Response to the Richard Erskine's article Relational Healing of Early Affect-Confusion - Part 3 of a Case Study Trilogy

Maša Žvelc, James Allen, Ray Little, & Grover E. Criswell

Abstract:
This article provides four responses from senior psychotherapists and supervisors to Erskine's article Relational Healing of Early Affect-Confusion. The authors approach the third part of case study trilogy from their particular perspective and provide both challenge and respect for the author's work.

Key Words: borderline personality disorder, integrative psychotherapy, case study, supervision

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Response from Maša Žvelc

In the third part of the article Erskine describes the last two years of psychotherapy with Theresa. We can see how Theresa's work connected to her mother is proceeding. She is discovering and processing the developmental younger and younger and more vulnerable Child ego states. She found vulnerable, hidden parts of herself and with them inner sense of appreciation of her relational needs and worthiness. Through working with these states the process of integration was continuing.

I am giving some concrete examples which I especially like. These are parts when the therapist was:

- Explaining what he does when Theresa would lead a session into complaint: *"… I would return to that neglected and emotionally abused little girl by inquiring about Theresa's physiological and affective reactions in living with an angry and confrontational mother. My frequent focus on the lonely or hurt or frightened child stimulated many new memories of her mother's disdain. «*

- Helping her to differentiate the past from the present: *»We talked at length about the difference in acting helpless in life today (her crying spells and demands on her boyfriend) and actually needing to depend on her parents when she was a child. «*

- Helping her to recognize the introjects of her mother: *»As I asked her to tell me more about what she associated with the word "confrontational", she had a sudden realization that this was how her mother reacted in most situations. "I am being just like my mother" she shrieked; "I hate her for how she is so aggressive and makes even the slightest difference into a fight". She went on to say, "I have lived with her anger all my life and now I'm shocked to think that I am being just like her".*

- Using the therapeutic interpositions: *"I would have told your mother to stop yelling at you and to sit down and listen to your feelings"; "I want to tell your mother that 'your little girl needs your care and compassion NOT YOUR CRITICISM!'"; "You need to go to therapy, Mother, and not take out your anger on your daughter."*

- Inquiring about physiological sensations and helping her to make sense of them*: "She remembered being frightened by the harsh looks on her mother's face, squirming as her body sensed her mother's rough touch, disgusted with how she was forced to eat, and the muscle contractions in her body in reaction to her mother's rhythm.«*

- Helping her to get in contact with very young, deep and vulnerable parts*: »…Theresa wept and pleaded: "Momma, please love me"; "Momma, don't leave me… I'll be good"; and, "Please, please, please, Momma". Sometimes she would curl up on the couch and just moan the word "Momma".*

And again I appreciate the therapist appreciation, respect and care which come also from deep therapist's sense of client vulnerability.

What I have missed was the uncovering the transference-countertransference matrix, which could lead us to some unknown places, which hasn't been recognized or talked in the paper. Transference-countertransference phenomena leads to the enactment of the hidden, uncovered childhood drama into the psychotherapy. This enactment is a repetition through which we can discover unconsciousness, unspoken client story.

In the paper the presentation of the transference-countertransference matrix and the enactment is not discussed. It is true, in the first part we can see some reflection of aggressive contents, but they are not deeply analyzed. Theresa experienced in her adult life many love - hate relationships *(".. relationships with five male lovers with whom she has fallen "madly in love" until the men become "aggressive".. affairs ended in a "big fight".. …"she "fights" with him, he threatens to leave her, then she takes him to bed to "seduce him into staying"..*) What was Theresa repeating from the past in those relationships? And was she transferring this love-hate relationship also to the therapist?
Would the recognition of the transference – countertransference matrix lead us to understand also some other features of her relationship with men, with her father or with other important not mentioned male figure from the childhood?

Intra-psychically speaking - I miss deeper understanding of her relationship with father and of the triangulation of Theresa, mother and father. The therapy of Theresa was mostly the therapy of her relational schemas (Žvelc, 2010) or life script created in the relationship with the mother. Work with father was described mostly in the first part of the article and I missed it later. As I can see from the article, the therapist understood the role of her father more or less as an absent figure; (physically or psychologically) and the figure who didn't protect Theresa from mother's attacks. Here I think that some things are missing and that we don't have whole picture in the mind.

Theresa was probably, with ignorant and highly aggressive mother, looking for the rescuer in her father (and/or perhaps from other men). I suspect the relationship with the father (and/or perhaps from another man) was in her preschool years strong, affective and probably seductive.
I am going to describe the reasons why I think in this way:

- From the way the mother was treating Theresa (hate and ignorance) she could decide to pull herself out of the world and direct her energy into her inner life (like the schizoid people for instance do). But she didn't. She created other defensive/protective strategy. She created a fantasy and hope that what she had missed in the relationship with mother that father would give her. We can see her craving for father care and protection as well she is craving for men care and protection nowadays (having lots of partners, starting with extreme hope and idealization). If she didn't have any possibilities of being rescued from her mother and fulfilling the gap from the men, she, I suppose, wouldn't have above mentioned fantasies and behavior. Let's remember her early memory sitting on father lap and laughing… And the jealous or better say envy (because envy include murderess hatred) of mother accusing her daughter to be seductive to her

father!

- Theresa developed also another strategy to get the attention and/or avoid the ignorance or attack: to be charming, coquettish and seducing. That was her way she approached men and she approached the therapist, too (see the first part). She wouldn't develop this way of behaving if it weren't in some time in her history effective. And in the other hand - she is seeing the therapist gentle and caring behavior as seductive or even disgusting (see my comment on the second part). That doesn't happen by a chance- what had happen to her in the past that she associates gentleness and care with a seduction and disgust? These are the features connected to sexual development which leads us to another Theresa hidden part, which was not mentioned in the paper.

- Theresa is expecting father's protection also when she is 13. If father was so absent like it looked she would probably not call his father in his teenage years for protection. What more was happening among Theresa and father?

So from my point of view one of the unlocked mystery stays the relationship with the father (and/or some important man) and her sexual development.
Sexual development of course does not depend just on the relationship with father but also with the mother and on the triangle of mother, father and a child.
The consequences of the relationship with mother on Theresa sexual development and identity could be explored, too. We know that mother was jealous and envy of her daughter; accusing Theresa of being seductive. We can ask ourselves: was that the main vehicle of mother's hate? That her husband liked and gave more attention to her daughter than to her? Was mother from the father - daughter relationship reminded of something she couldn't stand? (I agree with Erskine that it's a pity that it was not time for the psychotherapy of the Parent). So, mother wanted to destroy the bond between father and daughter. I think one of the most difficult things for the child is when (because of the traumatic experiences in the relationships) love of the child is interrupted; when the child cannot love as she is so much wired to. We know from the object relation theorist (as Fairbairn) that the child splits off the bad object that she can continue to love the parent. On one hand this is true, but on the other, this kind of love is not the same any more… It carries a big wound inside.

Mother didn't permit her daughter (Theresa) to love herself and father; she didn't bless her right to feel worth inside of herself, within her bodymind. For example- her attention how the daughter is clean or dirty have much deeper meaning. She was giving her daughter messages that she was dirty also on a personal and sexual level. So again - here I ask myself- how did these things affected

Theresa's feeling being in her body, being a women and her sexuality.
I am also wandering what was the ending of the therapy like? How did she say goodbye to therapist? In what extent could she feel and tolerate the incoming separateness?

I see the article as a very good reading paper for therapists and students how to work with emotionally confused clients. The relational methods of integrative psychotherapy: inquiry, attunement and involvement and other techniques (as therapeutic interposition) are described clearly. One can be taught from them. From the article it can be seen the Erskine's way of work; we can see and learn from the therapist, who can deeply sense and appreciate the clients' most vulnerable parts. We can learn from Richard how to approach these kinds of clients - without confrontation, but with gentle, respectful attunement and sincere involvement with respect of clients' boundaries.

Response from James Allen

After the careful working out of how past events continue to color Theresa's current experiences and conclusions, as was described in the previous section, I think I would have put more emphasis on Theresa's taking more responsibility for providing herself with the internal dialogues and external relationships that would better support her relational needs. That is, I would have assumed she had great resilience and ability than Erskine does. This reflects my own emphasis on validating health, growth, and development. Theresa had apparently managed reasonably well during the summer. However, I was not in the therapy room with her, and certainly her subsequent behavior in therapy gives evidence of significant remaining pathology.

It is noteworthy that Erskine decided that, despite her years of therapy, the therapeutic relationship with Theresa's Child was not well enough established to decommission the "introjected other;" so he uses therapeutic interpositions. As Theresa herself notes, these were the protections she needed as a child. At this stage, Theresa is able, at least to some degree, to mentalize.

A question in all therapy, and especially for therapies of length, is how long the patient needs the therapeutic relationship for internal support and when it would actually be more growth enhancing to leave therapy. After all, therapy should be a prelude to living, not a substitute for it. Here the therapist's attunement is important. In reality, the question of how long therapy should last is often answered, as here, by what appear to be external fortuitous events.

Anna Freud (1967) used to speak of therapy as removing roadblocks so that the normal processes of growth and development could take over. Perhaps, this is one of the positive results of Erskine's long summer breaks which many

therapists might question.

It is important to note how useful Erskine's initial treatment plan, so clearly delineated in Part 1, has been for Theresa's treatment. Like Ariadne's thread, it has provided a clear direction throughout the ups and downs of her five-year journey, even though they were probably often engaged in non-lineal dynamical systems.

From a similar but slightly different perspective, I think we can also conceptualize this treatment in two terms: (1) giving Theresa permissions, helping her find them from others and to give them to herself, and (2) providing protection from unwarranted conclusions, as Erskine did with his bifurcated questions, and cognitive restructuring, and, more obviously and directly, from the influence of the introjected mother as he did with interpositions. Ultimately, Theresa seems to have become able to do both for herself, because she has learned how to think psychologically (mentalize), and no longer is at the mercy of ill-defined emotional states.

Whatever Theresa's future, it has been a pleasure to follow her journey so far and to appreciate Erskine's sensitivity and his beautiful exemplification of the utility of his relational framework.

This framework has the advantage of seeming more flexible and easier to use than those frameworks currently manualized and described as "evidence-based" (Paris, 2008). I invite readers to compare this approach with Linehan's cognitive behavior therapy (1993), Kernberg's transference-focused therapy (Clarkin, et al., 2006; Levy, et al., 2010), and Fonagy's (Bateman, et al., 2004) mentalization approach. What do these approaches all have in common in practice? What seem the most important therapeutic mechanisms?

Ultimately, the question is: what might be expected to work best for whom, for what kind of "borderline," under what circumstances, in relationship with or delivered by whom?

Response from Ray Little

When Erskine describes the 'developmental image' he has of Theresa, I would also be wondering about the 'other' that goes to make up the relational schema (Žvelc, 2010; Little, 2011). The introjected (m)other that she is beginning to contain in response to disruption seems to be rageful, this (m)other was not interested in her. Erskine describes imposing himself between Theresa and the internalised/introjected (m)other. This may serve a protective function, and a needed part of the therapy, but we also need to be aware of the risk of idealisation of the therapist who becomes the longed for good father. Repeated

throughout Erskine's description of her relationship with her mother we see the client's impasse between the need for intimate connection and the fear of rejection and repulsion.

When Erskine describes Theresa as saying she would do anything to get her mother to talk kindly to her, I would wonder how she tries to get me to talk kindly to her, and how does she experience me as harsh or unkind.

With the long summer recesses, I would be expecting some reaction to me, since I am not available. This is particularly the case as she has been seeing her therapist twice per week for several years and Erskine describes how she has been regressed. I would be curious about how she manages the breaks in the work.
On the therapist's return after the summer break Theresa wants to see him urgently. I wonder about the significance for her of not waiting until her session. In addition, I also wonder about her making the choice of planning, in his absence, to get married. There will be a multiplicity of motivations in this process and I think it would be useful to examine them.

Overall Erskine offers us a good example of being alongside the client as a method of working therapeutically. What I have highlighted is an alternative method that would entail working opposite the client, supporting the development of a transference-countertransference relationship to work through. This involves drawing the affect and fantasies towards the therapist. This approach is partly an attempt to avoid the possible splitting that may occur, in this case, between the therapist as the good object and the father as the bad object.

If Theresa had worked with me the process would look quite different, I would be working in the transference-countertransference. As I have stated elsewhere (Little, 2005, 2006), my view of working relationally involves the therapist offering himself or herself to be impacted and stirred by the client. It also includes addressing relational conflict as it occurs in the here and now of the therapeutic dyad. This will entail re-finding the old object and working through the process, thus transforming the experience so that the new evolves out of the old. It may also involve the provision of a corrective experience, making meaning and understanding out of the process, and withstanding hate and rageful attacks without resorting to retaliation. The therapist will be working within the transference-countertransference matrix in the here and now, foregoing there and then (genetic) and out there (extra-transference) interpretations. This consists of accepting the client's projections so that the therapist and client may experience them, become conscious of them, and make meaning out of them, in the process creating a space in which the intrapsychic can become interpersonal. Thus the client can become aware of the repeated elements and understand the needed relationship. As the therapist connects with the vulnerable self within the client and offers the therapeutically required relationship (Little, 2011), this will

probably stir the client's closed psychic system, which will then react against the therapeutic process in an attempt to re-establish the closed structured script system.

In discussing this case I have been struck again by the power of the therapeutic relationship, which by definition is a co-creation between client and therapist. By this I mean that one can never stand in another therapist's shoes. I would further add that to some extent the theory and methods adopted by any particular therapist are autobiographical. Again, thank you for the opportunity to respond to Richard Erskine's case presentation.

Response from Grover E. Criswell

Here at the end as we reflect over the five years of treatment presented in this case study, there are some summary comments I want to share. Even though we have discussed some of the core concepts in this approach to psychotherapy, some of them bear repeating.

What we have here is a solid presentation of psychodynamic psychotherapy. Although there are a number of variations in this understanding of therapy, there are some common beliefs that set the frame for the work. Those have been demonstrated here in significant depth. Psychodynamic theory posits some definition of the unconscious process where, mostly outside of the awareness of the client, conflictual disturbances interfere with their functional ability and distort their sense of self. The therapist in this case begins with the presenting issues of the client's emotional turbulence and her relationship difficulty. He works with her to bring into awareness the various life experiences that have had a traumatic affect, especially the aloof distancing of her father and the intolerant criticalness of her mother. The result of this inadequate parenting was early childhood affect confusion that gave her an unstable base for her personality development. In addressing these attachment disturbances, the therapist explores with her the feelings connected to those experiences and how they framed pivotal decisions about herself and others. The dynamic connections between her present and her past shape the focus of the therapy.

The question can be asked whether the extensive exploration of her early childhood over an extended period of time was necessary? Certainly it is possible to engage in psychodynamic psychotherapy without extensive working through of past childhood trauma. The client can be strongly damaged by experiences that happen in later childhood or by other traumas in life. The hurtful memories can come from siblings, friends, teachers, ministers, or others they trusted. The individual or relational difficulties can be based on learning deficits or a lack of emotional intelligence. The abuse can be inflicted on the child in the adult, e.g., experiences in war, severe accidents, betrayal, or other loss.

Sometimes the over development of one aspect of the self causes an under development of other aspects. Even if in these cases the therapist might be working psychodynamically, they may not work much regressively. It depends on what the client presents or what is discovered in the process of the therapy. Dissonance in a person's energy system happens in many ways.

In the beginning of this particular case, I wondered whether the working through of significant early issues was necessary. The reality of how disturbed the client was did not really come through until the second segment. There it became more clear why the in depth and extended work was necessary, although the use of the term "borderline" still seems problematic. More detailed pictures of the client's acting out would have probably been helpful. I am left wondering what a more classical diagnosis might have been. Two other omissions catch my attention. Little is said about the client's strengths. In my weighing of what a client brings to therapy, their strength is as important as their weakness, their health as much as their pathology. The shape of the therapy rests on both aspects. Otherwise we risk getting trapped in the medical model of "symptoms, diagnosis, treatment and cure." Some of this client's strength is implied, but I would have liked more explicit valuations of that. Then there is the question of medication. If her emotional responses were as chaotic as depicted in the second segment, did the therapist consider the use of medication? Knowing the process around that decision would be interesting. While I have been generally conservative in recommending medication, given the new medication options, they can sometimes be an important adjunct. Would it have been helpful to this client?

Another pivotal aspect of psychodynamic psychotherapy is a holistic view of personality. While the ways of working with these interrelated dimensions will vary, there is general appreciation for the need to take the multiple parts of personality into account and to work toward integration. Rather than having a single system of intervention, a number of different approaches may be drawn upon as evidenced in this case. The therapeutic work deepens not simply with the remembrance of early memories or important issues, but by the level of participation and openness to the work of the therapy. This is the meaning in the Gestalt notion that all experience is in the Now. Certainly mental processes can bounce around and weave explanations, past, present and future, but all experiencing is in the present moment. The fullness and congruity of that experiencing is what gives therapy depth. Again and again in this current clinical case, the therapist invites the client to identify the elements of her inner process and to experience it in ever deeper ways. Important in this therapeutic approach is the physiological registering of her feeling and the tensions with which she blocked awareness. Phenomenological questions about what she was experiencing in her body were frequently asked with good results. The only place where I might have worked a bit differently is with the role of resistance. I believe that resistance is more than an impediment to the therapy that must be breached. When the resistance can be identified, owned and given voice, then

it's positive and negative functions allow new options and choices. The resistance can be embraced as a part of the self. I would have had her explore that component more explicitly.

Another key ingredient in psychodynamic psychotherapy is the importance of the therapeutic relationship. The therapist offers themselves as a supportive presence and a skilled guide in the exploration of the issues the client brings to therapy. While the therapist is a participant, bringing themselves as fully as possible into the interaction, the focus is on what will benefit the client. Psychodynamic psychotherapy is always "client centered." This is why the training of the therapist is an ongoing learning process that includes their own personal psychotherapy.

As the client is able to build trust, they are able to risk exposing the vulnerability of their inner processes and important relationships. In the current case, the therapist not only takes repeated steps to be present with the client, but often asks whether she experiences him in that way. He carefully uses inquiry and attunement, this effort was especially true when she was trying to express highly vulnerable memories or delicate feelings. He paid attention especially in those moments that she keep good eye contact and experience him being really present with her. Several times the therapist models being the good guide when he would make decisions about the conduct of the therapy and whether the timing was right for particular issues. This was another example of the therapist being the client's protector. As they moved deeper into the work, these were times when some physical touch was also important. I do wonder, when she was in a fairly regressed state, whether physically holding her more would have facilitated her experience of parental nurturing and the working through of the childhood trauma?

The relationship between client and therapist is not only a safe environment for the therapeutic work, but is the action setting for positive and negative transferences. In this clinical case, she projects many of the negative messages about herself onto the therapist as his beliefs about her. She casts him into the role of her introjected parents and plays out what had been the drama of her life. Getting her to be self revealing about these assumptions and the related affect was crucial in her clarifying the inner confusions that had crippled her. As the client was able to differentiate more between her therapist and her parents, he was able to facilitate her standing over against those internalized parents in support of her inner child. He was also able to normalize the distortions that had been trapped in that drama. The client allowing herself to be dependent on the therapist seemed essential for engaging this primal material. While this is not a verbatim of the whole case, I was surprised that the client did not engage the therapist more actively and that the rebellion with the therapist was not more encouraged. This may be an omission in the reporting and was more present in the reality of the therapy. Discerning what are projections in the therapy and

what are reality based interactions can be key turning points in the maintaining of trust. Often the growth out of transference dynamics into more reality based interactions designates a movement toward growth. A progression in that direction seems to have taken place in this therapy relationship.

In the history of psychodynamic psychotherapy, critical voices have always questioned the legitimacy of this approach to therapy. They have cited the lack of what they have considered valid scientific evidence. They have set out models for psychotherapy they have concluded can be supported with concrete data and experiential testing. That set of assumptions by which psychodynamic psychotherapy has been discredited is being significantly challenged in our day with the amazing discoveries of neuroscience. They are proving with concrete measurement, what many of us have always known, psychodynamic psychotherapy works and the change that occurs lasts!

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