

## **Balancing on the “Borderline” of Early Affect-Confusion**

### ***Part 2 of a Case Study Trilogy***

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#### **Abstract:**

Part 2 of a case study trilogy on early affect-confusion describes the psychotherapy relationship between an angry/helpless client and the psychotherapist's skill in balancing the “borderline” between behavioral management and affect attunement, historical inquiry and normalization, validation and shame. The therapeutic use of bifurcated questions and juxtaposition reactions is illustrated.

**Key Words:** integrative psychotherapy, affect-confusion, phenomenological inquiry, historical inquiry, borderline, behavioral management, therapy contracts, validation, normalization, shame, therapeutic errors, juxtaposition reactions, bifurcated questions, relational psychotherapy, core beliefs.

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#### **Our Second and Third Year Together**

The following September, after a long summer recess, Theresa telephoned and expressed a strong interest in continuing the psychotherapy. I was pleasantly surprised since, during the summer, I wondered if there had been any lasting gain from the previous seven months of therapy and if she would return for more in-depth work.

The therapy that I provided Theresa over the past many months had consisted primarily of a combination of my consistent empathy, attunement to her relational-needs, and a sustained non-criticizing presence. However, I also focused on the behavioral management of both her internal turmoil and her relationships at home and at work – a focus that, at the time, she did not appreciate. In our first session, in early September, Theresa reported that during the summer she did not feel “so lost inside” and that she had used my “advice”

several times to avoid “fights” with her boyfriend. She missed our work together and wanted to continue.

We made a new contract for an ongoing in-depth psychotherapy to resolve her early affective confusion, to understand how she relived childhood conflicts in the present, and to find alternative ways of stabilizing herself other than raging or demanding attention for her helplessness. Our plan included twice a week sessions with the opportunity for additional sessions when she needed them. In this way we eliminated many of the late night phone calls that had occurred when she was either enraged at her boyfriend or feeling totally helpless. Our new contract included the provision that we could talk on the phone “if necessary” for only 5 minutes and no longer. I defined “if necessary” as calling to extricate herself from an argument or “crying spell” and primarily to make an additional appointment for the following day. This strategy almost eliminated the late night phone calls and provided a relational stability that had been missing in her life.

For many sessions she was reluctant (and at times unable) to talk about her childhood. “My childhood was cursed”, she cried. “I don’t have any memories. It is my adult life that is full of problems”. As she told me of each current relational crisis, I helped Theresa trace her feelings to previous experiences in her life. Theresa was beginning to tolerate my phenomenological inquiry. Historical inquiry about her early life stimulated a lot of anxiety but she was now able to talk about her teen-age years – years that had been full of disappointments with friends and difficulties with teachers who “never understood” her. Many times she predicted that the rest of her adult life would be “a waste of time” just as her teen years had been. But, now, more and more of our time was spent on the difficulties of her adolescence rather than her conflicts with her boyfriend and co-workers.

Theresa related a painful story about her first year at university. Some girls disliked Theresa and did not want her living in the dormitory. She described how they “gossiped” about her and “criticized everything I was”. On many occasions I reused this story as an opening to explore other criticisms and rejections in her adolescent life. With each exploration she began to remember humiliating school situations and eventually her mother’s constant barrage of criticisms and ridiculing comments. “Even when my mother did not speak to me for days at a time; her scornful look always told me that I was just a piece of shit. When she did talk it was often to tell me I was useless and that something was “seriously wrong with me”. Theresa went on to describe how, as a little girl, she believed her mother. She added with great sobs, “Most days I still believe her. I’m afraid that I am really just a piece of shit”.

As Theresa repeated this story in several sessions, I reiterated that she did not deserve a “scornful look” or being told that she was “just a piece of shit”.

I explained that it was normal for a young child to believe his or her mother and that Theresa had been an ordinary child who needed to be treated with caring respect. With each of these normalizing comments she would sob with a cry that shuddered throughout her entire body.

Theresa's previous statements of "I have no memories of my childhood" began to merge into an increasing awareness of the criticisms and verbal abuse she experienced as child. In response to my phenomenological inquiry she was having explicit memories in each session. She was able to describe her childhood as "incredibly lonely". She was increasingly reporting feeling "empty", "depressed", and having a "gnawing, hungry feeling in my stomach all the time". She was worried about getting fat because she was always trying to satisfy her hungry sensations. With each worry I inquired about how her mother would have treated her if she were "hungry" for natural attention, affirmation or affection. This combination of both historical and phenomenological inquiry into the quality of her maternal relationship opened many new memories that had not been previously conscious. Our therapeutic work shifted from last spring's focus on her father to her vivid and painful memories about her mother. Theresa told story after story of her mother's criticisms. By validating and normalizing her anger at her mother's criticisms and continuingly inquiring about her internal sensations, I provided a forum for Theresa to express her anger directly to me about her mother's ridiculing behavior. I was concerned that Theresa still did not have sufficient internal security to engage in any imaginative anger work such as talking to the image of her mother in an empty chair.

### **Deconfusing both the Child and Adult**

As she expressed her anger about her mother to me, I regularly inquired about her body sensations and what she had been feeling just a second before the anger. With these phenomenological inquiries, Theresa began to describe "penetrating body pains" – pains that we eventually identified as both sadness and shame in relationship to her mother. Since both her sadness and shame were experienced as body pains, I chose to focus on Theresa's shame before attending fully to her sadness. I suspected that her sadness represented a much earlier, and perhaps more profound, grief.

Prolonged and careful attention to her physiological sensations led us to spend many sessions identifying that her overwhelming sense of shame was the result of her mother's constant criticism and ridicule. The implied (and often direct) message from Theresa's mother was, "Something is wrong with you". Theresa lacked the capacity to express any protest; the result was that she constricted and immobilized many muscles while internally believing and complying with her mother's criticism.

Her mother repeatedly ignored or ridiculed Theresa's behaviors, emotional expressions, and relational-needs. The combination of being frightened and physically immobilized by the criticism and ridicule, her inability to effectively protest, and a helpless sense of compliance resulted in Theresa's debilitating shame – a profound shame that was frequently masked by her self-righteous, aggressive behavior. An effective psychotherapy of shame required that I systematically and sensitively inquire about each element of shame: her self-righteous façade, her immobilized self-expression, her fear of ridicule and abandonment, her compliance with Mother's definition of her, and her unrequited needs for validation, self-definition, and making an impact.

Theresa and I often talked about how her developmental needs were ignored or ridiculed. On some occasions she was physically punished for defining herself differently from how her mother defined her or required her to behave. Our therapeutic discussions led to many sessions of identifying the normal needs of children and the effects of those needs repeatedly not being met. These talks provided an opportunity for me to inquire as to how she experienced my transactions with her.

Inquiring about how she perceived the intricacies of our relationship was a practice that I continued to do at those potentially transforming points in almost every session. She found my normalizing comments "unbelievable", but wished they were true. On some occasions she would ask me to repeat what I had said about the natural needs of a child and the qualities of an attentive parent; she wanted to listen again. One day she asked me tell her what I had said two weeks before so she could tape it and take it home. She had a hard time remembering that I had said, "*You were a precious child who needed to be loved for who she was, never to be ridiculed, but instead to be treasured and cherished*". She wept. I made an unspoken commitment to Theresa to make sure my transactions with her were respectful and cherishing.

Some days were marked by her disgruntlement with our relationship or her perception of being criticized by me. Yes, there were times when I made errors of attunement, misunderstood her, urged her to change her behavior, or operated from my own assumptions without inquiring about her point of view. When possible, I identified these relational errors prior to Theresa realizing my miss-connection with her. On other occasions she would be angry at me for misunderstanding her. In both types of situations it was important in our relationship that I acknowledged my errors and took responsibility for how my behavior affected her.

My recognition, responsibility, and corrections for how I had miss-connected with her were uniquely different from her childhood, or even adult life, experience. Almost two years later, she told me how important it was the first few times I took responsibility for failing to be sensitive to her or misunderstanding her. Theresa

had not forgotten those important transactions. She added, "My mother has never acknowledged or taken responsibility for how miserably she has treated me. At first I did not understand why you apologized. But now I do. That is normal. I even do it with my boyfriend now."

Our discussions would inevitably return to her memories of her mother's caustic comments and rejection. During this second year I also inquired about her internal experience when I complimented her. Early in our sessions she had said that she could not trust me when I said "something kind" to her. She added that I was probably "being seductive". She could trust me more if I was criticizing her. Together, over time, we explored how these attempts to create a distance in our relationship, what we called *juxtaposition reactions*, reflected an attempt to maintain both a sense of continuity and predictability in her life. Theresa described being "very familiar with bracing myself for mother's criticisms". She exclaimed, "I don't know how to brace myself when you say something kind to me". One day, when she was confused by my empathy, she screamed, "I can't take kindness. I don't know what to do with it". During the first two years of our work together many juxtaposition reactions occurred. I would say something in a caring way that both validated and normalized her needs-in-relationship and, in response, she would belittle my comment. For example, I arranged for her to have an extra session on a Sunday morning. As she arrived she thanked me for the "emergency session". I responded with a sincere, "It's my pleasure to be here for you". She scoffed, with a disgusted look on her face, and said, "You do it for the money".

Each juxtaposition reaction became an opportunity to explore together her previously un-thought emotional memories. There were many relationally disruptive events in her childhood that her family never talked about or even acknowledged; now, together, we were talking about those events, her feelings and what she had needed from her parents. Kindness, consideration, compliments, compassion, and affection were not part of Theresa's childhood experience. I talked to her about how these relational components are important elements in every child's formation of a secure attachment with a caretaker. When I expressed any of these qualities in our therapeutic relationship she would test me by saying such things as, "Do you really mean that?"

Theresa often asked such explicit personal questions. In some sessions I chose to give her a direct answer such as, "Yes, I mean what I just said". Such an authentic answer would periodically bring tears to her eyes; at other times she would rebuff my answer. In some sessions when Theresa would ask a direct question I would answer by asking her two questions. For example, she told me about the welts that formed when she had a severe spanking from her mother; then she suddenly turned and asked me if I believed her story. I answered with a *bifurcated question*, "What does it mean if I don't believe your story about your mother hitting you, and what does it mean if I do believe you?"

Such a bifurcated question usually produced answers such as: "If you don't believe me then you're not here for me and I'm just a shit for having tried to tell you." After prompting her to address the other half of the question a typical answer was, "If you believe me, that means I have just seduced you with my sob stories; I feel like shit; and you will never understand me anyway". I would take a moment-in-time to allow the significance of what Theresa just said to be central to both of us. After a thoughtful moment I would give a summarizing response similar to: "It seems that in either situation, if I do believe you or if I don't, in the end, you experience that you are 'shit' and that you will neither be understood nor will anyone really be there for you. That must hurt".

With such a summary of her complex answers, she would become pensive and on some occasions cry. I would then proceed with, "So, let's talk more about what is central to both of your answers; tell me more about the pain of your father and mother never understanding you and how they failed to be there for you" or, "Say more about how it feels to be defined by your mother as 'shit'". The bifurcated questions and her answers led us to many memories of neglect, ridicule, punishment, and emotional abandonment.

We ended for the summer recess in June of the third year. As far as I could tell, Theresa was no longer manipulative in her relationships nor was she picking arguments to escape the inner loneliness. She no longer believed that no one was on her side. Instead of feeling constantly hurt and angry in the relationship with her boyfriend she was "sometimes feeling close to him". She had no thoughts or threats of suicide; much of her manipulation had stopped. She was clearly aware that as a child she had defined her life as "something is wrong with me, I'm unlovable, no one understands me, and no one is there for me". She was also beginning to realize, at least some days, that she was the master of her own behavior and that she could choose to change both her behavior and her fantasies in order to not collect reinforcing experiences that helped prove her core beliefs.

We were now able to talk together about Theresa's "borderline" between neediness and rage, despair and self-reliance, impulsivity and manipulation. Yet, I knew that her psychotherapy was still not complete. The relationship with her mother was still marked by Theresa's sense of "hate" and disavowal of a profound painful abandonment. She was distraught about the "gnawing, hungry feeling" she physically experienced every time we talked about what she had needed from a mother. There was so much in the life of that little girl that she had not yet remembered and resolved. As we parted in June she agreed to continue in September with our in-depth psychotherapy.

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