

From relational hunger to intimacy

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Abstract

This paper was first given as my “personal story” to a bicultural hui¹ called “Weaving our Living Stories”, facilitated by the New Zealand Association of Psychotherapists (NZAP) and Awhina² Maori healers in March 2007. There was also a sub theme—an exploration of ethical intimacy and erotic transference—that each story-teller was asked to address. With this combination, the personal is embedded within a synthesis of the current international expertise on the development of the capacity for intimacy in adult sexual relationship.

Introduction

I want to thank the organisers of this hui. It is an honour for me to be here to tell you my story. My extra heartfelt thanks to those of you who listen to me in a language other than the language of your soul.

Our hui works towards honouring Maori and Pakeha³ ways: honouring of difference in order to achieve connection and closeness—just as in any intimate relationship. To make things even more complicated, of course there is no one Māori way and no one Pākehā way.

In preparation of my story, I was invited to speak in deeply personal ways, to speak to you from my soul. I have also been encouraged to share my theoretical, professional reflections on the themes of our conference: ethical intimacy and erotic transference. This is difficult ground for a girl who learned to survive by pleasing. It is, of course, one of the many pieces of conflict that those of us who are members, or applying members of NZAP, sit with—different needs and priorities, different ways of setting about our work, as in any relationship.

It only dawned on me during the whakawātea⁴ hui that I had been asked to be a storyteller, yet I grew up with few stories about my family of origin. The wisdom of Teresa von Sommaruga Howard guided me through my panic about that. She suggested that when we open our mouths, it can be with the voices of ancestors that we speak. Perhaps I am full of stories after all!

My origins

Who then is this person I call “I”? I’m aware that that concept too is seen differently by Māori and Pākehā. As I look at photos of myself as a small, unattractive, unfeminine-looking child, it occurs to me that this could have been a transgender journey, but it’s not. I was a girl, I am a woman. One less

piece for me to struggle with.

Each time I have worked to learn more about Māori colonisation by the British, and the ongoing impact on Maori cultural identity, it has necessitated another step in my ongoing search for my own identity—both cultural and personal. The NZAP conference in Dunedin⁵ several years ago, frustrating for some as we struggled to get beyond telling each other where we had come from, was an important experience for me as I reconnected with my need to know more about my own background. Since then, I've visited Scotland and have a sense of having completed the circle for my maternal grandparents who came to New Zealand in their twenties to escape a life limited to coalmining. I've also visited Hamburg in Germany, land of my father's first 11 years, and I've further researched family deaths in the Holocaust in order to fill in more of the gaps left by dad's refusal to talk about his experiences in Germany or as a refugee arriving in Wellington in 1939.

Receiving psychotherapy and becoming a therapist has helped me along the road in coming to terms with my family of origin and being able to celebrate the positive things that I gained. My skills in the womanly arts of cooking and sewing for my loved ones come from my mum and I will always appreciate her teaching me to value those things. My body comes from my father. I have his height and bone structure and the gap between my teeth, and I love these pieces of knowing where I come from. My parents have also modelled commitment as they are now in their fifty-third year of marriage and each has been supporting the other through severe illness in old age.

I've never met Danish filmmaker Lars von Trier but I think he must have met my family. His films illustrate powerfully where I, with my interest in intimacy, come from. At the end of his film 'The Idiots', we discover that a shy, young woman, who had apparently disappeared, had in fact run away after the death of her baby. We witness her coming home two weeks later. We see her mother, her sisters and then her husband having their first meeting with her after what had been a terribly distressing event for them all. Karen is accompanied by a new friend, made during her two weeks of absence, a young woman who has been portrayed throughout the film as self-centred and uncaring, yet it is she who demonstrates so much more emotional awareness and connection than any of the family members. This event illustrates the tragic disconnection, the painful lack of meeting and understanding, that occurs when there's no emotional sophistication and people haven't developed ways of expressing powerful emotions, connecting intimately, and showing love.

I was delighted to learn from Thomas Lewis (2000) that our capacity to take part in an intimate relationship is shaped first and foremost by our primary caregivers during infancy and childhood. It is stunning to know that these interactions actually go as far as influencing the formation of neural pathways. This neuroscience fits well with my personal and professional observations of process. I had to learn from scratch so many tiny steps in the dance of intimacy and I'm afraid that even now, unless I know you very well, you're likely to have experienced me falling back on the default position of my family of origin. I am a work in progress!

The work of the developmental neuroscientists has taught us that as well as warmth and love, children need skilful attunement and appropriate responsiveness to their emotions and needs. I'm mindful that attachment (and the whole process of sequential neurodevelopment) is a white, western notion usually applied to infants and children. I believe there are many pathways to creating secure healthy children and adults, but the essential common strand involves attuned connection with others. Dr Te Ahukaramu Charles Royal described how *mana*⁶ lies at the heart of Maori, indeed human health and wellbeing—how *mana* fosters relationships. There's a connection here between two rich and crucial energy flows: *mana*, and attachment. It is beyond my current understanding to name the place of intersection.

What I do know is that without rich connection from those who love



them, children will struggle to develop social and interpersonal skills, and will not grow up confident. These skills are the pre-requisites for healthy intimate behaviour. The relational hunger that arises from connection deficits leads to destructive efforts to fill a hole, in more ways than one. I most certainly grew up with this relational hunger. It felt like the picture on the left. But

looking back on it now I would describe it more like the picture on the right. Having no understanding of it at all, I filled the hole inside me in the best way I knew—I ate hugely. This had the added advantage of placing a big layer of fat around my body so that I was less accessible and less attractive sexually.

The cruel fact is that relational hunger is self-perpetuating: not only do you have a great big hole but you don't have the skills to fill it and your brain doesn't even have some of the neural connections necessary to learn the skills! It's been such hard work for those who love me, those who've worked therapeutically with me, as well as for myself, to grow as an adult. Hard, but definitely possible.



I would suggest to you that this is the core work of therapy. It's not the only way we can grow relational capacity but when it's going well, therapy is a safe, powerfully effective way to develop this capacity for intimacy and to rebuild breaches in relationship trust. I want to talk about ethical intimacy in therapy and about erotic transference but first I want to acknowledge some of the pivotal positive experiences in my life, some of which of course occurred outside of therapy and began to develop in me the capacity for intimacy.

Pivotal experiences in my life:

My fifth-form English teacher taught me to think. He also asked me to bring my emotional responses to poetry and film. I had no idea what they were, but that was such a valuable invitation, and it began a stirring in me that fortunately has never disappeared.

I married at nineteen. Over the last thirty years, Kevin has taught me how to love. I cannot find effective words to describe all that means to me. Because I'd hate in any way to reinforce the myths our society has about love, I also want to add that, as with every long term intimate relationship, there have also, of course, been times of frustration and disappointment for both of us.

Getting pregnant at twenty-two meant that for the first time ever I felt that my body was good, and worth looking after. Then, giving birth to our son Ryan, and for a couple of hours feeling like the cleverest woman in the world, then rapidly losing my newfound sense of worth, returning to an eating disorder as a symptom of my inner neediness. That led me into my first therapy. I didn't have the language or sense of self to be able to talk about a whole lot of what I needed help with but I made two major gains. Somewhere towards the end of that year I discovered emotions (I remember that day clearly!) and most important of all, I gained the sense that I existed. From the fact that this

therapist met with me regularly I grew a “me” that needed to be attended to, and I began to learn how to attend to that self from his modelling.

Why have I chosen to focus my professional life on sexuality?

It could be my history of living on the margins. I’m an incest survivor from a family that isolated itself. I’m the first in my family to get School Certificate, never mind tertiary education. (I’m currently one of two in my whole extended family who have now done that and we are still seen as very strange.) Living on the edge of being middle class, struggling to survive on one below-average income for many years until ten years ago, may have contributed. My late learning of the language of emotions and academia often left me feeling an outsider. From all of these experiences I may well be used to doing something different—standing alone. Or, it could simply be that it’s a highly gratifying area to work in! Part of it would be that things left unspoken can be dangerous. No doubt some of this comes from my experiences of sexual abuse from four different men, and also from both parents’ lack of intimate connection with me. What Myers, Berliner, & Briere et al (2002) call “acts of commission and omission”. So I make it my business to talk about sex and intimacy because I want everyone to have the words and the skills to make life safe and healthy.

Years of involvement with private and Family Court separating couples has shown me what costly messes families and couples can get into when the adults don’t engage in ethical intimacy with each other. Charles Annou, the French government minister responsible for ordering the bombing of the Rainbow Warrior, is reported to have had a messy divorce around the time of issuing this order. Hitler is reputed to have experienced ongoing relationship and sexuality problems. Given the centrality of sexuality and intimacy, I would be concerned if you’re not all dealing with it in some way!

What is the difference between a sex therapist and a psychotherapist? How might that make my work different?

Well, I know a great deal about sexuality, sexual function and dysfunction, and sexual concerns. I’m not sure about you, but with any client I look through the lens of relationship. My focus is on the dance that goes on between partners, between an individual and the world, between each client and myself. At the risk of sounding obsessive and revealing a lack of objectivity, I see intimacy as being absolutely central to human wellbeing. It is our lifeblood. I’ve tried here to illustrate my definition of these words I use all the time. You can of course be sexual without being intimate. You can be intimate without being sexual;

our work demands that we do. I see sexuality as encompassing sensuality, spirituality and emotionality. It is the skills of life enhancing relating, through limbic connection, as Thomas Lewis (2000) tells us, which interest me.

I'm curious and sometimes frustrated that there is government funding for dealing with problem gambling and alcohol and drug problems but not

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for intimacy problems. I suggest that at the core of any substance abuse, any out-of-control behaviours, including sexual addiction, is a relational hunger—either the lack of capacity for intimacy, or the learning that it is not safe to let people get close.

Intimacy in the therapeutic relationship.

Ethical intimacy

This rich connection of one with another is a basic necessity: without it, therapy doesn't occur. It is a sad part of each of our human nature, our longing for connection, our human neediness and our powerful sexual drive that we have to add in this word "ethical" as a reminder. Effective therapy requires that we as therapists be ethically intimate with ourselves, that we be ethically intimate with our clients (helping them learn to do that if necessary), and that we help our clients be ethically intimate with others.

Erotic Transference

I experienced my first therapist as God, father, and lover, all rolled into one. I'm not sure that it's ethical for therapists to be so good-looking. I surprised myself somewhere during that year by expressing my sexual feelings to him very clearly. I was frustrated and disappointed by his response. He made a brief statement about professional boundaries and then a further one about how he would never seduce a client. I was left thinking "But...you wouldn't need to, I'm seducing you, don't you know." Now, twenty seven years later, I appreciate his willingness to maintain professional boundaries. I was wide open to being abused yet again.

I'm quite sure looking back on it, and having since then dealt with this issue with some of my clients, that what I was expressing was actually far more than sexual feelings. I think this applies to much erotic transference, if not all. I had a deep longing for intimate connection: notice me, know me, hold me, stroke me, kiss me, enter me, take over my body, enjoy me, love me,

adore me.

I see it as a healthy human response to be experiencing those longings. It's part of being alive in every cell of your body. We therapists need to be skilled at making clear, non-shaming, formative statements to address erotic transference:

Yes, this work of therapy that you and I are engaged in is very intimate, isn't it, so of course sexual feelings can arise from that. But our task is to focus on helping you learn about yourself and make some changes. It's not a two-way relationship that you and I have, and it cannot be.

If our client persists in trying to initiate a sexual relationship:

I can hear your longing for some sexual intimacy—let's look at that and see what we can learn about what might be keeping you dissatisfied in your life outside therapy.

We cannot banish the erotic at will; our own or our clients. We could try to ignore or suppress it, but it is far too valuable. Sex is not bad: it is people's abuse of it that is bad, both for themselves and others, for their victims. It is our professional responsibility to contain the erotic in the therapeutic relationship and to ensure it becomes a healthy transformational force. Sexual feelings aimed at us as therapists can be powerful and uncomfortable but, of course, if we stay in our comfort zone, we limit the possibility of change. I'm not sure why we as therapists differentiate between transference and counter-transference, as though longings and reactions brought into professional relationships are somehow qualitatively different from our responses to them. We therapists have our own erotic fantasy life. Falling in love is erotic transference and counter-transference. This occurs everywhere, in and out of the therapeutic relationship. Standing in love is doing the work of intimacy. Life is a Rorschach test. We all carry with us our interpretive filter, shaped by our unique internal world, into every single encounter throughout our life. For us as therapists, the "here and now" spontaneity of the ongoing, intimate, moment-to-moment therapeutic relationship is the essence of what brings about change. The onus is on us, as professionals, to both understand our own and our clients' reactions and needs, and then work to resolve or meet them in non-destructive ways.

Safety

It is enormously important that we make our clients safe. The NZAP's history includes some stories of that not happening and the damage that

was done. But, who gets to define what is safe? Us, or our clients? Safe for whom?

Throughout my own therapy I have received various experiences of touch. Some have been enormously therapeutic, both in triggering strong feelings that could then be worked through, and in meeting a need at an appropriate moment. Others were against my inner wishes but I didn't say anything about it. It's beyond me to name precisely the boundaries of ethical intimacy. My very wise and skilful first supervisor taught me that we can hold without touching. That guided my practice for many years. Now I wonder are we being authentic and therapeutic if we do not touch? If we do not allow expressions of our love? I feel sure that we cannot allow any sexual touching, but less sure that if my truth in response to my clients experiences of "I love you" is "I love you too" is it ethical to withhold that truth? Is it ethical to express it in any way? Do we work from our love anyway? Can therapy possibly be effective if we don't?

Conclusion

I look forward to the day when Pakeha New Zealanders such as myself have our own rich and moving songs, as do our tangata whenua that arise from this land and our culture. That will mean I will have to learn to sing in front of others and I've had enough challenges today, so instead, I will read you one of my favourite love poems written by Robin Healey, a man from my current home town, Palmerston North.

Pullover

*I want to be your little black sleeveless pullover
so I can feel your ribs
pout gently for your boobs
sit neatly at your waist
and as you see yourself in glass as you pass*

*I can ask in a neatly knitted way
how you like me now dear sweet coz
And then at night when, ah, you ease me
over your head, flicking your clean
shiny hair as I go, you can fling me*

*into your chair. I'll lie about
all vee neck, armholes and contentment
hoping for a cold morning
and a warm wool ride all day long.
Smell me, I smell of you, think of me as stylish,
wear me into holes, cherish me, cherish me.*

References

- Lewis, T., Amani, F., and Lannon, R. (2000). *A general theory of love*. New York: Vintage Books.
- Myers, J. E. B., Berliner, L., Briere, J., Hendrix, C. T., Jenny, C., & Reid, T. (Eds.) (2002) *The APSAC handbook on child maltreatment*. (2nd ed.). Thousand Oaks: Sage.

(Endnotes)

- ¹ Hui: Māori for large gathering of people –in this case the annual conference of the Aotearoa New Zealand
- ² Awhina: Name of a Māori mental health service in Napier New Zealand.
- ³ Pākeha: New Zealander of European descent.
- ⁴ Whakawātea: clearing the way
- ⁵ This was the NZAP conference in Dunedin in February, 1999, where we met marae style and began a process of introducing ourselves which took almost the whole time of the conference
- ⁶ Mana: authority, influence, prestige, power.
- ⁷ tangata whenua: host people or original inhabitants of the land.