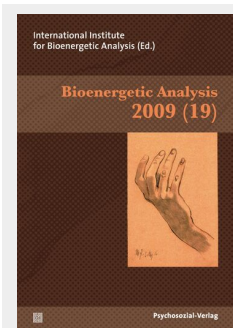


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A Bioenergetic Clinical Case Study of Sarah



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D. Emma Rhoads

Summary

This is a case study written as the final paper for my clinical training program at the New York Society for Bioenergetic Analysis. Our final year of training was focused on the study of transference and countertransference dynamics. The assignment for this paper was to present a case study including a clinical formulation of the characterological dynamics of the client's personality functioning, a bioenergetic body and character assessment, and an examination of the transference and countertransference dynamics within the treatment.

Keywords: case study, transference, countertransference, bioenergetic analysis

This paper explores the treatment of a young woman whom I shall call Sarah. Sarah was one of my first adult clients, after many years of experience working primarily as a psychotherapist with children. While Sarah appeared to be high functioning, this was only superficially true. Her psyche was in fact organized quite primitively, and her unconscious process dovetailed with my own in ways that left me feeling overwhelmed and ungrounded. It was a struggle for me to remain in useful contact with Sarah, and also with myself, during my encounters with her, and I found the case extremely challenging.

In her book, *Live Company* (1992), Anne Alvarez describes how therapists can distract themselves and their patients, by

“... resorting to elaborate detective-like reconstructions about the past causes of the patient’s beliefs about herself. Links with the past ... of course, are important, but they are no substitute for the study of the living interactions and of the often dangerous erosions of precious parts of the personality which may take place in these interactions.”

This paper attempts to address some of the problems which arose in the transference and counter transference dynamics between Sarah and myself, which posed a great threat to “precious parts of the personality”, (both Sarah’s and my own), and explores how the course of treatment may have been impacted by these dynamics.

Identifying Information & Presenting Problem

Sarah initially sought out psychotherapy for help with a growing feeling of intractable despair, loneliness and lack of interest in her usual activities during the five or six months prior to beginning treatment. Medication had been recommended by a previous therapist she had consulted, but Sarah felt strongly that she did not want to use psychotropic drugs, and therefore decided to seek help elsewhere.

Sarah was trained as an artist and was a talented and accomplished painter, sculptor and draughtsman. She was active as an artist in a private way, but professing to have no interest in sharing her artwork with the public, she made her living as an administrator in an unrelated business.

Family History

Sarah was the eldest of five siblings, raised in a family who are followers of a separatist religious sect. Sarah’s siblings all live close to home and are practicing members of the religious group. Sarah’s family moved frequently throughout her childhood. These moves were made possible by the flexibility of her father’s work, but instigated by his selfish desires, rather than the exigencies of his career, according to Sarah. Due to her family’s frequent

moves, Sarah's friendships and group affiliations were disrupted over and over throughout her childhood.

Sarah described her father as a domineering and selfish man, completely self-involved and inconsiderate of the needs and feelings of the people in his family. Sarah described these traits in other members of his extended family as well. Sarah experienced her mother, (whom she described as coming from a family in which she was devastatingly lonely, deprived and subjected to repeated losses), as a frustratingly passive person who followed the dictates of her husband while completely disregarding her own needs and feelings. Sarah complained bitterly about her mother's inability to relate to her children as autonomous people with individual needs and emotions. Sarah described herself as having felt alienated from her family from an early age, and struggled with conflicted feelings of pride at her autonomy and rationality on one hand, and bitter feelings of rejection and abandonment, on the other. Every family must struggle to meet the needs of its members for both autonomy and connection in such a way that each member can feel bounded and contained within a psychic skin that permits connection and intimacy while also protecting identity and autonomy. This process was well beyond the capacities of any of the members of Sarah's family, who were already isolated from their surrounding community by virtue of their participation in a separatist religious group. The family's collusion in assigning to Sarah the role of the isolated 'other' was likely a function of a need, within the family system, for at least one member to assume the superficial appearance of functioning autonomously. Thus, the collective fear, within the family system, of annihilation due to separateness, isolation and abandonment could be managed by projecting these affects onto Sarah, who could at the same time act as the receptacle for her family members' unconscious longing/fear of healthy autonomy and individuation. This process may have permitted Sarah's other family members to persist in the mergers, enmeshment and self-abandonments which characterized their relations with one another. So, while Sarah felt scapegoated by her family, she was also continually choosing her role. And while actively pursuing, in both childhood and adulthood, a life separate from her family, she also thereby retained, and retains, her tie to them. Sarah's tortured feelings of being both unbearably separated from her family, and yet tied up and enmeshed with them, were essentially structured into her personality. The

attempts she made during her treatment to touch the feelings associated with this paradox created in her a panicked feeling of disintegration.

Unlike her other family members, Sarah did not feel primarily allied to her religious community, but more connected to the secular world of school and town. While Sarah was never outwardly rebellious, she describes herself as having felt frustrated from an early age by the feeling of separation from the world outside of her family/religious community, which was the inevitable result of living within a religious sect.

As a child, Sarah was an excellent student who threw herself into each new school she moved to with the intention to participate and achieve. She joined clubs, got parts in plays, and was popular among her peers. Sarah describes her friendships as limited and shallow, especially as she got older and became accustomed to being torn from her schools and communities. Sarah's parents tolerated, but did not make efforts to support Sarah's active participation in her school life. Gradually, in her teenage years, she began to inwardly reject the teachings of her religion.

During her treatment with me, Sarah complained bitterly about her inability, in her adult life, to establish the intimate, enduring, sustaining relationships, which she spoke tearfully of longing for. Her relationships with men had been characterized by power dynamics, each member of the couple attempting to gain and maintain the upper hand, and a lack of any real intimacy. In her friendships, Sarah described a pattern in which she became closely involved with a particular friend, often someone self-absorbed and needy, who then abandoned her when she or he found another venue for their needs, such as a boyfriend. Sarah spoke with bitterness and frustration about her inability to share her feelings with others and experience feelings of closeness – partly because she was unable to identify and articulate her feelings, and also because she found that the friends she chose tended to be quite self-involved. She complained that, over the past several years, she had become increasingly mistrustful of people.

Bioenergetic Body and Character Assessment

Sarah presented with a predominantly schizoid character structure, with oral and psychopathic traits also present. Sarah's body was in certain respects

well developed – she was tall, well rounded and shapely. At the same time, her body had a distinctly flaccid quality, with low muscle tone and a dull, damp pallor to her skin. Sarah had a general slowness to her, speaking in a languid drawl and draping herself on the couch in provocative poses, often exposing herself quite flagrantly in loose, low cut blouses and skimpy skirts. The languid, flaccid quality of her body was juxtaposed strangely by the frozen immobility of her joints, especially around her neck and the base of her skull. She barely breathed, and when she attempted to take a full breath the visible tension in her neck, tendons protruding monstrously through an angry red flush, was painful to witness. Sarah's face paled and reddened with the flux of her emotions, the skin on her face hardening and softening; her eyes often glittering with anger but also glazed by unshed tears. Energy blockage at her neck, the base of her skull and the ocular region stood out in contrast to her body below, which appeared superficially relaxed and soft, despite the tension around her joints and at her chest and back. Sarah described what felt to her like a bubble in the middle of her back, slightly to the left (behind her heart) where she experienced a persistent, unrelieved tension. Sarah frequently suffered from intense neck pain, originating from the left side of her neck, which radiated down her shoulders and arms, sometimes causing her so much pain that her stomach hurt and she was unable to turn her head. At the same time, she described not being bothered by the pain at all. On one occasion I suggested to Sarah that she try sitting up straight, her feet flat on the floor. When she did so, she suddenly appeared as a little girl, vulnerable and filled with grief.

The character dynamics guiding Sarah's personality functioning appeared to be predominantly schizophrenic. Her grasp of reality was tenuous, and she was not capable of meaningful self-reflection. Sarah often accused me, (in response to my occasional observations about how her early family dynamics might be impacting her current behavior/relationships), of blaming her for her problems. "This is not my fault!" was a leitmotif of her therapy alongside her insistence that she held herself responsible for creating the life she wanted.

Sarah's emotional life had a chaotic, undifferentiated quality. She once asked me, "How do you talk about emotions?" Sarah's relationship with her emotions had a primary-process quality. One physical manifestation of this infantile orientation towards herself and the world could be seen in

Sarah's inability to hold up her head when she attempted to relax her neck, even slightly, while taking a breath. At these moments, holding her head as it flopped limply in my hands, I was seized by a heartbreaking desire to take care of her as if she were a newborn.

Sarah's primitive orality was apparent in her unremitting longing for connection and sustenance, which she was barely able to recognize, let alone take in or metabolize, when it was offered to her in any form. Her low muscle tone and limited capacity to contain energy in her body was evidence of oral character traits. At the same time, paradoxically, Sarah's body had an intractable, brittle quality, especially around her chest and back. This brittle energy and muscle tension was juxtaposed strangely with the soft, penetrable oral quality of her skin and the superficial layer of tissue. The rigidity in her trunk did not appear to allow her body to contain energy the way it might in a rigid character structure. The tension in her trunk had more of the puffed up, swollen quality of narcissistic/psychopathic character traits made manifest in the body. These character traits could be seen behaviorally in the power dynamics that permeated all of Sarah's relationships, and the conflict between the desire to surrender and merge, vs. the need for autonomy, which was so evident in the energy she radiated, and her behavior with me in therapy.

Course of Treatment

Sarah was in therapy with me for approximately two years. An attitude of bitter, complaining oppositionality was present from the very first session, characterized particularly by questions, which she posed as an aggressive demand. Examples of these are: "How do you get past this?" "How can I become less impatient?" "How do I find a middle ground?" "What do I do about these friendships?" She was willing, reluctantly, to explore her childhood and family dynamics, but always returned to a whining demand for a solution, which was juxtaposed interestingly with her frequently repeated assumption of responsibility for creating the life she wanted and imagined for herself. Any active attempts on my part (beyond asking questions) to help her explore or more fully inhabit her emotions or her body, were usually refused, with comments such as: "If I try to do that, I feel that my

personality would disintegrate.” During the initial months of treatment, Sarah occasionally surrendered to tears, but did not report or appear to experience any relief or self-connection through weeping. Several months into the treatment, Sarah began to announce herself as she entered the room, “Here I am, back again!” and when leaving her session she’d breeze off, always without eye-contact, saying, “Here I go, out into the world!” This was an indication to me that the therapy was beginning to function as a ground for her: a place she could believe existed, which she could leave and to which she could return again.

During the time she was in treatment, Sarah had several friendships with men who interested her, and also spent a lot of time talking about the various unsatisfying platonic friendships in her life. She talked about the painful isolation and lack of connection in her life, complaining that no one she knew prioritized her or reached out to her. She spoke similarly about her family members. Sarah talked about these matters in an angry, complaining, slow-moving drawl – punctuated by occasional hysterical, aggressive laughter, as she sprawled herself out on the couch, exposing her body often practically to the point of nudity.

About nine months into the treatment, Sarah reported a dream in which a catastrophe had occurred which threatened to destroy the city in which she lived. Sarah was the only person who seemed to be aware that the water supply would soon be poisoned by the sewage system, which had stopped functioning, the food supply would run out, disease would become rampant and people would begin dying. Sarah made a plan to escape, by foot, to a place in the country, several hundred miles away where food could be planted and a new life could be built in an uncontaminated environment. She was unable to convince any of her friends or the people around her of the imminent danger they all faced. Enraged and grief stricken, Sarah set off on her own to escape certain death and make a new life for herself. This dream indicated to me that Sarah had begun to make a commitment at least unconsciously, to her treatment with me, which involved the trek through, (and potentially out of), the inner devastation of her psychic landscape, even if that meant leaving family and friends behind.

About a year into treatment Sarah became involved in a serious relationship with a man, Frank, whom she described as largely caring and devoted, although struggling with intimacy and self esteem issues. Sarah described

great fear and confusion in the initial stages of this relationship, as she attempted to cope with the feelings of groundlessness and inner chaos evoked in her by simply sitting in the presence of a man who was not actively rejecting her, and whom she was not actively rejecting – a dynamic which had been present in all of her prior romantic relationships. As the relationship progressed, Sarah found herself struggling with intense frustration and anger, evoked often by fairly minor disappointments and misunderstandings between her and Frank. Bigger problems between them, such as his loss of interest in sex, she dealt with largely through denial.

As Sarah began addressing, in therapy, her immense frustration and rage at her difficulties managing her emotions within her relationship with Frank, she became more intense and aggressive in her demand that I offer her some solution. She described situations in which her impatience at minor annoyances, such as being kept waiting, would become so intense as to be intolerable. When I asked her to create a fantasy of what it might be like to surrender into her authentic emotions in these situations, she imagined dissolving into hysterical sobbing and raging. The longing behind the hysterics, as she described it, was for someone to see her, acknowledge her, care for her, be there for her and remain connected to her in a way that she was unable to experience (or, in her words, that “I can’t find”) in any relationship. The feeling of torment at this feeling of isolation Sarah described as a “free fall”.

In one session, about 17 months into the treatment, when I made some reference to a connection between a current struggle and the family dynamics of her childhood, Sarah reacted with intense anger towards me, saying that she was finished exploring her past, that this exploration had yielded no result. “All you do is show me how bad it was – nothing changes. I can’t remember the last time I was happy.” She looked at me with eyes glittering with rage. Soon after this session, Sarah brought up the idea of coming to therapy less frequently. At this point her relationship with Frank was foundering, and they were talking about possibly breaking up. (Her question to me: “How do you work on a relationship?”) She said she found that the anticipation of coming to therapy was beginning to produce feelings of anxiety and irritation in her, rather than the organizing, grounding (my words) function that she described it as having had for her earlier on. She proposed that she make her next appointment for three weeks hence. She

arrived for that session still questioning the use of therapy for her – problems with Frank having settled down for the time being. I spoke more than I had previously about how therapy could be a place for her to simply experience herself, rather than always focusing upon the solution to problems. Sarah replied, angrily, that the more I tried to get her to come back, the more she wanted to leave. She did not make a next appointment, saying she would call me. The next day, my office mate found a piece of graffiti, “fuck you, motherfucker”, written on an obscure wall of the office. This could have been attributable to one of my adolescent clients, but I suspected Sarah. She has not contacted me since.

Transference/Countertransference Dynamics

Sarah’s professed longing for intimacy and connection with others was tragically hindered and complicated by the threat of symbiotic engulfment and/or terrifying abandonment which such contact inevitably involved for her. Sarah acted out these fears within the transference with a combination of seductive behavior and dress, and an attitude of demanding, combative, whining bitterness and rage. In the countertransference, I experienced her energy as that of a dual-action magnet, repelling me and sucking me in towards her at the same time – the energy in both directions so super-charged as to make me feel as if I were unable to breathe or live. The air in the room, when inhabited by Sarah and me, often felt to me as if electrified, without oxygen and unable to sustain me. A dull headache would set in, I felt restless and agitated, and also pulled towards lethargy and sleep. I experienced this energy as almost entirely unrelenting throughout the therapy, although it abated somewhat when Sarah became involved with Frank (perhaps because that relationship was absorbing much of this energy). Other people in Sarah’s life also appeared to respond dramatically to this attraction/repellent energy: she reported several occasions in which men with whom she was interacting casually in social settings suddenly grabbed her and kissed her. She also talked about calling every one of her friends on the phone to make weekend plans and not receiving a single return call. On several occasions, during our sessions, I found myself suddenly, unaccountably accosted by entirely unwonted images of body parts in sexual intercourse. I suspect that

this was a manifestation of Sarah's seductive, sexually charged but essentially non-emotionally contactful energetic charge.

During the course of treatment I had various experiences as I struggled to cope with the toxic charge I experienced in Sarah's presence. For several sessions, (after attending a weekend workshop focused on finding imaginative and physically experiential ways of making contact with our internal organs) I produced an image of Sarah's body inside the transparent body of an angel many times her size. I saw Sarah's head entirely held inside this transparent beating heart, which glowed with a tender, green light and pulsed with powerful, heavenly love. With each pulsation of this angel's heart I imagined the energy of Sarah's tremendous need, longing and spiteful rage being absorbed and neutralized.

In another effort to cope with my reaction to this suffocating energy, I attempted to absorb Sarah's energy into my belly and pelvis, rather than my chest and head. The result of this maneuver was an image and sensation of falling through space while being murdered and sexually assaulted, gripped by feelings of grief and terror. In a session following my first attempt at this particular maneuver, Sarah reported a dream in which a woman had been murdered. Sarah had information about the murder, but the family of the murdered woman refused to allow access to the police or to the body of the murdered woman, which they had stolen from the morgue to bury in private. Sarah's production of this dream following my countertransference experience of her energy was an example of the primitive, primary-process forces driving Sarah's psychic process and the transference and counter-transference dynamics of the treatment. In other words, much of the meaningful, potentially healing contact between Sarah and myself was happening largely unconsciously for both of us.

Another important element within the transference and counter-transference dynamics of the treatment was Sarah's relationship with her own feelings of anger, and my response. Sarah was often angry, and was occasionally able to acknowledge angry feelings towards me or towards someone in her life. She was almost completely unable to acknowledge her anger towards her parents, however, especially her mother. At times, I suggested to Sarah that she might be feeling angry with her mother or father, (whom she talked about with great bitterness and disappointment) and offered her the opportunity, in various ways, to give words or voice to those feelings.

Sarah usually responded to these overtures with a denial of any feelings of anger, or with her fear of the “disintegration of my personality” if she were to allow herself to inhabit these feelings.

I had two dreams about Sarah, one about 5 months into the treatment, and another about two weeks after our last appointment. Both dreams shed light on countertransference dynamics in the treatment. In the first dream Sarah was the wife of my ex-husband. She was lying naked on a bed. Her eyes were almond shaped and evil looking. Her breasts, which were small and hard, had nipples shaped exactly like her eyes. I was standing behind her, beating her chest with some kind of a board, screaming at her, “You have no heart!” I heard a male voice behind me saying, “Her heart was fully functioning”, meaning that it worked mechanically, even though it had no feeling. In the more recent dream, Sarah was my romantic partner and I was introducing her to my family. She was like an evil queen, driven to power, someone who would stop at nothing to accomplish her ends. She was playing the guitar and the banjo (I play guitar, and have always wanted to learn the banjo). I, and my nuclear family of origin, were doing all we could to cater to her, desperately concerned about her judgment of us.

These dreams speak to my identification with Sarah, my rejection and fear of the Sarah-like aspects of myself, and my aggressive/sexual impulses, both towards Sarah and contained in the Sarah-like aspects of myself. Throughout the treatment, I was largely unconscious of the operation of these dynamics within myself, and I had difficulty remaining fully alive, moment-to-moment, with Sarah, and experiencing myself and my responses to her in ways that I could make useful for her. For example, in my effort to cope with the extreme discomfort of being in Sarah’s presence, I sometimes found myself repeating silently to myself, “I’m not angry at her, I’m not angry at her ...” Such experiences were useful to me later when I could analyze the meaning of my response, (which I suspect was partly driven by my own efforts to cope with feelings of retaliatory anger towards Sarah, and probably also contained some elements of projective identification – Sarah’s rage towards her parents, being unmanageable for her, was placed instead in me). However, my need to focus on my own emotional/physical preservation hindered my ability to track my own experience and use it to support Sarah in exploring her own moment-to-moment experience of herself in her interactions with me.

Sarah's psychic structure was organized around an angry, naïve insistence that she could have a real life, just like everyone else. Her notions of a "real life" were primitive and superficial at best, despite her considerable intelligence and sophistication. I identified closely with this experience of Sarah's, and struggle in many of the same ways. In truth, I suspect that I possess a more elaborated psychic structure than Sarah did, and am, unlike her, capable of experiencing (albeit tenuously) a boundary that separates, protects and allows for connection. My difficulty remaining grounded in these truths regarding my differences from Sarah, as well as our similarities, hindered me from using my own experience of the countertransference more productively in the treatment.

Due to my pull, within this treatment, to abandon awareness of my own boundedness and autonomy in my relationship with Sarah I was prone to a misjudgment of her as being more emotionally healthy and mature than she in fact was. At times Sarah involved me (and I participated in) lengthy, theory-oriented conversations about contemporary art, architecture and literature. On one hand, this may have helped her feel grounded and reassured, a "port in the storm" as I put it to myself. However, I suspect I was also colluding with Sarah in the false belief that we could both, metaphorically, let ourselves off the hook, when it came to the reality of how dangerous our work together was, to each of us separately, and to our relationship and shared project of Sarah's growth and healing.

As the treatment progressed, Sarah described how, since her descent into the feelings of despair that led to her seeking treatment, she had been progressively "losing track of who I am." She said she had gone from being a "strong, powerful, creative, interesting person to being bored, numb and totally isolated." Sarah functioned in a matrix of competitiveness and a stubborn demand that she experience the emotional security, freedom and expansiveness (in whatever primitive form she could conceive of such states) that she perceived to be possessed by other people, and by me. Her investment in appearing more intact psychically than she indeed was, dovetailed (perhaps catastrophically) with my struggle to represent myself (at least to myself, and also, in carefully titrated doses, to Sarah) as a powerful, autonomous person capable of inspiring both fear and dependency in Sarah. As I became better able to articulate to myself the emotions contained in my experience of toxic, electrified energy in the field between myself and Sarah, I experienced myself as feeling sexually

overwhelmed, weak, passive and despairing – as if my life blood were being drained from my veins. It was, and remains, difficult for me to differentiate between the various strands of experience and affect taking place within the transference/countertransference dynamic. In my role as a powerful, sexually energized maternal figure to whom Sarah could attach and depend, I functioned for her in two ways: as a stable, potential attachment figure, and at the same time as a succubus threatening merger and annihilation. The confusion of longing and murderous rage this aroused in Sarah, towards me, certainly impacted me and aroused my own responsive complexity of emotion and sensation. At the same time, the passive, de-energized sensations I experienced also belonged to Sarah: I was experiencing, via projective identification, her own horror, despair and weakness in the face of parental demands for merger and the annihilation of autonomous self-experience.

Sarah needed to relate to me within a maternal matrix and identify with my more fully developed ego. My difficulties inhabiting that role more consciously, hindered me from supporting Sarah with more grace and subtlety in managing the fear of psychotic loss of containment that such a relationship inspired in her. In her constant demand that I offer her a solution to her problems, Sarah was demanding that I truncate the process of her experiencing herself as dependent upon our relationship.

I suspect that Sarah's flight from treatment was driven by an unconscious attempt to ward off the decompensation which threatened her as she grew closer to me, and to the impending engulfment/abandonment which our connection represented. The potential dissolution of her relationship with her new boyfriend was also probably a complicating factor: if she abandoned me first, she could ward off her own fears of abandonment within a relationship of dependency.

I believe I also made the mistake of over-focusing, in the treatment, on family dynamics and past events. Much of the healing and growth that took place during this therapy happened due to unconscious process. Due to this same unconsciousness, I found myself engaged in the same type of power dynamic (dominance vs. submission) that characterized Sarah's relationship with her parents and her adult relationships as well. I question how I may have remained more awake in my own process, and therefore able to make the treatment safer and more supportive for Sarah, and perhaps thereby tolerable.

Reference

Alvarez, Anne (1992) *Live Company*. Routledge. London, U.K. Pg. 3

About the Author

D. Emma Rhoads is a clinical social worker and certified bioenergetic therapist. She is in private practice in New York City, where she also works as a school guidance counselor. She lives in Brooklyn with her two cats, and has a grown daughter.

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