Notes on jealousy

by Marco Ventola

As a jealous man, I suffer four times over: because I am jealous, because I blame myself for being so, because I fear that my jealousy will wound the other, because I allow myself to be subject to a banality: I suffer from being excluded, from being aggressive, from being crazy and from being like all the other people. (Roland Barthes, 4, 1977/1979)

This article aims at sharing with readers the construction of a clinical psychology intervention, originated by considerations about the psychological demand. The psychological demand is focused on cohabitation issues usually addressed by patients.

Supposing in fact that psychology promotional strategies influence patients’ intervention requirements, it is realistic to think that one of a clinical psychology competences is to offer a range of services that are responding to issues related to cohabitation. After these preliminary remarks, I planned the opening of a clinical psychology Center in order to treat jealousy through psychotherapeutic interventions. In this contribution, I will also explain the reasons why I decided to choose this theme and outline possible developments.

What requirement justifies clinical intervention?

Asking how a psychologist can define his competence to treat a patient (Carli & Paniccia, 2009) actually means thinking about the availability of psychological services to supply on the territory. Looking at the range of public and private psychotherapeutic interventions, it is interesting to note that either for private or public reasons there are two prevailing models:

A model - studies treatments for anxiety, panic, depression disorders and sexual problems...
B model - appears to be a category theoretic model, a technical theory to which the psychotherapist refers: at a psychoanalytical, cognitive, systemic level...

Obviously they are two implied cultural models that direct the clinical intervention in relation to the potential requests. On one side, a psychotherapist that treats the problems with the nomenclature of psychiatric psychopathology; on the other side, a psychotherapist that refers to his patients through a specific category school affiliation.

Is it possible to follow a third way? We think that the answer is positive, even if not very

* Psychologist, Specialist in Clinical Psychology, Psychotherapist.
pursued.

When a patient consults a psychotherapist very seldom wants to undertake a psychoanalytical or a cognitive behavioral path of psychotherapy or asks to cure panic or depression. Obviously a patient can ask a structured intervention for anxiety, but this is always an excuse to talk about something else.

And what this something else is? What does the client ask when consulting a psychologist? The services requested are always directed to the understanding of problems and developing of familiar, social and organizational system (Carli, 1993). We talk about relations and what happens in the relationship between individual and context.

Psychologists’ challenge then, is to gather and understand patients demands and transform them in clinical interventions that will be offered actively. Focusing on full blown disorders or techniques to use, psychotherapy, not always, but often lacked in caring about problems from a different perspective. These issues always refer to relationships, emotional or professional failures.

Obviously it is important to have a cultural change to provide a service that is not focused on the diagnosis or the belonging to a specific psychotherapeutic model but rather, on the developing of a service that is directed to people living together. To sum up, this means to direct the psychotherapeutic offer to relational problems faced by client.

It's necessary to underline that the client's expectations system is closely connected to the services that the therapist offers. At the same time, we need to consider that implied cultural models adopted by professional systems influence the offer of services: there is, indeed a very close circular relationship. An example of this: if a psychotherapist presents himself as an expert for the depression treatment, he can not be surprised if the customer wants a cure for it, as if addressing to a doctor.

We can not believe that this "fundamental flaw" can be so easily manageable, later. On the other hand, the psychotherapist who is an expert on treatments for depression follows, in all probability, a report template normal/standard deviation, typical of medical culture and, consequently, acts, probably, a mimesis of that profession. So the question we can ask is: how to orient patients regarding problems that clinical psychology can realistically handle?

It is certainly a "naive claim " to think that a client can come to the psychotherapist without specific references to the relationship between perceived problem and expertise possessed by the consultant to deal with the problem in question. Improving the understanding of the service that can be used in psychotherapy means to support the client in building a sense of relationship with psychotherapist and objectives pursued.

In this way the possible perspectives of the development of professional practice in psychotherapy are in a very close relationship with the construction of a social mission, that can be better used by the client. We can therefore say that the services offered by the therapist can be considered as powerful organizers of customer demand. Through a more careful and punctual consideration of requests for assistance made by the patient, we can identify new services to address issues of psychological competence.
From these considerations I have tried to build an innovative service not codified nor recognized through the "normal categories" that are mostly used in the psychotherapy relation with patients.

The project involved the development of skills in dealing with issues related to jealousy, through instruments typical of Clinical Psychology.

The choice of jealousy as subject originates from some special considerations: first, there is the fact that jealousy, despite being a widespread problem and a cause of major difficulties in terms of interpersonal relationships, rarely has been the subject of a specific investigation, in relation to requests for clinical intervention, and secondly there are no centers in the territory specifically involved in the problem.

The reasons of this are to be found, in my opinion, in the consideration that the problem of jealousy is hardly considered as part of a well defined area of psychopathology. It rather turns out to be an issue included in the paragraph of the so-called "common emotional disorders" (Goldberg & Huxley, 1992/1993).

Starting from these premises the first center in Italy was activated (called CESPIG, Italian Centre of Psychological Study for Jealousy) with the clear mission of providing a path-oriented psychotherapy to the understanding of symbolic components that motivate customer demand based on the problem of jealousy.

Jealousy, clearly, is not treated as an expression of patient's deficit that is diagnosed at his charge, but to support the process of "thinking about the emotions" through the relationship with the psychotherapist, pioneering a path where relational fantasies are understood through the suspension of action.

Following this track we can assume that jealousy can be accessed through a model, that includes the analysis of the relationship that the jealous proposes to the partner and to the psychotherapist to whom he addresses, in order to face his emotional experience.

In fact, we must stress that jealousy always implies a very particular way of structuring relations: in this regard, it is worth remembering that although jealousy and envy are often confused, the two experiences are different, precisely because of the fact that jealousy is organized within a specific triangulation of the relationship”.

A classic distinction between jealousy and envy (1957/1969) according to Melanie Klein says:

"Envy is a feeling of anger because someone else has something we want and he enjoys that – the envious impulse is to take it away or damage it. In addition, the envy implies a relationship with one person and is due to the first exclusive relationship with the mother. Jealousy originates from envy and involves at least two other people, because it refers to a love that the person feels like his own and that he was taken away or is in danger of be taken away by a rival. In the current meaning of jealousy, a man or a woman feel deprived of a loved one from a third person” (pp. 17-18).

Even Spielman (1971/1994) agrees with this interpretation, saying that in jealousy, unlike envy, there is always a threesome:

"It comes into play typically the rivalry with a third person, which highlights a crucial aspect of jealousy: it presents itself in a situation where there are three people, in which the jealous fears that a third person will interfere in a relationship of two and take possession." (p. 61).

Very often the jealous ends up seeing in every stranger a potential rival, falling in what, unlike triangle jealousy, is defined by Giannelli and Rabboni (1988) as “multi angle
jealousy": that is a condition of suspect, in which the attack to the object of love could potentially come from anywhere.

This situation can often be particularly painful because the jealous begins to impose himself and his partners a series of prohibitions and controls so to seriously threaten the personal freedom and autonomy of both: sometimes this results in what is defined as stalking.

Surely even when the issue of jealousy does not imply aggressivity, and that is in some way exhausting, always involves a certain emotional ambivalence in sentimental relationship. In fact, the first point to emphasize is that, considering the love jealousy as a particular variation of neo-emotion\(^1\) of distrust, you will well understand how the person taken by jealousy lives the relationship with their partner in a confused way: on one side he claims to love the object of love, on the other, he requires to increase evidence of being loved, starting by the assumption that these tests are never enough.

The jealous love is a love that is structured on the fantasy of being sidelined, excluded and left for another person: on the basis of this fantasy, the jealous lives the love relation demanding from the other a disconfirmation of his/her own fear of being abandoned. We must also add that as Phil Mollon very often said (2002/2006), shame and jealousy feed off each other: the perception of a rival contains the idea of his inadequacy in comparison to the other, and then rise with shame and jealousy, which in turn creates other shame and feelings of inadequacy, which further fuel the jealousy, and so on.

The distrust of love, also reveals the difficulty in some ways to have confidence in their ability to evoke interest and love in the lover: the jealous asks the other increasing evidence of his identity and attractiveness, but this is an impossible task, because no proof of love, no oath can assure enough on his own personal worth (cf. Carli & Paniccia, 2002, pp.104-105).

Be self confident is a process that may never come exclusively from external sources, but always a construction that is developed through a dialogue, sometimes difficult and complex, with oneself. That's why Marcianne Blévis (2008) writes that "The more the limits of our personality are structured on false bonds and short-lived references to male and female, the more we are bound to fall prey to jealousy" (p. 103).

Jealousy then becomes significant because it allows to start a discussion about building a relationship that is founded not on the sense of ownership but on reciprocity with the other.

We can say that jealousy is characterized by a kind of emotional short-circuit in which it emerges what Carli (2007, p. 99) defines as a dynamic impotence resulting from the imagination of possession.

The jealous person often wants to control the other, sometimes in behavior, sometimes the thoughts and desires, trying to undo the extraneousness of the other, through ownership: for the jealous, all diversity is perceived as an excruciating experience to the point of feeling any interest cultivated by the partners, that does not involve him directly, as an incurable offense.

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\(^1\) R. Carli and R.M. Paniccia (2002, 2003, 2005) proposed the concept of new-emotion (neo-emozione) as the expression of a way to built a relation with the stranger. Some of the new-emotions described by the authors are, for instance, to claim, to provoke, to worry, to distrust, to control. These feelings are different from basic emotions like anger, sadness, joy or fear because the new-emotions do not refer exclusively to the intra-psychic word of the person, they are rather always set in connection with the emotional symbolization of the social relation.
It is clear how this deletion of borders and differences is destined to full failure, that generates additional impotence which fuels, in turn, attempts to control and possession, in an endless spiral.

It is about establishing a space defined by Carli and Paniccia (1984) as "space rather", where the loving distrust can be thought and not acted on the basis of the denial of extraneousness of the other, facilitating the construction of the patient's ability to experience the relationship as a relationship of exchange.

The "space rather" through a redefinition of the criteria used so far to categorize the emotionally symbolized context, allows the patient, to read in a new key, in some way unexpected and unprecedented, the reality as it was experienced.

Through the analysis of the patient's requirement during the session it will be possible to formulate a thought about collusive fantasies, emerging from the theme of jealousy, lived in the emotional relationship in the there and then and re-proposed in the relationship with the psychotherapist.

References


