

Post-Script to Part 2 of a Case Study Trilogy

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Abstract:

Author comments on the case study '*Balancing on the "Borderline" of Early Affect-Confusion*', written by Richard Erskine and responses to his article written by Ray Little, Grover Criswell, James Allen and Maša Žvelc.

Key Words: integrative psychotherapy, supervision, case study

In Part 2 of the case study, *Balancing on the "Borderline" of Early Affect-Confusion*, an in-depth psychotherapy was undertaken. The contract included: resolution of Theresa's early affect confusion; how archaic conflicts effected conflicts in her relationships in the present; and to "find alternative ways of stabilizing herself other than raging or demanding attention for her helplessness". What began as few memories in Theresa's childhood progressed to more awareness within the therapeutic relationship. The methods of a phenomenological and historical inquiry, attunement to Theresa's affect, her developmental levels, and relational needs, and the process of involvement that included acknowledgement, validation, and normalization of her attempts to resolve conflicts in her childhood were evident in Richard's interactions with Theresa. A few illustrations of the methods of Inquiry, Attunement, and Involvement that appear in this case study follow. You may notice that under inquiry I have included "here-and-now" inquiry since this is a critical component in Integrative Psychotherapy. In his responses, Richard uses the term "relational inquiry".

Inquiry –

Phenomenological inquiry - "I regularly inquired about her body sensations and what she was feeling"

Historical inquiry - "She was now able to talk about her teen-age years.."; "With each exploration she began to remember humiliating school situations and eventually her mother's constant barrage of criticisms and ridiculing comments".

Here-and-now inquiry – “Inquiring how she perceived the intricacies of our relationship was a practice that I continued to do at those potentially transforming points in almost every session”.

Attunement – “talked about her developmental needs”; “inquire[d] as to how she experienced my transactions”; “sensitively inquired”.

Involvement – “I explained that it was normal for a child to believe his or her mother...”; “validating and normalizing her anger at her mother’s criticisms”.

In the replies, Ray Little reminds the reader of managing boundaries. He goes on to address the ‘opening’ up of memories and the possibility of re-traumatization. His remarks on the here-and-now and his statements on the transference- countertransference matrix furthered the dialogue. For a more comprehensive discussion of impasse clarification, the reader is referred to Little’s (2011) article. Grover Criswell continues his scrutiny of the case study with the discussion of the therapeutic relationship as an “interactional laboratory”, of the significance of positive transference, the “timing” of interpretations, and the psychodynamic issues related to interruptions of therapy. The points made by James Allen included a summary of Theresa’s previous work. He also drew attention to the importance of admitting to our patients when errors are made. He referred to the work of Schore and how the sympathetic nervous system is stimulated when shame results from parental misattunement. And he stated that he “would have done more work with the internalized other”. With the last of the responders, Maša Žvelc noted Theresa’s progress. She observed the process of phenomenological inquiry and the “sensitivity,” “respect”, and “nurturance” provided by the therapist. Her statement that in this second part of the case study there were “no signs of uncovering and verbalizing transference countertransference” will be addressed in Richard Erskine’s responses to his colleagues.

The title, ‘Phenomenological Inquiry and Self-functions in the Transference-Countertransference Milieu’ reflects Richard’s responses. An examination of phenomenological inquiry continued in the rejoinder to Ray Little. Also, the responses included: the “present moment”; the “us” in working with memories related to trauma; and negative transference as “an unconscious call for help”. Responses to Grover Criswell involved a discussion of the building of a working alliance with Theresa and the importance of phenomenological inquiry. Noted was Richard’s appreciation of Grover’s description of “interpretation” and his account of the essence of a relational and integrative psychotherapy. Discussion of the summer recess also took place. Comments to James Allen involved an expansion on early development and relational needs and self-regulating processes. Questions, such as “something was missing”, by Maša Žvelc were appreciated. Richard states that this is “an important asset in discovering what is

not being talked about in the psychotherapy”. These questions also represent “your curious mind and capacity to discover the untalked about, an essential quality for doing in-depth psychotherapy”. A lengthy discussion addressed Richard’s work with Theresa within the transference-countertransference milieu.

In concluding this part of the post –script, I want to note three thoughts that came to me as I read Part 2 of the case study: the reluctance to talk, therapeutic errors, and juxtaposition reactions. All three are predictable and will inevitably emerge in the therapeutic relationship. Reluctance to talk about childhood is a way Theresa and other clients facing “the unthought known” (Bollas,1987) present with such statements as “I don’t have any memories”, “I don’t know”. Also there may not be words (preverbal) or the words were never expressed or validated by another person. Within the intensity of the therapeutic relationship, it is inevitable (Guistolese, 1997) that there will be errors and misunderstandings. These misattunements were recognized by the therapist: “It was important in our relationship that I acknowledged my errors and took responsibility for how my behavior affected her.” It is also unavoidable that juxtaposition reactions will occur. Not only is Theresa bringing the unconscious to conscious levels, she is encountering a sense of herself in the present that is new and different from what she believes and feels herself to be. At this point, she is a stranger to herself.

It has been a privilege for me to be a part of this process. I have deep respect for the five who have contributed to this dialogue and I unreservedly anticipate Part 3 of the case study.

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