

## PSYCHODYNAMIC ASPECTS OF LOVE: A NARRATIVE REVIEW

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### SUMMARY

*Love is a delicate experience that delves into the foundations of the psyche, and many sources of the emotional experience of love remain unconscious. The nature of love is twofold and contradictory, regressive and progressive, constructive and destructive, connecting and separating, directed toward the object and the self. The ability to idealize is a precondition for "falling in love". Abrupt disappointments can be traumatizing, but gradual ones include the work of mourning and may lead to a more authentic relationship that is less obscured by narcissistic needs. Some aspects of projective identification, which can be a defense, a primitive form of object relation, and a path for psychological change, may be present in all forms of love. These are the close interaction of self and object, blurred boundaries between them, the need that the other person feels what one feels, and a strong desire to continue the relationship. A therapeutic setting can enable the long-term transformation of love in transference and more mature expressions of love in life. The maturation of narcissism is the hallmark of mature love. One of the prerequisites for mature love is a mature superego, which does not require suffering as a prerequisite for satisfying one's needs. Clear differentiation of the boundaries of the self enables safe (temporary) blurring or disappearing of its boundaries and satisfaction of needs for repetition of lost fusion with the primary object of love. Mature love also means the capacity for tolerating ambivalence, i.e., the capacity to integrate both love and hatred experiences of the same person. One can see love as a "glue" that helps integrate different aspects of the psyche into a harmonious whole.*

**Key words:** love - psychoanalytic theory – regression – projection - object relationship

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### INTRODUCTION

Love can be a clear, recognizable, and intense conscious experience, which may have emerged suddenly as "love at first sight." In this case, a person's previous extreme willingness to experience love was unconscious and only needed a favorable opportunity to manifest. A great desire to love often contains accumulated drive energy and an inappropriate object that a person should abandon but cannot. Unconscious desire abruptly arises to consciousness as transference love. Now it is focused on a new object with hope for its fulfillment.

More often, love is preceded by a period of latency, when a person unconsciously and consciously evaluates a new object and its suitability for love, feels that something is going on with emotions, perhaps some restlessness, but is unsure what it is. Then, there is a willingness to love, an expectation of love with an unconscious focus on possible new objects of love, an unconscious and conscious choice of a new object, and a final acceptance of new love and new hope. Love is a delicate experience that has roots in the past, emerges in the present, and has goals in the future.

We cannot induce love through effort. Love remains autonomous, spontaneous, dynamic, and unpredictable. It delves into the foundations of the psyche, and many sources of the conscious emotional experience of love remain unconscious. Moreover, without

knowing, often, when we love someone, we love ourselves (Jung 1946). If love loses its connection to unconscious sources, it becomes static. As a defined experience, in which one repeats the same behavior patterns, love escapes, and form without vitality remains.

In some of its manifestations, love is easily recognizable. In others, it is not apparent- different feelings mask it, and love unexpectedly reveals itself. Agape is brotherly, and Eros is sexual and passionate love. Sophia is a love for truth or knowledge. Love can be manifest and conscious, hidden, unconscious, latent, potential, regressive, mature, transference, neurotic, psychotic, objective, narcissistic. The experience of love ranges from mild and almost imperceptible to an overwhelming experience that overcomes ego defenses. The defenses accompanying love are regression, idealization, projection, introjection, identification, internalization, externalization, projective identification, fantasy. People continuously create situations in which they can love. Love and hate both indicate intense interest in and connection with the object. At first, the person perceives them as located in the object (that person is full of love/hate), then accepts them as their own (I love/hate that person), and finally realizes that they belong to the relationship (in that relationship I experience love/hate). One can also experience love in one's body. Love, in its extreme, leads to fusion with the object.

## LOVE AND INSTINCTUAL ENERGY

Libidinal energy has mature and immature manifestations, which depend on the psychological maturity of the person experiencing and expressing it in the relationship, which defines its quality. Freud (1915a) noted that instinct cannot love an object and think of love only due to the union of partial drives. In love, and most of all, in infatuation, there is a robust libidinal investment of unrealistic, idealized positive representations of the object of love. One continuously and unconsciously falsifies the characteristics of the object of love. Powerful emotions that accompany the experience of love make it exceedingly subjective, that is, narcissistic. The other side of drive energy, aggression in love, is always present in close relationships but is mostly unconscious or suppressed.

Freud (1915b) stated that transference love and "normal" love are closer to psychopathology than normality. However, ordinary love also has a robust transference aspect. He probably meant that the proper testing of reality in love is severely compromised. "Being in love is to suffer from an encapsulated temporary psychosis," Murdin (2011) emphasized.

An essential problem with depression, anxiety, personality disorders, perversions, psychological traumas, and many other mental illnesses and pathological conditions is a lack of love and domination of hatred and aggression towards oneself and others. In depression, one experiences the depletion of love. The depressed patient genuinely wonders how anyone could ever love him, and the therapist's suggestions alone that there is no "real" reason to hate and devalue himself (or others) so much do not affect him. A critical practical therapeutic question is how to achieve an experience of love for oneself and others. When depressed patients can genuinely feel some love for themselves and others, it is the "light in the tunnel" of recovery.

In good therapeutic relationships, the therapist or the group invests the patient's inner world and self with object libido and narcissistic contributions. A capacity for loving oneself depends on experiencing the love of another. Internal "good objects" arise from the internalization of good relationships. The activation of libidinous invested internal "good objects" can be of great help, but the problem emerges when harmful and attacking internal objects dominate the patient's inner world. Therefore, the therapist or the group should become "good objects" for the patient, help them feel their sublimated love, and eventually love themselves.

## LOVE AND THE OBJECT OF LOVE

The nature of love is twofold and contradictory, regressive and progressive, constructive and destructive, connecting and separating. It has other and the self as its object. Love connects the self with the object and connects parts of the self. That is, it builds relationships

and integrates the psyche. It can involve various relationships and interactions: object relations with whole and partial objects and self-object relations.

The "I" and "you," we and the other person, self and object, are involved in the love relationship. An object can be a "real object." Such an object is an independent, separate, autonomous person with authentic experiences, desires, attitudes, aspirations, plans, and goals different from ours. However, we may wish that they are in line with ours. An important question and test of maturity are how much (and what) differences we can tolerate in a loving relationship.

One can experience the object in many ways: whole and integrated, partial, incomplete, "good," or "bad." Also, one may perceive another person very differently in different situations. For example, partial objects' experience lacks a "binder" that integrates them into the whole. For example, the uniting force of love enables the tolerance of another person's various, sometimes diametrically opposite qualities. Similarly, a person can struggle to integrate different aspects of oneself when a connecting aspect of love is lacking.

Good and bad internal objects are an integral part of the psyche. The "good partial objects" can be emotionally imbued memories of a good grandmother, grandfather, mother, father, teacher, and even a loving dream character. Past experiences with "good objects" abound in libido and idealizations. Nevertheless, as Kohut (1971) described, an object can also be a "self-object" which means that the person does not experience it "objectively," that is, separated from the self, but narcissistic, in the function of one's needs, as a reflection of the self, as a part of himself that serves him. A self-object can be another person, a material object, a significant part of one's psyche, an inner psychic object, a crucial moment, an idea, or a dream.

Mostly, we experience others somewhere on the spectrum between objective and self-objects, complete and partial, good and bad objects. These experiences are more flexible and dynamic in more mature persons, but one's actual needs always influence them. Through relationships with self-objects, the person stabilizes the self and regulates self-esteem.

Freud (1911) assumed that in schizophrenia, there is a regression from object love to the narcissistic phase of libido development in which the object of love is one's self. However, according to Kohut (1971), psychic development does not proceed from self to objects, from narcissism to object love. Instead, it consists of growing the ability to establish and maintain relationships with others more mature and differentiated.

The loss of an object of love is excruciating. One can see the history of depression as the history of losing the object of love. According to the theory of object relations, the essence of psycho-pathological events is the experience of real or imaginary loss of the object of love or its love. The work of mourning is the gradual acceptance of the loss of the object of love through symbolization (Chapman 2016). A schizoid person fears

the exhaustion of the object of love until its final loss (Guntrip 1969). The loss of an object of love is also associated with anxiety. According to Freud, all dangerous situations that cause anxiety are reactions to the perceived absence of love of an object (Freud 1936). Patients with borderline personality disorder are susceptible to separation and the loss of an object. Here, the regressive aspect of love is pronounced. The loss of the object of love represents their psychological catastrophe. They employ various defenses, somatization, among others, but they eventually have to cope with unbearable feelings of loss, depression, and anxiety (Snyder & Pitts 1986).

## LOVE AND REGRESSION

Regressive and immature elements of love one can see as a precursor of mature love. A person can seek the earliest dyadic and oedipal experiences of love and its intensity throughout his life and various experiences of love from his other past relationships in actual relationships. The emotional separation from an object that the person loves intensively, the cessation of love, is marked by the indifference to the abandoned object (Freud 1917). Abandoning an earlier object of love can never be complete because the unconscious remembers forever.

As we move further on the regression scale, relationships become more immature. Manifestations of love in the deeper layers of the unconscious are strange. An example is the desire to eat an object, emerging from the object's love, but would lead to its destruction. Many regressive patients have not achieved the differentiation of the representations of the self and the object. They cannot integrate the representations of the self into a harmonious whole.

Additionally, these functions may become compromised in love relationships. Blurring the boundaries between the self and object accompanies intensive emotional interactions. Self-esteem becomes very dependent on the relationship with the person who is the object of love.

Much idealization accompanies the initial phases of loving relationships. Kernberg believes that idealizing is a precondition for falling in love. The containing of idealizations of the patient in the therapy is essential. Bion (1962) states that the therapist must enter the patient's role in his fantasy by force. It may be more therapeutic not to question the accuracy of the patient's perceptions but their one-sidedness (Kohut 2013). While the abrupt loss of idealization or disappointments can be traumatizing, gradual recognition of one's projections to the partner includes mourning for the lost idealized ideas and expectations. One can better recognize both one's and partners' authentic traits, have more realistic representations of the self, and better differentiate between self and object representations. As a result, the relationship becomes less obscured by narcissistic needs and more authentic (Jacoby 1990).

## LOVE, PROJECTION, AND PROJECTIVE IDENTIFICATION

Unconscious psychic contents tend to externalize and project onto the environment (Jung 1946). The projection is usually associated with the rejection of unacceptable psychic content. One can also project the idealized psychic contents, which may be easier to integrate into the experience of a loved object than into the experience of self (Bilić 1996). Projection one can see as an indirect presentation of our unconscious contents and an initial phase of the projective identification, which intimately and intensely connects the self with the object.

In projective identification, the person who projects feels a fundamental connection with the recipient of his projections (Schafer 1974). There is a considerable blurring of the boundaries between the self and the object (but not their total loss) and fantasy that one's self resides in another person (Segal 1964). Projective identification replaces the metaphor of the analyst as a mirror that impartially reflects what the patient emits with the metaphor of the analyst as a container, not a passive one, but one who fully engages in the interaction with the patient (Langs 1976). According to Ogden (1979), projective identification is not a process that fills an emptied container-recipient with projections but stimulates and extracts contents and experiences from him. The process of splitting separates parts of the self. Some are "ejected" in fantasy by the projection. However, the continuing and close relationship with the recipient enables the person to contact these contents. The projector exerts an intense unconscious and conscious pressure on the recipient to feel what he is projecting within himself. The recipient experiences these contents like an unfamiliar experience. If he accepts them and the person projecting them but maintains the relationship, his processing of these experiences is activated. After one induces his feelings in another person, he may feel that they understand them because they are now as one being. The other processes these contents and returns them to the "projector," who may then internalize both the "processed" contents and (eventually) the way of processing. Ogden (1979) notes that projective identification is at the same time a type of defense, a mode of communication, a primitive form of object relation, and a path for psychological change. Bion (1959) believed that projective identification is an essential way of interacting in individual and group psychotherapy.

Manifestations of projection and projective identification may seem incompatible with the concept of love. These mechanisms typically deal with unbearable, confusing psychic contents and experiences. However, the close interaction of self and object, blurring of boundaries between them, the need for the recipient to fully and accurately feel what is happening to the projecting person, the urgent need to continue the relationship - such needs are present in passionate forms of love. Intense

love relationships, especially infatuation, have many regressive elements, and we can expect them to contain elements of such regressive processes. People in close relationships unconsciously become attuned. They mutually project contents, identify with them, and communicate consciously and unconsciously through projective identification that induces the feeling of deep resonances with one another.

## MATURE LOVE

A loving relationship satisfies many needs. Depending on one's theoretical orientation or angle of view, we can emphasize the satisfaction of instinctual and narcissistic needs, self-object needs, needs for object relations, needs related to (better) ego functioning and its (more harmonious) interactions with a mature superego, as well as the need for closeness, creation of offspring, participation in the culture of the wider community, and for finding the meaning of life. According to Bergmann (1980), happy love includes re-finding the early love objects at various levels, improving the old object by finding what the person has never had, and mirroring self in a loved one. Love simultaneously contains infantile roots and hope for the future in various proportions. The transforming aspect of hope-related love may be in the background with a pronounced infantile aspect.

The path to mental maturity, and thus to mature love in life and therapy, or group analysis, is usually arduous and lengthy. Psychic development is gradual, as is the development of mature love. Loving oneself and loving someone implies a considerable amount of psychic work, which includes dealing with frustrations and the process of mourning, which is necessary to abandon (some) illusions about ourselves and the other. Luckily, love is patient. Forceful acceleration may lead to psychic injuries. We may see mature love not as some distant goal but as a process. Whoever embarks on the path of love has already arrived. His efforts are an expression of the love that is already present.

One of the prerequisites for mature love is a mature superego, which includes the capacity for caring, loyalty, and commitment to a loved one. In addition, mature love relationships include satisfying the need for mutual dependence and intimacy, physical closeness, erotic arousal and fantasies, sexuality. Love also calls for the reconciliation of the other components of the superego. For example, one shares the value system, ideals, and attitudes about life, culture, and other social norms one shares with his partner (Kernberg 2007).

One of the deep aspirations of the lovers is the joint fusion, abandonment of psychological and physical boundaries, that is, regression to and repetition of lost fusion with the primary object of love with the present object. The first "love" relationship becomes the basis for all subsequent love relationships (Fromm 1956). Mahler et al. (1975) examined the first love relationship, a mother-baby relationship, which characterizes sensu-

ality, reciprocity, and alignment. In the earliest period of life, the environmental (mother's) love the baby experiences through pleasant bodily sensations, which cannot be mentally represented but remain stored physically. Some early experiences of love one can remember as fragmented pleasant memories. The child can synthesize them into more coherent memories through the development of the psychic apparatus.

The search for the "true" or "ideal" love may be the person's most prominent motivation. When imperative, it ensures suffering. A person, in reality, can never fully satisfy the unconscious expectations that underlie the pursuit of unconditional love. An intense desire for fusion with a loved one can be realized in some moments of mature love relationships, such as sexual climaxes, because there is no anxiety about the danger of a more permanent loss of self. Clear differentiation of the boundaries of the self enables safe (temporary) regressive blurring (or even their disappearing) of its boundaries and is a precondition for mature love. Sometimes, aggressive behavior may hide deeper and more libidinal feelings. The capacity for mature love comes with the capacity for constructive aggression and sublimated hatred. The maturation of narcissism is the hallmark of mature love. Archaic idealized self-object one experiences as fused with one's self. Unconscious fixation on that infantile level of experiencing objects (and the self) leads to problems in the differentiation of the self and object representations. It is a ground for various narcissistic disturbances (Jacoby 1990).

Mature love also satisfies symbiotic needs for closeness and mutual dependence, which is a less regressive level of closeness than fusion. Contrary to relationships permanently dominated by symbiotic unity, in mature love, both partners' integrity (Funk 2009) allows "excursions" into more regressive interactions without fear that one will remain imprisoned in them.

According to Kohut (1971), even a well-structured self is never self-sufficient. Independence of the environment is an infantile narcissistic illusion. To be stable, the self needs self-mirroring and empathy resonance. Therefore, we need the reliable support of the matrix of mature self-object relations and empathy resonance with essential people throughout our lives. Emphatic resonance is also an essential factor in group analysis. It enables mutual reflection and support of the self of the group members, which is an aspect of self-object needs. Similarly, a mature loving relationship enables mutual satisfaction of self-object needs (Basch 1981).

Mature love also means the capacity for tolerating ambivalence, i.e., the capacity to integrate both love and hatred experiences of the same person. The sureness that one's love and care outweigh aggression prevents severe harm and destruction. All emotionally deep relationships are ambivalent, and one cannot escape anger toward the person he loves. Here, the ability to tolerate unavoidable frustrations is also essential. Also, aggression accompanies the activation of libido associated with sexual arousal. Moreover, transferences are

always ambivalent, and even the most mature forms of love are never entirely free of transferences. Love is never free from the unconscious (Freud 1915b).

The improvement of the functioning in one field of the psyche leads to improving other fields. For example, the analysis of narcissistic disturbances improves the functioning of the self. The capacity for object relations and cognitive functions of the ego improves, ego defenses become more mature, more mature satisfaction of instinctual needs becomes possible, and authenticity replaces the former rigid defenses (Bilić et al. 2019). One can see mature love as a "glue" that helps integrate all these (and much more) aspects of the psyche into a harmonious whole.

## LOVE AND EMPATHY

Love, care, and compassion for oneself and others build self-confidence and the experience of coherence, foster healthy relationships, increase resilience and health on a personal and collective level (Jakovljević & Tomić 2016, Jakovljević 2018). When empathizing, we partially identify with the other person's point of view and try to experience the psychic experience and situation in the way that people with whom we empathize experience it (and not in the way that we might experience them). However, we do not fully identify with people's experiences. We empathically understand. Therefore, in addition to identifying with others, our observation is preserved, and we retain objectivity.

We often associate empathy with love, compassion, and altruism. However, one can also understand empathy as an instrument of assessment and observation, which does not necessarily include the need to alleviate others' difficulties. Only when empathy comes with love, when the need to understand another person arises from our love for our neighbor, do the positive aspects of empathy emerge. Thus, love gives empathy its positive aspects. Conversely, empathy without love can be a dangerous instrument of inflicting pain and suffering. It opens the path to selfish or malicious misuse of others' (emphatically identified) most vulnerable aspects.

## PSYCHOPATHOLOGY AS AN OBSTACLE TO LOVE

Every person loves according to their perception of love (Jakovljević 2019). We can add to their emotional, cognitive, and physical capacities. Mental and physical diseases are great consumers of a person's emotional resources and reduce the possibility of emotional investment in others, shifting from focusing on oneself and one's needs. Depressed patients, occupied by their inner heaviness, can hardly devote themselves to external reality and be attentive to close people. A depressed mother cannot be emotionally present to her child, no matter how much she likes him outside of a depressive episode.

Schizophrenic patients distance themselves emotionally from external reality even more. Because of that, it is hard for them, if not impossible, to love others and themselves. In patients with various personality disorders, there are also various deficits in the capacity to love. Patients with a narcissistic personality disorder do not experience the other as an autonomous person with its own needs, but rather as an extension of one's self whose only role is to meet the needs of that self. Patients with a borderline personality disorder also perceive other people as parts of themselves. Their relationships characterize the loss of boundaries and "compression" of interpersonal psychological space. The "loved" person usually feels smothered in such a psychologically claustrophobic relationship. The language of love of people with sociopathic tendencies colors their ignoring social norms, suffering, and destruction that accompanies their behavior.

Psycho-traumatized patients can be so drawn into their traumatic experiences that they disconnect from their relationships. Their heightened emotional sensitivity, which resembles that of borderline patients, burdens their close relationships. There is a great challenge in front of their love – to overcome defenses against previous (and possible future) traumas.

## LACK OF LOVE AS A PATH TO PSYCHOPATHOLOGY

How does a lack of love contribute to the development of psycho-pathological deviations? Lasch (1979) diagnosed contemporary Western society as dominated by narcissistic culture. At the individual level, an essential factor in creating narcissistic pathology is the early environment that cannot provide the child with an atmosphere of love and empathy. Instead of love, the child gets a substitute for love - the parent conditions the child according to personal psychological needs. In other words, the parent inhibits the child's spontaneous gestures, and the child's deepest needs remain unrecognized or actively suppressed. As a result, the child gives up trying to realize his authenticity and increasingly adapts to the environment's needs, thus developing a false self to survive mentally (and, often, physically).

The grandiose self is another psychic structure that develops in a non-empathetic and love-lacking environment. Namely, if the child cannot experiment with attempts to realize his own authentic needs, he cannot determine the realistic limits of his possibilities. Thus, one has no chance to correct early infantile omnipotence and omniscience because there is no gradual correction in authentic interactions with benevolent objects that set the boundaries of the possible in an atmosphere of love. A good parent absorbs and neutralizes the excess of the child's aggression with the excess of love and thus enables the creation of a healthy child's mental foundation that internalizes the parents' love and empathy and creates a primarily good inner experience of

himself. On the other hand, a child who develops in an environment dominated by perfectionism, dissatisfaction, aggression, neglect, and carelessness internalizes a predominantly poor underlying sense and experience of self. Often, mentally disturbed people feel repulsion, disgust, criticism, and aggression towards themselves and the environment. In other words, they have no love or empathy for themselves or others. For some, such an experience is self-conscious, and for others, it is unconscious.

The fundamental trust that is crucial for the resilience and realization of latent potentials in life can only establish in the atmosphere of an early relationship imbued with love. Love in early relationships enables the internalization of the experience of trust in close people and oneself. In contrast, a lack of love, a dominance of repulsion, indifference, and even unconscious hatred of one's child leads to the internalization of a profound experience of distrust in close relationships, oneself, the environment, and life. Then feelings of threat and mistrust dominate because the dominant need becomes psychological survival in a (developmentally) unfavorable environment.

The experience of vulnerability and (or) a constant danger one must suppress by avoiding intimacy and a series of other defensive activities. These defensive modes enable psychic survival but impede a person's innate potentials and become a psychological dungeon.

## LOVE IN PSYCHOTHERAPY

Love is a necessary component of any psychotherapy. A patient needs a safe psychic space to feel the love in its total intensities. This space allows him to have fantasies as psychological manifestations of love rather than externalize it through action. A therapeutic setting can enable the long-term and fundamental transformation of the transference of love towards the object into its more mature expressions. Such transformation can result from a long and gradual therapeutic work involving the sublimated and consistent love of the therapist and in the group of other members. The patient eventually recognizes, internalizes, and develops his capacity for caring loving others. This process requires committed psychic work, containment, understanding, empathy, and forgiveness.

According to Gabbard (1995), the patient evokes individual therapists' reactions, but the therapist's conflicts, self-representations, and object representations ultimately determine the countertransference response. Therapists can accept countertransference as an essential source of information about the emotional atmosphere in therapy. However, in individual or group psychotherapy, there can be a tendency to avoid intense emotional experiences, mainly love, erotic, and sexual feelings or fantasies, particularly when the therapist believes they are incompatible with professionalism. The therapist should accept those feelings of closeness in therapy; he does not have to share them

but should understand and contain them. The love relationship in the therapy remains at the level of desire.

In therapy, this involves observing transference and countertransference and the inevitable acting outs of the patient and therapist who may unknowingly express love. It is essential to allow the expression of these feelings through fantasies so that the patient can communicate them to the therapist or the group and contain them. After his psychic processing, "detoxification," and when it is appropriate in therapy, the therapist may verbalize love without any other action, without acting out, in the form of interpretation which reveals to the patient and the group unconscious processes. Alternatively, he can "verbalize" it in himself because such a "silent interpretation" may have its role through unconscious communication.

How we treat love in a group and how the group treats love is very important. If the group cannot contain love, particularly its sexual and erotic components, it may lead to action, negatively affecting the group process. Moeller (2002) described that the group, through unconscious communication, unmistakably feels the group leader's love, erotic attraction, or fantasies toward another member. Such emotions constitute a challenging group situation, although there is no violation of therapeutic boundaries. While acting out those feelings would be a disaster for the whole group, suppressing and ignoring erotic fantasies can also become a significant obstacle in therapy. Nitsun (1996, 2006) coined the term anti-group for an anti-libidinous group dominated by hostility and alienation. We can expect an anti-group to emerge if its members cannot love. For example, if they are very narcissistic. It may be challenging to love such a group, even for the therapist (Moro 2016). However, since we cannot escape love in therapy and life and remain sane, we may try to love in therapy therapeutically and in life maturely.

## EMPATHY AND PUBLIC HEALTH

According to Jakovljević (2018), the community's health depends on respect for human rights, love, gratitude, respect for the rights of others, empathy, and compassion.

Modern civilization seems to be heading in the wrong direction. So often, instead of empathy, love, and understanding, dominant features of the modern society include narcissism, insensitivity to others and the environment, and an almost sociopath orientation towards selfish goals, on a personal, corporate, and national level, together with ignoring the suffering and damage that occurs at all these levels.

Suppose we want to preserve not only health but also survival itself. In that case, it is high time, and no longer the luxury of the most developed, that modern civilization adopts the strengthening of empathy based on love as a fundamental need. Such an attitude enables the achievement of greater harmony and health on a

personal, social and global level, which is in line with the Global Declaration on achieving equality for mental health in the 21<sup>st</sup> century. Empathetic civilization has become a necessity not only for a better quality of life but also for survival.

## CONCLUSION

In this paper, we provide an overview of the literature on psycho-dynamic aspects of the experience of love. We begin with associations of love with drive energy. Then we focus on the theory of object relations and self-psychology, examine regressive and immature elements of love as a precursor of mature love, discuss preconditions and manifestations of mature love, and examine love as an inevitable part of psychotherapy. Even a well-structured self is never self-sufficient and needs mirroring and empathy resonance from the reliable other. All deep relationships include ambivalent feelings, and however much one loves another person, feelings of hatred toward the same person one cannot avoid. They can, however, be acknowledged. Acknowledgment is an essential step of the path to mature love, which itself may be a gradual process. It includes the work of mourning (in contrast to abrupt disappointments) for the lost idealized ideas, expectations, and projections to the partner, which represent a precondition for "falling in love." It leads to a more authentic relationship less obscured by narcissistic needs. The integrity of (both) partners enables temporary blurring of their boundaries and "excursions" into more regressive interactions, including satisfaction of needs for repetition of lost fusion with the primary object of love. Love seems to escape our efforts to define it and remains autonomous, dynamic, and unpredictable.

Those of us who nonetheless search for a lighthouse may remember the Fromm's (1956, p. 103) words: "There is only one proof for the presence of love: the depth of the relationship, and the aliveness and strength in each person concerned; this is the fruit by which one recognizes love."

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Vedran Bilić: conception and design of the work, literature search, drafting the manuscript, and revising it critically.

Marija Eterović: design of the work; critical revision and manuscript preparation.

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