

Constantly Present: A Therapy for Julie

Valérie Perret

Abstract:

In this case study, I present a client, Julie, using the model of "Self-in-Relationship" developed by Richard Erskine. I describe the domains open and closed to contact that I observed at the beginning of the therapy. Then I explain how I lead this client to awake the anesthetized poles by accompanying her with involved presence and full contact, while respecting her style of attachment, an avoiding attachment.

Key Words: constant, relationship, contact, attachment

Julie came to my practice four and a half years ago, at the age of thirty-three. She was married, had two boys aged five and one. She was an intensive care nurse at a regional hospital. She was a beautiful young woman, who hid her emotional experience behind a charming smile. She had a pretty, smooth face, and it was difficult to know who was hiding behind this warm, friendly mask.

I decided to use Richard Erskine's "Self-in-Relationship" model (Figure 1) to organize my observations (Erskine, Moursund, & Trautmann, 1999). The diamond in a circle describes a relational-systems perspective of the affective, behavioral, cognitive, and physiological dimensions of human functioning, and a model to aid in assessing whether each of these domains are open or closed to contact.

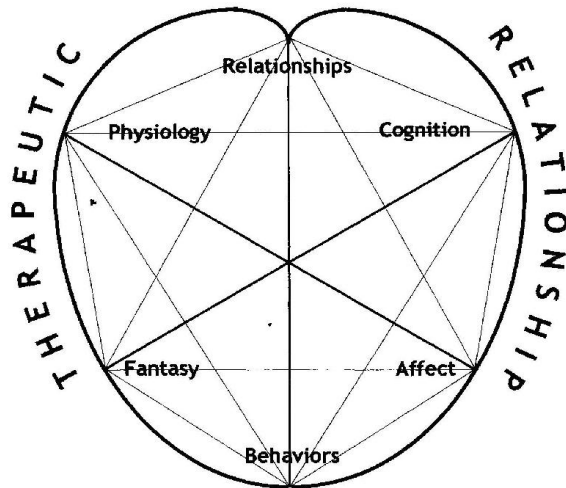


Figure 1. The facets of a therapeutic intervention (Erskine et. al., 1999, p. 337)

Julie's affect was turned off. Sitting facing her I had the impression of sitting facing a doll with a never changing smile. I could not feel any life in her, I sensed her empty, cut off from her emotions. She answered each question about her feelings with a thought. She did not have needs nor did she want anything for herself during our sessions. I had the feeling that her only desire was to hide as much as possible. I made the assumption that with a violent, alcoholic father and a depressive, contemptuous mother, the environment in which Julie grew up was unfavorable to expressing one's emotions freely. The insecurity was such that she learnt to control her emotions and numb them. As a child, she would hide in a hut at the back of the garden or under her quilt and in her own words, "hide so as not to be found." The adult facing me continued to reproduce this experience within herself. She hid even when she was looking at me. However, my presence, my involvement, my constant interest in her, created a trusting environment in the therapeutic relationship. Over time, she was able to unfreeze and access her emotional memories.

Cognition was particularly invested and she strove to understand things and to analyze them. Thinking was also a way of distracting herself from an emotion; a way to understand in order to avoid feeling. I observed her analyzing to avoid feeling many times as the sessions went on, and eventually taught her to pause and dare make room for the emotion before thinking. Julie also avoided interpersonal contact in the present by escaping into a fantasy. For example, when she felt too intense an emotion, she would start thinking about her shopping list or family organisation. This became another one of her hiding places.

Julie also expressed quite a bit through her behaviours. She was very active. In order to feel that she was a good mother, she would offer numerous activities to her children, as not doing so made her feel guilty. She had to have a perfectly tidy home to get acknowledgement from others and to protect herself from her husband's criticism. She gave a lot of attention to that same husband, who – according to her – needed her to look after him. At work, she had to be dedicated to her patients and to please her colleagues. When she was on the morning shift, she would always bring breakfast for the whole team. She could not imagine bringing only her own, as she would have felt too guilty. A deep feeling of guilt caused her to over-invest in her behavioural domain. Her professional choice had been the right one. She was an accomplished nurse who took care of everyone but herself. She pretended to be happy in her beautiful and successful life. “Doing” protected her from deeper emotions related to abandonment.

Life in Julie's body was painful, with tension in her trapezius muscles, jaws, and back. I made the assumption that she hid her emotions, fear, sadness, anger, shame and resignation in these muscles. Her body expressed what the emotions did not express. She had asthma and her breathing was often shallow. We subsequently found out that reducing her breathing as much as possible was a way of making herself the most unobtrusive possible, of making herself invisible. It was necessary when her father came home drunk at night. She would hide under her quilt and stop breathing so as to make as little noise as possible and also avoid feeling the fear that overcame her.

Julie's relationships consisted mainly of competition and over-adaptation. For example, when her husband came home from work, she would start bustling about to show him that she too did a lot of things, because she was afraid of his reproaches. She used that over-adaptation a lot with me. When I would ask her a question, she would rush to give me an answer, and sometimes give me three different answers to choose from, relieved that she had been able to respond to my request. Noticing this enabled us to talk about the agitation that she would feel before she could at last find an answer which would suit her interlocutor, and about the fear that she would feel of not “doing things right.”

My therapeutic work

For four years, I patiently, and sometimes impatiently, waited for my sessions with Julie, and involved myself in the relationship. I was gently helping her to get accustomed, respecting her pace, and offering her my constant presence. I built safety in our relationship, which enabled her to open up increasingly to her emotional world. I offered her the experience of relying on someone stable, dependable and protective. Julie came every two weeks, a decision which was surely linked to her relational pattern of avoidant attachment (Erskine, 2009; Main, 1995).

Over the course of those four years, I often had the impression that Julie was slipping through my fingers and that she was escaping me. I experienced moments of helplessness and annoyance, especially when she would cancel at the last minute because she had no one to look after her children and she had no space in her diary to reschedule the session. I would then not see her for a month, which felt like a long time. On those occasions, I would feel powerless, and I then felt anger towards her. I felt like rejecting her by telling her, "Since you're not investing more energy than this, sort it out on your own!" In the next session, she might tell me that sessions were actually quite expensive! I would then alternate between anger and guilt. I was able to calm down when I remembered the various psychological functions of the script, such as predictability, identity, continuity and stability, and how this applied to her (Erskine et. al., 1999). I then made the following assumptions about Julie. What was predictable was contact interruption, rejection and anger, as represented through her father's violence, and her mother's contempt. With me, she went about things so as to make the predictable happen, and to attempt to have me reject her. This insight enabled me to continue to offer her constant contact and warmth. In each session, I showed her that I still had the same intention of welcoming her. From one session to the other, she regularly forgot the content of our sessions, especially when they had been emotionally intense. She forgot how she had been able to be close and in contact the previous time. She was so afraid. She called this process "my eraser" - an eraser that had been useful for her to forget the terror, loneliness, despair and shame she had felt as a child.

As time went on, it became increasingly difficult for Julie to keep her mask on around me, and under this mask, to retain the loneliness she was so familiar with and the quietness she experienced all by herself. Her loneliness provided her with precious safety, and losing it endangered her. I was now able to give Julie a quiet and serene presence, having gained an inner safety myself. Indeed, I felt empowered as her therapist, thanks to my increased knowledge and skills, but above all I felt like a more integrated person with a greater capacity to be in contact with myself, along with an inner tranquility.

After four years to the day, Julie announced to me that she wanted to stop the therapy. At that moment, I thought that my constant presence was destabilizing for her, something with which she was not familiar, therefore causing her to feel the juxtaposition between the past and our relationship (Erskine, et. al., 1999). Stopping, interrupting the contact with me enabled her to maintain a certain stability, as well as her identity - "Julie, be strong, manage on your own, and above all don't let the others get you, hide yourself, don't show your vulnerability, others are dangerous!" That is when I took the opportunity to show her that she mattered to me. I demonstrated my involvement by taking the initiative to say the following words to her - "I don't think that this is the time, and I would like to continue seeing you." At first she defended herself. She became angry, and I held my position, calmly but firmly. Then I saw tears running down her cheeks; tears of relief saying "I am seen." If I had not insisted at the time, she would have

felt abandoned and told herself, "Okay, I'll stop breathing again in order to continue on my own." At the end of that session, Julie was glad that I had taken a stance. She felt supported and protected. Two weeks later, she had forgotten the content of the session and was smiling, saying she was fine. She had put on her mask again to forget the closeness of our last contact.

That intervention on my part, however, proved important in the therapy and opened Julie up to deeper emotional work. Through moments of visual or physical contact with me, she opened up more to her emotions - first sadness, loneliness and despair, then fear and trembling. By physical contact I mean 'therapeutic touch', such as the example with the finger given below. It's a means that I use sometimes with my clients to enable them to resume contact with their anaesthetized bodily sensations and their buried emotions.

She was also able to feel in her body a very archaic decision, which she shouted to me in a moment of emotional work - "I can't rely on you, I need to manage on my own!" Cognitively, she had known that decision, but at that point she was able to feel it on a physical level, feel her vital need to control everything, to control herself and to rely only on herself. As I was talking to her, I used the image of a small wild cat that I felt like taming. She replied, "How strange. I've been trying for the past six years to tame a wild cat that regularly comes to my home. I'd never made the connection. It took me six years before I could stroke it for the first time!" I replied, "And we've been seeing each other for only four years now..." She gave me an amused smile, she who would often complain that the therapeutic work was not moving fast enough.

During the fall holidays, knowing that she easily lost contact with herself and with me, I sent her a text message saying, "I'm thinking of you." In that way I showed her how she had an impact on me, and that I did not forget about her even in the midst of the distance. My objective was to use this message as a transitional object meant to help create a secure attachment. By way of this message I showed her that I was not totally absent, that she could keep me inside herself even during the separation, thus acquiring the permanence of the bond. When we met again she spoke the following words; "This message has allowed me to keep you "a little bit more" with me during those three weeks." My goal had been reached.

In the following session, Julie told me she was afraid of feeling and scared of being vulnerable. Her protection system was telling her, "Be strong, keep your mask on!" She was afraid of letting go of her survival system and at the same time she was exhausted by it, as in her everyday life she was experiencing constant agitation and over-adaptation. She could feel this inner ambivalence quite intensely. I therefore suggested that she come more often. At first she refused, quoting financial difficulties as an excuse. At that moment I told her the following words; "I want to see you more often, I want you to come, I deeply think that it would be good for you. If we continue at this rate, the permanent fear of attachment will remain permanent. The more you increase my presence, the

smaller the fear will become.” In addition, I quoted the wild cat’s example again. “What makes you successful in taming your cat? How about coming every week?” With these words, I was sowing seeds in her representation of a secure, lasting relationship. I was putting some cat food out to make her feel like wanting to come and see me more often. Her first reaction was, “You won’t get me!” Yet, at the same time, she could very well feel that she needed to come more often. She could feel her inner ambivalence, as part of her attempted to maintain predictability, continuity and stability, and another part responded to her deep need for contact, along with the subsequent pain of juxtaposition and exposure to the fear of loss. I suggested she close her eyes and I put my finger next to her finger. I touched her for a while. Then I took my finger away. She felt increased inner calm when I was present. When I left, she started to fear that I might not come back. Driven by my interest, I went back to the contact with her finger. In that contact, she let herself feel sadness and sobbed. Then I tried the following experiment. I touched her repeatedly, only briefly withdrawing my finger, and then I touched her again, but kept away longer between the contacts. She told me, “It’s worse when you increase the space between contacts.” Then she added with a knowing smile, “I got your message, I’ll come more often.”

In the following sessions, I accompanied her as she shuttled back and forth between feeling and taking refuge in her hiding place. I followed her, inquired, helped her put her inner experience into words, and occasionally I added mine. I supported her as she met both her deep emotions and her protection system. In her hiding place, it was calmer, although still a bit oppressive. However, this hiding place was not as bad as feeling her deep emotions. Her breathing was shallow. I encouraged her to appreciate her hiding place. I validated her, which enabled her to come up with the words “a swaying bubble.” She started crying. After a moment of rest in her bubble, I asked her if she was willing to take her hand out of her hiding place. She accepted. I put my hand on hers. She then shuttled back and forth between being present with the contact and feeling, and thinking about something else to distract herself; between experiencing the intimacy and feeling the juxtaposition, or taking refuge in the fantasy. When she was present in the contact, she struggled between wanting to feel my presence and her decision to manage on her own: “don’t let her get you.”

These sessions clearly illustrate our on-going work in the Self-in-Relationship model, as Julie continued to demonstrate her affect, cognition, physiological sensations, behaviour and fantasies. However, this was a different Julie than the woman I encountered in our first session. This was a Julie with open and accessible domains, as created through my presence and constancy in our work.

Allowing herself to be in contact with me awakened two fears in Julie. First, the fear that the contact might end forever and that she would end up alone again. She was anticipating the loss and loneliness that she was so familiar with. I made the assumption that the baby in her, from lack of safe contact, could not integrate my constant presence, and so instead kept the emotional memories of absence.

Another fear was that she would be found out and that her true self would not correspond to my expectations - that I would reject her. In both cases, she was anticipating what she knew - contact interruption and loneliness. A third possible source of fear, one that might have even been worse for her, also occurred to me; her fear that the meeting might actually take place, and the subsequent fear of the juxtaposition and feelings that would emerge by being in contact with me. I shared my thought with her. I accompanied her in this struggle. I was simply present and let her go where she wanted. The goal was for her to integrate my unconditional constant presence, whether she was in contact or not.

Conclusion

In writing about my work with Julie, I hope to transmit the profoundness and power of the "Self-in-Relationship" model as I understand it and as I used it with Julie. With each client I also use the model differently to accommodate their individual journey with me. This model can be used in different ways as a therapeutic tool. For example, as a diagnostic tool, which allows observation of the ability of a person to be in contact by observing the poles open or closed to contact; as a tool which enables the establishment of a treatment plan; as a tool that allows both the therapist and client to observe the evolution of the work and evaluate what has been accomplished, and what remains to be done.

With Julie, we now continue our sessions at a more sustained pace, three times a month. This pace suits her! The increased trust within our relationship has enabled her to access a new emotion – anger - and to dare to feel it in her daily life and use it to assert herself and say stop when, for example, she does not appreciate her husband's criticism, or reaction from a girlfriend that is hurtful to her. Progressively, Julie is gaining access to her Adult anger in here and now relationships. She is gaining the insight and experience that to assert herself is not as dangerous as she has fantasized, and that the reaction of the other person is not as violent as she has imagined. On the contrary, her Adult anger is rather well received. However, she has yet to access the anger in her Child ego state. This anger is inhibited by fear. So far, it has been I, who during one session expressed my anger to each of her parents for the ill treatment they subjected her to. This interposition allowed her to become aware of the anger that lives within her, contained by tensing her trapezoids, her throat and her jaw, and without for the moment being able to feel or to express it. In this way, her domains of affect, physiology and behavior still require attention and integration. Although she is able to cognitively understand the anger in her Child, and the fantasies she holds about the expression of that anger, work is still needed for full integration of all her domains regarding angry feelings.

After an extended period of separation, for example after the Christmas holidays, she continued to completely forget the content of our previous sessions, especially the elements regarding the relationship between the two of us and the attachment. I find her with her frozen smile, telling me she does not know what to

talk about as everything is going well for her. It is I who recalls for her where we were when we separated for the holidays. It is I who refreshes her memory, gently and with benevolence. It is I who maintains the permanence that she is not yet capable of ensuring. She is relieved that I am willing to take on that function. She is spared the effort of having to remember in front of me, the shame of not being able to, and the fear of my reaction.

With Julie I learned, and am still learning, the art of helping to create a secure attachment for a person who has had to protect herself by developing an attachment based on avoidance. Through Julie, I learned the fundamental posture of remaining constantly present, even if she interrupted contact. I learned the importance of trusting the attachment process. This was very difficult for me at the beginning of our work together, as I myself had difficulties in attaching, which closely resembled Julie's difficulty. She helped link our mutual difficulty when, for example, she cancelled sessions without the possibility to replace them. As a result, I often felt helpless, lost, guilty for not doing better with her, and invaded by anxiety. I had the feeling of losing control, and I felt angry towards her, wanting very much to tell her, "Go and manage on your own as you're not willing to put in more energy!" These feelings invaded me outside our sessions. When she was sitting facing me they disappeared and I let myself be deeply touched by this woman and the little girl who was inside, "hiding." Once there, I no longer needed to make the effort to be a welcoming professional. However, I did need support for myself outside the sessions in order not to let myself be invaded by a kind of despair and resignation, both of which belong to the story of me as a little girl.

In sharing my work with Julie, I am also sharing part of me and my personal history. Indeed, I started my training in Integrative Psychotherapy at about the time Julie came to my office. During those few years, I had to accomplish in parallel the same work as she did to create a secure attachment inside myself. I needed to learn to let myself be supported and accompanied on a long time basis by several people - therapists and supervisors, men and women - whom I learned to trust over time and who have been able to tame me. I faced my painful archaic feelings that I had carefully avoided to feel, and my gut-fear to exist for the other person and to allow the other person to exist for me. Through their unconditional support and constant presence, these people enabled me to keep hope when I would lose it, and their trust in me, and their presence at my side, enabled me to trust myself. Thanks to them, I was able to deepen my reflection on the attachment process, and above all, I was able to develop it and feel it inside myself. As a result, I was able to share my ability to attach with Julie, and provide the constant presence for all parts of her affective, cognitive, physiological, behavioral, spiritual and fantasy life, so that she could experience deeper contact with herself, with me, and with others.

Author:

Valérie Perret lives and works in Donneloye, a small village in Switzerland. She is a Certified Transactional Analyst - Counseling (CTA-C), a Transactional Analysis Trainer and Supervisor (PTSTA-C), and a Certified Integrative Counselor (CIP). Ms. Perret is in private practice, and works with adults in individual, group and couples therapy. She also provides trainings and team supervision in several mental health institutions.

References

- Erskine, R. G. (2009). *Life Scripts and Attachment Patterns: Theoretical Integration and Therapeutic Involvement*. Transactional Analysis Journal, Vol. 39 (3), 207-218
- Erskine, R. G., Moursund, J. P., Trautmann, R. L. (1999). *Beyond Empathy: A Therapy of Contact-in-Relationship*. Philadelphia: Brunner/Mazel.
- Erskine, R. G., & Trautmann, R. L. (1997). The Process of Integrative Psychotherapy. In R. G. Erskine (Ed), *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 79-95) San Francisco: TA Press. (Original work published 1993)
- Main, M. (1995). Recent studies in attachment: Overview with selected implications for clinical work. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory: Social, developmental and clinical perspectives* (pp. 407-474). Hillsdale, NJ: The Analytic Press

Date of publication: 13.12.2015