# In Two Minds

A heuristic enquiry into my experience of ambivalence.

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# Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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# Abstract

Clients presenting for psychotherapy often bring with them an ambivalent attitude towards that which is troubling them and for which they seek help to change. Psychotherapists are familiar with the concept of coming to know the individual characteristics of their clients in order to proceed with therapy. This study aims to discover the idiosyncratic nature of a personal experience of ambivalence to contribute to the literature that describes this phenomenon. In particular it re-investigates psychoanalytic ideas as a challenge to contemporary notions of the need to get rid of something that perhaps may be of value. In this context ambivalence is defined as mixed feelings towards an object. To discover the nature of a subjective experience of ambivalence, a heuristic self-search inquiry method is utilised. Findings highlight the particular features of this subject's experience which included fear, protection, relationship, envy, destructive tendencies, guilt, grief, faith and hope as well as the transformational nature of the process of discovery. These results suggest that clients are more likely to be able to change what troubles them if the specific subjective nature of their experience is uncovered. On this basis the phenomenon of ambivalence can be viewed both as constricting and as increasing our capacity to come into being.

# Contents

# Chapter One: Introduction

*E kore te tangata ngākau rua E u i ana hanga katoa*

*A person of two minds is unsettled.*

*—Māori proverb*

## Introduction

This opening chapter provides the context for my research on the phenomenon of ambivalence. It includes a personal description of how ambivalence troubles me presently and has done so in my past. It establishes a specific concern and the significance of investigating this phenomenon for psychotherapy. The aim and scope is elucidated and an overview of the chapters provided. In this dissertation, citations are given in chronological order because of my interest in the history and development of ideas.

## Key point of concern

The present study aims to explore the phenomenon of ambivalence. From the Latin words *ambi* meaning both, or on both sides and *valentia* meaning strength or power, ambivalence has captured the attention of social scientists due to the understanding that the way we act in the world is based on our evaluations which are formed from sets of associations which then create an attitude (Van Harreveld, Rutjens, Schneider, Nohlen & Keskinis, 2014). Sometimes our associations have the same valence, either positive or negative, but sometimes they are made up of both positive and negative value which leads to an ambivalent attitude. In order to function, human beings need to organise and categorize but sometimes this process hits a snag, affecting our willingness to act. Ambivalence was first used in the psychiatric literature by Bleuler (1911) in a lecture given in November 1910 to Swiss psychiatrists interested in the psychological splitting of schizophrenics. He described ambivalence as contradictory emotional attitudes towards the same object, arising either alternately or existing side by side without either one interfering necessarily with or inhibiting the expression of the other. He further noted how everything in our physiology and psychology is regulated by opposing forces, including our sexuality. An ambivalent attitude therefore is vital for those working in the mental health field to understand in the light of its influence on behaviour, our functioning, on the change process, and therapeutic task itself.

As a mature topic in both the social sciences and psychotherapeutic literature, ambivalence has been extensively researched. More contemporary writing, in line with public mental

health discourse, has tended to focus on treatment outcomes and mitigating the negative consequences of ambivalent attitudes. Consequently, recent literature (Engle & Arkowitz, 2006; Baldwin, Wampold, & Imel, 2007; Almond, 2010; Pontalis, 2014; Braga, Ribeiro, Gonçalves, Oliveira, Botelho, Ferreira, & Sousa, 2018; Urmanche, Oliveira, Goncalves, Eubanks, & Muran, 2019), has moved some distance away from considerations found in the classical, early 20th century psychoanalytic exploration of ambivalence. Arguably this provides a convenient scapegoat for bad outcomes. Commonly promoting the idea that if we can resolve or remove ambivalence we can avert negative outcomes, some of the current discourse on the subject tends to overlook the complex nature of the situations we encounter in our work, a complexity to which ambivalence itself speaks. If Bleuler's (1911) notion that the contradictory feelings of ambivalence don't necessarily interfere with each other is correct, then why does our contemporary Western culture consider ambivalence as something to be removed in the name of progress or positive therapeutic outcomes? By asking the question 'What is my experience of ambivalence?' I hope to shed light on what a chronic ambivalent attitude has meant for me across my lifespan and use this exploration to contemplate what an ambivalent attitude might mean for relationships and for clinical work.

## Context of study

My own life experience of ambivalence has sufficiently disturbed my relationships with people, places, and endeavours to warrant a deeper examination of this phenomenon as I embark on clinical practice in which I am tasked to be responsible for my part of the dyadic relationship. In my final Reflexivity and Relational Skills paper of my psychotherapy training at Auckland University of Technology (AUT), I wrote: "Saying goodbye to spaces and places that matter [...] As I attempted to play in these potential spaces of early splitting, magical salvation, hope, and hell, I am left grappling with an overall sense of ambivalence"( Lyons, 2019, p. 2). Naming my final overall experience of the training as ambivalent felt significantly troubling to me. Shouldn't I be feeling whole-heartedly optimistic about my new vocation? What will my teachers make of this? Further on in this final assignment, I wrote:

> "My relationship towards ambivalence has changed over the course of this year. It's moved from being an unconscious to a conscious one and then a consciousness of ambivalence that was at first disturbing—in which I felt torn, guilty, and anxious—then somehow fortifying. Something seemed to happen in which, through paying attention to the people who did more than tolerate me, the ones who welcomed me even, and in my reading of literature that spoke of *negative capability* I became less anxious about both my self-hate and my sceptism about the world...It seems I have gained increased capacity to regain the [Kleinian] depressive position. To consider the complexity of things rather than to fix on one aspect, surrender to process rather than insist on outcome" (Lyons, 2019, p. 2).

I now note also that my ambivalent quandary about the end of the training had something to do with feeling disheartened by psychotherapy's inability to promise to alleviate the increasing pain, disturbance, and despair of the human condition that I witnessed all around me—a pain which I know first-hand whenever I encounter ambivalence in my life as an excruciating way of relating, undermining each time my deep need for connection and going on being.

Reflecting on my life, I recalled growing up in 1970s South Africa, a child of apartheid. Interconnection was severed all around me: we lived a life of separation at every turn—whites only, blacks prohibited—pre-occupied with safety and security, high walls crowned with barbed wire attempting to keep the undesirable out and our fear in. The legacy of this in my life leaves a multi-layered sense of loss accompanied by a deep-seated confusion that stems from anxiety about how identity can be expressed for those born into colonised nations. Bhabha (1984) writes of this ambivalence at the site of colonial dominance describing the "uncomfortable residue of enmity and amity" (p. ix). I have to admit that I did enjoy my privilege as a white South African even as my childmind was deeply disturbed by the way we Whites treated the gardener and the maid. What happens in the psyche when one is equally attracted and repulsed? How does the psyche tolerate this approach-avoidance conflict? Did growing up in an authoritarian family and the dominant culture leave me unable to develop confidence in my own evaluative abilities? Van Harreveld, Nolan and Schneider (2015) note "research on ambivalence [...] inadvertently revealed [...] consequences [...] associated with strong attitudes" (p. 5) having the effect of increasing cognitive elaboration. They further note that in a world of increasing amounts of information this, in turn, feeds ambivalence through less confidence in one's evaluative abilities. According to Van Harreveld, Rutjens, Schneider, Nohlen & Keskinis (2014, p. 1666), ambivalence is "undesirable [...] because it constitutes a violation of fundamental consistency motives". This compromises our disposition to categorise based on value judgements of good and bad and "becomes problematic once [...] we have to make a binary behavioural choice (Van Harreveld, Nolan and Schneider, 2015, p. 30). Was I bound to become an ambivalent individual because I grew up so conflicted, observing inconsistencies and value contradictions all around me?

Today, we live in a world of increasingly fast-paced change and a surfeit of information and I practice psychotherapy, a profession that is intimately involved with the process of transformation. Ambivalence is woven into the process of change at every stage if for no other reason than taking action in a particular direction means giving up something else. Explicit ambivalence may not necessarily be experienced as unpleasant. Uncomfortable ambivalence however can lead to efforts to resolve the conflicted state or individuals might

attempt to inhibit their awareness of contradictions (Van Harreveld, Van der Pligt, & De Liver, 2009). Additionally, the negativity bias in the psyche has been documented as more influential, meaning that the ambivalent individual is potentially more troubled, even persuaded, by the negative valence of their attitude (Vaish, Grossmann, Woodward, 2008). The present study aims to reveal how subjective ambivalence is experienced and to make suggestions about how ambivalence could justifiably be of value in the therapeutic encounter, given its common occurrence and increasing prevalence.

## Aim and scope

Winnicott (1975) writes that "the mother holds the situation…the consequence is that something can be done about something…[which] enables the…co-existing love and hate to become sorted out and interrelated and gradually brought under control from within in a way that is healthy" (p. 263). Here, according to Winnicott (1975), is found the capacity for ambivalence as an achievement in emotional development. The present study asks: "what is my experience of ambivalence?" It examines the paradoxical nature of a subjective attitude derived from strong opposing feelings and has as its aim to find the personal meaning of such an attitude. I have chosen to use Sela-Smith's (2002) Heuristic Self-Search Inquiry (HSSI) a variation on Moustakas' (1990) heuristic research method in which the researcher is the sole research subject. My enquiry is guided by *object relations theory* with its foundations in psychodynamic theory. From Freud through Klein, to Fairbairn and Winnicott the theory proclaims that the primary motivation of the child is object seeking[1] (Greenberg & Mitchell, 1983). Moustakas' (1990) heuristic methodology was influenced by concepts promoted by Rogers, who was influenced by the initial object relations line of thought that emerged with Ferenczi in opposition to Freud's drive related theory (Kramer, 2019).

This study will not examine indifference or a lack of affect. Green's (1993) work on the *dead mother complex* eloquently describes an ambivalence born of a mother who was absent, an ambivalence "charged with hatred….love for the object that fell into the dungeons of primal repression…the dead mother's mortgage [that] weighs on his love…this cold core…anesthetizes like ice" (pp. 220-222). This is the ambivalence of narcissistic emptiness which this study approaches but will not, due to word and time constraints, elucidate. This study will not directly address the trait of *ambivalent attachment* as set out in the theories of

[1] Object relations theory suggests that the way people relate to others and situations in their adult lives is shaped by family experiences during infancy. The early experiences with people and events turn into *objects* in the unconscious that the "self" carries into adulthood, and they are used by the unconscious to predict people's behaviour in their social relationships and interactions (Greenberg & Mitchell, 1983)

Bowlby (1979: 1988), Ainsworth (1978) and Main (2000) because the HSSI method of open enquiry challenges classification into discrete categories. This study explores an ambivalent attitude that has disturbed my relationships both with others in a way that others have found my ambivalent feelings difficult to bear and with myself in a way that underlines my life experience. It seeks to discover whether the inability for another to hold my mental state in mind is important. Additionally, it aims to discover whether there is any usefulness in promoting ambivalence, a state of uncertainty, as healthy and valuable in the therapeutic encounter. Can grappling with the co-existence of love and hate towards the same object lead to a more secure relationship with the self and in turn with others? What is my responsibility towards the other when I feel ambivalent? Although I found Bion's ideas about a transcendent position to naturally follow on from Winnicott's concepts, due again to time and space limitations I have been unable to expand on Bionian theory. However, the reader will find his ideas dotted throughout in the spirit of "a mental space for further ideas which may yet be developed" (Bion, 1994, p. 325).

## Overview

My clinical journey towards this topic began as I tried to select a training programme to qualify as a psychotherapist; and it developed during my studies at AUT where I noticed both my own doubts about psychotherapy and how my clients were suffering from a sense of stuckness in their personal lives. As my training progressed I noticed patterns of developmental learning from childhoods which were impacted by certain caregiving styles that seemed to initiate anxiety about love and hate towards objects. In adulthood, this anxiety seemed to recur at moments of decision making when a retreat back to how we'd learned to cope as children meant a certain stuckness ensued. My autobiographical and clinical noticing made me curious to discover how this phenomenon could be understood. The present study expresses what I discovered within a year-long heuristic self-search enquiry uncovering the different aspects and nuances of this phenomenon. I begin, in chapter two with my choice of methodology and description of the method I used to engage my question. Chapter three establishes my view of the literature on the topic. In bringing in writers who captured my attention the phenomenon of ambivalence expands beyond a feeling to a conceptualisation that contains a range of meanings that cannot necessarily be generalised yet seem to signify both cognition and felt sense so that they work together. My findings are expressed in chapter four; they are personal to me. In chapter five I pull together, as a sense-making exercise, the pieces that I found, link back to the literature I explored and make a comment about the relevance of my exploration to the field of psychotherapy. I also note the limitations of this study and suggest prospects for future research.

## Summary

The context is of something troubling, the concern is about resolving troubling things at the risk of opening an oyster shell only to find no pearl. The scope of this study encompasses a process of discovery through which a contribution to the field might succeed. This dissertation is my reverie, reflection, confession—an engagement with psychic reality. I hope my grappling with this intrapsychic and relational sense of ambivalence finds resonance in others.

# Chapter Two: Methodology

*To look at any thing*

*If you would know that thing,*

*You must look at it long:*

*To look at this green and say*

*"I have seen spring in these*

*Woods," will not do—you must*

*Be the thing you see:*

*You must be the dark snakes of*

*Stems and ferny plumes of leaves,*

*You must enter in*

*To the small silences between*

*The leaves,*

*You must take your time*

*And touch the very place*

*They issue from.*

*—John Moffitt, 'To look at any thing', cited in Moustakas (1990)*

## Introduction

In this chapter, I describe Moustakas' (1990) heuristic methodology and method which I used to investigate my personal experience of ambivalence. I outline its foundations and influences and explore a critique of the methodology. I discuss my own ontological and epistemological position which includes a subjective focus consistent with the phenomenological paradigm within which heurism sits, and suitable for my development as a psychotherapist. I explain my deviation from Moustakas' method in my use of Sela-Smith's (2002) variation on Moustakas' methodology and then detail the specifics of my method. Additionally, I comment on ethical considerations pertaining to this study.

## What is heurism

Heurism, with its Greek etymology "to discover" or "to find", concerns itself with the study of phenomena (Moustakas, 1990). Based in phenomenology, it does not lay claim to the truth or the nature of being but rather aims to say something about a phenomenon or occurrence. Phenomenology claims the wisdom of subjective experience in the domain of human enquiry. It begins with an exploration of subjective experience and ends with the essence of this

experience. Heurism aims to discover unique knowledge about a phenomenon — in this context, a topic — through a process of self-dialogue. The topic is a "place of encounter", inviting interpretive ways of thinking (McCaffrey, Raffin-Bouchal, & Moules, 2012, p. 221). Epistemologically, heurism fits within what Grant & Giddings (2014) describe as the interpretive paradigm of qualitative research. Interpretive methodologies relate and interact with the research material (Grant & Giddings, 2014). This seems to align with Mc Williams' (2004) description of psychoanalytic psychotherapy as both seek self-knowledge, thus affording this research authority and applicability, serving the purpose of contributing to the field. Moustakas' (1990) methodology offers a frame that counterbalances relativism by modelling a process of internal search to discover the nature and meaning of experience. The process is based on Moustakas' (1990) seven key concepts of *identifying with the focus of enquiry, self-dialogue, tacit knowing, intuition, indwelling, focussing and the internal frame of reference*, all of which allow for the expression of emergent processes to inform new understanding.

As a way of knowing, heurism gathers what presents to consciousness as perception, sense, and intuition (Moustakas, 1990). In this regard, according to Sultan (2019), it is inspired by theories advanced by:

- Maslow – with regard to behavioural motivation and hierarchy of needs.
- Buber - dialogue and relationship
- Husserl - the study of structures of experience or consciousness, the world of objects as distinct from the perceiving subject
- Polanyi – that objective scientific knowledge always relies on personal knowledge
- Rogers – that the basic human motive is to self-actualize
- Gendlin - the knowing that arises from the living interaction with one's environment is prior to abstract knowledge, change relies on the ability to access a nonverbal, bodily feel or "felt-sense"
- Merleau-Ponty – that perception plays a foundational role in understanding and engaging with the world, and the body is the primary site of knowing

These knowledge bases seek to illuminate what something is and means, how we are in the world and how we understand our living and shared experiences. With a background in humanism inherited from Buber's (2006) philosophy of dialogic existence premised on existence as encounter, heuristics offers a precise frame in the face of relativism, using subjectivity as evidential. Modelling a process of internal search as method to justify what is to be discovered about the nature and meaning of the human experience of a phenomenon, it

claims subjectivity as valid, not merely opinion. This methodology has a strong emphasis on enabling the self of the researcher to exist and to be very present throughout the research. As such, through the process the researcher experiences growing self-awareness and self-knowledge and gives the phenomenon ongoing aliveness by illuminating it. The task of research becomes to recognize that which exists in consciousness and embodiment is a fundamental awareness, to receive and accept it and then to dwell on its nature and fundamental meanings. It is a search for the qualities, conditions, and relationships of a specific concern prior to objective knowledge.

Heuristic methodology has been critiqued as having a Westernized focus on individual experience and thereby risking not being generalizable (Sultan, 2019). This is of particular concern with respect to this study located in Aotearoa. Research in this country must have regard for biculturalism and take into consideration the socio-cultural differences between people in this multi-cultural society and whether or not the research simply serves to reinforce the dominant Pākehā cultural interest (Smith, 2012). That heurism, however, is grounded in Buber's (2006) dialogic encounter affords this researcher the opportunity to explore their own experience as it relates to others. As such, research validity is arrived at not only through subjectivism but also peer review, critique and supervision as well as through more general encounters with others during the research process. This study is hereby contextualised through not only the dynamics of internal question and answer which means a learning by experience but by also including my reflections on others' responses to my enquiry. This satisfies my own ethical position grounded in Levinas' (1969) *ethics as first philosophy*, in which regard for and responsibility toward the other precedes an objective search for truth. Validity is furthermore ensured if the ultimate depiction of the meanings and essences of the experience of discovery presents comprehensively, resonantly, and accurately to the reader (Moustakas, 1990). I suggest that the issue of generalizability of heuristic research is addressed by holding both subjectivity and cultural relativism close throughout the enquiry.

Poland (2018) points out that what is ultimately assimilated in the clinical encounter occurs within the privacy of the self. As for clinical engagements, so too for any research or theoretical engagements in the field of the social sciences—an interpretive approach invites psychic separateness even as it summons the curiosity that brings us into an experience of intimacy with another. Poland (2018) further advocates for self-analysis as the greatest insurance for a therapist's capacity to hold the other in regard and posits a quality of intersubjectivity that is created by reciprocal experiences generated by subject-object differentiation. The unique gift of this research methodology is that it offers a process of self-discovery culminating in a creative synthesis that invites the reader to encounter the work as a

stranger to it, find familiarity, and then move on to ultimately face their own life resourced and enriched from the encounter, touching others' lives and thereby contributing to society. The question of validity is ultimately one of meaning, will the depiction of my experience of ambivalence have meaning for others? Can this meaning access an emotional truth that generates a psychic shift?

## Ethics and my position as a psychotherapist

I was drawn to study ambivalence because I had unanswered questions about my own mixed feelings and doubt, particularly in relation to psychotherapy. It was personal and therefore I wanted to look to myself for the answers. As a psychotherapist, I privilege subjective experience as I encounter clients and their experiences of the world. With its foundations in clinical practice, heuristic methodology stood out as the most fitting methodology for my study of the ambivalence I found myself encountering in both my personal life, study, and work as a psychotherapist. Heuristic methodology seemed closely aligned with my intention to know myself better in order to contribute meaningfully and responsibly to the therapeutic relationship. Self-knowledge is documented as a facilitator of therapeutic change (McWilliams, 2004; Shedler 2010; Poland, 2018). The therapeutic relationship is also widely reported to be an important mutative factor in psychotherapy and is based on the central working principle of first-person authority together with the process of collaborative exploration, discovery, and interpretation (see Kahn, 2001; McWilliams, 2004; Wampold & Imel, 2015; Strijbos & Jongepier, 2018). The principle of first-person authority indicates an open-minded, encouraging, inquisitive, and curious attitude towards self, others, and the world.

I chose heuristic methodology because what I can't take responsibility for in myself I end up burdening others with. This obliges me to take an interest in the way I act in the world so that I can recognize what I project that may be prejudicing my relationships. Therefore I have an ethical obligation to be accountable for my own history in my relational encounters. As such I am interested to discover something about the essence of my experience of ambivalence and to articulate something about its quality so that I may become conscious of what I bring into my relationships. I am not seeking to make a definitive interpretation of the experience of ambivalence. My meaning-making is my own and as such is "partial and subjective" (Grant & Giddings, 2014, p. 20). Additionally, in order not to present an obstacle to the therapeutic factor of the principle of first-person authority, Strijbos & Jongepeir (2018) argue that one is required to regulate one's mental states through a second-person perspective. Indeed, Felman and Laub (1992, p. 15) remind us that Freud created the psychoanalytic dialogue because he discovered that "it takes two to witness the unconscious". For this reason, the

process of collaborative exploration, discovery, and interpretation is important and I fulfil this requirement through group supervision and my reflections of dialogues with others on the subject of the present study. In this way, I have regard for the other as separate and autonomous, as a basis for both an ethical research study as well as ethical relating. With respect to the discipline of psychotherapy, this study seeks to both generate understandings that lay foundations for future research and stimulate a containing function of reverie[2] in which psychotherapists gain confidence in their capacity to relate both to clients and themselves struggling with experiences suffused by love and hate: ambivalence.

Heuristic Inquiry is filled with personal human experience, therein lies its value and its challenge. Whilst a phenomenon is what is examined, the approach to the examination is a person-centred approach (Mihalache, 2019). HSSI, emerging from the researcher's autobiographical experience, is a description of a human experience, "characterised by complete surrender to the I-who-feels" (Mihalache, 2019, p. 141). The researcher is the only participant in the study and the emphasis is on the researcher's internal frame of reference with the question that calls for investigation calling from within the researcher's self. As such, the results of the data collection are a personal depiction, highlighting the self of the researcher in the experience. Whilst the study is augmented with biographical material and contextual data, the people (objects) referred to in the study are not participants of the study. Rather the results of my personal reflections are integrated into a creative synthesis which is not a factual summary but rather generates a heuristic truth. "Phenomenology ends with the essence of experience; heuristics retains the essence of the person in experience" (Douglass & Moustakas, 1985, p. 43). In writing about myself I do write about others in my lifeworld, I name the objects of my reflections. References to these others have no significance other than as the construction of my own personal view of my world. As such, this study exists within a constructivist interpretive research paradigm. Heuristic researchers do not separate their subjective experience from the process of research; as social constructivists, our biases, attitudes, and values (Lincoln, Lynham, & Guba, 2011) are inextricably linked to the process and outcome of research. Nevertheless, this study stands to impact both self and other. What responsibility then do I have for those in my life world that are characters in this study? How do I remain both true to my experience and responsible towards others? What does it mean to do no harm?

[2] Bion's notion of reverie is a process that takes place between mother and infant where the infant projects unbearable feelings into the mother, who, if she is well-balanced, detoxifies these feelings by making sense of them for the infant in her mind thus enabling the baby to feel understood and, in turn, to develop their capacity to understand. It is an expression of love (Bion, 1962; Parker, 1997).

In consideration of the ethical implications of such a study, I will define ethics as it relates to heuristic research and discuss the ethical issues arising from this study. Oancea (2014, p.36) defines ethics as the "study of what are good, right and virtuous courses of action". The rights, dignity and well-being of both the researcher and those identified in the research should be considered alongside the researcher's responsibility to benefit society. Whilst every ethical dilemma cannot be predicted, I considered issues of consent, privacy, confidentiality, and protection from harm in relation to references to objects (persons) in the researcher's (my) lifeworld. My process of deliberation over my ethical responsibility involved consideration of a number of factors, including the topic and field (object-relations) of inquiry, the purpose of my study (transformation), data collection, organisation and analysis and publication of the research. In the midst of my data collection (immersion phase), organization (illumination phase) and analysis process (explication phase) I realised my process of discovery had the potential to expose the identities of the objects (people) in my life world, unbeknownst to some of those individuals and that publicly sharing my experience of these objects (persons) may impact them. Human narratives can stir up emotions, thoughts, bodily responses, and other reactions. This brought to light an ethical dilemma as I attempted to balance I-Thou relationships with the reflexive subjectivity of my inquiry whilst keeping the study relevant enough to prompt transformation. In the face of this ethical dilemma I had to remind myself that heuristic inquiry is a personal growth process, that when ethical dilemmas arise there are seldom clear cut answers, and that I had to report my findings accurately. The memories I describe in this study refer to emotional schemas which are representations of the real people in my life world. As such, my invitation to anyone who is touched or indeed finds themselves distressed by depictions in this study, is to either engage in dialogue with me (the researcher) around what is evoked for them or to reach out to a therapist or trusted others to help them process their experience.

## Core concepts and the six phases

As a mechanism for engagement with the self and the research question Moustakas' (1990) seven core concepts, as outlined below, provided a map that honoured my intention.

1. Identifying with the focus of enquiry: I was actively experiencing a state of ambivalence as I turned my thoughts to a dissertation topic. I was feeling conflicted, doubtful, and hesitant and this experience was pre-occupying my mind. This state of indecision was familiar, it had travelled with me since my earliest memories.
2. Self-dialogue: I began to examine it, uncovering its many aspects. I had to be open to all facets of the ambivalent experience, moving backwards and forwards from the experience

to the concept and back to the experience. I had to trust in my own experience and be willing to self-disclose, to get in touch with this unclear part of me.

3. Tacit knowing: What was vague and what was defined tended to dissolve and then come into focus again as I proceeded. Certain aspects of my own experience of ambivalence hung around and gained strength as other aspects I encountered seemed to fade. I had to stay loyal to myself to gain a sense of my own position, set aside other's interpretations and connect with what was real for me.
4. Intuition: Bridging my implicit knowing with explicit knowledge on the phenomenon enabled me to sense patterns and imagine the character of my ambivalence. It enabled me to make meaning, even amidst uncertainty and wariness.
5. Indwelling: I consciously lingered with the aspects of ambivalence that resonated with me, noticing what appeared in my thoughts and feelings as well as what was not there. I searched for the conditions that evoked my ambivalence and deliberately noticed different qualities and textures – tentativeness, conflict, wobbliness and indecision.
6. Focussing: I cleared a number of spaces in my calendar during the timeframe of the study to access a relaxed receptive state to enable my perceptions and senses to gain clarity. Clearing the clutter of my day-to-day life in this way enabled me to identify what previously had remained obscured. Through attending in a sustained way to myself I experienced an internal shift and could decide on the core themes to bring forward.
7. The internal frame of reference: Only the experiencing person can validly provide portrayals of the experience (Moustakas, 1994). Through getting to intimately know my own experience of ambivalence I am able to understand and relate empathically to another's. I had to take ownership of my version first.

These seven concepts were evoked during my engagement with the six phases of heuristic methodology. My interest in the experience of ambivalence upon completion of training made the *initial engagement* of this study seem relevant by virtue of it being a human experience that I imagined was likely shared by others. The phenomenon called out to be known if I was to stand any chance of truly meeting my clients. Whilst *immersion* allowed for the closeness of first-person authority; central to the heuristic approach is ambiguity, an openness to more than one interpretation. So closely associated with the phenomenon of ambivalence, ambiguity required surrender to my attachment to resolving something. This is central to my study as will become evident further on. Aligned with Levinas' (1969) diversity of dialogue that approaches truth in many different ways, clarifying by way of the peculiar and an other-centredness, *immersion* required of me a beginner's mind, one willing to engage curiosity and vulnerability to the unknown aspects of the phenomenon. I had to simply linger

in the presence of ambivalence encountered as something fresh, new each day. As I connected with all the aspects of my ambivalence I had to step away every so often to allow my discoveries to i*ncubate*, including my states of limbo**.** Here was when rewarding insight, understanding, and integration occurred as I allowed things to mull. Links began to form and new ideas were stimulated. The process felt similar to Bion's notion of *container-contained* which describes the dynamic interaction of unconscious thoughts and the capacity for dreaming and thinking those thoughts which are central to the emergence of truth and to mental growth (as cited in Biran, 2015). Just like the phenomenon of ambivalence itself that engages the approach-avoidance conflict, the challenge was to tolerate proximity and distance, intimacy, and separation from the topic without becoming stuck on either end of the pole. I also had to allow myself to lose my sense of ambivalence without an anxious grasping after it. Engaging with the phenomenon in this way led towards *illumination***.** There came a point in which my discoveries led to a personal transformation which in turn changed my approach to my work and to how I related to the world. It wasn't that an endpoint was arrived at, instead, the heuristic enquiry is intended as an ongoing discourse. As such it seemed to provide a container for change, analogous to the psychotherapeutic endeavour. During this phase others with their own set of beliefs, values, and assumptions interact with the phenomenon under investigation and truth continues to emerge. The requirement for *explication* means that the reader of the study knows what is clear and well understood and what is unclear and requires further research. The demand for a *creative synthesis* invited me to question and to play along the way towards an expression of something that, in the finish, could move the reader. In this way, communal discourse and emotional truth are fostered which, in turn, validates my personal experience and facilitates ethical relating.

## Heuristic self-search inquiry (HSSI)

In a departure from Moustakas' (1990) method, Sela-Smith (2002) argues that heurism is a "free-fall surrender to the process […] of personal subjective experience" (p. 70). Her HSSI most closely aligns with the present study in that I am the sole subject of the research. I am excluding any client data or others direct experiences of ambivalence. In contrast with Moustakas' method in which he interviewed other research participants, Sela-Smith (2002) argues that it is the subjective internal search that is key, that lies at the heart of the "story of transformation" (p. 82) of both the heuristic and psychotherapeutic endeavour. This is why I have chosen HSSI, because I am interested in this transformation.

As a step into the unknown, HSSI offers freedom from "the shackles of convention and tradition" (Douglass & Moustakas, 1985, p. 44) and is best achieved, according to Sela-Smith (2002) by not following precisely Moustakas' method which is focussed on "explication of

experience [from] co-participants" (p. 70). HSSI moves me away from the effort of knowing that is peppered throughout and stands in contradiction to some of the core heuristic concepts in Douglass and Moustakas' (1985) article 'Heuristic enquiry: The internal search to know'. It allows for a path of my own that frees me from the strict adherence to the six-phase model explicated by Moustakas (1990) even as he states that for the process to be authentic it must be unrestricted by "predetermined methods" (Douglass & Moustakas, 1985, p. 49). An additional motivation for choosing this method, linked to my position as a psychotherapist described above, is that it parallels what I was required to document in the core Reflexivity papers during psychotherapy training at AUT. Through HSSI I focused on an aspect of my inner experience and in doing so was "actively awakening and transforming my own self" (Moustakas, 1990, p. 13). Furthermore, the act of explication and creative synthesis, creating the narrative depiction in the form of this dissertation, shows myself so that others can perceive me which "makes connection possible" (Jourard, 1971). This is akin to the sought-after experience of being found in psychotherapy (McWilliams, 2004). Practicing this methodology helps formulate my way of practicing clinically by giving it a basis in first-hand experience that models the transformative nature of the process of discovery in both myself and the client. Transformation, rather than externally specified treatment outcomes, is arguably the raison d'etre of psychotherapy.

## Method: my process

Utilising HSSI, I searched deeply for the qualities, conditions, and relationships involved in my encounters with ambivalence, examining my past and present-day experiences including but not limited to personal relationships, my psychotherapy training, my clients, my feelings, literature, and the land I reside in. This journey of exploration took place through open-ended enquiry that had the freedom of a self-directed search. I allowed myself to dwell in an active experience of ambivalence, lingering where before I may not have wanted to. I noted when I identified with my question and when I did not. I imagined the phenomenon speaking to me. I played with creative ways to document my experience, journaling my thoughts, feelings, and felt sense. Sometimes I forgot about it too, perhaps I didn't want to know it during certain periods of time or perhaps I am not always ambivalent. Throughout this process, I experienced growing self-awareness and self-knowledge and sensed a gradual change taking place within myself. Broadly, I followed and played with Moustakas' (1990) six phases as follows: initial engagement, immersion, incubation, illumination, explication, synthesis.

### Initial engagement: Finishing my course of study

The personal power that the question of ambivalence holds for me is through my felt sense of unease each time I encounter it and allow myself to receive its impact on my life. It's an old

familiar feeling present since a childhood filled with memories that include rummaging through my father's wardrobe for adoption papers to prove I didn't belong in my family, of always feeling in the wrong in the eyes of another, of shutting myself off from my feelings, of my mother's night-time calls to the family doctor requesting home visits to assess my symptoms and apply treatment. I was told I cried a lot right from infancy, so much that the paediatricians wanted to take me away from my mother to give her rest. I fantasise that my earliest needs were met with anxiety, certainly, they felt unwelcome. I think I became confused about my needs and grew into a person who doubted herself, her thinking, her feelings, and her rightful place in this world. No surprise then that at the culmination of my clinical training I felt that there was something confusing about my felt sense of ambivalence towards the vocation I was about to embark upon. What I do with unease is I dissociate it, I bury it. I go to sleep. I reached an impasse in my personal therapy and I left my therapist.

Alongside this personal torture, I wondered whether my concern about ambivalence had any wider social significance. Did my own ambivalence about psychotherapy reflect the broader societal ambivalence towards psychotherapy within the mental health and health fields in New Zealand in particular and even, more generally, was ambivalence, as Segal (2019) has noted, indeed a feature of groups and society? My concern about societal ambivalence has consequences for my own practice, muting passion and reducing a whole-hearted commitment for the work. I wonder whether this may be protective or have something to do with belonging. I question whether psychotherapy has a place in society today, amongst other seemingly more pressing needs. Indeed, if I commit to psychotherapy, do I have a place? Will I be ridiculed? Is it acceptable (indeed healthy) to graduate being ambivalent about the qualification or is my ambivalence obscuring something more disturbing? These concerns came together to form my question, motivated by a desire to feel secure in relationship with self and other.

### Immersion: Ambivalence everywhere

Living the question and its clarified and defined terms included my waking thoughts and feelings as well as my sleeping and dream states. Whenever and wherever I noticed ambivalence I got close-up to its expression, noting it as raw material for a sustained focus. I found ambivalence in my relationships with people, places, and endeavours, in my feelings towards clients, I sought it out in literature and I allowed a spontaneous self-dialogue and tacit knowing to grow. For example, Rose (2018) and Bjorklind (2019) refer to the taboo of maternal ambivalence and my first memory of ambivalence seemed related to my mother. Whilst engaged in a search of the Psychoanalytic Electronic Publishing (PEP) database I came across a review of Rose's (2018) book 'Mothers: An essay on love and cruelty'. I purchased the

book and discovered something about ambivalence within the chapter called "Hating". I marked this chapter for a second close reading and deeper reflection on my response to it. I kept delving into PEP, reading the sentences in the body of articles where the word ambivalence was found, sifting out what resonated. I journaled the ups and downs and backs and forths of this phenomenon, interviewing myself as I went along. As I immersed myself more I found I also moved away from the topic, avoiding, as Sela-Smith claims (2002), the depths and the pain of it. My ambivalence itself was uncomfortable to be in, it felt unsettling. Reading and thinking about it was easier. When my self-dialogue became circular I wondered what defences might be kicking in, what I might perhaps be refusing to know. As I immersed further still I discovered how attached I'd become to my ambivalent identity.

### Incubation: Indecision, migraine, regret, defences, fidelity, dependency, anxiety.

Alongside and intimately intertwined with immersion is the phase in which something is gestating. As I delved deeper into the topic, something got nurtured almost by osmosis, my knowledge expanded. I stopped being absorbed in a direct way and allowed a process of clarification and understanding to be reached outside immediate awareness. This took the form of spontaneous mental reorganization unfettered by conscious effort. Often as I lay falling to sleep, developments took place and in the morning I'd note something in my journal or I'd walk on the beach or in the local bush reserve and something would grow as I moved my body to the tune of ambivalence. At this point, I began to form a map in my mind of something that felt like my very own version of ambivalence. I let go of other's ideas and pieced together my own personal puzzle revealing specific qualities, a picture of unity was forming as I integrated various components. This required a turning inward, a willingness to gaze with unwavering attention on both the elements of perception that enter conscious awareness, are visible and can be described, the unique and distinctive constituents, and on the unseen and invisible factors, the implicit or subliminal. This in order to draw every possible nuance, texture, fact, and meaning from them. This process was conscious and deliberate but not linear or logical and assisted greatly by the Covid-19 Alert Level 3 lockdown in Auckland in August, 2020[3] in which everyday stimulations and distractions were removed.

### Illumination: Being nowhere with Martha Stark

What occurred were little breakthroughs into awareness of qualities and aspects (such as enabling, managing, paradox, placeholding, guilt) and sometimes a clustering of these into

[3] At 12 noon on the 12th August 2020 Auckland region moved to Alert Level 3. On 14 August 2020 the Prime Minister announced that Auckland will remain at Alert Level 3 for 12 more days. See https://covid19.govt.nz/alert-system/alert-level-3/ ( Ministry of Health, 2021) for a description of restrictions under Alert level 3.

themes (faith, danger, dependency, doubt, defenses) as new dimensions of knowledge or disclosure of hidden meanings became elucidated. Tacit knowing began to bring things gradually together as intuition bridged the implicit and explicit, enabling comprehension and links to be made (Polanyi, 1983). For example, how regret means taking responsibility, acknowledging what is lost or left behind when we make a decision and how this is developed through a sense of guilt which means ambivalence (the tolerance of love and hate) keeps something alive since regret is reduced by inactivity. I followed my heart about what did and didn't fit. I revisited Fairbairn's (1941) brand of British object relations and read an article by Martha Stark (2017) gifted to me by a friend. This added something essential to knowing my experience of ambivalence. For example, I questioned whether my disapproval was dressed up as ambivalence and explored the function of my resistance and the role doubt and guilt played. Did my concern crystallise more around discovering the heights and depths of my own schizoid splitting in order to heal myself or was it that I longed to discover confidence in ambivalence as a developmental achievement—mixed feelings in which neither interferes with the other? Would what I hoped to write about actually show up and would I be able to draw on clues to find something original?

### Explication: Choosing in colour

Utilizing focussing, indwelling, and attending to my own awareness, feelings, thoughts, beliefs, and judgements I created a physical space, a room in my home, where ambivalence could be thought about and felt. I stuck synonyms on the walls, reread my journal, allowed feelings to arise and my body to move in response. I wrote out salient notes on squares of coloured paper, and began a process of layering and grouping. It felt playful and formative. Meditating one day I asked, "What is this thing, this non-committal, indecisive experience, this flux, this still point?", whilst aware of the cat clawing vehemently at her scratch post as I breathed continuously in and out without pause, staying present to my conflicted feelings.

The primary purpose of this phase was the writing in which the nuances, textures, and various constituents of my personal experience could be disentangled, explained, expanded, and articulated. Here additional angles and features were gathered and articulated, refinements and corrections made and a comprehensive depiction of the core themes connecting things together was constructed on the squares of coloured paper. I brought in links to, for example, bulimia (Leonard, 1944) and migraine (Fromm-Reichmann, 2013). I had to decide what to leave out, or leave undigested, for the purposes of completing this study within the allotted timeframe. The topic expanded hugely and I had to select what was most salient to me.

### Creative Synthesis: Love

In this final phase verbatim material and examples are expressed as a narrative depiction in the form of this dissertation. This involves seeing the phenomenon as it is and removing clutter so that contact can be made with the essential insights—those registering as internal shifts and even behaviour modifiers. For this comprehensive expression to be realized, knowledge of the data, as well as solitude for the inspiration to permit an inwards life on the question to grow, is required. Transformation emerged from my inner life, held by the frame of the dissertation and, in the encouraging words of Winnicott (1975) writing about what "enables the [...] co-existing love and hate to become sorted out and interrelated and gradually brought under control from within in a way that is healthy" (p. 263), something is done about something. Here is where I used the tentativeness of ambivalence to make space to feel love amidst all the deadening, hateful feelings I carried with me through my life as protection. I then made links between my personal experience and the original psychoanalytic literature, articulated the importance of this study for the field of psychotherapy and let my mind freely wonder about all sorts of other questions I'd like answered as part of an ongoing enquiry.

## Summary

In this chapter, I have presented my understanding of heuristic methodology, including addressing the critique of its lack of generalizability. I have outlined and justified how HSSI aligns with my position as a psychotherapist conducting research and explicated my research process. I have commented on ethics and argued that this methodology helps fulfil my ethical obligations both personally and professionally.

# Chapter Three: Literature View

*"There lives within the very flame of love,*

*A kind of wick or snuff that will abate it"*

*—William Shakespeare, Hamlet, 16 IV, vii, 114-116*

## Introduction

In this chapter, I discuss my literature review process and how it lays out some core ideas that theoretically contextualise and support my research interest. I pursue writings that most closely approximate my experience of ambivalence. The narrative depicts an unfolding journey rather than a retrospective report. As I outline the parameters and process of my literature search I note a dearth of writing on first-person experience and a wealth of writing on ambivalence related to negative outcomes in therapy from the perspective of those offering treatments. I initially traverse literature on the place of psychotherapy in healthcare today, therapeutic impasse, and contemporary research on ambivalence. Then I offer a description of some original psychoanalytic thinkers in the object relations tradition, and their thoughts on ambivalence. I designate my heuristic literature review as what Keith Tudor (personal communication, 16 December 2019) describes as a subjective "view", as distinct from a formal review.

## My review route

My search for ambivalence in the literature centred primarily on the PEP database. I discovered much to consume my attention in the psychoanalytic articles found here and due to the limited scope of a Masters dissertation decided not to consult other databases. At first, I conducted a broad PEP search on the term ambivalence, ordering articles chronologically, intent to discover how ambivalence was first thought about. To gain a perspective on my sense that therapeutic culture today regards ambivalence and indecision as something negative to be eliminated, I then turned to a broader search looking at more contemporary writing in a general library and Google Scholar quest. Here I noted much attention to failed treatment outcomes resulting from ambivalence. Focussing on ambivalence as a concept in clinical presentations I became intrigued by the difference between early and current accounts from the perspective of the therapist or researcher and excited about the need for my research as a first-person account of the experience.

My process involved reading the sentences in the body of the works where the word ambivalence was found. Certain articles moved me, as a heuristic enquirer, to read the whole

piece to contextualise it and I provide examples from my selection in what follows. I use the present tense when referring to past works, using grammar in support of keeping original thinking alive in today's discourses. My method of reflection involves a "self-search from the internal frame of reference…called indwelling" (Douglass & Moustakas, 1985, p. 48). This aims to both understand an author's ideas as well as make personal sense through an interpretive process of associations, "in touch with the innumerable perceptions and awareness's that are purely my own", an immersion "more impulsive than deliberate, more wandering than a goal" (Douglass & Moustakas, 1985, pp. 47-48). The structure of this review is further enhanced by other literature cited from what I had been thinking about as I progressed through my psychotherapy training. This includes my contemplation of what makes psychotherapy a worthwhile endeavour in itself whilst attempting to answer the question of why ambivalence, in particular, troubled me. Finally, and perhaps, most importantly for me, during New Zealand's Covid-19 Alert Level 3 lockdown in Auckland in August 2020, as I entered the incubation phase of my self-enquiry, I re-visited PEP and delved deeper into the work of seminal psychoanalytic thinkers who had dedicated their lives to their passion for understanding the human psyche. Here something began to gestate and transmute for me. In all, gathered together, the process highlighted themes around the relevance of psychotherapy, the therapeutic task, what thwarts it, and the developmental importance of ambivalence.

## The therapeutic task

Over the decades, since Freud first developed his metapsychology, there has been a sustained interest in psychotherapy and specifically the question of whether it works and, if so, how? A common area of enquiry relating to the effectiveness of psychotherapy aims to elucidate obstacles to the change process in order to assist both therapists and funding bodies to operate effectively. This research frequently finds itself encountering the issue of client ambivalence. The broader 21st century psychological literature mostly argues that ambivalence blocks the ability to change and sabotages the elimination of symptoms, making a case for ambivalence to be resolved for therapeutic goals to be met (Engle & Arkowitz, 2006; Van Harreveld, Van Der Pligt & De Liver, 2009; Braga, Ribeiro, Gonçalves, Oliveira, Botelho, Ferreira & Sousa, 2018; Urmanche, Oliveira, Goncalves, Eubanks & Muran, 2019). To resolve the cognitive dissonance involved in ambivalence and progress towards positive treatment outcomes a whole industry of counselling and coaching techniques such as narrative therapy, motivational interviewing and cognitive behaviour therapy has arisen and is advocated extensively today in popular brief intervention approaches in public mental health services as well as in the field of personal growth (Oliviera, Goncalves, Braga & Ribeiro, 2016).

As the broader field of psychology has forged its place in Western health systems it has been called to provide evidence-based treatments to satisfy funding agencies and training programmes concerned with the effectiveness and limitations of therapy. In Aotearoa, since 2009, psychotherapists have been regulated under the Health Practitioners Competence Assurance Act 2003 and research and training in the field have had to stand up to both the rigours of academia as well as provide an evidence-based justification for placement in organizations that operate to deal with the escalating mental health crisis in this land. Much of the broader recent effort to gain knowledge in psychotherapy has moved to fall in line with the rational empiricism of the medical model to remain relevant and retain a place in healthcare (Fraser, 2018). The recent move of the Psychotherapy and Counselling Department at AUT into the School of Clinical Sciences from Public Health & Psychosocial Sciences may be considered as representative of this. My experiences during both my placement at Waitemata District Health Board's Community Mental Health Service as well as in the consulting room stimulated in me a desire to validate psychotherapy's rationale to distressed clients seeking solutions to their anguished lives. Despite Aron (2000), a relational psychoanalyst, cautioning not to seek *the* one therapeutic action that leads to change, my experience with a therapeutic impasse in my personal psychotherapy spurred in me a curiosity to understand the change process and, in doing so, gain confidence in validating psychotherapy as efficacious in today's healthcare environment.

I found that the attention given in the literature on therapeutic techniques to overcome client ambivalence did little to help me to know what to do with my ambivalence in the presence of a client nor with how to *contain* the ambivalence that showed up as a powerful force interrupting my clinical work[4]. Reviewing this literature I found that the efforts to justify therapeutic technique had led to a particular discourse about ambivalence to which I couldn't relate. Tuckett (2011), concerned about psychoanalysis losing its way, writes that theory acts as a necessary third but, as such, "it can, like reality itself, be the focus of both love and hate with equally problematic consequences" (p. 1367). According to Pontalis (2014, p. 533), in the face of the preference for shorter therapies "which promise positive results", voices in the psychoanalytic field have begun to talk about disaffection, becoming concerned about how to remain relevant. In my experience, the unimpeded resolving of ambivalence more often than not hit an obstacle when the deeper, more complex, underlying motivations driving it were

[4] Defined in Ogden (2004), citing Bion, *containing* is thinking about and processing the lived experience, transforming beta elements (raw sense-impressions related to emotional experience) to alpha elements (elements of experience that can be linked).

brought into view, creating a problem for simple positive outcomes. I wondered what role an attitude of ambivalence played during impasses in therapy.

## Impasse

I delved back into PEP, searching for articles on impasse. I discovered that it was a mature topic in the literature, first named by Freud (1923) as the *negative therapeutic reaction*. The literature was based mostly on case examples from psychodynamic practice in attempts to construct theory and the word ambivalence cropped up numerous times; both in the context of a normative approach-avoidance conflict and how, connected with doubt, negativity, and defense, it becomes problematic. Therapeutic impasse pre-21st century was variously described as a result of resistance or a form of defence (Freud, 1920; Rosenfeld, 1987), related to the schizoid characterological structure (Fairbairn, 1941), a too intensive dependent transference (Alexander, 1950), neurotic lack of inner awareness (Horney, 1952), split off patient envy (Klein, 1957), an avoidance of something that would be re-traumatising (Kantrowitz, 1993) and too much enactment (Maroda, 1998). The literature that focussed on therapist factors such as "the emotionally meaningful object" [that] "is somehow able to stimulate or reinforce the patient's resistance and by so doing to create a therapeutic complication of such intensity that it may disrupt the whole psycho-analytic process" (Giovacchini, 1961, p. 246), projective identification (Rosenfeld, 1987) and "the attack on the analyst's understanding" (Mitchell, 1991, p. 524) was framed in terms of object relations that caused conflict and stimulated the patient's defences.

Another thread in the literature referred to the nature of therapy itself: a "normal sequitur of analytic technique", (Macalpine, 1950, p. 527), psychoanalysis as adversarial (Levenson, 1991), producing a dyadic knot or transference-countertransference double-bind (Benjamin, 1998). Mitchel (1991, p. 526), made the point that impasses were "the heart of the work", a necessary occurrence so that the analyst could find a voice different from previous objects in which to speak to the patient. Much more recently impasse is written about in terms of premature termination of therapy and failed outcomes (Lingiardi, Holmqvist & Safran, 2016). I wondered whether, by acknowledging the importance of ambivalence within impasse and exploring how it shows up in the *potential space* between therapist and client as a specific opportunity for relating[5], I might find a gap that returns psychotherapy, as Winnicott indicates, to its purpose of cultural practice (1953; 1967; 1971). I wondered whether my troubling experience of

[5] According to Winnicott (1967), the *potential space* is a vital intermediate area of intense experiences at the interplay between there being nothing but the subjective object and there being objects and phenomena outside omnipotent control, a space which becomes filled with the products of creative imagination.

ambivalence could in any way offer psychotherapy a point of difference by which to contribute to today's healthcare system. I would need to revisit classical writing to support this idea. However, at this stage in my heuristic self-inquiry, I wasn't yet engaged in the immersion and incubation phase. First, I broadened my search into how ambivalence was being discussed in the general psychological literature of the past few years.

## A contemporary view

What I found was that, aligned with public mental health discourse, contemporary authors have tended to focus on treatment outcomes (Stevens, 2006) and that "analysts are increasingly concerned with the limits and effectiveness of the treatment, with the value and stability of its results" (Pontalis, 2014, p. 533). Furthermore, recent literature on ambivalence from the field of psychoanalytic psychology located in the United States was notable for its insistent promotion on resolving ambivalence to avoid failure in therapy (Braga, Ribeiro, Gonçalves, Oliveira, Botelho, Ferreira, & Sousa, 2018; Urmanche, Oliveira, Goncalves, Eubanks, & Muran, 2019). These articles claim that the psychotherapeutic literature is not clear how a therapeutic alliance can be maintained while addressing a client's ambivalence and that there is very little research on the impact of client ambivalence and resistance on the alliance. They reintroduce the theory of resistance as a manifestation and enabler of ambivalence and suggest the way out is through lifting repression, offering directions such as application of empathy and insisting that it is a therapist's duty to foreground ambivalence and rupture in an accepting, non-defensive way. I noticed how devoid this writing was of any acknowledgement of original classical psychoanalytic understandings of ambivalence and thereby how it tended to overlook, perhaps in its effort to find a convenient scapegoat for bad outcomes, the complex nature of the situations we encounter in our work. Further along my traverse of the contemporary terrain, I came upon the 2008 neuroscientific study of Zeki and Romaya (Papiasvilli, 2019) in which a strong neurobiological link was revealed between passionate, romantic love and feelings of hate. In this study, using functional magnetic resonance imaging, the same areas of the brain were activated when subjects were shown images of people they hated and of people they loved romantically. I found this to provide corroboration for Freud's view that eventually, long after his lifetime, brain science would be able to understand the psychoanalytic principles he was laying down (see Solms & Turnbull, 2011).

Meanwhile, the Lacanians, Owen and Swales (2019), suggest that throwing ambivalence out would be a way of refusing the price of interacting with others thus reducing our emotional life to a blandness that aids and abets disconnection with others. Might we then consider ambivalence as a vital signal, a motivator, for change along the path towards health instead of

merely a block obstructing the way? I noticed my strong desire to advocate for the return of ambivalence as fundamental to human nature, inevitable in beings who have both a conscious and unconscious. Owen and Swales (2019), suggest that foreclosing on the tensions evoked by experiences of ambivalence has effects on both psyche and culture; that we would do better to "open up the spaces for thinking and speaking about ambivalence" (p. xvi) than providing solutions to it. This is in support of the current study which hopes to illuminate the many aspects of ambivalence; ensuring both that knowledge from our forebears is not forgotten in our contemporary, sometimes anxious, striving for solutions and that a new voice can be added to the chorus of voices that informs our work. I found myself reaching for foundational thinking and so turned my search towards the original psychoanalytic writers and their theories of human development. This aided both a deeply personal exploration of my ambivalence as well as confirmed what I felt was missing in more contemporary literature: that viewing ambivalence as a problem to be resolved forecloses on the contribution that psychotherapy can make by locating its work in the complex, creative, sacred area of the potential space that directly develops into the "human being's capacity for cultural experience" (Winnicott, 1971, p. 40).

## Classical theory

Here I view four psychoanalytic developmental theorists' ideas about ambivalence. My emphasis portrays how my attention was captured and soul pulled.

### Freud (1856-1939)

Sigmund Freud, the founder of psychoanalysis, was born in Freiburg, Austria, lived and worked in Vienna, and died in exile in England. He developed his theory of the unconscious, instinctual conflicts, the pleasure principle, and a model of psychic structure comprising id, ego, superego to explain how, born with bestial impulses (motivations) and at odds with their environment, the project of the human infant was to transform into a socially acceptable civilized adult. He grouped these instinctual conflicts into two pulls named after the Greek gods Eros (the life instinct) and Thanatos (the death instinct). Freud formulated the Oedipus Complex as the central tenet of his theory of psychosexual development and his prime example of how the libido gets stuck[6]. The normative trajectory of development, according to Freud, culminated in the dissolution of the Oedipus Complex achieved when the child's rivalrous identification with the same-sex parent is transformed into a pacifying identification

[6] In this dissertation, I define the libido as the instinctual physiological or psychic energy associated both with sexual urges and with all constructive human activity.

with the Ego Ideal assuming both similarity and difference and acknowledging the separateness and autonomy of the other (Mitchell & Black, 2016).

## Freud on ambivalence

In his "Notes on a Case of Obsessional Neurosis", Freud (1909, pp. 237-238) muses about the chronic co-existence of intense love and hate towards the same person, writing that "incipient love is often perceived as hatred" and that love denied "may easily be partly converted into hatred" and that "cannot fail to astonish us" because we would expect passionate love to "have conquered the hatred or been devoured by it". He goes on to write that "the protracted survival of two opposites is only possible under quite peculiar psychological conditions", namely the splitting apart of the two opposites in early infancy, together with the co-operation of the unconscious and the mechanism of repression (p. 238). He indicates how opposing forces of love and hate could become obsessional. When Bleuler (1911) subsequently introduces the term ambivalence to describe contradictory emotional attitudes towards the same object arising either alternately or existing side by side, Freud (1912) takes up its use with delight, writing in "The Dynamics of Transference" that ambivalence in neurotics is the best explanation of their ability to use transference as cure. He then ponders, in "Totem and Taboo" (1913) as he pursues the universality of his theories, whether ambivalence is "a fundamental phenomenon of our emotional life" (p. 157), or whether it is acquired in connection with the father-complex which he later elaborates into the positive Oedipus Complex in a boy.

> "This ambivalence is present to a greater or less amount in the innate disposition of everyone; normally, there is not so much of it as to produce the obsessive self-reproaches we are considering. Where, however, it is copiously present in the disposition, it will manifest itself precisely in the subject's relation to those of whom he is most fond, in the place, in fact, where one would least expect to find it" (Freud, 1913, p. 60).

In Freud's (1915) "Thoughts for the Times on War and Death" he links the small portion of hate (hostility) in love-relations to an unconscious death-wish and describes in "Mourning and Melancholia" (1917) how the person succeeds in taking revenge on their loved one through resorting to their illness to avoid the need to express their hostility openly, thus making ambivalence the cause of depression. The essence of the conflict of ambivalence, according to Freud, is the ego's displacement of "the dilemma that rules the organic world: devour or be devoured"—the unease of having to subject oneself to the destructive tendencies one would like to employ against others (cited in Simmel, 1944, p. 185).

## Klein (1882-1960)

Melanie Klein, born in Vienna, Austria, theorised pre-Oedipal psychic development through her observations and analyses of young children. Klein discovered Freud's work on dreams,

was analysed by Ferenczi, and moved to London, England where she constructed her model of the psyche based on the ideas of instinctual dualism, unconscious phantasies, and object relating (Roth, 2001). In her paper, "On the Development of Mental Functioning", Klein (1958) writes that the infant comes into being full of dualistic pulls between love and hate triggering numerous frustrations, demands, and anxieties, influenced by unconscious phantasies and object relations, which the infant projects onto the other to avoid overwhelm. Klein transformed the concept of the psyche from something solely drive-based (impulses as motivating) to one informed by the maternal relationship as well as non-verbal mental processes arising out of somatic experience, both libidinal and destructive (Isaacs, 1948). Klein declares that the psyche regularly fends off overwhelming anxieties of annihilation (paranoid anxieties) and abandonment (depressive anxieties) and that these become integrated through the internalisation of a nurturing mother (Mitchell & Black, 2016). She describes this process of developmental integration as a flow between two positions, the paranoid-schizoid position, and the depressive position, in a project to achieve sanity in the face of the frightening conditions derived from intense needs and the constitutional force of aggression (Mitchell & Black, 2016). Klein views all experiences with objects as eventually becoming internalized and the particular constellation of internal object relations that is the establishment of the depressive position, in which ambivalence becomes contained, as central to emotional health and analytic cure (Mitchell, 1981).

### Klein on ambivalence

Klein's (1940) paranoid-schizoid and depressive positions are the ways she theorizes that people tolerate ambivalence.

> "Unpleasant experiences and the lack of enjoyable ones, in the young child, especially lack of happy and close contact with loved people, increase ambivalence…moreover they slow down and perhaps permanently check the beneficial processes through which in the long run inner security is achieved…. Omnipotence, denial, and idealization, closely bound up with ambivalence, enable the early ego to assert itself to a certain degree against its internal persecutors….and thus to make further advances in development…. Not until early anxieties have been sufficiently relieved owing to experiences which increase love and trust, is it possible to establish the all-important process of bringing together more closely the various aspects of objects (external, internal, 'good' and 'bad', loved and hated), and thus for hatred to become actually mitigated by love—which means a decrease of ambivalence" (pp. 128 - 132).

For Klein (1975), the interplay of introjection and projection and the anxiety signalling the fear of destroying the maternal object are manifestations of the conflict of ambivalence that constitutes the ego.

## Fairbairn (1889-1964)

William Fairbairn was a Scottish psychiatrist and central figure in the development of Object Relations Theory. He began his medical training after serving in the First World War and became a member of the British Psychoanalytical Society based on his writings. As one of the theory builders for the Independent Group, he was more interested in the relationships between people than in the drives within them and as such directly challenged Freud's model. Although sharing the belief that the fundamental source of human motivation is the unconscious he challenged the notion of primitive drives such as Klein's aggression needing to be tamed and, instead postulated that the infant seeks love and safe attachment to infuse him with the security he needs to explore the world (Mitchell & Black, 2016). Like Ferenczi, he thought the constitutional role of object seeking was biologically determined thus providing a different solution to the adhesiveness (stuckness) of the libido by proposing, in "A Revised Psychopathology of the Psychoses and Psychoneuroses" that libido is not pleasure seeking but object seeking (1941). This means the child bonds to its caregivers through whatever forms of contact is provided and learns lifelong patterns of relationship (pleasure or pain seeking) this way. For Fairbairn, the psyche develops its structure from actual human experience rather than pressure from the Id and the unconscious is a conglomeration of memories developed as a consequence of empathic failures too disruptive for the child's developing ego to tolerate. Because, according to Fairbairn (1952), all of us have had less-than-ideal parenting due to civilizations interference with the mother's true function he assumes a universal splitting of the ego, prior to the Oedipal situation. Here repression, in which part of the self remains directed to the real parents and part to the illusory parents as internal objects, originates. There is a further split occurring between the alluring promising features of the parental object (exciting object) and the frustrating, disappointing features (rejecting object) to preserve the ego's sense of control, "relations with internal objects are inherently masochistic" (Mitchell, 1981, p. 392). The task of the individual is to turn from fantasied inner objects (compensatory substitutes for unsatisfactory relations with real others) freeing energy up to relate in new ways with real people and the analytic task is to build this capacity (Mitchell & Black, 2016).

## Fairbairn on ambivalence

In his "Psychoanalytic Studies of Personality", Fairbairn writes, "It is the experience of libidinal frustration that calls forth the infant's aggression in relation to his libidinal object and thus gives rise to a state of ambivalence [...] of his mother becoming an ambivalent object" (1952, p. 110). Fairbairn theorises that children protect themselves from the reality of "harsh parental failures" by dissociating (splitting off) and repressing "relational events that [...] create ambivalence toward their needed objects" allowing the central ego to remain attached to the

ideal parent (cited in Celani, 2016, p. 342). For Fairbairn (1952) this begins in the late oral stage when a child develops the biting reflex (which represents aggression/ hate) and if, due to conditions of civilisation, the child experiences a "sense of lack of love and indeed emotional rejection on his mother's part" ambivalence will arise in response (pp. 112-113). Then "it is from the establishment of a state of ambivalence towards objects early in life that the *basic endopsychic situation* springs"[7] (p. 109). Thus, the object becomes ambivalent (both good and bad) by necessity because it is intolerable to have a good object which is also bad. Fairbairn's ambivalence is an ego-splitting ambivalence to preserve the tie to the longed-for, good object that is always potentially out there. The goal of therapy is to relinquish attachments to these internal objects and to grow the conscious ego's realistic vision of its objects to the point it can tolerate ambivalence.

### Winnicott (1896-1971)

Donald Winnicott was a British paediatrician who spent thousands of hours with mothers and their infants. He became attracted to Freud's writings, entered analysis, and went on to train as a child psychoanalyst. He was subsequently supervised by Melanie Klein. Winnicott views human development in terms of a self that emerges from the mother-infant relationship and, in line with Darwin's ideas, views this development in terms of adaptation and individuation for survival (Mitchell & Black, 2016). Winnicott (1965) conceptualises the ego as an organised sense of identity acting like a skin separating what is *me* and *not-me*. He describes the self as a phenomenon (an organised representation) that develops in the maturational process encompassing the ego and all other unconscious aspects that inform who we are. Winnicott (1965), views the self as having two aspects: one's inherited potential and authentic inner experience (called the true self) and one's adaptation to the social and physical realty (called the false self). He understands the infant as utterly helpless and unintegrated (primary narcissism) only developing a self when the *good enough* mother can offer a holding environment or potential space that enables the infant to play, learn and discover (Winnicott, 1965). In his "The Theory of the Parent-Infant Relationship", Winnicott (1960) articulates that impingements in the holding environment leave an infant with anxieties and disintegrated states of being that must be defended against. He believes that normal development ensues when tolerance for frustration is achieved utilising transitional objects and phenonema and facilitated by the good enough mother or holding environment. In 1969 in "The Use of an Object", Winnicott writes that this leads to a shift from object relating to object use providing "the unconscious backcloth for love of a real object" accommodating "the positive value of

[7] Internal structure of the mind in which repression is the key element and the mechanism by which the self becomes split (Fairbairn, 1952).

destructiveness" (p. 715). The task of therapy, according to Winnicott, is to survive the patient's destructive attempts by staying in relationship.

### Winnicott on ambivalence

Winncott first writes about an aspect (hate) of ambivalence in his paper entitled "Hate in the Countertransference" (1949) believing that those working with psychotic patients needed to deal with this phenomenon in order to be helpful. Here he suggests that it is impossible to work with psychotic patients unless the analysts own hate is made conscious and makes the case for ongoing personal analysis to ensure the analyst is responding to the patient's needs and not his own. Twenty years later Winnicott writes that "children seem able to deal with being hated…they can meet and make use of the ambivalence which mother feels and shows" (1969, p. 250). In Winnicott's view, the *stage of concern* is when the infant progresses to an ego experience of his ambivalence that includes the arousal of guilt and a sense of responsibility towards other. The two-way traffic of co-incident love and hate and the survival of the object under attack from destructive impulses permits the germination of ambivalence. With the capacity to tolerate ambivalence arising from adequate opportunities to make reparation for aggression, comes the modification of guilt into concern, "creates the quality of externality…joy in the object's survival" and "contributes to object constancy" (Winnicott, 1969, p. 715). On the one hand, this can present a problem of how to cope with ambivalence and on the other hand, it enables the infant to separate and develop his own self in relation to the object. If a feeling of responsibility is not built up to support a sense of being, a false self will form. For Winnicott, the mother (holding environment) fails if she cannot become conscious of her hatred for the sake of the child. If the mother represses her hatred the child will meet it in their living experience in the form of reaction formation and be unable to make use of it (Parker, 1997). For Winnicott, ambivalence creates anxiety and openness generating a *transitional space* in which creative thinking can occur and the object becomes known as separate, outside omnipotent control. Winnicott reminds us that, "behind this is Freud's basic concept of ambivalence as an aspect of individual maturity" (Winnicott, 1971, p. 70).

## Summary

In this chapter, I have described my route through the literature as I contemplated the therapeutic task and the ambivalence that shows up in the midst of this endeavour. I have précised some contemporary literature on the phenomenon of ambivalence and then illuminated the theories of Freud, Klein, Fairbairn, and Winnicott on the subject. Unsurprisingly, I encountered both a regard for ambivalence as well as animosity towards it, the former more so in classical works and the latter more so in current literature. This literature search outlines the context of my study and informs my findings.

# Chapter Four: Findings

## Introduction

In this chapter, I outline five findings from my research. The first describes the way I protect myself from what frightens me. The second finding concerns the establishment of a sense of self through the encounter with other. In the third finding, I am warding off a collapse into darkness. Finding four describes a lifetime racked with guilt to avoid the deficits I experienced so keenly and finding five is an offering of hope.

## Finding one: Fear and a life ring

> *"the meaning of its name forgotten,*
> *the word remembered.*
> *Whatever happened here*
> *is recalled*
> *in another time and it's remembered*
> *inside the stolen self*
> *that my blood river passes through*
> *in thin and beautiful veins, not gold*
> *but only a mere human heartbeat,*
> *a circle of people*
> *standing, talking, making their plans*
> *as water passes by.*
> *Something, someone is still alive, telling.*
> *They think these are only stories*
> *not what holds the world together*
> *in its balance."*
>
> *—Walking by Stolen Creek, Linda Hogan, 2020*

I was told I was an unsettled baby. I must have been distressed. My first memories include turning my body to face the cold concrete wall alongside my bed for comfort away from the world, the maid who came for the day to tidy up our family's mess, lowering my head in tears onto my school desk no longer able to bear the pain of the migraine, my mother cracking the horsewhip at me. I remember being frightened as a child and believing that I must be good else my father would be sent in to sort me out with a beating and to tell me how ugly I looked

when I cried. My only taste of benevolence was an aunt, I loved her visits with kindly, cheerful words and smiling, squishy hugs.

As I travelled the journey of HSSI into the phenomenon of my ambivalence I had a sure image that came to mind at regular intervals. This was the image of a life ring, the red and white lifesaving buoy designed to be thrown to a person in the water to prevent drowning and provide buoyancy. Even as I doubted my ability in the beginning to clarify this topic, I somehow knew that my ambivalence was something that kept me alive and buoyant in the face of collapse. As I delved into deeper and closer-in reflections on what my ambivalence was about I concluded that the despair I try to save my life from drowning in has to do with the experience of not having my bits, all the bits and pieces that are me, tolerated. I couldn't imagine reaching love. I've never liked water unless it's a warm bath, preferably by candlelight with essential oils and Epsom salts. My life ring of ambivalence helps me manage my fear, contains both hope and anger, and forestalls loss by providing a means to gather the flotsam and jetsam that are the bits of me floating around, all at sea.

Fear impacts the nervous system. I think that feeling ambivalent helps me manage being afraid of the attacks on my psyche, my thinking and on my physical body, manifesting as feelings of hate turned inwards and physical symptoms such as headache and dizziness. It's the way I go into hibernation, shielding myself from danger. When I am hurt my ambivalence allows me to feel angry, to feel hatred towards the thing I, at the same time, long/ need to love. (Knox, 2007). Ambivalence acts as the container of my terror. If I am allowed to hate the psychotherapy department I don't have to feel frightened by the void left by graduating, the absence of the thing that has held my life together for a period. If I can stay ambivalent I don't have to fear the absence of what makes my life meaningful, purposeful. I don't have to think about the deprivation of benevolence and love in my childhood world as my immature nervous system was developing. I stave off feelings of emptiness and disappointment about lack of benevolence and lack of connection in my present relational experiences. If I can hate in the absence of love then I get to hold a potential space open for love: I offer myself a future chance to relinquish ambivalent hate in favour of love, if found. In contrast to the certainty and decisiveness that entails loss, ambivalence is anticipatory, unclear and enlivening. Ambivalence is both hopeful and despairing and mine comes into being as the way I relate to others and the world because I'm afraid. My ambivalence also feels like a foil to the unfolding of faith, an ambivalence situated vulnerably at the threshold between the area of transitional experiencing and *object constancy* and very much about my capability to believe in relationships staying intact despite conflict and my fear of abandonment (separation anxiety).

## Finding two: Envy and the Other

*"Through the Thou a man becomes I".*

*—Martin Buber, 1950, p.28.*

For this enquiry, I define the self in terms of self-agency processes and accept both Buber's (1950) claim that self is always and only in relation to other and Fairbairn's (1952) claim that libido is object seeking. The other had to force me to enter this world. My mother's labour had to be induced when she went beyond her due date. Apparently, I was happy in the womb, perhaps even willing to die in there since it was reported that there was no nourishment left in the placenta when I emerged. My mother couldn't breastfeed me. I cried incessantly from discomfort. As a child, I rummaged through my father's wardrobe in search of my adoption papers. I didn't feel like I belonged in my family. I grew up developing an increasing aversion to my home life and an increasing urgency to escape the continual conflictual atmosphere. I left as soon as I could, at the age of 18 years, found refuge in first love and weed, tried on a psychology and philosophy degree but needed to travel to distant lands, experience loneliness in the desert of Rajasthan, have children of my own, engage with psychotherapy and relinquish my marriage to find a sense of self. I'm still physically as far away as I can be from where I began and still sensitised to approach-avoidance matters as they relate to my sense of who I am. I still long for a revitalizing sense of otherness in the Winnicottian sense of the "'I love you' [that] spontaneously arises in the wake of 'I destroy you'" (Eigen, 1981, p. 426).

My experience of other is often fraught with difficulty. When I profess ambivalence about another I am invariably met with a hurt and angry response. Others prefer I was sure about them, passionate; perhaps they fear losing what they've set their heart upon? Or do they covet me? In studies examining the emotional experience of envy from the perspective of an envied other, Rodriquez Mosquera, Parrott & De Mendoza (2010) showed that when individuals feel they are envied, they experience ambivalence—feeling both confident and superior as well as fearing they are disliked by others. I recall my mother telling me I was a pretty baby; when I announced the end of my marriage she responded that she wished she'd dared to end hers. Were these signs of her envy? According to Winnicott (1975), the mother holds the situation so that co-existing love and hate can become sorted through internalizing the experience of remaining oneself over time and emotional flux, the gathering of one's bits, whilst becoming oneself in a previously unknown form. I recently became troubled by ambivalence at the point I was about to move from a state of infantile dependency on the psychotherapy programme to a state of mature dependency and found my confidence faltering even as I seamlessly began to set myself up in private practice. Even though "envy is

an emotion that is unambiguously negative when experienced and is socially disapproved of in many societies" the envied one gains confidence of their value (Rodriquez Mosquera, Parrott & De Mendoza, 2010, p. 853). I experienced many moments of envy from colleagues during my training as I both managed the academic workload often ahead of schedule and developed a track record of holding on to clients long-term. I experience envy from fellow South Africans who opted to stay behind, believing in Mandela's Rainbow Nation, as I chose to make New Zealand my home. It seems that feeling satisfied with who I am comes at the price of strained relationships and even rejection. What is the reaction of the person who reaches out seeking love and finds something negative in its place? I faced a problem within this subjective enquiry as I discovered my aversion to knowing myself. Why would I want space to reflect on something I didn't like? And I noticed how my body would tighten and my chest go hollow when others expressed interest in my topic.

Notwithstanding its objectionable phallocentrism, Freud's (1926) concept of the Oedipus complex, as it refers to the simultaneous love and hate toward both parental objects, the introjection of which forms the core of the Freudian superego, is important in understanding something about ambivalence. How this goes affects whether the superego develops benevolently or as a punisher. The father plays a crucial role, contributing, or not, equanimity in the presence of emotional danger or destructive attacks (Caper, 2017). Caper (2017) notes that the mother's love for the father represents an area of her mind not centred on the infant, an area free to develop independence and self-containment, to accept and love the gap between self and other. My prevailing sense was that my mother disliked my father. My resentment and aggressive urges literally went underground into fantasies of being buried alive. What was most important for me was the cover. I would lie in my childhood bed at night elaborately planning exactly how I'd conceal my burial place so that no-one could find me. What I needed from the other was kindness, I needed an encounter with benevolence. The only place I found solace when young was by lying with my face in the moonlight on my bed at night. Now it's my gardening that soothes me: pulling weeds is enough. The natural world is where I can encounter other in the most non-threatening way. Early attachment wounds left little room in my psyche for the development of self-agency, for belief in truth and authenticity, for knowing I am lovable. Contemplating my relationship with other, this enquiry into my experience of ambivalence took me to the sovereignty of my destructive impulse, to the way the other could not survive my destructive attack of ambivalent hatred and so to the sense of bashing my head against the brick wall of life. A numbing activity in the end. Even as I longed for redemption.

## Finding three: Triumph of the negative

> *"I am terrified by this dark thing*
> *That sleeps in me;*
> *All day I feel its soft, feathery turnings, its malignity*
> *Clouds pass and disperse.*
> *Are those the faces of love, those pale*
> *irretrievables?*
> *Is it for such I agitate my heart?"*
>
> *—Sylvia Plath, 'Elm', 1992, stanza 11 & 12.*

I began to realise that I had acquired, in ambivalence, a get-out-of-jail-free card. My ambivalent attitude gives me the option to destroy the object when I come up against the limits of controlling it with my illusory omnipotence. My provocative need to frustrate others is how I can feel that I exist. I needed a *good object* growing up but it was in scarce supply. In its place there were critical, retaliating, and punishing parents and I developed the skill of repressing to retain the hope that eventually I would encounter a good object. A part of me could remain attached to an illusory ideal whilst another part that experienced chronic unmet needs remained attached to the *bad objects* I was dependent on. My criticisms of the AUT psychotherapy programme enabled me to hold on to my longing for a panacea. Ambivalence contains my fear of the danger of my own power to hate.

On a recent family holiday in Vanuatu, we were offered a second snorkelling excursion out into the regenerating marine sanctuary in front of our resort. The previous day I'd already enjoyed a guided underwater wonderland and been informed of sightings of the venomous sea krate. I had mixed feelings about going out again. Wide open expanses of cold water aren't my thing and there was danger lurking within the beauty of the coral reef. I delayed, the others ventured out. I wondered what I might be missing. I sat for ages at the edge of the rocky channel deliberating, arguing with my fears. Eventually, I forced myself into the water and swam out to sea to join the others. I didn't enjoy it, my goggles kept misting up and I was afraid, I tired quickly and my body felt cold. I headed back on my own, swimming as quickly as possible to reach dry land. Clambering out a crab greeted me and I noticed my flipper had rubbed the skin on my toe open. The wound became infected in the days following. I learned that coral harbours a lot of bacteria. I was so relieved to be back on dry land and not to have encountered any sea krate. Flight from persecutory fear is a powerful survival strategy.

I began to consider that my flight into persecutory fantasies is the only way I know how to keep hope alive. In some ways it is better to stay with being stuck, acknowledging there may be nowhere to go. Thus, I reached an impasse in my personal psychotherapy. Movements towards change were systematically interrupted by movements away from change, alliance ruptures kept occurring. My therapist decorated her room and put up an artwork I hated. She refused to change it for another. I was deprived of my *omnipotence phantasy*, as I had been all my life[8]. Researching this phenomenon in the psychoanalytic literature I discovered the malignant hopelessness of the *negative therapeutic reaction* (Freud, 1923) caused by an underlying sense of guilt and identified my *masochistic personality structure* (McWilliams, 2004) that paradoxically keeps me alive. According to Klein (1957), "the patient's need to devalue" [the therapist's help] "is an expression of envy" (p. 243). This is due to an inability to set up good objects in one's inner world, "the prototype of maternal kindness and generosity" having been denied in infancy (p. Klein, 1957, p245). Being bottle-fed and so-called allergic to the infant formula unfortunately set me up for a *bad breast* experience such that I need to project the internalised bad by choosing objects I can reject/ spoil. I find the world disappointing because at least I've made that choice rather than that being a reality. Indecision is the destructive impulse winning and the destructive pole of my ambivalence is powerful. According to Klein, the innate conflict between love and hate undergoes additional divisions so that the destructive impulses can be dispersed (1957). And Fairbairn (1952) reminds us that once we consider that "when the object sought is a repressed internal object [...] there can be no room for doubt" [....], a "particularly formidable source of resistance" (p. 117).

I suffered from migraines frequently as a child, a condition for which Fromm-Reichmann (2013) suggests deeply repressed hostility against beloved persons as the cause. One day after shouting at my husband, I noticed my headache clearing. Reading Freud's (1909) suggestion that repression enables ambivalence I reflected on my own alexithymic life experience. Turning up recently to a relationship and having to sublimate my desire for intimacy into friendship left me repressing my longings and would be deeply depressing if not for my life ring of ambivalence that holds disappointment at bay. When the fear of change is stronger than the wish for change we stay stuck in a kind of psychic dead space. This reflects the challenge of integrating the polarities of belonging-independence or grandiosity-vulnerability within ourselves in the context of our relationships (P. Crowe, personal communication, 31 July 2020). I seemed to face an impossible dilemma: choose between what I wanted and what

[8] "*Omnipotence…, closely bound up with ambivalence, enable[s] the early ego to assert itself to a certain degree against its internal persecutors and against a slavish and perilous dependence upon its loved objects" (Klein, 1940, p. 349).*

I was afraid to lose or between what I wanted to avoid and the consequences of my avoidance. My indecision, at times, feels like a dissociative precursor to grief (Stern, 2019). As I stayed closely present to ambivalence, I found that the ambivalence I manifest by repressing what I can't tolerate allows possibility to be a placeholder for hope and keeps at bay the pain of rejection. I realised that this holding function is surrendered when decisions are made. I found too that the pressure of my ambivalence creates cynicism, scepticism and distaste. Dodging my two-choice dilemma, I left my therapist. It felt inconsiderate and unkind. Regret has to be dealt with and Winnicott reassures us that growth goes well enough without always taking sides (as cited in Eigen, 1998). Hate can saturate the field, stalling the experience of one's disability, one's wounded ability to sustain contact. A certain amount of fence-sitting may well be what is required.

## Finding four: Guilt and grief

> *"We dream much of Paradise, or rather of a number of successive Paradises, but each of them is, long before we die, a paradise lost, in which we feel ourselves lost also"*
>
> *—Marcel Proust, 2016, p. 1670.*

It came to me walking on the beach one day in early summer as I caught sight of a man whose way of standing recalled my father to me. At 80 years old he had recently had a fall and broken his hip. Tears came to my eyes and a sob escaped my throat as I recalled the suffering and horrible physical pain I endured at his hands, all the while aching to love him. At the tail end of my latency, my father experienced a major depressive episode and was kept behind his closed bedroom door. As children, we weren't allowed in. The loss and previous and subsequent father absence that I experienced left its mark on my psyche alongside what I felt to be my mother's anxiety and resentment. I began to consider that my ambivalence grew as a barrier against grief, it is how I slump away, withdraw from life. I notice it in my body where I experience a collapse in my lower back and a gritting of my teeth to stay steady when engagement is difficult. An alternative means in which I stay engaged, when my vulnerable-self collapses, is to go to war with the other. Then there is guilt about my aggression, a kind of self-attacking, yet enlivening guilt rather than guilt based on any concern for the other. Feeling guilty about who I am gives me a link to other.

When I was a teenager I was bulimic. This was my somatic expression of the anger I felt at the lack of love I experienced from my containing environment, an uneasiness subsumed by anxious overeating. Throwing up after binging on the food I craved relieved the guilt I felt about my longing for parental love. I think that much of my life I have felt guilty, for wanting to be loved. The acts of satisfying my hungers, taking things in, became distorted, my body

became subject to denial. I subjected myself to the destruction I wanted to employ against others who hurt me, guilt ensued and was relieved when I engaged in small acts of destruction towards others who weren't loving me the way I wanted to be loved. I now think that I make sense of my aggression, both turned in on myself as well as out towards others, by naming it ambivalence for fear that if I were to truly express my hatred of the other, they would not survive. Expression of my dissatisfaction with another leads to painful relating. I have so little knowing/experience of reparation to ruptures in relating. Instead, the outward expression of negativity brings disconnection undermining my need to experience the other as consistently, lovingly there. I can reduce this disconnection by inactivity, remaining ambivalent, not deciding. In this way, I avoid regret, rejection, ridicule which would involve taking responsibility and acknowledging what is lost or left behind when something is decided. I feel sad to think of my ambivalence as masochistic, even sadistic. That my lack of faith in a real good object means I reach for bad objects only to re-encounter eternal disappointment because this must act as a placeholder for hope in the face of the real thing.

In my 40s this self-aggression showed up as an auto-immune thyroid condition called Grave's Disease. The irony of Thanatos and my burial fantasy as a child being present in the name of the condition is not lost on me. "Autoimmunity demonstrates a double movement: protection and destruction" (Schwartz, 2021, p. 147). Transformation of my self-attacking guilt has been choked by the relational trauma I experienced during my childhood development. Lack of acknowledgement of how we collude in the repetition compulsion of perpetuating our trauma, according to Steiner (2018), prevents the evolution of a benevolent cycle of reparation. I came to see how my ambivalence acts to obscure the significance of the hurt I endured at the punishing hands of my parents. It prevents me from feeling it intimately and of grieving the full impact on my sense of self. I do not think I got to experience a sufficient enough period referred to as *omnipotent illusion* (see Winnicott, 1953), or *primary narcissism* (see Freud, 1914), the early infant stage vital for the development of secure loving internal objects that a person can relate to in order to face the hardships of reality. Klein (1957) notes the importance of united parental figures for the child's ability to relate well and to integrate love and hate. My perception was that my mother couldn't foster the illusion she was part of a perfect couple or a member of a happy family unit. When I have become distressed in my close relationships I notice that I have lacked a sense of loving relationship with myself, instead, the world can seem cruel and persecutory to me. Movement towards a mature ambivalence in which guilt is acceptable and the loss of the ideal bearable at certain choice points in my life has been hindered significantly because of my early disillusionment and sense of betrayal. The guilt I feel about my ambivalence is the debris of my resentment and desire

for revenge that relational trauma has left in my unconscious mind. Guilt is what makes my ambivalence troubling, guilt about my feelings of hatred, guilt about my identification with my mother who I perceived was so negative, guilt about not loving psychotherapy, guilt about the pain I inflict on others, guilt about my choice of mate, guilt about leaving my homeland, guilt about criticising my therapist. Schwartz notes that "Autoimmunity…is not just poison but also a possible medicine, that, when made conscious, opens up opportunities and hope" (2021, p. 147). The making conscious through a process of discovery such as psychotherapy, meditation or heuristic enquiry is where transformation can occur.

As I've stood at the crossroads of my ambivalence and made conscious, during the course of this heuristic enquiry, my attachment to its negative pole, light has been penetrating into the disorienting dark space of my lost bearings, a space in which I have felt sick both in body and in spirit. It has opened up feelings of remorse and grief. It's been hard to claim the relational trauma that led me to turn up in life so ambivalent and to stop denying my part in perpetuating my suffering. I cannot conclude however that my ambivalence is only a defense against the anxiety of guilt or of mourning. I sense too that it provides agency in perpetuating my survival and in reducing my suffering, not least by holding a space for the potential delivered by ambiguity and doubt, for the retention of the good along with the idea of the destruction of it. Jesus allowed doubting Thomas his ambivalence, letting him touch and explore his wounds so he could be sure. As my enquiry deepened, further questions developed: does ambivalence stand in contrast to what we set our heart upon, does it oppose faith and meaning-making causing loss of courage and personal agency? Can it move me towards loving relations?

## Finding five: Crises of faith and potential space

*"A thing can never be unless it both is and is not"*

*—Wilfred Bion, 1965, p. 103*

When I was a teenager I was a born-again Christian, then one day I was not. I think I just grew out of it. I liked reading the Bible, every evening I would have Quiet Time where I'd read a passage and reflect, making notes in a journal. I was very dedicated. I spent 22 years conflicted and unsure about being in my marriage. There were many occasions when my faith in the other was unmoored, leaving me adrift and in dangerous waters. I needed my life ring of ambivalence. That my parents were in constant conflict, demeaning each other, fighting, not loving, meant as a child that I didn't know which side to take, who to believe, I was pulled back and forth and not able to encounter a space to think for myself. My parents were too pre-

occupied to hold me in mind. I couldn't trust my feelings and as a result, I'd constantly engage my will in things that weren't really right for me. That I couldn't be true to myself, preordained me being compromised in relationship. Throughout my life my experience of engaging my vulnerable personal will, of reaching out towards the world, towards another, of going after the things I desire, has been so difficult. Either I'm tentative and uninspired or I'm provocative and demanding. This creates the illusion of self-sufficiency for me. It's easier to exist contracted, closed off to the impact of the other, and to live in noncommittal limbo—a kind of silent withdrawal that staves off the full catastrophe of living. I can collapse at times into isolation and numbness which leaves me devoid of spontaneity and aliveness. I can use language and cognition as a defense to keep me stuck, I abandon myself and my relationships become deadened.

Faith, for me, is a tenuous notion. My ambivalence ensures I don't become subjugated to the existing order, it means I question, question, question. I cannot take anything as given, I doubt and doubt. I married a doctor and yet, still, I couldn't be reassured there wasn't something wrong with me, a sinister illness yet undiagnosed. This questioning, if a grasping for knowing, can saturate the space in which truth might evolve or it could, if functioning to allow an openness to perceptions, stimulate hope in making contact with truth. I experience ambivalence as keeping me open to the possibility that something might work, might be true given the toleration of space and time in which nothing needs to be decided. It functions to hold a space for the other to show themselves to me, a space in which I can still cautiously, despite my crises of faith, bring my vulnerable willingness to encounter the other. It's the best offering of opportunity for change that I have in the face of my mistrust in the goodness of other. It's as if ambivalence functions as a recovery space for my faith, on the way to Keats' 1817 concept of *negative capability* in which uncertainty and doubt are accepted without the irritable reaching after fact and reason. My ambivalence acts as a transitional space where I can imagine the other, despite the attacks and interruptions of an adverse childhood.

I began to think that if we could allow for more relational ambivalence in therapeutic work and cherished relationships perhaps we'd lessen resistance, engage more at the intimate edge of how love and hate interplay, improve our chances for transformation, and find beauty in existence. What if the life ring of ambivalence offers a chance to be still, like in meditation, being with, sitting something out until engaging with the unknown, conflict harmonizes? Perhaps we need to stay stuck in the mud until the lotus blooms. After a year, I brought my ambivalent-self back to my therapist. She continued to survive my destructive attacks and we began to relate with increasing integrity. I found myself better able to accommodate her imperfections and to take in her love for me, I declared what I hated and named the things I

loved. "We are not in the same qualitative space when we focus on knowing and when we focus on who we really are. In the former attitude we may gain knowledge about ourselves, but *knowing about* may or may not contribute much to genuine emotional change" (Eigen, 1981, p. 423). Finally, coming to feel and name the truth of my ambivalent reality helped me to discover my emotional truth, to become more me and it feels good to be able to move out into the world now from that place. Perhaps this is faith. It is certainly a sea change.

## Summary

In this chapter, I have condensed a year's journey of discovery into a portrayal of the pertinent aspects of my experience of ambivalence. It's a window into a very human life story with all its fears, trajectory of self-development, encounters with the world as well as a commentary on the will to live.

# Chapter Five: Discussion

> *"If you contemplate your lack of fantasy, of inspiration and inner aliveness, which you feel as sheer stagnation and a barren wilderness, and impregnate it with the interest born of alarm at your inner death, then something can take shape in you, for your inner emptiness conceals just as great a fullness if only you will allow it to penetrate into you."*
>
> *—Jung, 1970, para.18*

## Introduction

In this chapter, I collate the significance of my HSSI journey in terms of personal process, the links with psychotherapeutic literature and theory, importance of the heuristic research methodology for the discipline of psychotherapy, the implications for the clinical task and briefly make suggestions for further research.

## Personal synthesis

Ambivalence troubled me. When I began to explore the phenomenon in both the literature and in conversations with others I was surprised at the predominantly negative response I encountered. The process of delving into what the experience of my ambivalence is began with my conviction that ambivalence was a good thing, a thing that served me well in my life if at times it did cause pain. As I sought out existing knowledge on the phenomenon and kept returning to what resonated with me, my journey took me along a path where I discovered orphaned and deadened pockets of myself, beckoning to be known. As I slowed right down and took the risk to carefully listen to myself and my embodied felt experience rather than only to my favourite ideas and theories, I began to cautiously feel more. I got to know, through images, words written and spoken by others, and sensations of pain in my body that my ambivalence involved not only a disorienting defense against the anxiety of persecutory guilt and of mourning but also a retreat to a place of solace. It emerged when doubt was triggered and my 'loving-hate' (Bollas, 1984) defense arose, causing me to dissociate by identification with the negating self-object. I learned that by infusing negativity with libidinal energy I avoided intimacy with life, estranging myself from my affects. Through this encounter with the bits of my ambivalence heretofore unconscious and unwanted, I met not only a very personal ambivalence but also an ambivalence that was transgenerational, perhaps even archetypal. By admitting both how much I hate and need to be hated, paradoxically, I could situate guilt in its rightful places, mourn the loss of the ideal other, and open a potential space for love. This process involved an acknowledgement of the wounds to psyche that I perceived I had received being the daughter of a father both emotionally absent and punishing and a mother anxious, unhappy and negative. What followed was a confession to myself about how I would have had to adapt which, in turn, opened a gateway to new

territory, a way to perceive my inner world and feeling states differently, free from inner deception. "To confess is to integrate the offending with the offended, inside and out" (Whyte, 2019, p. 31). Consequently, in the telling and the confession my journey and fidelity to a new identity has begun, a return to myself or a new way of coming into relationship with myself.

This heuristic process led me to consider that my state of ambivalence is where encounter with other could take on a co-regulating and life-enhancing, instead of a persecutory and destructive function. This applies to the other not only as external to myself but the lived experience of otherness within me too. The way Bleuler (1911) had defined ambivalence as contradictory emotional attitudes toward the same object that did not necessarily interfere with or inhibit the expression of the other, had troubled me at the beginning of my enquiry. I wanted it to be the case that my negative feelings did not interfere with or inhibit my positive feelings but deep inside, obscured by defensive narratives, I knew they did. It was not until I permitted myself, through HSSI, to get curious, to really know and feel the fullness of my unwanted hate that I could acknowledge how much the negative triumphed over the positive and in exactly what kind of self-sabotaging way. As I immersed and slowly allowed myself the time to get to know my ambivalence in all its nuanced aspects I began to see how I used it to resist what was other from mattering to me and that this was because of the undigested grief from my belief that if I allowed myself to love anything, or indeed anyone to love me, it would be a direct route to punishment, abandonment, and loss. Thus, I wondered if a self-sabotaging defense might be implicated in the blurring or fusion of the different ways the term ambivalence is used in the literature, acting to distort perception and thinking about the conflict it exposes within the psyche (H. Isaac, personal communication, 21 March 2021). This would indicate the importance of staying curious and self-reflexive, to mitigate any concrete thinking that could be a result of the conflict.

The HSSI method gave me my ambivalence in its alchemical form, a conscious embodied relating with my ambivalence, a sense-making that became a gift by rehoming unwanted experience. Beginning a dialogue with my ambivalent self, giving it a platform to speak, and listening to how and why it comes enabled me to move from the abstract concept to the multiple layers and fullness of my experience. It was then that I could begin to contemplate ambivalence as Bleuler (1911) had defined it, settle more confidently into the paradoxical nature of reality amidst all my questioning, and find a way forward for my life and work. In many ways, my ambivalence continues to have a lot more to say than I can document here.

However, my heuristic enquiry has provided a vessel, more like a *waka*[9] than a life ring, in which I can sit with the ongoing fullness of my experience and continue to encounter the richness as well as the pain, and find the beauty in it all. Examples of the things that significantly changed for me during this process included that I was able to let go of a long-term relationship that had become harmful to us both and that I began to love my clinical work. By making all the room required to know the dark hateful aspects of my ambivalence, to feel all my feelings, paradoxically I made room for my life and love could find its way in. I look out at the world differently now.

## Psychotherapeutic literature and theory links

The literature on psychotherapy documents ambivalence as a phenomenon in clinical practice. Classical psychoanalytic thinkers grappled with the phenomenon and more contemporary research has also turned its attention to trying to understand it as it affects treatment outcome. Conclusive statements about the value of ambivalence, not surprisingly, have been elusive. This study illustrates the expressions of a personal ambivalence, it contributes a voice to the extensive collection of works about the therapeutic endeavour. What follows are some of the sounds I found in my voice.

For Freud (1913), the resolution of the Oedipus Complex enables the development of a civilized adult, "the beginnings of religion, morals, society and art" (p. 156), in which the opposing forces of the life and death instincts could remain dynamic and not get stuck. In my personal psychotherapy, my ambivalence as a feature of the therapeutic impasse, had to be worked through as a transference cure. The most resonant aspects of Freud's thinking for me are his pondering about the universality of ambivalence and his recognition of the libidinal stuckness (Mitchell & Black, 2016) in his descriptions of the Oedipus Complex as it refers to simultaneous love and hate toward parental objects (Freud, 1913). My findings certainly identified a problematic relationship with other that seemed to have its origin in both the shaming relationship I experienced between my parents and how they could not hold me in mind. Future research could focus on how the father and the mother's relationship with the father contribute to the area of mind that acknowledges separateness and autonomy of self and other.

For Klein (1940), the dualistic pulls of love and hate trigger overwhelming anxieties of annihilation and abandonment, and all experiences with objects become internalised, establishing a particular constellation of internal object relations: "ambivalence [...] refers to object relations – that is to say to whole and real objects" (p. 132). From this perspective it

[9] Māori watercraft, like a canoe

seems that emotional health is achieved by resolution of the conflict of good and bad, by the move from the paranoid-schizoid position to the depressive position through the internalisation of a nurturing caregiver experience (retaining of good objects), in which frustrations and unpleasant experiences are overcome, "help comes [...] through his having established in his early life his 'good ' mother inside himself" (p.145). This involves the capacity to feel guilt, mourn, and know your own destructiveness; the growth of reparative phantasies; the ability to negotiate needs from the oedipal conflict; and symbolic formation (Klein, 1940). If Klein's idea about internalized objects has validity, that they are a part of a phylogenetic inheritance, an admixture of good and bad content, then my abandonment anxieties and fear of loss make sense. I can fall into a paranoid-schizoid position with regard to objects at the whiff of abandonment, where I flip between extremes of good and bad, or else I cling to the good and fight/attack the bad. When I can function from a depressive position I am able to encounter the world in the way it is, here is when my grief at what I cannot have/ never had is fully felt and I can move towards creating something of what is. That this latter relies heavily, according to Klein, on enough prior *good breast experience* is why ambivalence troubles me due to my history of being raised by a mother who struggled to settle me as a baby, who somatised my distress by regularly calling the doctor, who daily escaped to her horses and who could not love my father. What I found, akin to Klein's (1940) description of, "ambivalence [as] partly a safeguard against one's own hate and against the hated and terrifying objects" (p. 132) was how my ambivalence, acting like a life ring, not only involved holding love and hate far apart but also served to keep me in relationship by opening a space, through doubt, for questions, keeping something alive, if simply the hope of being held in two minds. My ambivalence acts to point me towards an appreciation of both the good and bad elements in humanity despite a childhood dominated by negativity. It would be interesting to explore the role of envy further, the envy located in the breakdown of intersubjectivity where the child or client is deprived of their subjectivity such that it interferes with the capacity to act on desire.

For Fairbairn (1952), the self begins in a condition of wholeness, already capable of the self-defining processes of self-expression and experience. Love and secure attachment enable the infant to explore the world and satisfy the need for self-expression in relationship. He views object seeking as biologically driven and postulated that the infant would attach (come into relationship) through whatever form of contact was provided by the environment (1941). Due to the universality of less-than-ideal parenting, Fairbairn (1941) proposes a splitting of the ego or a structural differentiation in the psyche to preserve a sense of control and agency in the face of libidinal frustration in which the object becomes ambivalent by necessity to preserve a

tie to the longed-for, good object. Fairbairn (1941) claims axiomatically that individual difficulties presented in analysis can be traced back to a schizoid splitting of the ego and "be regarded as occurring characteristically in individuals in whom this process of integration has never been satisfactorily realized" (p. 251) The psyche then develops all sorts of obstinate internal gymnastics in its attempt to hold on to an image of an ideal object, but its task is to grow a realistic vision that tolerates an ambivalence that recognises both good and bad in relationship. In my findings on the triumph of the negative in my internal world, I could identify the masochistic character structure and *moral defence* as described by Fairbairn (1952), a *defense of guilt* in support of "the work of repression" (p.66)[10]. Upon finding myself in conflict relationally I would frequently experience the other as mis-attuned to me and often blame them. A splitting would occur because I needed to believe in a good world, eloquently described in religious terms by Fairbairn as "it is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil" (pp. 66-67). To mitigate despair I quickly moved to either encountering myself as bad or to devaluing the other. This is how I started this dissertation. I encountered my psychotherapy training as disappointing (bad) because it did not live up to my ideal of a good object. I could not reconcile this with my need to believe in a good world and so my ambivalence felt troubling but in a way that paradoxically increased my sense of aliveness, or in Fairbairn's (1952) view, my morality, such that I could hope for redemption. Supplemented by additional case study material similar evidence may identify Fairbairn's *endopsychic structure* as an integral aspect of the experience of ambivalence arising "as a reaction to deprivation and frustration [...] calling forth aggression" (1952, pp. 171-172), strengthening the findings in this study. Further research could examine how doubt affects the creativity required to express true self when bound by this endopsychic structure.

For Winnicott (1969), the self emerges in relationship when the holding environment can tolerate frustration and impingements. This leads to object use in which the survival of the object under attack permits ambivalence, a kind of two-way traffic of co-incident love and hate. Guilt becomes modified into concern for the other, the object becomes known as separate, outside omnipotent control, and a sense of *self in relation to object* develops. This is the area of transitional interpersonal space where anxieties are played with and related to, paradox is tolerated rather than resolved (1971). If a feeling of responsibility towards other does not develop, Winnicott postulates a false self will form. If hate is made conscious and survived in this space, creativity contributes, in Winnicott's view, to the development of culture (1971). I found Winnicott's ideas to be in support of Ferenczi's views that analysts must

[10] Fairbairn (1952) describes this as an internalization of bad objects which are simply persecutors and insofar as our ego has a relationship/ identifies with these persecutors we are unconditionally bad.

"withstand the emotions that surface in the interpersonal setting of the psychoanalytic encounter", otherwise the patient is abandoned which contributes to unconscious re-enactments. (cited in Bonomi, 2015, p. 34). One of the most important lines for me in Winnicott's (1949) writing about the therapist-client relationship, citing the case of a child from a broken home, is "If the patient seeks objective or justified hate he must be able to reach it, else he cannot feel he can reach objective love" (p. 72). This became all important in my own personal therapy as I sought to connect with my therapist. I experienced her as wanting to be the therapist who offered me only love but I could not make use of this and an impasse ensued. Reflecting on my experience of ambivalence I can only conjecture that my holding environment was one in which making use of the object encountered some developmental disruptions which led me to run into what Joanne Emmens (personal communication, 21 April 2020) describes as my "crises of faith" in which I retain my need for omnipotent control and in which my ambivalence stagnates in a more paranoid-schizoid experience. Here is when I engage in destructive acts that generate a sense of guilt all in an attempt to discover whether the other can survive my acts. Winnicott provides me with hope as I think about potential space. This dissertation has afforded me the opportunity to play as well as to grieve. I have found a way to identify how I get stuck and to see a way through this stuckness by means of acceptance rather than resolution. I have appreciated Winnicott's notion because it has allowed me to include my ambivalence both as a deadening defense against trauma as well as an aspect of my aliveness, agency, and willingness to engage with the world despite my crises of faith. Further research that makes use of Winnicott's concept of potential space to explore relational ambivalence, "coincident love and hate" (1949, p. 70), could provide additional evidence for my findings or contribute something different on the topic.

Consistent with the work of Owen and Swales (2019) suggesting we open up spaces for thinking and speaking about ambivalence rather than providing solutions to it, I found that my HSSI process led me to understand that ambivalence is how we come into relationship with love and hate. I discovered, through creating the space to delve into my own experience, that both a projective-introjective, splitting kind of ambivalence and an object constancy kind of ambivalence could be described. Exploring my ambivalence exposed my unconscious bias within a normative approach-avoidance conflict (the wish for and fear of change) that was overlaid by a more problematic doubt, negativity, and defensiveness. Contrary to the contemporary research cited that simply finds ambivalence an obstacle to change—sabotaging symptom elimination, and negatively impacting the therapeutic alliance such that it inevitably leads to premature termination—and advocates use of techniques to resolve

ambivalence to ensure treatment outcomes are met, I found that a full exploration of the experience of ambivalence could be a direct route to change. As such, even dressed up as therapeutic impasse, resistance, the manifestation of neurosis, or a defense disrupting the therapeutic process, it serves an important and meaningful purpose.

I appreciate American psychoanalyst Eigen's (1981) comment that ambivalence opposes a cure based only on positive identification with the therapist, which "tends to function as a psychic tranquillizer" and "hinder…one's search for emotional truth" (p. 420). In this way, my findings differ from Fairbairn' and Klein's emphasis on the necessity only of a nurturing, loving object and align more with Freud's claim that an experience of the dynamism between love and hate towards objects is what enables aliveness and Winnicott's notion of potential space which includes the toleration of frustration and provides for the positive value of destructiveness. In this way, ambivalence may point to one of the varieties of ways the mystical and the psychological fuse. My findings challenge some of the psychological conceptualisations of ambivalence and highlight the importance of helping people discover the meaning of their experience of ambivalence rather than simply viewing it as a block that must be removed. They ignite a political mission to counteract society's blind appetite for good breast fantasies and add a voice that recalls the knowledge from our forebears, ensuring it is not forgotten in our contemporary, sometimes anxious, striving for solutions.

## Significance of this research methodology

Heuristic research can be considered too subjective and too self-referential. Certainly, what I discovered about my ambivalence is not the same as what might be described by another as their experience of ambivalence. In particular, I represent a Westernized perspective as a white middle-class, tauiwi New Zealander, born and raised in apartheid South Africa and of European descent and as such am culturally contextualised compared with a different subject. However, contrary to a heuristic self-enquiry method reifying my internal world as a universal comment on the phenomenon of ambivalence I found that the process of using this method brought to the foreground the importance of analysing subjective experience for its power in promoting personal transformation. Indeed, the development of psychoanalysis as a cure began with Freud's own self-analysis in which he accessed his unconscious by observing his dreams and free associating to his behaviours such as slips of the tongue. In the same way, I was able to access my unconscious through following my intuition and associating to what I found as I focussed on my experience of ambivalence, developing tacit knowing as the HSSI process unfolded.

Inclusion of the other is ethically imperative to me in a study that locates itself in a health science discipline and in particular one which aims to say something about a field of clinical

practice which is relational. The single research subject utilised in HSSI can be perceived as limiting the general voice of the other, constraining the study to a self-centred and introspective portrait. To mitigate this criticism I sought ways to include the other in the process of researching and writing this dissertation. "We become ourselves through interactions with others, and in this experience, we find the face of others within ourselves" (Schwartz, 2021, p. 84). I included the other through a formal presentation of my research to a dissertation class and more informally to a heuristic study group and an academic supervision group; through presentation of drafts to my academic supervisor; as well as through including my reflections on conversations I had with others, in particular my colleagues, clinical supervisor, clients, friends and family. This ensured I kept open to unconscious bias by gaining feedback and verification about the relevance and wider applicability of this study.

The invitation from this study then is to utilize the findings as case study material, a way of relating to an ambivalent attitude, whether in therapist or client, in the service of play and creativity in the therapeutic space, as a challenge to more general or so-called objective understandings of phenomena associated with an ambivalent attitude. HSSI may be considered as helping both to overcome the researcher-centric bias of many other research methods by giving the researched a full voice as well as furthering practitioner-researcher reflexivity. On this basis, by contributing case study material, I have sharpened my psychotherapy practice skills along the way. Notwithstanding its capacity to construct meta-narratives and organise our understanding, I therefore suggest that heuristic research included in clinical training programmes may be considered as invaluable, primarily for therapist self-development.

## Implications for the therapeutic task

Our approach to psychotherapeutic praxis is an expression of what we believe it is to live a good life, of "what we value in human experience" (Aron, 1998, p. 5). A client engages with psychotherapy typically because of a desire for change. How they engage with this change process strongly impacts the fulfilment of this desire. Ambivalence is a natural phenomenon in change processes (Oliveira, Ribeiro, & Goncalves, 2020); it is central to Freud's metapsychology (Ogden, 2002; Schimmel, 2018) and to the field of psychotherapy in general. Reflecting on the contribution of my experience of ambivalence to my role as a psychotherapist I thought about the therapeutic task itself and how I might describe it. To me the therapeutic task is one of accompanying another along the journey of an open enquiry, allowing my mind to be impacted by their mind. If the therapeutic task is a demonstration therefore of how to explore, how to look, how to attend, how to relate, then it is not only the manifest actions of the therapist that count, the explicit, confident part of the therapeutic

approach but also the therapist's doubt, the unspoken voices in the back of the therapist's mind that can be made use of. If openness to and awareness of both the positive and negative, to loving and hateful attitudes is required to make the unconscious conscious, ambivalence might serve the therapeutic task by opening possibilities, inviting a multiplicity of views, creating a play space for imagination, a holding for the parts of us heretofore exiled to the frightening depths.

A solutions-focussed approach to therapy exploits the doubt phobia prevalent in our Westernised society, privileging certainty and coercing individuals to integrate into the prevailing social order. This, I suggest, prevents real psychotherapeutic exploration, short-circuiting transitional space, establishing compliance with and subjugation to the dominant ideology. Instead of a therapeutic space offered where clients come to convalesce before re-occupying their places in the dominant social order, an experience of ambivalence in therapy is an opportunity to stop and re-orient both the therapeutic and intrapsychic space. This would be a space for creative thinking and inclusion of contradictory feelings where wisdom can originate, in which the two does not oppose but composes. We could envision an ambivalent stance in which the resistance against a therapist's agenda is brought into the open and in doing so lessened such that a space is created in which the person can find/ re-call their own mind. Reducing the focus on resolving ambivalence and, instead, attending to the important, integrative function of ambivalence with its complexity of feelings, I suggest, might help the therapeutic dyad navigate therapeutic impasse, negative therapeutic reaction (early termination) and move the therapeutic dyad towards transformation. According to neuro-psychoanalyst Solms, (2021), consciousness is derived from feelings, located in the primitive part of the brain. Allowing a client's ambivalence to be fully felt, thought about and attended to therefore, could be how the therapeutic task of living a more fully conscious and responsible life is met. Knowledge of individual characteristics is essential for deciding how to conduct therapy with a particular client (Thompson & Zanna, 1995). Becoming aware and acknowledging our very own capacity for greed, envy, destructiveness and rage could allow us to take responsibility, to feel guilt and regret and, instead of blaming the other, reach out to make amends, make internal adjustments or make something creative of what we are. That I found my ambivalence, for example, to be a place of solace, suggests that what I needed to process was what I was getting solace from, not the intrapsychic space that I found to get some relief. Analysis, therefore, of how the phenomenon is entangled in each individual's life is a key aspect of a so-called cure of ambivalence.

## Further research suggestions

In addition to the further research suggestions already cited, I suggest that personal, social, or cultural examples of how ambivalence closes down or opens up ways of knowing could be investigated. This, in turn, could point a way towards how we might want to live our lives as more fully conscious beings.

Examples could include:

- Interviewing intimate partners on their perceptions of their partner's ambivalent attitude towards the relationship
- surveying clinicians to find out how many would view an ambivalent attitude as positive versus negative
- investigating whether an ambivalent attitude weakens resistance to change
- case-study material on the heart vs mind (feelings vs cognition) conflict to determine which has a stronger influence on an ambivalent attitude
- Investigating whether ambivalent cognition (thinking styles) defends against ambivalent affect (mixed feelings)
- Identifying the particular endopsychic structure responsible for an individual's ambivalence
- The effect of ambivalence about intimacy on the capacity to sustain intimate relationships
- A comparison of psychoanalytic conceptualisations of ambivalence by different theorists
- The effects on the body of destructive feeling states in conflict with benevolent feeling states particularly as they relate to migraine, auto-immunity or eating disorders
- Reviewing Bion's work on psychic deadness as it relates to a chronic sense of ambivalence.
- Investigating the child's perception of stuck parental relationships
- The effect for psychotherapists-in-training of lack of exposure to original psychoanalytic and object relations material
- Investigating the role of trauma on ambivalent attitudes: reviving Ferenczi's legacy
- Love and hate in the creation and destruction of civilizations as depicted in visual art.

The nature of ambivalence itself accepts that there is this to say about it and that maybe that's not all there is to say. The culmination of this study, in which both my inner and outer realities have been made apparent, arrives in Winnicott's (1971) notion of *a transitional space of experiencing* the condition of ambivalence, an open space in which nothing is concluded and creativity can develop. My hope is to leave it here, to not orchestrate an interpretation in an attempt to provide reassurance against the dread that meaning has been annihilated and feed the fantasy of "the breast as the source of meaning" (Eigen citing Bion, 1996, p. 60). For me this HSSI has addressed my own schizoid spot, developed to compensate for early failures in

my developmental environment. It depicts a slice of my ongoing attempt to regain and maintain a sense of continuity in self-other connectedness without necessarily trying to make sense of it all.

> *"Our human essence lies not in arrival, but in being almost there, we are creatures who are on the way, our journey a series of impending anticipated arrivals…we are in effect, always close, to the ultimate secret: that we are more real in our simple wish to find a way than any destination we could reach"*
>
> *—David Whyte, 'Close', 2019, stanza 2.*

Ambivalence, as an attitude, I suggest need not be pathologized simply because we encounter it in our clinical work. Instead, we might view it as an intriguing signal, the alchemical middle ground, a space in which to grow our capacity to experience whether life can take our hatred as well as our love, to discover our own openings and closings in service to life and relationship.

## Summary

Having become "thoroughly familiar with all the data" (Moustakas, 1990, p. 31) this chapter has articulated my creative synthesis, linked with classical psychotherapeutic literature, recommended phenomenological heuristic enquiry as a fitting research method for the discipline of psychotherapy and advocated for an ambivalent attitude as an access-way to the therapeutic task and life itself. This HSSI study provided me with an opportunity to know myself by coming into relationship with my ambivalence. In doing so it validated the psychotherapeutic endeavour for me and consequently resolved my original discomfort. I am most grateful.

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