

The Fear of Closeness

By Kate Kent, Dipl. Ac., C.H. (NCCAOM)

A 50-year-old woman came to see me because her whole life she'd been having very unsatisfactory relationships. This is not a unique problem, many people suffer from it. In order to avoid the possible pain of full commitment they tend to shut themselves off and, consequently, miss the rewards. Unconsciously, they are afraid. They long for love and relationship, they grieve over what they are missing, and yet they are afraid. This article is going to focus on fear of closeness and how this can be helped.



Someone whose emotions have been trampled on from childhood will automatically seek this isolation or global hiding to ward off further pain. A fear of closeness could develop into a person developing a "false self". A child who has been humiliated might grow up as a distant authoritative figure that nobody dares approach. Another person may hide his feeling of unworthiness by appearing loud and full of self-importance. The constant joker uses humor to ward off closeness. The star whose success has depended on youth and beauty may not have learned how to develop relationships as a whole person. David Niven wrote a frightening account of aging divas in Hollywood called *Bring on the Empty Horses*. It is about the tragedy of screen stars who, having spent years being lauded as great beauties and being the darling of all the important people, are suddenly and unceremoniously being offered mother roles or being shunted aside to make way for the next batch of starlets. Often these women have grown up pampered and adored in the hothouse of Hollywood and don't know the first thing about meaningful relationships. Some of them turn to drink and some commit suicide.

The kind of work I do is not an intellectual process and insight alone is not enough. The individual needs help to dissolve this wall of distancing or "false self" that is being used to maintain the isolation. Meaningful relationships depend on vulnerability and trust, and the best place to learn this is with the therapist. The patient and therapist have a type of closeness, a partnership, where each has her own set of tasks that is necessary for a successful outcome. This process can feel very challenging for a patient who has successfully spent her life avoiding getting close to anyone. Now she is with someone who is requiring her to become vulnerable and close. All the defenses are going to automatically kick into action.

Even though the patient has come for help she will have a hard time overcoming what are often very old habits of self defense. She may, for example, use the excuse that the therapist is just doing her job for which she is getting paid, so why would the patient dare to trust? The patient needs to be encouraged to put away logical thought and come up with evidence of what is really going on. Does she really think the therapist doesn't care, and is only doing her job? When she looks at her therapist does she see any understanding and compassion, or is this assumption old baggage that has automatically been transferred to the therapist? Another barrier could be to resist positive feedback from the therapist. Positive feedback means approval which can stir up buried feelings of longing which the patient has to guard against. Most important, the patient needs to discover that the problem is not "out there" but deep inside herself, her belief (or fear) that nobody cares.

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These assumptions need to be challenged and the defenses need to be exposed *as* defenses. The patient needs to recognize that these harmful patterns are only used as a form of armor which keeps her isolated and alone. As this familiar protection is stripped away, a real closeness can develop with the therapist which is the stepping stone of being able to deal with other relationships in the outside world.

Patients with this problem cannot begin to imagine that anyone would listen, hear and accept them without judgment, no matter what. Quite often the patient will absolutely know what she needs to do and may be determined to change her pattern of isolation. However, she cannot do this while her subconscious is working on a different agenda. Safety!

As the patient emerges from behind her defenses, and learns to trust the patient/therapist relationship, she begins to experience closeness in healthy and rewarding ways and to emerge from her long suffering of isolation.

Kate Kent, Dipl. Ac., C.H. (NCCAOM), has trained under Dr. Allen Kalpin, founder, moderator and board member of IEDTA. She teaches acupuncture at the Shiatsu School of Canada, and is also the Director and Coordinator of their 1900-hour Acupuncture Program. She has been in private practice in Toronto since 1985.

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