

Relationship Therapy

A therapist's tale

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Contents

Acknowledgements	xi
Foreword	xii
Preface	xiv
1 Powerful hidden controllers	1
<i>Case study: A problem at the office</i>	2
Accompanying guide	4
<i>Case study: Trapped in the dark</i>	5
<i>Case study: The hidden ally</i>	7
<i>Case study: Long-distance meeting</i>	10
Early terrors	12
Projected dread	14
<i>Case study: Remote control</i>	16
Summary	17
2 The search for core issues	19
<i>Case study: Hunger for closeness</i>	21
Abused children	23
Violence and guns	25
A matter of timing	27
Background knowledge	29
A shock for partners	30
Revealing material	32
Summary	33
3 Subpersonalities and their defensive role	35
<i>Case study: The Comedian or Jester</i>	35
Ready to end it	36
The need to protect	38
Negative legacy	40
Not in good order	42
<i>Case study: Daddy's Princess</i>	42
Broken trust	44
Kindly tyrant	46

viii CONTENTS

Fundamental component	47
Driven to drink	49
Summary	51
4 Couples with 'normal neurotic' disorders	52
Emotionally unavailable	53
Complementary opposites	55
<i>Case study: Couple in crisis</i>	56
Subtle sabotage	61
Escaping anxiety	62
Fear everywhere	64
<i>Case study: Tale of the teeth</i>	67
Summary	70
5 Asperger and other relationships in trouble	71
<i>Case study: Living with Asperger's Syndrome</i>	71
Not as they seem	73
Alcohol and depression	75
<i>Case study: Fatherhood and AS</i>	75
Bolshie teenager	77
When tragedy strikes	78
How others cope	79
Finding a compromise	81
Summary	82
6 Inherited faulty thinking, toxic belief systems	84
Fathers and sons	85
Attachment patterns	87
Women's subservient role	89
<i>Case study: An adopted child</i>	91
<i>Case study: Playing it down</i>	92
Summary	94
7 Staying together expediently: the cost of collusion	95
Collusion is dishonest	96
Unhealthy foursome	98
<i>Case study: Without options</i>	99
<i>Case study: Material dependence</i>	101
<i>Case study: When collusion works</i>	103
Summary	105
8 When relationships work successfully	107
Spirit of our times	108
<i>Case study: A triad relationship</i>	109

<i>Case study: Their own solution</i>	111
<i>Case study: House husband</i>	113
The will to succeed	115
In Conclusion	116
References	117
Index	119

Foreword

We have long expanded Descartes' definition of personal existence – 'I think therefore I am' – but I could not help thinking of it as I started to read Rosie March-Smith's book. I knew that I wanted to replace 'think' with 'relate' to describe her theme as I understood it, although I did not like the phrase that resulted: 'I relate, therefore I am'. For a start it sounds ugly when spoken, but my reservation was more than that. How could I account for the solitary, schizoid person who appears unable to relate to other people, but clearly has a self, and a personal existence? He or she surely 'is'? But of course that is the case. Such a person relates still, even if narrowly, to himself or herself, or to non-human objects. Relates he or she still does, and so any relationship is essential for survival.

Relatedness, that is the key. I, and you the reader, need relatedness – so much broader a term than 'relationship', although relationship therapy is obviously the aim of this book. Relatedness, as well as relationship, is what Rosie demonstrates so clearly throughout this book. She begins by demonstrating just how much our present attitudes, wishes, fears and behaviours can be dictated by unrecognized forces within us – the force of past experience, the compulsion of unconscious material to respond to situations that are in fact not new, but repetitions of what we have already been through. This is Freud's 'return of the repressed', or Winnicott's accurate observation that fear of a breakdown now is not of a new experience, but of one that has already happened, often long ago. 'There are moments, according to my experience, when a patient needs to be told that the breakdown, a fear of which destroys his or her life, has already been. It is a fact that is carried round hidden away in the unconscious' (1974: 104).

Let me continue my term 'relatedness'. What is particularly impressive is the way that Rosie relates (both in the sense of 'tells' and of 'joins up') different therapeutic theories and practices to each other – she can draw upon a variety of ways of understanding or reaching or working with buried material. Hers is a superb example of how an integrative practitioner is able to relate one approach to another with ease. It is rare to find citations from so many different perspectives, yet this is no eclectic mish-mash, but a careful relating of ideas, a subtle weaving of the insights of practitioner authors into her text, showing the relevance of their work and the relatedness of their words to her themes. But what makes Rosie's writing special is that she is just as ready to interview those whose stories and experiences have not been published, and that she reports their original words as much as she quotes from established sources.

Relating the ordinary person and the professional communicator makes for a blend that is particularly refreshing and is so clearly relevant to her themes.

One aspect of this is the way Rosie highlights the relatedness of the different parts of ourselves. Of course it is important to pay full attention to relatedness to other people, but it is equally true that we need to relate as fully as we can to the different aspects of ourselves – call them subpersonalities, or internal objects, or what you will, this necessity for the parts of our inner world to interrelate is highlighted in what she writes. At the same time she shows the relevance of the internal for outward relationships, as the chapter on couples work illustrates. She goes on to make particular reference to Asperger's Syndrome and how this can affect a couple – a unique feature in a book of this nature. She also adds, in the chapter after that, an extremely important theme, that is the way one generation is related in more than the obvious sense to the generation(s) above and the generation(s) that will follow. Relatedness is everywhere of course, and this is what the therapist needs to recognize in its many and varied dimensions.

It goes without saying that the way therapist and client relate to each other lies at the heart of the therapeutic enterprise. The years of experience that Rosie has as a therapist are clear from her range of examples, but more than that there is an obvious care in her interventions which illustrates her capacity for relatedness to her clients. Connections abound, and relatedness needs thinking about. Descartes may not have got the whole picture when thinking about personal identity, but thinking certainly is part of relating. Chapter 7 shows how important it is to think about and then challenge assumptions. And this is a thoughtful book.

Nor do I forget that the verb 'relate' can also mean telling a story. Rosie's talent as a writer shines through in the ease with which the reader will turn the pages, because she relates her stories well. This is a book that, as I read, not only reminds me of much that I have known but perhaps given less emphasis to than it deserved; but which prompted me to reflect that this is not just a book for student therapists and for seasoned practitioners, but one which will be readily accessible to many clients and to the interested wider public.

These distinct features about this book require one further relatedness, since there is never just one strand which needs to be followed in order to see how relationships function. The facets of relationships that are discussed in each of the eight chapters are also related to each other, in a complex web of relatedness. I have in the past described this as a type of cat's cradle – that weaving of string patterns that we once learned in childhood. The cat's cradle, where it functions well, holds these different facets in a creative tension. But let one part of the cradle slip and the cradle will fall. Unconscious influences, subpersonalities, the legacy of parent-child relationships, thought patterns, emotional responsiveness, histories and family myths, all these and more go to make up the way we relate to each other; and, indeed, are influenced by each string of the web.

Michael Jacobs

Preface

Relationship difficulties are talked about every day: in the workplace, college, pubs, locker rooms, on holiday, and in the bedroom. Nobody would deny that this is a sad reflection of our times. If current trends persist, nearly half of the marriages in Britain will end in divorce, representing the highest rate of marital breakdown in Europe; the figure is even higher in the United States. We can only guess at the comparable numbers of unmarried couples who split up, the breakdown casualties including gay, lesbian and bisexual pairs. So why do so many relationships fail? What is really going on when love turns to despair?

Men and women believe they fell in love with the right partner, chosen with varying degrees of care for a long-term significant time together. Yet, clearly, for many it all goes disastrously wrong, with the underlying cause unrecognized and usually unexplored. Relationships mostly fail because either or both partners are living in a continuum of unresolved childhood issues. It is these issues which cloud choice, which drive couples to find themselves in multiple crises, baffled and hurt by the behaviour of their mate and seemingly unable to make sense of any part of it. It is also these unresolved issues which influence much of their interaction with everyone else.

This book is concerned not only with couples: relationship difficulties occur across the human spectrum – siblings, children, parents, colleagues, and so on – and will continue to manifest through those unresolved childhood issues if left unchecked. The degree of upset they cause usually determines why people seek professional help; and it is often a crisis which nudges that process to start.

As an integrative psychotherapist I have worked for 20 years with clients individually (usually in relationships) and also with couples presenting relationship problems. Most, however, struggle unaware with the impact of long-forgotten childhood lacks. This struggle is evident in their outward confusion and despair. Yet the driving force behind this state of affairs lies with their unconscious ‘controllers’, those split-off aspects of themselves, out of touch with the adult self and protected from further hurt by functioning from their ‘frozen in time’ child viewpoint. They make up secret *dramatis personae* who wield such enormous power from the inner world that they can ruin a partnership, sabotage closeness with offspring or siblings, push away love and friendship, and most importantly affect the relationship with self.

These hidden controllers have the ultimate hold on the fabric or quality of all our relationships if they are left undiscovered and not reintegrated into the

psyche. They operate throughout the day and night, reacting to triggers unwittingly pulled by others, or by their own thought processes. Only when the extent of this hold is realized can a glimmer of understanding open the way: here lies the key task for counsellors and psychotherapists.

Their clients will need commitment to be prepared to tread unknown territory, with no certain way out. They may also have to contend with the cynicism of a partner. They must summon up a certain amount of courage too, because accepting that they have hidden parts of themselves functioning unrecognized through everyday behaviour is an alarming nettle to grasp. They will also need an ability to reflect upon what they learn, to make connections and consciously start to identify how and when the *dramatis personae* make their appearance. This, then, might be the time when a new emotional frame begins for them.

Unpacking the layers

Numerous research studies have shown that nearly three-quarters of the mind remains hidden – leaving about a quarter to run our daily lives. In times of psychological crisis that segment is usually inadequate on its own to go down to the remaining areas for answers, classically achieved through analysis. Slowly unpacking the layers buried in the unconscious realms has been the traditional clinical route taken for well over a century. However, classical analysis valuable though it unquestionably is, can be lengthy and expensive.

There are other methods (largely based on the tenets of the analytical approach) which integrative colleagues and I have found to be effective in our overstretched society. These more eclectic approaches support the theme of this book: that of discovering the core issues within a relatively brief time, and the absolute necessity for looking backwards. One could say it is less the fruit, more the root which should concern us. This contention will perhaps seem outdated by some of the newer disciplines in the therapeutic arena: cognitive behaviour therapy (CBT) being one example, whose tenets focus more on problem solving in the present.

Although praised as a tool and one favoured by the National Health Service for its clear-cut working model requiring patients to make lists and do homework, CBT is not the panacea that was anticipated. As David Edwards and Michael Jacobs point out in their book *Conscious and Unconscious* (2003: 90): ‘A. Hackmann remarks that “focusing on the first thoughts that come up may miss much of the meaning of an upsetting event . . . we need to tackle both the surface weeds (negative automatic thoughts, images etc.) and the deeper ‘roots’ (underlying beliefs and assumptions) of the meanings we give to events” (1997: 125–6).’

When I began in practice it was quite usual to see clients for several years at a stretch. Now, a seamless shift has occurred in that the demand for brief

therapy, particularly in emergency casework, has thrown into sharp perspective the fact that core issues do appear soon, often within the first few hours, and should no longer be left on the back burner for deeper exploration months down the line. This is not to suggest the latter approach is wrong, far from it; analysis is both elegant and fascinating and deservedly continues in eminence. Yet useful work can be achieved within a remarkably short time frame. If the root cause becomes obvious soon it is certainly possible, even within a limited period only, to achieve satisfactory insight on both sides. Has some psychological osmosis come about in the twenty-first century which accelerates – even invites – swifter interventions these days? Case studies introduced later may better illustrate the point.

Down the generations

Our first relationship is with our parents, or carers, and if they experienced lacks in their childhood, their own parenting having been given mixed or painful messages, then it is likely we suffered lacks too. Never being able, for example, to predict mother's or father's mood, striving to keep the peace at home no matter what it took (usually compliance or, for some personality types, emotional freezing) will have inexorably laid down the markers for degrees of dysfunctional behaviour in the future. Generation after generation inherit the pattern, as Richard Madeley describes in his biography *Fathers & Sons* (2009), discussed in Chapter 6.

If we were fortunate instead to inherit more aware parenting, then we might have been gently steered away from our over-willingness to please; encouraged to voice our negative feelings without dread of punishment, and carefully protected from humiliation. Should we have been among the lucky few, basking in 'good enough mothering', as defined by psychoanalyst Donald Winnicott in his *Home Is Where We Start From* (1986: 144), we might even have been supported to express the whole range of feelings where appropriate, to learn when to control the more tempestuous kind, and taught how to move confidently into the outside world without fear; where consideration for others prevents us from causing harm and our willingness to please comes not from dread but from love.

Most of us dread exclusion: we need to be included in the pack. In primitive societies our survival literally depended upon this. Alone, we would perish. As Will Schutz says in his book *Joy*: 'It is likely that this basic fear of abandonment or isolation is the most potent of all interpersonal fears' (1967: 136). This basic fear of rejection drives us to forge acceptable false selves to present to the outer world, confining our unacceptable selves to the darker corners of our inner world. These split-off parts have a tendency to reappear at some point in our lives, either insidiously or in volcanic-like eruptions. Healing lies in

understanding why unconsciously we needed once to split off those parts, so often concerning faulty relationships, directly or indirectly.

When new clients exclaim: 'This is a light bulb moment! Now I begin to see what all this is about' then there is real possibility that their distress or confusion will clear; perhaps for the benefit too of future generations. With earlier clients' generous cooperation in sharing here (years later) some of the details of their own 'light bulb' moments, I offer the following chapters, with their anonymized case studies and follow-up interviews, hopefully to show how excavation work in psychological therapies can and does flick the switch to illuminate relationship breakdown.

1 Powerful hidden controllers

It is a widely held view nowadays that a huge proportion of our mind lies hidden. Like the iceberg that shows only its tip, the unconscious takes up two-thirds of the total – and sometimes appears as treacherous as an iceberg. It can also be a beautiful ally, a bewitching friend who seems to know all the answers once we have learned how to ask the questions, sometimes when we cannot. It delivers through dreams, images, hunches, feelings, memories, a vast store of material comparable in its ability to a highly sophisticated computer. It tells our body how to work, it reminds us of urgent tasks we had forgotten, it files away a record of everything we have ever done, or felt.

As if this were not impressive enough, despite the randomness with which our mysterious realms seem to operate, quantum physicist John Hagelin tells us (2006): ‘We are using at most five per cent of the *potential* of the human mind’ (my italics). And yet, like the treacherous iceberg, this powerful, creative mind can sink our hopes of happiness with bewildering force. How can this conflicting state of affairs be explained? Why does one person access the depths of his psyche, yet another flounder? For the present, and until the scope of our human potential is somehow revealed, we are in a state of unknowing.

However, we do know that fear and insecurity are two primary factors that will usually account for unpleasant, negative control from the unconscious. It is this understanding which can take today’s practitioner into comparatively familiar waters to work productively with clients, aiming (just as the early pioneers did) to grasp the meaning of the hidden controllers when they assert their influence. But beyond interesting glimpses of the much more benign control from hidden realms, we are still powerless to tap or discover more of the mysteries of the human mind. Given that psychotherapy began a century ago, we may have to wait another hundred years to discover what riches lie below the surface of our minds, and how we might contact them at will.

In the meantime, using what information we do have, we might start by outlining some unusual case studies and take a brief glance at the extraordinary diversity of phenomena which the unconscious mind has already

demonstrated to some clients in my consulting room. Some of the material is immediately relevant to counselling or psychotherapy; some is not, certainly not at first sight. However, we should at least concede the sheer complexity which lies beneath the surface of our minds, whether we liken their domain to icebergs, seabeds, islands, or roots in the earth – and acknowledge the weight of importance such clues imply.

CASE STUDY

A problem at the office

Leo, a business consultant, began to realize he was needing to rush to the lavatory too many times during meetings, their varying levels of importance strangely linked with his bladder needs. The problem got so bad that Leo sought therapeutic help. 'I'm getting panic attacks too,' he said ruefully, 'and these are even worse to deal with because they happen when I'm driving to work as well as in the office. I realize these attacks and the weak bladder control are all about stress, but they are ruining my chances of promotion. I worry that colleagues might begin to doubt my stability. And all this is seriously affecting my marriage – my wife cannot understand what has got into me, and why I'm not man enough to conquer my fears.'

As we explored his current and earlier life experiences, a picture emerged of his never having had much confidence; a high achiever academically, but anxious and shy in social settings. Bullying at school had been unpleasant and frightening, but he stoically got through his education and went on to university to earn a good degree. A few years later he married, and Leo seemed content enough with his new life, if a little worried he could afford to keep up the large payments on his first ever mortgage.

When pressure in the office intensified demands Leo began to dread demotion, or worse, because of poor performance. The prospect of public humiliation (job loss or peer jokes) was an additional burden he struggled with constantly, although so far no one at work had made any comment. His panic attacks were growing in ferocity. He even began taking incontinence pads to wear in the office. Agoraphobia became another problem: he was afraid to go to the supermarket for fear of being in big open spaces. He was also afraid of being caught out at the checkout, in front of a long line of customers, and needing to abandon his trolley to run for the toilets. His wife despaired of him ever becoming a reliable companion and mate. At this point, Leo was ready to try psychotherapy.

By the second session, we talked about his childhood. Yes, there had been a bit of bed-wetting (his parents were quite strict and he was a sensitive little

boy), but this area felt unproductive in our work because wetting had been overcome within a normal time. It seemed more likely that the trauma was connected with the unexpected in Leo's young life, perhaps where an emergency call of nature embarrassed him greatly.

'Think of outside activities, play or sport, perhaps: does any memory come up that involved you needing to pee when it wasn't a good idea? Wetting your pants when you were out with Mum and Dad – maybe they were cross with you? Imagine the fear, if you badly wanted to go and couldn't because there was no loo nearby.' Leo suddenly had the answer. He looked astounded, as the long-forgotten episode suddenly popped into his head, 30 years later and hidden away until acute stress steered him to therapy and released the lock.

“ It was the school pantomime! I was five, and playing the part of Peter Pan, in those leggings and tunic. I must have been so nervous being on stage, I wet myself big time: apparently I dripped on to the stage and there was a big damp stain down my leggings. The audience roared with laughter, though I was too humiliated and upset to register they were probably sympathetic. What really hurt was my parents later telling the rest of the family how funny it had been. And that wasn't the end of it, either. They'd tell other people in my hearing, and they always laughed, I suppose because it was presented to them as hilarious. My experience was quite the opposite, so I was very confused.

(personal communication) ”

This proved the core to the present trouble, one which was reached in a few hours' therapy sessions. Leo reported (in the remaining weeks we both felt he needed in order to consolidate his new-found self-confidence) that his panic attacks had melted away, that his need to take comfort breaks had reduced to a normal level, and that agoraphobia no longer troubled him. He called me a year later, still reporting the same good news. Most importantly, his self-esteem and obvious work confidence had earned him promotion, not the sack.

His marriage had taken on new dimensions, for not only was Leo 'more of a man, a bigger man' as he proudly recalled his wife commenting, but he was finding his relationship with her had somehow benefited from his new insights. She was readier than ever before to talk and own her feelings of occasional inadequacy and under-confidence. His therapy sessions had spilled over into the partnership in a way neither of us had anticipated.

Here we have an illustration of the hidden controller sending up distress signals because the pressure in his external world had powerful 'on stage' resonance: that of the threat, the dread of humiliation. Those dormant painful memories needed to appear because they had begun seriously to affect his life.

4 RELATIONSHIP THERAPY: A THERAPIST'S TALE

At first it seemed to Leo that a demonic presence was taking him over. Sigmund Freud knew about this. He had this to say in the 1920s: 'Cases of demoniacal possession correspond to the neuroses of the present day. What in those days were thought to be evil spirits to us are base and evil wishes, the derivatives of impulses which have been rejected and repressed' (1923b: 436–72).

Accompanying guide

We have a more recent – and compelling – view from post-Jungian analyst James Hillman, who describes our demons as daimons, as did Plato and the Greeks, when they were referring to heart, spirit, or the soul. Hillman, author of *The Soul's Code*, tells us that Plato believed the soul chooses its particular destiny, guarded by a daimon ever since birth, 'venerable, articulate, complete', and that it acts as an accompanying guide who remembers its calling. Hillman goes on to say:

“ The daimon's 'reminders' work in many ways. The daimon motivates. It protects. It invents and persists with stubborn fidelity. It resists compromising reasonableness and often forces deviance and oddity upon its keeper, especially when it is neglected or opposed. It offers comfort and can pull you into its shell, but cannot abide innocence. It can make the body ill. It is out of step with time, finding all sorts of faults, gaps and knots in the flow of life – and it prefers them. It has affinities with myth, since it is itself a mythical being and thinks in mythical patterns. The daimon has prescience . . . not perfect, but limited to the significance of the life in which it has embodiment.

(1996: 39–40) ”

And so it could be said that Leo's daimon or demon was appropriately using the work pressures to force him to address his repressed underlying problem. Never before in his adult life had those pressures been urgent enough to release the dread into consciousness. Leo's existence until then was exactly that: merely existing. He got by without much joy or satisfaction, yet acceptable enough to convince himself he was reasonably happy. Today, however, he is a contented, truly fulfilled man and his real happiness is obvious.

Because we do not ourselves yet know how to command the human mind to create these necessary healing changes (reintegrating the split-off parts) at home, or spontaneously present essential memories to provide the answers, therapists and counsellors are more than ever urgently needed to help the increasing numbers of breakdown and stress-related mental illnesses presented in GP surgeries and in private consulting rooms. Their job is to work in

cooperation with the psyche, as if in joint effort to free the controllers from their self-imposed prison, opening the way to a more balanced, whole emotional life.

But sometimes our social conditioning convinces us that little problems in the past are insignificant; we are, after all, adult now, men and women who pass examinations and secure mortgages. 'How can decades ago when we were little have any bearing on the present day?' people ask. I never fail to wonder at this attitude: exemplified, interestingly, particularly by worldly professionals like bank managers, engineers, scientists or lawyers, accustomed to working with the left hemisphere of their brain (the right side concerned with non-linear thinking), and who seem tenaciously to hold this dismissive view.

Pride and fear of humiliation can lie behind resistance in many would-be clients. Only when a major jolt, such as redundancy from their high-powered job, brings them into the therapy room, sometimes under guise of post traumatic stress disorder (a socially acceptable, modern condition often mentioned in connection with raids, terrorist attacks, war-shocked soldiers) do they feel they can justify their reluctant stance. Then they become so fascinated by the unfolding story from their inner world, and the feeling of well-being their insight gives, that they often change their opinion about the value of looking back.

CASE STUDY

Trapped in the dark

This was the case with Sarah, a 76-year-old retired head teacher. Insomnia had been a problem for decades, yet she had never thought to seek help for it until she heard of a relative's experience. In therapy, she was asked in the assessment session if she had ever experienced any traumas in her life. She sincerely believed there had been none worth a second glance, and said so. In the second session, however, she casually mentioned a lifetime of nightmares of 'cataclysmic awfulness', and recalled she had experienced one only the previous day. 'I woke up, trembling in the dark and thought I was going to die,' she said. 'There's something terrifying about the dark, but it isn't just that. The dreams are about menace, danger.'

The therapist said, 'What is sleep but being in the dark? Somehow you must have linked the two in your unconscious mind and this is where the distress is flooding in. Are you sure there were no traumas in your life?' Then, as if nudged into awareness at last through that gentle enquiry, Sarah spoke diffidently about an incident that happened when she was seven. Diffident, because she was at pains to make it sound as if the horror was not all that profound – after all, it was only a game gone wrong.

“ I was at a children’s party in a big old house and someone suggested we all go out to play in the garden. There was a small tower in the corner, and some older boys pushed me inside and pretended to lock the door. More children were pushed in, however, until I found myself at the bottom of a pile of bodies – a bit like the Black Hole of Calcutta! Everyone but me was laughing, trying to be brave perhaps. But when the door was shut, seemingly for the last time, it was pitch dark and I couldn’t breathe easily because of the weight of children sprawled on my chest. I remember panicking and feeling trapped, even though we were probably released in minutes.

(personal communication) ”

It was not long before Sarah, with her therapist’s encouragement, came to understand that the party game had created and laid down terrors deep in her memory, deemed trivial by her conscious mind and relegated to the dark, in both senses. Her insomnia she had explained away to herself as a consequence of the stresses in her responsible job; exhaustion from work would indeed plausibly obscure the symptom while she continued teaching. But when retirement threw the problem into the spotlight, she determined not to have what was left of her life ruined by poor quality sleep.

In therapy, she learned her conscious mind might have been too dismissive to consider the childhood episode important; her unconscious, though blanked off, knew otherwise. As Sarah said, ‘My hidden controller seemed bent on frightening me, ruining my life for no reason other than spite. Now I realize the opposite is true. It was desperate to be relieved of its fears, and the nightmares were the only route it could take. Like a wake-up call, it could only use an intense approach. But what a pity I left it until I was in my seventies before I could listen to the real message.’

We have already seen how hidden controllers are usually creating havoc – like any ignored child – because their needs have gone unnoticed. The above cases illustrate this simply enough and are included because of their stark messages. But of course, the *dramatis personae* we carry in our unconscious minds are infinite in their narratives, the depth and severity of their distresses almost beyond description and more complex to offer here.

But more will be discussed briefly in later chapters, where clients who exhibit, say, schizoid behaviour within their relationship usually have a history of childhood emotional deprivation. Their unconsciously remembered guardedness can block normal interaction, particularly so with their partner when they are under some form of resonating stress, which obviously contributes nothing but further chaos to the relationship. Their cut-off emotional responses, replicating their survival technique when little, baffle and infuriate

their mates now. The task then is to convince the elusive, distressed child within that they are being seen and heard at last, and can risk coming out to talk at adult level.

It must be acknowledged at this point that there are members of the inner world cast list who have no identifiable disturbance, disabling neurosis or significant past hurts. Split off in the dark they may be, yet for comparatively innocuous reasons: shyness perhaps, or a profound sensitivity which prefers to remain largely obscured to the external world and prompts the conscious mind – if it can – to safeguard its welfare. We all know of boisterous families where one child seems alien or withdrawn. There may be no clinical reason for this seeming difference from their siblings. The child simply is shy, no trauma lurking behind them. Genes play their part too; an ancestral voice may be speaking quietly in the twenty-first century because great-great-grandmother was shy and timid 150 years ago.

Fear and insecurity usually account for the fragmentation of personality within the ‘normal neurotic’ band, which could apply as much to ourselves as to those clients who come to our consulting rooms. Beyond agreeing that in an ideal world we should all access whatever drives our hidden controllers – inviting them out and consciously integrating them – at this stage in human evolution we are obliged to rest content by doing what we can, with our limited knowledge, for whom we can. If most of our mind lies under the sea like an iceberg we must be thankful that the early psychological pioneers (Freud, Jung, *et al.*) had the insight they did to guide their followers to this point. Perhaps the foregoing accounts will give a greater sense of the mysterious depths we are all touched by, or possess in ourselves, even though no definitive explanation is yet at our disposal.

CASE STUDY

The hidden ally

Journalist Helen Derek was worried about a lump in her breast she noticed one Friday. Panic-stricken, she decided to try a visualizing technique she had practised a little to ask her unconscious mind for information before she booked an appointment to see her doctor after the weekend. She lay on the floor, breathing as she had been taught, covering her eyes with a scarf. One by one, images filled her mind’s eye or inner ‘screen’, each more baffling than the next, until after waiting another few minutes for some kind of coherent pattern (and failing) she pulled the scarf from her eyes, exasperated. She recalls:

“ I had seen a brown-paper-covered exercise book float in and out of vision, followed by a diagram of a dome-like object with

holes, such as a slice of Emmental cheese might look. Next, a rat appeared in the 'picture' – so with that, I lost patience with the silly exercise and went downstairs. Opening the living room door, the first thing I noticed to my right were the bookshelves, and glimpsed a brown-paper-covered exercise book, tightly wedged between textbooks my stepdaughter had left in storage after she'd qualified as an occupational therapist and gone to work abroad. I had never even glanced at them before, wasn't interested. Yet here was this little book inviting inspection. It was difficult to tease out, but when I did the pages fell open to show a diagrammatic section of a human breast, the glandular system and a reference to laboratory research – using *rats* – in which hormone activity explained incidents of benign swelling. I was, of course, dumbfounded at the coincidence; and for the remainder of the weekend felt much calmer. Later medical investigation proved my lump was indeed hormone-induced swelling. I really felt my unconscious mind had been a help. How on earth did some part of me know the contents of this textbook, the page on which the relevant material appeared, why did it fall open there – and why doesn't my hidden ally give other answers to order?

(personal communication) ”

Many will readily find possible explanations to the first three of Helen's questions, but few would want to tackle the last. It is the sheer unpredictability of our unconscious mind that holds such tantalizing quality. Literary giants, composers, scientists and inventors often report their best work came as a result of a dream, or a daydreaming hunch. A young international chess player once confided to me that he set up a board by his bedside on which a difficult move had been posed, for top chess players across the world. He deliberately pored over the problem – without a solution – before turning out the light. He slept dreamlessly and when he woke he knew at once the winning move he should make.

Analytical psychotherapist Nathan Field remarks in his book *Breakdown and Breakthrough*: 'We are obliged to realize that reality manifests not only at the familiar level of waking consciousness but operates in several other dimensions as well, each carrying its own validity. This has a crucial bearing on our understanding of consciousness in general and on psychotherapy in particular' (1996: 37). Field goes on to suggest that we have to grapple with the mystery of how a thought, feeling, fantasy, even an entire personality, can be projected from one psyche into another because we are operating with an inadequate model of the mind:

“ We are faced with the whole problem of transmission only because we assume that the parties involved are separate entities to begin with. But if, at some unconscious level, *they are already merged* no transfer is required, since in a state of merger what happens to one happens to the other. Given the fact that each of us feels oneself to be, and looks to others to be, a separate individual, the notion that we also exist in a state of merger puts a heavy strain on our credulity. We can allow the poet licence to declare that ‘no man is an island’, but to accept it as a literal truth is a different matter. But this, in fact, was Jung’s position. He compared individual consciousness to islands standing up in the sea; if we look below the surface we realize that at the level of the seabed we are joined. Somehow we have to entertain the paradoxical notion that, as living beings, we are both separate and united. (1996: 42) ”

The analogy of our unconscious states being likened to the hidden iceberg (or Jung’s islands) and Field’s notion that at the level of the seabed we are joined is, of course, both apt and complementary. It gives meaning in my view to the idea that ally and demon can and do co-exist, the latter gravely misunderstood: witness Leo’s initial conviction that a demon was controlling his life with malicious intent. It might also explain why the teenage chess player could rejoice in having an ally on tap, ready to deliver solutions to difficult problems overnight. In the sleep state he was free to dive down to the seabed, somehow knowing how and where to find those solutions. It is a fascinating concept.

Others claim to be able to achieve similar connections by meditating, monks being an obvious example. The Venerable Matthieu Ricard, author of *The Art of Meditation* (2010), said in an interview with Jake Wallis Simons for *The Times*: ‘The mind trumps all. If you have inner peace, then whatever happens, you are going to be fine’ (2010: 9). This philosophy is one cherished by arts teacher Alan Jones (not his real name) whose quiet meditative private life served him well to endure the sorrow when his wife’s Alzheimer illness prevented Hilary from speaking anything but incoherent babble. For nearly a year, hospitalized because she was no longer capable of standing or controlling her body, all the communication the couple could consciously enjoy lay in holding hands, Hilary sometimes squeezing his as if in some understanding. Then one evening, on his second visit of the day to kiss her goodnight, suddenly Hilary said clearly, ‘Mother dying.’ Alan’s first thought was that as a loving mother and grandmother to her big family, Hilary was temporarily able to formulate two words to convey she understood she had reached the end of her life.

When at breakfast time next day the telephone rang, he faced the painful possibility of hearing sad news from the hospital. But it was his sister-in-law ringing from the south of France to tell him that the sisters' elderly mother had died overnight. How could Hilary – unable to speak for nine months – clearly announce the fact of an event while it was happening, when no one in the family (including Alan) had any idea the robust old lady was on the brink of death? Could this be yet another clue to add substance to the premise that at some level our unconscious minds merge, that we know much more than we think we do?

CASE STUDY

Long-distance meeting

Before we leave the topic of unconscious communication (at least for the time being, because it is a central theme to support this book's rationale in the context of much of relationship therapy) we should consider Louise. She was a client who presented with grief issues following the death of her husband two years earlier. Childless, she felt all alone and greatly in need of warmth and affection. One winter's night, she dreamed of meeting an old colleague with whom she had lost touch nearly 40 years earlier. In the dream, she was standing on high ground overlooking boats sailing across a bay in high summer. Her old friend appeared with dusty rubble on his hands, explaining his photographic studio had caught fire. The capital letter 'A' seemed written across the scene.

Next day, my client telephoned their former workplace. 'Any idea where John went?' The response was vague. Was it the United States he had emigrated to, or maybe Australia? Obviously the latter sounded hopeful, but it took several more calls before she spoke to someone who volunteered that John's freelance photography had taken him to retirement in New Zealand. In the end, fortunate because her previous career enabled her to quiz professional agencies, she found out he lived in Auckland. John's name was still listed with directory enquiries and within a few hours she was talking to her old friend.

“ He couldn't believe I was calling him, because only the previous day (maybe when I was asleep my side of the globe) he had been thinking of me when he took delivery of a rare car he remembered I once owned when we worked together. And yes, his house overlooked a bay, yes he owned a sailing boat but no, his photographic studio had not caught fire. However, three nights later John called me from Auckland: some equipment in his studio

had fused, then burst into flames and done a lot of structural damage. He had that very day been clearing rubble, so of course there was dust on his hands. How on earth did I see that vivid scene? And how could I have had a prevision of his fire?

(personal communication) ”

This is a strange story, all the more so because of the indisputable time jump in her narrative, remarkable in itself for the detail and location. It opens up vast areas of further exploration in which linear time has no meaning. As neuroscientist Karl Pribram suggests, the human brain itself functions holographically, constructing our reality by interpreting frequencies from another 'domain' that, like Einstein's fourth dimension, transcends time and space (1982: 27–34).

All we know here is that Louise's unconscious mind (apparently with easy access to this domain) had provided her with a gift: somehow it knew where to find John, that he would welcome seeing her again now that he too was widowed. All his personal life until their telephone call was unknown to my client. Then, within months, they were reunited in person, 40 years after their professional friendship had ended. Today, Louise has warmth and affection in her life, married to John, their grief issues resolved not by psychotherapy but by a dream.

So, what has this got to do with relationship therapy? First, we need to acknowledge that for Louise and John a beneficial link-up really happened, where unrecognized parts of themselves were unaccountably involved in proactive healing. Second, if we accept the fact of the existence of powerful hidden controllers, then we must embrace their significance and wonder how much of our present-day emotional distresses arise because we fail to recognize that the demon might be our guide.

When clients realize that the driving force behind what seems at times negative destructiveness is actually benign in intent, then the healing can start. Field again:

“ Having set out to investigate the riddles posed by phenomena such as transference and projective identification, we are led to what must seem blatantly unscientific speculations. Yet serious support for such ideas has been coming from science itself for many years – from contemporary research in physics, mathematics, astronomy, and the major life sciences. The gathering evidence, for example in mind and brain research, has developed into a field of study that is expanding with unprecedented rapidity.

(1996: 43) ”

Early terrors

Once clients – adults like Leo and Sarah – appreciate how simply their inner world has held early terrors in a frozen lock, desperate for help, then awareness can take over. The therapist leads them towards reintegration of the split-off parts and in so doing encourages them to feel safer to function exclusively from their grown-up self. (There will be regressions, of course, but once the client is aware of their hidden youthful characters, sparked into action once more perhaps by the unexpected, they can learn to manage the outburst.) It is not so simple, however, for a very young child.

A baby knows unerringly what mother is feeling, both consciously and unconsciously, this being an extension of the umbilical psychic bond (benign or malign) experienced in utero; clearly it is pre-verbal. If an unhappy mother's eyes are unloving, unaffirming of her baby's existence, then the messages which the infant receives are negative and terrifying. As Adam Phillips explains in his book *Winnicott*, not to be seen by the mother, at least at the moment of the spontaneous gesture, is not to exist. He goes on to say:

“ In Winnicott's account, being seen by the mother is being recognized for who one is, and what the infant is, is what he feels. The infant cannot risk looking, if looking draws a blank; he must get something of himself back from what he looks at. This makes the mother of infancy the arbiter of the infant's truth. Her responsive recognition – not, for example, a conflict of recognitions between them – makes up his sense of himself. The mother is the constitutive witness of the True Self. If she violates the infant's initial omnipotence – forcing him to see her – she ‘insults’ the infant's self and drives it into hiding. Everything hinges on the changeover from mother as a subjective object to an object objectively perceived; from seeing himself through the other, to seeing the other.

(2007: 130) ”

In a previous publication (March-Smith 2005), I refer to Julia who offers an interesting illustration of how long-term, devastating damage was caused unwittingly by her mother, struggling with post-natal psychosis. Julia learned in her infancy that eye contact was frightening, a reflection of dark, menacing depths, ‘eyes of death’, as Jungian analyst Sylvia Perera tells us from Sumerian mythology: ‘Those eyes are pitiless, not personally caring. Such eyes bring psychosis; we see them in individuals suffering psychotic states, where the capacity to see through the tightly held fragment to the life

process and spirit, in which the static frame inheres as a partial fact, is lost' (1981: 31).

Depression is almost inevitable for the child who experienced mother's eyes where 'all looks dead'. As a result of her early experience, Julia learned in time to avoid looking at all. So adept did Julia eventually become at avoiding seeing into another's eyes that she appeared to be gazing intently at them whereas in reality focusing on the speaker's upper lip, the tip of their nose or chin. Her husband had never realized she did not know what colour his eyes were. Even her therapist was incredulous (on being told the truth) that for several years the two had conducted their professionally intimate relationship, chair opposite chair, without her appreciating that Julia's large, sympathetic eyes never actually looked into her own, as she believed. I wrote:

“ The price Julia paid for this extraordinary avoidance mechanism was a constant feeling of being removed from the centre of life, a half-deadness that paralleled the deadness in her sick mother's eyes so long ago. Naturally, depression dogged her, suppressing her anger that she had not been welcomed lovingly as a baby, that her presence had been seemingly a source of irritation and grief. In therapy, Julia learned first to look at herself in a mirror; then into her therapist's eyes; then into her husband's and close friends' eyes. It was hard for her, and often she regressed to the habitual pattern. Eventually, she found the 'eyes of life' and of love primarily for herself and finally simply for the joy of living. ”
(March-Smith 2005: 53–4)

Psychoanalyst Robert Stolorow, best known for his writing on the inter-subjective system perspective, offers that psychological conflict develops when a child's central affect states cannot be integrated because they evoke massive or consistent malattunement from caregivers. In other words, there is a breakdown in the child–caregiver system of regulation:

“ This leads to the child's loss of affect-integrating capacity and thereby to an unbearable, overwhelmed, disorganised state. Painful or frightening affect becomes traumatic when the attunement that the child needs to assist in its tolerance, containment, and integration is profoundly absent. . . . One consequence of development trauma, relationally conceived, is that affect states take on enduring, crushing meanings. From recurring experiences of malattunement, the child acquires the unconscious conviction that unmet developmental yearnings and reactive painful feeling states are manifestations of a loathsome defect or of an inherent inner

badness. . . . Thereafter, the emergence of prohibited affect is experienced as a failure to embody the required ideal – an exposure of the underlying essential defectiveness or badness – and is accompanied by feelings of isolation, shame, and self loathing.

(2007: 3–4) ”

Developmental trauma will, according to Stolorow, constrict and narrow the horizons of emotional experiencing so as to exclude whatever feels unacceptable, intolerable, or too dangerous. Thus we turn back to Leo, offering some degree of illustration here, anxiously conducting his life with half an eye, as it were, to avoid humiliation because he had been exposed too long to family ridicule. As with Julia, a safe, emotional holding had been the missing element in his childhood home life, where his mother's long-term unpredictable responses confused and bewildered him. This was qualitatively different from Julia's infant trauma, however, receiving as she did no affirming expression throughout her mother's psychotic episode: this evoked more serious splitting off.

Projected dread

When Leo reported being bullied at school, his mother laughed. When he was sent away during a family crisis to an unloved (and unloving) grandmother, giving him the same mean-spirited treatment once meted out to her daughter, his tears were ignored and he was punished for being uncooperative. Small wonder he went into adult life with narrowed horizons of expectation: he shuddered from risk taking, from exploring the world, and led – until his bladder somatized high stress levels – a sheltered if limited existence.

Once the core issue pertaining to his panic attacks and dread of humiliating damp patches at his workplace had been discovered, we had more work to do. Leo wanted to look at his fear of standing up for himself, not only with his peers and managers but in his marriage too. 'I dread a backlash of some sort, but I can never put my finger on *what*, and even when I know that Susan wouldn't deliberately cause me hurt, I am still afraid of her. How pathetic is that?'

Clearly Leo was still struggling with ancient material (how could a vulnerable little boy stand up for himself when his family sniggered at the Peter Pan incident?). His wife Susan was unwittingly on the receiving end of that child's projected dread, herself unable to understand why her partner was acting like a wimp towards her, and at work. But the scenario was not as straightforward as it sounds. That same small boy, though frightened of speaking up for himself

and telling his tormentors to stop, had brooded ever since. His fury at their belittling jokes was real enough, but he still lacked a voice, his anger as fresh as ever in his unconscious, where time stands still. What he could allow himself for release, however, was in making snide, wounding remarks to Susan (representing his family now), more sulky than full-blown rage. As his therapy progressed, he was encouraged to let those feelings surface, along with the other memories. We used a Gestalt method to release them: that of speaking to an empty chair, as if addressing the people he wanted to shout at, but had never dared.

‘What do you really want to say to your parents?’ I asked him. ‘Imagine they are there, in front of you in those two chairs. Here is your chance to tell them how hurt they made you feel, how angry you are with them. They won’t know a thing about what happens today if you prefer never to speak to them about it in reality.’

Leo flinched at first. Talking to an empty chair can be quite inhibiting. But he haltingly began to describe his pain, the endless rounds of excruciating embarrassment at their thoughtless jibes. ‘HOW DARE YOU DO THIS TO ME?’ he yelled suddenly to the chairs. ‘Do you realize how awful you made me feel? It’s not FAIR, and I will never forgive you.’

Sometimes I will quickly go and sit in the vacant chair and take on the role of the absent person: it can help encourage out more rage, by justifying ‘oneself’ or trying to laugh off yet another misunderstanding. I tried it this time. ‘Oh, Leo, your Dad and I were only having a bit of fun – you shouldn’t get so upset, it’s silly of you. Why can’t you be more grown up, like your sister?’ At this, the child still smarting inside my adult client, stared at me (playing his mother), looked as if he was witnessing a video recording of scenes in his childhood, and he started to cry. ‘You mustn’t call me silly. I have a right to get upset. It’s wrong to have laughed at me.’ Leo let the tears run down his cheeks, at last fully conscious of a broken heart at his parents’ betrayal.

We later discussed what had happened that day with the chairs. He had found a voice, expressed his feelings – and there had been no feared backlash. Actually, he said, he felt surprisingly free and buoyant. Did this mean he had put his dread behind him now? Leo agreed to wait and see (there are often residual layers of trauma needing exposure before a client feels safe enough to function only from adult). But the signs were good. He began reporting lively rows at home, where he said just what he felt without holding back. ‘Susan didn’t like it at first. But I told her she couldn’t complain about me being a wimp *and* outspoken! This has given me a sense of empowerment I’ve never known before. I have a voice in the office, too, and I am amazed how people I feared would ridicule me [more parent projection] have responded positively and fairly to suggestions I’ve made, or criticisms I felt needed to be offered in the best interests of the workplace. . . . Life is opening up at last.’

CASE STUDY

Remote control

A young supervisee telephoned in a panic. 'I think I'm losing my client, Ruby. She's threatening to leave and I have absolutely no idea why.' Not having my notes to hand, I asked her to sum up in the five minutes we had available the gist of her current concern.

“ When I went abroad for three weeks a few months ago, Ruby asked me for the name of another therapist she might turn to if she needed help on an emergency basis. I gave her three names, and learned later that she had found one of them a 'kind, gentle older woman' who did indeed help. But then I realized Ruby was still seeing her, at the same time as she was seeing me, which I explained to her was not appropriate. It occurred to me from what she had been saying that she was getting an easy ride with the 'kind, older woman', and – like a child – wanted to make me feel guilty I wasn't getting it right in her therapy.

(personal communication) ”

Did Ruby have a history where a grandmother and mother were present in her childhood? 'Oh, yes! Father left home and Ruby was reared by two warring women, Grandma and Mum. She learned fast to set one off against the other, getting as she thought the best of both worlds with rewards and treats. But that gave her no real sense of emotional security, did it?' Indeed not. And, in her panicky five-minute call, my supervisee was demonstrating how she was herself unconsciously picking up the sense of unease which her client's permanent state of insecurity evoked, trying as she did as a child to control her emotional well-being by pitting the two carers against one another. Probably her therapist's foreign travels had triggered the regression, unconsciously reminding Ruby of the responsibility she had felt as a child in keeping both women on her side for emotional survival. This is likely to have made her angry without understanding why: that it should not have been necessary to work so hard for love, her natural birthright. So she began to punish her therapist by threatening to leave.

'Ruby will go off to "Grandma" (the older therapist), complaining about your uncaring treatment of her, or whatever, repeating the old pattern of ding-dong between her original carers,' I suggested. 'It's important for her that you refuse to let this situation continue. She must choose between you and the

other, showing her at last that boundaries are a vital component in relationships, and that she will learn this better by staying in one alliance without rewards or punishments.'

Here we have a different slant on the same theme: that of powerful hidden control from a split-off or frozen part of the self, behaving this time not in a distressed reactive way (such as Leo and Sarah experienced) but proactively setting up what was familiar and, in its own way, had worked for Ruby as a child. Though unaware of the reason behind her driven behaviour, her intent now – to create warring therapists/carers she imagined she could manipulate so they would compete for her – was to re-enact her unhealthy childhood.

The ally within would have to wait a little longer for the counselling process to turn that patterning round. We should never underestimate the lure of the familiar. In well-documented research, we know that battered children taken away from their destructive parents by social workers for their own safety would – if given the choice – usually prefer to return home rather than meet new situations.

Summary

Our powerful hidden controllers exert extraordinary influence decades after their original needs were forged. Mostly, they operate in a frozen time warp, where a child's view persists as if it were yesterday. Whenever our lives or those of our partners manifest distress or some other intense emotion which makes no sense, it is likely urgent messages have been triggered by some resonance with the past; they emerge from the unconscious realms in need of attention.

Because of the frightening intensity sometimes, these 'messages' appear to be demonic, but when therapy reveals their true purpose, those terrifying or absurd symptoms melt away, as if the job has been completed. We have also seen that, in the world of the 'normal neurotic' (there being no scope here to discuss the vast field of fragmentation in serious mental disorder, about which I am anyway not qualified to write), there appears often to be a benign force behind our crises. It urges towards healing, much as a plant forces its way through dark and often stony, resistant earth.

Our hidden controllers invariably represent a much younger part of the self – from our infancy, childhood or adolescence – damaged or traumatized by lacks and inconsistencies in the distant past, however slight. But the internal cast also includes friendly, helpful parts of the unconscious mind which seem to have an uncanny ability to provide information normally outside the scope of our current understanding.

If we take the view of Jung and many others, however, there is a possibility that we possess psyches that connect with each other, merging at some fathomless level; and that this might account for the incidence of telepathy,

prevision, Jung's theories of synchronicity (described in his *Memories, Dreams and Reflections*, 1995, first published in the middle of the last century), and his thoughts on the collective unconscious. It may also explain the creative quality of interaction which can occur spontaneously between counsellor or psycho-therapist and client in which those concerned are aware of a powerful synergy in the room.

When working with clients it is important to understand that their presenting problems are likely to prove only the tip of the iceberg: symptoms such as anger or grievance, fear or grief may be merely signposts. We must realize that behind the adult's story there usually lurks a hurt child, and that it is the therapist's task to find out what the core issues are and how to reach that child. The next chapter sets out to address ways in which we might achieve this.