

LONELINESS: THOUGHTS ON ITS RELATION WITH PSYCHOPATHOLOGY AND PSYCHOTHERAPY

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Brief Abstract

In this paper we examine the relation of loneliness with psychopathology and psychotherapy. More specifically, first we present interpretations about the long-standing neglect of loneliness by the disciplines of Psychology and Psychiatry. Next, we analyze psychoanalytic and existential views from the clinical field about the associations between loneliness and psychopathology. We focus on narcissistic trauma and incapacity for love, as accompanying aspects of loneliness in many forms of psychopathology. Also, we discuss the role of loneliness in the psychotherapeutic relationship, according to the aforementioned views. Finally, we propose that we should recognize the paradoxical nature of loneliness, which means that this experience has both distressing and beneficial aspects, and that apart from being an inescapable universal condition, it may become an index of psychopathology as well.

Abstract

In this paper we examine the relation of loneliness with psychopathology and psychotherapy. More specifically, first we present interpretations about the long-standing neglect of loneliness by the disciplines of Psychology and Psychiatry, such as the dominance of the Cartesian spirit, lack of self-knowledge among a number of therapists, the terrifying, and often incommunicable nature of loneliness, the social stigma inherent in this experience, and the collective denial of loneliness. Next, we analyze psychoanalytic and existential views from the clinical field about the associations

between loneliness and psychopathology. In severe psychic disorders, loneliness is an extremely distressing and painful experience, with special features, which are discussed. We refer to the common defense mechanisms for dealing with loneliness. We focus on narcissistic trauma and incapacity for love as accompanying aspects of loneliness in many forms of psychopathology.

Also, we discuss the role of loneliness in the psychotherapeutic relationship, according to the aforementioned views. Becoming aware of the narcissistic trauma and the early deprivation which are associated with lack and incompleteness as traits of loneliness, finding an optimal distance between the therapist and the patient, searching for an equilibrium between relatedness and separateness, developing the capacity to tolerate separation and the capacity to be alone in the presence of the other are discussed. Moreover, likely pitfalls in the process of reducing the patient's loneliness as well as loneliness in the therapist are analyzed. Finally, we draw some conclusions emphasizing the acknowledgement and acceptance of loneliness by the therapist and patient, the attribution of meaning to it and the necessity of binding and social bonding. We propose that we should recognize the paradoxical nature of loneliness, which means that loneliness has both distressing and beneficial aspects, and that apart from being an inescapable universal condition, it may become an index of psychopathology as well.

Introduction

In this paper we examine the relation of loneliness with psychopathology and psychotherapy. More specifically, first we present interpretations about the long-standing neglect of loneliness by the disciplines of Psychology and Psychiatry. Next, we analyze psychoanalytic and existential views from the clinical field about the associations

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between loneliness and psychopathology. We focus on narcissistic trauma and incapacity for love, as accompanying aspects of loneliness in many forms of psychopathology. Also, we discuss the role of loneliness in the psychotherapeutic relationship, according to the aforementioned views. Finally, we propose that psychotherapeutic progress is dependent upon recognizing the paradoxical nature of loneliness.

The neglect of loneliness by Psychology and Psychiatry

Loneliness holds a central position in human psychopathology. The psychiatrist Frieda Fromm-Reichmann has offered a definition of loneliness which makes a causal link between loneliness and psychopathology and exerted a great influence on clinical thought and experience. In this definition, psychopathology is causally related to loneliness: "The kind of loneliness I am discussing is nonconstructive if not disintegrative, and it shows in, or leads ultimately to, the development of psychotic states. It renders people who suffer it emotionally paralyzed and helpless" (Fromm-Reichmann, 1959/1990, p. 309) [16]; "loneliness seems to be such a painful, frightening experience that people will do practically everything to avoid it" (pp. 305-306) [16]; and "real loneliness plays an essential role in the genesis of mental disorder" (p. 330) [16]. Therefore, one of the main reasons why loneliness was neglected by the disciplines of Psychology and Psychiatry was its extremely painful nature.

It was only during the past 50 years that psychiatrists and psychologists began writing the first essays on loneliness, and it was only about the past 30 years that loneliness became a research issue in the western world. Although it is such a common, everyday and universal experience, social scientists has exhibited relatively little interest in it. Fromm-Reichmann (1959/1990, p. 306) [16] remarked that loneliness "[is] not even mentioned in most psychiatric textbooks". We could add that it is not included in the lists of basic human emotions (although it is not only an emotion), independent of the theoretical approach one adopts, and it is not a part of the indexes of terms even in books that deal, among other things, with the issue of loneliness. Attempting a psychoanalytic interpretation of loneliness, the psychiatrist P.

Herbert Leiderman (1969/1980, p. 377) [29] states that there is hardly any change: "One might reasonably expect loneliness to be mentioned frequently in the psychiatric literature. However, examination of this literature reveals few papers on this subject".

We argue that psychiatrists and psychologists preferred to deal with more unusual human experiences; loneliness seemed a too common or trivial issue to be the focus of research. Furthermore, loneliness as a theme was regarded to be appropriate, perhaps ideal, for philosophers, theologians, artists, and "romantic souls", but not for Psychology, which struggled to prove that it was a "real" science. On the contrary, anxiety and depression (which are related to loneliness) were favorite research issues. Although the latter two experiences appear less often than loneliness in human societies, their clinical nature brought Psychology and Psychiatry more closely to traditional medicine than loneliness. The shadow of the Cartesian spirit, with its emphasis on rationalism, had fallen over human concerns, and is until today, at least in part, responsible for the great pain that is caused by them.

Also, neglect stems from loneliness itself. Its terrifying nature leads us to activate our whole defense repertoire; we are unable to remember ourselves in a state of deflection and disorder, in which we feel "we are not ourselves". Loneliness is "an experience which has been so terrible that it practically baffles real recall" (Sullivan, 1953, p. 261) [41]. It is indeed hard for us to recall clearly, even in the psychotherapeutic relationship, what we did and what we felt during states of acute loneliness. We tend to underestimate loneliness experiences of the past as well as the role loneliness has played in our lives. Many times loneliness emerges unexpectedly, while we are unprepared for it, and strikes us like a thunder. Then, surprise, shock and confusion prevail. Extreme loneliness is by definition an immeasurable, unmanifested, incommunicable condition. This may be explained by the fact that loneliness is accompanied by helplessness and futility, the belief that there is no hope for the development of relationships, or even more by a profound sense of personal non-existence. It is often a silent state, because public admittance of loneliness constitutes a social stigma (Booth, 1997) [3], in the same way as, for example, a non-married individual is

easily stigmatized if he or she behaves as if not feeling lonely (Wood, 1986) [44].

One could object that psychologists and psychiatrists should have been the first to exhibit a courageous attitude towards the extremely painful character of loneliness. Why did they not do it and still continue not to do it? One possible explanation is that not all mental health professionals seize the opportunity to know themselves better through a psychotherapeutic process (psychoanalytic or other). If a professional has not worked on his or her personal loneliness history (i.e., separations, losses, identity issues, creative use of solitude), how will he or she be able to investigate loneliness with undiminished curiosity and persistence in spite of the difficulties, and how will he or she be able to help patients, while preserving his or her strength and self-confidence? Thus, the lack of elementary self-knowledge on the part of many researchers and clinicians seems to be another interpretation for the neglect of loneliness.

Myths, legends, religions and scientific theories even from the field of psychoanalysis (such as the theories of Sigmund Freud and Margaret Mahler), support the existence of an initial heavenly unity. To this, they argue, we fervently wish to return, or we long to conquer it all throughout our lives. This is the notion of "nostos", utopia, the eternal deportation and the eternal return. Perhaps it is the re-union with the Big Mother, Mother Earth, the matrix of all things. The two sexes wish to become one, as they were in the distant past, according to the views of Plato in the Symposium. We strive for wholeness, fullness, and perfectness. Therefore, we can (and should) never come to terms with loneliness, which by definition reflects lack and incompleteness. This has been called collective denial (Erich, 1998) [8]. It is hard for us to accept that loneliness is a primary aspect of human nature. We rather prefer to think about it with euphemisms: "anxiety", "depression", "schizoid personality disorder" (Hobson, 1974) [23]. Mental health professionals do not dare to call loneliness by its name.

However, loneliness is a common universal experience, not identical with psychological disturbances. Fromm-Reichmann's view about "real" loneliness has been criticized (Mendelson, 1990) [30]. There is not only one, real type of loneliness, the type that is related to psychopathology; many other types of loneliness are real, those that

appear in everyday life. The psychiatrist Henry D. von Witzleben (1958) [42] distinguished between primary and secondary loneliness and supported the view that the former is existential loneliness, typical of the schizophrenic patient, who experiences the loss of ego, whereas the latter is the loneliness of the depressive individual, who experiences the loss of the object (the latter appears in the schizophrenic too). The psychiatrist and psychoanalyst Melanie Klein (1963/1975, p.300) [26] argued that loneliness is "the result of a ubiquitous yearning for an unattainable perfect internal state". All individuals feel lonely as a result of incomplete integration, therefore loneliness cannot be extinguished but only reduced.

"Loneliness (...) is the exceedingly unpleasant and driving experience connected with inadequate discharge of the need for human intimacy, for interpersonal intimacy", is another well-known definition offered by the psychiatrist and psychoanalyst Harry Stack Sullivan (1953, p. 290) [41]. According to the cognitive approach (Perlman & Peplau, 1981, p. 31) [33], loneliness is "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively". Such definitions imply the "normal" character of loneliness. From an evolutionary viewpoint, loneliness is a proximity-promoting mechanism necessary for the survival of the species (Bowlby, 1973) [4]; it functions as a sign that there is a deficit in interpersonal and/or social relationships, and is felt as social pain which motivates human beings to form relationships (Cacioppo & Patrick, 2009) [6]. Therefore, loneliness can be conceptualized as an index of psychopathology and as a normal human experience; as comprising both detrimental and beneficial aspects. In short, it is a paradoxical experience (for an extensive analysis of the paradox of loneliness see Galanaki, in press) [7].

William Sadler (Sadler & Johnson, 1980, p. 56) [39], a well-known sociologist, expressed his intention "to rescue loneliness from psychopathology". This is a justified aim, if we accept that loneliness is an essential human condition. However, when we attempt to strip loneliness of pain, which is in its core or surrounds it, we in fact avoid or deny it – a useless defense. Similarly, we avoid or deny loneliness when we consider it as only a pathological state.

Loneliness and psychopathology

In severe psychic disorders loneliness is an extremely distressing and painful experience. Schizophrenia, schizoid, borderline, and narcissistic personality disorder, depression (melancholia), manic-depressive disorder, are among the most common psychopathological states in each of which we trace a specific type of loneliness. And in other disorders, such as avoidant and dependent personality disorder, social phobia, sexual dysfunctions, sexual identity disorders, food disorders, substance abuse, psychosomatic illnesses, etc. as well as in suicide attempts, loneliness is one of the principal symptoms (for an extensive review of research on the clinical significance of loneliness see Heinrich & Gullone, 2006) [22].

The question if loneliness appears prior to these psychological disturbances, or is a symptom of it, or stems from them, or is accentuated by them, or even is the result of the disturbance being a social stigma, is a research challenge. One thing is certain: that the disturbed individual will definitely suffer from some type of loneliness, which will imprison him or her in a vicious cycle of pain and difficulties in forming relationships.

In many psychopathological states, early object relationships are impaired by some kind of deprivation, which has harmed the internalization of the good object – that is, the process in which good objects inhabit our internal world – and has aggravated primitive anxieties. From very early, the individual seems not to have the intimacy with or the optimal distance from the object or both, because the object has not found this equilibrium in the rearing of the developing person.

The psychologist and psychoanalyst Harry Guntrip (1973/1994) [20] attempted a very interesting analysis and comparison of the personalities of Sigmund Freud and the British mathematician and philosopher Bertrand Russell (1872-1970), using as a criterion the role that loneliness played in their lives. Contrary to Freud, who did not lack motherly love and care in the beginning of life, Russell lost his mother and sister when he was two, and his father when he was four, was given to his grandmother, an extremely austere woman as regards morality and religion, and lived a lonely childhood and adolescence with her. When he was 29, Russell had a “sudden revelation”: the loneliness of human soul, the core of loneliness, which he considered as existing within

every human being. He argued that one can reach this core only through great love, the one that religions preach. In essence, Russell describes what he himself felt, that is, “the secret, schizoid, isolated core of him” (Guntrip, 1973/1994, p. 327) [20], which nobody had been able to reach. Besides, his life showed his continuous struggle to alleviate his internal isolation, with his four weddings, his engagement with logic and mathematics in the beginning, and with social, moral, and political values later, as well as with human rights, and in his last years, with his autobiography, in which he attempted to make meaning out of his life.

If Freud, who possessed a remarkable psychodynamic intuition, had lived such a disturbing and lonely childhood as Russell had, he would have been able, according to Guntrip, to go deeper into the solitary and isolated core, which emerges from the failure or the lack of parent-child relationship. Instead, Freud focused on the oedipal phase of life, which is a subsequent phase, and thus emphasized the analysis of transference. Common elements related to loneliness and inherent in many psychopathological states are the following: isolation resulting from the need for secrecy, as described for the schizoid personality by the psychiatrist and psychoanalyst W. R. D. Fairbairn (1940/1952, 1941/1952) [10]; sense of inner emptiness, sense of futility and frozen love, as described for the same personality type by Harry Guntrip (1968/1992) [19]; despair about the possibility of forming relationships in the future and the possibility to be understood by others; terror and panic in front of real or imagined abandonment; intense and uncontrollable anger; guilt, etc. All these elements are present, although in much lesser extent and with less intense manifestations, in the common loneliness experience.

More specifically, the pathology of narcissism seems to be strongly associated with loneliness, as extensively discussed by the psychiatrists

*It has been argued (Greenberg & Mitchell, 1983) that what is called “narcissistic personality disorder” by those, like Kernberg, who adopt the psychoanalytic drive model or, like Kohut, the mixed model (i.e., drive and relational model), those, like the British psychoanalysts, who follow the object relations school call “schizoid personality disorder”. In fact, all of them discuss the same type of patient.

and psychoanalysts Heinz Kohut (1971) [27] and Otto Kernberg (1975, 1976)* [24] [25]. The parents of the narcissistic patient either augmented narcissism in their offspring by diminishing frustrations and discouraging reality testing or, by being absent or inadequate, led to a premature and sudden reduction of omnipotence which is essential for the weak and dependent infant.

The individual with narcissistic personality disorder does not experience genuine loneliness, in that he or she does not have a genuine relationship with the other. He or she falters between omnipotence, absolute self-sufficiency, and denial of separation from objects on the one hand, and profound isolation, with an intense feeling of inner emptiness and futility on the other.

Denial of the need for relatedness, for mature dependence, functions as a kind of defensive protection of an extremely vulnerable, from the first years of life, inner world, and is expressed as the subject's tendency to withdraw literally from the outer world. At the same time, the individual denies absence and the fact that objects have a separate existence, a life of their own. He or she needs "mirror" relationships, and for this reason he or she will unconsciously make narcissistic identifications in the process of object choice. These identifications express an extreme fear of loneliness. But sooner or later, the object of identification, due to its natural incompleteness, will fail in responding to the subject's unrealistic expectations. As a result, the subject experiences uncontrollable rage and deep despair about the lack of understanding and empathy on the part of the object. He or she feels "the last person on earth", "all alone in the world", as nobody can understand him or her and cannot help him or her. These feelings are accompanied by the belief that nobody loves – or has loved – him or her. He or she has expended others, which are no longer useful to him or her. He or she feels expended too. The subject's rage and despair over the object's failure to respond express the inability of the subject to experience and communicate normal loneliness in the framework of an interpersonal relationship that is characterized by genuine intimacy, because intimacy has not been conquered.

Envy is a prevalent experience in the life of the individual whose narcissism is traumatized, therefore inflated (the two sides of the same coin). It is impossible for him or her to allow others,

except himself or herself, possess the good objects. For this reason, he or she denies the existence of anything good beyond his or her own self, and this means that he or she cannot express recognition and gratitude to others; he or she underestimates everything good that is offered to him or her. At the same time, he or she exhibits greed, that is, he or she wants to possess everything good that exists around him or her. All these feelings and attitudes destroy interpersonal relationships. Although this individual fervently desires to be loved by others and is extremely dependent on them as the only source of his or her self-esteem, paradoxically he or she does not acknowledge their existence. This is a state of self-destruction. His or her emphasis is on appearance, not on being. But genuine relationships cannot be built on the surface of things and admiration is not a substitute for love.

One exception may be the narcissistic yet talented individual. Such an individual usually succeeds in making others reach his or her isolation in his or her personal self-sufficient universe, because he or she, sometimes facilitated by favorable social conditions, transforms isolation into art, discovery, or creation. But there is a cost that such a gifted individual must pay: the psychosomatic exhaustion from the defense of the obsessive production which temporarily fills the gap and feeds the illusion of contact.

Human beings use defenses to counteract loneliness: withdrawal, superficial relationships, constricted feelings and coldness, omnipotence fantasies, denial of the need to relate, perpetuation of primitive forms of dependence, engulfment of the object, secrecy as a protection of inner space, hate or ambivalence towards the object, and various kinds of relationship substitutes. If there is a special talent, the substitute satisfactions lead to creation, which is a form of relationship – but this result is rather uncommon.

Scholars, such as Erich Fromm (1942, 1947, 1956) [13, 14, 15], and experienced psychotherapists such as Robert Hobson (1974) [23] and Irvin Yalom (1980) [45], have described some of the numerous ways of escaping from loneliness. We have invented them in order not to deal with loneliness: psychosomatic symptoms which bring us close to doctors in order to touch our bodies; alternation of sexual partners and the quest for orgasmic conditions; continuous search for ecstatic expe-

riences; sadism in order to achieve total control, the engulfment of the other and the empowerment through others; masochism in order to achieve unity with the other through submission; substance use and abuse, such as alcohol and drugs, which fill and warm our internal world; interminable psychotherapy and alternation of psychotherapists; struggle for publicity; accumulation of wealth; obsessive charity, which hides hostility towards the weak; clinging on idols, as a follower or fan; “romantic” love in the form of satisfaction through quasi relationships, such as the consummation of films, songs, etc.; pseudo-mutuality, which means that one is very close to the other so as to alleviate his or her own loneliness, but not close enough because of fear of losing his or her identity, or does not dare to acknowledge the other as a separate being.

Behind all those ways of escaping from loneliness, we can see the serious early narcissistic trauma, which has caused great harm on the capacity for love, towards oneself and towards others.

Loneliness in the psychotherapeutic relationship

The recognition of trauma, through the psychotherapeutic relationship, is an act of contact with oneself and with others, which is expected to reduce loneliness. It is argued that “loneliness is better than deadness; as painful as it may be, it can be the first indication of awareness of some emotional needs for others” (Rubins, 1964, p. 164) [38]. The person who deadens oneself and is aware of doing it or of withdrawing from every opportunity for human contact will benefit from the kind of psychotherapy that strives to find a balance between relatedness and separateness.

But first, the psychotherapist is the one who must have strived for achieving this balance. I do not talk about your loneliness; I talk to your loneliness. How can we reach the core of loneliness of an other and talk to it, without intruding on one’s creative uniqueness and impinge on it? How can we be certain that another human being, the patient, feels lonely, if we take into account that loneliness is a highly subjective experience? The psychiatrist and psychoanalyst Robert Hobson (1974) [23], in an excellent and modern essay on loneliness, wrote:

Psychotherapy happens in an equal, asymmetrical verbal and non-verbal conversation when a passionate new look at, with movement into, the world accompanies an emergence from a static loneliness into a moving tender aloneness-togetherness shared by two or more persons. (Our emphasis; p. 74)

This is the difficult aim of psychotherapy, that is, to find the optimal intimacy and the optimal distance between the therapist and the patient, as well as the optimal balance between being with and being separate from, in the life of the patient. To achieve this, the therapist must be the right person for his or her patient, and to remain a constant, living presence. “I’ve nothing particular to say yet, but if I don’t say something, you may begin to feel I’m not here”, said D. W. Winnicott to Guntrip during the analysis of the latter (Guntrip, 1975, p. 749) [21].

Furthermore, psychotherapy should aim at developing the patient’s capacity to tolerate separation, that is, the longing for the missing person (Greene & Kaplan, 1978) [18]. It is not an attainable aim to get rid of separation anxiety, because this could be the fulfillment of a maniac wish. Quite the contrary, the patient should gradually become able to contain separation anxiety, psychic pain, and loneliness; to feel master of himself or herself, to enjoy his or her autonomy and the pleasure arising from self-discovery when in the presence of the supporting object (i.e., the therapist), as Winnicott (1958/1965) [43] has taught us, when he formulated the brilliant notion of the capacity to be alone in the presence of an other. These are the views of the psychiatrist and psychoanalyst Jean-Michel Quinodoz (1991/1993) [34] in his book in which he approaches loneliness from the prism of separation anxiety. To bring together one’s parts of the self and “fly with one’s own wings” has inevitably some “dark” sides, mainly the awareness that everything has a beginning and an end – objects, relationships, life itself –, an awareness that is inextricably intertwined with the capacity to mourn.

From the existential viewpoint, the essence of psychotherapy is the recognition of the other as a person and the struggle of the individual to find his or her true self behind masks, and then to express this true self in relationships. The famous case of Ellen West, which the psychologist Carl Rogers (1980) [36] interprets from an exis-

tential perspective, depicts exactly this precious aim of psychotherapy.

Ellen West, a young woman of 33, commits suicide in 1921, despite her multiple experiences with therapists of various kinds. Why did she have such a tragic end? Rogers (1980) [36], in a superb analysis, argues that nobody had recognized this woman as a person – neither her parents nor her therapists. The latter saw in her only “diagnoses”. Nobody had helped her set aside her false self that was formed since her adolescence, through complying with her father’s will** . Nobody had facilitated her to achieve an understanding of her conflicting feelings that made her want sometimes one thing and sometimes another. She experienced profound loneliness, as she had resigned from herself, did not know what she was and what she wished. She wrote in her diary: “I am isolated. I sit in a glass ball, I see people through a glass wall. I scream, but they do not hear me” (Rogers, 1980, p. 175) [36]. If her therapists had been able to recognize her existence as a person who deserved respect, was able to make autonomous choices and had inner experiences as precious sources from which to draw and on which to depend, she would not have destroyed herself. Her end, as Rogers (1980) [36] remarked, makes us angry, because mental health professionals could have deterred the unfair annihilation of a human life.

The therapist feels lonely too. He or she is in front of the patient’s or the family of the patient’s demand. Some therapists work alone, does not belong to a certain professional context, therefore do not receive adequate support or supervision. By definition, the mental health professional must be discreet, preserving anonymity and confidentiality, and protecting his or her relationship with the patient from curious eyes. This necessarily leads to some kind of isolation. A patient deals with the therapist as if the latter does not exist; or sees

in him or her an object for need satisfaction; or is envy of his or her abilities; or negates the psychotherapeutic progress. The narcissistic patient may stir up the therapist’s sense of losing his or her empathic abilities. The schizoid patient induces in the therapist a sense of emptiness, of losing the meaning of life or hope, as well as the sense that he or she is the only person who cares for the patient. In front of the borderline patient, the therapist often feels that he or she has lost his identity, is not himself or herself, or still that he or she tortures the patient with the structure and the limits of the therapeutic context (Buechler, 1998) [5].

All the above are at the root of the therapist’s loneliness. With or without the patient, the therapist is on his or her own, having to face his or her counter-transference and work on it. It is not uncommon for the therapist to resort to acting out. For example, adopting a paranoid position, the therapist might see the patient’s pathology as a personal enemy; or adopting a depressive position, the therapist might feel unable to help; or both. Because the patient’s psychopathology is the one which impedes the formation of a link between himself or herself and the patient, and increases loneliness in both of them, it is very likely that the therapist will not only wish, but feel the need to, diminish psychopathology. With this unrealistic expectation and impatience, which sometimes takes the form of despising the patient and his or her disorder, the therapist will certainly feel alone, helpless and possibly unworthy (Buechler, 1998) [5].

Moreover, it has been argued (Garber, 1987) [17] that the child therapist (analyst) experiences loneliness. Possible explanations is the necessity to make an “alliance” with the child against the child’s family and to deal with the family’s intrusions on his or her job; the nature of the child analysis, which is a rather isolated field compared to adults’ analysis; and the therapist’s attempt to protect “the child within him or her”, which is one of the basic reasons that some child therapists have chosen this profession.

There is one more paradox. We talk about the therapist’s loneliness but the therapist, as has often been stressed, is not alone in the room with the patient. A lot of people may be present too: the gang beneath the couch (Redl, 1974) [35], that is, the peer group, real or imagined, that adolescents

**The case of Ellen West (pseudonym) was extensively described by the Swiss psychiatrist Ludwig Binswanger (1944-1945/1958), in the clinic of whom this woman was hospitalized some time before she committed suicide and after multiple unsuccessful therapeutic treatments in the past. This case was discussed from several view points, among of which was Rogers’, in 1958 in a symposium of psychotherapists in the U.S.A.

bring into therapy; the family under the couch (Antony, 1980, p. 18) [1], which is always present in child therapy. Yalom (1980, p. 393) [45] wondered about adult therapy: "How many people are in the room?" – and certainly, he did not refer only to the patient. This is the reason why the therapist may feel helpless in front of this invisible, thus hard to be dealt with, group, and is sometimes unable to open, through this crowding, a way of encounter with the true self of another person.

Reduction of the patient's loneliness through the therapeutic relationship is undoubtedly an aim of this process and has long been recognized (Ferreira, 1962) [11]. However, a danger emerges if psychotherapy is the way that both partners have found to deal with their loneliness. It has been stated (Schwartz & Olds, 1997 [40]. see also Paraschakis, 2010) [31] that for some individuals the manifestation of psychopathology and the resulting search for therapeutic help is a flight to disease, away from loneliness. Perhaps the therapeutic relationship is the only source of warmth in the life of the individual. This can explain many other phenomena: the radical improvement of an individual during psychotherapy, his or her difficulty in forming relationships apart from the therapeutic one, and his or her unwillingness to terminate therapy. Here there is a likely pitfall for the therapist: to prolong therapy, with the excuse that the patient does not have other social support systems – not to mention the case that such a dependent relationship is a way for the therapist himself or herself to cope with his or her own loneliness.

Conclusions: Recognition and acceptance of loneliness and its paradox

Loneliness is a multifaceted paradoxical experience. It consists of distress and pain, but has also some beneficial effects, such as self-knowledge and creativity. It may be an index of psychopathology but at the same time it is an inescapable experience, an essential element of human nature. It is not easy to recognize this paradox; it requires a high degree of integration of self and the world, thus, it is a major developmental achievement.

In the most favorable outcomes of psychotherapy, the therapist acknowledges his or her loneliness and fear of loneliness, and is motivated

to attribute meaning to it, to connect it with the theory of his or her school of thought, and to move, beyond pain, to the creative use of it. The patient recognizes the loneliness caused by the narcissistic trauma, links the experience of lack and incompleteness with the early deprivation, develops the capacity to face separation anxiety, separation itself, and is empowered to deal with analogous experiences in the future.

By definition, psychic trauma represents the break of continuity (Laplanche & Pontalis, 1967) [28], in other words separation from self and others, which entails loneliness. Therefore, the condition that alleviates loneliness is binding (Freud, 1920/1955) [12] and social bonding (Rook, 1984) [37], which means linking several facets of the self one with the other, connecting oneself with others and sharing. The individual acquires the ability to face the loneliness experiences of his or her fellow-humans with sensitivity and empathy, that is, to stand by them; and this leads to less lonely people in a less solitary society.

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