Jacqueline Mills

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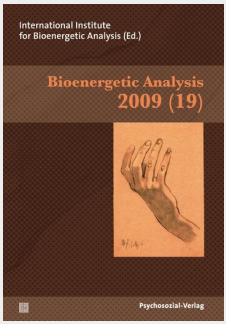

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Summary

This paper is a personal account of the author's understanding of her countertransference in relationship to a variety of clients. It was written during the second semester of her third year of bioenergetic training. Trainees were required to keep a journal of their process throughout the semester, noting specifically their awareness of their countertransference issues as they read the required readings and participated in the experiential exercises throughout the training weekends. The author explores ways in which her process in training and her process in her own therapy impact her growth and understanding of her countertransference.

Keywords: Countertransference, Shame, Narcissistic Wound, Projective Identification, Wounded Healer

As I entered my third year of bioenergetic training, I was in the disorienting and disruptive process of the breakdown of my character structure(s). And I mean in the throws of it. I understand that we are in that gradual process most of the time when we are working on ourselves but there came a point at which things as I knew them ~ me, as I knew myself ~ fell apart. Though I know this core transformation to be the goal of bioenergetic analysis, I really had no idea what I was getting myself into. I intuitively knew I needed to go where I have gone, plumbing the depths of my psyche, and

my psyche-soma. However, my knowledge of this process was, up to this point, intellectual, naive and a bit pompous.

The first weekend of the semester we read two articles that I want to mention and refer to. The first was on shame by John Conger (2001) and the second on narcissistic wounding and the therapist's resistance to working with the body by Robert Hilton (2007). This weekend brilliantly coincided with my losing about seven clients in my private practice. Three of those clients were newer and I had intuitively felt they might not stay (so the sting was not as bad). Whenever I feel this upon meeting someone I ignore it. Rationally, I do so because I want to believe they will keep coming so that I can make my house payment. The truth is that I believe, in my grandiose, infantile self, that I can help – *must help* – all who walk through my door. If I can't, I am at fault. The other two I saw long term and their treatments, in my mind as I write this, were complete disasters. The fact that I feel this way is symptomatic of my core organization. However, I do feel that my countertransference got in the way to such a degree that I believe I did damage. And that breaks my heart. Between the articles mentioned above and the experiential exercises in class, I now feel like I have a clearer sense of my countertransference to these clients and how (and how much) it impacted me and my work and my ability to facilitate my client's healing.

The essence of my core countertransference issue is this: If I don't save my mother from herself then I will die (physically or psychologically). Because my mother needs me, I cannot/will not be taken care of or protected by her. I will therefore be subjected to the hostility and hatred of my sister (and many other traumatizing people and experiences). I must be my sister's (and other's) play things, meaning, if I don't try to please them even though it is impossible to do so, then I am BAD and deserve every negative thing I get. I quote from my journal writing that weekend, "I feel like a failure watching the role plays. I shouldn't be a therapist. I know nothing. I have no skills. I fear/feel/know I have done damage. All of my work has been from my countertransference with just plain luck that I might help someone. I don't recognize traps clients set for me ~ I walk right into them believing I can be *the one* out of all of the people they have turned to for help, to make their world better." So what I see now is that if I help my clients feel their own despair I will die ~ that is the fear I am operating out of ~ that is the thought that causes me to freeze. They don't want to feel their despair

(and I don't want to feel mine) and if I help them feel it I fear I am bad. I take responsibility. I feel paralyzed, unable to know how to keep my clients focused on their experience while I stay present with myself and with them. Their resistance to their experience is my biggest trigger.

In his article entitled *The Body of Shame: Character and Play,* John Conger (2001) states, "Shame disrupts the formation of a primitive core self which is reflected in the body through a failure to ground, establish good boundaries, restricted breathing, a loss of emotional range and a weakening in our desire to be present." In my countertransference I especially relate to my difficulty in establishing good, solid boundaries for my most primitive clients to bump up against which facilitates their healing and growth. I have identified subtle ways in which I give and I now feel, versus knowing intellectually, how that comes out of my need to be helpful which protects me from my own fear of feeling helpless. Conger (2001) also wrote, "Shame occurs whenever we feel "outside", when we are uncomfortably separate," and, "Shame is the emotional experience of a break in our bond with others." Another piece to my countertransference then is the clients that trigger me the most are terrified of connecting or attaching. The relationship feels tentative and tenuous at best so disruption becomes devastation and there is no more relationship. Without the relationship I know that I will have no way to repair that rupture. I imagine myself from their perspective – from "outside" – and then feel deeply ashamed. The bond is broken and I stop breathing in fear, I disappear, and leave my client alone in their struggle. Then, I come back periodically trying to give them something, anything, to try to restore the connection but ultimately it is not helpful to them.

In his paper entitled *Narcissism and the Therapist's Resistance to Working with the Body,* Robert Hilton (2007, 1988) is speaking to the narcissistic wounds we carry and how they impact and influence our work as therapists, specifically, how we as bioenergetic therapists might avoid working with the body. This quote seems to speak directly to my journal entry mentioned above:

> "As psychotherapists, they had traditionally found a way to work so that their illusions of omnipotence would not be challenged and thereby they would be able to avoid feelings of inadequacy and the accompanying threat to their self-esteem. The role of psychotherapist was functioning for them as a narcissistic defense; that is, it was functioning in a way to help protect them

> from the wounds and injuries which they felt would be experienced were they to open up on a deep emotional level where they felt inadequate as persons and inadequate as bioenergetic therapists."

In the first training weekend of this semester (second semester of my third year of training), I was trying to help a fellow trainee via coming up with the right statement that would help him wrap his countertransference in a pretty little box and be done with it instead of helping him to stay with the truth in the moment. His truth in that moment was that he was confused and from that came the shift in his understanding about how his childhood wound was working in his countertransference and causing him to feel stuck. With another trainee, I froze when she began to speak about how horrible she felt about herself. I was trying to – I was going to – take her into her body and into her pain about herself (not the exercise and not necessarily therapeutic). Then the trainer came over to me and whispered in my ear, "Tell her she is OK and she is not horrible and incompetent and that you love her and you are here for her." I felt sad to have missed that, sad for my colleague, and so wanted to say that to her but I felt myself as frozen – I couldn't move at all. If it weren't for the trainer I would have taken her away from her core issue and deep into her feelings (and in my fear would have left her there with them) and then I would have had her up into her head, wrapping bows on packages of fear and shame and hurt to try to control those feelings and soften the blow.

In discussing the film *The Psychological Birth of the Infant*, Hilton (2007, 1988) states, "The child is extremely anxious if the mother leaves the room and yet he is quite often rejecting of her when she is present. If you try to help him, that's not good enough. The mother is made to feel inadequate because in this phase of development she does not receive any rewards from the child that affirm her as being "good enough." The child is engrossed in needing support in order to enjoy fully his own aliveness. The mother has to rely upon her own feelings of love and bonding with the child, plus the support of others, to sustain her during this period." I resonate with the need to have that kind of support in my own therapy and can see how my mother was unable to provide me with the support necessary to fully embody myself. Hilton (2007, 1988) goes on to say:

> "If the child is given a safe enough framework in which to explore these polarities of grandiosity and helplessness, he will be able to stay in touch with his body and discover within his own organism his strength and his weakness, his independence and dependence; he will be able to integrate into his body the limits of his grandiosity and his true vulnerability. The basis of the narcissistic wound is established when the mother is unable to provide boundaries within which the child is allowed to experience these limits, and is not able to participate with pleasure in the spontaneous movement of the child. This is true because the mother has unconsciously or consciously been using the bonding of the child in an attempt to heal her own narcissistic wounds, suffered at the hands of her own parents. The mother needs the child to affirm that she is of value to the child and thereby to repair her low self-esteem. This is done by the child either by staying attached to the mother or by allowing her to be in charge of his explorations."

I can see how I have done to my clients what was done to me – both as a child by my mother as well as by a previous therapist. Before, I could speak to not wanting to enact this dynamic because I understood it through trauma theory and from an intellectualized place. With my current experience of living these narcissistic wounds in my body and what I have done to compensate for them, I now feel when I want to act out this dynamic with certain clients and can at least stop myself, and perhaps even find a way to speak to it so that it is helpful to the client.

On the first day of the second training weekend of this semester the entire concept of countertransference felt overwhelming to me. The following is an excerpt from my journal after having discussed the readings with my training group, especially the chapter "A Psychoneurobiological Model of Projective Identification" from Allan Schore's (2003) book *Affect Regulation and the Repair of the Self.*

> "My countertransference is overwhelming. I feel, I want to say humbled, but that's not quite right. Its bigger and deeper and critical and judgmental of me. There's too much of me to keep track of ~ too much responsibility for me to carry ~ to have to know, moment to moment, whether what my client is bringing to me is about them or me or projective identification ~ is there a way I can feed this back to them that will help them, support them to find enlightenment and deepen their understanding of themselves? My sense that primitive clients are impossible for me has largely to do with the fact that I don't perceive them as that primitive and then when, in their attachment to me, I live

> out their primitive dynamic with them, its too late ~ I get hit by their negativity, rage and by their need to punish. Usually I can juggle my countertransference with other clients and know I am doing the best I can … and I know I will never know anything/everything. But with these clients I feel so powerless and helpless to ever see, know, feel and appropriately deal with client's projective identification. I feel doomed because I take too much responsibility for my part in things. I forget that projective identification exists as a phenomenon. I am always looking at how I am impacting them and how I could do better."

My understanding from what Schore (2003) discusses in his book is that projective identification is a communication. Typically it is a communication of what the client is feeling, what they are experiencing but cannot put words to or more than likely doesn't even know to put words to because the information is unconscious. What most therapists seem to experience are feeling states that "don't feel quite their own". My excitement about Schore's work, as well as infant research findings, is that these primitive states being communicated are bodily based, more sensory and affective. This gives me something a little more concrete to hold onto, to search for, as I sit with my clients and try to be an instrument through which they can know themselves.

Schore writes, "It has been observed that patients who utilize projective identification have "dissociatively cleansed" themselves of traumatic affects in order to maintain some form of relationship with narcissistically vulnerable others." From this, I take that some enactments I've engaged in are due to my own narcissistic wounds and I have protected myself from experiencing my shame either by colluding with my patients' tending to my needs or by articulating the dynamics from an intellectualized place. I have not been able to both sit with my own narcissistic needs and wounds as well as help my clients to sit with theirs.

In terms of my struggle to know whether or not my client is in a process of projective identification, I turn to this quote from Schore (2003), "I describe projective identification as an early organizing unconscious coping strategy for regulating right-brain-to-right-brain communications, especially of intense affective states. Because affects are psychobiological phenomena and the self is bodily based, the coping strategy of projective identification represents not conscious verbal-linguistic behaviors but instead unconscious nonverbal mind-body communications. This informa-

tion from developmental affective neuroscience and neuropsychoanalysis describes the fundamental psychoneurobiological mechanisms that mediate the therapist's capacity to access unconscious communications in order to know the patient "from the inside out". However, in my ongoing struggle to do things "right", this still leaves me with the question, "Then what? What do I do next? How do I do what *should* be done?" I can see just in my asking the question that I still believe it is possible to avoid enactments and ruptures. I so want to protect myself (and my clients) from feeling shame and failure and the experience of my patients looking at me with anger or hatred or fear. Yet, I do believe that with experience, I can recognize projective identification better, even if there is nothing to do about it when it happens.

The third training weekend of this semester brought back to me, in high relief, my lack of self-confidence. I continued struggling over the weekend with a sense that more seasoned therapists (more specifically, those who know the body) would see things that I have missed in my clients and therefore avoid the enactments I have participated in. I know in my head that all therapists struggle at times with their clients and I think that my idealization of those who have come before me gives me something to strive toward, I just have to be careful not to clobber myself with it. My continued theme for this third weekend sounded like this:

> "I don't trust myself to accurately assess my client's primitiveness or ego strength or core self-stability. I tend to resonate with their deep need and longing to be met because I tend to give what I need – the difference being that, in them, it triggers a malignant regression and in me it doesn't … then I get confused and scared, feeling completely responsible for their regression and then I'm not available to them because I don't know how to be with them in these primitive places because I've never been where they go even though I have my own primitive places."

This brings me to the next article we read by Michael J. Maley (1992) called *The Wounded Healer.* I found this article very insightful and helpful and reassuring. He says, "We make no progress toward wholeness without problems to address in our life." I breathe a sigh of relief when I read that. It helps me to develop self-talk that is kind and compassionate toward me. Maley (1992) also says, "The so called issues of the therapist can be looked at

as blessings or opportunities for learning rather than something to remove." Which is great except then I think to myself, "But my clients need me to guide them, to be farther along than them so that I don't get in the way of their healing." Of course, Maley (1992) has an answer for this worry of mine as well, "The experience of doing nothing but accepting and opening to *what is* also becomes a vital part of the transformation process. This part of the therapeutic process concerns itself with the experience of formlessness or space – an important subjective experience in the reorganization of the psyche that needs recognition." I know that my growing edge is to be able to sit with my clients in *what is* for them. I don't have to fix them. In fact, I can't fix them. My ability to tolerate my own pain and helplessness and fear allows me to hold a space for them in where they can sit with their feelings which in and of itself is healing for them.

The last thing I want to talk about in this paper is my experience of the exercise (developed by Robert Hilton, 1988) we did in the fourth training weekend. I had a very powerful experience of collapse, surrender, acceptance and expansiveness. Once again, the overlap of my personal process and where I am at in my therapy has rocked my world – the training deepening my understanding of my personal process and my personal process opening me up such that I cannot deny that which is revealed to me in the training weekends. I would say the theme in my therapy for the last 8 months or so is surrender (which, in the beginning, felt like defeat). I have had to let go of my expectations and acknowledge my feelings beneath my expectations – my longing, my fear, and my deep disappointment. This has allowed me to surrender to *what is* in my therapy – to both who I am and who my therapist is. I have had to confront both of our limitations and weaknesses in the face of each other, the dynamic we create together. Having this relationship in which to live out certain dynamics, old and new, has been the most profound experience I have ever had. So when it came time to do the exercise of giving up my specialness, of acknowledging that I can't give myself up anymore in order to be what I think others want, I was ready! I truly felt my pain and sadness. I felt my sense of specialness slip away, I felt my brokenness and my grief, and I felt a huge sense of relief, at which point my diaphragm opened up like never before. I then felt an expansive energy in my body, which most closely resembles my understanding of aliveness and joy.

I wish I could express on these pages how profound this last semester has been for me. It feels as if my personal process and my work in my individual therapy has overlapped with the topics and articles in the training weekends in such a way that I see my struggles illuminated beyond comprehension. I have spent much time during the training weekends in a "WOW!" kind of space, hoping that somehow I could remember what I was piecing together. Unfortunately, I find that I just keep growing, and holding onto these feelings and ideas is very difficult. I can only hope that at some level I am integrating the experiences and that my body and my heart will know them and know what to do. I think this is what Maley (1992) is talking about when he says, "I'd like to venture the idea that this sense of incompleteness as an experience of the body and the self-identity is, actually the true wound referred to when we talk about the transformational possibilities in finding our woundedness. This is the level of woundedness that really yields the most returns, and the ability to experience and work with the various dimensions of incompleteness in ourselves will give us what we ultimately seek in terms of feelings of wholeness and psychophysical integration." I am beginning to get glimpses of feeling whole and, since I cannot go back, I am hoping (sometimes it feels against hope) that things – that *I* – will only get better.

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