

LANGUAGE, LOVE, AND HEALING*

I would like to approach the question of healing in psychoanalysis by paraphrasing Winnicott's prayer (which by now has been over-quoted), namely, that we be alive when we die. A hope that, I believe, should be an essential goal for patients as well as for analysts. Winnicott also noted that feeling alive, feeling real, could not be simply equated with the satisfaction of our instincts. He wrote that our instincts are personalized, so to speak, when they support and are in unison with our personal goals. Freud hinted at a similar process in his famous dictum that where Id is, Ego shall be. If to be alive is to experience oneself as real, experiencing creativity as well as personal initiative, then we have a usable context in which to understand psychoanalytic work.

Psychoanalysts and psychotherapists do not simply uncover what was buried, so to speak, although they certainly do that). They do not simply identify, confront, and interpret various developmental defenses (although they undoubtedly do that also). In this journey toward realness, toward aliveness, analysts and therapists try to provide a safe place where patients can find, and re-find, their personal history; a place where the language of their symptoms, of their non-aliveness, can be heard. Psychoanalysts attempt to provide a quiet place where therapeutic caring can quietly and patiently sustain a patient's grief—a caring one might legitimately speak of as love. In such a setting, the rifts within us and between us, the dividing fissures, the pathologies from narcissistic to neurotic disorders, have the possibility of coming together. Such a coming together, within oneself and with each other,

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Gargiulo

is a healing worth striving for. A healing which should have as one of its ingredients, for analyst and analysand, a demonstrable capacity for vulnerability, compassion and civility, for oneself as well as others. What I have just stated is by way of introduction to my personal reflections about psychoanalytic work; a work I have thought about, in terms of what I am doing and why I am doing it, for over thirty years.

The ancient Greeks noted that happiness—I think we can read this in the context of aliveness—resided in the full exercise of personal competence. Freud echoes this theme when he notes that the goal of analysis is to enable a person to love and to work. It is within this context that we can understand what might seem like a more pessimistic conclusion of his, namely, that at the end of an analysis a patient exchanges neurotic (he spoke of hysterical) “misery for common unhappiness” (Freud, p. 305). Although I have always had a sense of what Freud meant, writing this short chapter has helped me understand common unhappiness anew. Common unhappiness, I have come to appreciate, need not be experienced as a dour sadness. It has more to do with the acceptance of death, conflict, and ambiguity in the ongoing task of integrating one’s personal histories. When we are able to arrive at such an emotional integration, we have the *possibility* that the rift between our unrealistic wishes and/or ideals and our historical actuality can be bridged. I believe this is what Erik Erikson (1964) had in mind when he noted in *Insight and Responsibility* that we are most free (i.e., most alive) when we are able “to will the inevitable” that has happened to us (p. 118.). We are alive when we know both intellectually and emotionally, and have mourned for, what we have lived through. We are personally grounded to the degree that we accept the present moment and relinquish the fantasies of what we would have liked to have happened, or even, in a fairer world, what should have happened. We

Gargiulo

are alive when we can interact with those with whom we live, with those whom we love, not as salves for our injuries but as possibilities for experiences. To be able to use oneself, to be able to use one's world, not in a manipulative sense but by experiencing creative and mutual relationships, is to feel effective. Winnicott has these experiences in mind, I believe, when he speaks about being alive. Feeling alive, feeling grounded, as well as being intimately connected with others, is, however, a life task; it is not an existential given. In psychoanalysis, such a task is negotiated essentially by a therapeutic relationship, mediated through personal and interpersonal dialogue.

As patients recognize and attempt to resolve the old scripts of their lives, they can be more actively immersed in the world. Because they have walked the difficult streets of their pasts, they need no longer be held, in solitary captivity, by their histories. Therapy offers the possibility of being real rather than reactive. The human condition, what I believe Freud alluded to when speaking of common unhappiness, can be accepted and lived with. Within such a context, we can speak of healing.

Walking the streets of one's past, in psychoanalytic therapy, means understanding how we have been spoken to and therefore how we speak. The words that pass between patient and analyst provide alternate readings, alternate metaphors for our desires and our loves, our experiences and our needs.

What I have indicated about healing implies, as I have stated, understanding psychoanalysis and psychotherapy metaphorically. Elaborating on these thoughts, I noted (1998) that:

a metaphor is, as we know, that which evokes something else—a use of analogy to promote a depth of meaning and emotional resonance, as when we speak, for example, of the evening of life. Just as a metaphor points to something else, locates the center of meaning somewhere else, [it is important to] remember that ultimately there is not, nor can there be, one definitive center of meaning. By the very nature of our capacity to use metaphor, we are guaranteed continuous new meanings.

What do I mean when I say that psychoanalysis is a metaphor? To speak of something as unconscious, for example, is to context an individual's self-understanding. When we say that the unconscious is revealed or found as it is interpreted, we are describing an aspect of self-knowledge that comes in many guises. That is, knowing ourselves is also to experience not knowing ourselves, turning our eyes away from or even refusing to see ourselves. The metaphorical nature of the unconscious is equally true of such concepts as resistance, transference, idealized self-object or transitional space, *inter alia*.

We can also speak of desire itself as a metaphor for the other . . . the other as culture, the other which germinates desire within us; even the prohibition of desire is the other, as superego. (pp. 416-417)

When we understand transference as a metaphor, for example, we are attempting to elucidate how we are contextual creations, made up of our many histories and our many desires. We can appreciate that when patients are, for the psychological moment, their forgotten childhood dreams, fears, hopes, or expectations, they nevertheless encompass more than meets the ear, at that moment. Transference, in this context, can be understood as a metaphor for memory, for our need to speak the language spoken to us, for the ambiguity of desire and sometimes the absence of desire, as well as the different selves desires evoke. That we are all had by our histories and by what we do with those histories is not in itself a statement of pathology but of the dilemma of

Gargiulo

self-understanding. To understand the Freudian metaphors of the mind—Id, Ego, Superego, conscious, preconscious, and unconscious is—in fact, to appreciate man and woman as divided. To understand the metaphors of defense is to appreciate men and women as warring within themselves. Psychoanalysis offers, as far as is individually and humanly possible, a place where another will listen, with minimal judgment, to our story. A place where another will help us understand how we are telling it, point out our forgetting, our possible distortions, as well as our reenactments. As language and emotion become safe, as memory becomes clear, as reenactment becomes difficult, we are achieving a healing from neurotic misery to common unhappiness. A common unhappiness, I repeat, which is not a dour sadness but an acceptance of the ambiguities and conflicts of life, the reality of death, and the need to continuously examine our lives.

The recognition of common unhappiness is, as I have mentioned, no morose outcome to treatment; it is similar, I believe, to Winnicott's conviction of the universality of an everyday mild depression. A mild depression that is concomitant with the recognition of our historical place in the world, as well as the experience of our inner aloneness.

If we are listened to with compassion and respect, we should be able to find these qualities in ourselves. If we are listened to with a neutral ear, so to speak, we should find human differences more acceptable and thus be able to experience vulnerability as well as civility. Civility grows out of the awareness of the respect and care we owe others as well as ourselves. Terminating therapy, an individual should be able to love the world and to experience personal competence, to value oneself and be committed to the surprise of finding out who he or she is with honesty and humor. To know how and where we stand with ourselves and with others is essential to being

alive. Finding oneself in the dialogues of therapy means walking a path that makes the journey out of the dark forest of our pathologies possible rather than just frightening. We know our aloneness, however, because we are with others. Paradoxically when we are not in relation with others we are not alone, we are isolated.

The experience and awareness of personal aloneness can be a contented and grounded place for many individuals. For others, seeking a spiritual interpretation of the human enterprise, it is a seedbed for understanding whatever transcendent reality may be beyond them. Alfred North Whitehead (1926) concluded that “religion is what the individual does with his own solitariness” (p. 16). If one accepts such a definition, we can see that the human issues which psychoanalysis addresses, the profound subjectivity as well as relatedness of human awareness, dovetail with many spiritual traditions. Psychoanalytic healing, in my judgment, need not preempt either the acceptance of the finality of our historical actuality or the possibility of a transcendent context for knowing and experiencing our humanity.

While it is possible to argue that the most pervasive and viable *interpretation* an analyst makes to a patient is the quality of the therapeutic relationship, it is particularly important for analysts to remember that such a therapeutic relationship is a two-way street. An analyst must find healing also. While we can presume an analyst’s competence, we need not require brilliance. While we can expect intellectual honesty, we can hope that an analyst is able to manage his or her self-referential narcissism. The intellectual and emotional milieu out of which an analyst’s own healing can occur entails his or her being able to study whatever insights a psychoanalytic perspective can provide, knowing, without intellectual cynicism, that one is not able to hold truth except as a point of reference.

Gargiulo

Healing, as I have tried to convey, is a two-edged sword: both patient and analyst are its subjects. Helping others find and own their lives can, and frequently does, awaken an analyst's own shadows; he or she comes to healing with each case he or she treats. We can speak, consequently, of the analyst's common unhappiness as found in this repetitive healing. If the two-edged sword of healing does not cut into the analyst's side, he or she will sacrifice a little bit of life, a little bit of aliveness, a little bit of realness. Consequently, for both patient and analyst, the task of finding life, of reaching each other, of touching the real, continues. It is not a task that one completes; it is simply a road one decides to take.

Gargiulo