kohut's ideas about the acceptance of the analysand's idealization seem especially congruent as well with Fairbairn's position regarding the crucial importance for the developing child of a sense that his love is recognized, felt, and welcomed - i.e., that his love is good.

While originally concerned with empathy primarily as the optimal psychoanalytic tool with which to gather data (Kohut, 1959), Kohut eventually asserted (1984, p. 74) that the analyst's empathy was in and of itself a therapeutic agent. With his emphasis on the importance in both development and the clinical situation of the recognition of mirroring, idealizing and twinship selfobject needs, and with the privileging of an empathic listening perspective (Fosshage, 1997), I believe that Kohut identified crucial ways in which

love is provided and experienced, between parent and child and in the analytic dyad. Ironically, but not surprisingly, given the climate of his day, he did so without actually using the word love, and while strongly rejecting the concept of “cure through love.” Nevertheless, Kohut, following Ferenczi, opened the door to love in the analytic relationship, whether he wanted to or not.¹³

DISCUSSION

In my clinical work, I repeatedly observe in analysands the pain, suffering, and stunted potential that has resulted from their feelings of being unlovable; unworthy of loving; unable to love satisfactorily; afraid to take love from others; and unable to hold as valuable both their own love and the love of others.

In his discussion of the goals of contemporary relational psychoanalysis, Mitchell (1993) poses a series of questions: How does life come to feel real? significant? valuable? What are the processes through which one develops a sense of self as vital and authentic?

How are these processes derailed, resulting in a sense of self as depleted, false, shallow? [p. 24].

In my attempt to facilitate the analytic exploration of these central questions, I maintain an ongoing focus on the analysand's experience of parental love, which I see as crucially determining the analysand's sense of vitality and his sense of the purpose and meaning of life. In seeking to understand and know the person before me, I assume that experiences of loving and being loved are either figure or ground at any given point in the analytic process. I seek to learn how these experiences have shaped his central organizing principles. For many analysands, I have found that framing their relevant issues in these terms promotes access to dissociated affect and experience.

To give a brief example, Jane, an analysand in her mid-thirties, had described in the first months of treatment a history of painful, dissatisfying relationships, and had expressed agonized concerns about the impact of her mother's coldness, and her father's inappropriate sexual seductiveness during her childhood. Nevertheless, she had great difficulty justifying to herself that she needed therapy, and became intellectualized and ruminative in many sessions.

In the midst of this struggle, she said forlornly, “I just don't know what I'm doing here.”

I replied,

“I think you're trying to figure out whether or not it might ever be possible for you to love and be loved.”

Jane then wept freely, saying “yes, that's right.” She was able to commit herself to the treatment from then on. At later times of doubt and confusion for her, and as we both struggled with numerous transference/countertransference vicissitudes and enactments, this moment served as a potent reminder, again for us both, of her purpose and her hopes for the analytic process.

For some analysands, these themes will take years to emerge in any distinct, overt way, while for others they will be almost immediately at the forefront. I maintain, though, that love is a constant and crucially significant presence in analytic work, whether figure or ground, for both analyst and analysand. In a very real sense, analysands are always seeking from the analyst a new relational experience of love, a way of experiencing intimate mutuality that will not result in retraumatization. How does the analyst respond? This leads to the question of how we define analytic love. Analytic love is hard to define, and often left undefined,¹⁴ perhaps because while it may at times resemble parental love, fraternal love, charitable love, friendly love, erotic love, etc., it is not simply or actually any of those things. It is a thing unto itself.

I offer two defining principles. The first principle is expressed by Loewald in his statement that for things to go well, analysts must have “love and respect for the individual and for individual development” (1960, p. 229, italics mine). In this statement, I believe Loewald speaks from his highly developed spirituality, expressing the idea that human beings are meant to be loved and respected by their parents from birth, and should in no way be required to earn or merit that love. As Ferenczi, Suttie, Balint and Fairbairn also articulated, parental love is the birthright of all human beings. Yet for Loewald, it is not just love, but the joining of love with respect, that constitutes the crucial components of the parental role in human development. If parental love is present, but respect for the individual and individual development is not (e.g., as when the child is treated primarily as a narcissistic extension of the parent [Miller, 1981]; and of course in cases of abuse, neglect and exploitation of children by parents), then there will be illness.

As I read him, Loewald implies that faith and belief in human potential is a defining characteristic of analytic love. If the analysand's vitality and authenticity potentials were thwarted in the course of development, he has a second chance to realize those potentials with the analyst. The analyst's love and respect for the potential in a human being serves to encourage analysands whose experiences of deprivation of love, or of love without sufficient respect, have been overwhelmingly discouraging. It is my sense in reading Loewald that the phrase “love and respect” implied for him a sense of awe and reverence for human

potential, and that he saw not just the parent/child bond as sacred, but also the analytic bond.

The second defining principle of analytic love is the analyst's commitment to the analysand's safety. I believe that Loewald's reference to parental love and respect as a kind of positive neutrality (1960) is meant to refer to the abstinence involved when a parent makes the effort to refrain, as best as possible, from narcissistically exploiting his child. Similarly, analysts who love and respect the analysand's capacity for development, and who see the analysand as inherently worthy of love and respect, will naturally seek to keep their love free from narcissistic, sexual, and other forms of exploitation of the analysand. This is one of the major ways that the crucial asymmetry (Aron, 1996) of the analytic relationship is upheld.

As psychoanalysts, we dedicate ourselves to the growth and to the safety of the analysand. This dedication is in essence an act of love and an offering of respect. To the extent that we are consistent in this effort, we may be making the first such offering in the experience of many analysands.

How do we get to analytic love? It does not happen simply by our own efforts. No doubt many parents fall instantly in love with their babies the moment they are born, but often a parent's love grows slowly, in tandem both with the infant's emerging sense of self and with the infant's increasingly noticeable recognition of the parent. As Suttie pointed out, children have much to give parents, and not just vice versa. The same must be said for the analytic relationship. By responding to our therapeutic efforts, analysands provide us with a sense of efficacy, pride, and purpose, all of which constitute vitalizing selfobject experience (Bacal and Thomson, 1998). We sustain our analytic purpose with even the most difficult of analysands because we hope that they will get better. We hope that what we provide will bear fruit in the analysand's life, in the form of his healing and growth. Very often, it is the witnessing of the fruits of our labor in the form of the analysand's new-found trust in us, and in their hard-earned healing and growth, that evokes and further stimulates our loving feelings. As an analysand becomes aware of the deepening of our loving feelings toward him, he is not only affirmed, but also encouraged by his own success in evoking those feelings in us. The analysand feels that he has reached and touched us, that he has succeeded in being recognized and valued. Both analyst and analysand feel valued, and recognized, for what they have to give, each inspiring the other to succeed in reaching the goals of treatment. There is mutuality (Aron, 1996) in this interplay that is both vitalizing for the analyst, and therapeutic for the analysand.(15)

When, on the other hand, an analysis is stalemated, it may be that the analyst's need for affirmation is not being met. Racker (1968), influenced by M. Klein, sees analysts as motivated to make reparation for making the analysand ill (Racker, 1968, pp. 145-146). The analyst is one whose sense of guilt, stemming from archaic aggression and oral greed and envy, drives him to find an occupation where he can ritually offer concern as a means of making reparation to his internal objects. While this may occur often enough among analysts, I suspect that analysts more universally seek, via their beneficial and curative impact on analysands, a means of confirming that their love is good, as in Fairbairn's formulation.

Bacal and Thomson (1998) address this issue in terms of the selfobject needs of the analyst, some of which are ubiquitous, while others are specific to each analytic dyad. In my own case, when I feel that my love, in the form of my best analytic effort, is being rejected, I can then find myself tempted to focus on how the analysand "provoked" or "elicited" my aversion. This is usually a sign for me that I am narcissistically wounded and preoccupied. In that state, I am at a disadvantage in terms of considering all the possible meanings of the analysand's behavior.

I believe that in many cases, stalemates occur when the analysand is not progressing enough to provide the analyst with sufficient evidence of the power and impact of the analyst's love. In this situation, the analysand's withdrawal stimulates the analyst's frustration and counter-withdrawal because his vulnerability to the problematic aspects of his own history of loving and being loved have been stimulated.(16).

I hope that in an analysis I conduct, my patient and I will have been able to experience a full range of feelings for each other (Aron, 1996). Without having in any way avoided taking on sex and aggression, in the end, I would hope that our predominant feelings would include respect, understanding, acceptance, empathy, admiration, caring, the sincere wish for the other's happiness and fulfillment, and love. I hope the experience will have enriched both our lives in many ways, and that we will both be able to internalize the value and meaningfulness of the experience.

LET ME RETURN NOW TO ARI.

After the turning point I described earlier, Ari ceased ranting to a great extent, and began to tell his story. I was able to learn of the way that his father dominated everyone around him, but especially Ari, his only son. A successful and self-made man who was bitterly estranged from seven brothers, Ari's father worked hard, went bankrupt and built his business back all over again, ultimately dying in his early 50's of a heart attack. Ari's mother worked full-time and devoted herself to trying to assuage her husband. She did not intervene

when father frequently slapped Ari's face, for a wide variety of infractions. Ari was able to remember many of these incidents, with full affect, but one in particular stood out and was especially painful. When his father wanted him to smile for a picture, Ari would have difficulty because he has a defective tear duct which makes it painful to have the sun in his eyes. Because Ari would squint when he had to pose, his father would smack him, shouting, "now smile, goddam it!" Almost any picture Ari has of himself as a child was taken shortly after he had been painfully and humiliatingly slapped by his father.

Perhaps most shameful of all, and something Ari could not bring himself to speak of in detail, were the few times he saw his father slap his mother. I was particularly struck by Ari's history of problems with school, and his identity in his family as a wild screwup, since, in spite of his great difficulty with anxiety and rage, I found him to be exceptionally hard-working, intelligent and articulate. Ari and his wife were already preparing their son for high school examinations, hoping to enroll him in one of the best schools in New York, which in fact he later attended. As we explored Ari's feelings about this, I was able to ask him, why hadn't he, Ari, been helped to learn in the ways that he was helping his son to learn? This led to many other questions. Was he ever helped to do better in school, or were his experiences of being accused, reproached and humiliated all he could remember? Were his potentials recognized and nurtured at all?

What did his mother think about or do about his father's frequent violence?

Ari began to grieve and weep, openly, in session after session. He wept for his own mistreatment, and for his repetition of this mistreatment with his wife, son, and employees; and for guilt at his sense that he was betraying his parents by acknowledging the abusive and neglectful dimensions of their behavior. I was deeply moved by Ari's tears. I felt honored that he could let himself be this vulnerable with me, and my fond and loving feelings for him deepened. I was quiet during this stage, which lasted for most of a year. My responses were simply sustaining, not probing, not confronting, rarely inquiring other than for simple clarification, interpreting hardly at all.

He eventually moved out of this stage of intense grieving, and soon brought in more material about his conflicts with his wife. Now that he was more in touch with the way his father had used anger against him, I was able to interpret to Ari his identification with his father, how he treated his wife, son, and employees much as his father had treated him. I could confront him in this way because I believe we both knew that we trusted each other. I told him that he was in a war to the death with his wife, and that if one of them didn't try to make peace, they would go on living over each other's dead bodies. I repeated this many times.

Eventually, Ari reported that he was changing his behavior, that he had made love to his wife for the first time in two years, and that he was changing his attitude at work as well, calming down as much as he could, and managing conflict more smoothly. Ari reconnected with his deep love for his wife, which transcended his grievances against her. For the next year and beyond, he focused on calming himself down, gaining more detachment, learning when to keep his mouth shut, when to apologize, how to communicate more effectively.

I thought Ari's efforts were excellent, and I made no effort to conceal the happiness I felt for him. I also pointed out admiringly that even before therapy, although he was often angry, he at least had not hit his wife or his son, and he had come for help when he feared that he might. And Ari had not denied his son the typical childhood gifts that he himself had been denied. I observed that in this way, he had surpassed his father. Instead of feeling perpetual guilt for failing to live up to his father's impossible expectations, I hoped Ari could see that, in many ways, he had made himself a stronger man than his father.

As our work continued, Ari struggled to maintain his determination to control his belligerence and to draw closer to his wife and son. I was particularly moved by his love for and sadness about his father, a man who could not show love, only anger. Ari could now feel his hate toward his father, and still grieve for the love that was lost between them. Most moving was Ari's new found closeness and affection with his son, who adored his strong, scary father, as Ari had adored his own father. It was powerfully moving to hear the ways that Ari was opening up and sharing himself with his son, and to see his pride in and respect for his son. When I asked him if he had ever told his son how proud he was of him, he teared up and said that although he had never heard a word of encouragement from his father, he was making sure that his son would hear it from him. I loved Ari for this, certainly in connection with my own resonant feelings about both my father and my son, feelings which were often powerfully called forth while listening to Ari. I loved many of the other tender aspects of himself that he let me see and come to know, and his honesty and courage in engaging the analytic process. For a long time, I'd tried to tolerate Ari's intimidating style of controlling the treatment, tried to set aside my feelings of frustration with his tirades, only to become detached and withdrawn. When I was able to become conscious of the aversiveness I was experiencing toward him as a result of feeling shut out, and when I could subsequently stand up to Ari and persist in my effort to connect with him, he opened his heart. We could then create new relational experience.

The essence of this new experience, in Ari's case and in general, is that love can be experienced by both

analyst and analysand as having greater vitalizing power than hate and fear. The challenge the analyst faces is to find a place from which to help the analysand choose love over hate, again and again, in spite of the many dangers the analysand faces in so doing.

When I first began to write about Ari, our work appeared to be going well. As of this writing, Ari and I have worked together for almost five years. As economic conditions have declined in the post-Clinton era, and especially after 9/11, Ari's business began to falter. Ari briefly tried anti-depressant medication, which initially helped him sustain more hope and maintain control over panic and rage. Soon, however, as his business failed to pick up, month after month, Ari made me aware that he had returned to his marijuana habit. He has once again come to rely on marijuana as the only means by which he can obtain relief from agonizing fear and shame, no matter how illusory and fleeting that relief may be. He feels defeated, as though life will always end up slapping him in the face, no matter how hard he tries.

Recognizing recently that Ari was truly closer than ever to losing his business, and sensing that he was giving up on our work, I recently said something like this at the end of a painful session:

"Ari, I'm aware that you don't feel that anything provides relief for you like marijuana does. But as I've often observed, you pay a terrible price for that relief. You feel more deeply ashamed, and more profoundly alone, in between every high. Now you've turned again to marijuana, because just as in your childhood, you believe that human understanding or solace is totally unavailable and unreliable. I had hoped that our work would have led you to feel otherwise, and I still hope that it might, even though right now it seems like therapy is losing, and marijuana is winning."

As we ended this session, Ari said, with tears, "I don't know. We'll have to see." I continue to feel a great deal of love for Ari, and I will certainly feel great sadness and loss if our work ends here.

I am aware that how I have presented my work with Ari will be perceived by some as endorsing, in the name of analytic love, provision, direction, reassurance, and exhortation, all shibboleths of "proper" psychoanalysis. In a drive model where interpretation is the exclusively permissible intervention, such forms of responsiveness indeed will have no proper place. But in a relational model that acknowledges the centrality of love and the necessity and inevitability of the analyst's emotional participation, I believe that these kinds of responses cannot be condemned automatically. I hope too that it is apparent that I do not believe that empathic attunement and allowing oneself to be used as a selfobject are the only modes of analytic work I see as therapeutic. While I believe these analytic modes were appropriate and beneficial in my work with Ari at certain times, equally necessary and beneficial were the many struggles and negotiations we managed around intersubjective recognition, struggles that often mobilized a good deal of aggression and conflict from both sides of the analytic dyad. I contend that any authentic analytic engagement will necessarily include a fluid, oscillating, often simultaneous use of both the analyst's capacity for empathic attunement as well as his skill in negotiating intersubjective difference as a means of reaching mutual recognition. I do not believe that there can be any kind of truly intimate human relationship that does not include both relational experiences.

Perhaps the state of the analysis as of this writing will seem to some to provide proof of the destructive impact of analytic love as I conceive of it. Clearly, I do not see it that way. Working with Ari has never been easy, there have been many setbacks and frustrations for us both. I wanted to give up on him more than once, and now perhaps he himself will give up. Instead of presenting Ari, I might have presented more about Jane, an analysand for whom I felt a great deal of love, along with many other feelings, and whose treatment came to a far happier conclusion. Perhaps I have chosen to present Ari in part because I do not wish to imply that analytic love is a technique that can be used in certain ways to guarantee certain results. Analytic love, like any other meaningful love, is not a demand to be loved in return, or an attempt to control, or a deal you make where you give the analysand love and he gives you health. The best I could do for Ari, I believe, was to believe in him. The experience of someone he respects believing in him, with love and respect, is exactly what he never had. I maintain the hope that this new relational experience for Ari, however fleeting his experience of it may have been, will not have been in vain. It was not necessary to contrive these feelings for Ari's benefit and apply them technically. It was simply necessary, as I see it, to persist with dedication in the effort to be his analyst.

CONCLUSION

Is it necessary for the analyst to love the analysand, in order to create new relational experience that is curative? I don't presume to offer a universal, definitive answer. When, how and if the analyst experiences this love -and if it is experienced, whether or not it is ever made explicit- is co-determined from within each unique analytic dyad. But the understanding and acceptance of analytic love as a therapeutic agent is also influenced by the values of the analytic community, and determined by the extent to which our theories do, or do not, include and accept love and its vicissitudes as central in development, pathology, and technique.

While significant aspects of the work of the theorists discussed in this paper are well established in the clinical repertoire of many contemporary analysts, the complicated and crucial place of love in their work has yet to be more fully articulated and integrated into our theory and practice.

Hoffman, speaking of the ironic and ambiguous aspects of the analyst's influence and authority, concludes that it is nevertheless our responsibility to use the power vested in us "in a way that is as wise, as compassionate, and as empowering of the analysand as possible" (p. 10). In a similar vein, I am saying in this paper that analytic love is indeed complicated and dangerous, and like all loving, carries the potential for devastating disappointment. This knowledge, rather than leading us to ignore, omit or cancel our love, seems instead a call to persist in loving, as authentically, deeply, respectfully and responsibly as we can.

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