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

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

—William Butler Yeats, "He Wishes for the Cloths of Heaven"

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

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

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

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

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

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

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

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

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

Implicit and Explicit Domains: Two Fundamental Pathways of Change

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

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

In considering the implicit and explicit domains, I (Foshage, 2003a, 2003b, 2004, 2005) have proposed two fundamental pathways to analytic change. These pathways are related to the developmental and repetitive pulls of the transference (Stolorow and Lachmann, 1985; Foshage, 1994; Stern, 1994; Lichtenberg, Lachmann, and Foshage, 1996). The first pathway emerges out of a patient's striving to cocreate hoped-for, developmentally needed, relational experience (Kohut, 1984)—Years: "I have spread my dreams under your feet." In response to this developmental pull, an analyst must tread softly, as well as participate fully in the cocreation of needed growth-promoting experience (Foshage, 1997). The implicit procedural learning that occurs in the analytic relationship provides one major avenue of analytic change (Kohut, 1984; Foshage, 1992, 2005A; Shane, Shane, and Gales, 1998; Stern et al., 1998; Boston Change Process Study Group, 2005).

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

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

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

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

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

To Love and to Be Loved

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

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

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

The Analyst’s Love of the Analyst

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

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

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

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

The Analyst's Love of the Analysand

Beginning with Freud (1915) and Ferenczi, a long historical battle has been waged between those who have viewed the emergence of the analyst's love as a countertransferential encumbrance, indicative of a loss of objectivity and neutrality, and those who have emphasized the analyst's love for the patient as central to therapeutic action (Shaw, 2003). The emergence of a relational paradigm in psychoanalysis, augmented with our new understanding of implicit relational learning, implicates the analyst's participation far more in the cocreation of the analytic relationship and, specific to our focus here, in the cocreation and mutual expression of giving and receiving love. As an early contribution to an emergent relational and developmental perspective, Loewald (1960) likened the analyst's position to a parental role in that the parent, out of "love and respect for the individual and for individual development" (p. 229), helps to foster the child's growth. Contributing further to this perspective, Kohut (1977) recognized that the analyst must be sufficiently "empathically responsive" to the patient's developmental needs for protection (idealizing selfobject needs) and affirmation (mirroring selfobject needs) for thwarted growth to occur.

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

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

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

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

The Analyst's Participation in Mutual Expressions of Love

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

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

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

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

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

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

role (Stern, et al., 1998); and of "disciplined spontaneous engagements" (Lichtenberg, Lachmann, and Fosshage, 1996).

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

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

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

Continuation of Natalie's Analysis

To return to Natalie, I was wondering what could have happened to trigger, once again, her despair. We were well-acquainted with the numerous possi-

bilities—an insufficiently emotional response on my part in the previous session; some cue of what she interpreted to be my disinterest or even aversion to her, like a less than full welcome in the waiting room; a female patient leaving my office before her whom she viewed as younger, prettier, and capturing my favor; an emergent anxious thought between sessions that she best be cautious and wary, especially after we had taken a step toward intimacy, a trusted closeness with one another.

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

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

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

The story, of course, is still more complicated. The repetitive nature of Natalie's feeling of rejection and articulation of what I had failed to do triggered in me the other-centered listening–experiencing perspective (Fossage, 1995b, 2003a), resulting at times in my feeling accused and, also,