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# A Multi-paper examination of the history of non-erotic love within the psychotherapeutic dyad

**Abstract**
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# A Multi-paper examination of the history of non-erotic love within the psychotherapeutic dyad

Danna Bodenheimer

A DISSERTATION

in

Social Work

Presented to the Faculties of the University of Pennsylvania

in

Partial Fulfillment of the Requirement for the Degree of Doctor of Social Work

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# DEDICATION

This dissertation is dedicated to Jennifer Bryan, whose therapeutic wisdom and tenderness made room for me to love; and to Nate and Kira, who filled up all that room with their amazing souls.

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It is difficult to imagine that this dissertation would have been possible without the unequivocal support that I have received from the generous professors at the University of Pennsylvania. Specifically, Jeffrey Applegate's gentle, yet strong support has acted as a quiet compass for me throughout this journey. His intellect, writing and diligent attentiveness will remain with me always. He has inspired me as both a teacher and a clinician. Jeff is a quiet thinker and the internalization of this model of academic being has helped me to form my own professional identity. Lina Hartocollis has taken one risk on me after another, whether as a member of my dissertation committee or as a co-instructor. Her solid and consistent trust in me moved me forward through these three years. Her mindful leadership in the classroom, in the DSW program and as a dissertation committee member will not soon be forgotten. Ram Cnaan, I am at a loss of words for. Ram is love defined, despite his tough exterior, and below his unstoppable pragmatism is a warm heart that reverberates through this dissertation.

My classmates, all of them, will be a part of my mind for the duration of my career. I have consistently been driven by them, both competitively and collegially. I am proud to be graduating with each and every member of my cohort.

Finally, to my amazing personal support system that is compromised of friends, family and a marriage that makes my work possible. My parents have valued education in a way that has made every step of my learning possible. This value has been underscored by pride and generosity. My best friends Jen and Emily remind me that friendship knows no limits. Kira and Nate, this dissertation may be about love, but waking up with both of you every day is what love is about.

ABSTRACT

A MULTI-PAPER EXAMINATION OF THE HISTORY OF NON-EROTIC LOVE WITHIN THE PSYCHOTHERAPEUTIC DYAD

Author: Danna Bodenheimer
Supervisor: Jeffrey Applegate, Ph.D.

These two papers seek to interrogate the theoretical, intellectual and personal histories of the management of love within the psychotherapeutic dyad. The first paper examines the foundational work of Sandor Ferenczi. The life and theory of Sandor Ferenczi provide insight into both the historic admonition and the presumed dangers of loving feelings in the therapeutic relationship. Ferenczi believed in the creation of mutuality in all analytic dyads. His refusal to subscribe to a hierarchical structuring of the treatment relationship led to his subsequent marginalization from the traditional psychoanalytic canon for nearly a century. On close inspection, however, he was a formative figure who laid much of the groundwork for current thinking about the intersubjective and relational approaches to treatment. Much of his life and theory can be understood through the lens of his relationship with Sigmund Freud. That relationship is closely scrutinized in the following historical examination. The second paper broadens this examination and studies its long - range impact on the theoretical canon, seeking to examine the steps that have taken us from the initially distant and non-mutual psychotherapeutic relationship to the more egalitarian and co-created format in which many clinicians are working today. Love, as a central concept and tenet of psychotherapy, is examined in both its absence and presence over the course of the history of psychoanalysis.

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# INTRODUCTION

There are many reasons not to discuss or study the reality of non-erotic love in the psychotherapeutic relationship. These include conceptual struggles around the actual meaning of “non-erotic love”; linguistic difficulties that are a byproduct of the evocative tenor of the word “love” itself; and the considerable menacing nature of researching a concept that is nearly defined by its subjective nature. Perhaps, though, the most powerful reason to avoid the complicated presence of love in the therapeutic relationship is the very reason it must be deeply understood and scrutinized: it is an ethical minefield.

When I first began studying love in psychotherapy, it was in direct response to recognizing what had felt unspeakable to me as a patient in my long-term psychotherapy. In a relationship in which I had *carte blanche* to what ought to be say-able, the underlying emotional frame of the relationship went unnamed. Eleven years into this transformative treatment, as a therapist in training myself, I was astonished by the unbelievable collusion with which my therapist and I danced away from the word “love”.

My initial work was driven by a wish to take this love out of hiding, for my own therapy and in the treatment of others. Blind, perhaps, to the substantial risks associated with this possible admission, I initiated this research self-righteously. That is to say, with the “answers”. Love had been unfairly and systematically erased from clinical discourse and it needed a fierce and powerful reintroduction. After several years as a therapist myself, I have backed down a bit. This is largely because I started to very much love a client.

Originally, my work was held together by a fantasy scaffolding: love can be understood in discrete terms. These headings included: non-erotic love and erotic love. I

now realize that this scaffolding does not exist. Instead, love (on the part of the therapist) is a deconstruction of how we think of our professional, boundaried selves. In order not to fall apart completely in the face of it, we are required to attend to an unscathing level of honesty and self-awareness. This must occur in order for love, in psychotherapy, to be managed healthfully, rather than to the detriment of the client.

For me, loving a client was at once exhilarating and terrifying. That is because love is often both. However, allowing for the reality that a client had penetrated my psyche beyond my office, beyond my supervision and beyond my psychological professional frame, created a tremendous disruption in my sense of self and balance. I frequently dreamed of my client, wished for her to become a central member of my immediate family, and fantasized about seeing a movie together. While these images might seem benign because of the overt absence of sexual content, the actual space that they took in my mind was of sincere discomfort to me.

My initial wish in studying the possibly curative benefits of love in psychotherapy was to encourage therapists to not only permissively feel love, but also to admit it to clients who would be helped by this admission. Now, several years later, my certainty has dissipated. I have never said “I love you” to a client, and I am not sure if I ever will. This does not change my strong conviction that withholding this language is almost as complicated as not withholding it. Further, cloaking this reality in linguistic synonyms like “care”, “empathy”, “the therapeutic alliance”, or “countertransference” is a decision which, while potentially wise, must be carefully interrogated for its actual intent. Do we describe love instead of *saying* “love” in order to protect ourselves, or our clients? And

what about our clients who have never been told that they are loved? Is our withholding a reenactment or an obvious attendance to the professional frame? Perhaps it is both.

Having now taught hundreds of social work students, completing both my Master's and Doctoral levels of Social Work education, I have arrived at some decisions which do support not necessarily the admittance of love, but the absolute necessity for researching it, and the treatment of this phenomenon throughout history. I can not recount the number of papers that I have read from students that mention their countertransferential feelings and their plans to rid themselves of them. While in some echelons of our field, namely psychoanalytic communities, countertransference is increasingly welcomed; this does not appear to have trickled down. Similarly, while the "real relationship" characterized by an intersubjective nature is currently being embraced by some journals and institutes, the notion of having a "real" and potentially loving relationship with a client instills terror in young clinicians, who are often taught to adhere to evidence based and measurable technique.

Ironically, it is precisely our less seasoned clinicians who deserve to be indoctrinated into the complex reality and nuanced experience that accompanies our work. We work, more times than not, in the murky realm of grayness that defies simple "right" or "wrong" answers. Manualized treatments seek to convince otherwise, but the tolerance for ambiguity that practicing psychotherapy requires, particularly when it is coupled with love, must also be a technique with which we equip members of our field.

I can recall a case presentation in a Master's level class that I was teaching. A student was discussing a client who was chronically suicidal. She discussed feeling a sense of collegiality with the client and during her presentation, when examining her

fears about the client's mental well-being, she cried. Given the safe environment of the classroom, this was dealt with sensitively by the students and there was a lot of mention of how "okay" it was to cry. It was, indeed, okay. However, when I met with the student outside of class, she reflected on this public and emotional outpouring, and was unable to adequately trace the trajectory of her feelings. She remained mired in a profound struggle with shame while discussing the intensity of feelings she had for her client. I suggested the possibility that she was feeling a level of vulnerability consistently authored by presence of love. The profound and immediate relief that accompanied my naming of this possibility shifted the conversation in a way that only an utterance of truth can.

It is the utterance of the truth of love and its pervasive presence in our work that I am examining in this dissertation. It is my sincere belief that this is a dialogue that ought to take place in the exact field of social work. A field founded on the curative nature of the human relationship and the dismantling of hierarchical power structures, must also examine the curative nature of every element of this relationship. Love is one of these essential elements. We also work with populations that are historically underserved, oppressed and placed on the periphery of services that make living a sustainable life possible. What we neglect to say about these populations, however, is that they are frequently unloved. Many of our clients have gone most of their lives deprived of love. With this in mind, we must also recognize that social work is a field which seeks to end oppression, even in this form; this renders the research all the more important.

Understanding how to master our loving feelings towards clients, developing theory that informs technique on how to manage love, and realizing its curative potential is the work of social work. According to Lear, "Freud's revolution contained three related

elements who significance we have only begun to understand: a science of subjectivity; the discovery of an archaic form of mental functioning; the positing of Love as a basic force in nature" (1990, 3). Freud did indeed recognize the centrality of love to the human existence. However, he also worked to practice free of what he perceived as the dilutive nature of love in psychotherapy. When urged, by Sandor Ferenczi, one of his analysands, to interrogate his beliefs on the role of love in treatment, Freud rejected Ferenczi. This rejection was followed by both a characterological and conceptual assassination of Ferenczi and relational love respectively, that impacts our thinking today. While many of the nuances of the therapeutic relationship have been unveiled over time, the same cannot be said of love.

This dissertation is not positioned at the point in the dialogue where I know what the goal or mutative realities of psychotherapeutic love are. Instead, I seek to establish its longstanding presence and subsequent demonization in the literature. My hope is to normalize its presence. This goal is both minimal and lofty. While I do believe that technique and theory around therapeutic love is of absolute necessity, I conceive of this dissertation as the precursor to those crucial next steps.

The central goals and implications of this precursor are multi-faceted. The first is an in-depth elucidation of the role that psychoanalytic theory has had upon social work. While this is not a link that is often made transparent, the imprint of early psychoanalysis deeply informs the way that social work is both practiced and taught today. However, this lack of transparency renders social work ill-equipped to truly deconstruct its own underpinnings. By tracing the historical trajectory of how the therapeutic relationship has been conceived of overtime, a proper questioning and reconsideration take place. The

underlying premise of social work, which is that “the relationship heals”, needs to be revisited for its actual meaning. What is the relationship? What is it compromised of? Are love and relationships inextricably linked? And, if so, is social work and love inextricably link. I believe that they are. Given this conviction, the following papers seek to dismantle to opacity of the admonition of love in psychotherapy and to reveal the utter importance of introducing this reality to various crevices of our field: supervision, education and practice. I argue that the lack of awareness of love is destructive to our work and to the students of our field. I ultimately conclude that without recognizing the whole of the affective therapeutic relationships, for clinicians, requires us to practice with one proverbial arm behind our back. The simple realization of love and ideally and a call for theory creation on how to harness its curative nature are the principal findings of these papers.

The following dissertation follows the “two-paper structure”. The individual papers are in different phases of the publication process. “Sandor Ferenczi: A Life Lived Dyadically ” was published in *Psychoanalytic Social Work, 17*(1), January-June 2010. “A Historical Examination of Love Within the Psychotherapeutic Relationship” has been submitted for a third round of revisions to the *Clinical Social Work Journal*. The dissertation contains these two articles; and includes an in-depth introduction and conclusion linking the two pieces.

# SANDOR FERENCZI: A LIFE LIVED DYADICALLY

## Introduction

Sandor Ferenczi (1873-1933) argued against the existence of objective truth. Appropriately, the writings about him are deeply split and difficult to sift through, offering almost no consistent information on his life or perspectives on his work. Even Ferenczi's original texts (produced by Ferenczi), are still incomplete, and lack the robust critical commentary that accompanies most psychoanalytic writing today.

Ferenczi saw the self as knowable only in the context of relationships and believed that truth is elusive. He welcomed the use of countransferential feelings within the psychotherapeutic dyad. He was interested in the most efficacious form of treatment, always focusing on what was empirically curative. A century later, evidence-based practice and health maintenance organizations are raising similar issues regarding psychoanalysis. Not only is the study of Ferenczi's life currently relevant, his life and clinical work also lend insight into the political history of psychoanalytic thought, the political undercurrents of the analytic world, and ultimately, the power that early childhood experiences have in shaping each person's interpersonal and professional life.

Ferenczi would likely consider the struggle to find anything un-opinionated about him a worthy piece of data regarding both his life and the complicated world of psychoanalytic thought. He would not be surprised to learn that it is difficult to find information on him as a practitioner, distinct from his colleague and long time mentor, Sigmund Freud. Almost as if he were an appendage of Freud's intellect—sometimes dissident, sometimes cooperative—Ferenczi is most often understood through the lens of

Freud's life and work. In this paper, I will examine the impact Ferenczi's relationship with Freud had on his theories about personality, trauma, and the clinical relationship.

Almost a century ago, Sandor Ferenczi initiated a conversation about a central and potentially curative tenet of the psychotherapeutic relationship: authenticity. He introduced the idea that love, mutuality, and authenticity frequently exist between therapist and patient, an idea that is gaining credence and momentum in both relational and intersubjective thought movements today. Well ahead of his time, Ferenczi saw the treatment relationship as a home for egalitarian relatedness, profound honesty, and the rewriting of traumatic pasts. He believed this rewriting could occur only if the analyst offered authenticity and love to the analysand.

Ferenczi's childhood and family relationships, and ultimately his analytic training, led to the development of his theory of the mutuality between patient and analyst. That theory clearly provides the framework for the interpersonal, relational, and intersubjective theories currently gaining credibility. Although it takes some excavation to truly understand Ferenczi's work, paying tribute to the framework he created is crucial to grasping these schools of thought.

## Freud and Ferenczi

Ferenczi first showed interest in Freud in 1907 in a letter requesting a meeting. They began to correspond in 1908 and stayed in extremely close contact, writing 526 letters to each other between1908 and 1914 (Haynal, 2005). Information on their complex relationship has only become available recently with the publication of the first eleven years of their correspondence (Berman, 1997). While Ferenczi began as a pupil of Freud's, became his analysand, and was one of his confidantes, he also became the first

theorist to provide a worthy alternative to Freud's theory of development and treatment (Berman, 1997, Lothane, 1998).

Ferenczi and Freud met for the first time on February 2, 1908 (Aron, 1998). From the moment of their initial encounter, they became close friends. This first meeting was soon followed by a pattern of traveling together every summer. During one of those trips, three years following their first meeting, one of several documented conflicts arose between the two men. While some readings of this conflict paint Ferenczi as desperate and excessively neurotic (Tabin, 1995), more recent interpretations see the men through a different lens (Aron, 1998). The disagreement started as Freud and Ferenczi were collaborating on a case they were to present together. Ferenczi became extremely agitated and angry because Freud merely dictated the text to him, instead of collaborating (Aron, 1998). When Ferenczi attempted to confront Freud about the issue, Freud suggested that Ferenczi was being childish.

Even eleven years after this formative relational event, Ferenczi continued to analyze his own response to Freud in letters to colleagues (Aron, 1998). Ferenczi was quoted as saying, "Freud was too big for me, too much of a father. The result was that in Palermo, where he wanted to do the famous work on paranoia in collaboration with me, right on the first event of work, when he wanted to dictate something to me, I rose up in a sudden burst of rebellion and explained that it was not at all a collaboration" (Brabant, Falzeder, & Giampieri-Deutsch, 1993, 214-215, found in Aron, 1998, p. 7). Ernest Jones, a biographer of Ferenczi's, who ultimately wrote very sourly about him, interpreted his response to Freud as a "quite inordinate and insatiable longing for his father's love" (Jones, 1955, found in Lothane, 1998, p. 35). Judith Dupont, the editor of Ferenczi's

*Clinical Diary*, offers a different perspective. According to Aron (1998), Dupont thought Ferenczi's indignant response conveyed "a much more independent attitude than Freud was prepared to accept . . . Ferenczi felt that he had cause to reproach Freud for an attitude of paternal severity and reserve, while Freud reproached Ferenczi for behaving like a truculent and demanding child" (p. 8). Among the relevant literature, this episode is viewed as a harbinger of their future interpersonal struggles (Aron, 1998; Berman, 2001; Haynal, 2005).

Steeped in their complex dynamic, Ferenczi entered what is termed the *informal* phase of his analysis with Freud, which took place mainly through letter writing. These correspondences predated their brief formal analysis by several years. In an attempt at full self-disclosure, Ferenczi revealed that during this time that he was struggling with "resistances against my own homosexual drive components" (cited in Aron, 1998, p. 9). Ferenczi became more and more frustrated with Freud's withholding response, repeatedly striving for mutual openness. The following excerpt from a letter from Ferenczi to Freud captures this wish:

> It is not correct that I have always sought out only the great scholar in you—and was disappointed by the realization of human weaknesses . . . What made me inhibited and taciturn . . . [was that] I was longing for personal, uninhibited cheerful companionship with you (and I can be cheerful, indeed, boisterously cheerful), and I felt—perhaps unjustifiably—forced back into the infantile role. To be sure, I did, perhaps, have an exaggerated idea of companionship between two men who tell each other the truth *unrelentingly*, sacrificing all consideration. I strive for absolute mutual openness . . . I believe that this, apparently cruel but in the end only useful, clear-as-day openness, which conceals nothing, could be possible in relations between two psychoanalytically minded people . . . That was the ideal I was looking for: I wanted to enjoy the man, not the scholar, in close friendship. (Ferenczi to Freud, October 3, 1910 found in Rachman, 2007, p. 83)

Freud was not able to reciprocate as Ferenczi had hoped. Freud had described his ethic in the nineteenth century and remained loyal to it in the face of Ferenczi's continued

requests for mutuality. He saw himself as one who works to the best of one's power, as an elucidator, as a teacher, as the representative of a freer or superior view of the world, as a father confessor who gives absolution, as it were by continuance of his sympathy and respect after the confession has been made. (Freud, 1895, p. 282-283 found in Lothane, 1998, p. 24)

These distinct viewpoints led to the development of divergent theories that further divided the two men. Their theories deviated in two central ways—one more theoretical in nature and the second related to practice. Having been reprimanded by the psychoanalytic community for believing children's accounts of incest and sexual abuse, Freud began to interpret children's accounts of sexual abuse as the byproducts of their internal drives and imaginations. He believed it was a child's own guilt and remorse about early sexual longings that ultimately arrested his/her development, if not properly resolved. Ferenczi, on the other hand, believed that children's accounts of incest and early childhood sexual abuse conveyed memories of actual events. It's likely that he believed children's accounts because he was a survivor of sexual abuse and understood the profound impact it had on his own psychological functioning. This perspective informed almost all of his clinical thinking, and may well have led to his marginalization as a valued member of the psychoanalytic community. More importantly, perhaps, this controversy also sheds light on the important theoretical and practice differences among Ferenczi's contemporaries.

Freud understood conflict as an intrapsychic struggle that could be resolved in a withholding treatment environment. He thought that withholding or "abstinence" (Aron, 1998) would create the space necessary for an analysand to free associate and thereby

reveal the unconscious processes leading to unhappiness and neurotic inhibition. Conversely, Ferenczi saw intrapsychic conflict as the direct product of interpersonal relationships. He believed that intrapsychic conflict could only be resolved in the context of a new, healing relationship. For Ferenczi, “the adult wish for personal contact and relatedness . . . should not be reduced to its genetic origins in infantile longings” (Aron, 1998, p. 11). This theoretical difference shaped Freud’s and Ferenczi’s respective searches for truth; “truth in relationship and truth intrapsychically” (Aron, 1998, p. 13). Ferenczi “emphasized emotions vs. ideas, external trauma vs. internal drives, and dyadic concepts vs. monadic models of symptom formation” (Lothane, 1998, p. 26).

Freud and Ferenczi certainly agreed that unconscious longings needed to be expressed and that insight was curative; however, their perceptions about the modes by which the unconscious could be reached and treated were very different. “Ferenczi [like Freud] idealistically argued that once people really understood the workings of their unconscious minds their worldviews would undergo significant modifications” (Aron, 1998, p. 11). Their divergence is seen in Ferenczi’s description of the true goal of (this) insight:

> The final consequence of such insight—when it is present in two people—is that they are not ashamed in front of each other, keep nothing secret, tell each other the truth without risk of insult or in the certain hope that within the truth there can be no lasting insult. (Ferenczi, found in Aron, 1998, p. 11)

This inherent distinction in their beliefs regarding the relative importance of intrapsychic dynamics on the one hand, and interpersonal longing and healing on the other mapped the remaining years of struggle that would intensify between Freud and Ferenczi.

Along with these viewpoints, Ferenczi's own experience as Freud's analysand led to the crystallization of their different techniques and theories. Ferenczi grew frustrated with Freud's call for "sterility," self-discipline, and a therapeutic dyad defined by a clear hierarchy of analyst over analysand. Instead, Ferenczi encouraged "enthusiasm about equality, openness, and mutuality, about blurring boundaries, transcending hierarchies, and sharing knowledge freely" (Berman, 1997, p. 185). Ferenczi found Freud's ideals unrealistic, and in fact used his own frustration as a yardstick with which to measure (his assessment of) his mentor's limitations.

Ferenczi's analysis with Freud took place during three short periods between 1914 and 1916. Freud viewed his treatment with Ferenczi as hugely successful, in that Ferenczi was able to achieve Freud's two central treatment goals: to love and to work. He portrayed the treatment as having a "completely successful" result because Ferenczi "married the women he loved and turned into a friend and teacher of his supposed rivals" (Freud, 1937, found in Rudnytsky, 1996, p. 7).

Ferenczi disagreed. Ferenczi's marriage was a constant source of conflict and unhappiness, as he remained in love with two women. Further, he felt that his sessions with Freud had never adequately addressed his negative transference towards Freud, even after repeated attempts on Ferenczi's part to initiate this important conversation. Ferenczi continued to revisit the Palermo incident, urging Freud to examine his own negative contribution to the experience. From Ferenczi's perspective, the more he revealed himself in treatment or in letters, whether through disclosing his homosexual longings or expressing his wish that Freud would study his own countertransference, the more he was repudiated.

But Freud was unable to relate these questions and longings to the growing distance between them. For many years, "Freud . . . assert[ed] that his relationship with Ferenczi 'remained unclouded,' until for '… no assignable external reason,' trouble arose" (Rudnytsky, 1996, p. 6). Despite Freud's continued denial, Ferenczi gained the courage to ask Freud to enter analysis with him. Ferenczi reveals this impassioned wish in the following excerpt:

> Perhaps this is the occasion on which I can say to you that I actually find it to be tragic that you, who gave analysis to the world, find it so difficult—indeed are not in a position—to entrust yourself to someone (Ferenczi to Freud, February 26, 1926, quoted by Aron, 1998, p. 14).

Freud was indignant, convinced "… he no longer had any need or motive to open himself up to another" (Aron, 1998, p. 12). He disparaged Ferenczi's character and longings in letters to his peers, although he did not describe to Ferenczi the true intensity of his discomfort. Freud privately described Ferenczi to a colleague as a "dear fellow . . . dreamy in a disturbing kind of way, [whose] attitude towards me is infantile" (Aron, 1998, p. 12). Having received no validation from Freud, Ferenczi sought to cure himself by validating the experiences of his own patients. "What Ferenczi as analysand expect[ed] from Freud, the master psychoanalyst, is precisely what he some two decades later attempted to offer his own patients: mutual openness and honesty" (Aron, 1998, p. 10).

It was with a fervor for mutuality that Ferenczi ultimately struck out on his own, seeking to build a theory and practice based on his own experience of what was curative. In 1927, he was invited to New York to lecture at the New School for Social Research, where his ideas had gained some prominence. Simultaneously, Freud was growing more

and more uncomfortable with Ferenczi's commitment to mutuality and, perhaps more significantly, with his independence. Freud had little tolerance for geographical separation, particularly with regard to Ferenczi's "desertions" to the USA (Haynal, 2005, p. 459). But after reluctantly accepting Freud's refusal to enter mutual analysis with him, Ferenczi felt he needed to take the trip to the United States. "Freud was anything but enthusiastic about Ferenczi's travel plans: 'I can only hope that this journey will not signify the disappointment that some predict'" (Freud to Ferenczi, 6 June 1926, p. 260, found in Haynal, 459). Ferenczi saw it as "… a time of weaning for me and my wife" (Ferenczi to Freud, 30 May 1926, found in Haynal, p. 459).

Freud and Ferenczi's correspondence dried up during these years. In his diary, Ferenczi reflected on his one-time mentor's coolness, rejection, and hostility. For his part, Freud exaggerated Ferenczi's treatment approach in a particular case and ridiculed him for kissing patients. In a rare moment of professional confidence, Ferenczi refused to defend himself against Freud's allegations (Haynal, 2005).

It was at Freud and Ferenczi's final meeting, in 1932, that the relationship completely fell apart. When Freud urged him not to deliver his definitive work, "A Confusion of Tongues," Ferenczi was shocked by the disapproval. Freud described the paper as "harmless and dumb," (Tabin, p. 312), and viewed it as a step backward after years of achievement. He later wrote in Ferenczi's obituary.

In 1933, Ferenczi died as he had lived, plagued by an abiding sense that Freud disapproved of him. While closely scrutinizing Ferenczi's life through the lens of his relationship with Freud might seem an affront to Ferenczi's individual achievements, it does, in fact pay homage to his conviction that the self is knowable only in relationship. It

is likely that Ferenczi would think that trying to understand his life through an interpersonal prism is a worthy choice.

## Ferenczi's Quest for Mutuality

Examinations of Ferenczi's theory of development and treatment only came into vogue in the last 20 years. Sensing early in his career that complex symptom analysis, which focused on details, was outmoded and ineffective, Ferenczi replaced that practice by focusing on the relationship in the therapy room, studying it closely as it evolved. He came to believe that the therapeutic relationship was the key to emotional health, and that authentic emotion within it was vital: "The essential healing power in the therapeutic gift is love" (DeForest, 1955, p. 6). Now, in the twenty-first century, the love Ferenczi advocated is finally finding its way into therapeutic discourse. Ferenczi's pioneering espousal of its importance was almost a foreshadowing of our present moment.

Ferenczi believed that compromised psychological functioning was a direct byproduct of relational failures that occur as a result of early childhood trauma. In his paper "Confusion of Tongues" he introduced the central concept that trauma is induced by a child's seduction at the hands of a parent or other authority figure. He felt that children are born with a sexual innocence that is corrupted by "overstimulation of erotic impulses by the parent's need to satisfy his/her sexual desires with the child" (Rachman, 2007, p. 82). Accordingly, the child's drive for attachment and affection is misunderstood as lust. Driven by sexual desire, the adult then tries to convince the child that an erotic encounter is what the child truly wants, thereby confusing the child's developing sense of

self (Rachman, 2007). Ferenczi broadened his concept of sexual abuse to include emotional neglect, physical assault, and failures in empathy. According to Ferenczi, the need for a primary love object is an elemental longing on the part of the child, and is the formative building block of personality. Defenses—including denial, dissociation, detachment, and splitting—evolve in response to these neglected longings. Ferenczi posited that, in the face of persistent trauma, personality fragmentation will eventually present itself.

Ferenczi's method was designed over a period of twenty years, in direct response to his belief in the pervasiveness of childhood trauma. He developed a technique based on the conviction that the analyst's responses are a valuable source of clinical information. He believed that both his countertransference and his real feelings that had evolved for Freud needed to be studied, discussed, and honored, and he generalized that belief in working with patients. He urged analysts to develop a metapsychology that would conceptualize their own process and to make use of their internal responses in the moment (Cabre, 1998, p. 247)—the more difficult the case, the more important the moment-by-moment data. In fact, Ferenczi became known as the analyst of "last resort" (Rachman, p. 79) because he unconditionally believed that empathy is curative. He also believed that a withholding stance recreates trauma, while empathy ameliorates it. "Ferenczi was the first clinician to discover an essential truth about the psychoanalytic situation; that is to say, that the empathic response is the core of clinical interaction" (Rachman, p. 79).

Ferenczi created an analytic setting antithetical to the one he experienced with Freud; he gave the patient's experiences a sense of credibility that had been absent from

their lives until the treatment relationship. He described this setting to his friend DeForest (1955). She relays it as follows:

> The setting free of his [the patient's] critical feelings, the willingness on our part to admit our mistakes and the honest endeavor to avoid them in the future, all these go to create in the patient a confidence in the analyst. It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past, the contrast which is absolutely necessary for the patient in order to enable him to re-experience the past no longer as a hallucinatory reproduction but as an object memory. (p. 13)

The end goal of this openness was personality cohesion, which Ferenczi saw as the definitive outcome of a successful treatment. Only by recognizing the analysand as an equally intelligent and valued partner in the treatment relationship could true cohesion develop (Rachman, 2007).

In treatment and in life, Ferenczi was committed to equality, which for him began as a political conviction. He refused to pathologize women, homosexuals, and individuals from other classes. "Ferenczi fought to protect homosexual patients from oppression before the Humanitarian Scientific Committee in Berlin . . . He defended the status of the medical assistants who were exploited and then dismissed. He pressed for higher salaries, better working conditions, and proper training. Ferenczi's political commitment was tenacious" (Moreau-Ricaud, 1996, p. 46). He felt comfortable using himself as a maternal or paternal object, and was open to constant fluidity in the different roles he played within the treatment relationship. As the pioneer of relational therapy, he ultimately came to view treatment as form of equality, and advocated for mutual analysis, hoping that "the tears of doctor and patient mingle in a sublimated communion, which perhaps finds its analogy only in the mother-child relationship" (Cabre, 1998, p. 252).

Ferenczi's unorthodox clinical discourse set the stage for the development of relational psychoanalysis. It is within the relational model that conversations about authentic therapeutic love have finally begun to re-emerge. According to Baur (1997), relational therapy can be defined as "… the attempt to place therapist and patient on far more equal footing than conventional therapies, and it emphasizes the curative power of the relationship that develops between them" (p. 222). Baur further suggests that Ferenczi's theories are the inspiration for relational therapy, stating that his "ideas on mutual analysis and on the real relationship that develops in spite of a clinician's professional stance are more in vogue now than in his lifetime" (p. 222). Stanton (1991) explains Ferenczi's convictions in the following passage:

> Patients expected something else from analysts, something that would nurture and perhaps heal them . . . This "something else" Ferenczi called "love." Psychoanalytic cure, Ferenczi explained, is in direct proportion to the cherishing love given by the psychoanalyst to the patient; the love which the psychoneurotic patient *needs* [emphasis in the original], not necessarily the love which he thinks he needs and therefore demands. (p. 138-139)

The belief in authentic love between therapist and patient is, at long last, coming into vogue. In the wake of Freud's argument that the central goals of therapy are to enable the patient to work and love, it seems that the therapeutic relationship, as Ferenczi suspected, is the place to start.

## Ferenczi: Stifled and a Shunned

Sigmund Freud shunned Ferenczi's attempts to humanize the therapeutic relationship. According to Cabre (1998), this led to "one of the most remarkable processes of censorship in the history of psychoanalysis . . . Ferenczi's ideas were *forgotten* [emphasis in the original] and condemned to silence" (p. 247). Thus, the idea of therapeutic love disappeared from the theoretical discourse for decades.

When Ferenczi's ideas were rejected, his contributions to the usefulness of countertransference and therapeutic love were also lost. In an address given in The Hague in the early twentieth century, Ferenczi expressed his belief that "[t]he progress of the cure bears no relation to the depth of the patient's theoretical insight, nor to the memories laid bare" (Stanton, 1991, p. 133). Instead, Ferenczi's method was "developed to the fullest when he recognized that genuine sincerity and empathic attunement were the essential ingredients to reach a traumatized individual" (Rachman, 1998, p. 265). Ferenczi "maintained that no progress whatsoever is likely to be made in psychoanalysis unless we surrender defense through distance" (Stanton, 1991; p. 136). While Freud considered distance to be a necessary therapeutic technique, Ferenczi viewed it as a defense. In contrast, Ferenczi encouraged patients to resist blind obedience in the therapeutic situation. He stated that obedience was what had oppressed patients as children, and that obedient patients in particular required a more tender approach. This call for tenderness may ultimately have led to Ferenczi's professional marginalization.

Ferenczi continued to insist that incest did take place in middle and upper class communities. He presented this claim most clearly in his last lecture, "Confusion of Tongues." As Rachman (2007) noted, "Ferenczi's sense that incest was regularly occurring in middle and upper class families was considered by the traditional analytic community as absurd" (p. 83).

Arguing that Ferenczi became obsessed with differentiating his beliefs from Freud's, Eros (2007) writes that within the mainstream psychoanalytic movement most analysts believed that: "Ferenczi was, at the end of his life, mentally disturbed, and the main symptom of this disturbance was his opposition to Freud" (p. 4). Fellow analyst

Erich Fromm concluded that Ferenczi was the victim of character assassination. Fromm argued that Ferenczi's professional erasure from the psychoanalytic community could be compared to a "Stalinist rewriting of history." Fromm described a time dominated by a worship of Freud, in which dissidents were labeled betrayers, spies, or as mentally ill. According to Fromm, " . . . the totalitarian turn in the psychoanalytic movement, which is dominated by a closed circle of sectarian functionaries, is not so different from the Central Committee of a Communist party" (Eros, 4, 2007). The actual state of mind at the end Ferenczi's life is certainly debatable and remains a point of dispute. Jones (1994) terms him as "mentally ill" given his death at the hands of pernicious anemia. While it is unclear of what impact of this illness was on his psyche, his final presentation suggested the presence of a clear and functioning mind. Ferenczi, however, was aware of and prepared for the character assassination that was launched by his contemporaries. He used his therapeutic acuity to interpret and manage it:

> Ferenczi . . . was becoming increasingly aware of the paranoia surrounding him. As long ago as 1910 he had recognized "the excrescences that grow from organized groups"—such as the International Psychoanalytical Association, in whose formation he himself had been involved—and he knew "that in most political, social and scientific organizations childish megalomania, vanity, admiration of empty formalities, blind obedience, or personal egoism prevail instead of quiet, honest work in the general interest." (Aron, 1998, p. 18)

The source of Ferenczi's censorship was clearly multifaceted, largely a byproduct of his time. Not only did he challenge Sigmund Freud, the father of psychoanalysis, but by acknowledging the existence of incest, he also affronted the purported mental health of the community in which he worked. Ferenczi's challenge to Freud came at a time when Freud was thinking about his own mortality and considering who he would choose to succeed him. The more Ferenczi grew apart from him, this more Freud rejected him as

a possible successor. Ferenczi was looking for a father and Freud was looking for a son; neither found exactly what he was looking for. Freud could not handle differentiation or rejection, and Ferenczi became more and more frustrated in the face of Freud's unflappability and possessiveness. While some pairings are strong enough to withstand individuation, this one was not.

Unfortunately, the psychoanalytic community as a whole suffered a great loss because of the Ferenczi - Freud split. Indeed, "it was sometimes as if Ferenczi had never written what he wrote; and in some places he simply did not exist" (Haynal, p. 463). This tide has turned quickly, though, and Ferenczi's ostracization is coming to an end. He is now recognized, even honored, for his innovations and his writings influence practice throughout the world. He is credited with influencing several contemporary therapeutic models, including those built on relational, interpersonal and intersubjective theories. Borgogno (2004), an Italian analyst, begs his colleagues to end their complicated, long-standing political resistance to Ferenczi.

> To let Ferenczi interrogate ourselves could perhaps help us to reinvigorate our internal cohesion and our group identity, and furthermore, to cope more courageously and humbly with the disorientation created by the multiplicity of our models and some of the problems and consequences of the crisis our tumultuous and changing society is facing. Let us be interrogated by his genial intuition and audacious openness, by his honesty and determination in moving forward our specific mandate, and in employing every conceivable means to approach the patient's "subjective truth" by all that he did in that foundation moment of psychoanalysis. (Borgogno, 2004, p. 6)

To study Ferenczi without access to his theories is to perform research in the dark. While researchers struggle to find objective information on him, he repeatedly reminds his readers that truth is subjective. When we are troubled by the mystery of his disappearance from the psychoanalytic canon his writings remind us of the power groups

have to deny what frightens them, and of their tendency to resort to hierarchical functioning in the face of what may for some, be frightening equality. When we wonder why his biography is so deeply intermingled with Freud's, we remember that for Ferenczi, the self existed only relationally; he would have wanted us to study him in precisely such a context. Ferenczi's theories guide us through psychotherapeutic impasses, urge us to revise our mistakes, and remind us to examine his life with both curiosity and tenderness.

However, this curiosity and tenderness must be tempered with a sense of caution. There is ample proof of Ferenczi's propensity to bend the "frame" beyond a point that today would be considered ethical. He does describe falling in love with one of his patients and was rightfully challenged, by Freud, for kissing patients. The issues of psychotherapeutic love and mutuality are possibly two very distinct concepts, mistakenly co-mingled by Ferenczi. While over time the presence of love in the psychotherapeutic relationship has gained capital, the appropriate management of it must still fall within strict ethical codes of conduct. Ferenczi requires us to examine him with a sense of complexity and nuance, just as he would have us examine our clients. The level of vigilance with which we understand him should be no more and no less than we would apply to a patient. His theories, given their current resonance and restructuring of archaic clinical paradigms, ought to be accorded the same level of respect and consideration rather than dismissal over some of their less palatable or controversial elements.

# A HISTORIC EXAMINATION OF LOVE WITHIN THE PSYCHOTHERAPEUTIC DYAD

## Introduction

During any given day of therapy I notice numerous exchanges occurring between me and my patients that are inspired by love. To the patient who explains to me the sheer joy she feels at having just purchased an Apple computer, I say with complete sincerity, "Tell me more." I could take the story at face value and leave it that, but I love her, and I want to know about the inner workings of this joy, about every facet of her decision to make this purchase. If I didn't feel this way about her, maybe I wouldn't care as much. But I truly do.

Faced with a patient describing her unbearable grief over the recent suicide of her brother, I resist the urge to rush through the session, to move her through the emotion, to flee. I don't. I sit with her in her excruciating pain. She needs me there and I love her, so I join her in the depths of her grief. As she speaks of her unbearable grief, I want to hurry her through it, but I slow myself down and sit in it with her. I do this out of love.

During my 3 PM session, a client's fears about genital warts are bashfully revealed. I don't blink. I don't budge. I sit, and I listen to the fears, the physical details, the panic.

Most therapists would do these things. It is part of the job, I know. Another part of the "job," however, is a very specific fuel in the tank. To me, this fuel is love. It isn't always love that guides therapists, but the better sessions—the sessions in which I am present, engaged, and deeply curious—are usually fueled by a tank full of love.

This is not a love to which I had been exposed in the theoretical discourse that informs my practice. I didn't learn about it in my master's degree or doctoral-level training. For me, it is just implicitly there; it is not present because theory-driven or supervised. I believe strongly that the intuition that guides this love and its sharing must be crystallized both theoretically and intellectually. As a phenomenon that occurs within a professional construct, it is worthy of professional discourse and professional guidelines. I hope that the following historical examination will pave the way for this discourse by tracing where, as social workers, we have been in relation to the presence of love in our field, as well as where we might go. Applegate (2000) asserts that "from its inception social work has lived at the edges of the mainstream scientific discourse" (Applegate, 130). It is in the spirit of life on the scientific periphery that love must become part of our common language.

In this article I seek to cover the literature that currently exists on the issue of therapeutic love within psychodynamic theory. By love, I refer specifically to a non-erotic phenomenon, an affectional bond that forms alongside the similar yet distinct phenomenon of positive countertransference or countertransferential love. The literature will cover varying theoretical understandings of therapeutic love, including differing views on its essentialness and pervasiveness. I will offer a description of the historical evolution of these various understandings, and will present the research currently available on this topic. The data on the topic of non-erotic love in the therapeutic relationship is, however, nominal at best. Further, this research is largely based on the personal cases of therapists performing analyses of their own clinical work. While these cases are certainly of value, the minute subject size offered by these studies limits their

ability to be generalized. In order to compensate for the minimal research performed on the topic of non-erotic therapeutic love, I will provide historical perspectives on the correlative issues of countertransferential erotic love and countertransferential hate, along with a more general historical understanding of countertransference and transference. I will examine the research of contemporary relational theorists who have only just begun to re-conceptualize the potential role and power of therapeutic love. These theorists collectively argue for a wider understanding of the strengths and weaknesses of this love (Baur, 1997; Bernstein, 2001; Schamess, 1999; Shaw, 2003). Finally, I will present a summary of the research supporting this shared argument.

## A Paucity of Research

While Plato introduced the notion of non-erotic or platonic love in the fourth or fifth century BCE, the idea's acknowledgement as a powerful force within psychotherapy has been neglected. Plato asserted that platonic love is an abiding, deep, spiritual connection that evolves between two individuals. He argued that this love exists without any form of sexual connection. Given the seeming benignancy of this concept, it is surprising that a longstanding tradition of discouraging loving feelings within the therapeutic dyad has held sway. The discouragement of platonic love has resulted in a paucity of research on the topic. This is not to say that such love has not existed between therapists and their patients; on the contrary, for as long as such love has existed, so too has the fear of acknowledging it professionally, whether in research or in supervision. In fact, "over its 100-year history, the psychoanalytic literature has rarely considered therapists' loving feelings and fantasies in relation to their patients" (Schamess, 1999, p. 9).

In order to demonstrate the true dearth of research on the issue of therapeutic love, it is useful first to trace some of the potential causes for its banishment. The inception of the psychotherapeutic profession can most surely be marked by the case of Anna O. With this inception, fears about the love between therapist and patient began to take root. This case suggested the need for panic over the possible feelings analysts could feel for their analysands. Anne Springer (1992) reveals the intensity of this panic on the part of the clinician, Joseph Breuer:

> The first beginnings of our profession are marked by the alarm caused by the possibility of the eruption of emotions and feelings in the therapeutic relationship. In 1892, Breuer is appalled and breaks off the treatment of Berta Pappenheim (Anna O.) when she reveals to him her fantasy of bearing his child—three months after Breuer's wife has given birth to a baby daughter. Breuer's wife rebels against this close relationship between the patient/rival and her husband. He sees his marriage in jeopardy and breaks off all contact with the patient, who is subsequently admitted to hospital and withdraws from psychoanalysis. (p. 44)

While Freud and Breuer worked closely together, it was not until Freud experienced his own episode of countertransference that he began to issue stringent warnings about its potential destructiveness. In Freud's 1898 piece, "Fragment of an Analysis of a Case of Hysteria," he explored the case of Ida Bauer, or "Dora." Dora was the sixteen-year-old daughter of one of Sigmund Freud's medical patients. Freud worked with her in an effort to deconstruct her idealizing relationship with her father. This case lasted eleven weeks. "In these eleven weeks, a very close relationship developed" (Freud, 1898, p. 21). Springer, who characterizes this relationship as a lengthy discussion about love, argues that the examination of Freud's experience of countertransference produced a "coming apart" on the part of the analyst. She asserts that Freud's response to his countertransferential feeling in this case fell "short of good analytical practice." She describes his behavior in the following passage:

> When one reads the Dora text again today, one is aware of how insistent Freud becomes, particularly in the last sessions before the analysis is broken off, and how vigorously he asserts the correctness of his interpretations. He desires acknowledgement; he wishes to be recognized as a researcher and therapist; and most probably as a man too." (Springer, p. 45)

Freud's coming apart or inappropriateness in this case, as described by Springer, planted the seeds for Freud's eventual declaration of the destructiveness of countertransference.

The strength of Freud's convictions about countertransference becomes clearer upon his consultation on Carl Jung's work with his patient Sabina Spielrein. Between 1908 and 1909 Jung began to develop romantic feelings for Spielrein. In writing to Freud for supervisory purposes, Jung identifies himself as the "seduced party" (Springer, p. 45). Freud's response follows:

> I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a narrow escape. I believe that only grim necessities weighing on my world and the fact that I was ten years older than yourself … have saved me from similar experiences. But no lasting harm is done. They help us to develop the thick skin we need to dominate "countertransference," which is after all a permanent problem for us. (Letters between Jung and Freud, 1910, 44)

With Freud's demonization of countertransference, the fear of its comfortable recognition, as well as its erasure, was born. This very fear has created a longstanding divergence between clinical theory and the exploration of therapeutic love. Over time, this divergence has been slowly unraveled through the recognition of various theoretical phenomena, beginning with transference and countertransference, moving slowly toward an appreciation for the clinical value of countertransference, and culminating in the eventual allowance of the possibility for true, loving feelings between therapist and client. While Freud's experience of countertransference was first documented in 1908, tools for appropriately managing and making use of it have only recently been discussed.

Deborah Coughlin (1998) explains that "despite the significance of the transference-countertransference dynamic, clinicians have only recently begun to explore and develop literature" on therapists' experiences and feelings towards their clients" (p. 3). Coughlin warns that "academic and training programs disregard the significance of erotic transference in their curricula, potentially leaving clinicians without the skills and tools to effectively manage these issues within their therapeutic dyad" (p. 3). Gerald Schamess (1999) also points to significant holes in the research and training on this issue. He discovers, after polling classes of MSW students, that many have felt feelings of love toward clients, but do not feel comfortable addressing this until Schamess (1999) models that it is acceptable. He hypothesizes that this dearth of research and material reflects several essential issues. Schamess interprets these issues to be:

> 1) Concern that therapists will exploit patients by initiating sexual liaisons; 2) difficulties in managing the treatment process when the "frame" has been modified to encourage transmuting internalizations; and 3) the danger that needy or insecure therapists will unconsciously use patients to meet their own narcissistic needs.…

He adds the following caveat: "Ignoring erotic enactment does not make it disappear, and paradoxically, markedly increases the likelihood of sexual acting-out or treatment failure" (p. 23).

Susan Baur (1997) elaborates on the discomfort with, and the resulting scarcity of, research and writing on therapeutic love felt by the therapist. She initiates her exploration at a conference on the feelings that therapists develop for their patients. She offers the following anecdotal, yet powerful, observation:

> At a seminar on the feelings that clinicians have for their patients—a weeklong affair . . . I made marks in the left-hand margin of my notes every time the word "hate" was said and marks in the right-hand margin every time "love" was spoken. At the end of five days, [the ratio of hate to love was] forty to one . . .

> When love for a client was mentioned—not love *from* a client, but a question such as "How did you handle your love for this woman?"—there was silence. (p. 221)

Baur goes on to hypothesize that the "illogical and deeply emotional forces that underlie the [therapeutic] relationship have seemed too close to romantic love to investigate safely" (p. 223). She explains that the exploration of these feelings is only sanctified if they are framed within the "safety of a parental framework" (p. 222). Once a therapist mentions feelings other than those that mimic a parent-child relationship, she notes, little support is available from the clinical community.

Alex Stirzaker (2000) attempted to formalize Baur's findings. He sought to prove empirically, through the compilation of quantitative data, the discomfort that accompanies discussing feelings of therapeutic love. Stirzaker (2000) discovered that despite the common occurrence of erotic countertransference, "many therapists seemed to be reluctant to enter into discussion about both erotic transference and countertransference because of the emotive nature of the subject" (p. 198). Given the notion that one of the primary tenets of effective therapy is open and honest communication, this reluctance is notably counterintuitive. Joan Lesser and Marlene Cooper (2002) describe the importance of this tenet. While they pay homage to theory, they point out that "theory builds knowledge, and it is this knowledge combined with relational authenticity that is the hallmark of clinical . . . practice" (p. 10). Given the seeming essentiality of authenticity and realness within the therapeutic dyad, which suggests the presence of *caring* feelings at the least, Stirzaker's difficulty in finding subjects to explore the issue is notable. He sent questionnaires to 107 therapists, "asking for comments upon their therapeutic orientation, level of experience, and the length of time they had been working with the client concerned" and what their experiences of

loving countertransference had been with their particular clients (Stirzaker, 2000, p. 198). The 107 subjects selected had varying counseling degrees and worked within both agencies and private practices. Only four surveys were returned to the author. He subsequently interpreted this to mean that the issue was controversial for clinicians, precluding their ability to respond comfortably.

Daniel Shaw (2003) offers a more in-depth analysis of the absence of literature and research on therapeutic love. While arguing for further research into therapeutic love, he points out the historical trajectory of the issue's absence from theoretical discourse. The evidence for this absence is provided by examining the writings of Kohut, Freud, Balint, and other pivotal clinicians in the history of psychodynamic theory. He writes that each of these theorists examined a considerable number of controversial issues and subsequently normalized them. Loving clients, however, was not one of these issues. He writes, ". . . my attempt is to facilitate the analytic exploration" of therapeutic, loving feelings (Shaw, 2003, 267).

My goal, which is closely aligned with the attempts of both Shaw and Baur, is to uncover the evolution of the theoretical understanding of therapeutic love. I hope this exploration will make clear that we are now in a time and place that allows us to look at therapeutic love more boldly than Freud and others had hoped we would. Despite his brave exploration of transference, Freud is largely responsible for having silenced an important conversation that has only been resumed in the past decade.

## Transference

It was Freud who first coined the definition of transference as he sought to make meaning from this therapeutic phenomenon. In his writings on the theory of psychoanalytic technique, Freud offers two different models of transference:

> According to one model, transference is seen primarily as resistance to the recovery of memory, and therapeutic gains result chiefly from the retrieval of these memories. In the other, transference is largely a result of unconscious infantile wishes, and success in therapy results mainly from a complex process in which the patient re-experiences these wishes in the transference and realizes that they are significantly determined by pre-existing desires and is then able to experience something new examining them together with the analyst—the one to whom these wishes are now directed. (Kirkland-Handley, 1995, p. 49)

To make the definition more accessible, however, Lesser and Cooper (2002) define transference as "a displacement of reactions originating with significant persons of early childhood" (p. 6). To Freud, the presence of transference made good treatment possible. "Freud and his school of classical psychoanalysts began to view transference as a source of data, as resistance, and as a battleground for their therapeutic engagement. Transference phenomena became an avenue to deepen the therapeutic process and provided the therapist with an illustration of the inner workings of the client's psyche" (Coughlin, 1998, p. 5). Freud also sought to make particular sense of the importance of erotic transference or loving transference. He argued that the presence of erotic transference stems from the activation of past childhood conflicts and fantasies that are difficult to address sufficiently with words (Coughlin, 1998, p. 7). Freud said that transference love

> represents a new edition of an old relationship that is superimposed on the therapist. While the patient's feelings of dependency and desire fuel the therapy, the neurotic form of the transference relationship itself—the insistence on obtaining gratification from the perfect comforter—is the problem that is holding the patient back and must be overcome. Good therapy, then, manages to keep the transference going to provide impetus for the work that eventually convinces the

> patient that it is useless to continue looking for perfect providers and protectors. (Baur, p. 141)

While Freud believed strongly in the curative power of transference, he pleaded for the erasure of countertransference, eliminating the possibility for the exploration of mutual therapeutic experiences. It was not that Freud did not understand the complexity of countertransference—quite the opposite, really. Freud believed that our inner-child selves need to accept the frustration linked to a therapist's attempts to keep the patient at an arm's length. He felt that "if the transference is acted on, and the therapist tried to be the perfect partner that the patient hungers for, the patient is likely to repeat all her old mistakes and learn nothing" (Baur, p. 142). In other words, "if transference is acted on," the clinician has failed to effectively rid himself or his countertransferential feelings. In a letter dated February 20, 1913, Freud offered the following:

> The problem of countertransference is one of the most difficult in psychoanalytic technique. What is offered to the patient must never be spontaneous affect; rather it must always be expressed consciously. In some circumstances, a lot should be offered, but never anything arising directly from the analyst's unconscious. The analyst must always be aware of and overcome the countertransference to be free. However, at the same time, to give too little to a patient because the analyst loves him too much is to confuse him, and is a technical error. It is not easy and practice is required. (Freud, Jung letters).

Perhaps useful to note is the fact that Sigmund Freud was trained as a physician. Most likely, this background supported his "antiseptic" attitude toward the management of countertransference (Rachman, 1998, p.263). Freud called for the analyst's role to mirror that of a surgeon: "An analyst as surgeon suggests expertise, detachment, and emotional control . . . Analysts used his technical guidelines to designate non-interpretative behavior as violating analytic doctrine" (Rachmann, p. 263). Likening the

analyst to a surgeon makes clear the message about countertransference. It is believed that the more emotionally involved a surgeon becomes, the more at risk the surgery is for failure (Rachmann, 1998). Freud believed the same was true of the relationship between an analyst's emotions and the analysis.

## Countertransference

Freud first mentioned the term "countertransference" in 1910, and subsequently deemed it to be an "enveloping obstacle that interferes with the analytic work and . . . a troublesome difficulty that needs to be controlled through self-analysis" (Rachmann, 1997, 249). It was not until 1950 that the term reappeared in the writings of Winnicott, Racker, and Heimann (Berman, 1997). These theorists, four decades later, were able to endorse the importance of an internal, private recognition of countertransference as important clinical data (Berman, 1997). In 2001, Arnold Bernstein suggested that while countertransference was slowly being deemed useful, limitations existed regarding the forms of countertransference that could and could not be discussed. Feelings of hate and disdain for clients were more readily acknowledged than loving feelings. He grounds this argument by reflecting on the far-reaching impact of Donald Winnicott's paper "Hate in the Countertransference" (Berman, 1997). This paper quickly legitimized the powerful experience of hating clients, as well as the multiple ways in which this data could become useful in the clinical relationship (Berman, 1997). Winnicott examined the experience of hating psychotic patients. He writes, "If we are to become able to be the analysts of psychotic patients, we must have reached down to very primitive things in ourselves" (Winnicott, from "Hate in the Transference," 1947). He goes on to assert that a central primitive force is hate. This hate is normalized by his understanding of the mother-child

relationship. "I suggest that the mother hates the baby before the baby hates the mother, and before the baby can know his mother hates him" (Winnicott, from "Hate in the Transference," 1947, 70). Through this normalization of hateful feelings in the sacred mother-child dyad, Winnicott legitimized the recognition of a form of countertransference. He believed that the feelings between mother and child were most certainly mirrored within the therapeutic dyad. If a mother can hate her child, a therapist can most certainly hate his or her clients.

Baur (1997) reveals the present-day impact of Winnicott's work. Elaborating upon Baur's aforementioned findings derived from the conference on therapists' feelings towards patients, she writes that "when 'hateful,' 'loathsome,' and 'detestable' came up, they triggered a comment or a question roughly three quarters of the time" (Baur, 221). This inquisitiveness contrasted greatly with the silence she encountered in response to discussing love in the context of countertransference.

While there is a diverse literature exploring the experience of countertransferential hate (Berman, 1997), countertransferential love is not given equal or even minimal recognition. Shaw (2003) seeks to explain this phenomenon:

> We have long been free to discuss hating our analysands and more recently to discuss having sexual feelings for them, including disclosing such feelings. 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 . . . Yet case presentations where feelings of tenderness and love for an analysand are openly expressed are often greeted with suspicion. (p. 253)

It is not that efforts have not been made to fight the pervasive "suspicion" associated with countertransferential love. In fact, Sandor Ferenczi introduced the first mention of therapeutic love and mutuality in the 1920s (Martin, 1998). Ferenczi was a

student of Freud's for twenty-five years. From 1908 (the day they met) through 1933 (when Ferenczi died) the two maintained an intense correspondence. This correspondence was an impassioned debate about the efficacy of different analytic stances, specifically the engaged versus the withholding stance. Freud called for sterility, self-discipline, and a therapeutic dyad defined by the clear hierarchy of analyst over analysand. Ferenczi, conversely, encouraged "enthusiasm about equality, openness, and mutuality, about blurring boundaries, transcending hierarchies, and sharing knowledge freely" (Berman, p.185). Ferenczi did not necessarily agree with Freud's ideals; instead, he found them to be unrealistic and designed his technique to respond to the realities of the analytic context. As the father of relational therapy, Ferenczi considered treatment a form of mutual analysis. He describes this analysis as follows: "The tears of doctor and patient mingle in a sublimated communion, which perhaps finds its analogy only in the mother-child relationship" (Cabre (taken from Ferenczi), 1998, p. 252). Ferenczi is considered to have offered major contributions to this notion of communion:

> The first was that the analytic situation in which two human being attempt a sincere relationship. The second was that "one must give the love the patient needs." Two human beings who attempt a sincere relationship in the name of love is what characterized Ferenczi's technique of self-disclosing his feelings (Rachman, p. 264).

Despite Ferenczi's attempts to humanize the therapeutic relationship through the use of countertransference, Sigmund Freud shunned him. This, according to Cabre (1998), led to "one of the most remarkable processes of censorship in the history of psychoanalysis; Ferenczi's ideas were *forgotten* [emphasis in the original] and condemned to silence" (p. 247). Thus, the issue of therapeutic love disappeared from the theoretical discourse for decades.

In 2000 Alex Stirzaker sought to make sense of this disappearance. Stirzaker (2000) argues that Freud's endorsement of viewing erotic transference but not erotic countertransference as valuable clinical data created a sense of anxiety surrounding loving countertransference for clinicians. He argues that Freud's attitude made "it harder for therapists to acknowledge their feelings," and that countertransference "was more likely to be seen as therapeutic error than a potential therapeutic research tool" (Stirzaker, 2000, p. 202). In an effort to reverse this perceived trend, or at least to demonstrate Freud's impact, Stirzaker (2000) uses case studies from his own practice to question Freud's assertions about the inherently flawed presence of countertransference in therapy. He argues that Freud's beliefs underestimate the help countertransference can often provide in enhancing the therapeutic bond. Stirzaker (2000) offers examples that point to the benefits provided by introducing countertransference into the relationship. He asserts that acknowledging erotic love helps therapists to "understand [clients] in the context of the client's early relationships in order to help them develop and make sense of their present ways of relating" (Stirzaker, 2000, p. 207). He supports his argument through the use of a case example offered to him by his supervisor, a man in his early sixties. A female client in her early twenties was experiencing difficulties in her relationship with her husband. According to his supervisor, the client acted and dressed in sexually provocative ways. The therapist began to experience erotic, countertransferential feelings towards this young woman. He explains:

> Through the erotic countertransference, Oedipal issues were being re-enacted in the therapy and these proved to be essential in understanding and resolving her difficulties in her relationship with her partner. Appropriate interpretation of these dynamics enabled [the client] to see her relationship with her partner in a different way. (Stirzaker, 2000, p. 204)

In opposition to Stirzaker's (2000) *positive* findings, Glen Gabbard (2001) presents a clinical vignette of a male therapist whose revelation of erotic countertransference was therapeutically destructive. The examined case was selected from an article written by a peer, Lester, in 1995. The vignette examines a female client who responds negatively to her male therapist's admittance of erotic feelings for her. She states, "Knowing that you have sexual feelings for me makes me feel unsafe here. This is just like what happened with my dad. He was always wanting to hug me and touch me, and I always had to be the one to set limits" (Gabbard, 2001, p. 990). This negative outcome illustrates the precariousness inherent in choosing to address sexual feelings in the therapeutic relationship. This is one of the few vignettes offered by a theoretician about an apparently more distant case that offers the potential for greater objectivity. From the vantage point of this presumed objectivity, Gabbard (2001) ultimately argues for thorough premeditation before disclosing feelings of countertransference, particularly erotic countertransference. It is important to note, though, that despite his findings he does not completely dismiss countertransference's clinical usefulness.

The value of acknowledging loving countertransferential feelings, not just transference feelings, was studied by Gerald Schamess (1999). Schamess (1999) uses anecdotal data to endorse his thesis that "patients benefit when therapists recognize the sensual components in transference-countertransference interactions and use them to inform therapeutic interventions" (p. 9). Schamess (1999) agrees strongly with Freud's assertion that transferential love should not be physically enacted. But, he writes, "my purpose is to encourage therapists to begin discussing the erotic and sensual substrata of wishes and fantasies that evolve reciprocally in treatment (even with 'preoedipal'

patients), at the level of fantasy and/or symbolic enactment" (Schamess, 1999, p. 10). He posits that erotic feelings typically evolve in relationships with large power differentials and suggests that contemporary clinicians must be mindful of this phenomenon. Schamess (1999) also states that the "healing action of psychotherapy is facilitated when therapists recognize their own as well as their patients' contribution to what often becomes . . . a more or less secret dance of mutual desire" (Schamess, 1999, p. 11). It is the recognition of this mutuality by a few researchers that has enabled other theorists to examine countertransference, not just in terms of the erotic or hate, but in a complex and in-depth manner.

## Moving Beyond Countertransference into Authentic Love

In the discussion of countertransference above, I mentioned the work of Sandor Ferenczi in the context of his mentor-student relationship with and subsequent shunning by Freud, as well as his contributions regarding the usefulness of countertransference. His contributions regarding the importance of therapeutic love have also been invaluable. In an address given at The Hague in the early twentieth century, Ferenczi expressed his belief that "the progress of the cure bears no relation to the depth of the patient's theoretical insight, nor to the memories laid bare" (Stanton, 1991, p. 133). Instead, his method was "developed to the fullest when he recognized that genuine sincerity and empathic attunement were the essential ingredients to reach a traumatized individual" (Rachmann, 1998, p. 265). In a further elaboration on Ferenczi's beliefs, Stanton (1991) writes that he "maintained that no progress whatsoever is likely to be made in psychoanalysis unless [we surrender] defense through distance" (p. 136). While Freud considered distance to be a necessary therapeutic technique, Ferenczi called it a defense.

In fact, Ferenczi encouraged the clinical surrendering of blind obedience, asserting that this obedience was what had oppressed patients as children; consequently, these very patients required tenderness. Ferenczi argued that patients sought something else—love. He felt that treatment outcomes were directly correlated with the amount of love given by the analyst to the patient.

Ferenczi's unorthodox clinical discourse helped to set the stage for the development of relational psychoanalysis. It is within the relational model that conversations about authentic therapeutic love have finally begun to reemerge. According to Baur (1997), relational therapy can be defined as "the attempt to place therapist and patient on far more equal footing than conventional therapies . . . it emphasizes the curative power of the relationship that develops between them" (p. 222). Baur suggests that Ferenczi's notions are the inspiration for what we now call relational therapy, stating that his "ideas on mutual analysis and on the real relationship that develops in spite of a clinician's professional stance are more in vogue now than in his lifetime" (p. 222).

Research on this mutuality has proceeded rapidly since the onset of relational thinking. In 2001, Glen Gabbard led a panel at the biannual meeting of the American Psychoanalytic Association. Judith Vida (2002), a panelist, answered Gabbard's (2001) question, "Do you think there is any type of love felt by the analyst toward the patient that contributes to the therapeutic action of psychoanalysis?" (Vida, 2002, p. 437). Her response was as follows:

> It is not even possible for me even to enter my office in the morning of a clinical day without the hope and the possibility of love . . . How can I say what it contributes when it is not an option or a conscious choice whether it is there or not? This is like saying, "Does it contribute to the therapeutic action that the analyst draws breath, has a blood pressure and a pulse?" (p. 437)

Elaborating on Vida's observations, Daniel Shaw (2003), also a relationalist, speaks to the importance of using precise language to describe the love that occurs in therapy beyond what seems to be transferred onto the relationship from a client's history. He points to the contradiction between the therapeutic goal of enabling love and the failure to recognize the love that actually exists between therapist and client. Shaw (2003) performed a historical analysis of the understanding of analytic love. In his view, the results of this study contradicted the historical endorsement of professional neutrality. Instead, Shaw came to believe that theoretical "knowledge, rather than leading us to ignore, omit, or cancel our love, seems instead a call to persist in loving, as authentically, deeply, and respectfully and responsibly as we can" (Shaw, 2003, p. 275). Shaw (2003), in accordance with many of his contemporaries (Gabbard, 2001; Rabin, 2003; Schamess, 1999), argues for a normalization of these loving feelings through research and, ultimately, principles for practice. Shaw posits that this love should be managed meticulously, but still recognized. He writes, "I am saying that analytic love is indeed complicated and dangerous, and like all loving, carries the potential for devastating disappointment . . . [But] at the heart of this endeavor, I believe, for both analyst and analysand, is a search for love, for the sense of being loveable, for the remobilization of thwarted capacities to give love and to receive love" (2003, pp. 252, 275).

Arnold Bernstein also encourages deliberateness in managing loving feelings within the therapeutic frame. In order to dismantle the therapeutic fumbling created by Freud surrounding the management of emotive countertransference, Bernstein (2001) attempts to formulate a definition of love that invites analysts to explore the possibility of its presence. He argues that the lack of agreement about the definition of therapeutic love

precludes a broader discussion of the phenomenon. His definition evolves from the following line of thought:

> [The analyst] is able to set aside her own needs in favor of those of. A renunciation of this sort is generally recognized as an act of love; and of the more than twenty varieties of love described in the dictionary, it certainly conforms to the one variety most clearly applicable to the therapeutic encounter, i.e., "benevolent concern for the good of another." (p. 252)

Gerald Gargiuolo (1999), Joseph Natterson (2003), and Daniel Shaw (2003) speak to the importance of identifying useful language to describe the love that occurs in therapy, beyond what feels transferred onto the relationship from a client's history. Natterson (2003), who makes use of one of his own case studies, suggests that the presence of love has been perceived solely as a therapeutic problem. As an alternative, he suggests that "therapy can be viewed as a specialized mutually loving relationship" (Natterson, 2003, p. 510). Gargiuolo concludes that therapy is most effective when "we are alive, when we can interact with those whom we love, not as salves for our injuries, but as possibilities for experiences. To be able to use ourselves, to be able to use our world by recognizing relationships, is to feel effective and related" (Gargiuolo, 1999, p. 342).

Herbert Rabin (2003), echoing these arguments, suggests that overtly discussing therapeutic love, rather than frustrating it, is curative. He asserts that loving feelings are an essential part of the therapeutic process. Further, he concurs that the efficacy of therapy and true change cannot occur without these feelings. He writes that the aim of his work is to "bring the loving feelings of the analyst into open professional dialogue" (Rabin, 2003, p. 2). He states that without this inclusion, a central healing force is neither addressed nor understood. He arrives at these findings by researching three of his own

cases. Each clinical vignette concerns a female client between the ages of fifty and sixty-five. He found, in all three clinical vignettes, that his female clients felt empowered by the self-disclosure of his loving feelings towards them. Rabin (2003) summarizes these findings by concluding that "our love is . . . beneficial, even transformative, to patients" (p. 11). While his cases are embedded in a gendered power dynamic, perhaps the revelation of his loving feelings was a rebalancing act, an effort to gain equal footing through the exposure of mutual vulnerability.

In contrast to Rabin's cases, Florence Rosiello (2003) examines loving feelings within a same-sex relational dynamic. She sought to unmask the pervasiveness of ignoring same-sex transference and countertransference. She states that there are "few papers on erotic longings between female analysts with lesbian patients or heterosexual women patients, and there is an unfortunate lack of analytic literature on homoerotic transference and countertransference when both patient and analyst are heterosexual" (p. 90). Robert Weinstein (2003) begins to unravel this problematic pattern in his piece "On Love, AIDS, and Emotional Contact in Psychotherapy." In this article, he reflects upon a long-term case involving a patient named Bruce. Bruce and Dr. Weinstein met for ten years before Bruce was diagnosed with HIV. In this article he contemplates the worth of visiting his client in the hospital. He offers the following vignette, which took place during this visit, to support his subsequent argument for the power of therapeutic love. He describes a conversation between him and his patient, a conversation filled with stories of love, family, and friendship. He describes the dialogue as "an intense, loving interchange." He goes on to explain the depth of the emotions between them. "As I leave to go, feeling closer to him in this moment than ever before, he holds me and cried into

my shirt, ‘I don’t want to die, I don’t want to die.’ I stroke his hair and say, ‘Get better; let’s continue our work together.’” As the therapist looks back, he witnesses an affective transformation. “His color is okay, and I feel right then that he will get better, which he does within a few days. This incident, which touched me deeply, convinced me of the therapeutic power of love as never before” (p. 214).

Weinstein (2003) offers this reflection in the hopes of convincing clinicians to use “sensitive and caring flexibility.” This love and flexibility, while absent from documented historical clinical work, may in fact set the tone for the profession’s future.

## Conclusion

Applegate effectively synthesizes and distills the trajectory of the story that psychodynamic theory has told about love:

> No longer was the clinician to be objective and neutral, but he was given latitude to attend to, accept, and express his own affective responses. Countertransference, once seen as an impediment to objectivity that must be analyzed away, was in the object relations story an aspect of the clinician’s personhood that should be embraced and employed in trying to understand the client’s story. The moral of this story: The id may be fun, and the ego is useful; but objects that love you are better. (p. 116)

If the maxim “the more love, the better” is indeed true, as many theorists are collectively beginning to argue, then research and theory around this idea must evolve. There is not yet clear discussion on how love in the therapeutic relationship should be transmitted, if at all. Should it be overtly discussed linguistically? Should we be telling our patients “I love you”? If not, are there other means by which this powerful emotion can be communicated within the framework of our profession?

Rorty (1989) dissects the etiology of theory as a process of language development requiring “new vocabularies and metaphors” (Applegate, p. 112). Without this new

language, we are left with the unwieldy power of love, unaware of how to harness it and cure with it. Open to the possibilities of love and the varying modes by which we can communicate it, our peripheral professional role might just become irresistible to the mainstream.

## Conclusion and Implications

In 1990, Lear wrote: “The idea of a science of subjectivity seems at first paradoxical: how could there be an objective study of subjectivity? And yet, Freud realized, there had to be such a study if we were to understand human existence” (Lear, 4). Freud’s words ring ironically true in the effort to excavate the history of psychotherapeutic love in the treatment relationship. While he honored the essential value of researching the subjective, he also played a central role in the historical paucity of research on the very subjective nature of psychotherapeutic love.

There are many pitfalls in the scientific nature of this discussion. However, tolerating the opaque nature of love as a research topic makes the idea of studying it possible. In this dissertation I have linked the original erasure of love from the psychological canon as a byproduct of a singular relational failing between Freud and Ferenczi. This failing provides a metaphor for the power of relational failures and the subsequent long lasting nature of these failures. It also explicates the reality that theory is often linked to personality, and personality to culture and moments in time. Further, to examine the absence of love from our shared literature is to uncover the inextricable link between theory and culture. These two articles also lay the groundwork for future research and the clear lines that this research ought to take. Using grounded theory, an

exploration of both therapist and patient perceptions of the role and management of love in the psychotherapeutic relationship should occur. This would ideally inspire further research into how this love can be discussed in supervisory relationships, academic setting and train institutes.

The effort to take love out of hiding, particularly in the framework of social work, is also a revelation about this moment in time. It is almost impossible to make sense of what precisely that revelation is, but I would speculate that it means something about the cutting edge nature of social work. Moreover, though, it is evidence of a pendulum swing. While evidenced based research and empirically informed technique are invaluable, the pervasive nature of their presence must be countered with an equally important dialogue about the art of social work, an art perhaps inspired by love.

It is hope that these papers create several different ripple effects. Primarily, systematic permission must be granted for therapists in training to internally scan for the possibility of a range of affective responses that might arise in response to their clinical work. While self-awareness is preached sporadically in training, it was once a central tenet of social work education. This must be formally re-introduced. Without self-awareness the unwieldy nature of love in psychotherapy can create boundary violations and ethical conundrums. With it, however, love can be used in not only a constructive manner, but possibly a curative one. What systematic means, is that the real complexity of our responses to clients ought to be introduced in the social work curriculum, into case discussions, into the teaching of theory. To teach practice ought to mean to teach tolerance for affective vulnerability, complexity and authenticity. Lost in the mist of increasingly manualized modes of treatment is the human experience that has long

informed social work's commitment to the relationship. Love is the way back to that primal and core value of our work. Without introducing this to our youngest professionals, the most vulnerable populations struggle. This is often because our most inexperienced clinicians are typically matched with our most vulnerable treatment populations. This is a strong and sometimes troubling paradox of social work education and practice. Neglecting to equip our students with a sense of readiness for the feelings they might incur only negatively perpetuates it. Beginning to truly think about the very real presence of love in psychotherapy, attending to theory creation and research in the service of it, is the antidote to these trends. It is also social work's ethical imperative.

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