

Intimacy: Inner Space and Relating with Others

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What do we mean when we use the term intimacy? What are the issues of intimacy that we struggle with in our lives? And, what does it mean in the consulting room, both for patients and in the relationship between patient and psychoanalyst? I will address these questions beginning with an observation of different definitions of the term, which will lead me to a dialectical concept of intimacy. I will then explore psychoanalytic ideas on intimacy and share brief clinical vignettes that both illustrate this dialectic and explore different ways of struggling with and managing intimacy. Finally, (how) does the psychoanalytic relationship promote intimacy?

The word intimacy stems from the Latin root 'intimus', meaning 'innermost'. Interestingly, the German versus the English Wikipedia entries differ in how they introduce the term. On the German page the first reference is made to a person's intimate sphere and the legal protection of such a sphere ("Intimität", 2017). The entry introduces intimacy by referring to a private, intimate space that should not be intruded upon by other people before mentioning intimate relationships between people. Per the English Wikipedia entry the term intimacy refers to "an intimate relationship between two people or...more people" ("Intimacy", 2017). Intimacy is thus defined as "an interpersonal relationship that involves physical and/or emotional intimacy" ("Intimate relationship", 2017). Accordingly, the psychoanalyst Theodore Rubin defines it as "[b]enevolent closeness, which includes noncompetitive mutual caring, working for common goals... trust and openness, exchange of feelings and self revelations, [and] tenderness" (Rubin, 1989, pg 1).

I would like to here illuminate the dialectic of the intimate sphere of one's "bodymind"^[1] (Wrye, 1998, quoted by Dimen, 2000, pg 10) and intimacy as a relationship between people. They both inform each other and mutually constitute each other. From the perspective of an adult, socialized in 'Western culture', being intimate with oneself and feeling safe might be considered a precondition for intimacy between people. Yet, an intimate relationship with another person precedes this personal space – it precedes the development of what we call a sense of self. Our intimate relationship within ourselves reflects the ways in which our first significant other(s) handled our bodies and related to our emerging minds, both consciously and unconsciously. Firstly, the ways in which we were taken care of (that is, amongst other things, being fed, washed, touched, held, caressed, addressed, spoken with, played with) and the ways in which we might have been overwhelmed (intruded upon, physically harmed or withdrawn from, neglected, abandoned) shape how our bodymind comes into being. This aspect of our coming into being – the primacy of the other – has been highlighted by the French psychoanalyst Laplanche (1989) and others (Quindeau, 2013). Secondly, our primary intimate relationships are characterized by our being utterly dependent on an *other*. This is a traditional psychoanalytic theme that has been especially illuminated in the psychoanalytic school of object relations (e.g. Alperin, 2001). Therefore, we will always carry the marks of this inevitable early dependency and helplessness, even when- or especially when- we try hard to become completely independent and defend against dependency and 'neediness'.

As a consequence, we might long for intimate closeness and want to be loved and cared for, but fear to lose our self to the other, to merge with or feel 'engulfed' by the other. We might fear abandonment and/or we might seek complete independence and autonomy in order to avoid fusion, dependency or abandonment. In lieu of intimately relating to an other, we might also use this other narcissistically as an object that serves to 'mirror' our self so that we can feel self-esteem or even a sense of self. The

following brief vignettes will illustrate these aspects and conclude on how the psychoanalytic relationship bears the potential to (re)create intimacy.

Conflicts around intimacy in the consulting room

Overt dependency and covert controlling

Marlon^[2], a man in his 20s, is in a relationship with a man his age. Although supportive of Marlon, including his 'coming out' as gay, his parents have always assigned to him the position of 'the emotional one', 'the needy one'. As a teenager Marlon developed anorexia; he would be starving himself as a way of gaining control over this 'needy', 'greedy' and 'dependent' body, this 'uncontrollable thing'. Recently, the anorexia shifted in the direction of bulimia. Marlon still mostly restricts his eating, exercises excessively, but at night he feels the irresistible urge to binge on 'crap food'. After the binge he regularly purges. In the relationship with his boyfriend he takes a similar role as in his family. He will feel needy, emotional and dependent on the boyfriend constantly feeding him with validation and reassurance. At the same time Marlon tries to control the relationship by demanding the boyfriend to be there for him in very specific ways and take care of him. Once the boyfriend 'fails' him, he will 'punish' him with withdrawal.

In the (transference) relationship Marlon presents himself as emotional and vulnerable, full of explicit self-loathing, so that my response will be empathic. I will find myself feeling the urge to take care of him, to be 'the good mother' who will accept him and not project her own neediness onto him. While in session, Marlon will ask for a lot of emotional support and validation. Yet, between sessions he will cancel on short notice or ask for rescheduling as a way of taking control of our relationship.

Withdrawal and isolation

Michael, a man in his early 30s, experienced early abandonment and neglect on the one hand and severe physical punishment on the other hand. As a 10-year old boy he was repeatedly sexually abused by a teenage female cousin. In his 20s Michael had a sexual relationship with a girl he dated for about one year. Since then he has increasingly isolated from others- be it friends or potential sexual and/or romantic partners. In the (transference) relationship with me he also withdraws. He remains in the victim role that he will assert by positioning me in the role of one of his abusers. In those moments all of his desire is projected onto me. In this dynamic, in fantasy, I will be the desiring subject that will use her power to abuse him while he holds on to the power of the passive (aggressive) position, which lies in resisting and not being affected by me.

Narcissistic mirroring

Nathan, a man in his 40s, entertains a large social circle and holds fancy dinner parties in which he would be the admired, interesting host with an aura of extravagance and glamour. Outwardly, Nathan appears independent, grandiose and in control. Yet, he surrounds himself with women who validate his grandiosity. These women are beautiful, most of them much younger and less accomplished than Nathan. They serve the function of mirroring his grandiosity back at him. Nathan uses the framework of polyamory [which literally means to *love* several people] while not engaging in an emotionally intimate way with anyone. 'Having' several women at a time, Nathan will also regularly complain about their acting in a 'needy' way, demanding and wanting more of him than he would be willing to give. When breaking up with them, he will note how they just wouldn't accept his insistence on polyamory. His self-described "being a dick" allows him to remain in control of his desire, to feel desired and independent, while helping to veil his dependence (on being admired and desired). In the (transference) relationship with me I become another 'mirror' of his grandiosity.

These brief vignettes focused on how conflicts around intimacy enter the consulting room. The next vignette will include a hint at how the psychoanalytic relationship bears the potential to (re)create intimacy.

Dangers of engulfment and fusion

Anna, a woman in her 30s, remembers how she has always been compliant with her parents. When she was a teenager, her father died in a car accident. After his death Anna felt she had to replace her father for her mother. The mother demanded of her not to leave her alone, to sleep with her in the parents' bed, to console her whenever she would break down in grief. There was no room for Anna's grief. When she finally asserted boundaries and refused to sleep in a bed with her mom Anna was reproached with "not loving" her mother. She remembers the following scene: During a recent visit Anna's mother made pizza. She put artichokes on it which Anna doesn't like. "So I picked them out. It wasn't a big deal. I enjoyed the pizza. But my mom got so upset. She yelled at me: 'you don't love me'. You'd rather I be dead and not dad." In the following associations Anna links this scene with similar scenes throughout her life. Together, we co-construct implicit messages that were interwoven into the mother's care of Anna: "I feed you and my feeding you means I love you. In my feeding you we are one. You are (like) me, you consolidate my sense of self. If you don't like my food or at the slightest indication of your being other than me, it means you don't love me/I don't love you".

Anna is married to a woman who appears like an opposite of the mother; she is said to not emote much, to be even-keeled and independent. This allows Anna to feel safe to not be 'engulfed' and/or 'spat out'. In this relationship Anna manages to keep her own longings for such fusion at bay. As a consequence, Anna has built a stable partnership with her wife, a trusting and emotionally intimate relationship. Yet, she misses sexual passion that she had been able to experience with other women. In our work, Anna has been working towards more separation from her (internalized) mother. Recently, she shared a sexual fantasy about me. She entertained that fantasy in a moment when she was physically close with her wife. It allowed her to picture herself both emotionally close and sexually passionate with her wife. In that moment, Anna said, she realized how she maintained the split between intimacy and sex in order to protect herself from states of fusion with her partner. Actively engaging in a sexual fantasy born out of our intimate psychoanalytic relationship made her a subject of her own desire, which opens the possibility of feeling safe enough to let that sense of self go in a moment of ecstasy.

Conclusion

As psychoanalysts we invite patients to engage with us in their old patterns of relating, i.e. in the transference relationship. At the same time the psychoanalytic relationship holds the potential to transcend these old patterns by building a new intimate relationship. The frame provides containment (in space and time), safety (through confidentiality and the rule of abstinence that prevents us from acting out an intimate relationship with our patients) and understanding. In order to understand the old relational patterns we use our own bodymind and let ourselves be affected by and involved in them- both consciously and unconsciously. We thus inevitably take part in (re)enacting old patterns of relating and struggles with intimacy in the consulting room. At the same time we create the potential for transcending those patterns through understanding and by building a new relationship that is built on safety, reliability and understanding.

References

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[1] *The bodymind emerges in the earliest infantile experiences with one's caregiver.*

[2] *All names are aliases. In addition, all identifying information has been altered (that includes genders, family relations and other data).*