Love, Intimacy and Therapeutic Change

Richard House

'. . . the relevance of love in the psychotherapeutic encounter has been scantily discussed' Peter Lomas

Any consideration of the place of love in the therapeutic relationship inevitably leads into the wider question of the nature of psychotherapeutic change itself. I will argue below that those who adhere to cognitive-therapeutic conceptions of change are to a significant extent unconsciously practising a form of 'defensive therapy', founded upon an unacknowledged or denied fear of a full uninhibited engagement in the 'I-Thou-ness' of the therapeutic relationship — in other words, a pathological fear of intimacy. In contrast, a humanistic-dynamic approach dares to relate to the client as a whole person, and fully to face the enormously challenging task of working undefendedly with clients who have suffered 'betrayals in love' in their earliest object relationships, with all the extremely powerful unconscious dynamics that working at such levels entails.

Richard House is a counsellor and therapist in general medical and private practice in Norwich, and a group facilitator and supervisor. He is currently completing further training in body psychotherapy and reading for an MA in the Philosophy of the Mind at the University of East Anglia.

A brief note on the scope of this paper: I have been careful to confine myself to love rather than sexuality (with one brief exception on sexual feelings in therapy). Revealingly, the therapy literature has been relatively silent on the question of love (for notable exceptions, see the *Further Reading* section); and in what follows some light will hopefully be thrown upon this neglect. At the end of his life Freud confessed, 'We really know very little about love'. While sexuality is more plausibly viewed as an instinct, love is more usefully seen as the product of culture. Love is always a personal relationship of some kind: 'sex is a passionate interest in another body; love a passionate interest in another *personality*' (Theodor Reik, my emphasis).

Alternative Conceptions of Therapeutic Change

I believe we actually have very little idea about the nature of the healing or curative mechanisms in therapeutic 'treatment', whether psychological or medical. In reality, the process of therapeutic change or 'healing' is ultimately mysterious and quite possibly beyond 'objective' scientific understanding. The modernist craving for scientific certainty and control is very likely rooted in the deeply imprinted, species-wide, pre-, peri- and post-natal developmental traumata which drive and underlie our commonly held dysfunctional belief systems and behaviour — just one aspect of which is our obsessive need to understand at an intellectual level precisely what happens in the 'we-ness' of the therapeutic encounter. Perhaps the nearest we get to articulating the nature of the therapeutic healing process is through metaphorical and indissolubly experiential concepts such as 'love', 'taking care', the introjection of the 'good-enough object', and the like.

The cognitive theorist typically believes that the conscious, self-reflective changing of so-called 'irrational belief systems' (via cognitive therapy) is what constitutes the essence of therapeutic change. From a humanistic standpoint, however, the 'model of the person' that the cognitive theorist implicitly assumes is essentially soul-less and mechanistic: for the cognitive paradigm implicitly treats people like machines, in that it views the client's problems as being faulty, irrational belief systems, which some fine-tuning or restructuring will return to 'normal'.

A humanistic conception rejects cognitive (and also behaviourist) philosophies of what it means to be a person. My hunch is that at some deep level the proponents of such approaches are actually scared of fully experiencing their own human-beingness, through that most profound intimacy where two people meet in the I-Thou encounter. How much safer to stay at the level of the rational, the intellectual, and assume, defensively, that our therapeutic practice is scientifically based.

Of course in one sense it is indeed safer for therapists to work like this — they are in control (or at least are comforted by the illusion that they are); they can operate at a purely cognitive level (or at least, they believe that's what they're doing); and they can protect themselves from the deep, unintegrated anxieties that are inevitably precipitated in them by the possibility of an undefended encounter with their clients. Surely our therapeutic ontologies and methods are not chosen at random, but rather driven by and rooted

in our character structures, our deepest personal defences and the extent of our own personal integration.

So how is it that cognitive therapy (for example) does seem to 'work' in some way, at least for some clients? It is plausible that such progress as they do make is facilitated by the 'love' and caring shown them by the therapist, and by their having sufficiently introjected the therapist as a Winnicottian 'good-enough object', which gives them enough strength in their inner worlds to face up more successfully to their greatest fears or pain. While metaphorical in nature, the richness of such an explanation is surely more in tune with our full (and often mysterious) humanity than is an approach that sees itself simply as reprogramming the human software.

I think it likely that the severely limited conception of the person implicit in cognitive approaches is, in some highly complex way, rooted in the pathological psychodynamics of modernity and scientism, which in turn derive from the unconscious phantasy that were we to embrace our full human-beingness in relationship with another person, together with the realities of our developmental histories in all their rawness, then the result would be disintegration and annihilation. In short, cognitive and behavioural approaches are, to a significant extent, dysfunctional ideological belief systems masquerading as 'objective' science. and they are in reality underlain by deep, unacknowledged levels of anxiety and terror.

In a quite astonishing paper entitled 'Dilemmas in Giving Warmth or Love to Clients' the rational-emotive therapist Albert Ellis has advocated *not* showing too much warmth or love because, he believes, it encourages pathological overdependency. There could hardly be a clearer instance of the ideological and fear-driven dynamics of the cognitive approach: I strongly suspect that Ellis is afraid of his clients becoming overdependent on him because of his own unworked-through dependency issues. His rigid position leads him to the extraordinary admission that with one of his clients, he could not persuade her through rational argument to surrender her 'dire love need' (his judgmental and highly revealing phrase); despite the fact that the client left therapy with him, he argues that he still thinks he did the right thing by refusing to give her the love she 'demanded' (again, his term). One could hazard some plausible speculations about the kind of early experiences that must underlie this fear-ridden, calcified approach to the need for love. A humanistic-dynamic approach takes a polar opposite view to that of Ellis: thus, it is particularly those clients who have been deprived of, or betrayed in, love who need to experience the love of the therapist in order to have their potential for personal development, integration and healing actualised.

An Introjective-Humanistic Model of Change

In what I will call the introjective-humanistic approach, clients will tend to introject whatever way of being and whatever implicit model of 'the person' their therapist holds: so if, for example, the therapist treats clients as computational information-processing machines, then sure enough, those are the characteristics that

they will tend to take on or introject. And of course, it also works the other way around, with clients who are intellectually dominated and defended against fully facing their unconscious anxieties being drawn to working with therapists who are simply not emotionally capable of working at depth. The schizoid characteristics which (as the psychoanalyst Ronald Fairbairn so convincingly argued) lie at the root of psychopathology can best be addressed and healed when the client is treated as a whole person; and the massive irony is that to focus on and 'fetishise' the cognitive (as in cognitive therapy), as opposed to treating the whole person, will often have the effect of actually reinforcing, rather than ameliorating and healing, any schizoid, unintegrated character traits.

It is thus the very person that we, the therapists, are that our clients will tend to introject and make part of their own personality. There could hardly be a stronger argument for counsellors and therapists to engage in their own open-ended personal development and/or therapy; this is a crucial, indispensable prerequisite for effective and mature therapeutic practice. A humanistic-dynamic conception of therapeutic change recognises the full humanity of both client and therapist. It does not defensively confine itself to fetishising the 'rational' at the expense of the rest of a person's humanity, with the consequent inability fully to embrace the wholeness of being human.

Thankfully, however much a therapeutic ontology attempts to treat clients like biological process-response systems or information-processing machines, people never quite let themselves be treated like machines. This explains why, from the introjective standpoint, clients will nearly always extract some kind of healing experience, even from cognitive therapy — but in spite of, rather than due to, any particular approach or procedure employed by the therapist.

Love and Intimacy as Therapeutic Process

Very early experiences of bonding and subsequent mothering, and the extent to which the care-giver can meet the needs of the child, will significantly influence individual capacity both to love and to experience being loved. It can be argued that every neurotic difficulty derives from some kind of disturbance in early love experiences, even if at the manifest level clients' presenting symptoms seem far removed from any consideration of love. Following Fairbairn, much of psychopathology may be regarded as expressing maladaptive attempts to repair early failures or betrayals in love. Love can be seen as a wish to find the past, and to find what the past did not give; and on this view, and directly contrary to that of Albert Ellis, the impulse to seek love is actually a healthy attempt at healing the early damage to the self that a pathological love environment precipitated in the first place.

It follows that the existence of feelings of love in a therapeutic relationship should be positively welcomed rather than resisted or defended against. Indeed, it is when clients do not seem to possess the capacity for love, empathy or intimacy that some of the most intractable problems exist, when they are determined to cling to their internalised 'bad objects' (which they have substituted for real relationship), rather then daring to connect

with another person in a more reality-based experience of relating.

To the extent that the problems that clients present in therapy are of this nature, the reparative therapeutic process must inevitably be about love, and the opportunity to experience love in relationships in a far more healthy and less neurotic way. It further follows that for therapists to be able to provide such an experience, they must have addressed their own damage and betrayals in love — which surely can only be achieved within a personal-therapy context, with a therapist who has already done a great deal of personal work to resolve and integrate their own early betrayals and damage in love.

Sexual Feelings in the Therapeutic Relationship

Sexuality and love are often closely associated with one another (even though they are by no means identical). If we fully engage in loving and caring for our clients, our own sexual feelings will inevitably at times become a critical and unavoidable part of the work. Thus if with clients who have been fundamentally betrayed in love we dare to work at the depth they require for their own healing, then it is inevitable that we will sometimes have to work at the very edge of our capacity to hold the 'frame', of our ability to tolerate our own sexual and emotional responses; particularly where we ourselves have unworked-through difficulties from early object relationships.

A cognitive-therapeutic approach may lead to therapists cutting themselves off from the capacity to love and care for their clients in the way that they need to be loved and cared for. The result will be ineffective, defensive therapy, which will be 'safe', but at the cost of being quite unable to go to the depth of work that the client may need. If we are driven and controlled by the fear of facing and engaging with our own deepest betrayals around love, then no doubt we will adopt some kind of safe, superficial form of therapy which (in the case of cognitive therapy) focuses on the cognitive/rational and avoids anything like a full engagement with the emotional. If, however, we can dare to face and integrate the pain that stems from our early damaged object relationships, then we will be in a position to go to those profound early betrayals in love that are part of the history of so many of the clients who enter therapy. To work at the depth that some clients require for their healing is, emotionally speaking, often both dangerous and enormously challenging. (I have written about this at greater length in *S&S*, May 1995).

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I am aware that I have been using terms like 'love', 'intimacy' and 'introjection' without offering a fully articulated definition. All language which refers to human experience is a symbolic representation of the ineffable, a struggling to make sense of an experiential reality which is both affected by, and yet also beyond, language. Perhaps it is impossible to capture the full meaning of these concepts in the intersubjective, generalisable language of so-called 'objective science'; rather, it is for each and every practitioner to discover and make sense of such experiences for themselves.

A humanistic-dynamic approach to the therapeutic experience leaves all questions of definition open. This means the 'relational space' is also left open, so that our combined human creativity may discover and co-create there, through the struggle that lies at the heart of the therapeutic encounter, the struggle for mutuality and intimacy (to relate as subjects, as full persons) the sought-after growth, healing and transformation. By contrast, the cognitive approach starts out with rigid models both of the person and of the process of therapeutic change which inevitably place severe limitations on what the therapeutic experience can become. The cost of working in this way is great for both therapist and client, for both are deprived of the opportunity to engage in a truly healing encounter that will deepen their experience of being human and enable them to risk involvement with the transformative potential of love.

My conclusion is that as a result of our earliest and often unbearably painful betrayals in love, we are all ambivalent about daring to undergo in an undefended and fully intimate way the reality of loving, and being loved by, another human being. I believe that in health, the two-fold experience of loving and being loved constitutes an indissoluble unity; and to be able to engage fully in such intimacy is both the most sought-after and perhaps the most terrifying of human ordeals. And finally, I believe that the closer therapists are able to risk engaging at this level of relationship with their clients, then the more effective 'healers' they will become — both of the clients and of themselves.

Further Reading

Albert Ellis, 'Dilemmas in Giving Warmth or Love to Clients', in Windy Dryden (ed.), *Therapists' Dilemmas*, Harper & Row, London, 1985

Ruben Fine, *The Meaning of Love in Human Experience*, John Wiley, New York, 1985

Douglas H. Ingram, 'Intimacy in the Psychoanalytic Relationship: A Preliminary Sketch', *American Journal of Psychoanalysis*, 51 (4), 1991

Judith F. Lasky and Helen W. Silverman (eds), *Love: Psychoanalytic Perspectives*, New York University Press, New York, 1988

Ethel Spector Person, *Love and Fateful Encounters: The Power of Romantic Passion*, Bloomsbury, London, 1989

Theodor Reik, *Of Love and Lust: On the Psychoanalysis of Romantic and Sexual Emotions*, Farrar, Straus & Cudahy, New York, 1957

Ian D. Suttie, *The Origins of Love and Hate*, Kegan Paul, London, 1935