



Psychological Helplessness and Feeling Undeserving of Love: Windows Into Suffering and Healing

Peter R. Breggin

Center for the Study of Empathic
Therapy, Ithaca, New York

Jeanne Stolzer

University of Nebraska at Kearney

This report explores two closely related concepts: First, that most psychological suffering and personal failure is rooted in underlying feelings of helplessness (psychological helplessness); and second, that this suffering is often fueled by experiences and feelings of being unlovable and especially unworthy or undeserving of love. The scientific and clinical bases of these observations are presented, including their roots in attachment theory and child development, along with practical applications for therapy and life.

Keywords: psychosis, helplessness, love, empathy, attachment

All human beings endure moments of *psychological helplessness* when they begin to feel emotionally overwhelmed, anxious, confused and, in the extreme, emotionally par-alyzed, despairing, or psychotic. For some people these experiences are infrequent, for some they are daily, and for others they are dimly present in the background much of the time. They can vary from being an occasional nuisance to being overwhelming and persistently disabling.

These experiences of helplessness begin in infancy and remain potentially demoral-izing and even paralyzing at critical moments during a lifetime. Psychological helplessness is a central component of what we call emotional problems, spiritual crises, or psychiatric disorders. Although largely denied by conventional psychiatry, most or all psychiatric diagnoses reflect the various ways in which people become emotionally overwhelmed or helpless in dealing with life (Breggin, 2014).

The concept of psychological helplessness and the related concept of learned helplessness are now bolstered by considerable animal and human literature. Breggin (1980)

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Peter R. Breggin, Center for the Study of Empathic Therapy, Ithaca, New York; Jeanne Stolzer, Family Studies Department, University of Nebraska at Kearney.

Correspondence concerning this article should be addressed to Peter R. Breggin, Center for the Study of Empathic Therapy, 101 East State Street 112, Ithaca, NY 14850. E-mail: breggin@hotmail.com

published the concept of psychological helplessness without being aware of Seligman's (1972, 1975) earlier, seminal work on the similar concept of learned helplessness. The theory of learned helplessness has been applied to overall psychological health and happiness (Seligman, 2011). However, its clinical application has been limited largely to depression (e.g., Peterson, Maier, & Seligman, 1993; Seligman, 1972, 1975, 2011). Some research has examined the relevance of learned helplessness to other specific entities, such as learning difficulties, abuse, and trauma.

In contrast, psychological helplessness is a much more basic or broad conceptualization. Psychological helplessness is seen as a root cause of emotional and psychological failure in general (Breggin, 1980, 1992, 1997a, 1997b, 1999, 2014, 2015a, 2015b, 2019a). It is found as a basic component in much of what are called serious psychological or emotional problems, or "mental disorders."

Psychological helplessness can become emotionally disabling, preventing spontaneous recovery or a positive response to help. Understanding and overcoming psychological helplessness can be a turning point in the recovery process in all areas of personal and psychological failure.

As another difference between the concepts learned helplessness and psychological helplessness, the older concept originated in animal and human experimental research whereas the newer one was derived from clinical research and experience (Breggin, 1980, 1992, 1997a, 1997b, 1999, 2014, 2015a, 2015b, 2019a).

Understanding Psychological Helplessness

Physical or objective helplessness can be distinguishable from psychological helplessness, which is subjective and emotional in origin. Physical helplessness is exemplified by being incarcerated behind bars or afflicted with a neurological paralysis. Psychological helplessness involves feeling, believing, or acting as if one were emotionally imprisoned or paralyzed, and unable to take effective or meaningful changes in one's attitudes or behaviors. Prisoners or physically paralyzed individuals may be largely unable to improve their physical status, but they do not have to become psychologically helpless. That is, they do not have to give up looking for opportunities to improve their emotional, psychological, and physical responses.

Psychological helplessness has cognitive and emotional components. Cognitively, these individuals are unable or unwilling to rationally evaluate themselves and their opportunities. Emotionally, they lose control over themselves and "give up trying." People who are feeling helpless may feel and act as if they are unable to think or make judgments.

Psychological helplessness can be defined or described from several perspectives such as giving up or surrendering the use of reason, losing autonomy and self-determination, surrendering free will and volition, or collapsing into feelings of being overwhelmed and unable to escape from emotional suffering. It limits cognitive flexibility in perceiving alternatives and making decisions and it limits resilience or the ability to "bounce back" and retake control over one's life.

The importance of overcoming psychological helplessness in order to make choices and to become self-determining is found directly or indirectly in many theoretical approaches that emphasize autonomy (Breggin, 1971), self-determination (Deci & Ryan, 2012), "self-efficacy" (Bandura, 1983), resilience (Kaplan, 1999), and "authentic happiness" (Seligman, 2011). The specific concept of overcoming psychological helplessness can provide a common ground for these and many other psychological approaches and theories sometimes catego-

rized as positive psychology. It also underpins a dynamic understanding of guilt, shame, anxiety, emotional blunting and chronic anger (Breggin, 2014, 2015a, 2015b, 2019a).

Perhaps most controversial, the concept of psychological helplessness aims at providing a psychosocial framework for understanding all of what becomes labeled *mental illness* and *psychiatric disorders*. The list of psychiatric disorders that involve underlying psychological helplessness includes all the major categories in the official American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. These include Trauma and Stress Related Disorders, Anxiety Disorders, Dissociative Disorders, Feeding and Eating Disorders, Bipolar Disorders, Depressive Disorders, and Schizophrenia. Psychological helplessness is also a large part of drug addictions, obsessions and compulsions, impulse disorders, and sleep difficulties.

Overview of Psychological Helplessness in Infancy and Childhood

Psychological helplessness is closely related to anxiety and the two often go together. Less obviously, shame and guilt can also drive people into feeling overwhelmed, emotionally paralyzed, and unable to think rationally (Breggin, 2014). The same is true of emotional numbness or chronic anger. With further examination, all or almost all negative and self-defeating emotions derive from persisting psychological helplessness from childhood, often reactivated or amplified by recent stressful or traumatic events.

How is it that psychological helplessness—emotionally and cognitively giving up in the face of seemingly overwhelming stressors, conflicts or threats—can underlie such a broad band of human suffering? The answer in brief is: All human beings endure episodes of psychological helplessness as infants and children, and adult maturity requires recovering from them and not relapsing into them (Breggin, 2014, 2015a).

Infants are born helpless—with no capacity to take care of themselves other than to scream and cry to attract attention. This is the origin of our capacity to feel psychologically helpless, and all adult manifestations of psychological helplessness have an infantile or at least childlike quality to them. An infant and young child's survival and growth depend on a consistent, loving, nurturing relationship with an adult person. Ideally, as Stolzer has demonstrated, throughout hominid and human evolution there is one consistent adult, optimally a mother who is breastfeeding the child and who provides the nourishment, security, protection and love to establish a healthy start in life (Bowlby, 1973; Peus et al., 2012; Stolzer, 2015, 2016; Stolzer & Hossain, 2014). Good nurturing is the basis of emotional health in infancy and childhood and establishes a healthy core that is carried into adolescence and adulthood.

The capacity for the infant and child to express psychological helplessness by fretting, crying, or screaming can be lifesaving because it draws the attention of caregivers. Even if the distress is physically induced by hunger, tiredness, or a rash, it will also have a psychological component that requires nurturing and comforting from a person with whom the child already is bonded. At other times, the distress will be wholly psychological and social, such as the normal needs for physical closeness, caring attention, play, and socialization. This, too, requires a loving response from an adult with whom the infant or child is bonded.

Infants develop psychological helplessness on top of their objective or physical helplessness. Abuse, deprivation, or loss can make children unable to function on their normal developmental level. They become mentally or emotionally afflicted with helplessness. If children are not given emotional support and love during their growing self-determination,

they can develop an underlying feeling of helplessness or inability to control their lives (Bowlby, 1973, 1980, 1982). As the child develops, feelings of being overwhelmed by life can take the form of any of the negative legacy emotions of guilt, shame, and anxiety, as well as emotional numbing and/or compulsive anger (Breggin, 2014).

Research on The Effects of Early Infant–Mother Relationships¹

In western cultures, babies are often allowed to “cry it out” as it is erroneously believed that this practice will lead to a reduction in crying and to increased self-sufficiency. However, seminal data indicated that infants whose cries are responded to immediately will cry less often and for shorter durations than their cohorts who are left to cry it out (Bell & Ainsworth, 1972). Crying is a baby’s first language and is indeed their primary form of communication for the first 2 years of life. Refusing to respond to an infant’s cries has been found to increase a multitude of detrimental effects, including but not limited to synaptic damage, excessive cortisol secretion, damage to the vagus nerve, and the inability to trust later in life (Belsky, 1997; Henry & Wang, 1998). Other researchers have found that neglecting an infant’s psychological and emotional needs can lead to significant neurological pathology with the most observable damage occurring in limbic-hypothalamic-pituitary-adrenal (LHPA) axis, which is related to both psychological and emotional processing (Caldji et al., 2001).

Decades of child development literature confirm that the foundation of sound mental health functioning in adulthood can be traced to positive emotional experiences in infancy and early childhood (Danese et al., 2008; Sutin, Stephan, & Terracciano, 2016). As scientific evidence continues to mount, it becomes increasingly apparent that infancy and early childhood experiences profoundly influence developmental outcomes for the formation of loving relationships and the ability to cope with life’s stressors, to successfully navigate school, work, and familial demands and to optimal mental wellness throughout the life course.

The ancient, primordial mother–child “dance” can be traced to the Mesozoic era, approximately 100 million years ago, when the first mammal appears in the historical record. Throughout mammalian existence, breastfeeding has been the central feature of the mother–child bond. It has ensured the survival of the mammalian species by cementing mother–child attachment and by facilitating optimal physiological and psychological health in both the mother and her offspring. Researchers from various fields have postulated that altering this ancient mother–child relationship can profoundly influence developmental outcomes in both maternal and pediatric populations (Stolzer, 2006; Stuart-Macadam & Dettwyler, 1995).

Beginning with Maslow’s seminal research in the 1940s (Maslow & Szilagy-Kessler, 1946), researchers have documented that children who are breastfed exclusively and long-term have better mental health outcomes throughout life than their cohorts who were formula fed in infancy (Loret de Mola et al., 2016). Children who are breastfed

¹ There has been a recent trend to replace references to maternal roles with gender neutral terms, such as *caregivers*, but in fact these studies involve nursing mothers and not generic caregivers.

exclusively are significantly less likely to exhibit behavior problems throughout childhood and adolescence (Liu, Leung, & Yang, 2014).

Long-term outcomes confirm that the protective effects of breastfeeding continue into adulthood. Individuals who were breastfed report significantly lower rates of overall psychological distress when compared to individuals who were not breastfed (Cable, Bartley, McMunn, & Kelly, 2012). In addition, children who have been breastfed long-term have lower rates of anxiety, chronic depression, hostility, and neuroticism when compared to individuals who were formula fed (Loret de Mola et al., 2016; Sutin et al., 2016). Breastfeeding has also been shown to significantly decrease internalization pathology, postpartum depression, and symptoms of attentional disorders (Loret de Mola et al., 2016; Mimouni-Bloch et al., 2013). Individuals who have been breastfed long term display more positive expressions and fewer fearful and anxiety expressions, again indicating that long-term breastfeeding is positively associated with overall positive mental health outcomes (Krol, Rajhans, Missana, & Grossmann, 2015; Krol & Grossmann, 2018).

Physiological Interdependence Between Mother and Infant

Breastfeeding not only impacts physiological and emotional outcomes in children throughout the life course, it also clearly impacts maternal functioning. As a result, early experiences with psychological helplessness are influenced by an interaction between the infant and mother.

Researchers have concluded that breastfeeding positively influences mood and stress reactivity in mothers and significantly lowers anxiety, depression, negative mood, and overall stress levels (Krol & Grossmann, 2018). Moreover, breastfeeding mothers have lower blood pressure, lower cortisol levels, and reduced heart rate reactivity. Breastfeeding also positively effects sleep quality, mood, overall affect, and responsiveness in maternal populations (Krol & Grossmann, 2018). Accumulating evidence suggests that the hormones oxytocin and prolactin—often referred to as the “love hormones” in the empirical literature—are significantly involved in the favorable physiological and psychological outcomes documented in maternal breastfeeding populations across cultures (Krol & Grossmann, 2018; Stuart-Macadam & Dettwyler, 1995).

As is clearly indicated in the literature, alterations to this ancient “physiologic interdependence” created by the breastfeeding bond can cause severe and irrevocable consequences in both maternal and pediatric populations, including, but not limited to, a multitude of physical ailments and diseases and to a plethora of psychiatric diagnoses (Cable, et al., 2012; Loret de Mola et al., 2016; Stolzer, 2006; Sutin et al., 2016).

Psychological Helplessness and Love

While psychological helplessness is almost always or always central to how human beings fail in life, there is perhaps an even deeper and more specific cause for most of our emotional suffering—becoming emotionally overwhelmed and helpless because of the feeling and conviction that we do not deserve to be loved.

Feeling unworthy of love is at the root of our most terrible, debilitating despair, leading to utter helplessness and to the entire range of human psychological and spiritual misery. When individuals feel unworthy of love they become too psychologically or

emotionally helpless to try to give or to receive love. They stop engaging in life. They can end up feeling unworthy of life itself and become self-destructive.

Why do emotional difficulties so often involve love and relationship? The answer in brief is: Disruptions in nurturing, loving relationships are the most destructive cause of psychological helplessness in infancy and childhood.

The work of John Bowlby and others, now described as attachment research, provides the best window into the impact of losing the primary nurturing relationship during infancy and childhood (Bowlby, 1973, 1980, 1982; for other early work, also see Mahler, 1961; Spitz & Wolf, 1946). Others have connected those infant and child experiences to learned helplessness (e.g., Fincham & Cain, 1986). Continuing research has confirmed that subtle negative changes in maternal mental states can adversely affect infants and that these effects are likely to persist from infancy into adulthood (van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999).

John Bowlby's (1973) studies of children during the Blitz of London in World War II showed that the greatest threat to the child's mental health was not enduring terrifying nightly bombings. By far the greater threat was being separated from their mothers when the children were sent away to be cared for by other adults in the peaceful countryside.

Psychological helplessness in the face of feeling unloved or unworthy of love is among the greatest and most basic psychosocial and spiritual threats to human beings of all ages. Because loving and nurturing is so central to the well-being of infants and children, loss of it will eventually induce psychological helplessness or overwhelm in the infants and children. A child quickly responds to negative emotions in a parent or caregiver because these emotions disrupt the quality of nurturing and love the child receives. From mild disruptions to a complete loss of the parent's presence, children react with anxiety and anger, and eventually with withdrawal into a less responsive state.

Loving relationships in adulthood can help to ameliorate the harm from childhood and lead to a truly happy life. We need to ask, "Given that love is the spiritual elixir of a good life, what keeps us from making the effort to find love as adults?"

An Unusual Clinical Case and Animal Studies

It can be useful to examine very different cultures than our own to see more clearly that communality of how infants and children react to impaired and lost nurturing from their mothers (Breggin, 1992, pp. 130–131):

Little Flint, the subject of a touching vignette, was 8 and a half years old at the time of the death of his mother, Flo. Flo was the matriarch of the family, but little Flint was born when Flo was seemingly too old to bear children. She was becoming ill as well, and in her infirm state she had "insufficient strength to enforce the independence" of little Flint. For example, "she continued to give in to his demands to sleep with her at night" and, despite her infirmity, she also acceded to carrying him about on her back "like an infant" when he was old enough to walk by himself. The study includes photographs of Flint and his family. They show a surprisingly aged-looking mother with a heavily lined face, a sagging countenance lacking in animation, and a body that has lost its strength of carriage. The older siblings are full of sparkle in these pictures, and so is the small child Flint, who looks bright eyed, endearing, and eager for attention.

The unexpected death of a sibling when Flint was only 5 frightened and disturbed him and, combined with his mother being increasingly "unable to cope," made Flint more excessively dependent on her. He indulged in "very little play" and became especially "nervous" around

bigger, older boys. Meanwhile, Flint's father paid little or no attention to him; but this was a routine phenomenon in their culture, and perhaps not that different from ours. The doctor—whose name I will withhold for the moment—said of Flint, “He was unusually dependent upon his very old mother” and “when she died in 1972, Flint was unable to cope with his state of depression.” Flint “showed gradually increasing signs of lethargy.” He suffered a “loss of appetite” and had “sunken eyes.” Finally, he died of an inflammation of the gastrointestinal tract. His doctor concluded, “It seems likely that the psychological and physical disturbances associated with loss made him more vulnerable to disease.” Other members of the community had recognized Flint's need and reached out to him, but because of his immaturity and history of losses, he had been unable to respond to their love.

Clinical cases like this can no longer be found in the psychiatric literature, including textbooks, which usually provide nothing more than a brief statistical analysis in which each person is characterized as “bipolar,” “schizophrenic” or, probably as in little Flint's case, major depressive disorder. Any mention of “love” would have been anathema.

The wonderful irony in this report is that the “doctor” being described in this excerpt is not a psychiatrist or psychologist, but the ethologist and anthropologist Jane Goodall. Flo and Flint are not people, they are chimpanzees whose lives Goodall (1986) followed in her book, *The Chimpanzees of the Gombe*. If chimps are this sensitive to the quality and loss of nurturing, how much more sensitive human beings must be—and yet we now summarize an entire child's story with labels such as ADHD and even bipolar without regard for the circumstances of his or her upbringing.

In *Gorillas in the Mist* (Fossey, 2000) Dian Fossey tells a related “clinical vignette” about Simba, a depressed young ape, who was abandoned by her mother. An uncle did his best to help Simba recover, but when her mother finally died, Simba fell into a lifetime of social withdrawal and depression. In a more positive story about nurturing, Fossey herself nursed an orphaned ape out of depression and near death through love, physical intimacy, and constant attention (Fossey, 2000; Mowat, 1987). Again, these animals, if they had been humans, met the technical criteria for major depressive disorder.

Early laboratory research by Harry Harlow (1959), who removed infant monkeys from their mothers and gave them an inanimate substitute parent, reinforced the commonsense notion that all mammals need a real-life nurturing mother for their normal development. Animal lab experiments cannot capture the human-like subtleties as well as observations in the wild conducted by loving researchers like Goodall and Fossey, although free-ranging environments can also be valuable (Lee, 1984).

The Work of Smiley Blanton

In the *Art of Loving*, psychoanalyst Eric Fromm (1956) described love as central to sanity and to human existence. His approach, however, was more existentially abstract. He did not specifically examine how love plays a role in our daily lives and in the arena of suffering that has been labeled *mental illness*. Alfred Adler had great respect for the role of love in marriage, but his concept of social interest was more encompassing as an explanation of human success and failure (Ansbacher & Ansbacher, 1956). Freud was on target in using the child at the mother's breast as the prototype of love; but he was largely demeaning or shallow in his observations on adult love, viewing romantic love as an outburst of narcissism that wanes with age.

One little-known psychiatrist, however, has seen the role of love in therapy and life in a more profound and inspiring fashion. Smiley Blanton (1882–1965) practiced at a time

when serious efforts were made to create a partnership between psychotherapy and religion. He was periodically in analysis with Sigmund Freud from September 1, 1929 in Vienna to until September 7, 1938 in London (Blanton, 1971). In New York City, he developed a clinic with the famous minister Norman Vincent Peale and wrote books with him, including *The Art of Real Happiness* (Peale & Blanton, 1956). In 1956–1957, at the age of 74, he wrote *Love or Perish*.

This excerpt is from a one-page statement at the front of his book, *Love or Perish* (Blanton, 1956):

Love is born when the child rests in its mother's arms. From this beginning, love grows until it includes the love of family and friends, of school and country, and ultimately of all the world. Love also means love of self. This is an aspect often ignored, yet it is of basic importance—for without healthy self-love, one cannot love anyone else. Love also means love of God, a love that sustains us when human relationships crumble.

Love is all of one piece—from the love of mother and child to the love of sweethearts, husbands and wives, and friends. It is present, too, in the laborer's devotion to his work, in the teacher's solicitude for her pupils, in the physician's dedication to his art. All that heals, cultivates, protects, and inspires—all this is a part of love. (p. 2)

Blanton came as close as anyone to proposing that feeling unlovable and especially feeling unworthy of love are at the core of what we view as serious mental disturbances and that they also regularly interfere with otherwise normal relationships.

This paper's emphasis on recognizing the threat of feeling unworthy of love is consistent with Blanton's work and with the larger effort to find common ground between psychology and religion. The importance of dealing with feeling unworthy of love, as well with the need to love and be loved, is consistent with central features of attachment psychology and the Judeo-Christian spiritual tradition.

Self-Blame in Childhood Endures Into Adulthood

Across all cultures and across all mammalian species, the infant and child's expressions of helplessness have a life-saving function in drawing needed attention to their suffering. The attachment theory literature, which describes the phenomenon of psychological helplessness as anxiety and despair, notes that these infantile responses are built in biologically because of their survival value. But they become increasingly ineffective and self-destructive as the maturing child is required to develop independence, autonomy, or self-determination. Most severe emotional crises in childhood and adulthood reflect the ineffectiveness of becoming helpless when facing emotional threats.

Learning to be self-determined and to take responsibility is an important key to a good life. It is certainly necessary in the process of overcoming psychological helplessness. But people can grow up with an enormous sense of personal responsibility and yet hate themselves. Their self-hatred—which many do overcome through therapy, religion, or myriad alternative approaches—is rooted in lack of love in their infancy or childhood, and especially in the resultant conscious or unconscious conviction that they do not deserve love.

When infants and children experience too little love or endure abuse in any form, they tend to blame themselves (Breggin, 2014). No matter how badly treated they are, infants and small children find it more unbearably threatening to blame their parents on whom they are so dependent. Instead of blaming their parents, they consciously or unconsciously

blame themselves, often concluding they must be unworthy of love. The most badly abused people often seem the most deeply abusive of themselves, living their lives on the principles that they do not deserve love and may not even deserve to live. In adulthood, even while they continue to harbor deep resentments toward their abusive parents, many will also feel a deep need to have those same parents love and approve of them. These victims of childhood abuse can end up believing they are undeserving of love and helpless to do anything about it (Breggin, 2019b).

Often those who suffer cannot find words for their despair and helplessness over feeling unlovable and unworthy of love; but here are some of the ways these feelings are expressed:

No one loves me. No one could love me. I don't deserve to be loved. Love is something for other people. What is there to love about me? Why would anyone want to love me?

I don't trust love. I don't know anyone with a lasting love relationship. Love always has conditions. You always get hurt. Love is a word used to enslave people. When my mother screamed at me and my father beat me, they said it was because they loved me.

Love is crazy. Love is irrational. It's all about sex. It's all about neediness and dependency.

If we feel that we do not deserve love, it implies that we believe that love is good and, in fact, too good for us. When we feel unlovable or underserving of love there is an unspoken value judgment that says, in effect, being loved and deserving love is the gold standard of a good life, and we do not meet the standard.

When some people fall in love, they feel driven to run away from the experience. Based on earlier experiences in childhood and in adulthood, they are afraid of being rejected, humiliated, or taken advantage of. But most demoralizing of all, they often feel that they are unworthy of love (Breggin, 2019b). As a result, when they find that their loved is returned, they may become even more motivated to run from the relationship because they cannot bear feeling so unworthy of so much love. This kind of self-denigration, often felt acutely when experiencing the opportunity to love and be loved, this level of self-hate and loathing, probably lies at the bottom of the most severely self-destructive feelings, attitudes or "disorders."

The Importance of Feeling and Giving Love

In addition to feeling helplessly unlovable and unworthy of love, wounded people can also feel unable to love. This hopelessness over feeling and expressing love most often involves other people but can affect any aspect of our engagement with life, including love for work, for nature, for life itself, or for God.

Our working definition of love is *joyful awareness*.² We can be joyfully aware of any aspect of life: the people around us; our pets; the whole of nature including wildlife; art in its infinite manifestations; play and work; and every other aspect of creation that we humans engage with enthusiastically and happily. Children and adults thrive when they love as many aspects of creation as possible.

For their immediate happiness and their development, infants need to experience love from a primary caregiver who is consistent and emotionally invested. They need to feel attachment and eventually love toward their primary caregiver. They need to learn to share

² The connection between joyful awareness and love has deep roots in the Judeo-Christian tradition, including joyful love of God.

a smile or to exchange a touch. In summary, infants and children need physical touch and emotional responsiveness from the adults surrounding them, including from one primary adult who becomes the center of their attention and the source of their security.

When the bonded adult is not available to the infant or children, anxiety and despair overcome the child (Bowlby, 1980). In other words, the young person becomes progressively more psychologically helpless and overwhelmed.

Many people feel unable to love. Or they feel that their love will not be accepted by others. They fear being ridiculed or rejected for expressing love. Or they may feel that love is something that people just make up without any reality to it. Or they may resent feeling or saying, "I love you," because they were coerced to say it as children. Or as children they may have been abused by adults who claimed to love them or who justified abuse as being based on love. They may fear that feeling or expressing love makes them too vulnerable.

At the bottom of the pit of despair in any form—guilt, shame, anxiety, numbness or rage, as well as loneliness—lies a helpless feeling that one is unworthy of love and therefore doomed to a loveless life.

Human Services Require Love

Whether we are seeking to help ourselves or other people, an understanding of love's key role in our lives has very practical and concrete applications. Understanding love can give us a starting point for understanding anyone who is deeply emotionally distressed. It can also help us determine if what we are doing or saying is likely to be helpful to ourselves or to someone else who is facing emotional difficulties. All worthwhile help is offered with love. This is particular true in counseling and psychotherapy where the individual is probably struggling with unconscious or conscious feelings of being unlovable and unworthy of love and feeling respected, cared for and even loved within the healing relationship can be more important than anything else (Breggin, 2008b, 2011, 2014).

Even if the primary goal of a service seems unrelated to a person's emotional needs, when given with love the service will be healing. Medical doctors, lawyers, teachers, flight attendants, taxi drivers, bank tellers, beauticians, tailors, salespeople, waiters—anyone who has "contact with the public"—can help to make or break the quality of another person's day.

Similarly, each of us has the power to make other people miserable even during the most superficial encounters; for example, when we act irritable or disrespectful to the people who provide us services or even to someone who accidentally jostles us on a waiting line.

When we participate in relationships or offer help that is devoid of love, we are likely to make things worse for us and for other people. If we are trying to offer serious help to individuals who are emotionally wounded without offering them a caring or loving relationship, we will merely prove to them that they were right all along—that genuine help does not exist. Consciously or unconsciously, that becomes a confirmation that love does not exist or is not meant for them.

Whenever a person is suffering emotionally and spiritually, an unconditional love that helps them feel worthy of love is the most important form of help. Without any conscious awareness on the part of the participants, this unconditional love is almost certain to be healing for both the person who offers it and the person who receives it.

Further Applications to Therapy

Addressing Helplessness Early in Therapy

Across the spectrum of emotional problems, from conflicts between loved ones to lapses into psychosis, it is critical to overcome feelings of helplessness in order to make progress. The individual mired down and overwhelmed with psychological helplessness will not make substantial recovery without regaining confidence or faith in their ability to replace their feelings of helplessness with feelings of mastery and self-determination.

Feelings of helplessness should be approached without using potentially humiliating words like “You are acting helpless” or “You need to take responsibility for yourself.” A supportive exploration of areas of strength in the individual’s life may enable them to then explore those contrasting areas where they feel helpless or out of control. This can then lead to an examination of the individual’s areas of shaken confidence in themselves and how to take steps to overcome them. Building a caring, empathic relationship is required before beginning these kind and gentle efforts to address a person’s feelings of helplessness.

Lack of a loving, nurturing relationship is not the only significant factor in a child’s development. As the child grows older, the failure to provide children with limits and to encourage their personal responsibility and other sound values can delay a child’s maturation. Severe illness, grievous losses, and other trauma also impede growth and development. Lack of an intact, functioning family is a handicap. It does not necessarily “take a village” to raise a child; but through hominid and human evolution children have required a consistent and emotionally engaged primary attachment person for optimum development (Bowlby, 1973).

This helps us understand that treating children as separate from their family, especially before adolescence, is not a good approach and should not be undertaken unless the therapist believes there is no other responsible caregiver in the child’s life. A therapist helping a child can be useful, but it is not nearly as effective as helping the primary caregiver, optimally a parent, provide the child the best possible combination of love, nurturing, limiting setting, and discipline.

Be Aware of the Potential Helpless Feelings About Being Unworthy of Love

Many or most emotional difficulties and crises, including psychological helplessness, have deep roots in feeling undeserving of love. One of the values of this emphasis on helpless feelings of being worthy of love is its practicality. To begin with, by identifying what is, in most cases, one of the basic roots of personal suffering and failure, it provides a framework within which to relate to anyone seeking help. It makes clear the necessity of the clinician feeling empathy, respect, and understanding for the client. Psychologically wounded people need to experience a relationship in which they experience unconditional love, starting with respectfulness and culminating in feeling that they are loved—that their existence brings joyful feelings in the person who is trying to be helpful. Although it may not always be achievable, a counseling or therapy experience will be most successful if the client experiences this kind of care, appreciation, or love from the therapist. It will help the client seek similar experiences with other people.

In insight-oriented psychotherapy, focus can be given to discovering and overcoming earlier experiences that blocked or suppressed the individual's adult capacity to participate in loving relationships.³

Love often goes unmentioned in research and writing about psychotherapy and in the practice of therapy itself. A significant exception is psychologist Michael Cornwall (2019) who has written of "merciful love" as the source of healing for extreme states. One of us has also described the importance of love and how a therapist needs to create a *healing presence* (Breggin, 1997a). Severe emotional suffering originates in human relationships from infancy to old age and, equally so, human relationships—loving human relationships—are the ultimate source of help, therapy, or recovery.

In a couple's therapy, the goal is to help the clients experience this with each other (Breggin, 1999). It can help to ask early in couple's work, "Did you two love each other when you first decided to live together or to get married?" If the answer is "Yes," then most people are happy from the start to work on reviving those feelings. If the answer is no, then most people see the value of exploring whether love is a possibility in the relationship. Without love in one's most personal relationship, success and happiness become highly unlikely; but whether to leave a loveless relationship is obviously the choice of the individuals involved who may have their own valid reasons for remaining together.

Whatever the tragedies and traumas in the individual's life, they are likely to be worst when they involve loss of faith in other people who seemingly betrayed them. Feeling betrayal is closely tied to one's personal sense of being unworthy of love. These negative past experiences are most likely to be ameliorated through giving and receiving more love—and increasing one's sense of being worthy of love—which ultimately means being worthy of life. It helps a therapist to be aware that most human beings have experienced some doubts about their worthiness for love and perhaps for life.

One must be especially cautious about encouraging anyone to accept an idea that may seem embarrassing or even humiliating to them. A therapist must never claim that a client is "in denial" about anything, including feeling unworthy of love. The concept of unworthiness of love is best used as a background understanding that may help therapists to feel empathy for the depth and quality of suffering that so many human beings carry with them. Knowledge of their own feelings of being unworthy of love can help therapists to be patient with other people. It can help them to understand and to manage their own discomfort when sensing that someone, including a client, does not like them or is rejecting them.

The Deeply Disturbed or Psychotic Individual

There is a high probability that anyone deeply enveloped in madness is likely to be feeling unworthy of love and therefore probably unworthy of life. The therapist needs to be aware of the psychotic or deeply disturbed person's desperate need to feel deserving of love while simultaneously greeting love with dread.

J. M. Stolzer (2008) describes how the work of R. D. Laing and John Bowlby points to early childhood disturbances in the mother–infant relationship, as well as relationship disturbances in later childhood, as central to developing a vulnerability to so-called schizophrenia. Stolzer (2008) and Breggin (1991) find that many psychotic states are developmental and psychosocial in origin.

³ As a psychiatrist who often does couples and family therapy, it remains surprising to me how few other therapists address love in their work with clients. PB.

The therapeutic work requires kindness and patience, and restrained caring, on the part of the therapist who is probably offering the deeply disturbed client his or her first trustworthy and potentially loving relationship or empathic therapy (Breggin, 1999, 2008b, 2011, 2015b).

Psychosis can be viewed as largely driven by an emotional disconnection from people. It is a retreat or a collapse into a nightmare-like state while awake (Breggin, 2019a). Many people who experience hallucinations will see unidentifiable people telling them they are worthless and unworthy of love, often in graphic, vulgar terms. The hallucinations may threaten then with death if they try to find love. Often the hallucinated perpetrators are repeating threats and insults hurled at them as children by their parents or caregivers.

When they are offered love as older children or adults, the hallucinations may intensify, causing them to break off the relationship. The love that is given to them reminds them how undeserving they feel, while restimulating their painful feelings from when they were made to feel unworthy of love. The same patterns exist in respect to delusions, such as being infected, smelling bad, and rotting from the inside of one's body. These too are closely related to feeling undeserving of love, and even to being deserving of hate, and can become amplified by the temptation to feel loved by another person. Fortunately, these dreadful reactions can often be gradually ameliorated by patient understanding and caring.

The teenager who stops eating or talking, and who crawls into bed and covers her head to keep out her tormenting hallucinations, is feeling utterly unworthy of love. Often, the voices are telling her she is evil and deserves to die. They may threaten to kill her to get rid of her. The concept of "schizophrenia" will not help her recovery, nor will it usefully guide those who try to help her. Her suffering has nothing to do with genetics or brain disorders and can only be worsened by neurotoxic drugs (Breggin, 2008a). Her emotional vitality is being snuffed out by the dread of being unworthy of being loved. To decide that one is undeserving of love is saying one is undeserving of life. The victim of such feelings is likely to want to be dead. The victim is likely to feel dead. And sometimes, the victim commits suicide.

Efforts to help this adolescent will be facilitated by the therapist asking himself or herself these questions: "Will what I am about to say or do ultimately help my client to begin to feel worthy of love?" "Will telling she is mentally ill, schizophrenic, or bipolar help her to begin to feel worthy of love?" "Will telling her she has a biochemical imbalance or a genetic abnormality lift her to a better spiritual outlook?" "Will being locked in a psychiatric ward with other disturbed people give her a sense of worth?" "Will psychiatric drugs that blunt her emotions make her more able to feel loved or to express love?"

Similarly, the adult who, seemingly without reason, falls into a dark depression and attempts suicide, is mired down by feeling utterly unlovable and probably unworthy of love as well. Any specific awareness of these dark feelings are lost in the individual's overwhelming gloom but they are crushing the life out of the person.

Depressed people feel unlovable and unable to do anything about it. They are starving to death but the nutrition they are missing is love. They, too, cannot be helped by the negative, reductionistic and deterministic approaches that dominate contemporary psychiatry, including neurotoxic drugs and electroshock treatment, which is still inflicted on tens of thousands, and perhaps hundreds of thousands of people diagnosed with depression.

Even that seemingly incomprehensible human condition that we call mania or bipolar disorder is no different in its origins. People who believe and declare to the world that they

are God and try to act like God—who feel omnipotent, invulnerable, and able to do anything—those poor souls are trying to deny and to overcome unbearable feelings of being essentially worthless and unworthy of love. Mania is an unrealistic, compulsive, and doomed flight from feeling spiritually crushed and overwhelmingly worthless. Mania is also a flight from feeling powerless into feeling all-powerful; but seeking power is often a doomed attempt to compensate for underlying feelings of being unworthy of love.

Compulsively Seeking Harmful Relationships

One of the more puzzling human phenomena is the compulsive, repetitive seeking out of relationships that seem self-defeating and doomed from the beginning. A woman repeatedly seeks out alcoholic, irresponsible, unloving or abusive men. A man compulsively seeks out women who are rejecting, angry, or unloving. A young professional repeatedly finds mentors who are cold and rigid, and always ends up in conflict with them. At the same time as they choose the wrong people, they fail to find more suitable people with whom to relate romantically or professionally.

In many cases, these unfortunates are unconsciously seeking these unsatisfactory matches is to prove at last that they can be loved by the sorts of people who rejected them in their childhood or adolescence, usually one or both of their parents. They feel that their identities and their lives depend upon finally getting love from someone like their abusers who taught them they were unlovable and undeserving of anything better.

People who seek malfunctioning relationships may also be avoiding more loving and affirming relationships. If individuals who feel unworthy of love do meet someone who seems to love them, it brings on a crisis within themselves. Faced with the possibility of being loved, it restimulates earlier rejections, leading them to run from the more loving person. Anticipation of being loved can overwhelm them with feelings of helplessness surrounding love, including their guilt, shame, and anxiety surrounding childhood relationships in the family.

The Effects of Extreme Abuse in Adulthood

When adults are exposed to extreme abuse, their sense of personal value and worthiness of love can be crushed. This occurs when disabled, elderly or other vulnerable persons are abused within their own families. It occurs when people are abducted and held in captivity or when they are incarcerated in total institutions such as extermination camps, prisoner of war camps, mental hospitals, or prisons. In all these situations, the perpetrators often systematically attempt to bring about psychological helplessness in the individual, along with feelings of being undeserving of love and hence even life.

Experimental Research

Systematic empirical research is too narrow to fully examine most issues related to psychotherapy and human success and failure. The concepts usually originate in the broad fields of human studies, including evolutionary and developmental psychology, anthropology, psychotherapy and even philosophy. However, empirical studies can show the powerful negative effect that disordered parent–infant and parent–child relationships have on later development. We do not yet have research studies that address the negative results of the specific phenomenon of feeling unlovable and undeserving of love. For this, we need a broad approach drawing on many levels of human experience.

A recent study by Wiblin, Holder, Holliday, and Surís (2018) found that veterans suffering from military-related sexual trauma with PTSD were more likely to suicide if

they “express unbearability [sic], unlovability, and unsolvability [sic].” They found that assessing and addressing “depression, trauma-related negative cognitions about self and self-blame, and physical health” might be an important step in reducing suicide. The “unlovability” aspect, combined with “self-blame” comes close to adding up to feeling unworthy of love.

From a more philosophical, clinical, and psychotherapy approach, Raymond Bergner (2000) discusses barriers to romantic love: He lists a conviction of Ineligibility for Love as his fifth and final barrier:

5. INELIGIBILITY FOR LOVE: Personal beliefs to the effect that one is ineligible for love constitute for many persons formidable barriers to their finding it. Such beliefs may come about through personal histories of rejection or criticism; and/or through perceptions that one is possessed of disqualifying characteristics such as physical unattractiveness, lack of personal appeal, moral undesirability, or sexual inadequacy (p. 17).

Bergner’s concept of moral undesirability contains an aspect of feeling unworthy of love.

There is considerable literature on self-acceptance and self-forgiveness (e.g., Bernard, 2014), but it does not seem to address the depth of despair associated with feeling unworthy of love and its association with what are usually called psychiatric disorders.

Wider Implications

Despair Among Young People

There is a growing awareness of increased despair among young people. (Hoffman, 2018). This despair takes many forms, including the horrendous increase in deaths from drug overdose. Young adults are less looking forward to having children, they are remaining dependent on their parents for increasing years, more often living at home, and they are marrying later (Fry, 2017; Miller, 2018). There is a decline in close friendships (Bonos & Guskin, 2018) and an increase in loneliness (Simmons, 2018). There is marked de-emphasis of loving relationships in the culture, and young people talk less and hope less about finding a fulfilling romantic relationship.

There are many important contemporary explanations for this, but most likely it begins at birth. For hundreds of millions of years as mammals, and for a million or two as humans, we have begun life being breastfed by our mothers, often with on-demand breastfeeding for the first 4 or 5 years. Throughout our formative years, we remained in close physical proximity to our mothers, providing a secure basis for adult relationships.

Now a large percentage of infants and children are never breastfed. Beyond that, they are separated from their mothers practically at birth by the demands of a culture which refuses to promote and to facilitate attachment parenting. Instead of growing up in extended families where nurturing is provided by the mother and numerous relatives as the child grows up, the youngster is instead farmed out to professional child-rearing services in the home and more frequently outside it.

The child’s life on entering adolescence continues the process of growing apart from nurturing adult family members. The stresses and pressuring surrounding homework take up the precious few hours when both children and parents are home together. Social networking takes up whatever time is left. Many children and youth live in their own isolated world, barely communicating with adults. They communicate almost exclusively with their peers, often desperately seeking approval and support from them, with little or

no real love in their lives. The hi-tech world we have created for them has robbed children and youth of their biological and evolutionary heritage.

Meanwhile, with the decline of the church in the lives of young people, they can no longer turn to idea of a loving God to provide them unconditional love and tell them they deserve to be loved.

This dismal situation must be understood by those of us who are teachers, therapists or otherwise trying to help individuals. In many if not most cases, we must help them understand that most basic, saving reality of all—that every human being deserves love and that loving relationships are not only possible, they are the spiritual lifeblood of our lives. We must help them feel worthy of love and help them learn to build loving relationships.

Why Psychiatry Cannot Offer Answers

There are many reasons for therapists to avoid encouraging clients to take or to stay on psychiatric drugs. There are also many reasons to encourage them to reduce or to stop taking psychiatric drugs in a safe and effective manner (Breggin, 1991, 2008a, 2013). In this context, it is important to emphasize that all psychiatric drugs blunt emotions and make them less available to the drugged individual. The drugs are neurotoxic and therefore not only suppress but also deform the feelings experienced by the medicated individual. Psychiatric medications also tend to impair the highest mental functioning such as judgment and insight, making it more difficult for anyone to benefit from therapy.

Seldom considered but extremely important—when therapists encourage patients to take drugs, they cast doubt on their own confidence that their therapy can be very helpful to their clients. Encouraging medication also makes clients doubt their own capacity to recover based on their own strengths and determination. Referring a therapy client for medication in effect says, “We cannot do this together!”

Even worse, referring a client for medication lays the blame for the therapy failure squarely on the vulnerable client. If the therapist saw therapy as a mutual, cooperative venture, then the therapist would be at least as responsible for the failure as the client. Furthermore, a referral to a better, more appropriate, or more experienced therapist would be far more just and effective than sending the client off to take neurotoxins.

It is important to remember at all times that deep emotional wounds in ourselves and in others are bound up with feeling unworthy of love. As a psychiatrist, I do not make exceptions for so-called mental illnesses with names like anxiety disorder, major depressive disorder, bipolar disorder, and schizophrenia. All psychiatric labels mislead us by ignoring and rejecting the centrality of overcoming helplessness and daring to love in the quality and success of our lives.

Psychiatry has parsed human suffering into artificial diagnoses to justify its medical authority and drugs. “You have anxiety, take this drug. You’re depressed, take that drug.” But despite the billions of dollars spent to promote fake biochemical theories of “mental illness” and to sell psychiatric drugs to suffering humans and their caretakers, the kind of personal suffering that routinely sends people to therapists, counselors, and psychiatrists is psychological, social, and spiritual in origin.

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Author Note

Peter R. Breggin, MD, has been called “The Conscience of Psychiatry” for his many decades of successful efforts to reform the mental health field. His scientific and educational work have provided the foundation for modern criticism of psychiatric drugs, electroshock, and psychosurgery. He is also a leader in promoting more caring and effective therapies. His professional website, www.breggin.com, and his YouTube video channel reach millions annually. He is in the private practice of psychiatry in Ithaca, New York. His educational background includes Harvard College, Case Western Reserve School of Medicine, and psychiatric residency programs at both the State University of New York Upstate Medical Center and Harvard Medical School. Dr. Breggin has authored nearly 70 peer-reviewed scientific articles and more than 20 medical and trade books including the bestsellers *Toxic Psychiatry* (1991), *Talking Back to Prozac* (with Ginger Breggin, 1994), *Medication Madness: The Role of Psychiatric Drugs in Cases of Violence, Suicide and Crime* (2008), *Psychiatric Drug Withdrawal: A Guide for Prescribers, Therapists, Patients and Their Families* (2013), and *Guilt, Shame and Anxiety: Understanding and Overcoming Our Negative Emotions* (2014).

Jeanne Stolzer, PhD, is a Professor of Child and Adolescent Development at the University of Nebraska at Kearney. She currently teaches infant, child, and adolescent development classes and is an active researcher. Dr. Stolzer has published numerous peer-reviewed articles and has presented her research at the national and international levels. She has won numerous research and teaching awards and has been a passionate child advocate for over 35 years. Dr. Stolzer’s research interests include attention deficit hyperactivity disorder (ADHD), the biocultural implications of attachment parenting, the multivariant effects of labeling children, and challenging the existing medical model which seeks to pathologize normal-range human behaviors.

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