

CHAPTER 9 - THE CASE STUDY

BACKGROUND:

I am a clinical psychologist trained in the psychodynamic approach with various courses such as phenomenology, object relations theory (ORT), cognitive behavioural therapy (CBT) and the like being an addition to the basic master's degree. When I began psychotherapy with the patient around whom this thesis is woven, I was working in a psychodynamic manner and had not yet heard of dialogal therapy. Working with the phenomenological premise that man lives in the world, the Winnicottian and certain aspects of the object relations theory views of fragmentation made enormous sense of this patient's world for me. As the story unfolded and my patient and I travelled the road together over the first eighteen months, I began to question why I had not ever thought of referring her to a doctor or a psychiatrist for medication. I am a team worker by nature and, when medication is necessary, I do not hesitate to suggest that it is included as part of the process in order to support and assist the patient's growth to healing. There certainly had been many patients who were less fragmented and depressed whom I had referred. It became clear to me that what was holding and healing this woman was the psychotherapeutic relationship and what she was experiencing within it. In 1997 Professor Steen Halling came out from Seattle University, in the United States, to lecture the doctoral course students at the University of Pretoria, South Africa. I read, listened, absorbed and heard someone finally speaking the language I had intuitively been living. This dissertation is a discussion of the journey which my patient and I are still undertaking over six years later. The psychotherapy journey will be followed by a theoretical discussion of the relevant issues. The understanding of the dynamics of the fragmentation in Winnicottian terminology provided me throughout the psychotherapy with a clear picture in my head of her shattered existence. Placing that within the phenomenological context meant that I always explored and understood her within her world of relationships.

OBJECT RELATIONS THEORY:

As the theoretical framework in this case is based on Winnicott's views, it is necessary to provide a brief summary of the relevant aspects of object relations theory and his views here. Object relations theory has developed over the past fifty years as a result of the work of many theorists from a diversity of perspectives (Ivey, 1990). Melanie Klein is viewed as the founder of the classical understanding of this theory. Winnicott followed with some major changes of great value and significance as these adaptations broadened the theory by focusing more on the value of viewing the child as part of a wider context of relationships. Winnicott views Klein's lack of examining the nature of the mother's influence on the psychological development of the child as a failure in her theory (Ogden, 1986).

In a theoretical sense, Klein is a direct descendent of Freud. Classical psychoanalysis provides a broad theory and knowledge to explain and work with neurosis. This does not, however, deal with more serious psychopathology and there was a need for a broader, more in-depth theory to address this problem. Object relations theory was a response to that need. Klein's theory developed as a direct result of working with children and psychotics and realising that the traditional psychoanalytic approach did not adequately cover these categories (Ivey, 1990). Freud worked with adults and

traced their neurosis back to childhood. Klein, on the other hand, began with earliest infancy and described the psychological growth of the infant and child. With both Klein and Freud the major focus is on the intrapsychic, inner world of the individual (Segal, 1973). Classical psychoanalysis focuses on basic drives and needs and the defences the individual uses to prevent the direct expression of these drives. Object relations theorists argue that striving to fulfil those drives and instincts is "the means to the end of establishing intimate relationships with people" (Ivey, 1990, p. 8).

The basic premise of object relations theory is that the quality of our first experiences forms the cornerstone of our sense of self and the foundation of a psychological life. It is here that the ground is laid for later mental health, neurosis or pathology. Klein explores the relationship between the external world of people and the internal images of those relationships at the level of fantasy. The focus is on how primary relationships in the infant's external world become internalised into a sense of psychic formation and personal identity (Segal, 1973).

Although contributing enormously to the psychoanalytic understanding of how psychic life develops in infancy and early childhood, Klein's views on the internal world of fantasy are not this author's frame of reference. Winnicott broadened Klein's views even further to provide a sound theory of the emotional and psychological grounding and development of the self. Winnicott, Fairbairn, Balint and Guntrip maintain that the mother-infant relationship provides the foundation for the child to form meaningful I-Thou relationships (Ogden, 1986). This approach is of more value in viewing the individual as developing within and being an active participant in a world of relationships.

Winnicott and Kohut introduce the concept of the self rather than the ego and this is a central aspect of their work. Winnicott (1963) emphasises the effects of the environment and the mother-child relationship on the development of the self. Many object relations theorists view the infant as initially in a state of 'unintegration' and Klein regards the ego as initially "unorganised" (Segal, 1973, p. 24). Psychological life is seen as only beginning when the distinction between the self and the other, that is, a concept of what is me and not-me, is made. Winnicott (1960) views the early child-mother dyad as one entity and not as a separate mother and infant. He claims that "there is no such thing as an infant" (p. 39) in the initial stages of life. In this state of symbiosis, which Winnicott names "primary maternal pre-occupation" (p. 147), the infant experiences no differentiation between the inner and outer world and experiences himself and the mother as one whole unity. It is only as the infant develops that he begins to differentiate and experience himself as a separate human being. The sense of being a separate entity is important for a person's development of his own identity and for a cohesive, well-integrated and balanced sense of self to develop (Winnicott, 1965; Ogden, 1983).

Winnicott describes the child as being born with the potential for a unique, individual personality which develops within the containing, holding environment provided by the mother. The degree of healthy individuation and development of the self depends on the quality of the original caretaking. When the mother's caretaking is sufficiently adequate and "good-enough", the infant can develop a sense of self as the mother facilitates the child's journey to individuality by not interfering with spontaneous growth

and development (Ogden, 1986). The 'good-enough' holding environment exists when the mother responds intuitively to the infant's needs and gratifies and affirms the child. This encourages exploration which transforms experience and allows meaning to develop. Failing to respond appropriately to the child results in chronic disorders of the self in later life (Winnicott, 1965; Kohut, 1977; Ivey, 1990). The balance is achieved by failing to be a 'too good' mother which provides the infant with his first opportunity of an awareness of being separate and the beginnings of self-identity. Thus, good-enough mothering prevents unintegration from becoming disintegration (Ivey, 1990).

Boundaries are critical in the growth and integration of psychological life as they define the limits of separation between those aspects defining the self and the rest of the world. If these boundaries are not firmly established the individual forever struggles with a lack of integration and a solid foundation of self from which to interact and be in the world. Boundaries are present in the physical sense from the moment of conception when the growing foetus is contained within the boundary of the womb and mother's body. After birth the infant perceives the whole world as his container which is boundary-less in the sense that the infant is the world. It is only through adequate mothering, where a sound container for experiencing is provided, that the infant begins to conceptualise and differentiate physical and psychological boundaries between the self and others, between the me and not-me. Winnicott regards the mother's role as providing an environment for physical maturation during pregnancy and then, in the first six months of life, for psychological maturation as the infant experiences in relationship and through biological maturation. The mother sets a boundary by preventing the infant's opportunity to experience the knowledge of separateness too early - and then facilitates his growth to individuality by not interfering with his spontaneous exploration of the world.

The maternal holding environment provides the infant with a protected space in which to experience differently and to gain new meanings through interaction. Winnicott (1965) speaks of the potential space created in the physical and mental space between the mother and infant as providing the experience between fantasy and reality. In this space the dialectical relationship begins and the sense of "I-ness" and subjectivity start as a result of the infant being reflected by the mother as a separate individual. By identifying with the infant he can start "existing" rather than simply "reacting" (Winnicott, 1960, p. 148). Thus, the sense of I as an interpreter of meaning, subjectivity and the feeling of I-ness are created. This creates a space and a sense of boundary between the I and Thou. In doing so, there is the possibility for the new experience of the other as a separate being but one who may experience and feel in a similar manner to oneself.

Just as the interactions with the primary caregivers in infancy form the individual's sense of self, so they influence the child's manner of relating to others in the world. If the basis for relating in a healthy manner is not established at these early stages by the holding environment that the mother/primary caregiver provides, Winnicott believes the potential for pathological interpersonal relationships is set. He emphasises the child's interpersonal relationships as well as the interactions between the infant and his world.

Winnicott (1960) states that any breakdown in the infant-mother relating hinders the infant's development to integration. Therefore, to ensure healthy development, the timing of allowing individuation, whilst still providing a nurturing and confirming environment, is of paramount importance. If this is done too early, the personality will develop with rigid defences. Likewise, if all the infant's needs are met, he will not learn to differentiate between the self and others and will experience himself as neither subject nor object with boundaries between the self and the other. Thus, if the mothering is 'too good', the infant is prevented from experiencing the normal frustrations, tolerable anxiety and conflict which becomes part of life in reality. If there is a prolonged and serious lack of good-enough mothering, the infant will be in a state of chaos and experience "a disruption of his 'going on being'" (Winnicott, 1963, p. 183). The result of this is a lack of a sense of continuity of being which can manifest as childhood psychosis or the borderline personality structure. Kohut (as cited in Friedman, 1985) supports this and adds that the fragmentation of the nuclear self structures are "permanent or protracted disorders of the self" (p. 63).

The infant may then form a personality organisation where a False Self is created and presented to the world in an attempt to protect the True Self which is the vital core of the personality. Winnicott (1960) states that the False Self is created as a result of needing to conform to external demands and expectations rather than responding to the natural, spontaneous needs of the real self. Thus, the breakdown of the good-enough environment may be a result of the mother's impingement of her own needs on the child. This False Self protects the True Self by addressing the mother's needs and allowing the True Self some sense of separateness and integrity. This compliance in meeting the mother's needs and not having his own gestures mirrored and affirmed, results in the infant setting up a "false set of relationships" (p. 146). If the infant/childhood compliance continues and the child's needs are never met, the person never fully develops and exists as an individual but only as an echo of the maternal needs. The individual then lives in a state of constantly merging with others to try and gain a sense of identity. This leads to a helpless sense of confusion as to who he is and what is required of him in the world of relationships. There is little sense of authenticity in any relationship as the manner of relating is dictated by the requirements and demands of the other person/s and the False Self has little substance and depth. Thus, the individual lives as an actor playing roles with no sense of self, acting out and being what others require him to be in order to gain some affirmation and acknowledgement of the self.

The False Self system comprises fragmented aspects of the self and, when this system is very strong, there is no relationship with a shared world. The individual tries to cope with the world alone but is unable to which increases the feelings of boredom, emptiness, isolation, a sense of futility and despair. Laing (1969) is a proponent of the Winnicottian concepts of the True and False Self and uses this terminology in the context of discussing the schizoid and schizophrenic individual. He states that when the False Self is dominant, the person only lives "mentally" (p. 78). This occurs because his inner world becomes more impoverished and the fear of being turned into an It becomes more threatening. As the person is not sure of who he is and that he even exists as a whole person, he becomes self-focused and self-conscious as there is a powerful fear that other people have the power to annihilate the fragile sense of

self. Thus, there is a need for constant vigilance. There is also the fear of becoming one with others and of being totally engulfed by them thus losing any sense of identity that is desperately trying to be gained. The tragedy is that the more the True Self is defended by isolation, withdrawal and the presentation and living of the False Self, the more the True Self is destroyed. Ogden (1986) states that the False Self structure can be enormously powerful as the caretaker of the True Self. The False Self manages life so that the inner self is not annihilated by having to develop according to the mother's needs, desires and impingements. At times the False Self may even paradoxically move to suicide to protect the True Self from annihilation. Laing (1969) describes this as a "denial of being, as a means of preserving being" (p. 161). So, existential death may be accompanied by actual physical death.

When the False Self forms the total facade the sense of dissociation from the self is profound. Laing (1969) aptly highlights this with a description of one of his patient's experiences where "she could not be herself, by herself, and so could not really be herself at all" (p. 61). If the False Self is in control, the world is experienced as being unreal and meaningless, so action seems futile. A sense of emptiness and futility pervade when there is no confirmation of the self or a feeling of being of any use to anyone. The empty and isolated person would rather be falsely confirmed than not at all. The True Self does not have direct relations "with real things and real people" (p. 86) thus precluding any chance of an I-Thou meeting. The individual is frightened of the world and the withdrawal and isolation of the self is largely a need to be in control. If one is not open to others, there is less likelihood of being annihilated as the individual feels it impossible to trust and rely on others to meet him with respect.

Although there is a longing for complete union with another, the individual feels terrified as that would mean being consumed and thus the end of the self (Laing, 1969). Thus, Laing suggests that the individual's actions are not a true expression of the self but rather "dissociated and partly autonomous" (p. 76) aspects of the False Self system. The dilemma is between meeting the other totally and being consumed and being the True Self and annihilated. There is even a sense of danger from the overall power of the False Self. In all instances the True Self is disempowered.

The True Self is aware of the emptiness of life, the high levels of boredom, detachment and lack of spontaneity, but the success that the False Self has in protecting the core is extremely difficult to abandon. Life feels safer for the individual when lived as the False Self as it is the only known way of interacting and is perceived to be the most successful protection. Laing (1969) describes the True Self as being experienced as the core of the False Self making the True Self feel disembodied. In a sense the body is then living the False Self. This makes it extremely difficult for the individual to relate to the inner True Self as a real part of his identity.

The participation of the True Self in life is possible, but only in the face of intense anxiety. Thus, the therapist working with a fragmented and suicidal patient must attempt to use the trust and safety created within the psychotherapeutic relationship to assist the patient to grow and come to terms with his way of being-in-the-world. Once that has been established, it becomes possible to move on to the person's functioning in relationship in the world.

The Winnicottian view of the True and False Self is a useful analogy as it aptly describes the unintegrated sense of self in deeply pathologised states. It provides a solid framework for understanding the patient in this study. Winnicott also firmly places the individual in relationship. Although the True and False Self structures are viewed as intrapsychic, he describes how the individual lives and relates to others in the world. Laing (1969) particularly emphasises the importance of inter-relating in the world. The concept of the child's sense of self developing in relationship and the False Self being presented and living in the world instead of the fragile, inner core of the True Self is highlighted throughout the case study to follow. Winnicott and Laing's perspectives combine relatively well with both the phenomenological and dialogal therapy approaches. Buber (1958) considers relationship to be the primary focus of life and healing and does not enter into the intrapsychic realm. Winnicott stresses the importance of the relationship in the development of psychological problems. In his own work as a therapist, Winnicott (1977) regards the relationship he forms with the patient as well as the relationships in the broader context of the family as being vitally important. Parents are encouraged to participate and learn from interacting with their child in the psychotherapeutic process. This is highlighted in his case study of the little girl he calls The Piggle. So, it is clear that Winnicott too views the psychotherapeutic relationship as being part of the healing process.

THE PHYSICAL SETTING:

My consulting room is carefully arranged to enhance a feeling of comfort, safety and warmth. One whole wall consists of windows through which the morning sun streams. The room is furnished with two old wing-backed chairs and a low, broad chair surrounding a coffee table. My desk and coffee table are handmade items and not office-style furniture. There are plants and nearly always fresh flowers on the side table. Two of the pictures on the wall are gifts from patients when they terminated psychotherapy - one a photograph with a small doll sitting in a big chair which the patient saw as the inner child being healed here; the other a sketch copied from a cartoon depicting a mammoth chasing a terrified man which he humorously called "small steps" after my encouragement for him to always move forward even in baby steps. These pictures speak to many patients who interpret them according to their own needs and perceptions. The chair my patients usually sit in is the high backed chair with arms which gives a sense of support as it partially encloses the body. It is sufficiently large for a patient to curl up in and it seems to be experienced as a strong and comforting chair.

CASE STUDY:

In certain areas where it is relevant or it emphasises a point, I have put Rachel's exact wording in. All her quotes are italicised.

The beginning of the journey:

I began work with Rachel, a woman in her mid-thirties, in August 1993. Rachel is an intelligent and articulate woman. She is also exceptionally beautiful. She is tall, elegant with a lovely figure, usually impeccably dressed and made-up with beautiful and expensive jewellery adorning her clothing and fingers. She makes a striking picture. Appearance is a very important issue for Rachel as her mother taught her that the presentation was "*all*" and much of her worth in life has been judged on that

appearance. Despite this Rachel arrived for her first session in what she recently described as an *"old outfit with socks"*, that is, she was casually dressed in a tracksuit with running shoes and socks. She had no make-up on and looked drained and exhausted. My sense of her, both in the initial telephonic conversation and when she walked into my room, was of a tired and lost soul who had been searching for too long to find a place to rest.

Rachel had been seeking answers for some time in organised religion and had finally moved to the Buddhist doctrine in the hope of finding some peace within herself. However, the wise and deeply caring Buddhist she consulted referred her to me advising her that she needed to focus on herself first. Rachel presented with severe depression and suicidal ideation and immediately invited me to enter a world of overwhelming fear and chaos with her. In the first session she described herself as irrational and fearful of her emotions over which she felt she had no control. She felt as if she were *"melting down and fragmenting"*. In her first few sentences she was already describing the intense loneliness and lack of confirmation of her childhood years. She described how she had frequently looked at herself in the mirror and *"cried inside"* because no-one could see who she was. She had no friends and experienced school as *"isolating"*. She described the loneliness and lack of confirmation in the relationships she had with men who were largely unreliable, inconsistent and immensely denying of her core as a partner and human being. For example, she met a separated but still married Italian man at the age of nineteen with whom she fell in love. Her strict Catholic parents, unaware that he was already married, insisted she marry or end the relationship. They lived together for two years until his divorce and she then married him as she viewed him as the *"protector of her sexual naivete"*. He proceeded throughout the marriage to act out his sexual fantasies with her and also insisted on *menage à trois liaisons* at times. Living in Italy with no support systems available to her enhanced the isolation she experienced. When she announced that she intended leaving him he held a gun to her head, threatening to kill her whilst advising her that he had previously killed other people. She fled Italy and returned to South Africa where she divorced him in 1983. Despite the divorce, he returned to South Africa and pursued the sexual relationship with her. This ended when he was shot in 1986. She reported being shattered by this event and, withdrawing from all emotions, focused on her career. At that stage she was having a sexual relationship with a man at work.

The above information was presented in a fairly disconnected manner as if she were afraid to connect with the emotions and was merely telling me a story about someone else. Her tiredness, fragility and vulnerability filled the space and I felt deep compassion as I quietly listened to her. In the initial sessions I simply met and contained Rachel as a human being in a strong holding space as she was very suicidal and severely depressed. The focus was to assist her to survive the immediate danger of suicide with the long-term goal of connecting her with a sense of self. Over time this would strengthen her value as an individual separate from the world around her and allow her to return into a world of interaction. Rachel described herself, in those early days of psychotherapy, as *"falling down a dark abyss ... and you put out a hand to stop me"*. She felt isolated, lost and completely negated in the world as if she were simply going to disappear in that black hole into death. She felt disconnected from her life experiences and I worked hard at helping her feel a sense of connection within the

psychotherapeutic space. I always maintain good eye contact with people which is even more focused when the patient is in deep pain as I believe that the eyes do reflect one's inner feelings powerfully. Essentially I believe that one's whole body stance and movement, mannerisms, eye contact and tone of voice can hold the patient as effectively as the words one is using. In fact, at times, this non-verbal communication can be the major factor conveying to the patient that she is being met and heard in at least one place in her world. This was especially important in providing a holding space for Rachel as she spoke rapidly, feeling there was never enough time in psychotherapy to tell me everything. How I was with her rather than what I said created the safe relationship.

Rachel presented at sessions in her normal dress style fairly soon as she was back at work and it was even more important that her appearance hide the chaos within. The split between her True and False Selves became apparent. She felt she was unable to give of her real self and this was most obvious in her sexual encounters which she enjoyed on a physical, superficial level. These encounters were often manipulatively organised and handled. One had a sense of that from her presentation - the immaculate woman who described herself as able to "*be cold and hard*". For example, she would sit and talk in a matter-of-fact manner about sexual intercourse and the frequent need for self-stimulation to gain any satisfaction. She sounded as cut off as she obviously experienced herself to be in those instances where there was no warmth or reciprocal connecting at anything other than the physical level. Although the woman behind that appearance had a desperate need for confirmation, these connections were an endless, frustrating cycle as the only aspect of her being confirmed was the facade. This left her feeling even more bereft and lonely after each encounter. These relationships were always linked to her feelings about her deceased ex-husband and her experiences with him. This suggested that she had not been able to move on as the experiences and feelings had not been processed. It led us into exploring the damage resulting from the relationship and how she had left that young, idealistic, pure woman in a time frame which was inhibiting her from relating and functioning as a whole human being. She said she felt a sadness and a loss. The idea that she needed to mourn the loss of her innocence and her ex-husband before she would be free to live and grow as a whole person seemed to surprise her. Mindful of not plunging her into grief while she was in an already fragile state, I suggested that we explore these issues slowly. She was a little afraid of the depth of the grief and what would occur if she connected with it. However, she was "*amazed*" that no-one had ever seen so clearly that her needs had never been met before. This linked in with her sense as a child of no-one seeing her when she gazed into the mirror at her own reflection. Thus, in some way, this was the first sense of confirmation she had ever received and this helped to tentatively create a link in the psychotherapeutic relationship.

An interesting factor was that she conveyed very little of the pain and loss in her body, eyes or voice. It were as if the fear of connecting was too profound. As a therapist, I have experienced the usual sharing of emotions in the space together where both of us connect with the feelings. With some patients, who are totally disconnected from their emotions, I have experienced being given the entire load of feelings to hold and carry. On those occasions the patient has sat calmly whilst I have begun to experience strong feelings of pain, confusion, anger, etcetera. But this was not happening with

Rachel. Somehow, in these early days, she was not connected to the emotions at all, not even enough to give them to me for safe-keeping. So, I could feel empathy for her world but little of the actual emotions she was describing.

Rachel's connection with mourning her innocence and ex-husband identified the pattern she had lived with for many years and which she explained for the first time. When the pain of living was too severe, she would turn towards "*the comfort of suicidal thoughts*" as this often felt like the only solution to stop the pain. But, in connecting with the grief, she had discovered for the first time that suicide did not feel as if it were a comfortable option. Rachel was experiencing the mourning as healing but it was clear that, in spite of her obvious intelligence, it was a great struggle for her to gain any degree of clarity on her emotional life.

Rachel's separate and isolated manner of being in relationship continued to be highlighted in her sexual encounters. Her discovery that her lover at work was living with another woman made her contemplate whether she should rather become involved with the Chief Executive of the company. She felt frantic at the thought of being abandoned in any manner and the realisation that she was not first in her lover's world was extremely negating. Hence, she felt a desperate need to move on and immediately fill the void. For the first time she was connecting with the feeling in my consulting room. She sat there with sadness etched in her face but her body also indicated the anger at his daring to treat her this way. I recall feeling happy that she was starting to connect. However, there was a sadness that she had no insight into the fact that these men were involved in other relationships and thus would never be giving her the commitment she desired. As she connected more she relied more heavily on the facade to hide the frightened, vulnerable, uncertain person she really was. I felt it important to treat Rachel with extreme gentleness and acceptance to reassure her that she could share her whole self with me with impunity.

There were intense feelings of loneliness as she floundered to hold a balance in a world that was primarily fantasy with superficial connections and false images. The beautiful image that she presented was confirmed in the high-flying, monied career of finance but nothing of her real self was ever met. This continued to widen the gulf between the True and False Selves and increased the deep insecurity of any authentic sense of identity within her. As she began to experience her real inner self and emotions she fought hard to maintain the False Self image and needed to keep people at a distance whilst facing her own demons. I felt this to be a good move as it meant she was stepping back from the enmeshment which occurred in almost all her interrelating because she had no sense of boundaries. She had a tendency to be totally involved or completely detached. Due to her lack of a sense of self and boundaries she also tended to absorb and become whatever she believed others wanted her to be. This manner of relating was mirrored in psychotherapy and Rachel listened to my wording as if it were the very lifeline she required. I was mindful of the dangers of her absorbing my reflections or views as fact or a demand for her to be something she may perceive I required of her. Thus, it was necessary to be very aware of the exact wording I used as it seemed likely that she could take my wording literally and possibly act-out a symbolic explanation. This sense was correct as she did at times in the future do exactly that. For example, she and I might have discussed the dynamics of a person

in the work place and she would use that wording and understanding to confront the person in a more literal sense. Or I would ask a rhetorical question and she might take it literally and repeat it as fact in a subsequent discussion with someone.

The perfectly turned-out model was an interesting contrast to the extremely psychologically fragile woman sitting in my consulting room. There was the painted face, the elaborate hair style, the expensive clothes and out of that presentation came this frightened, lost and disconfirmed child. The contrast was definitely more marked than in any other patients I have worked with. I would note this mentally but always looked past that and focused on the frightened child and fragmented adult. I discovered over time that this was one of the most significant experiences for her. She had always been met and judged on her appearance and she noticed that her appearance had no effect on how I was in the space with her. Magnificent or casually attired, she was just Rachel and this profoundly strengthened her sense of safety in the space.

At this stage Rachel and I were exploring how deep and pervasive the sense of loneliness had always been for her and how she had never been confirmed as a child. As Rachel is intelligent and has read widely, she tends to articulate her thoughts well and often uses theoretical wording to explain her own world. Again this often felt like a contrast for me as she could understand so much on an intellectual level but was an innocent in the actual ways of relating in life. This could have been a trap where the tendency to meet and stay with the intellectual woman could over-ride the need to deepen and meet the real person. It was a trap I had to remind myself of occasionally as the elegant facade and intellect could lull one into a deceptively false impression of whom one was working with. I did not always succeed and sometimes came up with images that she took literally. Then I would pull myself up sharply and remind myself that she was a deeply fragmented human being who could not interact in a typically healthy manner in the world.

Her loneliness had been exacerbated by her ex-husband's confirmation of himself through her. This resulted in her continuing sense of disconfirmation and lack of any sense of identity based on the real value of herself as a person. Her world had become a constant search for confirmation from others which she experienced as a frantic, unsatisfactory, disconfirmatory way of being. She would sit there and talk of the feeling of uncertainty and fear with the look of a confused, little child on her face. It made little sense to her that others could reject her as she tried so hard to please them.

During this early stage in psychotherapy, Rachel presented with powerful feelings of guilt as she felt responsible for her husband's death. She believed she had manipulated him into marrying her and, because the relationship had failed, this had resulted in his being in the situation in which he was murdered. She was still firmly tied to the emotional relationship with her ex-husband which prevented her from making any new, meaningful connections. There was occasionally a desperate quality about her as she talked although there was still often a lack of the actual feeling of emotions in the space. Despite the sexual encounter at work, she advised me that she was engaged to another Italian. He was a married man who was separated from his wife and lived in another town. She was even wearing his ring. Her face was alight with excitement when she shared this news with me and I again connected with sadness

that she was so lacking in insight that she failed to see the potential emotional damage this could result in.

Issues were viewed as black or white for her as they had been in her childhood where she was frequently perceived and treated as the "*bad girl*" responsible for causing unhappiness and stress for her mother. Now she was living out the bad-girl role but with ambiguity. On the one hand she spoke as if her engagement was wonderful and then she would express guilt and concern that she would not be forgiven for her sins. She was completely split and felt vulnerable, confused and uncertain as to how to step forward without the constant burden of responsibility and guilt. This split was mirrored in the display of emotions and her choice of wording. There was genuine excitement when she spoke of her fiancé with no sign of guilt most of the time. Then, appearing out of nowhere, without any obvious sense of connection, would come the feelings of guilt and the 'bad girl'. It was strange to witness the completely separate display of emotions.

Rachel was always on time for her appointments and would stride into the room, sit down and start talking immediately. Even after months of psychotherapy, she tended to give me as much information as possible in the shortest time period - she always came with certain issues to discuss and told me it was important to do this as she required my input in order to deal with the next week. My input was extremely limited but it seemed sufficient at this stage for her to simply have some confirmation from me. However, this made deepening very difficult and I would frequently need to slow her down in order to explore the depth and meaning issues and events had for her. I was also encouraging her to explore the issues for herself so that she could start to have faith in her own decisions. I had to be constantly alert that she did not live her life according to Cathy Angus' recommendations and views. This was a very difficult edge to work with as she still tended to take everything I said very seriously and literally. This was made more complex, as stated, as she truly had little experience in relating to others in an authentic manner and she would often surprise me with how little she knew about everyday life. She needed guidance and teaching about the basic principles of interrelating and I had to provide this with extreme caution so as not to influence her own choices unduly. So, I found myself thinking very carefully before I uttered anything and yet it was important for me to still be spontaneous and authentic. Often a tiring balance to maintain.

The feelings of fragmentation were powerful and she described herself as "*lots of broken pieces of glass*" and the pull back to the black hole and suicide were again strong. Part of this despair was due to the fact that her lover at work had announced he was leaving the company. She experienced this as an abandonment and betrayal as he had come into her life and was now leaving it, "*like walking in and raping me and going*". Her face crumpled and she wept bitterly believing that she had lost everything she was gaining in psychotherapy, flipping back into the black/white, all-or-nothing way of thinking and reacting. This led into an exploration of how her identity and self-image were totally mirrored by the behaviour and reactions of other people. Although the 'bad girl' usually took responsibility for others' reactions, her immensely fragile core experienced this as complete abandonment and disconfirmation of her self and worth. As she seldom cried outwardly, she experienced a release and relief that she could

express the intense vulnerability in a safe place. My whole self was very present as I explored through the fears and pain with her and held the chaos. She found the experience of facing the pain a novel one as this meant she did not always have to suppress it. This provided the first glimmer of hope of a light at the end of the tunnel.

Rachel was able to hold the pain over the weekend, face it and yet not regress further towards suicide. Her sense of fragmentation at the core was still powerful and this was exacerbated by her lover at work with whom she had sexual intercourse again that week. She was unable to face the reality that he may have used her but this was clearly in her mind as she offered explanations and rationalisations without my even suggesting the above. She described how she felt she had been standing on the seashore and had been hit by a huge wave but had been able to remain upright, that is, hold the terror and pain without being overwhelmed. The sense of this was different from her usual inability to withstand assaults to her being. She was "*bruised but alive*" and she seemed tired yet excited at this development. It was lovely to see that beautiful face light up with real hope and a sense of control. She stated that she knew she only saw herself in relation to others and realised that she was already moving into a relationship with the Chief Executive but was unable to understand the dynamics.

Recognising the behaviour and yet unable to understand the dynamics left Rachel confused and even more lost. In the light of her feeling like broken pieces of glass, I gave Rachel an image to ground her. I used the analogy of a broken mirror where I likened her inability to perceive herself as a whole person to the inability to view herself as a whole if the mirror were broken. Thus, I told her that she was seeing herself in each piece of glass or interaction with another person who reflected back what she believed was the whole rather than simply a part of her. This was an image that worked for her and gave her some understanding. It also allowed her to stand back to try and gain a sense of her whole reflection as standing too close to each broken fragment prevented her from gaining an overall perspective of herself.

The first sign of the presence of psychosis:

Rachel held that image and did not immediately step into another relationship. This allowed her to reflect on her relationships with men in general. She likened me to a mirror, but a "*professional one*" from whom she could learn. Looking at the fragmented pieces indicated to me the first signs of how chaotic her inner world really was. She described how she had inner images at times that she could not alter. For example, she described herself connecting with a presence which she believed to be the power of God. She described her fear when she felt drawn to merge with this power and how the presence of a friendly, benign, non-directing power told her she was "*not ready*" to merge. This had occurred a few years earlier. She spoke with awe and a deep respect for the experience. Her body was alert and her face animated and there was an intensity about her that was different from any other time she had shared experiences with me. She followed this with another description of her perception of being a film negative which has other peoples' images printed on it. That left her in a space of despair and blackness. She stated that she often felt as if she did not experience feelings except in relation to others which left her feeling disconnected.

Opening up with this description was clearly a frightening experience for her. She told

me of a pastoral psychologist to whom she had entrusted information of herself. This man had advised her she was damaged and "*trampled on me*". The feelings of despair, betrayal and hurt had been profound and it was clear that she was exploring whether this would happen to her in this encounter with me. Her body language and tone indicated the immense vulnerability in allowing me to enter at her core. We talked through the feelings and I reflected the terrible damage this must have resulted in with deep care and respect in order to convey to her that this would not occur here. At no stage did I comment on her inner images as being strange or wrong or attempt any explanation or interpretation. I simply heard the information, formed no opinions and entered into her world of experience. It felt for me that this grounded and provided her with a sense of being connected to as a Thou rather than an insane It.

Meeting Rachel in this manner deepened the psychotherapeutic relationship and allowed her to start the process, throughout the time to come, of entrusting me with all her unusual and altered-reality experiences. I did not regard Rachel as psychotic and her experiences were understood in her world as "*psychic*". I made no attempt to disprove her beliefs and could not have as I felt that, although psychology would describe some of her experiences as psychotic, this was an irrelevant label and categorisation within which to attempt to understand her world. I simply listened with interest and respect for her experiences. This will be described in more detail in the section dealing with these events.

As Rachel began to get in touch with her emotions and own them to some degree, she started to reconnect to and describe childhood incidents. For example, she and her family had gone to a coastal town for a holiday when she was about four or five years of age. She described how a strange man had approached her, taken and held her over the balcony of a hotel room advising that he would throw her over it unless she came with him. She stopped his attempts to feel her sexually by crying and stating that she would go with him if he would put her down. He did and she ran screaming into the passage to find her parents. She connected with the feelings with intensity and sobbed with terror at the memory - the helplessness, the total disregard for her life and being, left her shaking. For her this felt like yet another situation in which she had been abused for someone else's desires regardless of her terror and this was experienced as a total negation of her core. She was bringing the emotion into the room in a real and connected manner which allowed me to experience the feelings she was describing more powerfully. Being a more active therapist, I do occasionally allow my facial expressions to indicate feelings at appropriate times and at a sensible level. So, when Rachel was describing the above event, my face, eyes and words conveyed my empathy and understanding at the terror and helplessness. However, she was displaying the typical splitting of emotions that object relations theory describes where a person can be totally connected at one moment and then disconnected at the next. One minute the terror was there intensely and then it was completely gone. This had occurred at minor levels before. It is a disconcerting feeling as there is not even a sense of the deep emotions expressed a few minutes before and the atmosphere in the room is as if the intense display of emotions had never occurred.

Not only was I present for Rachel but I was authentic. Confrontation was a problem for her as she feared it could lead to the destruction of any relationship. She had stated

that she listened to everything I said as this was her first experience of a totally safe place where she could experience herself without too much fear of loss. We explored how she had been able to disagree with some of my comments and interpretations over time and that this had not threatened the psychotherapeutic space. She felt this had only occurred because I interacted with sincerity and caring and that the world out there was not to be trusted.

Due to the lack of boundaries between herself and others Rachel was still unable to recognise which emotions were her own and which belonged to others. Thus, she flipped from positive moods to uncertainty, fear and negativity quite quickly. Rachel has a strong need to understand the dynamics in order to understand her own chaotic world. We explored her perceptions of experiences, emotions and the meaning events had for her as well as how each person experiences events in a different way. This was not done in a theoretical way but rather based on specific examples that she had experienced in life with others. Differentiating who owned what emotions was important as, by experiencing all the emotions as her own, she took responsibility for others' emotions and behaviour. Hence the guilt about her husband's death and the feeling that she was more "evil" than he as she had felt a presence before his death asking whether he could be released and she had responded in the affirmative. He was shot shortly thereafter and she perceived this event as due to her thoughts and power. This magical thinking was powerful and we worked together at reducing the fear and guilt in order to experience her own strength in drawing a boundary and separating him from herself. She had never seen herself as having strength as her life experience had conveyed the message that she was the victim who no-one ever saw, heard or understood. Confusion and guilt were arising due to a past lover who had recently contacted her and wished to resume sexual relations with her. Her strict Catholic background and upbringing was an underlying current that would suddenly raise its judgmental head to remind her of her behaviour as it did in this instance. She felt that "having an affair" with the ex-lover would not be right as she was engaged (to a married man). There was little ability in Rachel to see the overall picture and pattern of her interactions and this led us once more into exploring the boundaries she needed to try and establish.

The lack of boundaries also made Rachel quite demanding in her interactions. She would seek attention from others at an intense level and it was evident from some of her descriptions that people would often withdraw. She was especially demanding when she felt victimised. She was not demanding in psychotherapy and I suspect this was largely due to the fact that her needs were met here. But I could imagine how tiring she must be at times.

At the same time she was experiencing the Chief Executive at work as "manipulative and unethical" as she perceived him as attempting to ease her out of her job. Although feeling overwhelmed and suicidal, she was unable to take her usual comfort from the suicidal thoughts as there was an aspect of her that wanted to fight and gain some control. This suicidal state was also partly due to the fact that I was taking three weeks leave over the Christmas period and she was fearful of coping on her own. It is likely that she was also experiencing this as abandonment on my part and she was weepy and scared. She was unable to cope totally on her own over the holiday period and

called me at home on three occasions when she was extremely low, lost and isolated. The contact, although brief, was sufficient to hold her until I resumed consulting in January.

The recognition of the False Self:

Rachel was asked to leave her current employment and she moved to a new company that was in a similar line of financial business. Her first move in the new company was a plan to give the Chief Executive a gift with a comment indicating how expensive it was as well as only the section of her curriculum vitae that had good recommendations. She felt vulnerable and was clearly trying to present the good part of herself rather than the whole. She felt the rawness and pain of the disconfirmation and lack of acceptance in her previous employment but had blocked these emotions during my absence. She was still struggling to have faith in any of her own decisions and would frequently need to check their validity with me. As this was a constant request, I was used to gently exploring why she felt she needed to perform certain actions and what they meant for her so that she could decide for herself.

In her previous employment, she had presented totally as the False Self whilst never allowing others into her lonely, cold world. The image of the sophisticated, impeccably coiffured, intelligent businesswoman was all. The sense of dissociation from herself was profound. Within the first few weeks in her new job, Rachel was top broker and still exuding the success of the False Self. She was beginning to realise though that something about this presentation was not functioning in her favour. She advised me that she had been asked to leave two companies before this last one due to the structures she was attempting to put in place. She had also been asked to leave a charity organisation as she was again trying to bring in her own manner of dealing with people which conflicted with their policy. It seemed that at times she was too powerful and demanding in her role and this offended other people. So, despite Rachel's attempts to behave in a manner that would appease others, this frequently failed and resulted in disconfirmation. Overall though, she was rewarded for the persona she presented to others whilst her deepest feelings and thoughts remained hidden and, therefore, unacknowledged. When the False Self failed to satisfy people and the True Self was not heard, the profoundly deep disconfirmation left Rachel bewildered as she failed to understand why she was never perceived as good enough. It was important to try and understand the dynamics to avoid a similar occurrence in her current and any future employment. We briefly explored the need for control to cope in a cut-throat business world but at what cost this was for the gentle, fragile soul she was. With the typical fragmented, black-or-white manner of viewing life, Rachel found it difficult to find the middle path between only presenting the facade or giving all of her inner core which risked being trampled on.

That week she discovered that her fiancé had been in town on business and had not bothered to call her. She dreamed that she was walking in the bushveld countryside with a person who was good. She felt herself being drawn back and an evil presence shooting the good person. She had walked around the body, seen the hole where the bullet had exited and the person had died. She had wept deeply at the waste of human life. In exploring the dream, I wondered whether she was connecting with the sense of the evil presence and the waste she felt when her ex-husband was shot. I also linked

it to her own current experiences of disconfirmation at work and with her fiancé. She described herself as feeling "*blown away*" just as the person in the dream had been. She sat quietly as we felt the enormity of her own self being blown away as a result of still not being met and heard in the world. Silence is not common in this psychotherapeutic relationship and I was well aware that this hindered our process of deepening. Rachel preferred to talk an issue through endlessly, from every angle, to understand it. After the sessions she would ponder and think through the issues at deeper levels as was evidenced by the feedback and questions which appeared in the next session. Thus, it was as if she were absorbing every detail she could in the session so as not to waste a moment of that valuable space and then she would work with it at home.

With the safety of the psychotherapeutic relationship firmly established, Rachel was able to explore the constant pattern of seeking confirmation in relationships. We queried the high price she paid when she simply gave herself to anyone who would confirm her. It was difficult for her to realise that the so-called confirmation she received from sexual encounters was indeed a false one which her inner core recognised as inauthentic and further entrenched the belief that she was worthless. Rachel's worthlessness was confirmed for her in many different encounters. For example, she wanted to settle down with her fiancé and advised him that she wished to marry him. In response to her enquiry of what his intentions were, he was adamant that he wished to be with her and advised her of his planned visit to Italy to divorce his wife. However, her attempt at contact with him three days later threw her into the dark hole of rejection and abandonment. He had answered the phone and, upon hearing her voice, had replaced the receiver, had not answered the phone again and finally taken the receiver off the hook. She discovered this when she called the telephone services to enquire whether the line was out of order. She was devastated and we explored whether the relationship was worth the pain and she was positive that it was. This theme was to be played out again and again in this relationship as well as with other men in the future as she constantly chose unavailable or damaged men.

During her fiancé's time in Italy, Rachel was struggling to understand the different facets of herself which were still experienced as separate parts. She was extremely anxious about the outcome of her fiancé's visit to Italy and the uncertainty of the relationship. We worked with holding the uncertainty just as I had been encouraging and teaching her to hold the pain. Her fragmentation was so severe that she struggled to believe that different emotions could be coped with in a similar manner. It was difficult for her to understand that merely holding the uncertainty until it was calmed was possible. Her fiancé returned and made no contact. Fearfully she called him and he promised to return her call within a few days but failed to do so. This threw her into an awful space of abandonment as she feared she could not trust him and that her whole being was at risk. The lack of contact from him was a pattern that had been present and worsened throughout their relationship and the feelings of disconfirmation resulting from this treatment were powerfully destructive. She was feeling depressed and hopeless and visited a psychic who advised her that there was a Carmelite nun and a baby angel watching over her which calmed her. It felt to me that if she could not find the confirmation she so desperately required from human relationships, she was going to find it in the psychic world or, as it later emerged, in religion. But she had to make

sense of her world. The news from her fiancé, after the initial failure to make contact, that he would not marry her made her more despondent and lost. Rachel lived this abandonment and disconfirmation in her every action. She was less careful about her appearance, there were dark circles under her eyes, her body movement was slow but she would still head with determination for the big wing-backed chair that she found refuge in. When Rachel is very vulnerable she sinks even further into its embrace. Despite the heaviness and despair, Rachel still spoke at a rapid pace as if it were even more urgent to use every minute of the session usefully.

Previously Rachel had experienced her overwhelming and all-consuming pain as a punishment for being "*bad and wicked*". Her mother's repetitive message that she was bad had resulted in guilt and a profound lack of worth. She believed that her tendency to suicide also came from her father's rejection as he was a harsh and "*evil*" man who "*hates when his needs are not met*". The combination of her parents' treatment left her feeling abandoned, rejected, worthless and lost. She was starting to see a little more clearly now why her lack of worth and self-image existed. This enabled her to look at the "*door of suicide*" first rather than simply rushing blindly at it. As I gained more insight into the family dynamics, I likened Rachel's parents to a pair of scissors with her father providing the blunt edge against which the mother physically and emotionally cut and hacked. Rachel instinctively became passive to avoid the cuts and this approach was reinforced as she grew older and witnessed the terrible damage her older sister suffered by trying to fight the scissor blades.

At this stage she was feeling very fragmented as if she were three different personalities - one who interacted with the people wanting to annihilate her, one who interacted with the lovers in her life and the last being the businesswoman. Although she was drawn to these lovers, ironically this was one of the most dangerous areas as far as disconfirmation of her being was concerned. As she felt the rejection from her fiancé she was being "*drawn*" back to another ex-lover and a married man at work who had asked her to go away with him for the weekend. She felt unable to draw a boundary immediately and refuse the married man as she had been punished in the past when not meeting others' needs, especially her father and ex-husband's needs. Together we were able to explore the reasons why she chose to relate to a particular type of person, especially males. She constantly opened herself to people who did not respect her value as a human being and were often abusive and manipulative. In order to gain some confirmation and avoid punishment she attempted to please people, especially men as they reminded her of the damage her husband had caused her. We explored the concept of how people can only cause damage or be damaged if they are emotionally close and thus one does not allow any person to simply walk into one's inner sanctum. An important fact was that Rachel believed that if she did not give her "*all*" immediately in a relationship, she would lose the other person. This belief and her inability to form clear boundaries between herself and others resulted in exposing too much of herself too early in any relationship. The understanding that one could take baby steps to know someone, each opening a little to test if one was met with respect, and slowly build a trusting healthy relationship was alien to her. But she could see the safety in taking those steps and she did not go away for the weekend with the married man at work.

Overall though, to put those baby steps into practice takes a long time. She has established some boundaries and generally allows people in carefully and slowly these days. Certainly her childhood had taught her that people were abusive, manipulative and disconfirming and she was living that out in her current relationships. We explored how her vulnerability, insecurity and fear of abandonment also contributed to her viewing the bad aspects of people as a whole. So, when people were kind and caring they were perceived as being all good. If they hurt her, they were experienced as all bad. At times of great vulnerability Rachel was more apt to have her so-called psychic experiences. Rachel reported seeing a white light around me at times which, according to psychic beliefs, indicates an "old soul". That is, someone of wisdom who has experienced much throughout their lives and has thus reached higher levels. At times I felt like an old soul but more as a result of the tiredness involved in meeting people at deep levels rather than the above! The first time Rachel mentioned this was towards the end of her first year of psychotherapy. Her lover from work had just been killed in a car accident and she had experienced his presence strongly at the time of the accident. She felt a sense of loss and loneliness. In this session she discussed an incident in which she had been given a message by a voice that the Church and mankind needed to forgive Judas (see Chapter 10 for detail). She advised me that she was afraid of her psychic powers. Every time Rachel shared her altered-reality experiences it deepened the psychotherapeutic relationship even more. I continued to listen and meet her with the same respect as I did when she told me about any other experience and did not make an issue of the fact that this story was different from the usual flow of daily events. I felt that many of these events were being shared specifically because she felt that this was a safe place to open without fear of ridicule or judgement. The loneliness she was currently experiencing was mirrored in these events - she had never been able to share them without disbelief which had increased her sense of isolation and loneliness. To hold and carry the feelings of horror, fear and joy of some of these incidents all these years must have been a heavy burden.

Rachel's journey to integration fluctuated as she gained some sense of cohesion but then experienced suicidal thoughts and feelings, the darkness and the sense of worthlessness. The relationship with her married fiancé resumed and, while he continued to live in another town, she felt as if "*he has gone to war and I must remain strong*" in his absence. However, the lack of contact and interaction with him and the many occasions on which he failed to keep the promises and appointments made, left her with overwhelming feelings of loneliness which resulted in her feeling worthless. Rachel felt she needed to make him all bad so that she could hate him. Whilst this was a useful defence mechanism I warned her of the dangers of only looking into the fragment of the mirror. This negated the reality of him as a whole person incorporating the good that she loved as well as the bad that hurt her. She believed she may as well go into prostitution and "*allow myself to be abused*". Although this brought up feelings and thoughts of suicide again, she was able to hold the pain and survive it better than she ever had. The worthlessness brought up feelings of enormous pain and rage against her father who had allowed the abuse in her childhood. She recalled the inconsistency of treatment by her mother who would scream at her and physically lash out and then be loving and giving. For example, there was a particular incident when she was eight years old where her mother lost control, threw her to the floor and attempted to throttle her. Her mother was also shouting that she would kill her and this

was a terrifying experience. On that particular occasion, as with many of the previous beatings, her father was absent and unable to protect her. She experienced him as generally unloving and unable to protect her. Now she was feeling uncaring of herself, tired and passive - this sounded to me like a message of "I'm worthless, useless and only good for abuse, so abuse me".

To add to Rachel's burden, her fiancé again ended the relationship as he was unable, or unwilling, to divorce his wife and disconnect from his family and children. Despite the pain, she surprisingly did not become suicidal although this was partly due to her denial that it had ended. However, in the past she would not even have been able to hold the chaos in order to deny any reality. She held the pain which was a huge shift from her usual manner of reacting and she found it an amazing experience to hold and experience her own emotions. She found that she again needed to make him bad in order to distance herself otherwise she felt too vulnerable. Rachel had always been so emotionally blocked. She would be thrown into the feelings, panic and work hard to disconnect from them. So, she had never been able to hold the feelings long enough to explore and understand them and discover that she could survive them. She was slowly learning to do this. I encouraged her to hold the vulnerability as I had before - with a gentleness that she would hold a wounded dove - contained but softly with respect for the woundedness. She was more able to do this with the pain and vulnerability but was still unable to really connect and deal with the feelings of anger. Anger had been too destructive for her in the past and it made her fearful of its presence in the present.

By the end of Rachel's first year in psychotherapy, her fears of abandonment and her need to be the 'good girl' were strongly evident. Rachel felt she had lapsed when she telephoned her fiancé. She was fearful that I would be angry and punish her as she had been in her youth for any transgressions. She feared I would terminate psychotherapy as I might interpret her behaviour as a lack of progress and feel that the psychotherapeutic space could be better used for another patient who was more deserving. This was a terrifying experience for her and she was timid and slightly subservient in her manner when she told me. It was awful to see her vulnerable in that way. I responded with an understanding that she had needed to call him and that this was quite natural. I knew her terror at being alone without a relationship although I did not convey this to her. I also acknowledged her fear of punishment. I, however, only did this briefly in words as I felt it would be more confirming if I continued to simply be constant, that is, the same caring, nurturing and accepting human being I always was with her. I felt if I was consistent she would experience that there was no punishment and be calmed. Overall, I did not make an issue of it.

She went on to describe a dream where she and her younger sister had been walking in the snow and her sister fell and disappeared into a dark pit. Her sister was, in fact, in a deep depression and wanting to die at that time. Rachel also fell but hung onto the ice feeling that she was beyond death and more isolated than ever in her life. She did, however, manage to pull herself out. I met that terror of abandonment with extreme gentleness. Together we explored how she knew in her dream that she would not be irretrievably lost in the pit and how different this was for her from the experience of uncontrollably falling into the dark abyss when she first came into psychotherapy. This

gave her some hope.

My approach did seem to calm Rachel and allowed her to continue sharing her religious experiences with me. She described an awareness in herself of "*something big*" and perceived herself to be an "*instrument of God*". She described hearing a voice which was more like a thought than an actual voice but she believed this to come from outside herself. This description was delivered in a long rambling manner which at times made me feel uncertain as to what to think or how to react. I have added an addendum, for my own use, to Gendlin's (1964) dictum that one must not interrupt the process with untimely interpretations but keep quiet and listen. My addition is "when in doubt of what to say, at any stage, keep quiet and listen" ! So, I listened with respect and right at the end of the session she asked me what she should "*do with it*". I asked her if she was afraid of this experience. She was not so I suggested she simply listen and try to understand what it meant for her. My meeting her religious experiences with respect and making no attempt to label them as anything other than her experience, grounded her within the safety of the psychotherapeutic relationship. However, I was aware that she was extraordinarily vulnerable and at risk. I was uncertain as to how to deal with this. More evidence of psychotic behaviour in the traditional sense was appearing and I wondered whether she was modelling herself on Shirley McLaine's descriptions of her psychic connections. Either way, all that mattered was that these were her experiences and we would unfold the meaning for her as we progressed on our journey.

This was a very frightening time period for Rachel. She was connecting at deeper levels and continued to feel afraid of death. However, she was starting to recognise other people's psychological damage and was not assuming full responsibility for their behaviour towards her. The dream of losing her sister in the snow pit was followed a month later by a dream in which she and her sister fell into a hole of quicksand. Rachel dreamed that, despite my efforts to save her, the sand closed over her head. The key difference for me was that she had managed to hang onto the ice and save herself in the last dream whereas she was expecting me to save her in this dream - and I had failed. This indicated to me that it was very important for her to know that I had not abandoned her as she clearly felt overwhelmed and completely lost in the darkness. Her emotional abandonment as a child was being lived in the present making her feel helpless, out of control and terrified. Was she connecting only with childhood and life experiences or did she perceive me as having failed in some way ? And if so, how ? Had I not met her as well as I thought I had a month previously ? Or was it simply the fear that I too would abandon her as everyone else did ? I did not feel a sense that she was unsafe with me as she had continued to share and behave in her normal manner. She described her feeling about not being saved by me as the fear that I might not be able to save her at the very deep levels of her core. "*It was the not-knowingness that made me afraid*".

Over the next few weeks I monitored the risk of suicide, kept the boundaries firm and containing ensuring that Rachel continued to experience the psychotherapeutic space as constantly caring and confirming. This was critical as her whole being-in-the-world had never been constant and she lived with the fear that life would annihilate her. Caught in the dilemma of living and trying to find confirmation in the false world of business, she struggled with the uncertainty of "*where I belong*". It was extremely

difficult for her to accept that she could be both a business and spiritual woman. Her fragmentation and the tendency to see only her own reflection in each interaction were still powerful despite the beginnings of integration. However, over the next few weeks, the depression lessened as she blocked the emotions less and allowed herself to hold and process the pain more. Rachel's lack of sense of being a worthwhile person had been shattered by the end of her relationship with her fiancé and, in her usual manner, she turned to find that confirmation in relationship with a married man at work. For the first time she was able to think of the possible consequences before she acted and felt caught between the desire and society and the church's possible condemnation. This was especially painful for her as she had recently been to confession and asked her priest for forgiveness for having an affair with a married man. He had been unaccepting and unforgiving and had refused to grant her absolution. This was a powerfully negating experience for her. She furiously verbally attacked him on whether he thought he could withhold God's forgiveness and stated that she would not leave the church until he did grant absolution. He obeyed but this left her feeling even more betrayed by a religion that was not meeting her needs and yet to which she was so powerfully bonded. The two major areas of her life, family and religion, were constantly experienced as betraying and disconfirming of her. The fact that she could discuss all this with real feelings of anger indicated to me that any fear of abandonment from me had lessened. For the moment at least.

My realisation that the psychotherapeutic relationship was providing the foundation for healing:

It was at this stage, eighteen months into the psychotherapy, that I queried my own manner of working with Rachel. Rachel had survived relatively well until her early 30's despite the intensity of her way of being-in-the-world, her deep depression and loneliness and her immature and damaging manner of relating to others in the desperate search for confirmation. However, when she started psychotherapy her defences were unravelling fast and she was losing any sense of control over herself and her world. We had been on a roller coaster of emotions and experiences during this time and yet the suicidal thoughts were less frequent and she was not as severely depressed. This led me into querying why there were signs of improvement in light of the fact that I had not taken the action of referring her to a doctor or psychiatrist for medication and/or hospitalisation. She had, after all, described herself as slipping uncontrollably into the dark abyss when she came to psychotherapy. Why had I simply stayed with her in her chaotic and terrifying world when I had referred other less fragmented patients for medication? Why did I believe that she would not commit suicide and why was I not feeling more anxiety about her possible death and the implications for me as a therapist if she did commit suicide? I certainly felt anxiety about many other severely depressed patients and I did not perceive her suicidal ideation as a manipulative measure. There was something about what we had created together that seemed strong enough to hold that chaos. At that stage I knew little about Martin Buber and nothing about the dialogal therapy approach. All I knew and felt was that this psychotherapeutic space and my deep respect and caring for Rachel were holding her. Winnicott's views on fragmentation continued to make sense but it was clear to me that it was in the relationship that the real holding, healing and growth were occurring. I was amazed at her courage in undertaking this journey and of her faith both in me and the process and was completely committed to offering her the

confirmation which she had always been denied.

As if to confirm my thoughts, Rachel experienced her first sense of a boundary between herself and another. I think I was more excited than she was! She was awed at this sense of separateness and the implication that she could "maybe" rely on herself. That there even was a sense of self, albeit fragile, was wonderful. Rachel was a mixture of feelings - joy and excitement but also fear of what it meant to rely on oneself rather than simply being what was reflected in others' mirroring of her. The timing of this sense of boundary was important as, shortly afterwards, Rachel's damaged older sister attempted to invade her psychotherapy space. The sister telephoned me wishing to discuss Rachel's condition with her and her mother. She then arrived unexpectedly at my consulting room to "see what you look like" as she had been given positive feedback about me from Rachel. In both instances, I drew a kind but very firm boundary and ended both interactions within minutes refusing to discuss anything at all. In fact, I did not even let her into my room but stood at the door to talk to her. I knew the lack of boundaries in this sister and the likelihood that she would tell Rachel that we had met and discussed her. Although this was not the case, Rachel was likely to experience that as a complete betrayal so I immediately divulged the information to her at the start of the next session. The sister had, as I suspected, already mentioned to Rachel that she had seen me. However, despite her intense anger at her sister, she did not feel any sense of betrayal from me or insecurity about the psychotherapeutic space. She was very pleased that I had been firm yet gentle with her sister and this made her feel protected. She looked rather like a pleased child whose parent had, for once, stood up for her and it confirmed for her that this space was a safe and sound one that could be trusted.

The experiencing of a boundary and the confirmation of the safety of the psychotherapeutic space made Rachel feel lighter and she even laughed on occasion in the sessions. She was holding the pain better, picking up less responsibility for others' behaviour but still seeking confirmation in sexual encounters as she could not tolerate being alone in the world. She was involved with another married man. Finding men for superficial encounters was easy for her due to her stunning looks. But, the connection with her inner self allowed her to recognise that she had been living a facade and she wanted desperately to change that.

The first real connection with confirmation and a sense of worth:

Coping better with the Christmas holiday break, Rachel was able to survive well for the three weeks without me. This indicated her increasing strength. The sense of being confirmed by the new lover was short-lived when he announced his wife's return to the marriage in an attempt at reconciliation. The sadness of these endless abandonments was that her total commitment to the relationships was not mirrored by the men who had no intention of, nor had even promised, lifetime commitments. Her fiancé was the only one who had promised the world but he had then taken it away. Although knowing we were only in the very early stages of her journey, I found it sad to watch these events occur as they would rock her newly discovered sense of self. It was as if every time she took a positive step forward, her own behaviour and way of relating would test whether she could hold it. I frequently felt a heaviness at these stages and wondered whether we would fight through the battle to integration that she so deserved. The

timing of his announcement was again paralleled with a fear of abandonment by me as she could not financially afford to stay on in psychotherapy. The terror that her one safe place would be taken away was clear in her voice and body language but she did not ask for a reduced fee or free sessions. She simply presented the problem. We gently explored the feeling of possible abandonment on all sides and I then stated that I would not stop working with her and my reduced fee was accepted by her. She cried with relief as she stated that this was the first time anyone had shown her that she was important enough not to simply abandon at the first signs of difficulty.

Rachel believed that her mother was the oracle of all wisdom and truth about life. So, any statement or behaviour from her mother was heard at the core and experienced as a confirmation or disconfirmation of the self - usually the latter. We explored the value of her learning to assess issues and deal with life according to her own standards, values and principles. I encouraged her to question and be curious about life. However, this process could only begin to happen as she started to experience who she was as a person with her own boundaries and views. The helplessness of being controlled and living according to another person's values and principles brought up memories of some of her mother's beatings where she had also been helpless. For example, she recalled having weals on her legs as a result of thrashings and her mother attempting to throttle her and stamping on her when she was on the ground. These helpless feelings were dominant as she was also struggling to survive financially and the only emotional support came from her older sister with whom she had an ambivalent relationship. She had no friends and the lack of support and helplessness combined to deepen her depression and feelings of suicidal ideation returned. We explored some of the active steps she might take to gain some control in her life. She needed a sense of direction and forward momentum especially as she had decided that she was really deeply in love with the latest married man who was attempting to reconcile with his wife.

Her parents and brother made the decision that her flat would be paid for so that the financial burden could be eased. Whilst this was a relief at one level, she felt the control her family exhibited by not discussing the issue with her. This control had ruled her life so it was hard to even experience the positive that came from this decision. This further increased the feelings of isolation and she experienced a feeling of the loss of her self. This was not surprising as she had never really connected with her True Self strongly and she had only begun to do this tentatively in psychotherapy. I was aware of the danger for her in moving away from the False Self with only a fragile link to the True Self under adverse conditions. I worked primarily with her on re-establishing the sense of self and the boundaries between herself and others in order to protect and empower her. It was interesting to see how important it was for her at that time that I was obviously present. It was insufficient for her to have me listening, hearing and caring and she required me to bodily and facially indicate my confirmation of her. For example, if I was listening seriously and did not smile during a session, she would read it as disapproval. By my continuing to still respond in a caring and gentle manner, and hearing that vulnerability and need for reassurance, she was able to link that her mother never really listened to her. She simply waited for Rachel to stop talking so that she could impose her own views. The lack of control and fear of abandonment led Rachel into trying desperately to hold onto both the relationship with her fiancé and her current

married lover. Cautioning her to move slowly as both were married and had indicated that they were not available, she showed me that she was unable to do that. It was either all and happiness or nothing, despair and hopelessness.

This led once again into lengthy exploration about her mirroring her worth in others' images/mirrors. She found it useful to ground this with actual examples: if her boss was in a bad mood it devalued her; when she started to call me "darling" and "sweetie" at one stage I had asked her not to and this had hurt her deeply as she viewed this as valuing me. Many other examples came to mind and were explored to show that other people had their own views, space and boundaries which were not always mirroring her or her value.

The turning point - Rachel's decision to live life for herself:

One of the greatest difficulties with Rachel relying on other people's opinions, and especially her mother's, was that it negatively influenced the psychotherapy space at times. Possibly sensing the change in Rachel and the beginnings of some autonomy, her mother suggested to her that she start to wean herself off me. Rachel advised me that she was sharing most of her psychotherapy experiences with her mother and older sister who, inevitably, contributed according to their own viewpoint. As Rachel viewed her mother as the final word, this was an important time in psychotherapy. Her desperate need for approval and confirmation from her mother wielded enormous influence as she stated that she knew her mother would approve if she terminated psychotherapy. Would she obey her mother or choose, without pressure from me, to continue her own journey towards healing? I believed it vital that she make this decision for herself. Rachel described how she felt her mother "*lives through me*" and that she does not feel she is an individual or separate person. Despite her newly experienced boundaries, her mother's powerful influence made her feel that she "*goes off the rails*" when attempting to live for herself or when her mother was not ruling and guiding her. My sense of her was that she was extremely fragile and close to losing that newly found and experienced sense of self which could fragment her even further. She was allowing her boundaries to be violated in many areas. For example, she allowed a blind doctor to touch her sexually during a treatment and then felt abused. However, she returned to have further treatment and allowed the sexual contact to re-occur. It was as if people could wander in and out of her centre at will without her control. This was partly due to her giving people mixed messages about any intrusion and violation. This was a difficult experience for me to endure as the desire to stop this abuse and protect that innocent core was strong at times. It was hard to stop myself from stepping in and taking control which was the very thing I did not want others to do for her. The only way to deal with it was to explore the feelings of abuse she experienced and what the experience was like for her when she gave the control back to the abuser.

This invasion of her inner world by other people was exhausting her. Events which were experienced as minor for others were felt as overwhelming for her. As with any other behaviour that displeased Rachel's mother, she was punished. If she refused to follow her mother's rules, her mother would verbally and/or emotionally punish her with disapproval and attack. Or she would completely change the game and rules and start a new attack as she became more angry. We likened her mother to a picador goading the bull by piercing him with more lances. Rachel was afraid of the result of making her

own decisions but was determined to be herself. So, despite the pressure from her mother, Rachel made the decision to live her own life which included continuing in psychotherapy. The expected result occurred as her mother became histrionic. For example, she started walking slowly as if she were a very ill person. She advised Rachel that "*one can murder another person and not even know*", suggesting that this was what Rachel was doing to her by choosing to follow her own intuition. Her mother asked her "*what one would say when one met God*" after this decision. Rachel's faith had already been unsettled due to the church failing to meet her as a whole, fallible human being, and she felt that this question struck at the core of her faith. She spoke of the realisation that she needed to play her mother's games in order to avoid the terrible punishment being inflicted and how she was rewarded when she did follow the rules. Together we explored how, after 37 years, it was not an easy pattern to stop especially when the effects of rebelling were so clearly seen in her older sister and in her own current punishment. Knowing that if she moved even a small distance away from the scissor blades she would be cut, she was querying the pain she would inflict upon herself. This double bind was tearing her apart. She queried retaliating by being abusive in return but felt this to be out of character and a "*split between my inner and outer self*". A split between the inner hate toward her mother and the outer behaviour for self-preservation. Part of the dilemma was that she did not wish to hurt her mother. Rachel perceived herself as so "*weak and pathetic*" in not moving away from the parental scissors that committing suicide was justified. There was also the fear that she was like her mother. This fear was calmed somewhat as I worked with her on who she is as a person, the honesty and innocence, versus the vindictive punishment. Her mother returned home to a neighbouring country and sent a postcard stating that she and her husband were very "sad and confused" about Rachel's "illness". She added that they had only bought the flat as her brother had advised them that she would commit suicide if they did not assist financially. In the light of her current behaviour (of being independent), they had decided to keep the title deeds to prevent her from selling the property.

It was an anxious and tiring time for me. I was able to really feel the horror of those scissor blades with her. I wondered whether she would succumb to obeying her mother's wishes and whether this would mean the end of psychotherapy and her in every sense. If she gave in I feared that she would simply allow herself to slide into the dark abyss forever. It felt that the outcome of this event would decide whether Rachel would continue to move forward and live or not. The only thing I could offer was the knowledge she had that she was treated as a human being in her entirety in our relationship and that she was confirmed as a person of worth by me. Thus, I made myself as present as I could be in interaction with her while she explored the issues. Would that be enough to hold her? The continuing battery from her mother reminded her of yet another altered-reality incident and she began talking of an experience at eight years of age when she had contact with aliens (see chapter 10). At eight her mother had given her a severe beating and she had felt as "*if something broke inside*". The experience of seeing the aliens occurred afterwards and resulted in the parents believing the house must be haunted. They moved to a new home.

Feeling lost, sad and confused at the parental response, Rachel withdrew from contact with them and did not reply to the postcard. She still came to psychotherapy, never

missing a session, and our relationship became stronger. This engendered strong feelings of relief in me that somehow we had come through the fire and it signified a turning point in Rachel's life. It was going to be her life even at great cost. This seemed to shift her into a deeper mode of relating with me and in May 1995, one year and nine months into psychotherapy, Rachel began to describe more and more of her strange experiences from the past. In order to have some understanding of these events I asked her to write down how she had experienced them. This was an exciting yet scary time for her as no-one had ever encouraged her to talk about these experiences and get in touch with the meaning they had for her. The incidents are discussed in fuller detail in chapter ten.

During this time, when Rachel took her first major bold step to defy her mother and live her own life, her need for confirmation was strong and led her into having sexual intercourse with a friend of the current married lover. She was surrounding herself with false validation as she attempted to keep the three relationships going - that is, with the fiancé, the married man and the newly-met, divorced man. She became fearful that she was being immoral and, that like her mother, I would become angry and punish her for breaking the rules. I was in fact feeling concerned about the risks of her behaviour and she sensed my concern and looked puzzled and uncertain. She was having sexual intercourse with two of these men. No-one was taking responsibility for preventing pregnancy and she seemed unconcerned about this and who the father would be if she did fall pregnant. There was also no concern about AIDS. We explored how she needed to start taking some responsibility for her behaviour. I was worried yet accepting of who she was as I wished her to learn to differentiate between my caring of her being and my concern about the results of her behaviour - that the concern did not cancel out her worth. I was not angry or harsh but explored with her the wisdom of taking precautions to protect herself rather than always pleasing others, that is, in having intercourse without a condom because the men did not wish her to use one. Again I felt a despair and tiredness that she would ever be able to protect herself. It was also difficult at times like this not to get irritable with her complete naivety about such basic issues. Yet, not receiving any punishment or disapproval, just concern, relaxed her and helped her to look at the practical issues in a more sensible manner.

Rachel's current life mirrors her childhood experiences:

A relationship began developing with the divorced man, Pieter, and this was to become the most powerful test of her sanity and new growth. During the next few years his attempts to annihilate her emotionally and psychologically, coupled with frequent physical attacks, was to mirror her childhood and marital experiences. His family also created similar dynamics to her own family which further mirrored her childhood experiences. The physical attacks consisted of him pushing her, for example, onto a bed, slapping her and occasional punches to her arms or body. That was the extent of the violence, bar two occasions, and this differentiation is important in light of the events which follow. Rachel differentiated between the levels of violence and what was acceptable for her. For example, had Pieter ever done severe damage, like broken limbs, she would have considered leaving. However, even this is in question as she had accepted violence and abuse on all levels all her life. At all times I viewed the physical violence, in any form, as completely unacceptable !

The kindling of self-preservation and individuality was encouraged as she began to feel herself as a separate person on occasion. In July of 1995, nearly two years after starting psychotherapy, Rachel's mother was diagnosed with liver cancer. Preparing herself to face her mother became a major task especially as her older sister passed on a message that her mother had said she did not love her anymore. She crumpled in devastation, pleading with me to help her understand how her mother could continuously be so cruel and vicious. It was clear that her mother had not forgiven her for continuing with psychotherapy and her own life and my heart ached for her at this lack of acceptance. We sat together in the sadness. I warned her that her mother may increase the emotional attacks as she felt her power and control being threatened by her own impending death and Rachel's independence.

The trip to visit her mother went more smoothly than expected. I was afraid that Rachel was emotionally detaching from the issue as she was far too controlled about her mother's illness. This was obviously a form of survival but nonetheless a concern as not processing the emotions would complicate the grieving and the issues were complicated enough.

During the next few months we focused on building Rachel's strength and she began to draw boundaries with people. For example, she refused to be spoken to in a negative manner about a particular issue at work and was fairly assertive, refusing to take responsibility for the problem.

We continued to explore the issues surrounding her mother. The inconsistency of her mother's behaviour had severely tested any sense of balance within her. She described the following childhood memories: her mother's rages and temper outbursts followed by intense displays of affection; her perception of only being breastfed when it suited her mother and the many occasions when she cried and was not attended to; her depressed state of mind at thirteen when her parents took her to the doctor and were told she was physically fine and the doctor suggested they buy her a dog to solve her problems. These incidents left her feeling negated, disconfirmed, confused, isolated and lonely. I noticed Rachel's attire and it would provide additional clues as to whether she was connecting more with the True or False Self in her outer world. However, the clothes were irrelevant in terms of how I reacted to her. But that day when she spoke of these incidents it was as if the striking appearance was not there at all although she was still dressed impeccably - she was simply a woman in deep pain and it felt as if she were not dressed in those elegant clothes but simple garments that suited her current state of mind and being. It was a very deeply shared session and I felt really connected with her.

Her mother's inconsistency was again illustrated when she showed care and support telephonically when Rachel broke her leg at this stage. This was after her cruel words and very little contact in the past few months. True to form, however, she completely negated Rachel when she flew into the country a week later and refused to see her, telling the older sister to advise Rachel not to call her. No explanations were given. This was similar to the treatment she constantly received from her ex-fiancé and she was utterly exhausted with the whirlpool of confusion and pain about this behaviour. She sat in a state of numbness for much of that session with her wounded eyes

speaking volumes. I could see why she was so fragmented and had developed very little sense of a stable self. It was strange too to see this behaviour directed at her as she impressed as a very nice person - a difficult, at times demanding and confusing one, but a person who had no malice or nastiness in her.

This fragmentation was clearly indicated in a session where she spoke of her fears that Pieter's female business partner, Querida, was demanding and receiving more of his attention. The situation was difficult as Querida is a physically disabled woman whom Pieter obviously deeply cared for. The feeling of being ignored or, worse still used, led her to describe an incident which had occurred when the family was on holiday when she was thirteen and her younger sister ten. The older sister had brought some men into the hotel room who Rachel says "*sexually abused*" the younger sister. She connected powerfully with the emotion and sobbed bitterly for a few minutes. However, she then changed the subject and began to talk, without any sense of emotion or aftermath of the past few minutes, on another topic. This was so strong that I felt we were racing from event to event like flipping television channels leaving the emotions behind in each snippet of the episode. Obviously in a state of panic about the threatened abandonment and emotional abuse, she then stated that she had seen a gynaecologist who had advised her she was fertile. This was alarming as Pieter had not even indicated that he wished for a long-term commitment.

Pieter was angry at her possessiveness due to a past relationship of his. He would not hear her insecurity or fears which left her feeling lonely and isolated within the relationship. In this vulnerable state she started experiencing the sense of what she described as a presence again. She was occasionally feeling a frequency, like a vibration, within her which was followed by a strange, neither salty nor sweet, taste in her mouth. Concerned about the possibility of temporal lobe epilepsy (TLE), I tracked for further clues but there were insufficient symptoms to make that diagnosis. She felt that she was being called to heal via spiritual guides and was reading about chakras, auras and spiritual matters. She would bring me reading material to enlighten me about the soul so that I could share her excitement and discovery. I read some sections and we discussed some issues but she did not feel a need to explore them too deeply with me as she was exploring many areas with interest. Her naivety was again displayed when she announced that she planned to do a short course on spiritual healing or reflexology and then make her own certificate. I explored with her the need to investigate further and train.

The death of Rachel's mother:

In the December of 1995, when we parted for the summer break of three weeks, Rachel's mother was very near death. Rachel was finding herself able to draw boundaries quite firmly with her father but her mother continued to send mixed messages which confused her. Knowing it likely that her mother may die during the break I left a telephone number where she could contact me. The first call I received was from Rachel's younger sister to ask my advice on how to deal with Rachel. Her dying mother has asked the family to leave her bedside and Rachel had become hysterical, wailing and thrashing around, which had resulted in her being heavily tranquillised by the hospital staff. She continued to be medicated over the next few days and I attempted to hold Rachel in a contained space from over 1 500 kilometres

away. How I wished that the telephone were not the only form of contact then. Although she sobbed so much that I was not sure she was absorbing what I was saying, it seemed to give her some semblance of reassurance to hear my voice and know that I understood and cared. This highlighted for me how vital the psychotherapeutic relationship was for her in attempting to hold onto some feelings of sanity as her core shuddered at the loss of the woman who had guided her thoughts and behaviour until then. I wished that we could have held that terrible pain and loss together in the psychotherapeutic space where there would have been no need for medication and tranquillising the pain away.

In the new year Rachel and I explored the events surrounding her mother's death. She had stated in front of her mother, who was awake and alert, that she felt her mother to be dead already. She was feeling paranoid about the family and their shocked response to her behaviour which she believed was honest and thus acceptable. However, in reality, this defence only isolated her from the family at a time when she critically needed to feel part of a close, sharing and supportive unit. She believed she had made peace with her mother and that there was no unfinished business. I did not believe this to be the case.

In order to avoid dealing with the grief, she withdrew from the family and focused on her relationship with Pieter. Two months after her mother's death, Pieter and she committed to a relationship together which led into her being emotionally attacked about her past indiscretions. His obsessive jealousy resulted in him querying her daily movements, wanting detail about her past liaisons, stating that he could not trust her even with his father and that he could not marry her because of her past behaviour. He showed her a pornography film to "*test my reactions*" and the mistrust crept into their physical relationship as well preventing even that from being a pleasurable experience. Throughout this time they were attempting to conceive a child and I explored with her whether the timing was right - the relationship was new and there was no solid foundation of trust or respect on which to found a long-term commitment with a child. She did not seem to find it incongruent that she could want to have a child with this man amidst all this tension and instability. As long as she received attention and thus confirmation, albeit negative, she was committed. She appeared happy and in love despite his behaviour. She was more energetic and often quite bouncy in her movements and she looked happy. I feared that the facade was back in full force.

The mistrust continued to permeate every moment of their daily life. For example, Pieter would even query whether she had been masturbating if she sounded slightly breathless from having run to answer the telephone when he called. Due to his own loss and abandonment his pattern was to become angry, lose his temper and then tell her to leave which fed straight into her terrible fears of abandonment. His jealousy of the psychotherapy space was also evidenced when he stated to her that he had no wish to marry me as well.

A brief background of Pieter is necessary to explain his fears and behaviour. He is approximately 185 cms tall and overweight. Pieter had a son in his previous marriage who had a serious medical condition. When the baby was six months old his wife left with the child. The boy died about four months later. It was clear that he had not

processed this awful abandonment and loss and he continued to play this out in his current relationship with Rachel. Helping her understand his feelings and fears assisted her in not always responding in a personal way to his daily attacks. Her reassuring responses also started to calm his behaviour a little about the sexual issues.

The alienation from the family and her current relationship began to rattle her facade and the feelings of isolation started creeping through. Worsening the situation was the fact that her mother had always laid down the basic rules for her behaviour, expected lifestyle and work, values and, she believed, even her thoughts. Now there was no-one to do that and she turned to me. Together we explored the need for her to begin finding the boundaries for herself, discovering her own values, beliefs, desires and principles. She began to sense a feeling of separateness that was different from the isolated, fragmented space she had lived in for most of her life. She was gaining a sense of who she might be but this felt overwhelming at times as she still did not have the ability to step back and see the overall picture. I worked gently at helping provide that larger framework in which she could find herself. This I did by respecting who she was regardless of her behaviour; by not punishing or criticising her for her endless past sexual encounters that she was now being severely punished for by Pieter; by seeing through the facade that she had erected and recognising the innocent yet damaged inner self; by not telling her how she must live her life and respecting that she would start to learn that for herself - yet also not abandoning her in the sense that she was very lost and did not have many clues of the direction in which to move forward. Exploring together what made sense and what was comfortable for her, helped her establish this for herself. There were times though when I had to suggest practical, sensible alternatives as she was truly a babe in the woods in many ways. I felt this to be important as Pieter was ill, still accusing her of sexual misdemeanours and stating he could not marry her. There were financial problems and yet neither of them was taking precautions to prevent pregnancy - she wanted to explore this and we looked at the possible consequences. Attempts at exploring why she was staying in the relationship at all were met with little discussion and the statement that she loved him.

Pieter's parents were living with them at this stage. The incongruence of her mother's behaviour was being mirrored by Pieter's mother. For example, she would be sweet and nice to Rachel at times and then nasty and insist on speaking their own language for the evening despite knowing that Rachel did not understand it. Rachel felt worthless with what she perceived as the insincerity from Querida and Pieter's mother and the increasing acceptance of Querida into the inner family circle which she felt she was not accepted into. This was exacerbated by Pieter's verbal attacks followed by his usual comments that she should leave if she could "*not take the heat*". The need to perceive herself as a separate person and not simply a reflection of his aggression was critical for her survival.

Of importance was, that despite the trauma of the past ten months, Rachel was not suicidal and had not mentioned this as a choice in that time period. This indicated that the beginning of her feeling of cohesion within and a sense of self had held firm under the stress and attacks on her physically and psychologically. Although this wavered constantly she was not returning to the perceived safety of annihilation. But I feared that the continuous attacks would result in her newly developed sense of self

fragmenting if the situation did not settle. Pieter was losing control almost daily, asking her to leave and waking her at night to ask her whether she was masturbating. He told her he was deliberately trying to break her and that being physically abusive and waking people in the middle of the night when they are most vulnerable was a way to achieve this. This resulted in a panic attack which Pieter ignored as he viewed it as her being hysterical. A few days later he reacted with agitation when he heard his partner bang her wheelchair. This deeply caring attitude towards his partner whilst abusing Rachel shook her to the core and increased the feelings of worthlessness. She would sometimes sit and tremble as she weepily described these episodes. What was significant for me was that she was doing less of the flipping from emotion to emotion and one could see and feel that the emotions were more connected as she stayed with the feelings for longer periods.

However, the turmoil inside was shown by Rachel experiencing another vision where she saw her mother who told her to move out of the abusive relationship and not stay as she had in her marriage. By then, these hallucinatory events were simply part of the normal talk in psychotherapy - she was not hesitant to talk of them and I continued to treat them as I did everything else. We were able to move more deeply into why she was still in the relationship then and she admitted to fearing that she would return to "*what I was before*", that is, a woman who moved from one sexual encounter to another. She was recognising her fragmented way of being-in-the-world at some levels and seeking a stability and constancy in one relationship albeit destructive. Rachel withdrew and formed a boundary between her and Pieter to protect herself. Her ability to draw a boundary had not been existent in her life until the last year so it was a healthy sign to see this happening. As often happens when first learning a new behaviour, there is an over-compensation. She became cold and vigilant and feared that this behaviour reflected who she had become now. Still unable to see that her core had not changed simply because she was protecting herself, she was unable to feel that she was many faceted yet. Working with this, she began to see that she was a separate person even if not feeling that she was a whole one. For the first time she began to feel anger at how badly she was being treated which was a welcome sight after the endless passivity of her childhood and life. She was starting to change the habitual manner of survival and explore new ways of facing the dangers to her world but she was desperately needy of my support as she seemed determined to face her dragon to the death if necessary.

Despite the obvious growth, I was immensely concerned for her at this stage - not because I feared that she would commit suicide but because I feared that her fragile self could shatter into a world of fragmentation and psychosis forever. During this time I kept the boundaries of psychotherapy very firm so that there was one place that she could rely on as consistent and safe regardless of her state of mind. This I achieved by being very obviously present and gentle and listening with intensity. At times this was difficult as she would race through a session discussing many topics indicating her own confusion and conflict and referring to many incidents. It was important to her that I did not fail to recall anything she had said previously and this required intense concentration on my part. I noted in her file that she had made me feel like a whirlwind in one session and it became even more important for me to provide a solid foundation if this was any indication of what she was feeling.

Pieter went overseas on a business trip with Querida and shared a hotel room with her in order to help her which meant a very intimate and close sharing. Rachel felt that Pieter empowered Querida even more by sharing the details of their personal and sexual relationship with her. I felt Pieter's psychological intimacy with Querida paralysed Rachel's soul as effectively as Querida was physically disabled.

In the midst of all this turmoil Rachel became pregnant and she, Pieter and his parents were delighted. Despite the fears about the relationship, this was one way she could hold Pieter and not lose him totally to Querida. A tentative peace settled for a few weeks and then Pieter's fears and damage in relation to parenthood erupted. His loss of control was evidenced in endless screaming matches where he would tell her he wanted to hit her, that she must have an abortion, that she should leave and that she should not be so jealous of Querida. Despite his own obsessive jealousy it did not seem to occur to him that sharing a bed and room with Querida for a week had any right to unsettle Rachel. Pieter's mother continued to mirror her mother's inconsistent behaviour by alternatively caring for her and then also wanting her to leave. Rachel expressed the feeling of being blown apart by a bomb when this happened. I felt quite hopeless at the continued assault on her being as she would not even consider leaving him.

However, over the next two months, Pieter began to show some gentleness and, with input from me to Rachel on how to hear his fears and reassure and calm him, he did become calmer. We began to explore what relationships consisted of in general and how she could exhibit different behaviour and still be the same person. It was clear that she did not know her own needs and desires as she had only felt and lived her mother's needs. Any other focus was on survival and existence. So, she had believed that her needs changed from person to person and situation to situation and if the needs were new the others became invalid. For the first time she was beginning to see a constancy in herself as we talked through her past relationships and what had essentially been needed and sought after.

In understanding herself and drawing boundaries she was able to prevent Pieter's barbs from being less damaging. He was sinking into a pit of feeling a failure as the financial situation worsened and he believed he had let down his partner, family and Rachel, in that order. Again, his manner of dealing with it was to tell her to leave the relationship and return to her flat and support herself. He threatened suicide in front of her and his parents on the anniversary of his child's death and admitted he feared they would lose this child. Rachel was able to stand back from his extreme messiness but was uncertain as to whether she was drawing a boundary for herself or caring less about him. This experience of withdrawing into herself and not automatically mirroring herself in another fragment of mirror was very alien and she felt isolated and strange at being a separate human being. My concern was whether any of the withdrawal was as a result of depression. It was no longer simply a concern for her mental state but that of her unborn child's life.

The relative calm that had existed for a month shattered and, when Rachel was four months pregnant, Pieter resumed his violent outbursts. On a weekly basis he lost control in the same manner he had always done but the physical attacks were now also

a threat to their child. The strength Rachel displayed was amazing as she firmly drew boundaries to protect herself by asserting herself and refusing to play the games that he and his family dynamics demanded. She began querying whether this was the same man she had fallen in love with or whether this was the real Pieter and this was very frightening for her. The good news in all this chaos was that the foetus was declared healthy. Caring for her unborn baby and Pieter were Rachel's first priorities. I slowly continued with the concept of also caring for herself as she was determined to make the relationship work "at any cost" and I feared that the cost might be her sanity. She was, however, beginning to see that her assertiveness slowed the process of attack down.

Sometimes bringing the issues to discuss with me first prevented some acting-out on Rachel's part that could have further damaged relationships. For example, a wild, rambling letter to Pieter's mother in response to her negativity towards Rachel was not given to his mother and the issue was processed in psychotherapy. Her tendency to spill out her emotions regardless of appropriateness and timing frequently caused problems in relating to others. One had a sense of what she was like when acting-out her feelings when she described them to me. She would speak in a dramatic manner describing herself as being "*raped and betrayed*" or that Pieter was "*utterly bewitched by that woman*". Her whole body showed the anger and hurt. This was the only stage where any consideration of hospitalisation came into the six year psychotherapy. She had telephoned me in an hysterical state to say she was very suicidal and completely out of control. Pieter was being abusive. To avoid hospitalisation, I arranged for her younger sister to visit the home and take her away if the situation demanded it. Her sister and I arranged that she would be available at all times to go to Rachel if she called and Rachel accepted this support. I also made it clear that she could call me at any time should she deem it necessary.

Rachel's responses to Pieter's attacks were more emotional during her pregnancy and she admitted being concerned about the foetus who had been very active and agitated during the above outburst. With Rachel's permission I had a session with Pieter. We briefly discussed his own grief and loss about the dissolution of his marriage and the death of his son. We also explored various concerns including the difficulties he experienced dealing with Rachel's outbursts, her high libido and her demands in general. I spoke about the unacceptability of the violence. He was also open to hearing her damage and the pain he caused her. It was interesting to hear his experience of her. He found her beautiful, interesting, exciting but also demanding, exhausting, unreasonable and highly emotional which I could understand. Fortunately he took my advice and considered psychotherapy for himself to deal with his grief for the loss of his child. He has been intermittently since then to see a therapist.

Rachel realised she was viewing Pieter's mother as the fantasy mother in an attempt to have a good mother but that this mother, too, was destructive. This elicited huge anger in Rachel which was a relatively new emotion as she had always been punished for this in childhood. It was only as she gained strength and some belief in herself that she was able to connect with anger and at times it was quite startling to see. She would sit upright in the chair and raise her voice whilst telling me about the injustices that she previously had been so passive about. I would think "good for you" but always watched

for the edge where she would take it further and act it out. This was particularly important as Pieter's anger did not abate and the usual pattern of emotional and physical abuse was ongoing. Now there was the added threat of him taking her child away. I believed she and her child were in danger and discussed the possibility of her leaving the situation. Although I knew this was Pieter's worst fear, I could not stand by and watch her and her child abused. She refused to even consider this as an option.

A particularly ugly incident occurred early in November 1996 when Rachel was seven months pregnant. Pieter had been emotionally abusive and had physically pushed her around during the week. This built to a crescendo when he lost control, screaming at her to leave and that he would take the child. He then locked the bedroom door so that she could not escape. Continuing to be assaulted, she had retreated to the corner sobbing where she curled into a foetal position to protect her child. She described how she withdrew into herself and disconnected with what was happening to her. In this dream-like state she felt separate from her own body and a powerful image of my face came through replacing her vision of him and the room. She held onto that image stating that this was "*what pulled me back from the edge*". He fortunately stopped hitting her at that stage. Afterwards, he apologised and brought her a cup of tea but, as usual, took no responsibility for his behaviour. When she described this to me I was appalled. She sat there, so vulnerable, tired and drawn and we had one of our first real silences as she sobbed quietly and then simply sat. I felt helpless and hopeless with a desire to put that inner child on my lap and protect her. So, I did this mentally and imaged soothing and comforting this lost being. She seemed to tolerate his abuse just as she had passively tolerated the abuse in her childhood and adult life. I felt it was a vital part of the ongoing process of psychotherapy to teach her that she could choose to make other decisions and that she was not deserving of this treatment no matter how worthless she thought she was. It was often bizarre as she would not even go through to his parent's section of the house for protection as she did not want them to see how awful their son was. It appeared that they were aware to some degree of the conflict but certainly not of the extent or frequency. However, on one occasion, Pieter had hit her in front of his parents and his father had done nothing to protect her. This was reminiscent of her childhood where her father had never protected her. The above trauma reminded her of her feelings when asked to leave her mother's hospital bed and the sense of entrapment she felt as a child when she could not escape her mother's beatings. She felt that the only way she could stop the beatings as a child was to show her mother the pain and so she pulled out her hair. She also allowed Pieter to see her pain but in neither situation did this stop the abuse and I gently reflected that all that happened was that she was hurt and negated even more.

All this abuse in her exhausted state made her extremely vulnerable and she sailed into my room the following week. Bearing in mind that she is nearly 180cms tall in her shoes and I am only 160cms and always open the door to invite the patient in personally, it really felt as if she had sailed in past me. She was in a terrible state that this "*was the last session of the year*"! I gently explored why she thought this as there had been no mention of it and we still had another month before the Christmas break. It was as if she physically deflated back to normal size as she sank into the chair and we explored the feelings of real abandonment from Pieter and the church and feared abandonment from me. The church was a particularly problematic area as she was

unmarried, pregnant and *"I know I will be condemned"*. She was racked with guilt. As with many of the more dogmatic and guilt-inducing approaches to religion, her entire upbringing had been based on the view that God was judgemental, harsh and punishing. I listened with compassion and some anger that anyone would want to condemn this lost soul.

The abuse continued every few nights in the next month and I was desperately worried about her, thinking of her a great deal and having some very unsettled nights. It did not feel as if it was enough to simply hold the chaos in the alchemical vessel of psychotherapy and help her through it but I was also mindful of not giving her the message that she was helpless and unable to care for herself. How to find the balance between her psychological and physical safety and her continuing growth? She would not allow any interference despite my exploration of options for her to leave for both her and her child's safety. The only way she would have left would have been if I had forcibly removed her and that would have caused her extreme anguish and distress and I knew that it would shatter the relationship of trust we had so carefully nurtured and built over time. And removal would still not have been to a hospital. However, I believed her to be in danger and, with her permission, advised her younger sister and Pieter's therapist of what was occurring. The family dynamic of passivity by the children was shown again as the younger sister frequently visited and called Rachel but made no offer to take her to her home until the child was born. The fact that Rachel would have adamantly refused to go was immaterial - the offer was not made and I knew her sister really cared. Rachel would not allow me to call Pieter as she feared he would retaliate by attacking her. He was hitting and slapping her and once hit her head against the wall as his terrors escalated out of control. But she would not call me when this happened despite my offer for her to telephone me at any time of day or night. She felt disoriented and experienced the presence of her mother in a sudden blast of wind that blew into the room with such force that it knocked the Christmas tree over. Rachel showed a strength throughout this time of which I had previously not believed her capable. The growth in her and how she had started to form boundaries was sufficient to prevent complete fragmentation. Despite feeling shattered she did not once, in those weeks, even contemplate suicide as an option. I was tense, anxious and yet so proud of her strength.

The birth of Mark:

Rachel produced a beautiful son in early January 1997. She brought him to her first session of the year when he was only ten days old. She handed Mark to me to hold for the whole session and smilingly joked that he was starting psychotherapy at an early age to prevent any damage like hers. She also added that in my arms was the best place for him to be. We were both a little tearful with the mixture of joy and poignancy. She was very tired and vulnerable as her son had been rushed off to ICU by the doctor and Pieter shortly after the birth as he was not breathing properly. She had panicked and feared that Pieter was following through on his threats to take her child away *"now that I had done my job"*. There was little to say in the face of that horror and we both sat there with the feelings in the safety of our relationship and that room. Words were not necessary to convey my empathy and caring and we were content to simply be together with Mark.

Surviving the pregnancy and the abuse without needing to be removed to a safe place and the birth of a healthy son, changed the dynamics within Rachel. She drew boundaries and became assertive with Pieter when he yet again, only three weeks after the birth, entered his maelstrom of emotions and started slapping and throwing her around. Rachel faced him, spoke back to him and then slapped him in the face. He stopped. Although it was effective in stopping the abuse this threw her into the confusion of the days when she was presenting the facade in her high-flying business career. She disliked her behaviour as she felt it to be her whole being now. We explored the familiar issues of her being many facets and how important it was to protect the core and not passively allow it to be trampled on. I drew the parallel to her mother where she felt she was either all good or all bad. On the negative side was that their financial situation was so bad that she had to accept nappies for Mark from Querida. This left her feeling humiliated and angry at Pieter for allowing this situation to develop. It also reared the head of the abandonment monster again as she now feared she would be unable to pay for psychotherapy at all and she hated not being able to offer her contributions to what she perceived as a very valued space. My reassurance that we would work it out and I would not abandon her left her weeping copiously with relief. At no stage would I have or ever will abandon her as she is honourable about meeting her commitments to psychotherapy, both emotionally and financially. Another sign of Rachel's growth was that she was connected to her emotions in a more authentic manner and was able to stay with the mood of the moment - the splitting off of emotions had reduced considerably.

As the attacks continued Rachel began to see that Pieter was a very psychologically damaged man and that she was compromising herself when she grasped at any straw to find him good. The violence escalated. For example, on one occasion, he tried to throttle her whilst she was holding Mark. She managed to put him down safely but Pieter threw her violently against the wall, tried to throttle her again, threw her across the room and threatened to leave. She fought back and told him to leave. The fact that she was fighting back was a sign that she was no longer going to stand passively and allow herself to be abused. I fed back that she was starting to change the life-long pattern of passivity and that she was no longer simply allowing the scissors to hack at her at will.

Over the next months, as she continued to defend herself, she started to connect with the anger at enduring a lifetime of abuse and of having to be passive to survive. This resulted in powerful images of picking up a knife to stab Pieter or of putting a pencil through Mark's fontanelle. Her mother had told her a story about a woman doing this to a baby when she was a child. It seemed that she was connecting with all the childhood and current abuse and she wanted to annihilate everything that had damaged her. This was a total shift from the usual desire to annihilate herself! Rachel had even been assertive with her father and older sister who ironically, considering she had been most damaged by the parental scissors, was starting to fill her mother's role in the family. I warned Rachel that she should expect to be punished by her father and older sister for what was perceived as her rebelling so that she did not run back into appeasement mode. Sadly, her older sister has disintegrated considerably and is today living with the father fulfilling her mother's position in every sense except the physical. And Rachel has never gone back into the appeasement role to placate them despite

considerable pressure.

Rachel and I worked through the violent images which horrified her especially the one of hurting her child. She was confused and frightened by them and did not trust herself. I suggested that she was processing some of her issues by being the all powerful one who could annihilate just as her mother and Pieter had always been able to do. The difference was that she did not need to act those images out. I was very clear on this issue due to her frequent inability to differentiate between imagery and concrete action. The image of hurting her child left her shaking. I knew she would never hurt him and we talked through the pain of a mother abusing a child and she connected with the awful fact that her mother had done this. I gently connected her with how she was with her son and how she was trying to provide him with everything that she had been denied in the areas of confirmation and caring. When I reflected this and added that maybe this was also a way of healing her own inner child, she broke down and sobbed. That she could also be healed through the love she gave provided her with hope for herself and her son. By allowing the images the space to exist without judgement over the next few weeks they reduced and finally stopped. She also started having dreams where she was connecting with some of the good qualities her mother had.

Rachel fluctuated over the next months, often being firm and assertive with Pieter but sometimes appeasing to reduce the conflict and have some peace. She was understanding his dynamics more and was saddened that she allowed so much abuse to occur to avoid being lonely. This was a good insight. She envied her son for the fact that he was receiving Winnicott's 'good-enough' mothering and had images of herself being taken from the breast before she was nourished and comforted. She hated her son at these moments and was sometimes less nurturing of him. This always raised guilt and confusion in her and she was appalled at her own behaviour. I continued to hear and be with her without any judgement at all which she found reassuring but at times confusing - how could I be so consistently caring when she was so awful? Why was she not being punished as she always had been when she was perceived and judged as bad? That I did not perceive her as bad was difficult for her to understand but something she gratefully accepted.

She often wanted to leave Pieter but felt the risk of herself shattering if she did. The fact that she would be repeating his previous unresolved experience and fulfilling his prophecy was something we explored. It was as if he were testing her by frequently shouting at her to leave and giving her every reason to do so. Every time that she did not leave should have reassured him but it was not enough. At this stage she realised that she had never had a real relationship with a man and this deeply saddened her. With the growth and insights came great pain but she never stopped in her attempts to move forward and heal the damage within. I so admire her courage and strength.

Rachel started controlling some of Pieter's rages by quietly, rationally but firmly telling him not to hit her. Then, when she had removed Mark to safety in his room, she would tell Pieter what his behaviour did to her - for the first time she was calmly verbalising it rather than pulling out her hair or simply becoming hysterical. For example, she would tell him how he devalued her in the relationship. Anger was the force giving her strength now and she no longer needed to withdraw into isolation and dissociation. As

a reaction to the abuse from Pieter, Rachel still occasionally connected with the "good treatment" her son was receiving and this brought up more childhood memories. For example, he made a small whimpering sound when she put him into a bath that was slightly too hot and she immediately jerked him out. She relived hearing the same sound at an intensified level coming from herself when her mother put her in a bath that was too hot - her mother did not remove her. She also dreamed of little girls in a Chinese concentration camp and she identified with one of the abused, neglected girls. Rachel was in a cauldron of emotions of guilt, anger, horror, sadness and fear of hurting her child. The sense of abandonment was powerful and the fear of annihilation was present in a more general sense than because of any specific incident. We would together try to comfort the little girl she had been with great caring and empathy and I tried to help her see that the inner child and her son were two separate people which was difficult for her. I also reflected that she did not have to be the perfect mother to compensate for her own experiences and that it was real to be tired and frustrated at times. So, the parallel process of healing the inner child and caring for her own child adequately continued.

This process developed into her exploring how empty her past relationships had been when the False Self ruled. The growth of her True Self allowed her to mourn the loss that came with that lack of authentic relating and opened up the possibility and hope that she might achieve this in the future. She already had the sense that she would not achieve this with Pieter and was viewing his inadequacies in relating in a more mature light. For the first time she drew a firm boundary with Pieter in a violent situation and walked away feeling good about it. There was no sense of guilt that she was bad at protecting herself. There were more reasons to celebrate as she was doing the official reflexology course and was achieving over 90% for all her examinations. She was also indicating growth by the way she dressed. She would often arrive in casual pants or even a tracksuit and was relaxed at doing so. Even smart slacks had been taboo in her mother's dress code and we would sometimes smile at what her mother would be saying looking down at her !

Rachel's commitment to further growth and life:

In June 1997 Rachel turned forty. It was her usual day for psychotherapy and she was excited at sharing her birthday with me. She stated that she could not believe she had "made it" as she was convinced she would have committed suicide before then. She had dreamed the previous night of falling into a mud hole (which seemed better than ice or quicksand) and being aware that she would drown if she stayed there. Aware that no-one would know why she had died, she pulled herself out of the hole, her clothes all torn and tattered, covered with mud, slime and "gunge". Telling herself that she could take these outer garments off as there was something better underneath, she was able to discard the filthy clothing and although naked, wet and mud-spattered she was fine. Both externally and internally I responded with "wow" as I smiled at her. She understood what the dream meant and stated that she wanted to make the best out of what she was, whether that meant thirty or eighty percent.

Pieter's health was poor as he is overweight, stressed and takes little care of himself. In July 1997 he nearly died and three days later he attempted to suffocate her. For the first time she connected with the very real danger of his attacks and this was very

frightening for her. She also watched him split off as he calmed down and was then angry that she had not made him his usual cup of tea five minutes later. We explored the reality that he may die and, obviously connecting with abandonment, she again brought up the issue that she paid me a lower fee. She stated that I was *"the rope holding me from being swept away in the storm"* and I again quietly reassured her that the fee was not an issue for me and dealt with her feelings of abandonment.

In that same month Rachel announced with great excitement that she had felt my confirmation at a very deep level. Her face was alight and she positively glowed as she told me that this was the first time she had ever felt FULLY affirmed as a human being. Her parents and people in general had constantly invalidated her feelings and thus her sense of reality and ability to judge for herself what was real or false. I had not realised that she had never felt this so deeply - it had taken four years of psychotherapy to achieve this. She enlightened me to the fact that she had heard and felt it at some levels but that this was the first sense of fully integrating it and *"owning it"* at the core. These are the moments that make all the effort worthwhile and I was delighted to see and experience that feeling of joy and lightness with her. I felt quite humbled.

This feeling of confirmation at the core changed her reasons for being assertive. It was no longer simply anger at being abused that drove her to protect herself. Now she cared about herself and felt she was worthy of not being abused. This was a powerful shift and when Pieter shouted at her that the relationship was awful and told her to leave she immediately agreed on the relationship issue, suggested he leave and went on with her activities. This statement startled him into calming down and there was no conflict for a week. We were both very pleased with her progress and it was lovely to have a session that was not only anguish and pain. A further reason for her being assertive was that she did not want Mark negatively affected by the violence. My fears about how Mark might have been affected during the pregnancy and ongoing relationship had been confirmed as he was an insecure, clingy, sensitive baby. She followed her intuition to nurture and always tried to remove him from the scene if there was an outburst but the effects were being experienced. This made her even angrier with Pieter.

Throughout psychotherapy, Rachel struggled to integrate her intellectual thoughts with the bodily expressed feelings. Exploring where she felt the emotions revealed that she had disconnected emotions from any bodily felt sense since a child. Now she was able to state that she experienced emotions in the pit of her stomach and then her throat. She could connect with a feeling of wanting to scream with rage briefly and then she would cut the process out of habit and a fear of a loss of control.

Rachel's isolated lifestyle was worsening as Pieter's fear for his son resulted in him keeping her housebound. He even insisted that he drive her to psychotherapy. This meant that her only connections outside of an emotionally unhealthy household were the few reflexology sessions she did from home, the occasional visits from her younger sister, very few social engagements and her weekly psychotherapy sessions. This made it hard for her to put into practice her newly developing confidence. The only person to practise on was Pieter and she displayed the concreteness of the fragmented person again when she took a mental exercise I gave her to do quite literally. We had

been discussing how it is useful to step back mentally and try and understand what the other person is feeling - an important exercise for her in not always viewing herself as the one at fault. The next time Pieter was verbally attacking her, she stopped him to ask him to describe his feelings and advised she would then describe her own. The result was that he told her he did not care at all about her and her feelings which made her *"cry inside"*. She dreamed of a huge leguaan (large primeval-type lizard that can be up to a metre long) springing at her face and she was only protected because she had a perspex shield in front of her. She likened the leguaan to Pieter which was a terrifying image. I shared the horror with her and we explored how the boundaries she had drawn to protect her core were signified by the perspex shield which prevented her being savaged. Worse, was that Mark was portrayed in the dream as a baby leguaan. We explored her fear that Mark had been negatively affected by all the violence and emotional outbursts. It terrified her that he might grow up to be like his father and this strengthened her resolve to give Mark a good mothering experience. I also gently explored the dynamics of not acting out mental exercises.

She continued to hold the boundaries, at times with difficulty, as she grew stronger. It was wonderful to see her becoming more cohesive and continuous in her expression of herself especially portrayed in her connection with emotions. For example, the emotions that could shift in a few minutes were now with her for hours. I had already asked Rachel's permission to write my thesis based on her experiences a few months before and it was at this stage that I asked her to write about her experience of psychotherapy and me as a therapist. Not wishing to influence her in any way, I simply asked her to write down what she had experienced as useful and not useful and to be honest about the negative as well as the positive. I left her to choose how she would do that.

Predictably but sadly, despite feeling and holding the emotions, Pieter's ongoing outbursts wore Rachel down and towards the end of 1997 she was feeling lonely, lost and depressed. She felt suicidal for the first time in over a year and had wanted to fling herself from the moving car. Despite understanding his dynamics there were times I actively disliked the man and wished he were elsewhere on the planet. He increased the physical attacks and advised her he had been to see a lawyer, stating that he was *"clever and manipulative and will take Mark away"*. She felt he was trying to push her into behaving like a *"mad woman"* so that he could prove his constant accusations that she was a *"bad mother"*. These accusations stabbed Rachel to the core in the light of her own childhood experiences and her obvious attempts to give Mark a different experience.

The new year started with Rachel testing her ability to relate to new people in her world. Encouraged by me to join a mothers and toddlers group, she and Mark were enjoying this activity on a weekly basis. Again, in practising a new behaviour, Rachel stepped from the extreme of opening her core to all to keeping the boundaries so firm she allowed no-one in. The other mothers were thus not welcoming and friendly. Feeling the lack of response to her as rejection she became very critical and judgemental of other people's behaviour. This time she was able to do the mental exercise with me of seeing how she might be perceived by others and vice versa without acting it out. Her naivety about the basic rules of interacting highlighted the complete lack of healthy

relating in her early years.

Rachel's newly developed lack of tolerance for Pieter's attacks reached a peak when she reacted by handing him a knife and taunted him to stab her. She then ran to the upstairs balcony intending to jump off to get away as he always locked her in so that escape from his attacks was impossible. Fortunately he did not retaliate further and the situation was brought under control.

Rachel's experience of psychosis in my consulting room:

Rachel was very vulnerable and, without my knowledge, attended a Reiki course. Reiki is a form of healing of Japanese origin. It is based on the concept of universal energy and how the conscious self-application of this energy can be used, by channelling, as an instrument to heal another person. The process can also involve regression into past life experiences. Rachel had seen vague images in my consulting room once before but she connected very powerfully with images in her next session. She was sitting talking to me about the Reiki course and making her usual good eye contact. Suddenly she exclaimed, looked slightly to my left and stated that there were "*little people*" standing next to me. Her eyes were absolutely focused and she was animated and excited. Her whole body was alert. I felt a little disconcerted but asked her to describe them to me. She described seeing the silhouettes of people who were grey in the middle but had the colourful lights of their chakras around them. One was a man, another a child who was "*peering ... innocent ... so sweet*". She described them as very closely gathered around me and at one stage one was kneeling down right next to me looking at me. Wanting to make her feel comfortable I looked at the space next to me and said "hullo". She was utterly fascinated by these images who were not frightening her at all. I have to admit to feeling a bit uncomfortable and silly greeting something I could not see but I thought I should pay respect to her and anything else that might be present ! She told me that if she tried to bring the images closer they started to disappear but remained strong if she simply looked at them. It sounded similar to those three-dimensional pictures that were so popular then - a flat, one-dimensional, patterned poster which would shift into a full three-dimensional picture when one shifted focus to look through rather than at the poster. After a while, she described how she felt the images were coming from inside her and being projected out. If she reached out a hand to touch them they were insubstantial yet she could see them as clearly as she could see me. She concentrated, reached her hand out, staring intently past me and then as she brought her hand closer towards herself she felt the images were from inside. These images were there for the whole session. As stated, she has often seen lights around me but this has lessened considerably over the years and this was my first experience of sharing a hallucinatory experience. It was fascinating but I was concerned about her continuing to attend the Reiki course as the woman running it had no concept of the depth of Rachel's vulnerability and suggestibility. She agreed to advise the Reiki teacher that she was in psychotherapy and not allow her to regress her into a past life. When she left I was a little unsettled and went for a walk to clear my head. I thought that if I had to have visitations from little people, I was grateful that they were friendly and liked me !

My fears that she was too vulnerable were confirmed. The next session of Reiki resulted in her losing consciousness. The teacher had been doing a 'balance' when

she began to feel ill, heavy, wanted to detach from her physical body and then fainted. She described a vision where a man in a robe came and offered her huge tablets which initially seemed comforting but then she became agitated and came to with a bad pain at the top of her skull. The balance was completed but she began to feel ill again and stopped the course. This was very frightening for her and I suggested that she was perhaps in too fragile a state to be exploring deeply into these areas. She agreed with this. I felt some anger at what I perceived as carelessness on the part of this Reiki teacher allowing a woman to explore deep issues with no understanding of who or what she was working with.

Throughout the first months of 1998 Rachel had a few incidents where she wanted to throw herself out of the moving car. This usually occurred when she and Pieter visited his parents, now living in the country, and his mother often verbally and once physically attacked Rachel. It felt as if she were dealing with her own mother all over again and Pieter never defended Rachel but supported his mother. She sat in my consulting room quite broken at the continuing unpleasantness as she had so hoped that his family would provide the warm, loving unit she had been deprived of as a child. She felt everyone was telling her she was *"bad"* again so I tested her growth and asked "Are you bad" ? She was quiet as she pondered this and responded with *"only a little because I want Pieter to be able to support my son and me"*. She could relate to herself as having good qualities too and my heart ached for her as she asked for so little - simply to be accepted and loved. And even the natural desire for protection and support was perceived as being bad. She was aware that had these episodes occurred two years before she would not have been able to cope at all. It was vital to connect Rachel with her strength as it is still something she fails to recognise.

Pieter's continuing ill health concerned Rachel as she was quite unable to see further than the horror of losing him and being left alone. But she was drawing the boundaries even more firmly with Pieter as far as the violence went. She was able to feel that she did not deserve such treatment and did not want her son affected in any way. So, the next time he assaulted her and tried to stop her moving out of his reach, she hit him a number of times and told him to leave. Seeing that she meant this, he crumpled and she saw for the first time that there was nothing under all the brashness and violence. Having explored his dynamics, fears and the frightened little boy inside him many times with her I found myself being surprised that she still had not really understood this. But, by putting myself in her shoes and trying to be the fragmented, vulnerable woman attacked by a large man shouting for her to leave, telling her she was not a good mother and that she was a whore, I was quickly able to understand why she still struggled to really connect with his dynamics other than at the intellectual level. Her determination to find her whole reflection in the shattered mirror pieces we were slowly pulling together was powerful and she would pull that magnificent body up straight and hold her head up high as she re-iterated her desire to be a whole person.

Having passed her examinations with flying colours, Rachel was practising reflexology using crystals. She described a session where she saw the images again and asked questions of the *"healing spirits"* who *"put"* the thoughts into her head. She stated that she did not interpret but merely channelled the healing she felt coming through her as she feels she has no control when this happens. She felt great joy and happiness and

her patient felt cleansed and continued to see her for appointments. I wrote in my notes: "Does it matter whether she is channelling spirits or having thought insertion and hallucinations? What is important is that she is loving her work and the patients seem happy and she was more content today than I have seen her in a long time. Her work is her passion, is her life, is her sanity. It is the one place she feels truly at home".

Over the next months Rachel was assertive with Pieter and his mother and we drew the parallels between her mother and his mother and how differently she was handling life now. His mother's verbal attacks had less effect on her now as she could withdraw to observe the behaviour in perspective instead of withdrawing to avoid it completely. This made her feel more in control and her audience of one in psychotherapy was mentally applauding with great gusto. She described again how she had always been totally negated especially in relation to what she termed as weird experiences. She had been advised that, as they could not be scientifically proved, they could not be reality. She gave a different description from the one she gave when she walked into my consulting room five years earlier - "*It felt like a holocaust out there*" where she felt she was burned by the radiation fall-out and "*when I came to your door I was just bones and marrow*". She stated that had she not been treated with utter respect she would have disintegrated. It took years before she knew she truly was totally accepted by me as I constantly and simply accepted her reality for its own value. This allowed her to start "*growing in the belief*" that her world was real for her. It also allowed her to talk more about her childhood experiences of altered reality and I asked her to add to her previously written descriptions the feelings and meaning for her. Rachel is so excited about this study as she is utterly convinced that the healing is through the meeting and offered to do anything she could to help. Mindful of keeping her space sacrosanct and the psychotherapy on track I have generally discussed the dissertation with her in separate interview sessions. Even then I have been very careful to ensure that our relationship remains one of respect, safety and authenticity and there is no invasion of her as a human being. I also stated early on that if the dissertation were to impinge on her and our psychotherapeutic space in any negative way, the work would be stopped as my first priority was her. She was deeply grateful for this reassurance. Rachel also gave me copious pages of religious writings. She does not view these as her thoughts and views but information that she has been instructed to write down by a voice in her head. This voice is not heard as an external one but rather like thoughts in her head. She described the writings as not occurring as a result of her own volition or decision but almost as information being channelled through her.

Despite the obvious growth, Rachel still frequently fell into the trap of feeling worthless with Pieter especially when he accused her of being a bad mother. This was possibly the worst attack that he could mount and it stabbed at her core every time. Financial reasons necessitated her exploring the possibility of going back to full-time work as the reflexology was bringing in insufficient funds. I was supportive of this as it also meant she could be financially independent if she chose to leave the relationship. She was offered employment in the same financial field she had previously been successful in. Pieter immediately accused her of having an affair and stated that he would kill her, Mark and himself. Although torn between being with her son and the need to pay the bills, Rachel accepted the job. However, on the morning she was due to start she sent a facsimile stating that she would not be arriving at work as she had changed her mind

and she effectively cut off that whole world - the only one in which she was highly skilled and had been financially successful. Although now a reflexologist, she had few patients as she stated that Pieter controlled that area of her life too.

I then made a mistake. In my concern for her to be financially independent so that she could choose to leave and be psychologically and emotionally safe, my initial reaction was one of disappointment. I did not verbalise it but my tone and the questions I asked must have displayed this. I did not meet her as I should have. So, although I told her I would support her through anything she chose to do, she was terribly upset and wept that I was disappointed and maybe angry. In some ways she felt she had let down the only good-enough mother she had. What I had failed to realise fast enough was that the world she was rejecting now was the same one in which she had manifested the False Self image to survive and which had continued to suffocate the True Self. She was wisely afraid to enter that world again and we explored her fears of becoming the hard, cold "bitch" she had needed to be to survive. The good that came out of this mistake was that she did not kick into abandonment and remained firm in her decision to do something more true to herself and I supported that totally. She had survived the 'mother's' disappointment and remained true to herself. In the next session she told me that she had realised my disappointment had come from concern and we discussed that I may sometimes give an overall perspective that might contradict her viewpoint. Instead of automatically fearing annihilation at what she could perceive as confrontation, she stated that she relied on me to provide that perspective and that it did not feel threatening with me.

Rachel is determined to offer Mark a more balanced environment. This is extremely difficult in a home where verbal and physical abuse is common. But she offers Mark as much consistency, love and support as she can which tends to over-protectiveness. This creates problems when they are interacting with other mothers and toddlers. She is learning to see that events which evoke similar feelings are not the same events as her childhood and thus do not necessarily have the same consequences. Her skills as a parent are based on her own childhood experiences and much of her manner in dealing with Mark is based on the values and principles instilled in her by her mother. She constantly checks her way of dealing with him with me and we have lengthy discussions about raising children in a balanced way. I have realised that this practical input will continue to be a part of psychotherapy until she has the faith in herself to trust her own intuition. The problem is that she was not taught many basic skills especially about relating. With few friends over the years she has not absorbed and learned by proxy and her whole life continues to offer her poor examples.

At the end of 1998, Rachel announced that she would like to have another baby with Pieter. She was in a fragile state again where she was seeing colours around people and was starting to dress in the fancy clothes and make-up. Her long hair which she had worn casually and loosely around her shoulders for two years was suddenly being taken up into the elaborate hairstyles of old. The False Self mask was coming up as she was drawn into Pieter's business ventures and she was feeling much confusion inside about her sense of self. I did feel concern and some disbelief that she could even consider having another child with this man in these circumstances. Aware of my recent mistake, I voiced my concern with extreme gentleness ensuring I was still

confirming her but my eyes must have mirrored my confusion. I was falling into the trap of assuming her to be more cohesive than she was - she had made a sensible decision in not taking the job offered to her and that had fooled me. She had come a long way but she still had a long way to go. I queried with her how much she felt she had learned about herself and her strengths. She understood where I was coming from but only wanted to use Pieter as a "sperm bank". Although I undoubtedly could have handled my initial reaction in a better manner (see theory section for further discussion), it did result in us exploring the practical realities which she had failed to even consider. This indicated to me that she still was unable to look at the broader perspective and explore the possible consequences of her actions. She wanted a baby so it was simple ! We explored the facts that Pieter was absolutely neurotic about Mark, that he failed to see her as a good mother and that it would be his child too which meant he would have rights and responsibilities. This helped her get a perspective and made her think about the circumstances which was all I wanted.

The start of 1999 highlighted that Rachel still often had to check her decisions and actions with me before she could internalise them as her own. There had been a vast improvement from the young woman who could not even make an initial decision and wanted to rely on me for everything to the person who felt "*almost sure*" but required my reassurance and confirmation. Her younger sister's new relationship was mirroring for her what she would like to experience and we discovered that she had always viewed herself as the relationship. Hence, if the relationship failed she was deemed to have failed and to be unworthy. I described how a healthy relationship involved two separate individuals and likened it to our psychotherapeutic relationship where two people met with respect and caring and, although we had created something different, we were still separate individuals. She was amazed and delighted at this concept. It is always such a pleasure for me to see Rachel when she gains some insight into a world that offers hope and a real sharing for her.

Rachel understands her hallucinatory experiences:

Writing up the notes on our psychotherapy for this study had been an enriching experience for Rachel as she stated that it highlighted for her how much she had grown and she was excited at the prospect of future growth. The exercise had also made her contemplate in depth her hallucinatory experiences. She again described how when she tried to touch the images in my consulting room, they were closer than her hand and eventually went "*back inside me*". She now suspected that, had she been able to do this test of reality before, that all her hallucinations could have been experienced in this way. She explained that she had only been able to conduct this test because I made it acceptable for her to have been afraid of some of the past images. My stating that I too would have been afraid made her feel safe to experience fear and thus have the curiosity to explore the phenomena. This resulted in a reduction of her fear so that she could understand that the images were not real in the "*lived sense of the three-dimensional world*". I had been curious and not afraid to explore the little people images which gave her courage. So, although she experienced the gnomes as real, solid phenomena as a child, she could now understand that they were probably projections from within due to fear and not the result of a haunted house. She understands that her hallucinations are not visible or measurable in a three-dimensional world and perceives them as having more reality in the sense of a powerful energy field.

For example, the knowledge that she would lose the images if she blinked helped her realise they could not be solid and real (see Chapter 10 on psychotic episodes). Rachel believes that the thoughts in her head are a higher level of consciousness which may be of herself or God. She describes these thoughts as coming through her and not disconnected thoughts or voices coming at her. Rachel sat there so strong, bold and clear about what she was saying. It was a revelation to her to finally make some sense of these weird happenings. They had become more acceptable to her because I had accepted and explored them with her, but now she felt a meaningful connection inside herself which was powerfully liberating. I smiled occasionally as we explored the excitement of a new sense of meaning and control for her.

She ended that session telling me that she was concerned about her anger which was resulting in her using foul language. This was so contrary to the soft, gentle woman I knew and I asked her for an example. When she enlightened me, I burst into laughter as it was incongruous to hear those words coming out of that mouth. I then more seriously dealt with the issues around how she had always been punished for expressing anger as a child as well as being punished when other people were angry - for example, the beatings she received when her mother was out of control. I empathised with the fear of losing control and linked it to her violent images when Mark was a baby which helped her understand that she would not necessarily lose control and act out. She later explained that my laughter had assisted her in stepping back, seeing the whole picture and realising she had choices. For example, she had found herself thinking of expressing foul language the following week but had chosen not to articulate it.

As she was able to view her family's damage more clearly she began to talk of forgiveness and how liberating this felt. She stated that when one is bitter, sulking or judgemental one is in the control of the person one has not forgiven. So, she was forgiving her father and their relationship has calmed although never deepened. Forgiving Pieter was not as easy but she was dealing with many of the attacks better and they were not as frequent. On one occasion in March 1999 when he viciously attacked her again, she lost control and attacked him back. She collapsed to the floor weeping and he refused to let her go to Mark who was crying with fear at the scene. This distressed her enormously as she constantly feared the effects the violence would have on Mark.

This fear was real as Mark started to react in a physical manner with his peers and Rachel continued to be rather too over-protective. Occasionally she found herself being critical and punishing as her mother had been and we discussed the similar dynamics. She began to be firm but loving, reprimanding him for his behaviour but not continuing to punish him as the whole child. This made her feel she was shattering the shackles of her past by making it different now. She recalled how she spent much of her childhood trying to work out what NOT to do to avoid the punishment and it was far easier to achieve this by being passive.

She advised me that she could pay full fees by September 1999 and would like to pay back what she perceived as a loan from the reduced fees of the past. I showed appreciation at her offer but stated that the lower fee had been the agreement, that I

had been happy about the arrangement and did not need repayment. She was astounded that anyone could simply give her something without wanting something in return and, in an aching sad tone, added that she would like to be like that. I reflected that this was exactly how she was with Mark. There was another of the few silences in six years of psychotherapy and she had nothing to say as she absorbed this. Then she smiled.

The current situation:

The violence continues and, on a recent trip to America, Pieter verbally attacked her so frequently that she ran from the parked car across a lawn with the intention of running in front of the cars on the highway. She stopped at the edge of the highway to ask herself the usual question of what I would say in the situation and did not follow through with the action - she knew she was too valuable to throw her life away for Pieter. Her behaviour of running away gave her the insight that part of the horror for her is that Pieter never allows her to remove herself from the scene which increases her sense of being trapped and panicky. Twice recently she has managed to remove herself from the house before the violence escalated and has felt more in control as it has not resulted in physical violence. She has also continued to face him and push him back physically whilst stating that this is unacceptable behaviour. He recently told her that another woman he knew was to blame for the abuse she received because she failed to stand up to her boyfriend. She was appalled at this and felt she had been absorbing the damage and gunge of Pieter every time he *"spat it in my face"* and had been chewing and ingesting it. I asked what she would do if he literally spat gunge in her face. She looked disgusted and her mouth twisted with revulsion as she stated *"I'd wipe it off fast"* and then nodded sagely when she realised the implications of that question. She can now connect in the situation with the fact that it is his damage and not always her fault. Overall though, the violence has lessened in frequency. Pieter has not physically attacked her for a month and she has started to be assertive about his general manner of relating to her in a way that he is responding positively to.

In drawing boundaries with others in the world Rachel is starting to learn how to gauge degrees of giving in a relationship. We recently explored friendships, from the casual to the deeper levels of relating and she had been unaware that there could be so many levels of connecting. She is slowly starting to step into the world of relating now. She did, however, state that she often feels a pressure from everyone to leave Pieter. I stated that if she chose to stay with Pieter forever I would still understand and she burst into tears with relief at that reassurance. A week later, she advised me that he had attempted to physically attack her again. She drew a firm boundary to prevent the physical assault, removed herself to another room and then kept a firm emotional boundary by not simply accepting his apology and *"moving on as if nothing had happened"*. For the first time she has been able to imagine herself separating from the relationship. *"I can see that there might be a time when I will outgrow his inability to give to me ... but I am not ready for that yet"*.

One of the most profoundly important steps of growth and cohesion was taken by Rachel towards the end of the year. She had experienced an ugly incident in a parking garage where a woman was abusive and suggested she was crazy. She was very assertive in response and advised me that she had not cared that the woman was

judging her. She spoke of how she would have been totally condemned by her mother had she behaved like this in the past. She stated that she would "*not have changed a thing*" about her reaction in the situation and realised that she was no longer judging her own behaviour according to her mother's standards. At this stage she only appreciates a little of the value of what she has achieved as she is so accustomed to being condemned that it still tends to swamp the feelings of achievement and growth.

The journey continues ...