

# **Grief, the Body, and Script: An Integrative Psychotherapy Case Study**

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## **Abstract**

This article presents a case study conducted in accordance with the principles of integrative psychotherapy. The study addresses the physical and psychological difficulties experienced by a 36-year-old female client who lost both her father and her older sister to cancer within the same year. Over the course of two years of therapy, full-contact, relationship-oriented, and developmentally based interventions were utilized. The case study focuses particularly on the concepts of grief, the body, and script. Throughout the process, inquiry, attunement, and involvement—methods that facilitate contact—were employed, resulting in a strong healing effect on the client's script beliefs. The study also details the dynamics of transference and countertransference within the therapeutic process. This case study is written for the attention of professionals working in the field of integrative psychotherapy.

## **Keywords**

Integrative psychotherapy, body, grief, transference, countertransference, therapeutic error, therapist's relational needs, script

The client, Helen<sup>1</sup>, came to therapy to alleviate the anxiety and fear that had intensified after a traffic accident, to cope with the pain of losing both her sister and her father to cancer years earlier, and to strengthen her sense of self-confidence. Weekly sessions were held consistently over the course of two years, using integrative psychotherapy's methods of careful inquiry, sensitive attunement, and authentic involvement (Erskine et al., 1999/2015, p. 17).

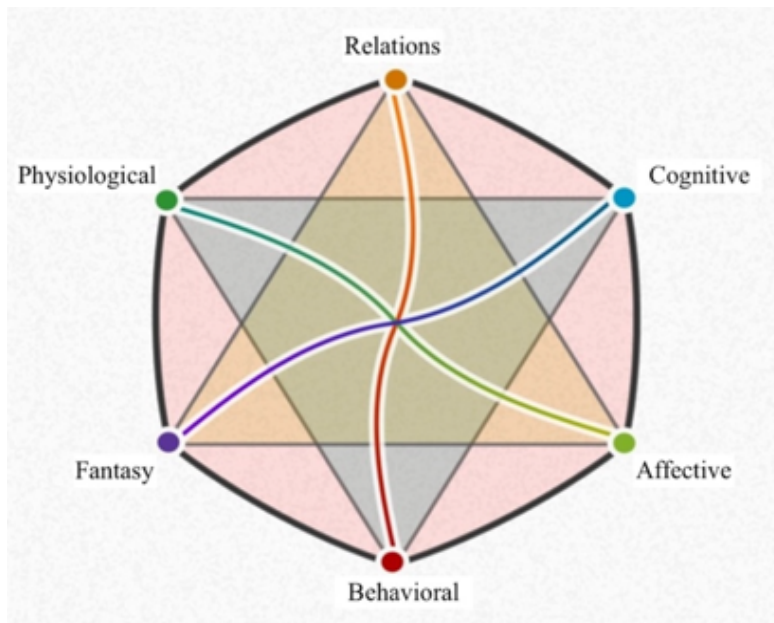
In Helen's psychotherapy process, grief work was carried out within a contact-filled therapeutic relationship through relational interventions that engaged emotion, cognition, behavior, physiology, fantasy, and relational patterns (Erskine et al., 1999/2015, p. 337).

Below, significant excerpts from the therapeutic work conducted in this case are presented.

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<sup>1</sup> Helen is a pseudonym to protect the privacy of the client.

**Figure 1.** *The Dimensions of Therapeutic Intervention*



*Note:* Image from Erskine et al., 1999/2015, p. 337.

### **Initial Impressions of the Client**

When she began therapy with me, Helen was 36 years old, had been married for three years, was studying graphic design, and was not employed. She had experience in archaeology and as a tour guide, but she did not complete her master's degree in archaeology.

Helen first shared that she lost both her older sister and her father to cancer within the same year, ten years earlier, and that she started therapy two years after these losses, continuing for one year. She herself had recently survived a traffic accident and had experienced intense fear of death. Helen stated that she woke up every morning with thoughts of loss, and she could not free herself from the belief that "If something in my life goes well, something bad will happen to me." She wanted to have a child, but her husband did not want one at all. This divergence in their desires caused Helen to worry about the future of her marriage. She wanted to write and illustrate a children's book, but she kept postponing this goal. She reported persistent thoughts such as "I can't do it; I won't succeed; I'm incapable," and shared that she constantly experienced pain on the left side of her neck.

As Helen spoke of her desire to rebuild herself and to cope with the pain of losing her sister and father, her speech was very rapid. With her colorful clothes, teddy-bear T-shirt, two braided pigtails decorated with clips, posture, and facial expressions, Helen resembled not a middle-aged woman but an eight-year-old child. I saw the deep sorrow in Helen's eyes and felt strong compassion for her.

Helen stated that she and her late sister had trained together as tour guides, but she could not continue this profession because it reminded her so much of her sister. She said she felt deep sadness and pain whenever she thought about her. While training to be tour guides, she and her sister had imagined showing tourists around Istanbul while looking at the Sultan Ahmed Mosque. With tears, she recounted how, during her sister's cancer treatment, she stayed by her side in the hospital for two years and how they would watch the Sultan Ahmed Mosque through the hospital window. I felt Helen's pain in my own heart, and I thought that her "unfinished" grief could be worked through only "after establishing a secure therapeutic relationship" (Erskine, 2015/2019, p. 223).

Helen's belief that "just when everything is going well, something will be left unfinished," along with her sorrow and longing, reminded me of my own memories—how my life had been turned upside down when my mother died in an accident while I was pregnant. I began to feel curious about Helen's story. With a deep sense of empathy, I thought that Helen and I could find words together for her sorrow (Erskine, 2015/2019, p. 293).

## **Historical and Phenomenological Inquiry**

### **Helen's Cognition**

Helen stated that her mother had fibromyalgia and, therefore, frequently complained of pain throughout Helen's childhood. She described her mother as someone who became angry very quickly—sometimes for a reason, sometimes for no reason at all. Her mother would clean the house while in a state of anger, talking to herself and grumbling as she worked. Helen's mother was also angry because of Helen's father's poorly managed investments and the family's ongoing financial problems, and she would constantly shout at Helen's father at home. Helen said she felt very sorry for her father, who was exposed to her mother's behavior. She described living with such a mother as emotionally suffocating. In one of our sessions, she recalled that, as a child, she would constantly think that "something bad was going to happen" at any moment because of her mother's emotional state.

Helen had two older brothers and an older sister. Due to financial difficulties, constant arguments took place among everyone in the family. Helen's parents and brothers would not allow her to do anything, saying, "You are too young." Growing up in a home without regular mealtimes or sleeping routines, Helen remained "the child who never grew up—the mascot of the house." In this crowded household, she said she was ignored by everyone except her sister. In my mind, a developmental image emerged: a four-year-old child in a large family, too small to reach the kitchen counter.

### **Helen's Emotions**

When inquiry was directed toward Helen's emotions, she responded with thoughts or focused on behaviors she felt unable to perform. Helen stated that the thoughts "The world is a dangerous place" and "Whenever something goes well in my life, something bad will happen"—which had intensified after her sister's death—became even stronger following her accident. She had reached a point where she felt that she could not cope with them. I noticed that Helen was interrupting her internal contact and normalized her experience by acknowledging that her thoughts were deeply human reactions in the face of such painful losses.

Helen repeatedly said, "I already worked through my grief in the therapy I attended before," regarding the loss of her sister. I sensed that she spoke these sentences as if reciting a memorized line and that she was cutting off contact with her emotions. I explored the meaning of this statement with Helen. Her voice was filled with pain when she said, "I worked on it before, it's done. So many years have passed, shouldn't the grief be over?" The tone of her voice, her teary eyes, and the way she looked at me with deep sorrow and helplessness carried me back to my own period of grieving.

I remembered the profound pain I felt when my mother died in a car accident while I was pregnant. My daughter was born 40 days later. I carried the grief of my mother's death in my heart for years. I recalled how long I had worked on my own grief during my own therapy, remembering my own protests and struggles when I thought, "I worked through my grief years ago, I worked on it, isn't it over yet?" I had been able to truly experience my grief only eight years after my mother's death. I remembered how, after a therapy session in which I finally worked through my grief, I felt as if my mother had died that very day—how I left therapy and cried uncontrollably in the streets for days.

When I now looked into Helen's eyes, I understood the pain Helen was experiencing and felt deep empathy for her. After recalling my own memory, I embraced Helen with her gaze, offering her compassion. I thought that Helen's "unfinished" grief could be worked through once a secure therapeutic relationship had been established. I reminded myself that I "knew nothing of the client's internal experience" (Erskine et al., 1999/2015, p. 30). I encouraged Helen to explore her emotions and, throughout this process, I was attentive to staying with her and remaining attuned (Erskine, 2023).

### **Helen's Relationships**

Helen needed an adult who acknowledged her existence, and she met this relational need through her older sister. When Helen was an adolescent, her sister went to England to learn a language and live there. Helen was saddened that her sister—who loved her very much—had gone to England, yet she was also happy because her sister would learn a new language. She mentioned that her mother had called her sister back before she completed her language education. Helen said she felt angry at her mother for this and believed that her mother did not understand her sister.

I conducted historical inquiry because I observed that her sister's departure to England had deeply affected Helen. Helen recalled the times when she felt lonely and cried constantly after the departure of the only person in the family who truly "saw" her. I attuned to Helen's emotions and conducted a regression process related to the day her sister left the country during Helen's adolescence. I invited Helen to a chair-work exercise. Helen closed her eyes, and I asked her to remember her memories related to her sister's departure. I asked Helen to imagine, for a moment, that her sister was sitting in the empty chair. I then asked Helen to tell her sister—imagined in the chair—what she did not want her to do at the time she was leaving. I initiated the sentence, "I don't want you to, sis..." and asked Helen to complete it. Helen responded, "Don't go, you are the only one who understands me at home. I don't want you to go, don't go sister. Don't leave me alone, don't go."

After expressing what she had not wanted at that time, I asked Helen to describe what she would have needed from her sister back then. This time, Helen completed the prompt "I need you to, sis..." as the Helen of that period. Helen cried intensely, saying, "Sis, please don't go, don't go, don't go... don't leave me alone in this house. I need you and your companionship." She remembered the moments filled with fear, loneliness, abandonment, anger, and helplessness—feelings she had not been able to express at the time. During the long silence in the session, I remained fully present and attuned to Helen's emotional rhythm. I looked at her with loving eyes and was simply there for her.

In later sessions, I conducted additional historical inquiry into the days following Helen's sister's departure. I listened to Helen's daily routines. Helen described the loneliness she felt when coming home from school, how time seemed to pass unbearably slowly, and how her mother—engrossed in endless household chores—did not see her. Helen recalled, with tears, eagerly waiting for the letters her sister sent from abroad and the deep longing she felt. She shared all of this while maintaining eye contact with me. Helen realized that what hurt her more than her sister's departure itself was being left alone and unprotected in that home. I attuned to Helen's emotions throughout the process.

In the sessions following the work on the scene of her sister's departure, Helen shared, "It felt as if a knot inside my inner world had loosened." She understood how this memory contributed to the formation of her script decisions: "I am not important," "I have no impact," "The world is not a safe place," and "Anything beautiful will be left unfinished."

### **Helen's Behaviors**

Helen frequently complained that she continually postponed doing things. She procrastinated on daily tasks such as cleaning, cooking, and going to the market. She said, "Every time, these things feel like a mountain in front of me." When she thought about the tasks she had delayed or avoided, she felt guilty; when she promised herself she would act but then

could not, she blamed herself for failing. She shared that this cycle led her to think of herself as “a failure,” “incompetent,” and “stupid,” and that she was exhausted by the relentless self-criticism running through her mind. The more she procrastinated, the more she ate junk food and watched cartoons at home, which led to weight gain. She would look at her stomach and criticize herself, noting that no sooner did one self-critical thought end than another began.

Helen also struggled to begin working on writing a children’s book and creating its illustrations. When she picked up her pen, she could not take action; she became absorbed in details, insisted that the book had to be perfect, and then found herself occupied with other things at her desk as time slipped away. When she left the desk without having completed anything she had planned, she once again turned to self-blame. The more she procrastinated, the more she ate, and this led to further criticism of her stomach and her body.

Helen additionally complained that she constantly tried to please people. Whenever a friend called, she would rush to help; whenever someone had a problem, she tried to solve it. She spent most of her time outside the home and lamented that she had little time left for her own life and responsibilities.

Helen focused heavily on what she was unable to do, asking, “Why can’t I clean, cook, draw, or stop procrastinating? Why am I a failure? Why do I always want to make everyone happy?” I wanted very much to intervene in Helen’s procrastination behaviors and implemented a behavioral strategy. Together, we created plans involving very small steps. Although I initially felt hopeful that these steps would create change, I soon noticed in subsequent sessions that Helen’s behavior had not changed. As Helen’s procrastination and people-pleasing behaviors continued, her self-criticism intensified, and she arrived at sessions even more burdened by her inner judgments.

As Helen continued to fail to follow the plans and to maintain her pattern of procrastination, I felt ineffective and inadequate. I found that every time I saw Helen’s name on the daily schedule, I felt overwhelmed before the session even began, filled with a sense of helplessness. After sessions, when I thought I could not influence Helen, my own core beliefs of inadequacy were triggered, leaving me feeling stuck. For this reason, I brought my experience to supervision.

Through supervision, I realized that I had missed attuning to Helen. I recognized that my own relational need to “be effective” had led me to lose attunement with her client. The supervisor reminded me that for Helen to become free from her defenses—her coping mechanisms—she first needed to accept them, understand their function, and appreciate their value (Erskine, 2015/2019, p. 260). The supervisor emphasized that integrative psychotherapy is not merely about behavioral change, and that Helen’s inability to change her behavior might be part of her script system (Table 1). The supervisor also explained the functions of defenses: “predictability, identity, stability, and continuity” (Erskine, 2015/2019, p. 238). She invited me to attune rhythmically to the client and to view the developmental picture. The supervisor highlighted the integrative psychotherapy principle that “process is more important than content.”

After this, I acknowledged my therapeutic error, took responsibility, and continued the process. I shifted my focus from behavioral change to attuning to Helen’s rhythm and cognitions. Before entering subsequent sessions, I reminded myself of the integrative psychotherapy principle that “process matters more than content,” and that Helen’s inability to make behavioral changes had an understandable place within her life script. I refocused on being fully present for the client—remaining in the relational process and engaging with Helen’s rhythm, emotions, behaviors, cognitions, developmental history, and relational needs. Through this work, Helen began to understand how her procrastination was connected to her parents—who never expected anything from her—and to the inner child in her who had never been allowed to grow up and was still trying to cope.

### **Helen’s Fantasy**

Helen wanted to explore her strong desire to have a child, a wish that had intensified after the death of her grandmother. I validated this desire, suggesting that it must serve an

important psychological function. During the historical inquiry, Helen became aware of her fantasies: “If I have a child, I will belong to the world; I will have roots in life. My mother will come to help take care of the baby together with my nephew, and in this way, I will bring the family back together after the deaths of my sister and father.” Upon discovering these fantasies, she began to sob uncontrollably. She realized how profoundly meaningful her longing to give birth—and to care for her nephew, left in her custody by her late sister—was for her. Helen cried and cried. I felt a deep empathy for her. While Helen wept, I sat quietly with her, and after a while, gently held her hand with compassion.

Unfinished farewells leave a person with a sense of hopelessness, an unending deprivation, or a disturbing feeling that something is missing. Resolving delayed grief requires repairing one’s capacity for full internal and interpersonal contact; it requires restoring the ability to say an authentic “hello” before being able to say a heartfelt “goodbye” (Erskine, 2015/2019, p. 296).

### **Stimulus-Structure-Relationship**

Six months after beginning therapy, Helen traveled to Bozcaada—where she had spent her childhood—with the intention of writing and drawing. During this period, therapy continued online for two months. Immersed in her family’s ongoing problems, she found herself constantly arguing with her mother. She could not say “no” to her family members or friends, felt compelled to please them, and despite deciding each day that she would write and draw, she was unable to do so. When she managed to complete even a single page of drawing, she believed that a major catastrophe would follow. As her neck pain intensified, she increasingly avoided writing and drawing altogether.

I thought that Helen’s return to the space of her childhood had activated stimuli that triggered her life script, creating a homeostatic reorganization (Erskine, 2010/2017, p. 293). Rather than focusing on Helen’s behaviors such as writing or drawing, I remained within the realm of phenomenological inquiry. Helen described how the problems of her family members and friends affected her. She felt responsible for her deceased sister’s son. Her nephew had begun to show adjustment difficulties, and this worried Helen. I encouraged her to refer her nephew to therapy. I also noticed that Helen was experiencing an interruption in internal contact, avoiding her pain and her grief.

In a session when Helen was feeling hopeless because there was no change in her behavior, I mentioned the “hole metaphor” from Portia Nelson, which Helen liked:

#### Autobiography in Five Short Chapters

I.

I walk down the street.

There is a deep hole in the sidewalk.

I fall in.

I am lost... I am helpless.

It isn't my fault.

It takes forever to find a way out.

II.

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I am in the same place.

But, it isn't my fault.

It still takes a long time to get out.

III.

I walk down the same street.

There is a deep hole in the sidewalk.

I see it is there.

I still fall in... it's a habit.  
My eyes are open.  
I know where I am.  
It is my fault.  
I get out immediately.  
IV.  
I walk down the same street.  
There is a deep hole in the sidewalk.  
I walk around it.  
V.  
I walk down another street.  
(Nelson, 1977/2018, 144)

By referring to the hole metaphor, I emphasized that Helen wasn't alone in this process and that we would be together. Instead of emphasizing behavioral changes such as encouraging her to write or draw, I remained in the process through phenomenological inquiry, attunement, and involvement.

### **Grief Work**

Realizing that Helen's fear that "something bad will happen after the holiday" had intensified, I understood that the grief process needed to be addressed.

Elif: Helen, there seem to be significant changes in your thoughts after the holiday. Would you like to talk about this?

Helen: Yes, truly, after visiting my family and coming back, my thoughts changed a lot. After each holiday, I keep thinking that something terrible will happen and that the good things in my life will be cut short. These thoughts spin in my mind constantly, endlessly. I can't get rid of them.

Elif: These thoughts must be circling in your mind for an important reason.

Helen: Actually... I heard about another cancer diagnosis again. *(She paused; her throat tightened.)*

Elif: *(Made eye contact, attuned to her rhythm, waited for a while.)* What have you been thinking and feeling during this time, Helen?

Helen: I remembered my sister. *(Her eyes filled, her voice trembled.)* As if it will always be winter in my life.

Elif: *(Waited 1–2 minutes...)* Are you crying on the inside?

Helen: *(Nodded, eyes toward the floor.)*

Elif: What do you feel about your sister?

Helen: My sister was married. I used to stay at their house... *(Continued crying.)*

Elif: Please continue, what happened?

Helen: I had become very ill. The doctor said my illness was related to Mediterranean anemia. He mentioned that it could be Hashimoto's and immediately took me to the doctor in the next room. I learned that, contrary to my fears, I did not have a terminal illness. But just as I was

leaving, he told me to bring the blood counts of everyone in my family so we could determine who might be carriers. He wanted to raise awareness because if two people with Mediterranean anemia married, their children could be born sick. So I had the entire family tested. My sister and I took the results to the doctor. The doctor said my sister's results couldn't be accurate and asked us to repeat them. When the results came back the same, he said bone marrow fluid needed to be taken, and that the test would reveal what her illness was. My sister and I were shocked. She had an unhappy marriage. Soon we were supposed to go on a 35-day educational tour around Turkey so she could become a tour guide. *(Continued crying.)* My sister chose to go on the tour instead of having the test done. Her husband, she, and I joined the trip. Nothing improved in their relationship; in fact, things became even worse. After we returned from the tour, my sister and her husband went together to have the tests done and pick up the results. I was at home with her 6-year-old son. The phone rang. She said, "You may want to sit down." I sat on the bed in the bedroom. She said, "I have cancer." *(Continued crying.)* At that moment, I felt as if the ground completely disappeared beneath me. A weight settled on my shoulders. I was so scared.

Elif: *(Fully present, maintaining eye contact.)*

Helen: Instead of supporting her after this news, her husband left her. While my sister was hospitalized, she learned he was cheating on her. They divorced. I blame him. I am angry at my sister for staying married to such a man, for loving someone like him, and for hurting herself so much. *(Continued crying.)*

Elif: *(Nodded gently, taking Helen's anger seriously and attuning to her experience. To show full presence, I moved my chair slightly closer, waited silently, then spoke softly.)* Helen, if we were to invite your sister here for a few minutes, what would you say to her?

Helen: You are beautiful. You are smart. You never gave yourself the value you deserved. Why did you stay married to him? Why did you die so young? Why? Why? Why? *(Continued crying.)* Your son has grown up; he's in high school now. *(Crying.)* He is also in therapy. *(Crying.)*

Elif: *(Emotionally attuned, waited silently.)*

Helen: Your son loves computers. He is such a sweet child, but he stayed a child. He can't socialize with anyone. He remained incomplete without you. As you can guess, his father cannot be a father to him. I am so sad about him. *(Continued crying.)*

Elif: *(Emotionally attuned, waited silently. Gently nodded, placed a hand on my heart.)* After losing your sister, what did you experience? Is there anything you would like to tell her?

Helen: After you died, all colors disappeared. I felt suspended in an endless void. I had no one who could take your place. Everything we dreamed of together was left unfinished. *(Continued crying.)* I couldn't experience this grief. For the first two years, I would wake up at night thinking I needed to find blood. I would think I was in a hospital room. When I received good news, I wanted to call you. *(Crying.)* My hand would reach for the phone. I couldn't accept your death. Then I started therapy, and after a while my therapist said our work was done. Crying a bit had helped, but now I see that even that remained unfinished. My insides burned, sounds blurred, colors faded. *(Crying.)* I stopped enjoying life. None of us in the family could talk about you. We couldn't cry together. Whenever I felt happy about something, I thought I didn't have the right to be happy. I felt tightness in my chest.

Elif: *(After a period of silence...)* Can you tell me the qualities you admired most in your sister?

Helen: She was innovative, compassionate, colorful.

Elif: Do you have a story about your sister you'd like to share?

Helen: We once watched a movie in her hospital room. It took place on an island. We loved the island so much that we immediately looked it up online. Kefalonia. She turned to me and said, "I will beat this illness, and when I get out of the hospital, we will go to this island together, Helen." *(Crying.)* It remained unfinished. Everything I wanted to do with her remained unfinished. I feel as if my wings are broken. *(Crying.)*

Elif: *(After waiting a while, making gentle eye contact.)* Earlier you mentioned being angry at your sister. Can you tell me why?

Helen: Because she didn't take care of herself, because she took on everyone's responsibilities, because she hurt herself so much.

Elif: You wish she had taken care of herself and not carried so many burdens, is that right?

Helen: *(Continued crying.)*

Elif: *(Emotionally attuned, remained silent. After a while...)* Helen, your sister gave you important things. An innovative, compassionate, colorful, joyful sister—truly the kind of sister anyone would wish for.

Helen: *(Still crying, lifted her head, looked into my eyes with shining eyes.)*

Elif: You miss her all the time.

Helen: *(Nodded in agreement.)*

Elif: What would you think about carrying the qualities you admire in your sister into your relationships, keeping her memory alive that way?

Helen: That would be wonderful.

Elif: If you were to commemorate her, how would you like to do it?

Helen: I could paint by thinking of her, by feeling her. I remember the color of her hair, the warmth and softness of her hands, the compassion she gave me. And I remember that smile of hers that warmed me the most.

Elif: *(I was reminded of my own late mother's smile. I looked at Helen with compassion.)*

Helen: *(Looking sorrowfully, touching her chest.)* I feel as if there was a threshold inside me, and I finally crossed it.

Elif: *(Looked at her with compassion, maintained affirming eye contact.)*

I walked Helen to the door. After Helen left, I sat on the couch for a while with my eyes closed. I took a deep breath. Having gone through the difficulties of my own grief, I now felt the honor of accompanying someone else in theirs.

## **Helen's Physiology**

Helen reported that her neck pain increased whenever her thoughts about death and anxiety intensified. I conducted a historical inquiry. Helen shared that when she was four years

old, there had been a fire in their home, and for years she believed that the fire had been her fault. I normalized this by explaining that four-year-old children are not yet developmentally capable of abstract thinking and that, at that age, children tend to believe that events happen because of them, as they have no other way to make sense of experiences.

Helen also shared, with great sorrow, that before she was born, her older brother had been very ill. Her mother had a dream suggesting that if she had another child, her son would live. Deeply influenced by this dream, her mother decided to give birth to another child for the sake of her son's survival. Helen expressed profound sadness over the belief that she had been brought into the world for her brother to live.

As Helen recounted these memories, her hand repeatedly went to the left side of her neck. I, too, began to feel bodily pain during the session. As Richard Erskine (2015/2019) explains, for a therapeutic closure that may alter the neurobiology of original neglect and trauma, the body needs to be moved in a more expressive way, the emotion needs to be felt, and muscular tensions need to be acknowledged.

During one session, Helen rubbed her neck with her fingers and her face tensed in pain. Her breath was catching in her throat.

Elif: Close your eyes now and focus your attention on the pain in your body. Allow it... let it tighten even more.

Helen: *(Her face contorted in pain. She tilted her head toward the left side of her neck.)*

Elif: *(Trying to experience the pain in her own neck, gently rubbing the left side of her own neck in an attempt to create psychological resonance.)* You just sighed... What is the pain on the left side of your neck saying to you?

Helen: Hospital days... two years... cold *(crying)*, the sound of spoons, white walls, *(silence)* shoe covers *(silence)*, routine *(silence)*... The only routine I've ever had in my life reminds me of death. *(Presses her neck, her face tightens.)* And when I was studying archaeology... routine then, too. My sister went abroad, and now she is completely gone from my life. I couldn't tell her not to go—don't go, don't go, don't go... *(shouts, cries)* My life has always been full of people leaving... *(sobs)* Sister, don't go!

Elif: *(Feeling a deep ache inside as she absorbed the client's tone, volume, rhythm, and sorrow; my eyes filled with tears.)* What do you feel in the left side of your neck right now?

Helen: It hurts more... it has increased...

Elif: Speak to the pain...

Helen: *(Eyes closed)* I don't want you in my body anymore.

Elif: Say it stronger.

Helen: *(Eyes closed)* I don't want you in my body anymore. I-do-not-want-you. I don't want you.

Elif: Continue...

Helen: Go now. Go. Go. I give you permission to leave. I give you permission to leave... *(Repeats it many times, loudly, until she is out of breath. After a moment of silence, she opens her eyes; her face brightens.)* I give you permission to leave. I'm going to write down this sentence.

Elif: *(Looked at Helen with compassion and nodded approvingly.)*

Unconscious script beliefs are often observable through various expressions, such as body posture and movement, forgotten appointments, misplaced objects, repeated physical injuries, or errors in reasonable judgment. It is an essential task of the psychotherapist to decode the behavioral, imaginative, transference, and physiological expressions of a life script (O'Reilly-Knapp & Erskine, 2010, p. 15). I was curious about the emotionally charged story waiting to be told (Erskine, 2015/2019, p. 317).

## **Intergenerational Script Transmission and the Internalized Parent Intervention**

When Helen was four years old, her aunt's daughter—who was around the same age—had fallen from a balcony. She recalled that her mother had raised her constantly saying, “Be careful, you'll fall; don't run; don't sweat.” Attuning to Helen's rhythm and emotion, I encouraged her to verbalize the loss narrative involving her cousin. Helen expressed that much of the sense of loss and fear she had lived with actually belonged to her mother. I hypothesized that once the introjected mother—the *Parent ego state*—was no longer active, Helen would gain the freedom to transform her entire script system (Erskine, 2010/2017, p. 262).

At this stage, I conducted a parental interview with Helen's mother. The mother shared that her own mother had lost her home in Thessaloniki during the war, had migrated by ship during the population exchange, and had lost a nine-year-old child. After this parental interview, Helen was able to make sense of the “loss” thoughts she experienced on a daily basis. She realized how deeply death anxiety and loss narratives were embedded in her intergenerational history.

I recalled a film about the population exchange titled *Dedemin İnsanları* (My Grandfather's People) and shared it with Helen. The intergenerational loss narrative had a significant place in Helen's script. Deeply affected by this session, I later watched documentaries on the population exchange, particularly those focusing on “Rum/Imroz.” In the next session, I learned that Helen, too, had watched documentaries on the population exchange that same week. I shared my own viewing experience as well.

Helen came to subsequent sessions filled with deep sadness. She said, with teary eyes, that she felt lost and that change was very difficult. I attuned compassionately to her sorrow. What Helen was experiencing was the grief of intergenerational transmission. Several sessions after processing the intergenerational script work, she returned with hope, vitality, and a sense of aliveness. She said she felt as if the broken parts of herself had begun to come together, like the Japanese art of *kintsugi*, in which broken ceramics are put back together with conspicuous veins of gold or silver lacquer. Helen felt as if she had taken her first steps toward integration, was more connected to both the world and herself, and was trying to please others far less than before. Using a metaphor from her archaeology background, she said that just as Göbekli Tepe represents the first settled human life, she too felt as though she was taking her first steps toward a “settled life.” Helen sat more securely in the therapy chair. Her clothing choices shifted toward softer pastel colors, and her hairstyle began to change. I rejoiced with her—joining in her joy.

In the second summer of therapy, Helen went to Bozcaada, where she had spent most of her childhood. Therapy sessions continued online during this period. As she left, her internal contact had strengthened and she felt hopeful. She was in a place where she felt integrated emotionally, cognitively, behaviorally, and physiologically. I observed that she was no longer suppressing her emotions, that she could name and accept them, more easily access the bodily sensations accompanying her emotions, and reflect on experiences by asking, “Why am I feeling this way? What am I thinking?” She had increased her sense of self-definition in relationships and had reached a place where she could recognize her inner child.

When she arrived in Bozcaada, being in the same environment as her mother triggered memories from childhood. Helen said she was angry at her mother for once again being preoccupied with household chores and not paying enough attention to her. Despite receiving news that someone she knew had been diagnosed with cancer and experiencing family-related difficulties, she shared that she was handling these problems differently than the previous

summer. She said that continuing online sessions while there was helpful. Although she faced difficulties in Bozcaada, she felt she could cope with them more easily thanks to therapy. She expressed how helpful therapy had been. In the sessions that followed, she frequently idealized me by repeating: “You are amazing, you are wonderful, I admire you.”

After these remarks, I did not dissuade her from idealizing me. Erskine (2015/2019) explains that a client often goes through a period of idealization when they experience the therapist’s acceptance, and that this should not be discouraged. Erskine asserts that idealization of the therapist reflects the desire to be watched over by someone bigger, stronger, and wiser and, simultaneously, is the echo of the parents the client needed. Just like a small child’s teddy bear or ragged blanket, the idealized therapist can be a powerful ally in helping the person face their pain and fears. With the therapist, the client can experience being accepted by someone strong, reliable, and protective (Erskine, 2015/2019, p. 132).

I reflected on how fragile Helen was and how deeply she needed to be accepted by someone strong and trustworthy. I conducted phenomenological and historical inquiry regarding Helen’s days in Bozcaada during childhood and her current time there. Helen shared that her mother’s constant state of illness, irritability, and complaining during the family’s summer holiday reminded her of the past. She expressed that her mother’s demeanor created a void inside her, and that she felt this void more intensely when she returned there. As all of this unfolded, I explored her father’s role during that period. With continued inquiry, Helen said that this summer, she felt deep sorrow for the child inside her, that this caused her great pain, and that she missed her sister. I remained in attunement and participation. I normalized Helen’s longing, and her vulnerability touched my heart.

Erskine (2015/2019) explains that therapeutic progress roughly follows three phases: In the early stages of therapy, the client’s feelings, needs, and concerns are nearly all they can think about, while the therapist stays in the background. In the second stage of therapy, the therapist may become extremely important to the client and may frequently appear in their thoughts and fantasies. As therapy progresses, the client’s need for such attachment decreases (Erskine, 2015/2019, p. 134).

I believed that Helen’s idealization indicated that we were in the second phase of therapy.

## **Two Years of Change in the Client’s Life**

In the second year of therapy, Helen came to our New Year’s session with *The Void* by Anna Llenas and a batch of homemade New Year’s cookies. She expressed gratitude for everything she had experienced throughout the therapeutic process. She shared that she imagined the book she plans to write resembling the one she brought, and despite the longing she still felt for her sister and father, she now had the strength to write and draw again. Helen remembered Nelson’s “hole metaphor” that I shared a year and a half ago. She said she was fourth stage of the hole metaphor, in which she sees the hole and walks around it. Helen’s eyes sparkled as she explained that she now had the capacity to integrate archaeology, tour guiding, drama, and illustration while writing a children’s book. With teary eyes, I celebrated her hope and courage with a warm embrace. I thought of these gifts as Helen’s way of expressing love, and I thanked her.

Helen began drawing again and started doing Pilates. She shared that even the smallest physical discomfort used to trigger her fear of death, but that this had now changed. She took on a tour assignment in the region she used to visit with her late sister. Although it resurfaced painful memories, she was able to continue working. She said she enjoyed being a tour guide and felt a sense of achievement. Helen had begun to recognize her own defenses and coping mechanisms and to understand their functions. When she completed the tour that weekend, felt successful, earned money, and cared for her health through Pilates, she became aware of the recurring belief that “good things in life will always remain unfinished.” She explained that she now recognized the reasons behind her attempts to please people during the tour and her postponement behaviors around writing or doing household work. She understood that by pleasing others she was seeking acceptance and love, and that she carried

the hope of being loved. She also realized her desire to leave a flawless impression on people. Although she understood why she behaved this way, she shared that she still occasionally caught herself repeating these patterns.

I provided validation by explaining that her coping mechanisms had once served her well and provided hope at a time when she needed it. I normalized Helen's experience by adding that when coping mechanisms, choices, and decisions come to mind, the brain seeks a specific, continuous, and consistent pathway, thereby forming an identity (Erskine, 2015/2019, p. 238). I listened with interest, curiosity, and excitement to all these changes and insights, celebrated Helen's growing awareness, shared her joy, and affirmed the positive impact Helen had on people during the tour.

When the COVID-19 pandemic affected the entire world, therapy continued online. Helen stated that although her dance and yoga classes had been interrupted, she no longer interpreted events with her old patterns of thinking. She shared that in the past she might have believed that a global illness had happened "because of her," and that something terrible would happen, leaving everything unfinished. During this period, she was able to distinguish between the real situation and her past beliefs. Despite the pandemic, she continued to enjoy writing and drawing. However, seeing people wearing masks reminded her of her sister's treatment period, which caused her deep pain. I normalized this by saying, "During a difficult life event like the pandemic, it is natural that seeing people in masks reminds you of the days when you had to wear one. For two and a half years, you wore masks to protect your sister and father—those were painful times." I continued to attune to Helen's emotions through phenomenological and historical inquiry.

In the following weeks, Helen separated her sister's books and belongings from her own and packed them to give to her nephew. She said she felt she was able to move through her grief and looked at me with grateful eyes. She expressed heartfelt appreciation, saying that if she had not worked through her pain in therapy, the pandemic—when the whole world was masked—would have been far more difficult for her. "After the deaths of my loved ones, I created a new life. I'm so glad you exist," she said. My eyes filled with tears.

I remembered how, after the death of my own mother, my life had been turned upside down—and how I had worked through my grief in therapy, healing my own life script. Now, through a therapeutic relationship filled with genuine contact, I was witnessing how my clients were finding healing in their own life journeys.

## **Conclusion**

I witnessed Helen gain awareness in key areas of her life—cognitive, emotional, behavioral, fantasy, physiological, and relational. I observed Helen experience her grief, complete her unfinished farewells, integrate her personality, and reach a place where she could "fly with her own wings."

Helen's relationships began to emerge not from obligation or inhibition, but from flexible choice. She became more aware of her current relational needs and, in this process, developed sensitivity to the relational needs of others. No longer constrained by a restrictive life script, Helen gained the capacity to express herself openly in relationships. She began to show her attentive, gentle, curious, and sincere sides more freely in interpersonal interactions. She continued yoga and dance, noting how much joy they brought her. Her neck pain resolved, and she began writing and illustrating the children's book she had long imagined. Although she still struggled at times, she now felt able to cope. Helen told me that she felt "as if flowers were blooming inside her" and shared her wish to share this feeling with everyone.

I could now see Helen—through her posture and presence—as a young woman. Throughout this process, my hands touched the client's, and the client's hands touched mine. Both changed. Both transformed.

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**Table 1. Helen's Script System**

| SCRIPT BELIEFS / FEELINGS                                     | SCRIPT DISPLAYS  | REINFORCING EXPERIENCES   |
|---|--|---|
| <b>Beliefs About:</b>   | <b>Observable Behaviors</b>  | <b>Current Events</b>   |
| <b>Self</b>   | Trying to please her acquaintances   | Her husband not wanting to have children  |
| "I can't make it."  | Dressing and behaving like a child   | Wanting to quit her graphic design training   |
| "I can't do it, I'm incompetent."                             | Being unable to do any housework, such as cooking or cleaning                        | A recent traffic accident   |
| "I'm unlovable."  | Being unable to write or illustrate, frequently procrastinating                      | Being unable to work  |
| "I can't make an impact."                                     | Constantly eating junk food during stressful times                                   | Constantly trying to please others  |
| "I won't grow up, I'll always be a child."                    | Always trying to be the entertaining one in social settings                          | Her husband's struggles with alcohol and health issues  |
| "I don't belong anywhere."                                    | Lacking sense of ownership over her competencies in the workplace and career         | Someone she knows being diagnosed with cancer or another illness  |
| "I will lose everything."                                     | Not working solely for the purpose of earning money                                  | The COVID-19 pandemic   |
| <b>Others</b>   | <b>Reported Internal Experiences</b>   | <b>Old Emotional Memories</b>   |
| "No one cares about me."                                      | Anxiety, fear  | The story of her birth—being born to save her brother   |
| "If I please others, they will love me."                      | Feeling of emptiness   | The story of intergenerational loss and the Imbros population exchange  |
| "If I am perfect, I will be accepted."                        | Feeling guilty and angry at herself for procrastinating                              | Being overprotected by her mother after her cousin's death at age four, and growing up with messages like "Don't do it, you'll fall, something will happen to you." |
| <b>Life</b>   | Feeling guilty and angry at herself for eating junk food                             | Having a mother who was constantly ill, complaining, grumbling, and emotionally neglectful  |
| "The world is a dangerous place."                             | Feeling unloved because her partner doesn't want children with her                   | Having a neglectful father who was working and emotionally distant  |
| "Life is very hard."  | <b>Physiological Experiences</b>   | Being the youngest child in a grey, stifling home—constantly caught between arguing adults, and feeling like she didn't belong                                      |
| "Money is bad in this life."                                  | Neck pain, tension in her shoulders and back   | Escaping arguments in childhood by hiding under the table and expressing herself through drawing, creating a colorful inner world                                   |
| "Bad things always happen to me."                             | Inability to stand upright   | Becoming aware that her primary school teacher ignored her and didn't appreciate her success in an illustrating competition   |
| "Good things always remain unfinished."                       | <b>Fantasies</b>   | Staring at friends' houses during adolescence, feeling like a child, and remembering a persistent sense of not belonging  |
| (Intrapsychic Process)  | "Something bad will happen, and everything good in my life will be left unfinished." | Being beaten in front of her classmates by her math teacher during high school, reinforcing the feeling of not belonging  |
| <b>Repressed Feelings</b>                                     | "If I have a child, I will be rooted in life and belong to the world."               | Being belittled by her college teachers who said things like "She can't do it, she won't succeed," and once again feeling like she didn't belong                    |
| Anger   | "If I have a child, I will affect change the world."                                 | Losing both her sister and father in the same year and spending a long time accompanying them during hospital visits  |
| Loneliness  | "It feels as if there will always be winter in my life."                             |   |
| Sadness   | "My mother will never love me the way I am."   |   |
| Emotional pain  |  |   |
| <b>Repressed Needs</b>  |  |   |
| To rely on someone who accepts her existence in relationships |  |   |
| To define one's self  |  |   |

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