DEMYSTIFYING LOVE

PLAIN TALK FOR THE MENTAL HEALTH PROFESSIONAL

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*Psychological Intimacy*

The topics of love, psychological intimacy, and desire intertwine in such important ways that it is somewhat misleading to discuss them separately. I have chosen to do so, nonetheless, because each topic is important on its own and may have different uses for the reader. This chapter, for instance, has proven to be an excellent introduction to those beginning to learn about the clinical interview. It is even more relevant to those who are starting a career as a psychotherapist. For these two groups, it can be used much before the topics of love and desire usefully fit into their sequence of learning. The experienced clinician, however, should have little difficulty integrating this trio of topics into a useful whole.

*An Introduction to Psychological Intimacy*

Sexual and psychological intimacies are often confused. What they have in common is that each involves contact with the
inner or private self. The contact can be physical, psychological, or both.

**Intimacy’s Useful Ambiguity**

Psychological intimacy implies familiarity and understanding, and sometimes affection and love. The word *intimacy* when used alone refers to sexual behavior without explicitly naming it.

**Privacy and Evolving Intimacy Rules**

The closeness that both kinds of intimacy create usually occurs in a private setting. Although the setting is often a place like a bedroom or a restaurant, setting can also refer to a context — a type of relationship that exists between two people. Society passes judgments on the appropriateness of the context. Social definitions of appropriateness, however, such as in the matter of a couple's premarital sexual behavior, are changeable. For example, American society is moving in the direction of, but is still not absolutely certain that sexual intimacies between graduate students and their professors are inappropriate. Since the early 1990s, however, sexual contact between undergraduate students and professors has been treated as unethical. Since the mid-1980s, our society has developed certainty about sexual intimacies within psychotherapy; they are now so unacceptable that they are often harshly punished. We have become wary of two-way psychological intimacies between junior and senior high school students and their teachers because we suspect that can

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be a prelude to the older or more powerful person taking sexual advantage of the younger and less powerful one.

**Most Conversations Are Not Psychologically Intimate**

Extensive psychological intimacies are avoided in the vast majority of social contexts. Behavior is more polite, functional, and superficial than personally significant or touching. Most social contexts, as a result, are likely to prove tiresome when a person is seeking psychological intimacy. Psychological intimacies are not boring; at the very least they are interesting, and, they can be enthralling. People who are only skilled at small talk or frequently speak of a third person whom the listener does not know, risk losing the listener’s interest far more quickly than those who initiate psychologically intimate conversations.

**Psychological Intimacy and the Mental Health Professions**

The employment of psychological intimacy in our work as mental health professionals is so basic to what we do that we generate it automatically, reflexively, without much awareness. Most of us have forgotten that we once had to learn how to foster psychological intimacy in others and to respond to it in such a way that maintained its powerful benefits. Society expects the medical profession to quickly form psychologically intimate relationships with patients in order to assess, diagnose, and begin to offer patients relief from their difficulties. This basic professional form
of psychological intimacy is easy to attain since patients expect us to listen to their story. All we have to do is not too egregiously interfere with their telling of it. The more difficult aspects of our one-sided intimacies occur as we continue to meet with our patients. They then have to retell the same story with more details, tell additional stories, and speak more spontaneously without the same conviction that they possessed at the first meeting about what was relevant to their problem. After our initial evaluation, we are expected to speak more. Our words are expected to be helpful, to relieve suffering, or to change the relationship of the patient to him- or herself or to the world. This is the difficult part, even for experienced mental health professionals.

Therapy is to be accomplished without the relationship falling into a two-sided psychological intimacy. Friends, lovers, close siblings, and spouses have two-sided psychological intimacies. These intimacies result from a shared emotional experience, typically from conversation alone. Both one- and two-sided psychological intimacies involve sharing intense emotional experiences. In our one-way professional intimacies, the patient has an intense emotional experience; we have a far more objective, cognitive experience with much less private emotional arousal.

**Someone Has to Speak for Psychological Intimacy to Blossom**

Psychological intimacy begins with a person’s ability to share her or his inner experiences with another (Levine,
2003a). This deceptively simple sounding capacity actually rests upon three separate abilities: (1) the capacity to know what one feels and thinks; (2) the willingness to explain it to another; and (3) the skill to express the feelings and the ideas with words. The absence of any of these three abilities limits the chance of establishing and maintaining psychological intimacy. For instance, some people do not recognize what they feel, even when their feelings are intense. The best they can do is to say that they are “upset” before or after they behave in some problematic manner. Others do not trust anyone enough to share their inner experiences. Still others, like a tourist in a country whose language is unfamiliar, are limited by their language skills; they know what they are experiencing but they cannot explain it.

The crucial first step toward psychological intimacy is the sharing by one person of something from within the inner self. What is shared need not be elegantly said, lofty in its content, or unusual in any way; it just needs to be from the inner experience of the self — from the continual monologue of the speaker’s self-consciousness, from the speaker’s subjectivity. Even if the speaker is able to bring these three capacities to the situation, psychological intimacy will not occur unless the listener in turn can provide an adequate response.
THE LISTENER MUST PERFORM WELL
FOR INTIMACY TO BLOSSOM

The listener has to respond to the speaker in a manner that conveys:

1. An uncritical acceptance of what is being said;
2. An awareness of the importance of the moment for the speaker;
3. A grasp of what is being said;
4. A sense of privilege that he or she is present to hear what the speaker has to say.

We mental health professionals should be excellent listeners. We should so well understand these ideas that they are automatically incorporated into our professional activities. While professionals have subtle variations from one to another in how well we listen, when a therapist and a patient are in conversation, we want the patient’s lack of self-awareness, unwillingness to share, or inability to express ideas and feelings to be the only obstacles to psychological intimacy.

Inadequate listeners prevent psychological intimacies. They make negative comments such as, “You shouldn’t feel that way!” They fail to acknowledge the significance of what is being said to them by impatiently remarking, “Can’t this wait? Don’t you see how busy I am?” They may miss the point of the speaker’s words. Or they too quickly return to the speaker role. Such failures

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prevent friendships from forming, people from becoming lovers, and spouses from maintaining their sense of connection.

**What Is Professional Psychological Intimacy?**

When the patient and the professional perform their respected tasks reasonably well, psychological intimacy occurs. The two people connect; they share a transient, rarefied pleasure. The shared pleasure is the intimacy. Here are its components.

The patient’s pleasure is in large part solace — a form of peace or contentment that results from sharing the inner self, being listened to with interest, and being comprehended. Solace is the response to being seen, known, understood, and accepted. Intimacy, however, also brings the sense of excitement, energy, and an uplifting of mood. Overall, the experience of intimacy for the patient may be stunning. This flow of emotion may, in and of itself, immediately offer both hope and relief. This response creates the basis for the idea that we sell psychological intimacy for a living. People in emotional distress need and want the restoration of hope. Our uninterrupted attention to grasping the patient’s story can transiently improve the patient’s mood, energy, and outlook. The professional’s pleasure results from hearing about the speaker’s inner experiences. The professional is trusted enough to be told, competent enough to have enabled the telling, perceptive enough to accurately summarize the speaker’s story, and wise enough to respond without censure. These quieter pleasures of intimacy for the clinician should
be routine. Veteran clinicians become jaded by their experience with intimacy. But new clinicians learning our skills are often themselves stunned and excited by what they have facilitated. They, too, feel a new contentment.

I have just defined intimacy in my way. Others frequently employ the term, but in my reading experience, it is either without a specific definition or it is something that is attained in countless ways (Scheinkman, 2005; Wynne, 1986).

What Is Two-Sided Psychological Intimacy?

Let’s imagine two people are having a successful date. Both individuals take turns being a speaker and listener and each is reasonably good at the roles. As a result of their conversation, each person feels some degree of pleasure — solace, contentment, or excitement. And each feels the quieter purr of being trusted with personal revelations that are not generally heard in public arenas. Each experiences the ordinary emotions of the good speaker and the good listener discussed above. In this context, however, both parties are apt to interpret their private feelings and sensations as the earliest glimmer of love. If the next date is also a psychologically intimate one, there can be a dramatic intensification of their pleasure and interest in one another.

Initially, the two individuals’ understanding of the context of their relationship largely determines their behavioral response to speaking and listening. Not only does society set its standards for context, but the individuals involved limit what takes place
between them, and what they allow themselves to feel in response to speaking and listening. The difference between a professional and a social psychological intimacy is not always in what people actually feel, but what they allow themselves to think and do about what they have experienced.

**The Immediate Consequences of Two-Sided Psychological Intimacy**

As revealing two-way conversations occur, powerful internal processes are stimulated within each speaker/listener.

**The Bond**

Most outside observers can recognize that the reciprocal sharing of the inner monologue with a person who receives it well creates a bond between the speaker and listener. Thereafter, each regards the other differently; the two people are together in a new way. They glance at each differently; touch each other differently; laugh together differently; and can continue to readily discuss other aspects of their private selves. Yet much more occurs within the two people than can be observed from outside of them. Within both the speaker and the listener, there is a feeling of attachment, a loss of the usual social indifference, a vision of the person as special. Intimate conversations ignite new processes. The listener becomes internalized within the speaker and, since both are performing each role, they internalize one another. “She is my new friend!” “She is my patient!” Internalization,
the invisible bond, has other predictable consequences. These include:

1. Imagining the person when she or he is not present;
2. Inventing conversations with the person;
3. Preoccupation with the person’s physical attributes;
4. Anticipation of the next opportunity to be together, and missing the person’s presence;
5. Dreaming about the person;
6. Thoughts about that person as a sex partner.

The intensity of these consequences varies from relationship to relationship. When two-sided psychological intimacy occurs, we begin to weave the person into our selves. Our new intimate partner is not only reacted to as a unique individual, but she or he stimulates thoughts, feelings, and worries that we previously experienced in relationship to others. This often complicates two-sided psychological intimacies.

Reviewing these ordinary consequences of early two-way psychologically intimate conversations helps us to understand why many people interpret as love the pleasure they feel from the conversations and the interest they discover in listening to and speaking with their friend. They may downplay this a bit by referring to their “chemistry,” but they privately mean love. We do not have to agree or disagree because it is clear that they are bearing the intrapsychic consequences of psychological intimacy.

CONSEQUENCES OF PROFESSIONAL PSYCHOLOGICAL INTIMACY

The mental health professions have recognized for almost a century that something akin to this happens in our offices during some of our work with patients. We designate this process as transference. The intensity of the therapist’s concentrated interest in, wish to understand, and desire to help the patient evokes transference reactions. Sometimes we try to use a patient’s transference to us to educate the person about past experiences. Ideally, such therapy helps patients to peel off their transferences to significant others so that they can react to their partner on his or her own merits rather than according to how the patient was treated years ago by someone else. Most modern therapies do not quickly focus on transference; they are more problem focused. But even while the focused conversation between patient and therapist is occurring, their bond may be deepening, the patient’s pleasure in being listened to and understood is becoming a form of emotional sustenance upon which many patients quickly come to depend. Psychological intimacy is a form of nurturance, support, and connection which can come to be highly valued by the patient. The patient experiences pleasure in seeing the therapist, has a great interest in the therapist, and feels an important attachment. In other settings, such private responses would be called love.
ALL PSYCHOLOGICAL INTIMACIES CAN PROVOKE EROTICIZATION

The amount of time required to imagine the person as a sex partner — that is, the speed of the eroticization provoked by intimacy — is modified by at least seven factors: age, sex, sexual orientation, social status, purpose in talking together, the nature of other emotional commitments, and the person’s attitudes toward private sexual phenomena. If the pair consists of a comparably aged, socially eligible heterosexual man and woman, the eroticization triggered by sharing of some aspects of their inner selves can occur with lightning speed — in both of them. Similarly, for a pair of gay men or lesbian women, eroticization can occur in a flash. The stimulation of the erotic imagination may never occur, take a long time to occur, or occur only in a fleeting disguised way, depending on how these seven factors line up. Many adult psychological intimacies do not lead to eroticization. Friendships are valued because they afford an opportunity to share the self without the intrapsychic burden of eroticization. The specific emotional experiences that occur as a result of intimate conversations are usually guarded with extreme care. They can be exceedingly exciting both generally and erotically. Some individuals who are new to intimate conversations may have fear about their intense responses to their new friend. They feel so excited that they wonder if they are losing their mind. The power of the excitement of a new psychological intimacy with a friend can be strikingly similar to the power of the imaginative burst of
falling in love. We think it is normal and cute when 10-year-old boys and girls form new inseparable friendships and physically hang on each other endlessly.

*Clarice, age 10:* “Mom, I just fell in love with Sara.”

*Mother:* “That is nice, dear.”

College students living in dorms, meeting new people, sharing their affective excitement about their increasingly emancipated lives and their intellectual growth have a lot both to talk about and to listen to others about. There are many transient sexual relationships spawned in these settings and there are some highly personal, inhibited homoerotic excitations as well. A person has to be able to tolerate the stimulation that a new friendship induces. Most young people do not recognize the similarity between a new friendship and falling into a romantic love. Some individuals are unnerved by their internal responses to new friendship and spend their lives aspiring to emotional closeness but subverting it.

**The Long-Term Effects of Psychological Intimacy**

Without repetition of the solace/pleasure experience, the positive consequences of intimacy prove to be short-lived. In order for two-sided psychological intimacy to fully blossom, periodic sharing of aspects of the inner self is required. There are good reasons to continue to share over time. Reattaining psychological intimacy provides a sense of security about the relationship.
It calms the individuals by allowing them to be seen, known, accepted, understood, and treated as unique. This is the stuff of friendship, good parenting, and being and staying in love. Long-term sexual relationships are often characterized by what seems to be a premature loss of sexual behavior. What typically precedes this is the loss of psychological intimacy. It is important to consider psychological intimacy as an aphrodisiac.

While most friendships are not bothered by mutual eroticization, most sexual partners expect to be dear friends. Dear friendships and good lovers do some of the same things for us: They stabilize us — they make us feel secure, happy, and good about ourselves. When psychological intimacies disappear from previously important relationships — no matter whether they involve spouses, lovers, friends, or a parent–child unit — various anxiety, depressive, or somatic symptoms may appear.

**Psychological Intimacy Is a Potential**

One-sided psychological intimacies are common between children and their parents, patients and health care professionals, clients and lawyers or accountants, and advice-seekers and clergy. Two-sided psychological intimacies are the basis of friendships, good familial relationships among older children and parents, and sexual love relationships. Psychological intimacy’s potential depends on the degree of self-disclosure and nuance of attention and understanding. No two intimacies are quite alike; each relationship is uniquely rich or poor in its possibilities. People with

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more than one intimate friendship are not necessarily intimate with each friend about the same aspects of their lives. People who have had several lovers recognize that there were differences in the degree of psychological intimacy attained, the personal material discussed, and the lovers’ responses to private revelations. It may be only a potential but it is quite a vital one.

**Psychological Intimacy and Gender**

A generation ago, a process began of compelling theoretical work about the essential psychological styles of girls and women (Gilligan, 1993). Normal women came to be understood as typically requiring more frequent psychologically intimate experiences — with each other, with children, with lovers, with husbands — than do men. Women complain more than men to therapists about the lack of psychological intimacy in their relationships to men (Gilligan, 1993; Jordan, 1989). Men are more typically patterned to more autonomous operational patterns. They have trouble understanding why women complain about their lack of communicating, why they say their marriages do not contain enough intimacy. Today it is broadly recognized that healthy women organize their lives to a far greater degree around relationships — to friends, family, lovers, children, and spouses — than do healthy men. Women expect themselves to be relational, to gravitate to connection, and to personally evaluate their successes in terms of psychologically intimate relationships and responsiveness to other person’s lives. Men tend to think of

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themselves as successful more often in terms of the creation of a unique, self-sufficient wage-earning self. These gross generalizations about the gender differences leave room for the scientifically verified observation that no one psychological trait is the exclusive province of either gender. Men prosper in intimate relationships as well as women do.

**Relationship Between Psychological and Sexual Intimacy**

Psychological intimacy lays the groundwork for select people to become lovers. It is often the trigger to falling in love. Once a couple become lovers, the sexual behavior creates a further sense of knowing each other. People experience each other’s nakedness and their behaviors during sexual arousal. Sex allows them to know a person in ways that few others can ever know them. In the early phases of a relationship — the being-in-love stage — sexual and psychological intimacy creates a positive feedback loop: one form of intimacy stimulates the other form.

For the long haul, it is the ready reattainment of psychological intimacy that enables the couple to make love again and again over decades, to shed their inhibitions during lovemaking, and to eventually discover the limits of their sexual potential with one other.

In any sexual relationship, over time it becomes increasingly difficult to behave sexually together without psychological intimacy. Lovers may quickly discover that talking, communicat-
ing, or sharing how one thinks and feels about a relevant matter increases their willingness to behave sexually. Psychological intimacy, however, requires each partner to set aside time to reestablish it when the sense of disconnection or distance is felt by either of them. This can be a formidable problem for those who do not intuitively understand these ideas, cannot provide the speaking or listening skills, are chronically overwhelmed by other external demands, or who originally could manage only a meager intimacy. As a result, the sexual potential of psychological intimacy is not realized — sexual desire is severely limited by the absence of psychological intimacy.