

Relational Withdrawal, Attunement to Silence: Psychotherapy of the Schizoid Process

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Abstract

This article describes the psychotherapy methods that were effective with a client who unconsciously relied on the schizoid process of splitting of the self. Harry Guntrip's writings about the schizoid compromise and Donald Winnicott's descriptions of the true self and the false self are discussed. Alternative concepts—the vital and vulnerable self and the social self—are presented along with the methods of supported withdrawal and therapeutic description.

Keywords: Schizoid, schizoid process, schizoid compromise, true self, false self, Harry Guntrip, Donald Winnicott, phenomenological inquiry, therapeutic description, relational psychotherapy, countertransference, withdrawal, silence, attunement, inquiry, involvement.

Adopt the pace of nature: Her secret is patience.

Ralph Waldo Emerson (n.d.)

Violet was a confusing and, at times, difficult client who taught me about relational withdrawal and the importance of attunement to silence in psychotherapy. Although I had previously worked with clients who were afraid of making intimate connections and struggled to talk about their inner life, I did not

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appreciate the significance of their urge to withdraw from relationships.

Prior to working with Violet, I practiced psychotherapy in an active and engaging way, particularly with depressed clients. I encouraged individuals such as Violet to make both internal and interpersonal contact by asking them to talk about their feelings in the first person, to look me in the eye when talking, and to engage in social activities that included participating in an ongoing therapy group. However, Violet's way of being with me challenged my therapeutic approach and stimulated me to think and transact differently. She was the first of several clients to teach me about the schizoid process.

Violet came to individual therapy with a variety of complaints. She was a 52-year-old professional writer who was unproductive in working on her new novel, disappointed that her previous book had received only minimal praise, and "disgusted with being fat." She was disheartened because her husband alternated between ignoring her and controlling her. The most revealing thing she said in our first session was that she binged on sweets to ease the feelings of loneliness and hopelessness that would sweep over her. Her stories included a number of self-condemning comments. I was surprised by her remark that she was "fat" because she did not appear that way to me. Violet was stylishly dressed, and her conversation was extremely polite. My first impression of her was that she was depressed.

In our psychotherapy sessions, Violet would go into detail about her current life, often reciting what she did day by day while avoiding talking about internal sensations or feelings. She did voice some disgruntlement about her family life and gave several examples of how she was compliant with whatever her husband or members of her extended family wanted. I was amazed that she could provide detailed information about various situations in her life but there was no revealing of herself. Instead of looking at me, she looked at the carpet or over my shoulder. Often I experienced that she was talking at me rather than to me.

Throughout the first year of our psychotherapy sessions, I responded empathetically to Violet's stories, which to me sounded both aggravating and depressing. I actively listened, even though I sometimes felt drowsy while she talked. Perhaps my drowsiness was an integral part of her, as yet, untold story. I knew I was missing an emotional connection with her. It was up to me to remain attentive to my misattunements with Violet's rhythm, affect, and perhaps her developmental level of functioning and, importantly, to decipher what was occurring in our intersubjective process (Stolorow et al., 1987). Unlike my psychotherapy with other depressed clients, my sessions with Violet tended to focus more on current events and to emphasize how Violet could change her behavior. For example, I talked to her much more than I usually would about a healthy diet, maintaining a consistent schedule for her writing, and how to have an

intimate relationship with her husband. At the same time, I tried to neutralize her continued self-criticism by pointing out her accomplishments and encouraging her to think positively. Still, my interventions seemed to have limited impact.

I thought it would be beneficial to include in Violet's psychotherapy some expressive methods that had been effective with other clients who were living with compliance, self-criticism, and reactive depression. On several occasions, in response to some aspect of her storytelling, I asked Violet to imagine her husband sitting on a chair in front of her and to express her anger at her husband's demands. She refused and became silent for the rest of the session. As an alternative, I asked her on a few occasions to look at me and tell me about her anger. Each time she turned her head away and went silent. I was intrigued by how long she could remain silent.

I questioned myself: Was my use of cognitive-behavioral and expressive methods a countertransference reaction? If so, to what was I reacting? I discussed my work with Violet in supervision. The supervisor only reinforced what I was already doing and addressed neither my lack of attunement to Violet nor her lapsing into long silences. So, in my introspection, I searched for what was missing in our therapeutic relationship.

I realized that I was not making full interpersonal contact with Violet. Just like her, I was not fully present. I was confused by her. I did not understand how she functioned. No wonder I periodically felt drowsy or found my mind wandering to other situations. It was evident to me that in the absence of any emotional connection between the two of us, I compensated by becoming increasingly behavioral in my interventions. Eventually, I became aware of a parallel process: My focus on behavior change mirrored both her mother's and her husband's attempts to control her behavior. My countertransference was in my wanting something to happen ... so I focused on expressive methods, cognitive understanding, and behavioral change to ward off my worry about not being an effective psychotherapist. It became clear that I was not providing the kind of psychotherapy Violet needed.

Still, I continued to rely on therapeutic methods that had been effective with other clients. I encouraged Violet to make more interpersonal contact with me, to see my face, and to speak directly to me. I talked about my feeling sad for her and irritated at her mother's behavior toward her. I used relationally connecting words such as "we" and "us." I wanted her to experience my listening to her and taking her seriously. However, looking me in the eye was particularly difficult for Violet. The more I encouraged her to be interpersonally contactful, the more she responded with either self-criticism or silence. Whenever I made any inquiry of her—whether it was phenomenological, historical, or about how she coped with a situation—she would either respond superficially or turn her head in silence. Throughout the first

year and a half of our work together, I asked Violet many questions about her childhood and the nature of various interactions within her family of origin. I received abbreviated responses.

Our sessions continued to be filled with stories of her current life. Session after session I listened intently to Violet's descriptions of what was happening to her two children, her discontent with her husband, and her difficulties with writing and food. Not only did she repeat stories, but, as time went on, they became more elaborate. Sometimes Violet did not remember what we had previously talked about; it was as if she had not been present. I was concerned about her continued self-criticism and spent time in each session challenging how she negatively defined herself. I questioned myself as to why she continued coming to psychotherapy sessions. I told myself that she must be receiving some benefit because she never missed a session. And I wondered about Violet's unrequited relational needs and if she was unconsciously struggling to make an impact on me, or to define herself, or to find security.

When I asked Violet to evaluate her experience of our psychotherapy sessions, she was pleased. She said that they were much more helpful than her previous two attempts at psychotherapy. I was amazed. What was helpful? When I asked for details, she could not describe what she meant. All my attempts to make the work with her interpersonal seemed like a failure to me. I felt inadequate. Yet Violet continued to come to our sessions in spite of her husband's many attempts to stop our work together.

Useful Metaphors

We continued in this same pattern for almost 2 years. At that time, I was studying psychoanalysis, particularly the British object relations perspective (Greenberg & Mitchell, 1983; Kohon, 1986; Sutherland, 1980). I was impressed by the writings of Michel Balint (1968), Ronald Fairbairn (1952), Masud Khan (1963, 1974), Margaret Little (1981), Ian Suttie (1988), and Donald Winnicott (1974).

I particularly admired the writings of Harry Guntrip (1968, 1971) and his descriptions of working with clients who withdrew from relationship in a "schizoid compromise" (Guntrip, 1962, p. 277). Jeremy Hazel (1994) collected several journal articles by Guntrip that depicted how he developed an understanding of the schizoid phenomena and suggested a relational orientation to psychoanalysis.

Donald Winnicott (1965, p. 17) had used the terms true self and false self to describe the fragmentations in an individual's personality when there is an emotionally overloading disruption in the child's internal stability and sense of self. He depicted the true self as the source of needs, feelings, and spontaneous self-

expressions that become split-off, disavowed, and desensitized—“the equivalence of complete psychic annihilation” (Greenberg & Mitchell, 1983, p. 194). Winnicott delineated the false self as someone who hides behind an emotionless façade and cannot allow themselves to be either spontaneous or relaxed and quiet because they are constantly attending to the criticisms and demands of significant others. I realized that these theories were only an approximation of what happened within my clients when as a child they lived with constant misattunement, ridicule, and stress. However, the theory served as a useful metaphor in guiding my therapeutic involvement with clients. The theory was also helpful because it stimulated my thinking about early relational disruptions, intrapsychic processes, and archaic forms of self-stabilization.

I was faced with a puzzle:

- Was Violet’s polite and proper presentation her true self or her false self?
- Did Violet have a true self?
- If so, who was Violet’s true self?
- What sort of neglect or trauma would force the true self into hiding?
- If there was a hidden true self, how could I build a healing relationship with the emotionally authentic Violet?
- Did the so-called false self serve necessary functions or was it pathological?
- What if the concept of true self and false self did not represent what was occurring inside Violet? How could I then make sense of her superficial stories, the lack of interpersonal contact, and the absence of any vitality, emotions, or vulnerability?

Playing with this puzzle enabled me to expand my thinking. I explored the theory of the true self and the false self from a nonpathological perspective that redirected attention to the concept of self-in-relationship. Who we are is always contingent on other people with whom we have been in relationship; therefore, our sense of self is always cocreated in each relationship. This concept of self-in-relationship inspired me to reexamine my attitude and way of working with Violet.

I was uncomfortable with the terms true self and false self because they did not depict how I experience my client(s). The words “false self” imply deceit, whereas “true self” implies something worthwhile. These terms seem to suggest that something was wrong with the person who had a false self, even though perhaps Winnicott’s false self had some important homeostatic functions such as stabilization, regulation, continuity, or pseudoattachment.

Keeping Winnicott’s ideas about splitting in mind, I thought about two aspects of Violet’s sense of herself. She had a social self that achieved a semblance of relational attachment by accommodating to the requirements of significant others. She also had a vital self and vulnerable self (Erskine, 1999) that subliminally

experienced feelings, needs, and energy but remained protectively internal and isolated.

I began thinking of Violet (and, later, other clients like her) as someone who learned to hide her vitality and vulnerability. She created a social façade (i.e., a false self) in order to give the impression of some form of relational attachment—a persona that anxiously adapted to the expectations of others while hiding her own sensitivity and vitality. Her attachment pattern was isolated and different from either an anxious or avoidant attachment pattern because she longed for a comforting relationship (Ainsworth et al., 1978). Violet's isolated attachment pattern was the result of childhood attempts to self-stabilize and self-regulate her fear of being invaded and controlled (Erskine, 2009; O'Reilly-Knapp, 2001).

An Essential Psychotherapy

Were Donald Winnicott, Harry Guntrip, and the other writers mentioned earlier describing my client Violet? I thought so. Even though they provided some general guidelines about psychotherapy for clients who managed their life via a schizoid process, I was left without a specific therapy plan. Guntrip (1968) described how a person is driven into hiding out of fear and then experiences a deep, sequestered loneliness that drives them out of hiding back into an adaptive interface with the world. Such a person is constantly caught in the struggle between hiding or connecting to others, but in an adaptive way.

Guntrip (as cited in Hazell, 1994) defined the necessary psychotherapy of the schizoid process as the provision of a reliable and understanding human relationship of a kind that makes contact with the deeply repressed traumatized child in a way that enables one to become steadily more able to live, in the security of a new, real relationship, with the traumatic legacy of the earliest formative years, as it seeps through or erupts into consciousness. ... It is a process of interaction, the function of two variables, the personalities of two people working together towards free spontaneous growth. (p. 366)

Winnicott described the essential ingredients of an in-depth psychotherapy for clients who manifest a schizoid process as providing a respectful, understanding, reliable environment, one that the client never had and needs if they are to redevelop out of inner conflict and inhibitions. Such an environment allows the person to find out for themselves what is natural for them. Both Guntrip and Winnicott encouraged a psychotherapy that focuses on the client's internal processes and not specifically on cognitive insight or behavioral outcome, one that provides a healing relationship to a traumatized and psychologically fragmented client (Hazell, 1994; Little, 1990; Winnicott, 1965).

I was impressed by the loving commitment that these psychotherapists had for their clients. I too felt a profound responsibility toward Violet even though I was confused, felt drowsy, or searched for how I could help her change. What if I followed Guntrip's advice and made contact with the deeply repressed instead of focusing on interpersonal contact or change? I made a commitment to myself to respect her silences, to support her withdrawal, and to create a safe place for the deeply repressed to express herself. This required that I be consistent and dependable in providing a secure therapeutic relationship, even though I did not understand her unexpressed affect or tendency to withdraw. Guntrip, Winnicott, and their colleagues were defining an essential psychotherapy that focused on the client's internal process, one that provided a healing relationship (Erskine, 2021).

Discovering a Vital Self

We were now near the end of our second year of psychotherapy. I had been puzzling for weeks over the questions of false self and true self that I have already mentioned. I wondered if the quality of my psychotherapy would be different if I thought of Violet's silence and withdrawal as her attempt to protect a vital and vulnerable aspect of herself and her polite, proper, and superficial presentation as a social façade that had at least two important functions: protection and attachment. I also gave considerable thought to the gestalt therapy concept of contact and interruptions to contact (Perls et al., 1951). Clearly, there were many contact interruptions in our relationship: I did not feel a connection to the essence of who she was, she did not express emotions, and she most likely was not in contact with her internal sensations. She told stories and I listened, but we still had almost no interpersonal contact. I wondered what would happen if I encouraged Violet to focus on her internal experience instead of telling me her stories.

When there was a pause in Violet's storytelling, I invited her to close her eyes and stay quiet for a few moments so that she could sense her internal experience. At first she was frightened by the prospect of doing this in front of me. Encouragingly, I again asked her to close her eyes, to be quiet, to feel her internal sensations, and to not speak for a while—to concentrate on the sensations that were happening inside of her. She appeared to withdraw into herself. I was not sure if she was turning inward to feel her internal sensations or just returning to a familiar hiding place. I was concerned about the possibility that she was merely complying with my request as she had learned to do with her mother.

Violet remained quiet for a few minutes. She then opened her eyes to see if I was still present. I assured her that I would stay present as she went inside. We experimented with her closing her eyes and going to what she called her "quiet

place.” At first she was able to withdraw for only a minute. Then, little by little, we extended the time to several minutes. By the end of the session, she said that it was a “quieting experience.” I was not sure what her words meant, but her body seemed softer and more relaxed.

The next session began with Violet again telling a detailed story about her family life. After a short time, I interrupted by asking her about her experience in the previous session. She said that she was afraid to “go internal” in front of anyone because “what I have inside is private. No one can know it.” I asked her how she had experienced me in the previous session when she was in her quiet place. She said that she was “scared, but it was OK because you did not try to control me.”

It was evident to me that Violet’s quiet place was her attempt to self-stabilize and create a place of security. I told her that I thought it was important for her to visit her quiet place and that we explore what she was experiencing. I also said that I was willing to accompany her, and I promised that I would do my best to not invade her. I also talked about how we had been rehashing stories about her family and that in my view not much had changed in the past 2 years. She disagreed with me and said, “You listen to me. You never criticize or define me. You are gentle with me. That is why I come back.” We concluded that session by agreeing that we had seldom talked about her internal experiences and that in the previous session we had begun an important exploration.

In the next session, I invited her to experiment with closing her eyes and attending to her internal sensations. I told her that I would remain physically still but that I would watch over her in a protective way. She then withdrew into her quiet place and remained silent for 15 minutes. When she opened her eyes, Violet said that I had discovered her secret, “my quiet hiding place. It has been my private place, all my life.”

Over the next several months we often experimented with Violet withdrawing from external contact and making internal contact with her feelings, needs, and body experiences. In the beginning of this experimental work, she was without any words. She had sensations in her body, but she did not know how to speak about them.

Violet described her quiet place as being in her childhood bed with the covers and pillow pulled over her head. In one session she said, “There are a lot of things in there that I don’t want to feel.” As she said that, I realized that I had been feeling increasingly protective of her; I could sense her intense vulnerability. I imagined myself sitting in her bedroom, vigilant, quiet, and ready. My imagination was essential in keeping me focused on Violet’s vulnerability during our long periods of silence. Interestingly, I never felt drowsy or distracted when Violet had withdrawn into her quiet place. I was always alert and interested in her internal experience. This was very different than the sleepiness I periodically felt when she previously

told me detailed stories about her family conflicts.

Whenever Violet was recounting her current, day-by-day stories, I watched for little signs that she was withdrawing: averting her eyes, leaving long pauses, or jumping from one story to another. She was telling me in a coded way about the attachment disruptions in her life and her desperate attempts to feel secure. Her stories were a metaphorical message about how she required my sensitivity to her unique rhythm and her need for security in our relationship.

At that point, during most of our sessions, I reserved some time to invite Violet into her vulnerable place. My task was to be patient, respect her silence, provide time for her to make internal contact, and encourage her to feel both the internal safety of her quiet place and the safety of our relationship. I spoke to her in a soft, reassuring voice and made comments such as “It’s important to have a quiet place,” “It’s so necessary to feel safe inside,” “There is no need to hurry,” and “I am right here watching over you.” I talked slowly and with a voice tone I might use if I were speaking to a frightened child. I provided long pauses between my statements to allow Violet time to experience and process any affect related to what I was saying.

As Violet withdrew into her imagined bed, “covered by blankets and pillows,” I relaxed and did some deep yoga breathing to keep myself centered and fully present. I kept my eyes on her and listened to her sighs and other soft sounds while I watched her physical movements. I did not try to make something specific happen. But I wanted to create the time and place for Violet to feel both the security of her quiet place and my nonintrusive, caring presence.

As the months progressed, I discovered that her quiet place was not so quiet. It was also a place of fear, sadness, and profound loneliness. In some sessions, when Violet withdrew to her imagined bed and covers, she was desperate to escape the memories of her mother’s control. She had many examples, at various ages, of how hurt she had felt by her mother’s criticism. From deep in her chest she would cry with spasms of heartbreak, sorrow, and loneliness. In the beginning of this therapeutically supported withdrawal, her cry was without sound, and in subsequent sessions, her cry became a full vocal cry. I remained present, listening, and periodically responding with compassionate sounds and mirroring what she had been feeling. It then became apparent to me that her highly detailed stories, her quickly jumping from one story to another at a speed that did not allow for any dialogue, was an unconscious strategy to help her not feel her loneliness. She was unconsciously looking for interpersonal connection and simultaneously fearing any human closeness.

On some occasions, after a long period of what she called “going internal,” Violet would make sounds that were a combination of mournful crying and disgust. These were accompanied by gestures of pushing with her hands. She was without words

to express her diversity of feelings. She often emerged from her withdrawal in physical and emotional distress, struggling to tell me about the various incidents of neglect and the constant criticism from her mother. My task throughout all this therapeutically supported internal work—like the job of parents with young children—was to help her develop a language so that she could communicate her internal distress and needs, her vitality and vulnerability.

As our psychotherapy continued in the following months, Violet actively expressed an array of feelings. In some sessions she would withdraw into the vulnerability of her internal world, one in which she remembered being terrified of her mother coming physically close to her. Violet described how she would try to escape both her mother's touch and her "mean words" by imagining that she was in her bed with the covers pulled over her head. She was proud as she reported how she could "hide in bed" even when sitting at the family dinner table. Violet had changed. Some days she could now describe her personal experience, physical sensations, and various feelings.

Learning From the Client

When I first learned to support Violet's withdrawal into her quiet place, I often made phenomenological inquiries such as "What are you feeling?" or "What do you need?" (Erskine et al., 1999; Moursund & Erskine, 2003). I discovered that my inquiries interrupted Violet's withdrawal. She would open her eyes and start to tell me some story about her current life rather than respond to my inquiry. Phenomenological inquiry was an essential form of connection with most of my clients, and I was curious why it was not working with Violet.

I realized that there was an important theme in the stories Violet had been telling me over the past 2 years. Both her mother and her husband constantly labeled her. They both defined who she was. As a child, and now as a wife, she struggled to conform to their definitions of what she should feel and how she should think and act. Violet described how the only freedom she had from their definitions was when she withdrew into her quiet place and did not have to accommodate herself to their definitions and expectations. I pointed out that the theme of being labeled and defined was present in many of her stories and that perhaps she experienced my inquiries in a similar way. She agreed, saying that she experienced them as a definition of her, sometimes as "a demand that I be different."

Over the next few sessions, we made some fascinating discoveries about our relationship. When I would ask Violet "What are you feeling?" she translated it to mean "What you are feeling is bad." When I inquired about what she needed, she interpreted it to mean that something was wrong with her for having needs. When

I inquired about her physical sensations, she tensed her body because she did not know how to act. Violet was constantly accommodating, altering herself to fit what she imagined my expectations of her were, a clear example of transferring old emotional memories into our relationship.

At first, understanding the transference was difficult for Violet. She could not see her own accommodating reactions, although she could experience the juxtaposition between my behavior and the criticizing, controlling, and judgmental behavior of her family. She began to be more relaxed with me and more willing to spend time in her quiet place.

I experimented with limiting the amount of phenomenological inquiry I used with Violet. When she would withdraw into her quiet place, I was silent, observant, present, and feeling protective. At first my not inquiring provided Violet with an opportunity to go deeper into her internal experience. She could feel her sadness and fear. When she was withdrawn—imagining hiding in her childhood bed—she would alternate between being frightened about making any sound and then quietly crying. But eventually she became worried that my silence meant that I had gone away. I was in a dilemma. If I inquired, I interrupted her internal experience. If I was silent, she would interrupt her withdrawal because she was worried that I was not present.

In another session, I invited Violet to withdraw to her safe bed. There were about 15 minutes of silence during which I watched over her in the same way that I watched over my children as I sat by their bed at night when they were sick. I watched Violet's labored breathing and the tension in her clenched hands. I said, "You must be so scared." Violet nodded her head. I was surprised because I realized that I had just defined her experience. A couple of minutes later I again said, "You must be so scared. It is important to have a safe hiding place." She again nodded her head. After another 2 minutes of silence, I offered, "It is so important to hide in your quiet place, particularly when you are sad." She again nodded, her breathing returned to normal, she unclenched her hands.

When Violet opened her eyes, she said my description of her internal experience was important because it meant that I understood her and that she was not alone. I was surprised. We discussed how my description of her internal sensations was different from her mother's and her husband's criticizing definitions of her. She described my voice as "tentative" and my tone soft, "not a definite, authoritarian voice" like those she was used to in her family. Later, with other clients who used relational withdrawal to self-stabilize, I again discovered the effectiveness of using therapeutic description as I learned to do with Violet.

Therapeutic description provides the client with validation of their often unspoken emotional and physical experience. It is based on attuning oneself to the client's un verbalized sensations and experiences and helping the person form a language

to talk about their physical and emotional sensations. It offers an understanding so that the client can further articulate their previously unspoken experiences and the profound effects of relational disruptions. It provides a vocabulary for previously unspoken experiences to be acknowledged and eventually talked about.

Therapeutic description also provides an interpersonal connectedness from psychotherapist to client. It is not the same as interpretations or explanations that are given to other types of clients to enhance their cognitive understanding of psychological dynamics. Therapeutic description involves a sensitive attunement to the client's way of being that includes timing, tone of voice, and carefully observing the client's nonverbal responses to the descriptions. However, if therapeutic description is used too early, it can be experienced as defining or invasive.

Violet provided the best definition of therapeutic description when later in the psychotherapy she told me how she experienced my comments: "It is as though you knew my internal experience, my fear of relationship, the safety in silence, the importance of hiding, and the depth of my loneliness. You helped me find the words to talk about my inner life. Now I am more alive most of the time."

In Summary

Violet continued her psychotherapy for 4 years. We had many sessions during which she would go to her quiet place, sometimes for 20–30 minutes. During those long periods of silence, I practiced how to be therapeutically quiet: to not intervene and to tolerate my uncertainty about what was happening within Violet. I periodically spoke, but only to reassure her that I was watching over her or to provide some sparse therapeutic descriptions. Gradually, I acquired an intense patience, one that is so necessary in working with clients who use relational withdrawal and silence to self-stabilize and self-regulate. I was watchful of every breath, sigh, and movement she made. I listened to her silence and compassionately worried about her speechless struggle. There were often times when there would be a long silence, but she was eventually able to describe her body sensations, sob in her loneliness, and be angry at her mother while still often being scared of "getting it wrong."

In several sessions during which Violet imagined being in her safe bed, she would sit up and tell me about the neglectful events in her childhood, the strict rules she lived with, and her mother's constant demands for "perfect behavior." I observed the tension in her arms, neck, and legs as she talked about her mother. Sometimes, when I pointed out that her body tension might indicate that she was angry, she would begin by shrugging her shoulders and saying, "I don't know." But,

as we focused on the language of her body, she began to recognize that she was angry.

In our fourth year of working together, we were talking face-to-face. Most of my transactions with Violet were composed of phenomenological and historical inquiry that was designed to help her discover and put into language her emotion-filled but never-talked-about childhood experiences of parental neglect and control. During this phase of the psychotherapy, I did not use therapeutic description. That sensitive way of communicating was reserved for the times when Violet was silent and withdrawn into her hiding place.

The therapy was now focused on Violet's becoming aware of herself. We paid a good deal of attention to her body sensations and various emotions. I acknowledged her memories and validated her emotions. Many sessions included my helping her put her untold story into words. I prompted Violet in defining herself. I shared with her how she had influenced me and how I had to change the orientation of our psychotherapy. At first, she did not believe me, but eventually she said, "In the beginning you wanted me to do something different, something I didn't know how to do, just like the other therapists. But then you changed. You got softer and quieter. That helped me be me. Did you really change because of me?"

In response to my various inquiries, Violet told me stories about her marriage. I could hear Violet's anger at her husband's criticism and control. She was still reluctant to do any active anger work, but she was now able to say "I don't like it" and "I don't want it." She and her husband began to have arguments for the first time in their almost 30 years of marriage. She was now defining herself, refusing to comply with her husband's demands, and expressing what she wanted in her marriage. Violet's husband became enraged at the changes she exhibited at home. He demanded that she terminate therapy. He threatened divorce. She was terrified of being alone.

At the beginning of the next meeting after his threat of divorce, she shook with fear as she announced that this was her last psychotherapy session. She said that her husband had intensified his demands that she stop her therapy. A wave of sadness swept over me. Violet had made some significant changes in her ability to express both her vitality and her vulnerability. At least in my presence she was neither putting on a social mask nor withdrawing. I did not know what to say to relieve her distress. I was dismayed; our ending was so abrupt.

Several years later I met Violet on the street. She told me that she was living alone in her own apartment and that it was she who had initiated the pending divorce from her husband. He now opposed the divorce, but she was determined. She angrily said, "I've had it with his control. I'm now almost 60, and it's time I live my own life. I'm coming back to see you once this is all over. I have more work to

do.”

Although I never heard from Violet again, I will always be grateful that she taught me about the schizoid process and the importance of the psychotherapist supporting the client in making internal contact with the vital and vulnerable self. I came to appreciate the therapeutic results that come from being attuned to my client's silence, and I rediscovered the profound effects of relating to my clients from a nonpathological perspective.

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