Organizing Self-Experiences

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Abstract:

Psychotherapy can provide an organization of experiences so that a person attains a sense of self in relation to self and others. The first part of the paper addresses the developing self, the withdrawn self, and an introduction to the yearning self. The second part of the paper considers the domain of relatedness with a focus on the development of self via the concepts of coherence, agency, affectivity, and continuity in time.

Key Words: isolated attachment, integrative psychotherapy, domain of relatedness, coherence, agency

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"There is this secret part of me", says Linda, as she begins her session. "I do not let anyone know about this piece of me; when I am afraid I hide here." As she spoke I thought about a little girl who has no one to help her when she is afraid. She figured out a way to protect herself from the shouts and raging behavior of her stepfather and a mother who withdrew. Linda describes to me this hidden place where big rocks surround her in darkness. She cannot be seen nor can she be found. Her rocks remind me of Tustin's (1986) description of "an imaginary hard shell" which protects a little child from the hostile world (p. 57). In Linda's situation her mother was unresponsive to her child and failed to provide the protection needed for Linda to feel safe. In an earlier paper on the nature of the schizoid process, the existence of an individual in such a world was described along with the therapeutic interventions needed to establish and maintain a therapeutic relationship (O'Reilly-Knapp, 2001). Using the theory and methods of Integrative Psychotherapy as developed by Erskine (1997) and Guntrip's (1995) work on the schizoid phenomenon, a framework was identified to work with the state of self that is split off and encapsulated. Using inquiry, attunement, and involvement in working with the splits described by Guntrip,

interventions were documented which invited the self into relationship. Within the theory of Integrative Psychotherapy an emphasis is placed on the therapeutic relationship as healing. The process encourages a person in the therapeutic relationship to bring to awareness what has been denied or disavowed and to be immersed in a relationship where the client can express and learn to connect with the therapist, one's self and, ultimately with others. An empathic, client-centered inquiry, attunement to the client's rhythms, developmental levels, relational needs, cognition and affect, and involvement in acknowledging, validating and normalizing experiences provides the course of action for working with a person's splits.

Fairbairn (1952) and Guntrip (1968/1995) proposed that the ego splits into four parts. The first split is between the central ego which is in contact with the outer world and the withdrawn ego which pulls into the inner world. The withdrawal into an inner state is an attempt to move away from perceived danger. As the central ego attempts to deal with the outer world, the wants and needs of the child are obstructed by the persecutory ego. Thus the second split occurs. Guntrip (1995) describes the struggle with the second split of the ego as a part dealing with unsatisfied desires and needs while another part persecutes desires and needs. This active persecution "keeps the basic self weak" and makes 'cure' a slow and difficult process" (p. 142). He went on to describe the ultimate split of the ego into the oral ego and regressed ego. Fueled by fear and flight from the outer world and an internal conflict dealing with helplessness and aggression, this last split holds the "dread of collapse in a depersonalized state". (Hazell,1994, p. 199).

This paper expands on the previous paper on the encapsulated self by focusing on specific interventions for working with the hidden and lost self. The self-invariants of coherence, agency, affectivity, and continuity in time as identified by Stern (1985) are incorporated in this paper as:

1.) a way to further understand the formation of a core self and

2.) a therapeutic direction to facilitate the organization and emergence of self.

Consideration is given to the person's use of withdrawal and at the same time, the longing to be a part of life. *I propose that in the therapeutic relationship, the therapist must address the discord of persecution that is occurring and the struggle between the withdrawn self and the 'yearning self', aching to push out toward life and the world.* Since the emerging self has withdrawn into an inner world, the core of self appears to be missing. There is no sense of continuity, inner feelings are denied or disavowed, needs are out of conscious awareness, and a sense of power over one's actions is absent. Treatment of this self-state involves a connection with the therapist and use of rhythmic attunement to mutually create the holding space for emergence. The therapist provides the relationship where a safe environment allows for the self to be in contact and grow. The involvement of the therapist in the use of one's own self is fundamental in the therapeutic process and will be demonstrated in a case study. The methods of Integrative Psychotherapy are the foundation of the therapeutic

interventions; Stern's (1985) four crucial invariants used in the early development and emergence of the self are employed in this paper as a way to assist in the organization of a person's self.

The Developing Self

Human beings have an innate propensity to seek out learning opportunities (Stern, 1985) through social relatedness. In the 'coming-into-being' state, emerging organization operates out of awareness as an experiential pattern from which cognitive and affective functioning eventually arise. This time of "awakening", as identified by Mahler, Pine, and Bergman (1975), is a time of emergent relatedness where the sense of being is designed to eventually engage in human interactions. In the next stage, a sense of self with other, there are many ways that the sense of a core self is experienced. From self/other fusion to being-with experiences which result in integration of a "distinct self with a distinct other", the self emerges as a separate, organized, physical unit, with a sense of coherence (consistency), agency, affectivity, and continuity in time (Stern, 1983, p.11). When fusion is disrupted, when a self-regulating caretaker is absent, where regulation of security is lacking, a sense of a core self and the domain of core relatedness is threatened. The quality of relatedness plays a key role in developmental vulnerability. As a matter of fact, the quality of relatedness is critical throughout the life span. Stern (1985) states: "all senses of the self, once formed, remain active, growing, subjective processes throughout life, [and] any one of them is vulnerable to deformations occurring at any life point" (p. 260).

The formative phase for the sense of an emergent self and the subsequent phases of a sense of core self, a sense of a subjective self, and a sense of a verbal self become the foundation for the subjective experience of social development. The 'I' becomes through the interactions with a 'You'. Through the relationship, the self needs an other to support integration of life experiences and to sustain self identity. "Self-organization emerges out of self-other interactions." (Siegel, 1999, p. 8). When cumulative interactive patterns reinforce an infant's withdrawal, the loss of contact with others reinforces an autistic-like state where isolation becomes the norm. However, there remains dormant and out of awareness the desire to be engaged. This fundamental, essential self-part has never been reached or was threatened and remains split off, feeling lonely and empty. As a result, there is no integration nor whole of the self and without this sense of self, connection with others becomes difficult if not impossible. A social facade masks the pain and loneliness of an isolated existence.

Linda's Early Years

The Thomas family had two boys when twin girls were born. The father worked as a bus driver and the mother was a stay-at-home mom. The mother's mother was present for the first year and did a lot to help her daughter. When she died the mother reported that she became depressed. When her husband suddenly died three years later the mother collapsed into a major depression. Linda remembers her mother sitting at the kitchen table and eating bags of candy. She remembers the candy because she was never allowed to have a piece. When she entered a group where I was co-therapist she came to deal with her sadness and her alcohol problem.

There were very few memories of Linda's early childhood. She was close to an older brother who left the family to go into the seminary. Linda was four at the time. Her brother's departure took place only six months before her father died. Linda was very close to her father. He would take her and her twin sister on the bus with him and was extremely proud of his daughters. He would put them to bed and played with them when he was home. When her father died Linda soon realized she had no one to rely on since her mother was severely depressed and was both physically and emotionally absent for her children. Linda numbed herself to protect against her loneliness and fear. Alcohol numbed her later in life when she began to struggle with the surfacing memories of her childhood.

School was a place that Linda liked because she enjoyed learning. The taunts of the children at school were minimized by Linda's numbness. After her father died her mother remarried and the family moved to another house. Although the children did not tease her at her new home, she was alone. After another move to another state Linda said she felt like she had a new beginning; she "forgot all the things that happened before". She was starting high school, and even though her mother remained distant and her step-father angry and controlling, she became more involved with classmates and joined the gymnast club at school. She won prizes for her athletic ability. After graduation she worked in the insurance business. She learned on the job and now has a very good position in her company. Her second marriage and the birth of two children helped her to connect to her family in ways that she never experienced in childhood and early adulthood. These connections as a mother and wife also began to stir up feelings of pain which Linda could not understand. As a member of AA she no longer used alcohol; her sponsor recommended she go to therapy. In the remaining parts of the paper you will hear about the pieces that Linda filled in as she retrieved the memories and feelings of her narrative.

The Withdrawn Self

When Linda was age four she spent as much time as she could out doors. She describes with delight her running around the streets until it was dark and all

the other children went inside. Asked to describe what happened when she went home she could only remember that she came into the house. Later in her therapy she remembered no one ever greeting her or asking her what was going on. With her twin she describes her “as there, but we never talked or played together”. When asked what she was feeling as she talked about her family she replied “I don’t have any feelings” or would say “I am numb”. Over the course of therapy she began to piece together the memories of her early childhood. In one session Linda mentioned the song by Simon “I am a Rock”. Parts of this song are: “I’ve built walls… a fortress…that none can penetrate … I am shielded in my armour, hiding in my room … I touch no one and no one touches me.” I brought the song to the next session and played it. After a few minutes of quiet (I remained silent waiting for her response), she said softly “that’s me”. We then spent the rest of the session, and following sessions with Linda describing her stronghold and the numbness she had created to keep her from feeling and knowing. When her father died of a massive heart attack she reported that she “gave up”. He had been a very loving man and his energy most likely held the family together. When he died everything seemed to stop in the home. Linda had to get breakfast for herself and her sister, pull clothes to wear out of a pile of dirty laundry, and go to bed with sheets that were rarely changed. She was able to sense some sadness as we talked. Expressing her sad feelings and my acknowledging the depth of her feelings facilitated her coming out of hiding and talking about what had happened to her in her early childhood. I would tell her that “my heart is aching for your little girl”. In the beginning she would look at me and could not take hold of my caring about and for that small child. This experience was foreign to her and she was confused by the idea that she could be cared about. Little by little she allowed herself to grasp the meaning of my message and allow herself to sense herself in relationship with me. In later sessions she began to feel and remember more the part of her she had sequestered as a child. When she was dealing with her cognitions, I would follow with asking her about her feelings, and when she was feeling I would guide her in connecting the feelings to experiences in order for her to integrate her narrative. The bringing together of the cognitive components of memory also invited the retrieval of affect and body sensations. Linda had used alcohol to facilitate the numbness she felt when she was not in her fortress. As she worked in therapy she twice went back to alcohol as an attempt to deal with feelings. Both times she came in and told me she had been drinking and we then looked at her past patterns to cope and what she needed to do today. Her strong urges to drink continued to surface as Linda recognized the reasons for her numbness and her drinking. She had started to drink when she was twelve and continued for six years until she joined AA. When she began to drink again she shared in the meeting that she had used alcohol after twenty years of sobriety. The group was very supportive.

In the withdrawal formed in the schizoid state, the person lives an isolated and insulated existence with the outer world cut off and the inner world compartmentalized. This invisible fortress, as described by Bettleheim (1976),

severely restricts the person's contact with others. This state can also have a component of an autistic barrier. Tustin's (1986) basic thesis is: the autistic state is a reaction to a traumatic awareness of separateness from the 'sensation-giving mother' (p. 27). She concludes that an awareness of separateness occurred in what Stern called the emergent self and was at a time when there was not yet formed a secure sense of 'going-on-being'. As a result feelings of terror occurred in a state which was "preverbal, pre-image and preconceptual" (p. 23). Autistic encapsulation protects the hidden part from fear of threats and death when there is no safeguard experienced. These autistic barriers bring about difficulties in cognitive and affective functioning. "Encapsulating reactions mean that in an isolated area of the personality, attention has been deflected away from the objective world which presents such threats, in favor of a subjective, sensation-dominated world which is under direct control." (Tustin, p. 25).

As Linda's protective shell softened and she allowed me to be with her, she began to have panic attacks. With my presence she felt the terror of her loneliness. At the same time she was dealing with the intensity of her fear I encouraged her to both describe and appreciate the inner space she had built to protect her. I invited her to go into her hiding place and then come out as she willed. This began to give her the power she needed to own the control she had. At home she reported feeling closer to her husband and children and was able to look at the impact her withdrawal behaviors were having on her family. Her desire to drink slowly decreased and eventually ceased.

The Yearning Self

A basic thesis of this paper is: *an encapsulated, withdrawn state is a reaction to traumatic or cumulative events where human connection is missing when needed in the emergence of self and development of the core self. As significant as a protected, encapsulated self there is a yearning for human connectedness which remains an active part of the hidden self.* This energy force or push-pull toward life needs to be addressed as well as the methods for connecting with the withdrawn, fearful self. The push appears to be an innate sense to move forward. Security is essential for an individual to feel safe and come out into the world to explore. In a secure attachment the child can go away from the primary care-giver, knowing that he or she can return if needed for reinforcements (Bowlby, 1988). Internalization of a caring, nurturing relationship allows for self-soothing and self-protecting with a sense of organization and agency. If not present, as is the case of a person with an isolated attachment (O'Reilly-Knapp, 2001), retreat occurs and opportunity for growth is restricted. The risks necessary for growth are not taken because of fear enveloped in hopelessness and helplessness.

In her creative way, Linda found a way to survive for twelve years in her stepfather's house. School was somewhat of a refuge for her. She liked learning and active in sports the last four years of school. When she was at home she

went to her room or was outside as much as possible. She told herself that as soon as she was eighteen she would leave home. This message that she would get out kept her hope alive. Two days after her eighteenth birthday she left her parents home and found a place with a group of friends.

The pull or push to move forward seems to be a part of hope that things will be different "out there" in the world. When in her sessions, I often held the hope for Linda as she became aware and expressed her feelings, as she owned her body sensations, as she retrieved the forgotten and painful memories, and as her yearnings were re-awakened. At times I imagined a scale (like the scale of justice) in front of me where her past, painful memories weighed her down, while on the other side of the scale, not to be forgotten, were Linda's hopes, wishes, and sense of power. My focusing her on both sides allowed her to slowly form a regulating self. Consistency, dependability, and reliability on my part were important variables in engaging Linda in the therapeutic process and helping her stay engaged in therapy. She was able to move through the terror of falling apart and the internal dialogue of wanting to die through my supportive and calm presence both in and outside the sessions. There were times when she would call me, usually in the evenings, and we would talk for 5 minutes or less. She needed reassurance that I was there and would be there for her. She was not alone. I held the Self-in-Relationship model (Erskine, 1997, p. 81) in my mind. This helped me to think about the areas of integration required. Linda needed to know (cognitive), feel (affective), and sense (physiological) she was not alone.

The Domain of Relatedness: Engaging in Human Interaction

In the psychotherapeutic process, working with a person who has withdrawn and is isolated and hidden, the social self needs to be validated. With a foundation built on reliance and dependability, the focus is then placed on the vulnerable part which provides access to subsequent work with the hidden self. Entrance into relationship requires some amount of trust and a shared belief that each one, client and therapist, are important in the process. The invariants of self-coherence, continuity, self-affectivity, and agency as identified in Stern's (1985) development of the core self are employed in this paper in working with the self that is isolated and hidden. How I use these concepts in working with Linda to move from her protected space and begin to experience a safe environment is addressed in the next part of this paper. Coherence is discussed in rhythmic attunement (Moursund & Erskine , 2004); the concept of continuity follows in the part that speaks to reclaiming the past in order to form the autobiographical narrative; affect modulation is addressed in the section on modulation of affect; and agency is included in the section on interpersonal process as empowering.

Rhythmic Attunement in Developing Coherence

Attunement involves an awareness of another's "sensations, needs, or feelings, and the communication of that sensitivity to the other person" (Erskine & Trautmann, 1997, p. 24). Attunement to the rhythms and relational needs of the client can help fill the gaps of early relationships and provide boundaries and organization. Respect for a person's rhythmic struggle is paramount in connecting with the hidden, encapsulated self. To begin to feel safe in order to give up the empty, disembodied state Tustin (1986) explains that "these patients have to be enfolded with firm, confident, understanding care" (p. 301). A rhythmic attunement which involves empathy and the communication of sensitivity to the person (Erskine & Trautmann, 1997) provides a framework through the therapeutic relationship for healing the wounds of separation and isolation and for building a coherent identity.

In his seminal work on attachment, Bowly (1969; 1988) identified attachment behavior that engages an other in order to maintain a desired proximity. There is an innate propensity to be in contact with a specific caring figure when frightened, tired, or ill. With a secure base formed, the child then can then go out into the world. Secure attachment histories "reflect the capacity of the individual to integrate a coherent sense of self" (Siegel, 1999, p. 9). Without the needed attachment that facilitates a sense of safety, there are repeated retreats into the inner world in an attempt to stabilize one's self. Isolation reinforces the danger outside and the need to take control. There is no one but one's self to depend on and deal with life situations. Unfortunately, there is little if any response from others and information remains restricted. Relationship with others as well is constrained as a person withdraws into an encapsulated state. At the core of therapy and ultimate healing for such an individual is the therapist's relationship with the client's hidden self. Rhythmic attunement involves a heightened sensitivity to the struggles a person goes through in maintaining a hidden self. Being responsive to "the client's affect, rhythm, developmental level of functioning, and relational needs" forms the attunement needed in a contact-oriented, relationship-focused method" (Erskine, 1997, p. 15).

As the self experiences an affirmative environment in the therapeutic relationship and a significant other in the bond formed with the therapist, organization of a once-hidden self can now begin to form an identity. The ability to integrate is effected by the experiences found in the therapeutic relationship. Rhythmic attunement, as communion with the client and therapist (Erskine & Trautmann, 1996), forms the therapeutic space for co-creation and growth for both the client and therapist. In this process, connecting with the hidden self in the relationship invites an emergence of an energy-source that promotes personal growth. In working with the earliest form of communication, empathic communion (Tustin, 1986), I became aware of the presence of an energy that seemed counter to the power exerted by the hidden self to stay in a withdrawn state. This energy appeared after the withdrawn self started to connect and come out tentatively into the world. I now recognize this energy as an important part of

the self that was sequestered. I believe this energy is at the earliest developmental level, at the self/other fusion. For the therapeutic interventions, a quiet, supportive holding environment is needed to reinforce the fusion necessary to move into a state of separation and the sense of a core self. In this emerging state, no words, no sight is needed. It is as if there is no sense of separateness, only a beginning sense of being somewhere, not knowing where, and everything is good. The self-other fusion state is the earliest contact of the client with the therapist. Often while sitting with Linda I sensed a strong connection to her in my body. I would also have a picture of her as a child which kept my contact with her intact.

The use of attunement facilitates contact with long-forgotten parts of the self and may repair failures of previous relationships. With Linda, there were long silences. Some of the times she was in her hidden retreat. At other times she described being with me “where everything is good”. When in both these places I imaged Linda as a little girl and I was with her. I often experienced a smile on my face which was a reflection of the love I experienced as I sat with her. My imaging of her helped me to stay engaged in the process and to stay in contact with her.

Reclaiming the Past for Continuity

By organizing the self “across past, present, and future, the integrating mind creates a sense of coherence and continuity.” (Siegel, 2012, p.9). For Linda, consistency and continuity had been absent. She had few memories of her first thirteen years. After she started to drink she had difficulty remembering her years in high school. She did remember doing well in her studies from first grade to high school graduation. The pieces began to come together so that she could have an understanding of her lost years and the memories that went with those years.

In both individual and group sessions, Linda has worked through a great deal of the neglect in her family of origin. I listened to her memories of going with her father to his work. The more she talked about her father the more memories she retrieved of him. When her father died suddenly her mother abandoned her role as care-taker. The children were left to take care of themselves. Linda spent a lot of time playing on the streets of her neighborhood. She describes eating dinner quickly so that she could go back out and play. Often in her work, especially when she would start to remember or a feeling would start to surface, she used the old way of coping by switching to another topic. My internal experience was often of her running. When I realized this I was able to tune into Linda’s creative way to manage a family situation where her relational needs were not responded to and she was terrorized. We talked about her ‘running’ - running from her past, from herself, and from me.

Many times Linda was left with little internal resources and certainly very few external supports. Sometimes she was invited to her friend’s home for

dinner. They were very nice to her and the food was very good. This was both a good and unfortunate experience in that the contrast to what she needed and did not get in her own home was evident when she went to her friend's house. When she went to school she tells about how she lied a lot. When the teacher asked her where her hat or gloves were, she told her she forgot them. She was afraid she might get her mother in trouble so she said she left her hat at home. She did not have any gloves or hat to wear. Her hands were always cold in the winter. The other children teased her because her clothes were wrinkled or dirty. She had to wear dirty clothes a lot of times, since her mother rarely did the wash.

When I first met Linda she did not want to be touched. She reported that she could not stand the feeling she had deep inside herself. The only way she could explain it was to say that it felt dangerous. In her early work in therapy she dealt with her stepfather and her first husband, both emotionally abusive. Linda at six years of age was told her mother was going to get married. She was happy because she had hope that they would have a happy life again. She realized soon after the wedding that her wishes to have a better life would not take place. Her stepfather was very controlling. Some examples of his power were that they could only eat a certain portion of food as defined by him, were not allowed to go into the refrigerator at any time, and could only take a three minute shower once a week. Linda kept the promise she had made to herself to leave home, never to return. She had started to use alcohol and marijuana in high school and when she finished school her drinking increased. Her first marriage was to an alcoholic who was controlling and angry most of the time. After two years she left him. In this phase of her therapy she addressed her anger. There was a great deal of scare connected with her anger and she needed support to be angry and express it.

Part of Linda's work in therapy was to grieve the loss of a father who left her way too soon and a mother who was not there for her. In this phase she asked to be seen for individual sessions. She continued in group, and saw me weekly in individual sessions. In addressing her father's death, she was able to identify her role as the caretaker for her mother. She began to recognize her efforts to protect her and watch over her younger sister. As she realized that she had spent her entire life taking care of her mother, this helped her become conscious of the deprivation in her childhood. She was doing for her mother what her mother needed to do for her daughter and her other children. Up until this time in her therapy, it was difficult for Linda to show or feel any kind of sadness. I sometimes would say to her that I was feeling sad for that little girl with no hat or mittens, for the occasions when she was teased and called names, and the times she went to bed hungry. As she moved through the pain of one heartache after another, she touched her hopelessness and despair. At this time in the work there were disruptions of cognitive and affective functioning. She became severely depressed and had difficulty concentrating at work. She was able to take care of her two children and did have some support from her husband. She was remembering what she could dare not let herself know or feel with the death of her father, the absence of her mother both physically and emotionally, and the

pressures of a controlling and rageful stepfather. I became the presence for what was missing by being there to listen to her, acknowledge and validate her experiences. I supported her tears and listened intensely to her rages. I held the hope as she dealt with intense feelings.

Affectivity: Dealing with Modulation of Intense Affect

It takes the relationship with a caretaker to regulate affects experienced by the infant. Throughout life it takes a caring other to help modulate intense affect. Siegel (2012) states: "Interpersonal experience plays a special organizing role in determining the development of brain structure early in life and the ongoing emergence of brain function throughout the lifespan" (p. 33). A person who has been living an isolated existence with little or no connection to another human being has learned to repress feelings and compartmentalize them in order to survive. In therapy the sequestered affects will emerge and often erupt in sessions. Dealing with the intense affect necessitates a therapist who can bear the intensity of the feelings and help the client adjust to the feelings. I helped Linda to understand her feelings and give meaning to affect experiences and I remained calm in the presence of her strong emotions, providing her with a model for self-regulation. Linda's despair, panic, and rage had an impact on me. She was 'felt' by me. These experiences helped me to realize and appreciate the pain that she was experiencing and help her deal with the memories. Rather than be distressed by the feelings, as Linda was, I was able to hold the feelings in order for us both to talk about and give meaning to them. This was a part of the healing that needed to take place.

Early in her individual sessions, Linda brought a "magic wand" to me. She wanted me to wave the wand and make "all the bad feelings" go away so she could feel better. Her feelings of despair and rage emerged into her consciousness. She went back to the times at night where she went to bed and was so frightened. She wet her bed almost every night. She was able to see the same sheets still on her bed the following night. She did not say anything to her mother and apparently her mother did not make any attempt to change the sheets or talk with her daughter. Realizing that her mother did nothing to help her Linda became outraged. She was able to identify the feelings and then connect the reasons for her feelings. In the beginning she did not know that she was even feeling. She began to connect her feelings of loneliness and panic as she talked about and understood her fear, her anger, the feelings of emptiness, and her wishes to give up.

Resonating with Linda's affect and sensing her pain, I told her I wish I could take all the pain away instantly, that indeed I wish I did have a magic wand to wave over her. I added that I did know that the pain would diminish as she continued the work. I also reassured her that I was there with her and that we could work this out together. At about this time she began to reach out to give me a hug. When she hugged me she barely touched me and her body reactions

were rigid and very brief. I inquired about her stiffness and eventually she was aware of how frightened and sad she was. She later connected her brief hugs as a way not to get close to any one. When her father died she told herself she would not get close “ever again” because she was fearful that person would die or go away just like her father did. Eventually, my giving her a hug was accepted and her body stiffness began to soften. When we talked about this she said she realized that I would not hurt her and it felt good. However, she continued to fear that something would happen to me and I would go away. We talked often about this in the sessions. I reassured her by saying that I had no intentions of going away and I hoped that I would have a long life.

The Interpersonal Process as Empowering

Linda had created a special place to protect herself. I was sensitive to the space she had created to give herself a sense of safety. I was also aware that the therapeutic space that both Linda and I had created together gave her a place where the process provided safety and stability that could enable her to remember more of her early experiences. As she described her hiding place I listened intensely. This means that my focus was deeply centered on Linda’s words, her posture, her facial expressions, her breathing, her body movements. As Erskine (1997) states: [one] listens with a “third ear and watches with a “third eye” (p. 27). There are no expectations, no thought-out ideas. There is this moment to focus on Linda’s process. At the same time, I am aware of what I need to do and say to respond to Linda’s words and behaviors. This has been noted as “the therapist’s capacity to anticipate and observe the effects of his or her behavior on the client” (Erskine, 1997, p. 24). Attuning to her relational needs meant Linda experienced my sensitivity and could hear my words as responding to her relational needs. While Linda talked about her space I listened. I had asked her to close her eyes and go to her space to describe it to me. I allowed for silence and I was aware that she needed some reinforcement from me, so I would tell her “I am here, I am listening”. Linda, with my guidance, led the therapeutic process. This enabled her to feel her power while at the same time having a witness. Witnessing and acknowledging her were essential for her development and growth.

In her present work, Linda is working on how she has numbed her body. She is discovering how her truths are no longer dismissed or experienced as crazy. She is creating her narrative and in doing so she is realizing how much power she has today. Her growing sense of self and her contact with others has given her a center of agency. Stern (1985) writes that a core self is critical for agency because “without a sense of self and other …. agency would have no place of residence” (p.82). With a sense of self, through a developing auto-biographical narrative, modulating of affect within the therapeutic relationship, Linda has been able to come out of her place of hiding. She is learning with her

words and behavior to take action with new meanings given to her thoughts and feelings. She now has a space outside herself to explore.

Conclusion

In closing, the therapeutic relationship can provide the relationship for a person to attain a sense of identity. Critical in the emergence of the self is the therapist who maintains a position of inquiry, involvement, and attunement. The theories of Integrative Psychotherapy as developed by Erskine provide the framework in working with the withdrawn, secluded self through a "contact-oriented, relationship based psychotherapy in honoring the integrity of the client" (Erskine, 1997, p. 2). From its inception Integrative Psychotherapy has been a relationship therapy. A major goal of its theory and methods is to create full contact in the present (Erskine, 1989). Kept as a constant, coherence, continuity, affectivity, and agency guided the work to be accomplished in Linda's therapy. Throughout the work my focus was on the relationship and her contact with me and with herself as well as my contact with her. This process I saw as a "stepping stone", described by Erskine (1989) toward "healthier relationships with other people and a satisfying sense of self" (p. 77).

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