Diane Ackerman

ON TRANSFERENCE LOVE

This morning I went to the local deli for breakfast, and to spend time with Carol, a pretty, chestnut-haired, single woman in her forties. A zoologist, she had been away on an expedition, and we hadn’t seen each other for many months. So we set out on a girlfriend expedition of our own, catching up on all the travels in each other’s lives. In time, the conversation turned to her latest thought: going into therapy to construe some of the patterns in her life, and to find detours around the rocky relationships with men she always seems to plow into. She asked my advice about whether she should choose a male or female therapist, and, since she is the daughter of an alcoholic father who made her early life a misery, I suggested a male. She was fearful about having an intimate relationship with someone under such artificial circumstances. That got me thinking about the goals of psychotherapy.

Uppermost in a therapist’s mind are such matters as not making the client worse; putting out any roaring fires; investigating difficult conflicts; helping the client become more stable, self-reliant, and self-accepting. But one aspect of a therapist’s job is to develop a safe, stable, accepting relationship with a client, showing her by example what a healthy attachment would be like, in the hope that she will then be able to recognize its features and look for the same sort of relationship outside therapy.

“You believe their duty is to offer love to each client?” Carol asked. “If they are any good, they are serial lovers.”

“I’ll be meeting this guy, intimately, twice a week,” she said. “What if I fall in love with him? That’s the standard joke, that you have to fall in love with your analyst, right?”

“Actually the standard joke is: How many psychologists does it take to change a lightbulb?”

“I give up,” she said, slicing into a Mexican omelet. “Only one. But the lightbulb has to want to change.” We laughed as a waitress appeared with cups of hazelnut coffee.

“Falling for your therapist isn’t required,” I continued, “and many people don’t feel anything of the kind. But the circumstance—meeting secretly in a quiet room with a man who is completely open to you at your most vulnerable, and with whom you share your fantasies, hurts, and dreams—that’s very seductive, and it encourages love, it allows love to flourish.”

“Suppose I fall head over heels in love with him, body and soul, hot and heavy?”

“That would be both agonizing and very helpful. True, you would find yourself in a diabolically painful, unrequited relationship with a man you feel physically rejected by, and yet have to meet regularly. You’d be sitting across from him, face-to-face, knowing that he knows how desperately you love him, and also knowing that he doesn’t want you—it can’t get much more humiliating than that. But you’d also have the unique luxury of being able to analyze your pain with him, pick out which elements hurt and why, which are based on reality, which are exaggerations and distortions, which reflect scars you are carrying from childhood or past relationships with other men.”

“But there I would be, dying to have a real relationship with him, to do things together, to make love...”

“Let’s suppose you get your wish. He gets sexually involved with
you, and for a while that seems fabulous. He's most likely married, and the odds are that he's not going to leave his wife. I say this because statistically that's the picture—roughly 7 percent of male therapists have affairs with their clients, but only .01 percent of that figure go on to marry them. Soon enough all sorts of man/woman problems would arise. There you would be, having another bad relationship with a man. His job is not to add to your list of unsatisfactory relationships; it's to help you learn from them and avoid them. To that extent, he would have betrayed your trust. And, of course, it would make continuing therapy impossible. How would you feel if you were paying a man you were having sex with? Wouldn't that make you feel exploited? You would almost certainly end up in therapy with someone else just to deal with your bad relationship with your first therapist.

"All right, let's suppose I don't fall in love with him. A long time ago, I was in therapy briefly with a woman, and I couldn't bear the broken relationship at the end. Here you have this intense intimacy with someone you care for and trust, and then suddenly the reverse is true and you never see them again. I felt so disposed of; it was crushing."

"From the therapist's point of view, I guess that's the safest course to follow. Sometimes in novels or movies, strangers meet on a train and don't even tell each other their full names. But they have the freedom to be unparalleled lovers, acting out any fantasy, feeling unjudged and totally uninhibited. They can reveal anything, be anything. Psychotherapy is like that. Most therapists feel that they cannot become friends with their clients—even after therapy ends—because it would prevent that intense, liberating anonymity if the client should ever need to return for help. So their policy is: once an intimate always a stranger. Freud himself didn't practice this principle; over the years, he became dear friends with a few of his patients whom he particularly liked. They often socialized, and neither he nor they reported any problems resulting from the fullness of their friendship. Indeed, I know a psychiatrist in Manhattan, a wonderful woman in her seventies, who has outside friendships with some of her patients; and they rave about her as a person and as an effective therapist. But that requires remarkable people who can compartmentalize exceptionally well, and most therapists can't manage that, or don't want to as a general principle. In any case, you are having the most intimate relationship of your life with him, but he is having intimate relationships with many people. His day is filled with tumultuous human dramas and towering moments of empathy. Dealing with them often requires pinpoint concentration. After hours, he undoubtedly wants to clear his mind of all that, and for his own mental health he needs to. Probably the last thing he wants is to fill his leisure time with the same psychic carnage, or even with people who remind him of it. I very much doubt that many therapists have relationships with their friends—or for that matter with their families—which are as intense as the ones they have with their clients."

"And yet you still believe it's worth doing, despite everything, despite the ordeal."

"Because of the ordeal. Because learning how to love in a way that's not self-destructive is essential for survival. At this point, your world seems littered with hidden snares and bombs, some of which life dropped when you weren't looking, and some of which you have set for yourself. Defusing them is an ordeal. How could it be otherwise? But the world will be a safer place for you if you can defuse them."

I knew I was sending her to her salvation, but perhaps also to considerable torment. In the ancient hieroglyphic poems, love is a secret. It is so obsessive, so all-consuming, so much like insanity, that one is ashamed to admit how much life one has surrendered. Caught in the undertow of a powerful transference, Carol might not be able to reveal to her therapist how much of her mental and emotional life he consumes. Because she has a sensitive and tender heart, she will love him honestly, beautifully, with all the amleness of her spirit, but because he will not return that love, or even comfortably acknowledge its seriousness and proportions, it will seem shameful. She may feel self-
hatred, since it seems to be her fault alone for loving him so one-sidedly. She will not understand that the love has formed—to use Stendhal’s image—as naturally as a crystal of salt does on a branch in a sealed salt mine. She could not have stopped it; it did not arise because of some defect in her. It is an entity that sometimes grows in the caverns of psychotherapy, particularly if the therapist encourages it to flourish. But it will burn in her open wounds, it will torture her.

Carol may walk willingly into the primeval forest of deep transference, but will she be able to get out safely? Although neither is simple or without peril, it’s marginally easier to leap onto a dragon’s back than to climb off it. Dragons come naturally to mind because transference love is, in many ways, medieval in structure. It’s a love heightened by obstacles, taboos, and impossibilities, as was courtly love. That makes it all the more delectable. The therapist is like a knight who must prove his devotion by not lying down with his lady. Or rather, in effect, by lying down with her but not touching her. That was, after all, the final and truest test of a knight’s love, if he could steal into his lady’s chamber and climb into bed beside her, while her naked body appealed to all his normal male appetites, without laying a hand on her. In therapy, the patient lies down—literally or figuratively—and is more naked than naked, more exposed than mere nudity could ever reveal. The therapist proves his devotion by not responding sexually. His quest is to restore what has been lost or stolen from the castle of her self-regard. It is a difficult task, which they both construe as a journey fraught with obstacles and danger and strife. There are dragons to slay. There are whirlwinds to tame. There are enemies without. There are monsters within.

When I remember Dr. B.’s office I envision it from an aerial angle. I see myself slightly hunched at one end of the comfortable leather couch. I see him flung back in his specially designed orthopedic rocker, his corduroy-sheathed legs outstretched, his ankles crossed, his bald pate gleaming. I see the two of us looking out from our lamp-lit island into a parcel of shadowy office space, in the direction of the darkened alcove where Dr. B. typed up his bills and displayed the photographs of his wife and children that, squint and peer and crane my neck as I might, I could never quite make out.

Dr. B. was a fit and pleasant-looking man in his early forties, with a rather long and slightly horse face, a little like Prince Charles’s, or a Semitic version of John Updike’s. He emanated sensitivity and goodwill and he had a fine speaking voice, an anchorman’s baritone, which tended to lighten as he grew animated. When I first met him—nearly fifteen years ago—I was impressed by his handshake: a firm grasp, two hard pumps, and a quick release. By the time our acquaintance was five minutes old, I had formed an opinion of him that I never entirely abandoned, though I did revise and expand it: ordinary!

Dr. B. led me to his office, a small utilitarian space on the top floor of the local hospital. On the wall facing the patient’s chair, he displayed