Searching for Love and Expecting Rejection: Implicit and Explicit Dimensions in Cocreating Analytic Change

James L. Fosshage, Ph.D. ©

I have spread my dreams under your feet
Tread softly because you tread on my dreams.

William Butler Yeats, “He Wishes for the Cloths of Heaven”

I knew Something Was Wrong When Natalie Came into My Office. On these occasions, she rarely looked at me; her thin face was drawn tight, losing its usual attractiveness. Body movements and aura were anxiety-laden and constricted. This particular day, I internally prepared myself first to withstand, and then to understand, her massively painful upset—what I anticipated to be an admixture of traumatic hurt, intense shame, covert anger, and her deflating conviction that I did not love her. Rapidly, I searched my mind as to what might have happened since our last session or what might I have done in the previous session that could have activated her sense that I preferred someone else over her, that I loved someone else more than her, excluding, as she had made clear, my wife and family.

Over the past 8 years of analysis, beginning when she was about to turn 44, Natalie and I had become all too familiar with these hair-triggered painful

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self-states in which she felt traumatically rejected, a rejection that sapped the very vitality from her, a rejection that, to her, proved once again with torrents of shame that she was a “fool” to have hoped and been proven so wrong.

Rejection themes and sensitivities had spun out of her familial past, in which she had experienced her mother as typically emotionally absent, unresponsive, and unable to differentiate meaningfully between her three daughters. Her much younger brother seemed to stand apart because of his age and gender. Although her mother's use of Natalie as her confidante, beginning at an early age, provided her with some sense of importance and self-differentiation from her sisters, Natalie, otherwise, did not feel recognized as a person, that is, a person with her own needs, desires, and experiences.

Her experience of her father was more complicated. Although depressed and, more often than not, emotionally unavailable, he was the more dynamic parent who carried the energy, intellect, and power in the family. In the earlier years, when she was the only child, her father would, on occasion, take her onto his lap, nuzzle her, and whisper sweet phrases into her ear that “we have the special relationship,” creating a deeply satisfying and tantalizing intimacy.

All of this changed, however, when Natalie turned five and her sister was born. Her father, apparently, was captivated by, and shifted his focus and energy to, the baby, leaving Natalie feeling deeply betrayed, rejected, abandoned. Simultaneously, both parents, we pieced together, subtly and more grossly, turned to Natalie to become the caretaker of the baby, her new “parentified” role. They lost sight of her as a child with her own needs for recognition and love. Natalie poignantly captured the lack of access to her father in a model scene (Lichtenberg, Lachmann, and Fosshage, 1992) that had had her father intensely working at his desk and Natalie hesitantly standing at the doorway desperately, and usually futilely, searching for an affectionate invitation from him. Later, during her adolescent years, she experienced her father to be awkward and avoidant when they would pass one another in the hallway, without the slightest acknowledgement from him. Not only had she lost her father's affection, she also developed painful feelings of being unwanted, unaccepted, and, at the worst of times, even repellent as a person and as a developing woman.

In spite of these traumatic experiences, Natalie resiliently (Fajardo, 1991; DiAmbrosio, 2006) kept searching for love in its various forms, perhaps most centrally in the form of affirmation that she was a worthy, lovable person. Highly intelligent, she achieved academically, what had become

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a primary source of self-esteem, even though her sense of her intelligence and capability was compromised by the paternalistic attitudes in her family that denigrated women along these dimensions. Nevertheless, Natalie had broken out of the paternalistic mold to become the only woman in her Midwestern family to go to college, not to mention her graduate training and successful academic career.

Relationships with boys during high school were sparse, for her distrust of men and their reliability, combined with shame-ridden negative body images that had emerged out of the relationship with her father, tended to dominate the scene. Several men pursued her early in college. One she did not trust. The other, an energetic, earnest young man, found his way to her heart and they married just after graduating from college. In spite of her attractiveness, Natalie’s negative self-percepts plagued her throughout her marriage, leading to intense attacks of jealousy, of feeling unattractive and unloved, all of which contributed to episodes of depression. In contrast, because Natalie had built considerable confidence as a caretaker, themes of negative self-feeling much less frequently entered the scene in relationship to her two children, who, at the beginning of treatment, were thriving teenagers.

**Implicit and Explicit Domains: Two Fundamental Pathways of Change**

Today, we are making considerable inroads into understanding the participation of the implicit and explicit domains of learning and memory in psychological development and, in turn, therapeutic change (Clyman, 1991; Squire, 1994; Pally, 1997; D. N. Stern et al., 1998; Lyons-Ruth, 1999; Rovee-Collier, Hayne, and Colomno, 2000; Siegel, 1999; Davis, 2001; Schore, 2003a, 2003b; Lichtenberg, Lachmann, and Fosshage, 2003; Fosshage, 2005a; Gotthold and Sorter, 2005, among others). Although the “implicit and explicit dance” (Fosshage, 2004) in the psychoanalytic arena is intricately complex and far from clear, we now recognize that implicit learning occurs through relational processes, often out of awareness, and explicit learning occurs through the more traditional psychoanalytic emphasis on exploration and expanded awareness. Our understanding of the development of implicit procedural knowledge supports the fundamental importance of relational experience within the psychoanalytic encounter, an emphasis that has emerged in contemporary relational

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(using the term broadly) psychoanalytic approaches (Stolorow, Brandchaft, and Atwood, 1987; Mitchell, 1988). The current cutting edge focus is on assessing the interconnection between implicit and explicit processing (Lyons-Ruth, 1999; Boston Change Process Study Group, 2005; Fosshage, 2005a).

In considering the implicit and explicit domains, I (Fosshage, 2003a, 2003b, 2004, 2005) have proposed two fundamental pathways to analytic change. These pathways are related to the developmental and repetitive pulls of the transference (Stolorow and Lachmann, 1984/85; Fosshage, 1994; Stern, 1994; Lichtenberg, Lachmann, and Fosshage, 1996). The first pathway emerges out of a patient's striving to cocreate hoped-for, developmentally needed, relational experience (Kohut, 1984).—Yea; “I have spread my dreams under your feet.” In response to this developmental pull, an analyst must tread softly, as well as participate fully in the cocreation of needed growth-promoting experience (Fosshage, 1997). The implicit procedural learning that occurs in the analytic relationship provides one major avenue of analytic change (Kohut, 1984; Fosshage, 1992, 2005a; Shane, Shane, and Gales, 1998; Stern et al., 1998; Boston Change Process Study Group, 2005).

In contrast to a patient's hoped-for relational experience, a patient has learned, often at an implicit level, to expect and, subsequently, to construct repetitions of thematic traumatic experience. Although dreaded, a repetitive interaction offers the solace of confirming expectancies and, thereby, maintaining familiar, even if seriously problematic, psychological organizations and forms of attachment. In response to this repetitive interactive pull in the transference, an analyst variably (depending on the analyst's subjectivity) becomes drawn into a repetitive problematic interaction.

A second pathway to change involves patient and analyst through joint exploration gradually extricating themselves from these variably cocreated interactive mazes of problematic patterns of thinking, feeling and relating. When in the grip of a repetitive enactment, the jointly reflective process, itself, contributes to new implicit relational learning—for example, “upsets can be talked about.” Additionally, reflective awareness of the contributions of each participant to a repetitive enactment disrupts its replication and serves to deactivate and suspend embedded implicit models. New implicit and explicit models, in turn, are gradually established in long-term memory on the basis of current relational experience.

Motivational pulls for growth and vitality, on the one hand, and for maintenance of psychological organization and patterns of relating, on the

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other, provide the respective bases for positive and repetitive interactions in the analytic relationship. Although the term enactment has typically been used to refer to repetitive, problematic interactions, I differentiate between vitalizing and repetitive enactments to account for these different motivational thrusts and different processes of change (Fosshage, 1995a).

To reiterate, the first pathway to change involves repeating, again and again, new implicit and explicit experience that gradually accrues to new vitalizing implicit relational knowing. The second pathway requires explicit exploratory focus to extricate patient and analyst from the reflexive hold of repetitive enactments. The process of extrication implicitly creates new experience. Simultaneously, the new understanding enables patient and analyst to change (Slavin and Kriegman, 1998), creating, in turn, new implicit and explicit experience. The new experience is gradually logged in long-term memory when the old implicit mental models are suspended or deactivated.

To Love and to Be Loved

Fundamental experiences of love—that is, to love and to be loved—are central in development and maintenance of vitalized self-experience. Ferenczi was the first of many (Bacal and Newman, 1990; Shaw, 2003) to believe that “love is as essential to a child’s healthy growth as food” (Thompson, 1988, p. 187). To love involves a deep empathic knowing, liking, respect, caring, and tenderness for the other. To feel loved is to feel deeply understood, known, respected, affirmed, liked, cared for, and treated tenderly. With various shadings, nuances, and emotional valences, love experience ranges from parental love, to caregiver’s love, to friendship love, to romantic love (using the term romantic love to include, yet expand, the erotic, capturing a fuller, richer experience).

Repetitive thwarting of developmental needs for love during childhood establishes negative percepts of self and self-with-other and other implicit patterns of thinking and relating that seriously encumber cocreating experiences to love and to be loved needed throughout one’s life. In the analytic relationship, a patient often searches for developmentally needed experiences of love and, yet, constructs (perceptually, cognitively, and interactively) with expectancies of rejection. A patient, generally speaking, enters the analytic arena with two sets of expectancies—expectancies of hope for what is needed for growth and expectancies of repetition of the problematic

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past. Reciprocally, the analyst enters the arena with his or her needs and implicit and explicit patterns of thinking and relating. With their respective subjectivities, patient and analyst interact implicitly and explicitly.

The Analysand’s Love of the Analyst

From the beginning, psychoanalysts have attempted to unravel the nature of the analysand's love of the analyst. Whereas Freud (1915) thought that the analysand's transference love was anchored in perceptions and feelings of the previous caretakers, he then added that this is true in “every state of being in love” (p. 168), diminishing the difference and the possibility of distinguishing between mature, healthy love and neurotic, transference-based love.

In a similar trajectory, an analysand's love has been traditionally viewed as involving an unrealistic or defensive idealization of the analyst, that is, a remnant of primary (infantile) or secondary (defensive) narcissism. When idealization is a remnant of primary narcissism, the analytic task is to foster the analysand's conscious awareness of his or her infantile wishes and desires for an idealized other, to enable the analysand to renounce these wishes, to grow up, to become realistic. When serving a defensive function, the analytic task is to uncover and understand what the idealization is defending against. Over the course of time, it was gradually discovered, however, that all love relationships appear to involve some form of idealization (see Bergmann, 1987). Because idealization partakes in all love relationships, then, its appearance cannot be easily rendered as a transference, unrealistic, or other pathological designator in love relationships in general or in the analysand's love of the analyst.

In an important theoretical advance that has helped us out of this conundrum, Kohut (1971) recognized a form of idealization emergent in the transference that was vitalizing and self-enhancing—what he called idealizing selfobject transferance. On the basis of his clinical observations, Kohut posited a life-long need for idealized selfobject relationships and delineated a developmental line for its maturation (Kohut, 1977, 1984). Idealized selfobject relationships can range, for example, from an all powerful caretaker to an admired person who has qualities that one considers to be ideal, serving as incentives for one's own development. Conceptualizing a type of idealization that is vitalizing, matures, and is psychologically needed throughout one's life normalizes this selfobject form of idealization

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and provides an explanation for its appearance as a vitalizing dimension in all love relationships. Thus, it is to be expected that the emergence of love in analytic relationships will include, as with all relationships, an idealizing selfobject dimension. The analytic task, as Kohut delineated, is for the analyst to accept and live in the analysand’s idealization, for it will foster growth. The criterion for this selfobject form of idealization is that the patient feels enhanced and vitalized.1

The Analyst’s Love of the Analysand

Beginning with Freud (1915) and Ferenczi, a long historical battle has been waged between those who have viewed the emergence of the analyst’s love as a countertransferenceal encumbrance, indicative of a loss of objectivity and neutrality, and those who have emphasized the analyst’s love as a countertransferenceal encumbrance, indicative of a loss of objectivity and neutrality, and those who have emphasized the analyst’s love as a countereverything. The emergence of the relational paradigm in psychoanalysis, augmented with our new understanding of implicit relational learning, implicates the analyst’s participation far more in the coercion of the analytic relationship and, specific to our focus here, in the coercion and mutual expression of giving and receiving love. As an early contribution to an emergent relational and developmental perspective, Loewald (1960) likened the analyst’s position to a parental role in that the parent, out of “love and respect for the individual and for individual development” (p. 229), helps to foster the child’s growth. Contributing further to this perspective, Kohut (1977) recognized that the analyst must be sufficiently “empathically responsive” to the patient’s developmental needs for protection (idealizing selfobject needs) and affirmation (mirroring selfobject needs) for thwarted growth to occur.

Analysts commonly report various experiences of love for their analysands. Although the overriding love may be a type of parental love, as described by Loewald (1960), other forms of love emerge as well. Just how the analytic structure, with its frequent in-depth discussions and experiences

1 I differentiate among three forms of idealization: (a) idealization as a defense that betrays a sense of brittleness and a feeling of it covering something; (b) idealization as a relational pattern wherein it was learned that idealization of the other was required to maintain the attachment and results in a diminished sense of self; and (c) an idealizing selfobject connection, as previously delineated, that is vitalizing and self enhancing. The first two forms of idealization need to be analyzed and disrupted, and the third form needs to be lived in and will mature as the analysis proceeds.

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and its asymmetrical focus (Aron, 1996), affects an analyst’s love of the analysand is a matter of considerable complexity, nuance, and variability from analyst to analyst. Yet, it is safe to say that analysts can and do develop feelings of love in its various forms for patients. Recognition of the importance of idealizing and mirroring selfobject dimensions in relationships and, specific to our focus here, in love relationships, potentially positions the analyst to participate more comfortably in receiving the analysand’s love and in loving the analysand within an analytic setting.

If to give and receive love, keeping in mind its various forms, is central to development and maintenance of vitality, then its emergence in the analytic relationship is hardly surprising and needs to be welcomed, understood, and utilized to foster growth. Loving experience in the analytic relationship always has, of course, its forebears. Our task is to illuminate, for the purpose of gaining freedom, those implicit and explicit patterns that constrict and encumber the analysand’s capacity to love, to receive love and to feel loved. To transcend these encumbrances enables patient and analyst to participate reciprocally in an emergent loving relationship that, in turn, establishes new implicit relational knowing.

The Analyst’s Participation in Mutual Expressions of Love

Even more controversial than the analyst’s love for his or her patient has been the analyst’s direct expression of love for the patient (Shane et al., 1998) with understandable concerns about seduction and exploitation of the patient for the analyst’s needs.

As for any analytic participation, whether expressive or silent, dangers exist. Although a most sensitive, tender, and complex interaction, the analyst’s expression of love clearly must be in keeping with the patient’s needs, type of love, and expressions of love to be enhancing and foster growth in the patient. The mutual expression of love, when the timing is appropriate and the affective tone is matched, can be self-enhancing to both patient and analyst. The dangers, in my view, are essentially twofold in nature: (a) the analyst’s needs for love take priority over the patient’s welfare; and (b) the analyst is unavailable for the coercion of developmentally needed loving experiences. Let me share some of my personal experience as an analyst in the clinical situation.

Although my natural inclination as a psychoanalyst has been to participate more fully, to be more open, and to be less anonymous than the

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classical model and my classical training would have had it, I, nevertheless, have struggled over the years to extricate myself further from what I consider to be constricting remnants of my training. This was certainly true in the late 1980s, when I became increasingly frustrated in finding a way to respond to patients who, during especially mutually touching and poignant moments, would genuinely express, “I love you.” To accept a patient's feelings with simply a note of acknowledgement felt, to me, to be an unsatisfactory, nonparticipatory and nonfacilitating response. To remain interpretively focused asymmetrically on the patient and the patient's capacity to love likewise implicitly excluded me from the interaction and left me unaddressed, diminishing emotional potency of the relational experience for both the patient and myself. To use different, less revealing, less intense, less risky words—like fondness or—to convey how I felt toward the patient, even though I experienced love for the patient, did not feel authentic or reciprocal, and felt undermining of the mutuality of the moment.

I remember the day in 1990 when, at the end of a deeply emotionally touching session, my patient at the door said genuinely, “I love you.” Feeling strongly the same toward her, I responded simply, “I love you too.” I closed the door and the traditional analytic models came crashing down in my head. I thought to myself, “What have I done now? Was I seductive? Was I sexualizing the relationship? Did I lose my analytic position?” I consoled myself, noting that it was a mutually genuine exchange, a moment of mutual love that, in this instance, did not feel particularly erotic, an experience, I felt, that would be especially helpful for this patient to build new percepts of her self and self-with-other. For the patient, it so happened that this moment became a nodal experience of loving and feeling loved, thus validating its importance and making it transformative for me as well.

From today's perspective, might our exchange be viewed as a poignant “moment of meeting” (Stern et al., 1998)? In this moment, two human beings emotionally touched one another and expressed their love and caring for one another—not expected as part of the traditional analytic role, but now potentially legitimized by contemporary psychoanalysis through the increased recognition of the importance of relational experience and implicit procedural learning in analytic work. In this vein, contemporary psychoanalysts speak of the “intimate edge” (Ehrenberg, 1992), of “getting real” (Renik, 1998), of “throwing the book away” (Hoffman, 1998), of moments when the analyst moves out of the traditional analytic role (Stern, et al., 1998); and of “disciplined spontaneous engagements” (Lichtenberg, Lachmann, and Fosshage, 1996).

Multiple variables, of course, enter into the consideration of the analyst's reciprocating expressions of love—including ages, genders, sexual orientations, emotional moments, and them any meanings and comfort level that expressions of love can have for each member of the dyad. Crucially important in these mutual encounters is that the analyst remains authentic (Frank, 1999), that is, the analyst in touch with and speaking on the basis of his or her affective experience. Of equal importance during these moments is that the analyst is able to reciprocate authentically, with whatever words and tones that work, to cocreate the needed mutual loving experience.

What if an analyst is not feeling love, even though a patient has expressed his or her love and is looking to the analyst for reciprocal feelings? We know that the analyst's authentic engagement is pivotal. If an analyst does not feel reciprocal love on these occasions, then he or she, of course, cannot express it and remain authentically engaged. Instead, the patient's and analyst's differences in feeling need to be explored to understand the meanings of and relative contributions to the patient's and analyst's differential experiences, individually and interactively.

Once, for example, a person began analytic treatment with me saying that she had heard me speak, liked it and had followed my presentations for the last 12 years. She had found herself, on occasion, even getting angry with me during those 12 years for my not greeting her and, finally, realized that I did not know her. When she told me that she had had a relationship with me for the past 12 years, I responded, “I am sorry that I had missed her.” After 3 months of analytic work, she caught me totally by surprise when, at the door, she said, “You know, Jim, I love you.” I spontaneously threw my arms up in surprise and exclaimed, “What so fast?” I could not believe that she had come to love me so quickly. But then it came to me and I added, “Oh, you have 12 years on me. I need a little time to catch up.” Each of us had been true to ourselves. This experience set the stage so that the patient could more readily believe me down the line when one day I was able to reciprocate and tell her that I loved her.

**Continuation of Natalie's Analysis**

To return to Natalie, I was wondering what could have happened to trigger, once again, her despair. We were well acquainted with the numerous possibilities—an
insufficiently emotional response on my part in the previous session; some cue of what she interpreted to be my disinterest or even aversion to her, like a less than full welcome in the waiting room; a female patient leaving my office before her whom she viewed as younger, prettier, and capturing my favor; an emergent anxious thought between sessions that she best be cautious and wary, especially after we had taken a step toward intimacy, a trusted closeness with one another.

Whatever the event, they tended to be of the same vintage—themes of rejection that, more often than not, involved another woman's displacement of her. These were not oedipal themes in the usual sense that a triangular competition with her mother for her father's favors was primarily generated intrapsychically. Actually, Natalie desperately wanted her parents to get along, to be romantically connected. As her mother's confidante, she encouraged her mother to do what seemed to her to be obvious things that would please her father, to which her mother seemed to be oblivious. She was traumatized when her parents fought and longed for parental togetherness that would provide some semblance of security. Hence, it was imperative that I loved my wife and that we were happy together. Her rejection themes had evolved out of her relational experience, in which she had experienced early satisfying and tantalizing moments of closeness with her father that were always subsequently dashed by his depressed withdrawal and unavailability or, subsequently, by his focus on one of her younger sisters (less so with her brother). The term oedipal could be invoked to address relational experience in which the tantalizing moments of closeness with father perhaps had a sexual excitatory aspect, as well as the competitive triangulation with her sisters. Competition with her sisters for father's attention was especially accentuated because she was never able to establish a reliable, secure form of attachment with her father. In addition, her mother's anxiety and lack of centeredness interfered with her mother's emotional availability and amplified Natalie's experience of abandonment, aloneness, and insecurity, all related to an anxious attachment pattern (Main, 2000). To the degree that Natalie identified with her mother at an implicit level, her father's distant and antagonistic relationship with her mother served to reinforce her own feelings of rejection, anxiety, and diminished sense of self.

Natalie desperately wanted my affirmation and love. Just as desperately, she wanted to avoid life crushing, humiliating rejections. She approached our relationship with expectancies of hope for the developmentally needed affirming and loving relational experience and with expectancies of dread

that I would reject her and find her to be intolerable to be with. On the one hand, Natalie had become remarkably open, accessible, and available, which had enabled us to cocreate moments of a close, intimate, loving relationship. On the other hand, these loving moments were frequently disrupted by painfully deflating experiences of rejection. With these expectancies, Natalie repeatedly and ever so sensitively picked up cues and attributed meaning to those cues that, to her, confirmed my negative feelings toward her, my rejection of her. Although painfully constraining her world of experience (Solorow, Atwood, and Orange, 2002), her hair-triggered conclusions of my rejections confirmed her expectancies and simultaneously curtailed, for the moment, the unpredictability of anticipated rejection that, to her, was dreaded, yet, certain to occur. On these occasions, Natalie became emotionally convinced that I had rejected her, that I preferred someone other than her, and, moreover, that I really could not stand being with her. From an empathic listening-experiencing perspective, I could understand her selection of cues and attribution of meaning and experience her pain. On these occasions, I knew from my self-perspective (the analyst's self-perspective, Fosshege, 2003a) that I did not feel rejecting of her, a preference for someone else, or not wanting to be with her. Yet, I had to take seriously the cues that Natalie picked up, for the cues could easily be subtle and out of my awareness—for example, my having less energy during a particular session. Through explorations of subjective experience of our own and of the other, we discovered that it was her attribution of meaning, in contrast to mine, that often accounted for the differences in our experiences. Revealing my experience from my self-perspective too early, Natalie could easily experience as invalidating of her experience. Remaining too long in the empathic perspective and in her world, Natalie could experience as confirming of the meanings she had attributed to her experience because I had not countered it. Revealing my experience at an optimal time, clearly delicate to assess, became quite useful in highlighting her attribution of meaning when juxtaposed with the meaning the cues had for me and in offering her an alternative understanding of the cues. The key, I discovered, as to establishing an optimal time for revealing my perspective became my inquiry as to whether or not it would now be useful for me to share my perspective.

The story, of course, is still more complicated. The repetitive nature of Natalie's feeling of rejection and articulation of what I had failed to do triggered in me the other-centered listening-experiencing perspective (Fosshage, 1995b, 2003a), resulting at times in my feeling accused and, also,
pressured to validate her perceptions—to say that I couldn’t stand her, or to reassure her—to say it was n’t so and that I did love her. When feeling accused or pressured, I often found myself responding by emotionally shutting down, at times with obvious frustration and anger and at other times, as Natalie helped me to become aware of, with a subtle pulling back. Subtle or not, my reactions, in turn, confirmed her expectancies and emotional conviction of my dislike and rejection of her. This repetitive enactment involved problematic themes of patient and analyst, what Davies (2004) refers to as the bad objects of both patient and analyst and what I (Fossnæs, 2005a) refer to as the repetitive themes of patient and analyst. Natalie and I would all too frequently become ensnared in repetitive enactments of this kind.

It is axiomatic that repetitive and vitalizing enactments are cocreated, that is, patient and analyst bidirectionally influence one another (Beebe and Laachmann, 2002). What is rarely noted, in my view, is that enactments are variably cocreated, that is, patient and analyst variably contribute to the interaction. Additionally, the view that repetitive enactments are inevitable minimizes both the variability in the patient’s pull and the analyst’s subjectivity and contribution to the interaction. Although the repetitive pull from the patient can be quite powerful, eliciting a similar reaction in many, if not most, analysts, the intensity and shadings of the analyst’s response differ considerably depending on the particular subjectivity of the analyst (including the analyst’s analytic models and listening perspectives). For example, Natalie’s pressure for reassurance activated an aversive response in me that had been especially developed in the relationship with my step-grandmother who had loved me, yet, emanating from her insecurity, had, all too frequently, pressured me to love her in turn. Although it is probably true that many, if not most, analysts would have felt a similar pressure during these moments, I feel certain that my particular wiring or implicit mental model increased the rapidity and intensity of my aversive reaction. To increase our understanding of one another, I spoke often of my relational theme and, at one point, openly shared with Natalie its historical origins (that is, my experience with my step-grandmother) in an effort to curtail her proclivity to assume full responsibility for my aversive reaction to her pressure.²

² Critical, in my view, was understanding and acknowledging my relational theme, not its historical origins, that sensitized me to, and increased my reactivity to, the pressure, understanding that most analysts would have responded aversively to these moments of Natalie’s anxiety-based pressure. Sharing the historical origins can add understanding and level the playing field, so long as it is done briefly and without becoming overly focused on the analyst.

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To reiterate, a central analytic task, in my view, is to ferret out, as best as we can, who contributed what to the interaction. Over time, Natalie and I had learned that the only way to extricate us from the clutches of repetitive enactments was to investigate openly and collaboratively what was taking place. Any hint of exploratory evasiveness on my part was easily experienced as confirmation of the negative. By exploratory evasiveness I mean exploration that serves, in part, to conceal the analyst from a more direct, immediate human disclosure and interaction. The cues that Natalie picked up I needed to acknowledge and understand from her perspective, the empathic listening-experiencing perspective. To understand empathically the events and meanings from her perspective was necessary, however, insufficient. She, and we, needed to know how I was experiencing her in the interaction (the other-centered listening-experiencing perspective). And she, and we, needed to know what was occurring in me (the analyst’s self-perspective) as well, for us to understand the interaction. We needed to know what was going on within each of us and who was contributing what to our negative interaction. This, in my view, is at the clinical heart of a relational paradigm. Slavin and Kriegman (1992) have made a similar point: “We must, thus, clearly face the fact that an immersion in the patient’s subjective world…must be complemented, at times, by what is, in effect, the open expression of the analyst’s reality” (pp. 252-253).

Cocreation of Love in the Analytic Relationship

Philosophers, poets, and authors, as well as psychoanalysts, have all mused about how love develops. Although the question as to how mutual love develops between patient and analyst is probably unanswerable, we do have some understanding of its ingredients. Experience tells us that a patient and analyst are capable of cocreating deeply loving moments, not that love is always present or in the forefront, as in any relationship. Once these loving moments have emerged, however, the frequency of ruptures gradually diminishes over a period of time. Moreover, reparation of ruptures through understanding and regaining perspectives accelerates over time. All of these processes contribute to a deepening sense for both parties of a sustained, reliable loving relationship.

The types of experiences that account for the two pathways of therapeutic change, I suggest, also promote a loving relationship. One type of experience involves those moments of authentically being with one another

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and affectively sharing, whether a moment of sadness or joy—what Stern et al. (1998) have described as a “moment of meeting” or, more recently, a “present moment” (Stern, 2004). Natalie and I shared many moments reflecting on, affectively resonating with, and understanding her experiences. I would, at times, share analogues of my own experience, increasing the sense of mutuality. In addition, we shared moments of reflection about a world event, a play, a musical concert, moments of sadness about the loss of a loved one, moments of concern and joy involving our children. These moments of meeting all contribute to the consolidation of implicit vitalizing procedures of relating, to mutually loving moments, and to a deepening sense for patient and analyst of a sustained, reliable loving relationship.

A second type of experience centers on successfully navigating repetitive problematic interactions through exploration and joint expansion of awareness. For Natalie and myself, articulating our experiences, including hurts, frustrations, and anger, was an act of self-expression that engaged each of us more fully with one another. Reflective space opened up that enabled each of us to feel heard and to understand the experience and perspective of the other. Through this process, we were able to gain freedom from the gravitational pull of these repetitive patterns, increasing mutual recognition (Benjamin, 1990), understanding, and appreciation. Unwittingly, this interactive scenario occurred again and again, requiring explicit focus and understanding. Gradually, however, the explicit insight became more useful in interrupting the pattern and, simultaneously, our successful negotiation of these repetitive enactments accrued to new implicit procedural learning that upsets of this nature could be heard, understood, and overcome. To ride the rapids together and to make it to the other side deepens a mutual feeling of love for one another.

**Continuation of Natalie's Analysis**

Finding our way through the repetitive enactments, again and again, and experiencing loving moments together, again and again, created change. Change occurred in each of us individually and in us as a dyadic system. By this time in the analysis, Natalie was more often psychologically free from the powerful hold of her anxiety producing, easily activated conviction that I loved someone else more than her. When this theme was activated, we were able to help her to extricate herself from its hold more easily. Reciprocally,

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I became freer from my pattern of feeling pressured and reacting averingly. Natalie was more often able to feel, and we were able to cocreate, that I loved and cared for her deeply. By feeling loved, she meant that she felt deeply known, affirmed, liked, and cared for—an admixture of a caregiver, friendship, and, at times, romantic love. Reciprocally, when I felt especially loving toward her, I felt a deep empathic understanding and appreciation of her and her plight, and a genuine liking and caring for her. I also felt known, liked, cared for, and loved by her. At this point in the analysis, we could easily express, during poignant moments of emotional connection, our love for one another.

Recently, Natalie had become more focused on her attractiveness as a woman and, specifically, if I found her to be attractive. She, thus, had moved into a tender, highly sensitive area that was loaded with shame emanating from her experience with her father. With dogged determination, Natalie was seeking affirmation in an attempt, this time, to consolidate a feeling of her attractiveness, including her feeling sexual and romantically desirable. At the same time, she more often than not, of course, construed our interaction as disconfirming her attractiveness in keeping with her negative self-percept. As relational occurrences tend to work, negative or positive self-percepts impact the other. When Natalie was feeling attractive, I could easily find her to be attractive and feel attracted to her. On occasions, we had shared directly our mutual sexual attraction for one another (Davies, 1994, 1998; Hirsh, 1994). When she was feeling strongly unattractive and closed down, it was, of course, more difficult for me to find her to be attractive or to feel attracted to her.

This particular Wednesday, Natalie was upset with me for what she experienced as my lack of attraction to her in Monday's session. Although she had felt attractive entering the room, she realized that by the end of the session she had begun to feel hopeless once again about my ever finding her to be attractive. Although shame and humiliation made exploration difficult, we gradually were able to uncover the trigger. Natalie had entered the Monday session feeling attractive, but was still in need of affirmation and validation. She looked but could not find in my face or eyes confirmation of my feeling attracted to her. None of this was spoken about and, following the session, Natalie became even more convinced that, once again, I found others to be more attractive than she, just like her father had found her sisters to be more lovable and attractive.

I empathically understood her disappointment in light of her need for affirmation and validation. Yet, I realized upon reflection that this time I actually
Conclusion

Fundamental experiences of love—to love and to be loved—are central in development and maintenance of vitalized self-experience. With various shadings, nuances, and emotional valences, love experiences range from parental love, to caregiver's love, to friendship love, to romantic love. With love so centrally important, it is not surprising to find the search for various types of love emerging within the analytic relationship. Patients often enter the analytic arena with expectancies of hope for needed experiences of love and affirmation and, simultaneously, with expectancies of rejection based on lived experience.

I have addressed the question: "How does analytic change occur with those patients who search for love and, yet, expect and are convinced of rejection?" I have delineated two pathways for analytic change. The first pathway to change involves repetition of new experience that gradually gets logged in memory as new implicit procedural relational knowledge—vitalizing enactments that may or may not receive explicit focus. The second pathway to change involves patient and analyst finding their way through a maze of problematic implicit and explicit patterns of thinking and relating (repetitive enactments) that requires explicit exploration and conscious awareness to extricate patient and analyst from the powerful hold of these patterns. Freedom from these patterns enables patient and analyst to co-create, implicitly and explicitly, the needed experiences of love that serve to establish new percepts of self and other.
Discussions about the co-creation and mutual expression of love in the analytic relationship typically evoke concern and anxiety about its dangers. In my view, the dangers are essentially twofold in nature: (a) the analyst’s needs for love take priority over the patient’s welfare; and (b) the analyst is unavailable for the co-creation of developmentally needed loving experiences.

In the analysis of Natalie, finding our way through the repetitive enactments, again and again, and experiencing loving moments together, again and again, created change. Change occurred in each of us individually and in us as a dyadic system. These pathways of analytic change implicate the analyst’s participation far more than previously realized in the co-creation of the analytic relationship and, specific to our focus here, in the co-creation and mutual expression of giving and receiving love.

References


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