Romantic Delusions

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In this paper, I will discuss the dynamics in which patients often attach themselves, typically romantically, whether reality based or imaginary, to a particular person(s), and use the reactions of that person to determine their own well being. The patient’s inability to be aware of perfectionism, splitting, harsh judgments, control, projections, and dedifferentiation makes it difficult for these patients to gain self awareness. Often, something happens within their romantic connection, usually involving a break in the perceived entanglement, resulting in much psychic pain, allowing them in the treatment room for the first time. Unbeknownst to these patients, psychic pain could have been diminished had the defenses and dynamics involved been made aware. This involves a return to the self, which for many patients is very difficult. The awareness of developmental “breaks,” accompanies feelings of shame and self repudiation. “Necessary fiction” involves the imaginary perception of the “other” as a way of defending against the reality of self. In George Bizet’s opera, Carmen, “necessary fiction” is present in the romantic attachments and the loss of self that lead to dire consequences. Similarly to Bob Dylan’s “Like a Rolling Stone”, denial of the reality in the romantic dynamic, results in “no direction home,” not being able to return to one’s own sense of agency. Clinical material will be discussed, involving a middle aged gay man in psychoanalytic treatment for the first time, who is depressed with suicidal ideation due to “romantic delusions,” and a volatile heterosexual couple where the lack of acceptance of the other is a defense against acceptance of self, including one’s own feelings.

How does it feel? To be on your own, with no direction home...

Like a Rolling Stone, Bob Dylan

We are all delusional when it comes to romantic love, but what is deemed pleasurable and healthy is a mild regression within the relationship. For some of us, pet names and cooing allow us to believe that regressive needs are being taken care of. For others the regressions become more primitive, resulting in maladaptive relating, where conflicts are many and painful. The inability to look beyond what the immediate experience is within the conflict, leads to a perpetual downward spiral of regressed projections that are so solid that they are impossible to sort through. This leads to pain, first felt by each individual in earlier experiences and then reenacted as an attempt to work through the original misfit experience. The following case examples demonstrate the above dynamics, including explanations and treatment.
**Don Jose**

In Georges Bizet’s *Carmen*, Don Jose kills Carmen at the end of the opera. In the beginning, Carmen throws a rose in Don Jose’s direction. The rose, the transitional object signifying the start of a potential pleasurable, love/lust filled romance, instead symbolizes the start of the downward spiral into madness. In the opera, Carmen refuses Don Jose’s romantic advances after he personally gives up a lot back home, including potential marriage to another woman, Micaela. Carmen, being an hysteric, changes her mind and affections frequently, and Don Jose becomes just another of her romantic victims. Don Jose’s inability to differentiate feeling from behavior causes him to murder Carmen, and his whole life is ruined.

The ability to really feel and not act on those feelings is a developmental phase that has to be internalized and introjected through conscious and unconscious development and learning. To be able to mentalize, where the child puts himself in the emotional and thought mind of the caretaker, is not an ego function accessible to all infants and children. If the parent is not able to mentalize first, that is, to place himself in the psyche of the infant to determine what the infant needs or is attempting to process, and if the behavior of the caretaker is threatening or rejecting, the child is left to her own underdeveloped emotional devices to psychically navigate. This may have led Don Jose, to lose all sense of being able to process, and as well as his sense of perspective. Also, the pull towards the rejecting Carmen is too strong for him to resist.

Fairbairn wrote about the strong attachment children have towards their rejecting or abusive parents, which I will discuss later, and how the maladaptive attachment gets transferred onto romantic partners, as in the case of Carmen and Don Jose. He isn’t able to mourn on the verbal level. He has no ability to symbolize. His behavior includes abandoning his military squad, which ruins his military career, to pursue Carmen. He gives up so much of his own life within the fiction of what he feels it means to be in love. This fulfills the masochism within himself, i.e. in order to get love, I need to suffer badly. The above dynamic, which also includes a major attempt to control his object, takes the place of getting in touch with feelings of loss. Don Jose may say to Carmen, “Look how much I have given up for you?” The answer to this may be, “Who asked you to!”

**Nick**

My patient Nick isn’t able to find anything within himself, “There’s nothing there,” he says. There’s no one “home,” no direction “home,” no “home” to which to go. The powerful pull to continually attach himself to romantically rejecting Alberto is what keeps Nick from his nothingness. The hope and illusion that he’ll someday get what he wants from Alberto is painful, but less so than returning to the self and being with the dread and deadness that’s within. Hence, the necessary fiction…hope is better than nothingness and helplessness.
Nick is often confused and unsure. He sometimes questions what it would be like for him to imagine losing the delusional attachment to Alberto. As soon as he starts to see his own feelings, his own process, he quickly returns to the internal rejecting object, manifested as Alberto, and obsesses over the perceived connection or lack thereof. “Why doesn’t he respond to my text? He’s supposed to call back if I call him first! It’s not the way it’s supposed to be, why would he say something to insult me like that? That was disrespectful, why did Alberto do that? I like it when he calls me by a pet name, but don’t lovers talk to each other that way?”

Nick is perplexed, obsessed and confused. Nick is nowhere near separate from Alberto; there is no differentiation, just an enmeshed connection that plays out his repetition compulsion. Nick is trying to make sense of what is going on with the other (similarly to Nick trying to make sense of his alcoholic father and passive masochistic mother), but what he is not aware of is that it is internal. I try to gently redirect him internally. I say, “I hear there’s a lot going on with Alberto, but how are you feeling internally? Can you put into words what you’re experiencing within yourself?” Nick responds that there’s nothing inside. I say, “Tell me about the nothing, does it have texture, color?” “It’s like air, grayish in color” he says. We’re getting somewhere, I’m thinking. But then, defending against the vulnerability, he quickly says, “Oh, I didn’t tell you what Alberto said…” We’re back to the child and the unreliable rejecting parent.

Working with Nick is bits and pieces, here and there, of sometimes putting language to his internal state. He mentions at times that he would like to join a choir, or to do volunteer work, experiences that would help him to grow, build self esteem, and allow him to take risks that could lead to fulfillment. It disappears quickly, always back to Alberto. This is the imprisonment of connecting to the other: life starts when the other changes. There’s always the hope that the parent will change. Although maladaptive, this creates a tighter bond and attachment to the other. I experienced this first hand in my own life. As a child, I couldn’t bear having my mother out of sight. Later, as a young adult, I would often feel unloved or uncared for in romantic relationships unless they contained elements of obsession and enmeshment. There are parts of Nick’s story that resonate personally for me.

It is the maladaptive attachment that Fairbairn (Celani 2010) discusses, which originates from negative parent-child experiences, which leads to an over-attachment to the caretaker. Fairbairn discovered that in working with children who were abused at home, these children were more attached to the parent abuser than children who had nurturing parents. Instead of wanting to get away from the abusing parent, these children reacted in the opposite manner. My patient Nick is overly focused on his deceased mother. This really gives us insight in working with adults who attract romantic partners who also abuse or reject them, and how “glued” they are to them. The work, in general, does become about the gradual introjection of the analyst good object leading to the patient starting to experience the romantic other as ego-dystonic.
In the clinical setting, developmental progress is being made when the patient is able to report back that she’s thought about what goes on in the session, and can put herself “in the mind” of the analyst. The analyst is doing the emotional thinking for the patient until the patient is able to do it for herself. My patient Nick is starting to do this. He says, “I thought about what you said last week (an ego building interpretation), and I decided not to drive by Alberto’s house repeatedly.” The impulse was to drive by repeatedly, but instead Nick did two things: first, he thought it through and decided not to do it because of how he would feel afterwards, and secondly, he differentiated feeling from behavior—he didn’t follow though on the stalking. This process of thinking it through and not acting on impulse is unfamiliar to Nick due to his not having learned and internalized this developmentally. My work with him is quite interactive, including hand shakes, using humor and self disclosure when appropriate. My feedback and interpretations to Nick are often what some might consider common sense, but I believe it’s curative developmentally because it helps Nick to utilize tools in helping him to get by mentally day to day. Fairbairn discusses the importance of the “real relationship,” which is beyond or separate from the transference with patients. This is where Fairbairn stands out from other theorists who typically believe everything that happens in the treatment is transference. Fairbairn describes the needed support patients like Nick require in order to build up the ego in order to be able to go out into the world. This for Fairbairn is the mutative component, through the therapeutic alliance, which, according to Fairbairn, also includes love. This is a positive projective identification in which the patient is the recipient and is influenced by the analyst’s love.

Nick’s first dream is about his mother, who is deceased, was in a wheelchair at the hospital, near death, and he feels guilty because he wasn’t able to save her from death. I ask Nick to associate, at first, with the wheelchair, and he responds by saying that he feels really guilty, and the wheelchair is where he sees his mother really sick, her inability to walk, and that he was responsible for it happening. I don’t say it but think it--Nick wants his mother dead! Nick often feels that he didn’t assert himself enough to save her while his mother was in the hospital. Nick feels very guilty regarding his mother’s passing, and he has this omnipotent sense that he could have saved her, reminiscent of his childhood where he felt he needed to save his mother from his abusive father. This I interpret. Nick to this day wears his mother’s wedding band. Enmeshment is an understatement. Nick’s unconscious is really trying to communicate layered aspects of his relationship with his mother. This includes rage, destruction, sex, death, and guilt. It’s too soon, if ever, to interpret these dynamics, but I think about them a lot. At least Nick is talking now. When he first came to see me, he was depressed and had written a suicide note. In the beginning of the treatment he was suicidal, as he had been at different times in his life. I treated him in a supportive, caring, friendly manner. I said, “I’m glad to see you, Nick.” “I’m looking forward to seeing you next time,” “Anytime you want to reach me, feel free to call my cell,” etc. This helped establish the “real relationship” as Fairbairn mentions, or what others would call the Winnicottian “therapeutic alliance.” I did have to sit with anxiety and very uncomfortable feelings as Nick spent sessions talking about suicide. The more he talks, I thought, the more progress he’s making. He still discusses suicide, but not as a plan, as a feeling. Verbalizing and symbolizing is what Nick is starting to do.
Sandra and George

Sandra and George, a married couple in their mid-thirties with advanced degrees, came to see me because they were on the verge of divorcing. Sandra feels that George isn’t responsible enough in his professional life, doing freelance work instead of getting full time employment with benefits. Sandra also feels that he doesn’t treat her romantically outside of the bedroom. One way of getting back at George and regaining a semblance of control is to deny sex. George’s complaint is that he hates it when Sandra gets angry, as she has the tendency to lash out, sometimes physically. He also doesn’t feel supported, only criticized by Sandra. Treating this couple was at first to realize that regressed projective identification was present by both of them, which I became aware of by the strong affect states I was experiencing in the room with them. Projective identifications in romantic relationships are necessary fictions. They are the solidified projective beliefs that the romantic partner is there to satisfy one’s unmet developmental needs (Mandelsohn 2011). The nurturance that was missing in infancy and childhood is now going to be received by the romantic other.

George and Sandra spend a lot of time trying to convince me that the other is “wrong.” Fingers get pointed left and right. There is no awareness that they are splitting off unwanted parts of themselves and unconsciously expecting the other to keep them. What I felt was their attempt to drag me into it by taking sides. At times I did feel emotionally seduced by their projections. My task was to remain aware, return back to a more internal neutral stance, and not letting their internal split off parts get internalized by me. This is not an easy task! I found myself wanting to hit George, and I was filled with anxiety by Sandra’s rage, reminding me of my childhood and my mother’s scary outbursts and lack of impulse control. It took continued work in my own analysis to work through these difficult feelings and memories.

For Sandra, her unwanted part of herself, which is passive and feels weak, gets projected onto George, resulting in wanting George to be more assertive and aggressive. George’s disowned anger is getting acted out by Sandra. Sandra is often baffled by her rageful reactions, and George isn’t aware of the dynamic that results in his not reacting when Sandra hits him. Aggression and passivity are getting enacted by split off parts that each refuses to own. George’s New England upbringing doesn’t allow for feelings to be expressed or shared. As an adolescent, George was upset with his mother and he didn’t talk to her for a year. He was in the 7th grade! At George’s home, that was acceptable; telling his mother he was angry, was not.

The work with George and Sandra became about each getting in touch with feelings, not reactive states of being—Sandra’s rage reactions and George’s dissociative states. When I hear that Sandra has hit George, I point out that Sandra isn’t able to tolerate how she
feels, resulting in a dedifferentiation between feeling and behavior. She’s aware and wants to stop. I also say that she feels anger for both of them because George isn’t able to be in touch with how he feels. When I say to George, “You’re not feeling anything regarding your wife hitting you, and that you’re back in your childhood environment, where feelings were not allowed,” they both listen intently because it resonates. George says, “Yeah, we didn’t talk much, especially how I felt.” Sandra hitting George is an attempt at trying to control and get what he’s unable to give her. Instead of being in touch with disappointment, she attempts to change him through rageful feeling reactions.

When in a projective identification where the romantic partner’s behavior becomes life or death, in other words, i.e., if he doesn’t bring me flowers I will die, the clinical issue becomes about having each person go inward to identify and verbalize what they are feeling based on the manifest behavior of the other. Sandra will not die if he doesn’t bring her flowers, but helping her get in touch with the feeling of disappointment in the expectation is important. Additionally the work is also to interpret that Sandra negates anything positive that George has done for her. This occurs because the attention is on the negative aspects of what we did not get from our caretakers and using the romantic relationship to get what’s missing. As a result, what we are getting from the other gets dismissed. It’s very much the hamster in a wheel syndrome. The clinical work is about the interpretation of the above dynamic in order for each person to be aware of the genetic component regarding what is being acted out and its consequences. It has become a test in the marriage where Sandra will not be negatively satisfied until she doesn’t get what she says she wants from George. In other words, she says, “He brought me chocolates, he said I was pretty, but he didn’t call me back right away when I left him a voicemail.” Here the repeating compulsion is once again being enacted, and masochism becomes the master. As a way of defending against the masochism, and staying unaware of the dynamic, Sandra rages outwardly at George, and then George dissociates. Lewis, Amini, and Lannon (2000) write, “Rage affords hatred an upper hand that is likewise obtuse, sometimes allowing a person to attack with internal impunity those he has forgotten he loves” (p. 130). They go on to say that if the feeling of lack is sufficiently powerful, “it can squash opposing networks so completely that their content becomes inaccessible—blotting out discordant sections of the past. Within the confines of that person’s virtuality, those events didn’t happen. To an outside observer, he seems oblivious to the whole of his own story.” (p. 130)

In conclusion, the basis which predicts the level of regression in a romantic relationship, I believe rests on the individual’s capacity to be alone, as Winnicott (1958) so masterfully writes about. This depends on a good object being present in the internal world of the individual. Freedom from persecutory anxiety relies on the individual’s relationship to her internal objects. If these relationships contain rejection, abuse, neglect and lack of nurturance, the capacity to be alone is unattainable, leading to romantic relationships filled with primitive regressions. As Winnicott posits, a protective environment is needed in order for the child to reach the “I am” phase, with the caretaker being preoccupied with her own infant. With some patients, as the ones discussed, aloneness is often withdrawal, or active rejection, and not healthy solitude as Winnicott writes about.
Not having reached the “I am” phase becomes the focal point and challenge in working with these individuals, where one of the main treatment goals is on building the patient’s ego. This includes establishing the “real relationship” with the patient, as discussed by Fairbairn.

REFERENCES