

Developmental Estrangement and the Re-emergence of Love

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Advocates' Forum

Author's Note

As clinical social workers, a common professional experience seems to be encountering clients who regulate therapeutic exchanges with a protective, defensive remove and/ or hostility. Two concepts may be helpful, in theory and practice, when considering and engaging exactly such clients. The first concept is estrangement; the second is cherishment. The former names a problem, and the latter offers a solution. This paper explores a history of psychodynamic thought and contemporaneous evolutions and augmentations of as much which may help our understanding and our treatments.

Within the psychoanalytic tradition, the work of many theorists (Klein, Winnicott, Suttie, Kohut, etc.) revolve, at least in part, around the important presence of responsive caregivers and the perils of their absence. Fonagy's (2001) Attachment Theory and Psychoanalysis provides us with a catalog of thinkers who engaged these questions of caregiving and its lack. Ferenczi, he writes, described "the potentially traumatic nature of the adult's failure to understand meanings in the child's psychological world ... with lack of sensitivity" (p.158) while in Erikson the caregiver ideally functions as a "coherent being who reciprocates one's physical and emotional needs" (p. 161). He points out that D. N. Stern asserts an "intersubjective bond ... connects baby and parent [through] interactive patterns [which] all contribute to ... eventual security [and the child's eventual] capacity for intimacy" (p. 119). Klein, meanwhile, thought "sensitive caregiving

would be ... a parent capable of absorbing and retransmitting the infant's psychological experience in a 'metabolised' form" (p. 160).

In his *Perspectives from Developmental Psychopathology*, written with Mary Target, Fonagy (2003) adds that Mahler posited ideal caregiving as "early symbiotic gratification and ... emotional availability" (p. 89) while Sullivan asserted that "the extent of the mother's tenderness determines the degree and quality of integration in the infant's personality" (p.207). In his later *Psychodynamic Psychotherapy for Personality Disorders: A Clinical Handbook*, Fonagy (2010) writes, "our understanding of others and ourselves critically depends on whether as infants our own mental states were adequately understood by caring, attentive, nonthreatening adults" (p. 188). To all of these perspectives, we can add Winnicott's argument that a concordant and attuned reflection by the caregiver of the child's own self-state is "essential for the establishment of the baby's self-representation" (p. 161) and the infant's "potential for unique individuality of personality (termed a True Self personality organization), which can develop in the context of a responsive holding environment" (Ogden, 1990, p. 143).

From this small sample of a wide range of theories we see the canonical importance of attuned, reflective, sensitive relationships, especially in caregiving. The absence of such relationships seems to bring manifold pathologies and painful disappointments, or a lingering sense of exile resulting from the internalization of any number of painful, salient moments of missed-connection throughout our lives. Elisabeth Young- Bruehl, in tandem with the analyst Faith Bethelard, coined the remarkably useful term "cherishment" to name what heals such a sense of pain and estrangement.

Estrangement

Estrangement emerges as a result of negative care-giving reactions (missed-opportunities characterized by a lack of caregiving sensitivity or active hostility) as well as by problematically present attempts at sensitivity (missed-opportunities characterized by an

abundant but false, or complicating, caregiving sensitivity). While the absence of sensitivity is more intuitive, problematically present maladaptive reactions by a caregiver can likewise cause harm. Fonagy (2001) gives this example of parents

unable to identify moments when the child himself experiences a sense of achievement but offer uncritical and excessive praise hinder the replacement of omnipotent self-representation with a realistic sense of self just as much as do parents who pay little attention to their child. Both leave the child with an unattainable, unrealistic, or partial system of values and ideas. (p. 110)

Thus even the affirmative reactions by a misattuned caregiver can generate what Fonagy and Target (2003) call elsewhere “a tendency toward disintegration rather than integration” (p. 207).

Suttie (1935) explains estrangement as a failure to achieve recognition. “One of the most grievous of possible experiences,” he writes, “is that of having to accept grudging [caregiving], since the unwilling [caregiver] shows no satisfaction in our pleasure—rejects our love responses and manifestly refuses to love us” (pp. 65-66). This lack of recognition forces a child’s development “to proceed by a violent change with repression instead of by gradual process,” and thus “does not produce really mature minds, but merely hardness and cynicism with a core of anxious, angry, infantility” (p. 96). In cases where “the parent is unempathic or insensitive, the idealized but faulty parental image will be internalized in place of the representation of the child’s own capacities” (Fonagy, 2001, p.109). Feelings of conflicted disavowal, painful disconnectedness, and repressive self-disregard are the instigating moments of privation that thrust a person into a sense of psychic exile and psycho-social estrangement. Once a person has been exiled into the psycho-social realms of estrangement—without attunement or reciprocity—“the world,” Young-Bruehl (2000) writes, “is simply too dangerous and perverse, too uncherishing, for spontaneity, for expressing cherishment needs directly” (p. 211).

As a result of such estrangement, we create defensive, cold, insincere (or sincerely disingenuous) personas. We hide because it is safer and then perhaps forget we are hiding. Considering the aforementioned luminaries who have tried to think through withdrawal and an exile, I couldn't help but wonder if all the above frames have been forged in the fires of each clinician's own developmental experiences, hammered into subsequent unconscious symbolic organizations, and wielded as uniquely individuated theoretical constructions. I imagine the same "choice" has been encouraging my own understanding, conceptualization, and expressions as well. I think of estrangement as a kind of unresolved and enduring isolation based on a series of salient missed-opportunities for connection at developmentally important nodal moments throughout the lifecycle.

Estrangement as a kind of psycho-social isolation, or sense of exile, is both intrapsychic as well as intersubjective. Not only does an estranged person experience an intrapsychic sense of exile and painful difference, there is a literal Other subject (or over time, Others) who encouraged, at least once, this sense of exile, and the two realms revolve in turns, and at length in the relationships of the estranged. Even if a person experienced in estrangement could not name the sensation of difference, or the origin of their sense of exile, I imagine that estrangement emerges as an internalized reaction to all the salient moments of missed connection throughout an individual's life, and the complicated psychic organization which naturally follows. Young-Bruehl (2000) speaks of clients who experience cherishment-frustration: "their expectation to be loved comes under a blanket of expectation to be rejected. They have rejected parts of themselves. We began to think of thwarted [cherishment-hope] as expectation of rejection" (p. 48).

Estrangement is a form of perpetual rejection.

Cherishment

Cherishment is a form of enduring acceptance.

Cherishment goes beyond even the momentary satisfactions of recognition, for through an enduring, spontaneous, and relational responsiveness and engaging, unthreatening, and reciprocal awareness there is an internalized sense of reliable caregiving and care-receiving possible throughout life (Pieper, 1990; Pieper & Pieper, 1999; Pieper & Pieper, 2001).

Young-Bruehl (2000) draws on literary examples and other cultures and languages to express the kind of cherishment-consciousness that emerges from elemental caretaking. She highlights the Greek word *storgé*, and the Japanese word *amae*, in which “the need to be loved is a biological given at birth, even in puppies, and not something created in response to anxiety and danger” (p. 54). She references Walt Whitman as one “able to alleviate himself in ... loving-kindness” (p. 59) and quotes Tolstoy, who in old age wished “to nestle against some tender and compassionate being and weep with love and be consoled” (p. 58). Having received cherishment, one is able both to be cherished and to be cherishing. Cherishment is thus a kind of healing salve which can treat the protective wound of estrangement. But in the face of estrangement, says Young- Bruehl, our natural inclination for cherishment retreats, burrows down, is hidden, quieted.

In psychotherapy, however, there emerge smoldering embers of cherishment’s hope, the hope of finding fulfilling connection, communion, and meaningful, reciprocal, fulfilling understanding. In order to help a person emerge from estrangement, the cherishing liberator must begin by entering into a client’s complicated brambles of semi-adaptive coping mechanisms, defenses, and resistances; protective False Self States surround the ember of authentic True Self States and their cherishment- hopes. As social workers, when encountering a client’s defensive gestures, we can be sure that in even the most truculent case, some kind of cherishment hope likely still exists. For according to the Japanese analyst Takeo Doi, such cherishment-hope “constitutes the underlying unconscious motive in [engaging with] treatment,’ no matter what specific illness or dilemma or crisis the patient may present” (cited in Young- Bruehl, 2000, p. 13).

In time, the process of allowing oneself to seek cherishment, and to be cherished, and to be cherishing lets a patient see the semi- and mal-adaptive nature of some of their behaviors. They begin to understand, too, however, “that it is no longer necessary for them to be ill in the old way” (p. 33). Thus slowly and circuitously begins a healing process maintained by the cherishing therapeutic relationship. Naturally, there seem to be as many ways of fulfilling cherishment hopes (and guiding/accompanying each other into the safety of holding environments in which cherishing can be actualized) as there are humans and moments of potential connection unfolding in time.

Encountering the Taboo on Tenderness

Throughout the therapeutic treatment of estrangement, we might discover that our clients have developed a distrust of love-relationships. This manifests, according to Suttie (1935), as a taboo on tenderness, and that along with this reticence comes a lingering rage. People in estrangement have learned to “avoid the pain of privation” and this avoidance spreads “in order to exclude all reminders of painful loss and all incentives to ‘dangerous’ appeals or indulgences” (Suttie, 1935, p. 88). What results from the absence of cherishing indulgence, for our estranged clients, is a learned rejection of most opportune moments involving cherishing potentials (the positive aspects of tenderness must on these occasions be sacrificed in tandem with its too-painful negative aspects as well). Thus emerges what Suttie calls estrangement’s

self-insulation from love hunger by the “cultivation” of a “loveshyness” [which to varying degrees] demands a psychic blindness to pathos of any kind—a refusal to participate in emotion. It can be carried to such a point that the individual is not only “steeled against” the appeal and suffering of others, but he actually dreads appealing to their sympathy (p. 88).

Along with loveshyness comes a rage decrying the absence of a true-safe-love’s receipt. The defensive burial of this cherishment-hope and deprivation-rage seem to be vital in the origins of

estrangement. Using Suttie's theories, we can see that these originating moments of estrangement, hinging on separation anxiety, force a repression of the True Self that then naturally conjures a correlative "hatred" of the unattuned caregiver and, it stands to reason, unattuned caregiving. For social workers, an awareness of the hidden rage, what Suttie calls hatred, is essential for the estranged client's convalescence.

True healing involves "overcoming the anxiety-butressed resistances" (Suttie, 1935, p. 208). These resistances are the figurative brambles mentioned earlier. It seems that as clinicians, we will likely face rage when helping a client overcome resistance and this rage-expression may be a good sign of progress as healing. A client's rageful love-hunger expressions directed at us as their literal or figurative (transference) recipient, should remind us of the utility and strength in gentle endurance and responsiveness. Wachtel (2011) tells us that some patients become "deeply conflicted and inhibited with respect to [earnest emotional True Self expressions]" and when such patients learn such feelings are not quite as threatening then there is therapeutic change taking place (p. 116).

If a client's messy emotional expressions of long-hidden needs, desires, and thoughts are uncomfortable for us as clinicians and if those expressions would be inappropriate for anywhere else in life outside of therapy, then

the good [social worker] ignores to some degree the adequacy and appropriateness of the patient's initial expressions of a previously warded-off feeling. If new territory is being reappropriated for the expanding conscious self, that is what is most important at first. Later there will be time for the fine-tuning" (Wachtel, 2011, p. 117).

By exactly not repeating the rejection of an estranged client's caregivers, we help remove some of the client's anxious and self-protective resistances to receive cherishment. By helping a client navigate transference and literal relational expressions of their buried love- frustration and deprivation-rage, old anxieties can be quieted.

And in this more peaceful safety is where healing occurs through earnest expressions of a True Self's frustrations and hopes, at last. Or as Suttie (1935) says, "[healing] consists in the removal of frustration, whereupon hate is not 'overcome' by love, but having no more reason for existence, is reconverted into love" (p. 208).

The Re-emergence of Love

What happens in healing cherishment is a complicated and nuanced dance of recognition, nurturing, sensitivity, attunement, mirroring, reciprocity, interaction, symbiosis, metabolizing, and articulating. But these all may occur in the most ordinary ways. As McWilliams (2004) says, "commonplace kindness or consideration is extraordinary" (p. 102). And through the emergence of this ordinary-extraordinary cherishment, healing begins. "Somehow, the therapy—the tie between you and your analyst—has to reach deeply into that core expectation, beneath all the defenses you've erected around it, and release its warmth to go like rays throughout you, relax you, grow you, allow you to feel again the expectation of love—from your therapist and, slowly, somehow, more generally" (Young-Bruehl, 2000, p. 7). Essentially one might say, as Ferenczi suggested, that we learn to love by being loved, in life and in therapy.

To argue that cherishment is a balm for estrangement insists that some kernel of hope survives most traumas in the expectation of meaningful and reciprocal communion. As social workers, we can be confident that each client has within some motivating force for connection and a desire to be understood despite all abandonments, abuses, failed-moments of connection, painful misunderstanding, or violence. With the work of our healing arts and sciences, it seems we can arrive safely, through the wreckage, to the point of cherishment. Aided with a practical understanding of estrangement and cherishment, we can help clients (and each other) find reasons to make life worth living. And with people for whom otherwise ideas such as healing and connection would rightly seem foolhardy and

incredibly painful to approach, we can sit patiently waiting for the signs of hope.

References

Ferenczi, S. (1950). *Further contributions to the theory and technique of psychoanalysis*. London: Hogarth Press.

Fonagy, Peter (2010). *Psychodynamic psychotherapy for personality disorders: A clinical handbook*. Washington, D.C.: American Psychiatric Publishing, Inc.

Fonagy, P., & Target, M. (2003). *Perspectives from developmental psychopathology*. New York, NY: Brunner-Routledge.

Fonagy, P. (2001). *Attachment theory and psychoanalysis*. New York, NY: Other Press. McWilliams, N. (2004). *Psychoanalytic psychotherapy*. New York, NY: Guilford Press. Ogden, T. H. (1990). *The matrix of the mind*. Northvale, NJ: Jason Aronson, Inc.

Pieper, M. H. (1999). The privilege of being a therapist: A fresh perspective from intrapsychic humanism on caregiving intimacy and the development of the professional self. *Families in Society: The Journal of Contemporary Human Services*, 80(5), 479-487.

Pieper, M. H., & Pieper, W. J. (1990). *Intrapsychic humanism: An introduction to a comprehensive psychology and philosophy of mind*. Chicago, IL: Falcon II Press.

Pieper, M. H., & Pieper, W. J. (2001). *Smart love: The comprehensive guide to understanding, regulating and enjoying your child*. Chicago, IL: Smart Love Press.

Suttie, I. (1935). *The origins of love and hate*. London: Free Association Books.

Wachtel, P. L. (2011). *Therapeutic communication: Knowing what to say when*. New York, NY: Guilford Press.

Young-Bruehl, E. (2000). *Cherishment*. New York, NY: Free Press.

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