

Internal Criticism and Shame, Physical Sensations, and Affect: Part 2 of a 5-Part Case Study of the Psychotherapy of the Schizoid Process

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Abstract

This article details the unfolding of a relationally focused integrative psychotherapy in the treatment of relational withdrawal, self-criticism, introjected criticism, shame, and the disavowal of affect.

Keywords: Lonely, loneliness, criticism, self-criticism, shame, relational withdrawal, schizoid, schizoid process, integrative psychotherapy, relational therapy, transference, case study

It is a joy to be hidden and a disaster not to be found.
— D. W. Winnicott, 1965, *The Maturation Processes and the Facilitating Environment*

During the summer recess, Allan was periodically in my thoughts. I was not certain that he would return to the psychotherapy sessions we had scheduled for the beginning of September because I had often sensed that we had a tenuous interpersonal connection. Allan was accustomed to doing things on his own. His quietness was illusive. He had occasionally commented about his internal criticism, and once in a while I heard a caustic remark about his coworkers or himself. I wondered about the extent of his criticisms, the history of his isolated attachment pattern, and the self-stabilizing functions of his relational withdrawal.

I was pleased when Allan returned. He was bustling with energy as he told me about his adventures in the Arctic wilderness. I was touched by the little snippets of connection between us that were interspersed with the stories of his adventures. I still had a developmental image of Allan as a lonely boy, hungry to be listened to

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and understood and at the same time deeply afraid of interpersonal contact (Erskine, 2019, p. 14). In the midst of one of his stories, he made a tangential comment: “There were no women to look at.” I did not know what this meant, but I suspected that it was significant. It seemed important that I not comment on this remark while he was telling me lively stories about hiking and camping.

When Allan said, “There were no women to look at,” my first thought was, “Of course there were no women to look at when camping alone in the wilderness.” I pondered what his words might mean. Did I misperceive what he said? Although I was a bit confused, I thought it wise to wait to raise the question until I sensed he was receptive to discussing it. Among the important things that I learned from the writings of Eric Berne was to listen to every word the client says, particularly their parenthetical and tangential comments. It is in these utterances that the client reveals their unconscious organizing principles, which Berne (1972) called *script*. I was confident that Allan had inadvertently revealed something significant and made a note to investigate his comment once we had established a more trusting bond.

During September, I continued to listen to Allan’s stories about his camping adventures. I looked at his professional-quality photos of wild animals and waited for opportunities to inquire about his internal experiences. He seemed a bit more tolerant of my questions than he had been the previous winter and spring, but frequently there were long silent pauses or no answer. He remained reluctant to talk about his affect or family history. When I asked about possible sadness, fear, or shame, he seemed unable to relate it to himself. He understood the sensations of anger but said, “I do my best to purge my anger.”

After a few sessions that seemed unproductive to me, I was frustrated with Allan’s apparent lack of emotion and superficial conversation. I had been waiting for an authentic expression of his inner life. Who was he under his social façade? What was the essence of Allan? Was his true self the man whose life was limited to work and hiking? Was he hiding his vulnerability or some big secret? I discussed my confusion with a valued colleague who raised even more questions, and over the next several days I remained perplexed as I pondered them:

- Was Allan actively avoiding letting me know about his inner process? If so, what was I doing wrong or failing to do? Was I too focused on his accomplishing something in therapy? Or would it be beneficial if I attended to the Allan who learned to hide his vulnerability?

- Was he so physically numb that he could not sense his affect? If so, it would be necessary for me to focus the therapy on his body and inchoate affect. Was his noncommunication an expression of shame?
- Was he one of those children who had no one to help them identify internal sensations and provide a way to talk about subjective experience? If so, my task was to help him identify internal sensations and develop a vocabulary for talking about his affect. This approach included constructing a narrative about this life.

I hypothesized that the direction I was looking for was embedded in the answers to these questions. It was clear to me that Allan needed a good deal of security and sensitive guidance in order to become aware of his inner process. Now it was necessary for me to address Allan differently.

I spent some time in each session bringing Allan's focus to the physical tensions in his body. I drew his attention to his tight chest and neck muscles and related the tensions to possible affect. At my initiation, we also spent a bit of time in each session talking about his "privacy." He described how he had always been private, even in his earliest memories. I suspected that when he spoke of depression he was talking about the sensations of shame (Erskine, 1994, 1995). He remained reluctant to talk about shame, but I returned to the topic for a few minutes in each session. He said that his depression (meaning shame) was "a great silencer."

I inquired about the nature of conversations he might have had with his mother when he was a young child. Each time his immediate answer was "I don't remember." I pointed out that he knew his mother's personality and that he could imagine the quality of their communication. In response, Allan sarcastically said, "My mother knew nothing about me or my feelings." In the next sessions, I tried to return to this topic, but Allan responded, "I've said enough about her." His reticence to talk about his relationship with his mother spoke louder than words. His pain and anger were palpable, even though he tried to keep them out of our conversation. I was willing to be patient, but I was also persistent in my focus on his feelings. I made a few inquiries about his relationship with his mother in each session.

A Revealing Dream

Two months into our second year, Allan asked if we could talk about the following dream: "I am trying to get to the Yukon. I rushed to the train station but the train to Montreal was canceled. I kept looking for another train to take me to the wilderness, but none of the trains were running. I don't want to stay in the city with annoying people." I asked Allan to tell the dream again, slowly, and add the

following phrase to the end of each sentence: "and this is my life." As he retold the dream and added "this is my life," we paused after each sentence for Allan to sense the meaning of what he was saying.

Then I encouraged him to elaborate on each statement. With the first sentence of the dream he added, "I have no relationships. I am bothered, sad, and lonely, trying to go where there are no people to interfere with me. I am looking for quiet. ... And this is my life." He was then silent for several minutes. I watched the tension in his shoulders carefully even though he made no eye contact or acknowledgment that I was in the room. I remained observant and breathed deeply in order to remain present. I knew something important was happening within Allan.

After several minutes of silence, we continued exploring the meaning of the dream. His comment on the second sentence of the dream was, "I have no people in my life because I was just trying to survive, be safe, and wanting no one to bother me." His voice became harsh: "Relationships are a problem. I don't need people. I get tired of people. And this is my life." As he continued, he added, "Something is missing in my life. I am empty. I don't know what it is, but I can't be with people." I was amazed that he was telling me such a personally revealing dream. This is the first time he had spoken so pointedly about his internal experience.

I asked him why he was telling me the dream that day. He said, "Most of the time I don't trust you, but today I wanted you to know my dream." Near the end of the session, I inquired about how he experienced me in that session. He said that he was relieved that I guided him to talk and added, "You didn't make any interpretation. You allowed it to be my dream, my meaning." I still did not have enough information about Allan's intrapsychic life to make a specific interpretation of his dream. Yet, in asking Allan to add "and this is my life," I was making a subtle interpretation about how the dream represented the ways in which Allan was living his life. I periodically use interpretation if I can sense the client's developmental level of functioning and have an understanding of how they think and feel. If I do make an interpretation, it is usually about a child's physical and relational needs and what quality of interpersonal contact may have been missing in the client's significant relationships. Often it is effective if I invite the client to decipher their own meaning.

Allan and I spent the next few weeks discussing the significance of the various elements in his dream, such as his yearning to be in the wilderness with "no one to interfere." When I asked what he experienced when he said "no one to interfere," Allan had two memories of his mother "interrupting me when I was playing" and his older sister "bossing and controlling me." I was elated because this was the first

time in a psychotherapy session that he had divulged an explicit childhood memory.

In the next session I began by quoting Allan's statement that "I can't be with people." I asked him to explore what those words meant. I was again surprised when he offered a series of memories from when he was 9, 11, and 15 years old and wanted to be with friends. But he ended up disappointed and discouraged because they would tell him what to do. He said, "I hate people telling me what to do." This was the first time since the previous spring that he provided an opening to talk about his anger. However, he said that he did not feel any anger and dismissed my inquiry with a scathing voice: "I just can't be with people." His self-criticism was evident. I knew that we would soon have to address his self-critical comments because they were becoming more prominent in his conversations with me.

I kept thinking about his statement the day we explored the meaning of his dream: "Something is missing in my life." I waited for some clue to investigate with Allan what that meant and how it effected his life. I intuitively knew that the phrase was significant. I made a few inquires, but Allan deflected my questions. I asked Allan what he was feeling during his late night walks around the city. He had great difficulty describing his sensations, and I introduced the word "lonely." At first he did not comprehend that there was such a feeling. He described it as "feeling empty." In subsequent sessions, we used the words "empty" and "lonely" interchangeably to talk about what he was feeling during his nighttime excursions. I often thought that his lonely feelings might have been even more significant than what we were discussing. I made a note to come back to loneliness in future sessions. But for now, we were dealing with several entwined issues that had to be put to rest before we did any in-depth work on his unconscious pattern of isolated attachment.

During this phase of the therapy, I periodically asked how Allan perceived my behavior and my effect on him. He was usually slow to answer, as though he was struggling to comprehend something. For example, in one session he said that I was "kind" to him and that I did not "interfere" with what he was thinking. I asked him if my behavior was similar or different from his mother's. With strain in his face he described the contrast between my "acceptance" of him and his mother's "constant disapproval." Over the next few weeks I inquired more about his mother's behavior, particularly his experience of her when he was young. He gave me little fragments of stories, and piece by piece the various stories began to form a picture of his mother dominating Allan's feelings and behavior.

On some occasions when I inquired about Allan's mother's behavior toward him, he gave his usual response: "I don't remember." I described how significant memories are stored in our body tissues and our emotional reactions and how unconscious relational expectations are formed in early childhood. Whenever I talked about how people function, Allan seemed captivated, like a little boy listening to an adult telling an exciting story. As we talked about ways of being in relationship, he said, "You don't act like I expect. You're interested in me." I acknowledged his comment with a historical inquiry: "Was anyone not respectful and not interested in you?" In the long silence that followed, I could see that he was struggling to answer. Eventually he said, "She was unrelenting in her criticism." Then he looked away and was silent for the last few minutes of the session. Although he said nothing, he looked sad. I wondered if he was trying to "purge" his anger.

The Flow of Psychotherapy

As I studied my notes to write this story of Allan's psychotherapy, I was aware that our therapy work progressed in a nonlinear way. I wish I could tell his story as a simple progression from one insight to the next, from one self-expression to the next, and how each phase of our work led directly to the resolution of another issue. But that is not the way it happened. Rather, we recycled various issues several times. In writing this case study, I am organizing the story chronologically, but readers should keep in mind that what we discussed in one session was often not mentioned again until much later. Some of what I am reporting here may appear repetitive because, indeed, that is often how the rhythm and pattern of psychotherapy goes.

Usually, in each of Allan's sessions, we addressed a variety of topics, such as his walking the streets at night, hiking on the weekends, his internal criticisms, estrangement from his sister, his physiological reactions and feelings, and our relationship. Early in our work I was quiet, attentively listening and acknowledging the significance of what Allan was saying. As this second year progressed, I became more proactive and often made links to what we had discussed in previous sessions. I inquired much more about his phenomenological experience and his childhood. One of my therapeutic tasks was to gather and hold the diverse elements of Allan's story in order to help him construct a coherent narrative about his life.

Self-Criticism and Shame

During the next few sessions, I made several other inquiries about Allan's mother's disdainful attitudes toward him, how he coped with her criticisms, and how he perceived our interactions. By periodically focusing on the characteristics of our relationship, the juxtaposition of my behavior and his mother's stimulated Allan to recall several disheartening memories of how she had treated him (Erskine, 2015, p. 17). Over the next months, he had a number of additional memories of his mother's finding fault with him. Often they were only fragments of a memory: an image, a body reaction, or the sense of repulsion that left him "feeling low down" and "empty." These bits of memory provided an opportunity for me to engage further in both historical and phenomenological inquiry. We were slowly assembling various pieces of a puzzle about a little boy who learned to hide his loneliness and show the world that he was self-sufficient.

Our therapeutic dialogue now provided more openings for me to bring Allan's focus to his physiological reactions and what was happening in his muscles. We began to form a vocabulary to describe both the muscle tension in his back and some of his affects. In the first year and a half, he had been unable to talk about his feelings. Now when he was occasionally feeling vulnerable, he made several attempts to verbalize his internal distress. My comments were aimed at increasing his awareness of physiological sensations and integrating his body reactions with his various affects. Then the focus was on integrating his affect with understanding his motivations and behavior. This reflected a goal of integrative psychotherapy, which is the integration of the client's physiology, affect, and cognition so that behavior is, by choice, in the current context and not activated by fear, compulsion, or conditioning.

In some sessions, Allan was now able to talk about being angry at his mother's treatment of him. Usually I encouraged him to look directly at me as he told me about his anger at her criticism and control. I wanted him to see my face and that I was taking his anger seriously. I also wanted him to see my sorrow about the way his mother had treated him. Eventually, I asked him to close his eyes and talk to the image of the young woman who "criticized, manipulated, and controlled" him. At first, voicing his anger to an image of his mother was difficult, but after a couple of sessions he was able to vehemently express it.

I pointed out how sad, even painfully lonely, it must be for a child to be constantly criticized. In one session, Allan seemed amazed as I explained that it was emotionally confusing when a child was sad, angry, and scared at the same time, particularly if there is no adult to help them understand and express what they are feeling. He responded ironically, "My feelings did not matter to her." I blurted out,

“They matter to me !” He was quiet and his eyes were moist. In a soft voice he said, “Thank you.”

It was late November, time for the Thanksgiving holiday, and Allan had a week off from work. He went winter camping in the mountains. When he returned to therapy he surprised me by talking about how he missed me. I asked what he missed. He answered that I was “quiet, patient, not demanding like my mother. You never criticize me. I like coming here ... some of the time.” I was amazed at what seemed like a transformative opening in our relationship. We went on to talk about other issues, and by the end of the session Allan appeared to be withdrawn again. Just as the session was finishing, I asked what he was thinking. He slowly answered, “I’m a fool for telling you. Now you won’t want to work with me.” His self-criticism had superseded all that we had talked about.

I was reminded how people who use a schizoid process to manage their affect may feel a sense of attachment and affection with another person when they are physically distant but that they fearfully withdraw into hiding when in close proximity (Galgut, 2010; Yontef, 2001). After some sessions with Allan, I reflected on the similarities between Allan and Harry Heller, the schizoid protagonist in Hermann Hesse’s (1963) novel *Steppenwolf*. Hess artfully described the schizoid processes in his central character, who spends most of his time in an internal world of fantasized relationships while his actual life is devoid of interpersonal contact. Guntrip (1968) referred to this as life half in relationship and half out—a stranger to intimate relationships except those that exist in the person’s mind.

During these couple of months, I began to noticed a new pattern with Allan. In the previous year, he had made several passing references to how he criticized himself after each therapy session. At that time I primarily listened rather than probed with questions. It seemed important that I observe his process and attend to resonating with Allan’s affect or unarticulated relational needs. Now some of our sessions began with Allan describing how he chastised himself during the previous week. At first I assumed that he was replaying his mother’s criticisms, but I was surprised when he described the criticism as being his own voice. I wanted to know about the intensity and vehemence of his self-criticism.

Over the next few sessions, I encouraged him to let me hear what was happening inside him, even to shout the criticisms out loud. When he finally spoke, the forcefulness of his words was lethal: “I’m useless,” “I’m a weakling,” “No one’s interested in me.” My encouragement for Allan to say the self-criticisms aloud was based on a fundamental gestalt therapy concept: intrapsychic conflict is diminished when it is externalized (Baumgardner & Perls, 1975; Perls, 1973). I was certain that each criticism added to Allan’s sense of feeling “low down” and “empty.” While

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Allan shouted his self-criticisms, I responded with empathy to the vulnerable part of him that was receiving the criticisms.

I made sure that in each session I took some time to address these various self-criticisms. It became clear to me that although Allan wanted to talk to me each week, he was also disdainful of that wish. He rebuked himself for being “self-centered” and for “talking about feelings.” He criticized himself and me for “talking about my mother and the past.” He was again retreating from contact with me. It took weeks of tentative inquiry and much encouragement for Allan to tell me more of what was happening on the inside: “I’m a fool for going to therapy,” “I don’t have any needs,” and “I’m worthless.”

Eventually, I discovered that as he walked home from our sessions, he repeatedly told himself, “Feelings waste mental energy.” We learned that he was most critical of himself when we had attended to his emotions or when I made reference to what children need from a sensitive parent. These brief moments of intimacy were discomfiting for Allan. He had no memory of anyone else being attentive to what he needed or felt. One day, as Allan was leaving a session, he said, “When you are nice to me, the criticism begins.”

As we addressed his internal criticism, it began to subside. Allan was able to talk about his childhood, how his mother was “cold and rigid,” and that he sometimes felt “lost and low down.” When I periodically described what every child needs in a healthy child/parent relationship, he was astonished. In the next few sessions, he was vulnerable and described being sad about what was missing between him and his mother. I was feeling good about our work together because Allan’s awareness of his body, affect, and anticipations seemed to be increasing.

In each session, we were now talking about his continuing sense of shame and relating it to what he termed “turning inward.” With tears in his eyes, he described a deep sadness because he was not accepted by his mother and sister for “who I am.” He was afraid to express his uniqueness because “I know they will reject me.” We also talked about the necessity of hiding his anger “because they will overpower me with their nasty comments. Mother was a controlling bitch.” He described how he would hide in his bedroom for several hours each day and watch nature shows on TV. He told me how he could hide even when he was at the breakfast or dinner table with his mother and sister: “It is simple. I just remain private, and they’re never curious about who I am. They tell me who they think I am and how I should be. But they don’t know the real me.”

To Trust or Not to Trust

I was surprised when Allan began a session by saying, “I know you criticize me when you go home. You’re nice to me in the office because I pay you. But you really don’t like who I am.” He was doubtful about staying in therapy. After listening to Allan’s uncertainty for half an hour, I talked to him about how he had allowed himself to be vulnerable in my presence and how he had been sharing his emotional experiences with me. I suggested that sharing his internal processes may have disrupted how he had learned to manage his life and that terminating our psychotherapy sessions might restore an old perception of himself. Although he did not immediately respond, Allan seemed pensive. When the session ended, I assumed that my hypothesis had stimulated him to think about how he had been frightened of his increased awareness of his fear, sadness, and shame.

Early in the next session, Allan said that when he was at home, he thought that he could trust me, but when he was walking to our sessions he was certain that I was not trustworthy, that I would eventually criticize him and he would have to quit the therapy. Allan was actively transferring his emotional memories of his relationship with his mother into our relationship. I realized that it was his unconscious attempt to demonstrate his childhood relationship with his mother, the relational needs that were thwarted, and how he compensated for the damaging effects of his mother’s criticisms by imagining my potential criticisms (Erskine, 1991). My task was to decode the unconscious childhood stories that were encoded in his transference transactions, which were entrenched in his self-contained affect and embedded in his lack of relationships (Erskine, 2009). This was a ripe opportunity for more inquiry about the internal effects of his mother’s criticisms and the various ways in which he could not rely on her. Although some of the theme was the same, the details of his life kept unfolding.

In the next session, I began by asking if Allan had any memory of my criticizing him. He answered, “No. Maybe you do it silently.” Then, after several minutes, he said, “I’ll eventually hear some negative comment about me.” After a pause, “But you never do.” Again we focused on the juxtaposition between my attitude and behavior toward him and what he had experienced with his mother. The contrast stimulated additional memories of his mother’s “despising behavior” toward him. Now I was able to appreciate and modulate the responsive countertransference that had been engendered within me: I wanted to be a companion to him in the way that a 5- to 7-year-old boy needs a father who listens, understands, and guides without any ridicule.

In one of the sessions during which he was imagining that I would reject him, I added my subjective experience by commenting, "I feel privileged to work with you. And your uncertainty about our relationships is central in the story of how you lived your early life." After a pause in which we were both quiet, I added, "You needed security in your relationship with your mother and her criticisms interfered with that security." His eyes teared up. He responded with, "My security was in my own room with my little TV. I watched the nature shows, over and over. They were my escape."

Self-Criticism: A Distraction From Criticism

One day when he was paying for his therapy sessions, I was startled by his sarcasm directed toward me. When walking home, I recalled several occasions when Allan had criticized his coworkers. His criticisms were often slight or parenthetical, but I now realized that his negative remarks were frequent. I was disappointed in myself because I had missed the significance of his various criticizing comments. But, unlike Allan, I did not chastize myself. Instead, I wondered what was happening within Allan, what was unexpressed, and the functions of his criticisms of others.

In looking over my notes for the first year of Allan's psychotherapy, I discovered that I had made only one notation regarding his derogatory comments about other people. I had presumed that his disparaging remarks were his attempt to express controlled anger. As I reflected on other snide comments that Allan had made, I realized that I had disregarded my discomfort. Clients' sarcasm and ridicule usually put me on high alert because they may provide a momentary glimpse of the person's internal organization. I was concerned: Were his criticisms of people a projection and therefore a momentary relief from his own self-criticism? Were the belittling comments an active expression of what he had introjected from his mother and sister? Or did the criticisms he absorbed as a child activate his self-criticism of others?

I began our next session with a relational inquiry about how he experienced our interpersonal contact. A relational inquiry encompasses a series of questions about how the client perceives the psychotherapist and the quality of the mutual relationship, particularly what may be missing (Erskine, 2021). Relational inquiry is effective if the psychotherapist remains empathetic and is open to learning from the client's perspective. At first Allan did not recall his sarcastic comment. Then he defended it as "normal" and said, "That's just the way I talk." I asked him to think about the effect his criticisms might have on both me and other people. He was

pensive and then described how his mother's remarks always left him feeling shame for being who he was. He realized that he was inflicting shame on others. We wondered together if this is how he avoided his own feelings of shame.

It was evident that Allan had a pattern of criticizing. In the following session I made an interpretation composed of three points: that he had been sarcastic with me, that he frequently criticized others, and that he criticized himself just like his mother had treated him. He immediately tried to apologize to me, but I suggested that there was something more important than an apology. What was most important was that he understood the functions of his criticism as the first step in changing what he had been doing. In that same session, I took the opportunity to talk to him about the concept of introjection and explained how children will unconsciously identify with the detrimental behavior of their parents as a way to not feel rejection, hurt, or shame. As a result, later in life they either treat themselves or others in the same way they were treated. Allan grasped the concept quickly and told me some stories about how he acted with coworkers just as his mother had treated him. He was embarrassed by his behavior. I responded that I was more concerned about all the shame he had experienced over so many years because of his mother's disdainful comments.

In several sessions, I noticed that Allan would sometimes hold his breath and then sigh. When I first asked about that pattern, he said, "It's nothing, just the way I breathe." However, I suspected that each sigh was a signal of some internal experience. I continued to inquire about his body sensations, and it became evident that each time he held his breath for a moment and then sighed that he had heard an internal criticism such as "You can't do that" or "People don't want you bothering them." With several phenomenological inquiries, Allan was able to tell me that it sounded just like his mother's disapproving voice. We talked about how discouraging it was to constantly relive his mother's criticism. I asked him to make those comments again and loudly, like he was talking to little Allan. He repeatedly yelled his mother's words, then he lowered his head and was silent for several minutes. When he again looked at me he had tears in his eyes.

As our next session began, Allan said that he had a profound insight. He was "not sure how it works," but he was certain that his self-criticisms were his way of not remembering his mother's criticisms. All week long he was able to remember his mother's harsh tone. He said, "If I criticize myself, I don't hear her." He added, "Now I realize that she ridiculed me all the time, even before I went to school." We talked about how his self-criticism became more prevalent and vociferous than his mother's and a distraction from the emotional pain of his mother's words. His posture changed, and the tension in his face and shoulders relaxed as he cried.

We spent the next couple of sessions talking about his childhood and the effects of his mother's criticisms and disapproval on him at each developmental age. He again cried about how he had "always tried to hide from her." Over the next few weeks, he reported that he "stopped criticizing myself" and added "I criticized myself to stop her from controlling me, but what I say to myself is much worse and more frequent. I feel a lot of what you call 'shame.' Then I go to my private inner room." I was curious about Allan's "private inner room" but I did not inquire. Spring was in full bloom, and we had many loose ends of the work to deal with before the summer break.

That spring we spent a good deal of time talking about Allan's shame and how shame was the result of both his internal criticism and the criticism he received in his family. Back in September, when I had first used the word "shame," he did not understand. Later he realized that his feeling "low down" and "depressed" were the symptoms of shame. He said that when he was "low down" he had always known that "something is wrong with me." He was now able to recall several incidents of his mother saying "What's wrong with you, boy?" whenever he was playful or loud. He described how throughout his life he had held himself back in any situation in which someone might tell him he was wrong. He added, "I always go to my private inner room." As he recalled these memories, he had an "empty feeling" in his belly and tension in his back. I had compassion for the loneliness of the boy who had such a mother.

As we discussed his body sensations, he was able to talk about being sad for not being accepted for how he was and his fear of rejection if he said what he thought or felt. He talked about how he believed his mother and began to say to himself "something is wrong with me. I have to hide." To protect himself from his mother's ridicule, he spent most of his time in his room. I reminded Allan that he had previously said that he "purged" himself of anger. We spent several sessions talking about how he worked to "keep silent," "hide in my room," and told himself "something's wrong with me" every time he felt angry. "I refused to be angry like her. I purged myself of anger, but I was depressed instead."

Allan was now actively telling me about his anger at his mother. On three occasions he grabbed a pillow and shook it with anger. He imagined it was his mother and that he was holding her by the neck. He shouted at her "nothing is wrong with me. I am a normal boy!" During those sessions, I encouraged him to physically express what he was feeling. I acknowledged his need to protest and validated the significance of both his anger and his sadness.

It was again time for summer recess. He agreed to return to psychotherapy the first week of September. He was looking forward to two summer events: walking

the Appalachian Trail with the hiking club he had recently joined and taking a month-long camping trip in the Arctic. At the last session before the break, he expressed “a bit of worry” because last year he had felt “empty” when he was in the Arctic. He did not want to feel that way again. I again translated Allan’s word “empty” and offered the word “lonely” as a description of his visceral/affect experience. I knew we had more to discover when he returned in September.

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