

FOUNDATIONAL THEMES OF CARING, LOVE, AND REPARATION

In that fraught moment a prospective adult patient decides to contact a therapist, there is invariably a struggle with the wish to love and be loved at the core of this decision. For the new patient, such struggles may have manifested in a current sexual relationship that has begun to cause unmanageable pain, or in the vexing absence of sexual love that has left the patient questioning his love-ability and basic value. Perhaps he has lapsed into hostile and punitive behavior with his child whom he loves so much, but who rejects his love. But should that patient follow through with his first appointment and ensuing treatment, what arises is a history of such struggles and desires going back to the first days of life.

Psychoanalysis has endeavored to explore the nuances of these primal needs, to be held physically and emotionally, to be known, to give others the love we feel for them and have this love fully received, and to discover that when such loving connections rupture, they may be successfully repaired and thus continue to grow with both people's psyches intact. Our understanding of how the psyche - with its conscious and unconscious halves - undergoes these many fraught needs and experiences, has developed considerably since Freud's initial inquiry into the wily territory of love and the capacity to care for self and others.

As a practicing therapist, I have the privilege of observing and learning about how these myriad theories are lived out. And so, in the spirit of beginning this lively conversation on how we develop the ability to love, to care, and to mend our intimate connection with self and other when these relationships are fractured, I will briefly

summarize some of the foundational theorists and their insight into these life-long needs. I will then share with you how these theories have influenced and elucidated my analytic treatment of one patient over the course of six years.

And so, I begin briefly with Freud. His theories of the mind are inextricably linked to notions of instinctual and body-based processes. He thus elicits some eye-rolling from contemporary readers, who may find implausible his dramatic suggestion that such instincts manifest in sexual desire for our primary caretakers, and that there is a death instinct that can wreak havoc on a personal and global scale. And yet, his insight into the complexity of love given these instinctual tendencies, does indeed offer a healthy challenge to our tendency to examine love and care through a slightly sentimental lens that may not adequately help us navigate the tremendous pitfalls of loving and concern.

For Freud, love is a derivative of the sexual instinct. But he didn't stop there. While libido drives our efforts at loving others and loving self, it necessarily involves the confluence of tenderness and sensuality. Our feelings of affection result from "the inhibition of direct sexual aim" (Bergman 2001, 3). In any love relationship that works, these two strands of feeling - the tender and the erotic - must co-mingle and become fused. In this way, the pleasure principle at work in our psyches that seeks instinctual release regardless of circumstance, meets and wrestles with the reality principle, that is able to recognize the needs of others that may conflict with our own. Thus, we may be able to wait for a partner to reciprocate our feelings of sexual desire, or sublimate our erotic love in aim-inhibited friendships. In this way, our developed capacity to love represents a basic marker of wellness.

But Freud was clear that this psychic trajectory does not evolve easily. For Freud, and his devotee, Melanie Klein, love and hate co-exist throughout our lives. We do not develop the ability to feel and express love within the context of key interpersonal relationships because we are taught to do so. In this way, love is not a moral or reason-based achievement, but a psychic development that results from primarily internal experiences within the first year of life.

Like Freud, Klein boldly suggested that ambivalence haunts our relationships throughout our lives. We are not, as the Buddha Shakyamuni proposed, gentle and good-natured at our most basic level of mind. But rather, even in very early infancy, primed for dramatic and Strindbergian feelings of love and hate. The baby, argued Klein, is engaged in ongoing efforts to internalize the good aspects of the caretaker or mothering one, while defending against what the baby experiences as the bad or frustrating aspects of the caretaker.

Klein wasn't primarily interested in the quality or specificity of care a baby receives. Instead, she posited a baby who would invariably split the mothering one into good and bad objects - what she called the good and bad breast. Because the infant cannot yet tolerate bringing to consciousness that the person who offers him such love and nurturance, is the same person who frustrates him by nature of ill-timed feedings, and the like, in his mind, he splits the parent in two. But the infant is then frightened by the experience of hating the mother, and thus projects these feelings on to her as a means of evacuating his own psychic content that is too troubling to contain. Alas, this is an imperfect solution that only reinforces the baby's perception of the mother as destructive and frustrating. Klein referred to this early psychological stage as the paranoid-schizoid

position, in which splitting and dramatic affect dominate the baby's earliest relational experience.

For Klein, the baby must work to solidly internalize the good mother, or good breast, so that he can pass through this early stage of persecutory anxiety and move toward the more advanced "depressive position." In this way, he relates to the parent as a good object and internalizes this parental representation, or image indelibly imprinted in the psyche.

As one might suspect from the Kleinian jargon, this is not a hugely optimistic model of our basic human nature. Yet there is hope. Ideally, the child comes to feel badly for the hostility he feels toward the parent and makes efforts at *reparation*. In other words, if he's progressing, he feels depressed by his own anger toward the person he also loves, and for the harm he may have caused. Klein suggests that our capacity for concern, to wonder if our feelings or behavior have hurt another, arises with this early desire for reparation.

While some of you may be troubled by this rather distressing view of the infantile psyche, Klein offers helpful insight into the tumultuous experience of love that is perhaps, at the very least, more fraught and tinged with the edginess of frustration and ensuing feelings of anger, than many of us would care to be conscious of. Think back to the last time your partner had a curious way of looking out the window while you attempted to tell him or her about your day, or the last time you reached over to kiss your child and they recoiled while texting their friend, or the last time you missed your brother or your parent living in another part of the country, and called them only to have a

disjointed conversation as they attempted to order a chai latte and buy their families toiletries at the local Cosko.

We are confused by these experiences, how such strong currents of feeling crash into each other. We so often feel tempted to engage in a Kleinian splitting, telling ourselves that we chose the wrong partner, or our child is a God-forsaken ingrate, or our sibling is a generally disappointing and limited person. But soon, if we are sufficiently integrated, these feelings will cause us some discomfort, even guilt, and we will try again in the spirit of reparation.

For British psychiatrist and psychoanalyst Donald Winnicott, a Kleinian devotee whose brilliant and innovative work with children began to challenge the Freudian roots of Klein's nascent object relations theory, our earliest efforts at loving are ruthless and unrestrained. The baby, says Winnicott, loves with her whole self, her body and heart, without consideration of cultural norms or how her love will be received or rejected. This is fully unselfconscious loving, and it has the energy of aggression mixed into its roots.

When the baby playfully kicks or bites or throws a tiny fist into the air, she is utilizing her aggression. At its origin, this aggression is activity. As the baby finds that she has muscles that can be engaged and used, she throws her foot in the air, where perhaps a caretaker will be there to catch it and kiss a toe. The baby discovers that there is a world beyond herself. She meets up against another reality. Such admixture of love and aggression makes us feel that others are real, that they exist in their own right.

In a Winnicottian developmental line, not unlike Klein's suggestion, the baby comes to reach what he called "the stage of concern," through her ability to consider the impact of her aggression and ruthless love. When this stage is successfully reached, the child can integrate her ability to love with the vestiges of ruthlessness and instinctual aggression still at play, alongside her confidence in not harming herself or others. This crossover, however, necessarily involves caretakers who can accept and tolerate the child's ruthlessness *without retaliation*. If the mother becomes emotionally distant after the child playfully or aggressively bites while breastfeeding, or if she handles the baby harshly in response, the child will learn that her instinctual aggression and expression of love is not welcome.

In contrast, if the child can express her unrestrained love to a parent who does not retaliate and survives the attack, she discovers the parent's own reality. Such a parent becomes more than an object that can be manipulated or organized through the child's faulty sense of omnipotent control. The parent, instead, has her own adult reality that comes into clearer focus for the child, if she can sustain her own more mature and integrated capacity to tolerate the confluence of her child's love and aggression. In so doing, the child discovers a whole world beyond herself that can be known, related to, and enjoyed.

For Winnicott, the child learns to love by having more of herself received. Her ability to be curious about others and her world, to risk biting an arm, a nipple, and see who is there on the other end of this effort at full throttle being and being with, is not a moral acquisition, but a capacity born out of a series of relational events in which there is

room for her true self, her body-backed instincts, and her joy of discovering a world beyond herself.

Woven into Winnicott's respect for the reality of the psyche, and the impact of our instinctual life on interpersonal experience, was his sage insight into the importance of how children and babies are cared for. It was this new exploration of the parent's response to their children, that would dovetail with the birth of attachment theory.

John Bowlby, a British psychoanalyst, anthropologist, and the father of attachment theory, was instrumental in shifting the analytic focus from the child's intra-psyche world of fantasy and structures, to the interpersonal experience between parents and their young children. He rightly felt that the analytic purview, with its emphasis on inner life, tended to neglect the specific and critical ways children were treated by their caretaker. Through his extensive and heart-rending research of hospitalized and orphaned children, Bowlby came to suggest that it is our earliest relational experience that determines much of our future psychological well-being or struggle (Karen 1994, 5).

Deeply influenced by ethology, Bowlby proposed that infants have an innate tendency to "seek proximity to their parents when in distress" (Tolmacz 2006, 4). From a Darwinian perspective, they have increased chance of survival in seeking this protective closeness, and having a secure base that offers physical safety. Thus, it follows, that when confronted with maternal deprivation, whether due to the physical absence of the mother, or emotional neglect, the child will suffer, intuitively sensing that what they need in order to stay alive and to be well, is not available.

Bowlby wrote from personal experience, although he did not make this explicit. While he described his upbringing as stable, his parents relegated his care to nannies, ate separately from him, and sent him to boarding school when he was 8 years old. With strong feelings of loyalty, he later suggested that his parents had sent him away due to concerns about his safety during WW1, but his biography indicates his interest in what facilitates secure attachment was not a random life endeavor. His parents were known to be of their time and ilk, thus not inclined to offer praise, or much in the way of emotional nurturance (Karen 1994, 31). And he later confessed to his wife that he would not send a dog to boarding school at such a young age (ibid).

Bowlby's tireless efforts to raise consciousness about the importance of parenting that is stable and nurturing would inform a future generation of attachment theorists, whose work offers extraordinary insight into how children develop into loving people who trust themselves and others to sustain connection when its ruptured, or conversely, who defensively and sadly learn to shut down their attachment needs, and with these needs, their ability to love and care for another.

These theorists, most notably spearheaded by Mary Ainsworth, began by going into the homes of mothers and their infants in order to observe these early relational dynamics. Their research engendered 4 broad categories of mother-child attachment patterns which I'll summarize: (And as I continue, I wish not to be so gender specific, but I'm referring to the person in the mothering role) 1. **free/autonomous**, in which mothers are generally speaking (and with manageable interruptions) sensitive, responsive and emotionally available. Such mothers are sought out by their babies when the baby is under stress and can skillfully soothe them, so that they quickly return to a more placid

state. The children of free/autonomous mothers are found to be **securely attached**, and better able to move toward more independent exploration without undue anxiety.

The second category is **dismissing**, in which the mother tends to be distant, emotionally rejecting, and unavailable. Their children are found to be **avoidantly attached**, and do not seek the proximity of the mother when under stress, even as very young babies. They learn early in life that the mother's unavailability and inattention may only exacerbate the stress they have suffered, and they begin to regulate their own attachment needs by withdrawal, or other means of self-soothing.

The third category is **ambivalent**, in which the mother's response to the child is inconsistent, fluctuating between detachment and over-involvement. Their babies tend to develop **anxious-ambivalent** attachment patterns, and are not easily soothed when under stress. Studies suggest that such babies early in life begin to internalize the mother's anxiety and her own experience of lacking a safe harbor (Cozolino 2006, 143). The last category includes **disorganized** mothers, whose response to the baby is experienced as frightening, even as the mother is frightened by the baby's distress (ibid). These mothers are often found to have unresolved loss of significant attachment figures in their history, and physical or sexual abuse (Coates 1998, 136). Their children lack a cohesive means of regulating their own stress levels, and seem to "simultaneously approach the mother for security and avoid her for safety."

What I believe to be most illuminating in this extensive attachment theory, is the way in which attachment is transmitted across generations. Thus, for the mother who has suffered a critical loss in her own childhood but received inadequate psychological and emotional support, she may become a parent who is "unable to hear her child's cry." In

shutting down her own attachment needs, and through decades of regulating her own stress levels, she may be defensively mis-attuned to her own child's distress. Child psychoanalyst Selma Fraiberg, in her research referred to this dynamic as "ghosts in the nursery," (ibid 141; Fraiberg 1975). If the mother is unable to consciously reflect on her own emotional response to childhood pain and suffering, she will be unable to reflect upon and respond to her child's pain. Instead, when her young child exhibits distress, she will feel haunted by her own early pain that has not yet been worked through and healed.

It's not uncommon for my patients who have suffered these inter-generational dynamics of insecure attachment to carry a great deal of conflicted rage and sorrowful love toward the unresponsive or negligent parent. They find their parent's shortcomings to be inexcusable, grossly illogical, and surely a conscious choice. After all, no one held a gun to their parent's head and demanded they mistreat or ignore their children.

It takes time for such an adult child to recognize that the ability to offer generous, unconditional and continuous love and care, alongside the ability to sustain loving relationship when it becomes difficult, cannot develop until we have mourned our losses, and made efforts to heal from unmet dependency needs. No amount of intellectual acumen or philosophical insight will ready a caretaker to risk being depended upon, being loved ruthlessly, or consciously feeling and responding to their child's pain.

Loving and caring for another does not, by and large, result from conscious choice. It requires internal resources and key interpersonal experiences that we are either fortunate to have received in our early lives, or have deliberately sought to develop through efforts at healing.

I learned more about love, how it uses creative aggression to survive and make its way into relationship, in the midst of these intergenerational dynamics, through a little girl I will call Martine.

When I first met Martine, she was six years old with big emotive eyes and meticulous braids. I had been told by her grandmother that she was “terribly shy.” In our first session, I felt her inward pull, her efforts to avoid eye contact, and to somehow be alone with me without being too seen in our small play therapy room.

During a follow-up session with her grandmother, I learned that Martine's mother had AIDS when she was born. After many years of severe drug addiction, she gave birth to Martine, her second and last child. Unable to care for her, she left Martine at the hospital hoping her mother might assume custody as she had done for her first child. But at the time, the grandmother was 65 years old and struggling with breast cancer. She had also raised 6 children, and two grandchildren, including a special needs child who was now in his early 20s. Regretfully, she told the hospital administrators that she would be unable to assume custody of her grandchild. Martine remained at the hospital for two weeks, until her grandmother found herself unable to cope with mounting feelings of guilt and concern. A day later, Martine was taken to her new home in East New York.

Martine was initially referred to me due to her struggles with selective mutism. She was silent with her first grade teacher and all other adults in her school, yet verbal with children. Unable to articulate her needs, Martine had on occasion urinated in the classroom through tears of frustration and humiliation. The teacher had tried through a

combination of gentle incentives and stern warnings to get Martine to speak up and make her needs known, but to no avail.

During our first session, I sat with Martine at our small table. She kept her gaze fixed on her little hands resting in her lap. I asked her if she would like to play with *play-do*. She nodded yes with no otherwise visible signs of excitement. Together we made endless pink and green snakes, cookies and baseballs. Perhaps out of my own growing discomfort with the continued silence, I began to whistle, softly at first, then with increasing gusto. I whistled a whole Brandenburg concerto with a melodic vibrato I have cultivated over the years. During this impromptu concert Martine stole curious and slightly worrisome glances. I looked at her, widening my eyes in response, and continued whistling. When I had finished with a final note of undulating vibrato, we sat in silence making our *blue* linguini.

During our following session the silence continued, but then slowly and softly Martine began to whistle, eventually completing a melodic Brandenburg refrain note for note. When she finished I burst into applause, stood up, and yelled, "Bravisima!" She held back a smile with her upper lip, and took a bow. From then on we whistled back and forth to each other, like two shy birds on a desert island. I grew fond of this little girl very quickly, sensing that her silence may have served her well. It seemed to have skillfully kept what was split-off near (Layton 2006, 4). Her aliveness was in tact, as was her ability to communicate that she had suffered unbearable loss. I respected Martine for what she had endured and what she was now healing from.

In those first barely audible bird-like whistles, I detected a quiet yearning in Martine. Sitting with me for that initial hour without eye-contact or verbal

communication, with great creativity she made this longing known and inspired in me a deep curiosity about her internal world. Yet I was also aware that due to a strong avoidant attachment pattern, she struggled to lean on the adults in her life, to openly express needs, strong wishes, or bursts of feeling. Underneath this protective pattern, I sensed in Martine a fiery spirit that was waiting to be known, alongside a tremendous capacity to love and to hate that she had linked to her voice, and her ability to bring into language needs and hurt.

In a meeting shortly thereafter, Martine's grandmother told me more about Martine's birth mother. She had been a highly intelligent girl, a successful student and an exceptionally verbal and articulate child. She was college bound, but introduced to a drug culture in high school that sucked her into severe addiction, rendering her homeless and HIV positive as a young adult. Every few weeks, Martine's mother showed up in need of food, shelter and money. According to her grandmother, Martine and her mother, whom she called Tiki, shared the same quirky sense of humor and quick wit. Martine was always overjoyed to see her. But over time, Martine's grandmother grew reluctant to have her daughter visit, given past behavior that involved stealing her 12 year old daughter's cell phone.

As a bright and verbal toddler, Martine begged for her grandmother to let her mother in. This pattern continued, until her daughter arrived one afternoon looking particularly unwell, and she refused to allow her in the apartment. Four year old Martine, ran to the door and used her full arsenal of words to intervene. "Please, let her come in. Please don't make her go away," she pleaded while pulling on her grandmother's leg. She began to shout, insisting that her mother come inside. But her grandmother would

not allow it. Eventually Martine's mother walked away; Martine remained in the doorway calling out for her to come back for over an hour. Shortly thereafter, Martine was enrolled in kindergarten and thus began her journey into silence.

In our next few sessions, Martine was drawn to a tiny baby doll that she pushed round and round in a toy swing. I would narrate this play, affirming that the baby enjoyed having her mommy push her in the swing. She felt safe and happy. Martine nodded, yes and continued this repetitive play for long and uninterrupted periods of time. I found myself alternately touched by the depth of her concentration, and frustrated with the oppressive silence. On occasion I snuck glances at my watch. I wasn't sure how much longer our work together would be of value to her if the silence continued. I wondered if I should have been more direct with Martine, asking her about her silence, or skillfully working more provocative questions into our play.

One morning, after more than a month of silent sessions, I reached for a more interactive game, something we could do together. With a miniature air hockey board between us, Martine stood and readied herself to put the small puck into my goal. When I scored a point, she would emit a low growl like an angry cub. With mounting excitement and precision, she began slamming the puck into my goal over and over again, saying, "Ha – ha!"

As her points began to mount she said suddenly with full force and much playfulness, "You can't get me!" This was her first complete sentence uttered in a full month of twice weekly sessions. I was gleeful to hear the sound of her voice, and struck by the multi-layered meaning of this first statement: She'd managed to articulate in the context of a game her expectation of not "being gotten" in terms of being understood and

known, and her determination to "not be gotten" in terms of being harmed and intruded upon unmanageably.

I responded, "Oh, yes I can!" She laughed, continuing to slam the puck into my goal. "Oh, no you can't!" Egging her on, I replied once again, "Oh, yes I can!" On impulse, I reached out to tickle the back of her ear. She exploded with laughter and while clutching her small puck leaned back over her chair inviting me to try and tickle her exposed belly. I reached over the table and just missed her as she covered her belly, before releasing her arms, waiting for me to try again. This continued for the remainder of our session until we were both nearly apoplectic with laughter.

I left this session feeling both mirthful and moved. She was not only a bright little girl, but energized, feisty, and endowed with a wonderful sense of humor. But there would be many more regressive twists and turns in our treatment, in which Martine was mostly silent, and I was mostly confused and concerned. We nonetheless continued to whistle together, playing miniature ice hockey and waiting to see what might develop between us.

In our continued sessions, Martine showed strong interest in a dollhouse filled with a family of dolls. During one such session, with renewed vigor, she began to bring all the dolls and furniture over to a table, relocating the entire contents of the dollhouse. I sat with Martine placing the miniature furniture just so, and the various dolls either in bed, or having dinner or playing with a toy dog. When this new arrangement was set to her satisfaction, she searched the room and found a large, imposing male doll. She then found a green mask with fangs and pointed ears that fit him. She brought him over to the table to show me.

“He’s so scary!” I said, shaking with fear. She laughed and began to growl as if *she* were the scary monster/man. “What are you going to do?” I asked of the monster. She growled again and used him to smash one of the little baby dolls. Picking up the mommy doll, I said to the monster, “You cannot kick my baby!” She growled again and with all her strength sent the mommy doll flying out of my hand.

I picked up another doll to approach the monster, and Martine took over with sudden verbal fluency, “Hey, you can’t kick my sister!” Responding as the monster she would growl and send yet another doll flying through the room. With growing momentum, I took each doll to confront the monster, which Martine smashed with total abandon. The monster/man continued to land on top of each doll, smashing into them while Martine narrated that they were all getting destroyed. This continued for some time until there was a pile of dolls lying before us. My hand was smarting from the intensity of Martine’s play, having held each doll before it met with the monster’s rageful kick.

We both stared at the pile of dolls. Quietly she began rearranging the furniture in another much smaller house. She took the monster mask off the man so that he could arrange the furniture. I asked her if he lived in the small house. She nodded yes, and very gently picked up the baby dolls and brought them over to his house. With great care, he put them all to bed, and brought water for the dog.

Later that afternoon as I sat with my hand in a bowl of ice, I considered the rush of aggression that had released this new depth of open tenderness in Martine. Assuming the persona of a parental, all powerful figure, she demonstrated with remarkable force the feeling of being killed off by a larger than life character beyond her control. She showed

me again and again, what it was to be a tiny doll-like creature repeatedly smashed by indifference. So too, she revealed the depth of anger that had arisen due to her frustrated efforts at loving. And perhaps most importantly, she expressed through her play the desire to love that had trumped her resulting anger.

In a follow-up session, when Martine found a tiny toy gun the size of a toothpick and began shooting me over and over again, something between us and within Martine shifted. Each time I fell over and groaned that I'd been killed, she laughed furiously, loving the release of aggression and my willingness to receive it. A few weeks later she graduated to using life-size foam swords, which she used to ritually decapitate me, first slicing off my arms and legs, relishing my eventual collapse.

Three more years would pass before Martine would utter my name, or make any direct reference to her mother. We were both called to practice patience, giving the love between us time to safely emerge, alongside our shared frustrated longings. I couldn't give Martine as much as I wanted to - a future somehow protected from yet more loss. Nor could I love her as some part of me wished to, like a mother, and not a therapist. And she couldn't get as much time and love from me as she wished for. Throughout our second year of treatment, she'd grown strong enough to begin pushing the furniture up against the door, making it very difficult for us to end our sessions in a timely manner. There were ongoing, built-in interruptions to our treatment, periods where her grandmother was hospitalized for breast cancer and unable to bring Martine to our sessions.

But I believe that over time, Martine came to trust that our relationship would continue despite the interruptions, that somehow we could work through the frustration and anger that results when love comes to feel like a plane caught in a holding pattern, with nowhere to land.

It was in our last year of treatment, when Martine was 12 years old, that she spoke openly of her mother for the very first time. "I call her Tiki," she said quietly while gently brushing her favorite doll's hair. "She talks *a lot*."

I asked her what she likes to talk about. She shrugged, "Stuff".

Even in these cryptic references, Martine had let me know that she could now speak of what had been the unspeakable: to love a mother unable to receive this love, and to suffer the terror that other people she might come to love would be similarly elusive and rejecting. In acknowledging her mother, she was implicitly acknowledging that her grandmother had played this maternal role imperfectly. Not having worked through her own history of losses, her grandmother had tightened herself in response to Martine's pain and suffering. It was too much for her to consciously feel.

Winnicott once wrote that parents should not expect their children to express gratitude for the love they have received in thank you notes (Ulanov 2001). Instead, they repay their parents by living fully, by allowing themselves to risk loving others, and joining the world they are privileged to be a part of. I think the same is true of therapists and their patients. Martine is now as tall as I am, has plans to become a chef, and she's still not that interested in talking.

Through Martine I learned about the psychic maze of hurt, loss, and that inner push for healing that we navigate in our efforts to love. From time to time *I* send her thank you notes that mostly emphasize she's a great kid and I'm grateful to have known her. Together, Martine and I risked feeling love for each other, and with it, plenty of aggression. She knew I would still be there the week after losing my limbs in our weekly samurai battle. And I knew that she would give me another chance to know and love her, even after I grew unwittingly frustrated or distant during long periods of silence, or after I insisted she help me move the furniture so we could end our sessions.

In the end, I believe we grew to trust that receiving the love we felt for each other, would be worthwhile and ameliorative. Most importantly, I believe Martine is a child who can risk loving others because she's done the hard and courageous work of mourning the love she felt that wasn't adequately received. I trust and hope that she'll become an adult who can risk hearing a child's cry and remember that the ghosts in the nursery will quickly evaporate if she's willing and able to tolerate the storm of feeling that invariably comes with love.