Schizoid Processes: Working with the Defenses of the Withdrawn Child Ego State

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Abstract
This article examines the defenses of the withdrawn Child ego state as described by both transactional analysis and British object relations theory. The process of withdrawal is considered, and the principles of therapy from a relational perspective are explored.

Theoretical Views on Schizoid Processes
I will start by examining several theoretical descriptions of schizoid processes that have influenced my thinking in my work with the withdrawn Child Ego State.

The term “schizoid” has been used in the psychotherapy literature to describe both a personality structure and psychological processes. Melanie Klein (1946/1986), from the British object relations school, employed the term to refer to the splitting mechanism used by the infant to organize his or her experience and to describe a developmental position. In discussing what she saw as “the violent splitting of the self,” she highlighted the “excessive projection” (p. 187) that resulted in the other being experienced as a persecutor. She thus described the terror that some clients experience when they feel the whole world is about to attack them.

Fairbairn’s (1940/1952c) paper “Schizoid Factors in the Personality” described three prominent characteristics of schizoid personalities: (1) an attitude of omnipotence, (2) an attitude of detachment, and (3) a preoccupation with fantasy and inner reality. In a later paper, “Endopsychic Structure Considered in Terms of Object-Relationships” (1944/1952a), he went on to describe an intrapsychic structure that consisted of the splitting of the ego and repression as a defense. He also pointed out that schizoid personalities may appear to fulfill a social role with others with what seems to be appropriate emotion and contact while in actuality remaining detached.

Guntrip (1968/1992) developed Fairbairn’s endopsychic ideas further and listed characteristics of the schizoid personality. He also elaborated on Fairbairn’s concept of the schizoid’s dilemma and spoke of the compromise that people engage in to manage that dilemma. He described a further split in the ego that he called “the passive regressed ego” (p. 144), which he saw as a retreat to an objectless world.

Ralph Klein (1995) built on the work of Fairbairn and Guntrip, and from the perspective of the Masterson (1988) approach, he used the term “schizoid” to describe another disorder of the self (in addition to borderline and narcissistic personality disorders). In taking an object relations view, Klein saw the schizoid as either in a self-object relations unit as a slave attached to a master or as a self-in-exile fearful of a sadistic object.

Horney (1945) described three “neurotic trends” (p. 42): moving toward people, moving against people, or moving away from people in a way that involves withdrawal from contact. She saw people who manifested these trends as estranged from themselves and others.

In Principles of Group Treatment Eric Berne (1966) used the term “schizoid” to describe one of the four life positions, which he called a “futile and schizoid” position (p. 270). A game typical of that position would be “Look What They Did To Me.” In describing clients who occupy this position and who are...
at the limit of their endurance, Berne wrote that
the schizoid position "leads ultimately to the
choice of aesthetic or spiteful suicide" (p. 271).
Paul Ware (1983) developed a classification
of personality types or adaptations that de-
scribed psychopathology and maladjustment
and listed various driver behaviors and injunctions
that were typical of each type. He de-
scribed the schizoid adaptation as characterized
by withdrawn passivity, daydreaming, avoidance,
and detachment and people who exhibit
these characteristics as shy, overly sensitive,
and eccentric. Their driver behavior is "Be
strong," "Try hard," or "Please others." Vann
Joines (1985), further developing Ware's work,
viewed individuals with the schizoid adaptation
as creative daydreamers, referring to their
highly developed capacity to think internally.

In talking about three styles of the Adapted
Child—compliance, rebellion, and withdrawal
—Vallejo (1986) described withdrawal as "the
adaptive behavior that accompanies despair and
resignation after loss, deprivation, destruction,
abandonment, or the failure of something,
whether it be a person, thing, or situation" (p.
116).

The schizoid character is a defensive posi-
tion that results in a detached interpersonal
style. Johnson (1994) viewed character structure
as existing on a continuum. At one end is
the personality disorder and at the other is a
higher level of functioning that he calls a
"character style" (p. 11). He saw schizoid per-
sonality at the disorder end and avoidant per-
sonality at the style end (p. 11) of this contin-
uum.

The Diagnostic and Statistical Manual of
Mental Disorders (DSM-IV) (American Psy-
chiatric Association, 1994) lists the diagnostic
criteria for the schizoid personality disorder:
A pervasive pattern of detachment from
social relationships and a restricted range
of expression of emotions in interpersonal
settings, beginning by early adulthood and
present in a variety of contexts, as indi-
cated by four (or more) of the following:
1. neither desires nor enjoys close relation-
ships, including being part of a family
2. almost always chooses solitary activities
3. has little, if any, interest in having
sexual experiences with another per-
son
4. takes pleasure in few, if any, activities
5. lacks close friends or confidants other
than first-degree relatives
6. appears indifferent to the praise or
criticism of others
7. shows emotional coldness, detach-
ment, or flattened affectivity. (p. 641)

The DSM-IV focuses on behavioral mani-
festations, whereas Fairbaim and the British
object relations theorists focus more on intra-
psychic dynamics. In my view, the various
behavioral and descriptive elements of the DSM-
IV need to be supported by a developmental
and intrapsychic perspective.

Defenses and Processes
In my reading of the aforementioned au-
thors, it became clear that certain defensive
processes are common in relation to schizoid
phenomena. One of these is splitting, a "pro-
cess by which a mental structure loses its in-
tegrity and becomes replaced by two or more
part-structures" (Rycroft, 1968, p. 156). Sev-
eral writers also speak of repression or the
process of rendering something unconscious.

A further defense, projection, is highlighted by
a number of authors: it consists of "viewing a
mental image as objective REALITY" (Ry-
croft, 1968, p. 125). Withdrawal and detach-
ment from the world, coupled with self-reli-
ance, may create an impression of aloofness.
This may be seen as a defense against the per-
ceived dangers and anxieties that inevitably
accompany reliance on others and is supported
by a lack of affect and coldness (noted by sev-
eral writers). Regression, a further defensive
process, is characterized by a flight inward and
backward, even to the point of contemplating
suicide. Schizoid personalities are often intro-
verted and live primarily in an internal world.
They may experience themselves as lonely,
which may be felt as a longing for contact and
love. In contrast to this longing, a common
feature is terror of destroying others and of
being destroyed by others. Often these people
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may appear outwardly contactful but are, in fact, emotionally withdrawn. Overall, there is a sense of futility and emptiness and a lack of integration (J. Klein, 1987, pp. 171-172).

Case Example: Some of these processes are demonstrated by Sebastian, who usually starts the session by feeding me something that we can talk about or “chew” on but that does not reveal his vulnerability. In so doing he is checking to see whether he recognizes and can trust me this hour. Sessions seem to be isolated experiences for him. Without continuity. He often seems to have forgotten the previous session and to have wiped out his experience of connecting with me.

During sessions. Sebastian often withdraws and seems to be watching me. It is as if he is on the inside of his head looking out of his eyes watching my every move. He has described having retreated into a castle, in the dungeon where he feels safe. He leaves a guard on duty. The drawbridge is down but can be raised at any time. If I see an expression of emotion on his face and respond. he is moved at having been seen but feels he cannot call out. He feels it would be dangerous and frightening to do so. Sebastian has retreated from the world and is detached from interpersonal relations. He has numbed his emotional responses to people and events. Initially, when we explored his feelings about our breaks. they did not mean anything to him. Now he seems to have some feeling about our endings. and more recently when we spoke of my going away. he acknowledged that he will miss me. This indicates that he is beginning to emerge from hiding into a contactful relationship with me.

The Process of Withdrawal

Attachment: Various authors have described our need for others (Bowlby, 1969; Erskine, 1989: Fairbairn, 1952b; Guntrip, 1968/1992) and suggested that we are relationship- and attachment-seeking from birth. Berne (1966) referred to this need for others as “recognition hunger” (p. 230) (for a detailed overview. see Erskine, 1989).

The helpless infant needs a holding, containing environment to make sense of his or her experience as well as an attuned response to his or her feelings and relational needs. An attuned holding environment enables the infant to emotionally attach to the other (Bowlby, 1969: Fairbairn, 1952b). A bond forms between the unitary ego of the infant and the attachment figure, and these fulfilling experiences of contact become memories.

Johnson (1994) described research that shows that the infant is “‘hardwired’ at birth for social interaction” (p. 21) and is attuned to the social responses he or she will encounter. He suggested that the infant “will be able to track the affective tone with which he is handled and the attunements. or lack of it [sic]. to his needs. emotional states. etc.” (p. 22). Chamberlain (1987, p. 58) cited experiments in which the mothers of infants were asked to be silent and “still faced” for just three minutes. The infants tried to influence the mother within 15 seconds. as if to elicit a normal response. If they were unsuccessful. they withdrew. D. Stern (1985, p. 73) also found that when a parent does not respond appropriately. a baby can become disturbed or withdrawn.

Disruption and Withdrawal: A contactful attachment to another is the basis of the development of the self for the growing infant (Kohut. 1977: D. Stern, 1985). When the infant experiences neglect. impingement. or lack of attunement accompanied by a lack of reparation. the child may go into hiding with his or her feelings and relational needs. This painful disruption in the relationship may halt or slow the process of integration (J. Klein, 1987, p. 171) and the ego may fragment. Fairbairn described the infant’s response to this disruption as taking the relationship inside where she or he divides the experience into tolerable and intolerable elements (Fairbairn as cited in Gomez, 1997, p. 61). The tolerable self-object experiences are projected out onto the world and the intolerable are kept inside. This is the first phase of withdrawal and splitting. A coping/everyday self is left to maintain a relationship with the world while the withdrawn. vulnerable self goes into hiding (Figure 1).

To provide a sense of well-being and safety. the infant’s coping/everyday self attempts to

Withdrawn
Vulnerable
Self

Coping/
Everyday
Self

Figure 1
Initial Splitting of the Ego

Figure 2
Further Splitting of the Ego

maintain a tolerable relationship with the external object. To achieve this the infant must abolish negative experiences, which it does by splitting and later repressing the bad experiences so that he or she can control them. Tolerable experiences of the everyday self are repeated and internalized; this reinforces the repression of the vulnerable self. The infant thus upholds his or her sense of security by maintaining a relationship with the external object. However, this relationship is now impoverished. The vulnerable infant part of the ego is now split off and will be repressed and hidden from that part of the ego that maintains contact with the world. This coping/everyday self is similar to Winnicott’s (1965) false self as well as to the adapted Child described by Berne (1961, p. 69).

The withdrawn self splits further to create the internal saboteur (Fairbairn, 1952b), which turns against the vulnerable self. The internal saboteur serves to keep the vulnerable self hidden and repressed. It is the anti-wanting self that is contemptuous and despising of neediness and ensures we neither seek nor get what we want (J. Klein, 1987). The vulnerable self is repressed further and splits off from the coping/everyday self that maintains a relationship with the external world (Figure 2). As a defense against an attack from the external world or an attacking and rejecting object, the internal saboteur may launch a preemptive strike against the vulnerable self to forestall such an attack. This has the effect of shutting down the vulnerable self to prevent an attack.

This process of withdrawal describes a defensive retreat from the world of rejecting objects and painful experiences, with a subsequent withdrawal from contact and taking inside the important and precious parts of the self to protect them from the unresponsive world.

Fairbairn (1944/1952a) described a psychic structure that he saw evolving out of this disruption to the early relationship with the primary caretaker (Figure 3): he called it the “endopsychic structure” (p. 82). In this structure, each aspect of the self is attached to an object by affect. Thus we have three basic self-object representations. First, the coping/everyday self was described by Fairbairn as the central ego, which is attached to the idealized object. I prefer to call this the “preserved object” to distinguish it from Kohut’s (1977) idealized self-object and because it is more descriptive of the everyday self’s attempt to maintain and preserve the nature of the relationship. Often the countertransference response to this representation is feeling controlled and limited by the attempt to preserve the relationship. Second, the vulnerable self/libidinal ego is attached to the exciting object, which is inevitably disappointing; therefore, I call it the “exciting/disappointing object.” J. Klein (1987, p. 161) described it as the frustrating exciting object.
for similar reasons. Third, the internal saboteur, which Fairbairn later called the antilibidinal ego, is attached to the rejecting object, which may also be experienced as an attacking object.

The coping/everyday self uses aggression to keep the rest of the structure out of conscious awareness, and further aggression from the rejecting/attacking object and the internal saboteur maintains the repression of the vulnerable self. Although the structure is repressed, it is there all the time, overhearing the process of therapy even if it is not active or manifest in the therapeutic relationship.

Ego States: In Blackstone's (1993) excellent article, “The Dynamic Child: Integration of Second-Order Structure, Object Relations, and Self Psychology,” she suggested that the introjected object of Fairbairn’s theory is analogous to the Parent ego state. She quoted Berne (1972) as stating that “Fairbairn is one of the best heuristic bridges between transactional analysis and psychoanalysis” (p. 134). One of the points Fairbairn made is how the self is bonded to the object/Parent ego state by affect, and it is the affect that keeps the two glued together to form a self-object representational
unit. Therefore, the three self-object units of Fairbairn’s psychic structure represent three introjected units in the second order of the Child ego state. These units are archaic states of the Child ego state resulting from “developmental arrest which occurred when critical early childhood needs for contact were not met” (Erskine, 1988, p. 17). When the contact is need fulfilling, the experience becomes integrated and assimilated as memory (R. Erskine, personal communication, August 1999). These self-object representational units may simply be relics of a relationship that once existed. However, if, for example, the infant projected onto the other his or her rage at not being met, then the other is imbued with that rage in addition to whatever anger the person was expressing toward the infant. The self will then be depleted and impoverished, and it is this relationship that will be introjected in the Child ego state.

In developing Fairbairn’s theory, Guntrip (1968/1992) suggested that the infant may feel so persecuted by internal objects that there is a further split in the ego that results in the infant making a second retreat deeper into his or her mind to avoid the internalized world of self-object representations (Figure 4). The repressed vulnerable infant self is thus further split as it once again leaves part of itself to deal with the internal bad objects while the rest retreats into its “citadel.” This is a fantasy of a retreat to an antenatal existence in a symbolic womb. Security is, therefore, established through fantasies of enclosure in a womb-like state. “Womb fantasies cancel postnatal object relations” (p. 53) and represent a flight from life. As mentioned earlier, Guntrip described this aspect of the ego as the “passive regressed ego” (p. 144), which I describe as the “hidden vulnerable self.” At each stage of the withdrawal, defenses are employed to protect the self from further humiliation, attack, or injury. The regression may also be the self’s flight from its own murderous rage and hatred of the object; therefore, the self is retreatting not only from the aggression of the internal objects, but also from its own aggression. Repression and withdrawal prevent further normal development of the self.

Figure 4
The Retreating Self

R. Klein (1995) described this position as being in exile—a retreat from being in prison with others to being in an objectless world. While being with others entails a loss of self, being in exile entails a loss of others. Therefore, the retreat may represent safety, but it also encompasses the fear of objectlessness. The womb-like state may be described by clients as a citadel, a castle, a fortress, or even a freezer. The state of being in exile has been described as being adrift in a boat without a rudder or a sail on an ocean a long way from land with no wind. However, as several theorists have observed (Scharff & Fairbairn-Birtles, 1994; Seinfeld, 1996), describing this womb-like state as objectless may be confusing. The retreat is not to an objectless state but to an antenatal state where there are no demands or attacks and there is no need to adapt. “An objectless state remains something the individual dreads” (Seinfeld, 1996, p. 14).

In addition to a client presenting as having gone into hiding, Seinfeld (1993) also described a retreat and regression in therapy as the client relaxes his or her defenses. This
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retreat is in response to a holding relationship and the seeking of a psychological rebirth. As the client relinquishes his or her defenses, he or she may allow regression to an earlier self-object relationship.

Schizoid Dilemma: Retreating from contact leaves the individual isolated, lonely, and in pain. In some cases the longing for contact will reemerge and the person may move toward others; however, such movement also brings with it the anxiety of being close. Guntrip (1968/1992) described this as the "in and out program" (p. 36), an expression of the hunger for and terror of contact and closeness. Some individuals manage this dilemma by establishing what Guntrip called the "schizoid compromise" (p. 58), which is a way of keeping others around but preventing them from getting too close or becoming endangered. This may be achieved by keeping contact at an intellectual level, by being present physically but absent emotionally, or by looking away when expressing emotions.

Therapeutic Principles: Reaching the Withdrawn Child Ego State

Working relationally with these processes entails working in the here and now with the client, working with the transference (both the needed and repeated relationship [S. Stern, 1994]), and working with the various defenses used to protect the vulnerable self from further pain. It entails the therapist being involved, being available to be impacted and affected by the client (Erskine, Moursund, & Trautmann, 1999), and offering a reparative experience.

Creating a Safety Zone: Therapeutic goals include creating a safe, holding environment that is both not wounding and unobtrusive and that will enable the hidden vulnerable self to reemerge. The therapist needs to understand why the client went into hiding and what his or her terror is about. In addition, it is important to comprehend how attempts at contact may be experienced by the client as intrusive. The schizoid compromise is the individual's attempt to create safety and to manage the tension between isolation and being trapped or enslaved. The therapist needs to demonstrate an understanding of the schizoid dilemma and compromise (R. Klein, 1995) and offer an attuned interpretation. Ware (1983) adjured us to go slowly: "It must be remembered that the cure of Schizoids is a slow, painstaking process, taking only small steps at a time" (p. 15).

The therapist must track the relationship, noticing and responding to the vulnerable self as it reveals itself as well as monitoring the defensive interruptions to contact. The therapist needs to listen to and notice when the client withdraws or dissociates and to explore what behavior in the therapist prompted the client's retreat from contact. In supporting the relaxation of defenses and the reemergence of the self, the therapist will enable the self to come out of hiding and to leave its fortress or castle. The therapist thus takes on the function of the defense. For example, with someone who uses intellectualization as a defense, the therapist might offer, "May I do the thinking, while you feel?"

As therapists working with these clients, we need to be available for connection by responding to the withdrawn Child ego state (R. Klein, 1995) and by offering an attuned empathic relationship (Erskine & Trautmann, 1996). We must also be available as an object, creating a space in which the client can use us until he or she feels safe enough to let us into the "citadel." Then we can help the client out of hiding. This entails the client emerging into a relationship with the therapist through forming an attachment with him or her. The therapist then eventually supports the client's separation by pointing out the client's anger and thus disillusioning him or her. At times, we need to be as still as possible, to sit quietly and be willing to not know what is happening. We need to allow ourselves to wonder silently about them and about our countertransference responses. We need to shift between centering on the client and noticing our own feelings, thoughts, and fantasies. We need to be curious and offer reverie (Bion, 1962), and as we begin to understand, show them what they feel or want and create a space in which they can experience love and hate. Speaking of the schizoid personality, Joines (1985) wrote of
the need to go "in after them and bring them out" (p. 48). Rather than "going in," perhaps it might be more appropriate to wait to be invited so as to avoid a reenactment as the intrusive object.

**Defenses**: In working with the schizoid’s defenses, the goal is for the client and therapist to discover the function of the defensive process and to move through the defenses to the repressed and hidden elements of the vulnerable self. Fixated defenses are an attempt to take care of the self in the absence of a reparative relationship but at the expense of some capacities, which results in the self being impoverished in some way. Manfield (1992) described defenses as follows: "Defenses are patterns of behavior or thoughts that people use to protect themselves from emotional pain or discomfort arising from present life situations usually linked to painful childhood memories" (p. 32).

In his article on defense mechanisms, Erskine (1988) wrote, "It is because of the fixation of defense mechanisms that the archaic (Child) or introjected (Parent) aspects of the ego remain separate states and do not become integrated into the neopsychic (Adult) awareness" (p. 18). These defenses, therefore, keep the vulnerable self with its feelings and relational needs repressed. In addition to repression, splitting, and regression, other early defenses include avoidance, freezing, fighting, the transformation of affect, and reversal of aggression (Fraiberg, 1987). When talking about the defense of avoidance, Fraiberg cited Kaufman’s description of how an infant, when faced with danger, will feel helpless and “employ(s) a ‘flight-fight’ response(s), followed by conservation-withdrawal” (p. 191) to defend and sustain himself or herself.

The appropriate therapeutic response to such processes is to acknowledge, name, validate, and normalize the defenses and to understand their function, pacing movement through the defenses to the vulnerable self in such a way that the client can accommodate the change. The role of the therapist is to take on the function of the defense, thus leaving the client free to express vulnerability. Since defenses serve to offer the individual stability, consistency, identity, and predictability (Erskine, Moursund, & Trautmann, 1999), all these functions need to be taken over by the therapist. However, care must be taken in working with defenses so that the client and therapist can handle the underlying affect. Offering a contactful relationship in which the therapist is inquiring and attuned may trigger memories for the client of not being met in the past and may be a challenge to his or her script. The client may therefore defend against the current contact to avoid emotional memories.

When working in an attuned manner with clients, they may begin to relax their defenses and cathect a part of their mind in which they feel terrified: they may then experience what M. Klein (1986/1946) described as "persecutory anxiety" (p. 182). The whole world becomes a dangerous place, and even the therapist becomes an attacking object. When this happens the client has cathected an early defensive split in the ego, and rather than the therapist being a helpful person, he or she becomes unhelpful and even dangerous or attacking. The client may feel he or she is in a torture chamber, and the therapist may be seen as the sadistic torturer or jailer.

**Working within the Transference**: Working therapeutically within the transference relationship with the withdrawn Child ego state involves creating an opportunity for the client to relive, in the present with the therapist, the emotions, conflicts, and relational longings of the past. The feelings must be reexperienced and expressed in the present toward the therapist, who becomes the focus for the old feelings. He or she must be willing to respond nondefensively (Gill, 1982) by offering a validating, attuned empathic response. Working within the transference allows the intrapsychic conflict to be expressed within the therapeutic relationship (Erskine, 1993). For the withdrawn Child ego state this means possibly experiencing both the fear of and the hunger for contact as well as the fear of isolation.

As the work develops, the focus may shift to decisive archaic scenes. The therapist then functions as the “secondarily longed-for, receptive, and understanding” (Stolorow, 1994,
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p. 51) other, who, through attuned responsiveness, offers a reparative relationship. For example, in the case of inhibited aggression, the therapist might support the undoing of the inhibition and the expression of fighting back.

The Needed and Repeated Relationship: In the transference relationship clients will invite the therapist to repeat old experiences, but they are also longing to be exposed to new experiences. For therapy to be effective, the therapist needs to be experienced as both someone new as well as someone from the past (Cooper & Levit, 1998). If the therapist tends to focus exclusively on repetitions of the past in the form of games (Berne, 1966), he or she may overlook how new capacities for relating are emerging out of the old. On the other hand, the therapist using a relational model may too quickly offer a new relationship, therefore defensively welcoming aspects of the new while seeking relief from the old, repetitive, problematic relationship with its games. We need to balance staying with the old while offering the new so that the new may emerge out of the old. Therapy is the search for the transformational experience (Bollas, 1987) that enables the repeated relationship to be understood and the needed relationship to be experienced.

Negative Therapeutic Reaction: As the therapist attunes to the client’s withdrawn vulnerable self, the latter will probably relax his or her defenses, and in doing so, the endopsychic structure will be disrupted. Attunement mobilizes the withdrawn self’s relational needs, particularly if the therapist takes on some of the functions of the defenses. Thus leaving the client to experience the vulnerable self. In other words, this process disturbs the equilibrium of the psychic structure, and elements of that structure will probably react against the disturbance. The “gang” of the rejecting object, the coping/everyday self, and the internal saboteur will attack the previously repressed self. This is the essence of the negative therapeutic reaction.

This defensive process was described by Freud (1923) as the most serious obstacle to psychotherapy. It comprises the client’s lack of “receptivity to an alien, unfamiliar positive experience” (Seinfeld. 1990. p. 13) with a therapist, reinforced by the client’s active rejection of the need for the experience “in identification with the original external rejecting object” (p. 13). The negative therapeutic reaction describes the mechanics of juxtaposition as identified by Erskine and Trautmann (1996), and the internal saboteur is similar to Erskine’s (1988, p. 17) self-generated ego state.

Activation of the internal saboteur and the rejecting object serves to protect against the emergence in the relationship of the vulnerable self’s relational needs. Attacks from members of the “gang” may result in the client shutting down, annihilating self or other, and forgetting. More serious attacks may lead to drug abuse and self-harm. I think this is similar to Bion’s (1967) observation that psychotic clients attack the link between self and object. The “gang” may attack the link the therapist forms with the repressed self and its relational needs. The therapist must work with the attacks on the link between self and other, exploring the aggressive denial of need. The client must also experience the therapist as the exciting object in order to separate and individuate. The client’s inevitable frustrations and disappointments with the therapeutic relationship require a nondefensive response from the therapist. In fact, therapeutic efforts by either the client or the therapist to avoid regression and dependence in the transference may be an avoidance of the exciting object transference.

The hidden vulnerable self may be experienced as deadened, and an attuned, understanding attitude from the therapist may lead the client to feel like the deadened self is being brought back to life. It is as if the therapist is giving mouth-to-mouth resuscitation to the client, who may fear an attack if he or she does come back to life. These individuals may also be frightened of their own aggression and hatred of the other, which in the past may have been projected onto the attacking object so that the other became a terrifying monster. At one time, survival may have depended on being dead to the world, so the therapist’s
attempts at resuscitation may be resisted because the client fears what might happen if he or she came alive. A lively infant may have not been welcome in the client’s family of origin, and the infant’s angry reaction to the unwelcoming response may also be experienced as a danger to existence.

If the rejecting object and internal saboteur are activated in the transference, the therapist has the option of interpreting the attack (Seinfeld, 1993), thus differentiating these two parts from the vulnerable self. For example, the therapist may say, “What we’re seeing right now is how, as we form a bond, the attacking part of you becomes critical.” Therapist and client can then work to understand the reason that an aspect of the person would reject efforts to activate the self and to invite the rejecting object/Parent ego state (Erskine & Moursund, 1988) to express itself directly to the therapist. The therapist can also interpose himself or herself between the rejecting object and the vulnerable self (p. 191). Therapy with the internal saboteur, however, may consist of echoing its statements in order to mobilize the energy of the vulnerable self so that it can emerge and fight back.

Therapy needs to combine an attuned, empathic, involved relationship; a holding, containing environment; and interpretation and transformation of the bad objects. Attuned interpretations that breach the closed system allow clients to incorporate a good object relationship with the therapist (Seinfeld, 1993).

Conclusion

The purpose of the type of therapy described in this article is to create an opportunity for the client to reown his or her repressed, disavowed, hidden capacities and to integrate these into here-and-now functioning. Further, it is an opportunity for the client to reemerge from withdrawal, to integrate the split and fragmented ego, and to resolve the conflicting pulls between a self that seeks predictability, continuity, and safety and a self that seeks spontaneity, authenticity, and contact.

The capacity for growth and development may be hampered by the prior reinforcement of the closed system. And, like a muscle that is underused, it may have become wasted and will require exercise and support to rebuild it. This involves rebuilding the attachment-seeking behavior that may have atrophied over time as a result of not being sustained in earlier relationship (Sutherland, 1994).

Therapy needs to combine an attuned, empathic, involved relationship: a holding and containing environment; and interpretation and transformation of the bad objects. Attuned interpretations that breach the closed system allow clients to incorporate a good object relationship with the therapist (Seinfeld, 1993).

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