Wayne: The Emptiness of the Unloved Child

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Abstract

This article describes the in-depth psychotherapy of a client who was an unloved child. His presenting problems were alcoholism and a nagging sense of emptiness. Through a developmentally based, relationally focused integrative psychotherapy, and with the assistance of AA, the client was able to stop using alcohol, remember his experiences of neglect and abuse, express his internalized anger, and establish a sense of contentment with himself.

Keywords

Unloved child, integrative psychotherapy, relational psychotherapy, child abuse, child neglect, in-depth psychotherapy, case presentation

Sandor Ferenczi published an article in 1929 entitled “The Unwelcome Child and His Death Instinct” in which he challenged Sigmund Freud’s theory of a death instinct. Ferenczi postulated that a person’s acts of self-destruction and their fantasies of dying had their origin in having been an “unwelcome guest of the family” (1929, p. 103). He related his clients’ tendencies for self-destruction to their having been a child with a complex history of being unloved—a sense of being unloved that stemmed from a combination of disruptions in parental care, such as an unwanted pregnancy, cumulative neglect of the a child’s developmental needs, physical and/or sexual abuse, and the repeated failure by the parents to ameliorate relational disruptions. The following story of Wayne’s psychotherapy illustrates Ferenczi’s thesis while it highlights several concepts of a developmentally based, relationally focused integrative psychotherapy.

Wayne came to his first therapy session after losing his third job. He said that he wanted to stop using alcohol. He was in his early 50s and had been using alcohol extensively since his early adolescence. He told me how his alcoholism had destroyed two marriages and how he had grown up with parents who were “very social” and “heavy drinkers.” He laughed when he told me that his parents gave him his first drink of whisky at age five. He asserted that he came from a good family because his parents were involved in a lot of community and charity activities.

As he told me about his history, his initial transactions with me alternated between two different ways of being in relationship: he was sorrowfully seeking help and he was also conflictual and argumentative. I wondered if I was observing the affect confusion of a young child (Erskine, 2012, 2013a, 2013b), if his conflictual behaviors reflected years of alcoholism (PDM Task Force, 2006, p. 140), or if he was displaying behaviors that reflected post-traumatic reactions (Erskine, 1993). As I allowed myself to emotionally resonate with Wayne’s way of transacting with me, my internal reaction was twofold: if he invested in our psychotherapy, he would need me to be direct and firm with him while simultaneously being attentive, respectful, and perhaps tender.

Before the end of this first session, I made a quick assessment. I told Wayne that I would provide psychotherapy only if he went to 90 Alcoholics Anonymous meetings in the next 90 days. Surprisingly, he agreed. I expected Wayne to refuse, and if he had, I knew that I would not continue the psychotherapy If Wayne was really making a serious commitment to AA,

I was willing to make a commitment to his welfare. I knew that I could not provide Wayne with all the relational support that he would require if he were to abstain from using any alcohol. I needed AA to be my co-therapist. I was also leery: I wondered if he agreed to attend the AA sessions to placate me and that he would soon give up on AA. I decided that he was worth the risk. I agreed to see him in individual psychotherapy once a week as long as he immersed himself in the AA program.

Over the next several months, Wayne continued to attend daily AA meetings. In our psychotherapy sessions, Wayne often began our sessions by talking about how he was using AA's 12-Step Program (Wilson, 2002). It seemed important that we spend some time in each session on what was happening in his current life. During these first 10 or 15 minutes he would report on recent activities, difficulties at work, wanting to get "totally drunk," and how he used the AA meetings to avoid drinking. Throughout these conversations I used phenomenological inquiry to bring his attention to his physical sensations, affect, and internal images. My inquiry was aimed at helping him discover and value his body sensations, various affects, and how he made meaning of his experiences. I wanted Wayne to gain awareness of his internal experience.

In addition to my consistent phenomenological inquiry, I began to ask questions about each age of his childhood and the quality of each of his parents' interactions with him. In the first few months Wayne was reluctant to talk about his childhood memories. He was often disdainful when I made empathetic comments. When I inquired about his affect, he periodically made sarcastic remarks about his own needs and feelings. In one session he snapped at me: "Stop talking about my childhood. I don't want to know anything about my past." I talked with Wayne about how our sense of identity is based on conclusions we unconsciously make that shape our life, and how each conclusion was an attempt to manage relational conflicts in childhood. I emphasize that the psychotherapy could change his life if we gave serious attention to how he, as a child, coped with the conflicts and stress that had occurred in his early life.

Throughout the next year I often focused my inquiry on his affect and physical sensations as well as what actually happened with his parents. I asked about how they responded to his developmental and relational needs at various ages. He described parents who were "more interested in looking good" than in paying any attention to what he wanted. He began to remember examples of their verbal and physical abuse. We talked about the companionship, guidance, and respect that a school-age boy requires from parents in order to grow and prosper.

Throughout our conversations I wanted my transactions with Wayne to model the respect, care, and quality of relationship that he was needing. We identified how, during his adolescence, he "tried to manage with alcohol and sex," but that they always left him "feeling worse the next day." My focus was on reparation as we attended to his affect, relational needs, and his self-esteem— both as an adult today and, importantly, what was essential when he was a child. Wayne reported that our conversations seemed to affect how he acted with other people; he had fewer conflicts at work.

In one session when Wayne was describing his kindergarten years he said in a timid, childlike voice, "I need mama, but mama hurts me. I want Daddy, but Daddy hits me. I have no one. The emptiness feels like I am going to die." As he described the dilemma of his painful experience, I empathetically reflected on the child wanting significant interpersonal contact and at the same time fearing the rejection or punishment—rejection or punishment that is emotionally damaging to the child's sense of self-in-relationship. In response to Wayne, I focused on maintaining relational contact, being responsive to his affect and bodily reaction, and expressing compassion over the painful stories that he was now revealing. I was disturbed and worried when Wayne said, "the emptiness feels like I am going to die." His words put me on alert: I wondered if he was warning me about suicide or if he was telling me about an internal "death"—a death in the emotional bond between a child and parents.

Wayne eventually revealed that many nights after dinner he would have intense urges to

“do some heavy drinking.” He screamed at me, “I just need to feel the comfort the whisky brings.” We made an agreement that he would postpone drinking any alcohol until we could talk together at 10 pm. Over a period of a couple of weeks, I talked to him by phone for 10 minutes almost every night. I listened to his agitation and his urge to get intoxicated. Each evening I used my voice tone and words to calm his agitation and restabilize his affect as we talked about how the alcohol was the way he learned to soothe himself throughout his adolescence.

Wayne began to realize that the after-dinner hours were the times both of his parents would do their “heavy drinking.” He told me several stories about “the arguments and physical fights” and how he would be “yelled at and knocked around.” Wayne described how he had no comfort in going to bed because “I could hear them fighting.” He remembered sneaking out of his room to drink the whisky his parents had left in the bottle. Then he could go to sleep. By talking to him late at night, I wanted to provide, temporarily, a new form of stabilization: I provided our relationship instead of whisky.

He now had clear memories of his parents’ physically violent arguments. On serval occasions Wayne was the focal point of his parents’ verbal fights. He explicitly remembered his mother screaming, “I never wanted him; it was you who made me pregnant.” His father yelled back at her, “You tricked me into marrying you. I never wanted this kid. He is yours not mine.” As he told me several similar stories of the accusations and arguments between his parents, I remained both concerned and acutely aware of the profound relational neglect of Wayne’s childhood and adolescent and his nagging physical sense of “emptiness… going to die.”

Midway through the third year of our psychotherapy sessions, Wayne suddenly announced that this was his last session. I was confused and disappointed, at a loss for words. I asked if he was angry at me but he gave no reason for terminating; he just left the session early. I assumed that our therapy had been going well; he had appeared to be more emotionally regulated and present. Over the next few weeks, I agonized over what I had done wrong. After several weeks passed I wrote to Wayne and invited him to return to therapy. When Wayne finally resumed to our sessions he said that “dealing with the trauma of my childhood was too much. I just wanted to drink again. But I didn’t. I went to AA instead, sometimes twice a day because I had an urge to drink after every therapy session. It was all too much. I realize now that I have always used booze as a way to stop my memories from taking over.”

When Wayne told me this, I had a big sense of physical relief and an important warning—a warning about the pacing and intensity of my historical inquiry. I realized that I had not provided sufficient time and interpersonal contact for Wayne to establish a new sense of affect stabilization before we uncovered more traumatic memory. I was conscious that I had to titrate Wayne’s psychotherapy and remain mindful of his internal distress, even though he seldom showed signs of being emotionally overwhelmed. As I took responsibility for the rupture in our relationship, Wayne renewed his commitment to doing an in-depth therapy. Although he was not ready to “talk about other things,” he indicated that there was much more abuse than he ever told me.

In our next session, I began with an inquiry about how Wayne experienced our relationship. He reminded me of the late-night phone conversations we had the previous year and how he could feel my commitment to helping him remain sober. He explained how he needed me to anticipate when he would become overwhelmed with emotional memories and to protect him “from the painful and confusing agitation that comes after I remember their abuse.” Wayne told me about how differently I interacted with him than his father ever had. He described the contrast as, “You listen to me. You always seem interested in me. You never criticize me. It seems so strange, like something is out of order. I grew up with no one listening to me, no one interested in me. All they both did was slam me down. It is so hard to trust that you are for real. I keep imagining that you will turn on me and be just like them.” Wayne concluded this session with, “When I quit the therapy it was because I didn’t trust you. I imagined that you were just manipulating me, trying to make me feel good, so that I will keep paying you. You are strangely different than my parents.”

During the next phase of Wayne's psychotherapy he called me several times requesting an extra therapy session. On each occasion he said, "You are the only one who can protect me." In each of our additional sessions he would regress to about six to nine years of age and re-experience his father about to beat him with a belt. But each time we re-enacted the traumas of his middle childhood, he imagined that I was stopping his father, taking the belt away from the man, and creating safety. What Wayne never knew was that while he was remembering his father's threat of beating him, I was having a fantasy of standing between the father and Wayne, physically stopping the father, and putting an end to the abuse. I imagined demanding that Wayne's father treat him kindly and explaining to the man what a boy needed from a father.

One of the other protective things I did was to advise Wayne to not attend his company's Christmas party. He knew that there would be a lot of alcohol and pressure to drink. He took my advice and arranged to be the main speaker at an AA meeting the same evening as the Christmas party. After, he was thrilled with his speech and the many compliments he received. He said with amazement, "People praised me, they respect me."
He described it as one of the best moments of his life.

In one of our sessions, Wayne abruptly walked out of the office 20 minutes before the end of the session, saying, "That's enough for today." In the following session, as I carefully inquired about his experience of our relationship, Wayne slowly revealed a story about the day he rushed out of my office. Wayne said that he saw "a look" on my face that convinced him that I was about to attack him. "I just knew that you were about to pick up that book and smash me in the face just because I was talking. My only hope was to run out the door." I focused our therapeutic conversation on how triumphant it felt to Wayne to be able to "run" and escape the violence he anticipated.

Wayne then wept as he talked about having "no place to run to" when he was a child. He remembered a winter evening when he successfully ran out of the house to escape his father's hitting, but then his father locked the doors and left Wayne "in the freezing cold." At midnight his mother opened the door, said nothing, but "she gave me that horrible look that said I was worthless." We spent the next several sessions exploring his conviction that someday I would physically attack him and how his perception was constructed from a series of memories— memories that became more vivid through our therapeutic dialogue. During this phase of the psychotherapy Wayne had additional vivid memories of neglect and abuse in almost every session.

At the beginning of our fifth year, I learned that Wayne suffered from severe bowel problems. I thought that his retentive bowel problems might be related to his retroflecting his natural protest at his father's physical abuse.

Although we talked about his anger, the psychotherapy we did in each of our 50 minute sessions in the office did not provide sufficient time or physical protection for Wayne to express the intense anger that I surmised was contained in his guts. I invited him to attend an intensive weekend therapy group, a group where participants had the time and protection to express intense emotions, and where there was identification and empathy because many of the group members had lived childhoods marked by relational neglect and/or abuse (Erskine, 2010; Erskine & Moursund, 1988/2011).

On the second afternoon of the group Wayne told the group members about his father's emotional and physical abuse. The group members were understanding; they surrounded Wayne with pillows and encouraged him to express what he felt. Wayne began by pushing the pillows with his arms and then he exploded with anger about how his father repeatedly abused him. He repeatedly kicked a mattress and shouted at the internal image of his father. He physically expressed his anger and confronted his father about the painful beatings his father had inflicted on him. He wept about how as a boy he had always been extremely afraid that his father would kill him if he fought back. Following the intensive psychotherapy weekend, and the on-going work we did each week of acknowledging and normalizing his anger, his bowel functions changed. Wayne said, "I wasn't really alive when that bastard was hitting me. I was on

the ceiling looking at that kid being beaten. I had no feelings. I tried to die. But now I have a whole range of new sensations in my body. **I am alive.**"

As our weekly psychotherapy sessions continued, Wayne told me of two brutal events occurring at ages nine and 12, which are good examples of how a specific memory may represent many implicit, never-spoken stories. These two events were fairly easy for him to recall because he could explicitly remember the cruelty in his father's eyes and his mother's refusal to protect him. I assumed that these two explicit stories, although actual, were also metaphors that represented many other implicit memories of even earlier times when his father was physically brutal and his mother failed to provide necessary protection. Throughout the course of our psychotherapy, I periodically brought Wayne's attention to these two stories; each time I inquired further into his subjective experience. Each therapeutic exploration brought to Wayne's awareness fragments of memory, intense body reactions, and childlike self-protective strategies. The two prototypical stories of what occurred at ages nine and 12 provided further impetus to explore the qualities of Wayne's relationship with his mother when he was an infant and toddler.

When working with Wayne, I often had a couple of *developmental images* that helped me stay attuned to the needs and feelings of a neglected and traumatized boy. I frequently imagined a 10-year-old boy who needed his mother's protection from his father's physical and verbal abuse. Not only did he need her to stop the beatings, he also needed his mother to help him heal the wounds caused by his father's violation of the sacred bond between parent and child. Additionally, I imagined the relational desolation, the emptiness, and intense loneliness that Wayne must have sustained in having a mother who neither protected him from his father's physical and verbal abuse nor comforted him after the abuse. In fostering these developmental images, I had an appreciation of how Wayne tried to compensate through acting out his intense distress by damaging neighbors' properties, scratching cars, and stealing. By early adolescence he compensated for these significant relational disruptions by drinking alcohol to the point of full intoxication.

Wayne often began his sessions by telling me that he had been criticizing himself. When I asked about his criticism, he was vague. As I patiently inquired over several sessions, he described the criticism as a "disgusting sound." He called it "a sound that annihilates me." He demonstrated by making a hawking sound as though he were coughing up phlegm. Over the next few weeks, we worked to translate his "disgusting sound" into actual words. As we proceeded, we had to address his intense shame that accompanied the internal criticism. He was ashamed to let me hear the actual criticizing words: "I'm worthless," "I've destroyed everything," and "I'll never make it."

Each week I inquired about Wayne's self-criticism. I asked him to say the degrading comments aloud and to express the criticism with the same intensity that he felt inside. I wanted him to externalize what had been secretly internal. Each time Wayne reiterated a self-criticism, I wanted him to see my facial and body reactions—reactions indicating that I did not agree with his demeaning self-criticisms. Periodically I said, "I don't believe that description of you."

In several sessions Wayne and I focused on the homeostatic functions of his self-criticism. It became clear to Wayne that his criticism provided a sense of continuity as well as belonging and identity. As we explored the concept of continuity, he could remember the physical beatings and his father's harsh voice saying some version of, "You're worthless," "You'll never amount to anything," and "You're disgusting." We talked about how his self-criticisms were his way to not remember his father's physical cruelty and lethal definition of him. We also explored the concept of identity. His father had defined him, and in order to belong in the family, he assumed the identity his father had cast on him. One day Wayne said, "It's now clear to me that in order to belong I told myself the same shit he told me. But that is not who I am. That was his way to squash me. But I'm NOT worthless and disgusting. I am sober. I am dealing with my feelings and history. And I am doing well at work."

Wayne was often plagued by a deep sense of shame. He admitted that his attempts to

disavow shame was one of the reasons he previously drank whisky excessively. The alcohol temporarily drowned his shame until the next day when he was even further ashamed of his drunkenness. Based on several of the stories that Wayne had told me, I introduced the concept of *envy*. At first he was confused and assumed that I was accusing him of being envious. I explained that in each of his stories, he had described how his father beat him after he had accomplished something important in music, school exams, or boy scouts. Through my use of many historical and phenomenological inquiries, Wayne realized that his father always "belittled and berated everything I accomplished." Wayne also realized that his father was always bragging about his own past accomplishments and that he was probably lying to hide his own failures. It eventually became evident to Wayne that his father was envious of his son's accomplishments.

Wayne summarized a series of sessions with, "Each of my father's criticisms, each beating, was an attempt to 'squash me.'" He never wanted me to live." And then he added, "I know now that I was a brighter and more creative child than he ever was. He was cruel because he hated my success. If his hatred was envy, then he was very envious." The concept of envy allowed Wayne to make sense of his internal criticism, his constant shame, and the verbal and physical abuse his father inflicted on him. As a result of this awareness and the quality of our interpersonal connection, Wayne gradually stopped criticizing and blaming himself.

Wayne suffered from severe tension in his neck, shoulders, and upper back. His physical pain was particularly intense after some of our psychotherapy sessions in which he recalled times when his father was physically abusive and his mother ignored his pleas for help. I often managed to titrate the re-living of his parents' cruelty and neglect by slowing down his vivid remembering, focusing on what the experience meant to him, and exploring how these emotionally painful childhood events and their repercussions affected his adult life. Throughout his psychotherapy my primary task was attending to Wayne's uncovering of the long-forgotten stories of the abuse in his childhood so that he could live with internal peace and contentment. However, he still needed much more attention to the intense sensations in his body.

Near my office was a health center where they provided gentle, deep-tissue massages. I asked Wayne to schedule a massage immediately following our sessions. For the next few months following each psychotherapy session he had an hour's massage that significantly relaxed the tensions in his body. After the first few massage sessions, he reported that with the combination of our psychotherapy sessions and the massage, he was able "to have the best sleep ever." On a few occasions the massage triggered intense painful memories, and we arranged as soon as possible for an additional psychotherapy session. The massage therapist provided a valuable service in Wayne's integration of affect, body reactions, and memories.

Wayne has now died from cancer, but after concluding our psychotherapy sessions, he had 18 years in which he enjoyed life. Each year he would phone me on the anniversary of our first therapy session and would tell me, "You insisted that I go to AA. I was reluctant and I was desperate. I knew I had to change or that I was going to drink myself to death. The psychotherapy was painful but now I am content in myself and happy with life."

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