

Finding Megan: Vitality in the Space Between Us

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Abstract

This article offers a case study as a means of opening a dialogue about clients whose natural process of identity formation was impeded at the protocol level. The author invites consideration and an expansion of the work of Hargaden and Sills (2002) with regard to deconfusion of the Child ego state and the development of the self to include the importance of bodily experience in relationship and in the therapeutic alliance.

At the end of Megan's 5-year therapy I reflected on my brief notes from her initial session. I had written, "She appears both 'lively and lifeless,' and I feel disturbed rather than engaged by her friendly chatter." After 12 months, Megan had reported how pleased she was with the progress of her therapy, and I remember thinking I was not. I remained perplexed with Megan for a number of years.

One of my main frustrations was that Megan used her sessions for the first 3 years to report events that had occurred in the days between our meetings. She brought a journal to our meetings and would read excerpts of it to me along with showing me photographs she had placed in it. Any attempt I made to inquire into Megan's experience of herself felt, at best, as if I were being intrusive and, at worst, as me sadistically setting a task that she felt bound to fail.

It appeared that Megan felt there was a correct answer to every question I posed. During one session she commented, "I can see you're trying to catch me out." I also started to feel this was a game of cat and mouse, the purpose of which I failed to understand. I was intrigued and at the same time strangely unnerved. Curiosity may well kill this cat, I thought—or rather kill off the potential for therapeutic work.

While listening over and over to Megan's weekly reports, I had a sense of some, albeit rather distant, longing. I felt that somewhere Megan had a desire to be known, even though

her journal reading did not invite my engagement. In fact, I felt as if I should not be too interested at all, as if I were not supposed to go there. On reflection now, listening to Megan's journal entries reminded me of hearing primary school children read a first text entitled something like "Peter and Jane and Pat the Dog": "Peter laughs, Jane laughs, Pat the dog jumps." In those books there is no "Peter with Jane," just as in the journal there was no "Megan with friends, colleagues, or anyone else."

Megan had been "sent" to therapy by her employer, who was concerned that she might be depressed because he had noticed a drop in the quality of her heretofore excellent work. As with most inquiries, Megan was unforthcoming when I asked her opinion of her emotional well-being. She was willing to accept her boss's evaluation and advice.

As the sessions progressed, I began to see how willing Megan was to accept other's definitions of her. I might have diagnosed a "Please me" driver or a process of overadaptation. Her plea for direction from me felt like a symbiotic invitation for some parental direction, but it also felt like more than that. I noticed how frustrated she felt when direction or advice from me was unforthcoming, and I was reminded of Cornell's (2000) tongue-in-cheek report of transactional analysis in the 1970s: "First I'm going to tell you what you do, then I'm going to tell you why you do it, then I'm going to make sure you never do it again."

Megan hoped every session for this kind of direction, and I felt uncharacteristically unwilling to advise. To other clients I might well have offered an opinion or some direction in order to help them make their own choices. With Megan, however, I sensed that this would exacerbate more of the empty shell that was my felt experience of her internal world. Megan intrigued me more than engaged me, and I continued to puzzle over why my interest was so unwelcome to her and my direction so important. I resisted taking on the role of someone

who might direct a “remodeling” rather than helping her find a more authentic self.

While my interest in Megan was not welcomed by her, Megan’s interest in me was alive and well. Although she was not intrusive in her questioning and I was not overly self-disclosing, I had the feeling that Megan was finding out more about me than I was about her. She asked about my dog: Where did I send her when I was away? Had I seen the new mail order catalogue for Boden? (This is a less than well-known clothes company where I regularly shop.) One session she arrived with a book for me to borrow. “I know you’ll like this one,” she said, and somehow I knew she would be correct.

Although I do not usually disclose what is going on in my emotional life, I am generally willing to be up front with clients about day-to-day affairs if I think it will serve the therapeutic work. With Megan, however, I felt a strong desire to withhold even basic information. I understood this as a countertransference response, but was it prompted by my own concern about feeling engulfed or Megan’s?

I spent much time in supervision trying to understand the intensity of my response to Megan. It increasingly seemed that although I did not give overt direction in our sessions, Megan was still desperately searching for a template of “who to be.” In contrast to Stern’s (1985) description of the emergent self, my experience was that Megan had no sense of “being alive while encountering the world [or encountering herself] at a given moment” and no “awareness of the process of living and experience” (p. xviii).

Hargaden and Sills (2002) link their model of the self with Stern’s work. They see C_0 as the emergent self, with C_0 and P_0 providing an “amniotic sac” (p. 18) for A_0 , which they see ideally as an OK cohesive sense of self. I turned to their material to understand more about the transference possibilities between Megan and me and to explore how our relationship might serve to help her develop a clearer self-experience and autonomy.

Hargaden and Sills (2002) refer to Kohut’s self-object or merger transferences to outline how clients may use the therapist’s psychic organization to develop a coherent sense of self.

Reflecting on these transferences—the “introjective transference” (p. 51), according to Hargaden and Sills—I examined the kind of therapeutic relationship that may have been developing between Megan and me. Was it a mirroring transference in which my acute attention would be most important and my subjectivity more of an interruption to her self-involvement? While I did not want to share my subjective experience, it seemed that Megan was not able to use the space for self-involvement. Neither did Megan’s interest in me have the quality of an idealizing transference in which self-regulation and containment can be learned through the idealization of and reliance on another person.

I also wondered about the desire for twinship. This became especially vivid when as part of her reporting of weekly events, Megan showed me some clothing she had purchased from a charity shop in a nearby town. They were the very clothes I had donated a week earlier, and they were clothes that she could not possibly have seen in my consulting room. I had to examine further whether what was going on was my reluctance to be the new object or my unwillingness to engage in a merger transference—and if so why? At that time I chanced on a quote from Greenberg (as cited in Stark, 1999), who suggested that “if the therapist does not participate as a new object, the therapy never gets under way; if she does not participate as the old one, the therapy never ends” (p. 73). I questioned continually what was going on in my reluctance to participate as a new object.

Turning again to Hargaden and Sills (2002), I recalled their observation that an extreme deficit in the essential early relationship may lead to an experience of emptiness that may be filled with drugs, alcohol, sex, and so on. I now understand this to mean that the self-object relationship may not necessarily be with another person, but some “thing” is required to fill this profound lack of a sense of self. This was my felt experience with Megan: It was as if I were a “thing,” not a person, and as if relationship was rather to be feared than wanted. I was embarrassed to admit that when I tried to imagine how the therapeutic relationship with Megan would progress, my immediate fantasy was continued disinterest on my part.

Mann (1997), quoting Symington, wrote of “acts of freedom” (p. 184). He stated that it is often the client’s act of freedom in an impasse situation that is the start of the therapy becoming unstuck. The client, due to his or her defenses, often cannot utilize his or her own act of freedom yet will bring something to the therapy calling for the therapist’s creativity and interest in bringing something new. Thank goodness for this move from Megan!

The book that Megan had loaned me was *Born on a Blue Day: A Memoir of Asperger’s and an Extraordinary Mind* by Daniel Tammet (2006). It is an autobiography written by a highly functioning young man with Aspergers syndrome and synesthesia. In my confusion about the work with Megan, I was keen to read it, thinking that it might give me some clue about how to work with her.

As I read, I became acutely aware that the author describes experiences of extreme stress when encountering interpersonal relationships, and I knew at once that this was important. I knew also that to ask Megan directly whether her own experience resonated with Tammet’s would have been too personal. I decided to try to draw her into conversations about the author of the book, as if she might allow dialogue about herself in the third person.

In these conversations, Megan told me that she was particularly intrigued by how simple things like brushing his teeth would send Tammet into a frenzy, and in a matter-of-fact way she said, “I used to do that, you know.” Managing to contain my excitement that there was something personal emerging, I asked her to tell me more. Tentatively, Megan managed to tell me of the childhood frenzies she would experience when her family teased her. A familiar childhood game, it seems, is for parents to join a toddler’s developmental level and pretend that the child is invisible when she hides her face. They might say, “Have you seen Steff? I can’t see her anywhere!” at which point the child removes her hands from her face and says, “I’m here” and the parents fake surprise. As Megan reported her experience of this game in her family, I allowed my own body to experience the shock and confusion she reported. “I actually thought I was invisible,” she reported, “and

the more I tried to tell them ‘I’m here,’ the more they laughed and continued the game. I became so confused I thought I would die.”

Megan reported these facts without expressing emotion. This was the first piece of significant historical and phenomenological information that she had shared. It also impacted me bodily in quite a dramatic way in that I felt Megan’s confusion about her existence throughout my own body. Although this was exciting and my first sense of feeling alive in her presence, I also knew that I needed to moderate my interest in what Megan was saying and stay on a purely factual level. I shared that I could imagine how confusing it was for her to really believe she was invisible.

There followed many months of sessions in which Megan would disclose a little and soon after return to the deadness of reporting from her journal. I became more comfortable with pacing my curiosity. I had an increasing sense of hope that something important was developing in the therapeutic relationship as I allowed Megan to regulate me. At the same time, I allowed myself more space to notice what was happening in my body, and I began to allow myself more opportunity to resonate somatically with her terror.

Megan’s first display of affect occurred when the handle of a near-empty cup of tea she was holding came off in her hand. I always offered her a drink when she arrived as she traveled some distance to see me. I had often mused, although had not shared, that Megan appeared to hold on to the tea cup as if for dear life. The cup handle broke while I was out of the room checking on the heating, which had been temperamental that day. I returned to find Megan in a severe state of distress, and she began to cry as she told me how frightened she was at breaking something, how she had not known how to tell me and had wanted to hide the mug but could not. I began to see some of the frightened frenzy that Megan had disclosed earlier and how I needed to take this level of uncertainty seriously. This was no simple matter of confused thinking; it appeared that Megan’s very essence was disordered by this seemingly minor incident.

Since I had so little information about Megan’s early life, it seemed impossible—with this

incident or any others—to invite her to revisit an early scene and work toward deconfusion of the Child ego state. I was not even sure that Megan’s strong reaction to breaking something of mine was in any way interpersonal and therefore understandable in terms of transferential possibilities. I do think the session may have ended with her feeling some benefit from my reacting differently to the frenzy than her family had—that is, by my taking her distress seriously—but again I felt reluctant to make an interpretation of this kind. It seemed to me that interpretations based on cognitive understanding were way beyond what would benefit Megan.

After this session I began to piece together earlier snippets of information that I had gleaned about Megan outside the therapy room. In our first session, she told me she had been married and that the marriage did not last long. However, throughout most of our therapy she did not mention the relationship with her husband. In writing this now, I think back to the journal: Her marriage, like everything else, was reported on in a wooden, “Peter-and-Jane” sort of way.

As the therapy progressed, I returned to how she had felt when her husband left. She reported feeling upset, not because he had left her for another woman, but because she “missed his body being around the house.” It was his body that had provided some kind of safety for Megan, not the relationship.

Similarly, she had spoken of her early sexual development, which had included many one-night stands. While she enjoyed the purely physical side of sex, any emotional engagement felt much too complicated.

A pattern began to emerge that allowed me further understanding of our work together. For much of this time, each session with me had the quality of a one-night stand; I never knew whether one day she would phone to cancel and never come again. She made some references to feeling more stable and productive in her job, and yet I had no idea how our work was impacting her emotionally. She kept turning up, and I kept being here, although my continued sense was of deadness between us. My reluctance to share any personal information with her intensified, and I continued to question my extreme reluctance to self-disclose.

After one supervision session in which I wished to understand this more, I described my fear of being “colonized” or “having my life taken over.” It became clearer that at times I lost the sense of who was who in the room. Megan’s reporting in her journal increasingly appeared to be a reporting of my own life, even without me disclosing information. She appeared to shop at the same places I did (although we never met outside of the therapy room), and bits of her history (e.g., her father’s age when she was born) were uncannily similar to mine. She had even had the same surgery that I had. I was increasingly unnerved.

Mahler (1958) wrote of needing to return to primitive modalities of perception to understand disturbed feelings of identity, and somehow I knew that my work with Megan required more than understanding script decisions that could be articulated in a cognitive and verbal way. Even trying to understand Megan’s dilemma in terms of a type-three impasse was proving difficult. I turned to Frances Tustin (1986) and found this passage, which spoke to my experience:

There is much evidence that autistic children have experienced an agony of consciousness in early infancy in which . . . more sophisticated feelings were experienced precociously and in a compact way. If we interpret these feelings too soon, before the child has the primal basis to distinguish and bear them, we shall reinforce the precocity which led to the development of an empty fake. Our aim is to help a sincere but tactful child to emerge from the artificial layers of autism with which he has felt protected. To do this we have to be in touch with basic elemental depths within ourselves. (p. 118)

Also resonant with my experience was something Cornell and Landaiche (2006) wrote: “Protocol-based behavior is not a game-like, ulterior form of communication but a deeply compelling, implicit (wordless) memory of primary relational patterns lived through the immediacy of bodily experience” (p. 203).

With these ideas in mind, I began to allow space to imagine Megan’s primary relational patterns and bodily experience through information

she had given me via the journal. She had never complained or commented on the relationships she had with others, but in her weekly reporting, my overall image was of her being alone, always on the periphery of groups, of people's profound lack of interest in her as a person, of her feeling unsure and out of place wherever she was.

Schiff (1977) described the first few months of a life as a time when infants discover that they exist separate from the world. He described C_0 representing reflexive reactions to stimuli both internal and external. Like Hargaden and Sills, he described A_0 as partially present and P_0 as developing after the first month of life. During these early days, the mother naturally supports the illusion that external and internal are the same. From 6 months to 2 years, infants are entering a stage of independence and exploration, developing control of their bodies and discovering more about their capacities and limitations. Winnicott (1965) described this as healthy progress in attaining "unit status" (p. 44) in which the person becomes an individual in his or her own right. Winnicott also wrote of the "psychosomatic partnership" between the parent's body and the infant; this forms the basis for the "psyche indwelling in the soma," which he described as a "linkage of motor and sensory and functional experiences with the infant's new state of being a person" (p. 45).

As part of this process, the parent encourages the sensorimotor development of the infant, who is becoming more active and discriminating in pursuit of his or her desires. Ideally, the parent supports a weaning of his or her physical presence. Through this process, the young child/infant develops his or her capacity to move out into the world, physically, emotionally, verbally, and sexually, and desires and needs are expressed more overtly and impactfully. The parent's role at this stage is to tolerate and support the actual moving away of the baby, during which the child develops a sense of what is "me" and "not me."

Tustin (as cited in Mitrani, 2001) referred to the term "adhesive equation" (p. 32), by which she meant the way autistic children are chronically stuck to their mothers in such a manner

that there can be no space between them in which the development of a true object relationship can take place. She wrote that without an awareness of space there can be no relationship. Mitrani (2001, p. 32) extrapolates that this adhesive equation serves to establish a sensation of existence rather than a sense of self and object as separate living entities.

I began to formulate an image of Megan as having this sensation of existence without a sense of herself as a separate living entity. This helped me to understand further my strong countertransference response as a feeling that I too was somehow being prevented from being a separate living entity. From there, I began to see my role as someone who might help Megan experience a sense of her "psyche indwelling in her soma." Somehow I needed to be willing to use my body in a "psychosomatic partnership" to help Megan develop a linkage of motor and sensory and functional experiences in which she might find herself as a person and experience my involvement and separateness. Using my body more in the room, I saw I could provide a necessary bridge between Megan and me and, indeed, Megan and the world.

I began to pay much more attention to my own bodily experiences and impulses and to Megan's body. Changes in the color of her skin, in her breathing and tone of voice, and so on, and I would find myself matching my voice tone or modifying my breathing, sometimes breathing more heavily and loudly when Megan's breathing was shallow. I would sometimes mimic her in an exaggerated way, thus providing a kind of mirroring and at the same time a differentiation, as explained by Aron (2006). He describes how a mother may exaggerate her empathy when her child falls over and bruises himself by way of signifying that she is not reacting exactly as the child is but that she is separate—"nearly like but not identical to me" (p. 358). In allowing myself more spontaneity, I, of course, came to feel much more alive in the sessions.

Reading more of Tustin (1986), I began to realize the need to be an "experienced and confident authority" (p. 295). I realized how in the mystery of not understanding my dis-interest in Megan, I had been replaying an aspect of her

early life in which she had felt grossly misunderstood by her parents. In becoming more sufficient and confident, I found my interventions were much more robust. I began to feel less fearful of overadapting to Megan and allowed myself to have and share more of my own experience and impulses. Megan responded to this solidness, and I became excited by the emerging vitality between us. In the past I had moderated my excitement in the hope of preventing Megan's withdrawal into the deadened state of weekly reporting. I decided to risk showing it; sometimes she would welcome this, sometimes not.

Maintaining my aliveness became the treatment plan, and as I focused more on our two bodies in the room, I became less concerned with finding an appropriate, attuned response. Megan responded more robustly as well, often with humor or quite cutting sarcasm and at other times showing her deep distress and confusion. In the most distressing times she would demand that I stop inquiring, yet by taking the risk sometimes to stop just a little later rather than right away, her threshold for bearing my interest, and the distress that she often felt about it, increased. I remembered how I had felt sadistic in our early sessions when any inquiry would penetrate Megan's surface presentation and how I had pulled back my interest. Now I realized the necessary subtlety involved in the pacing of the interpersonal.

Her level of confusion about her relationship with others, her relationship with me, and my inquiry into this sometimes felt too much to bear. At these times she would often thump the arm of the chair or cover her face. Thumping the chair arm did not appear to come from an angry place, but more one of confusion. I stayed for a while with wondering about the purpose of this action.

Around this time, many of my clients, including Megan, were touched by a television program in which Temple Grandin (1992), a designer of livestock handling facilities and a professor of animal science at Colorado State University, discussed her own autism and how she had benefited from building herself she called a "squeeze machine." Grandin explained that many individuals on the autistic spectrum

experience an oversensitivity to touch and sound and that several studies suggest that deep touch pressure has therapeutic benefits for children on the autistic spectrum or with attention-deficit hyperactivity disorder. As I became more aware of using my own body as a source of vitality in the room, and diagnostically in terms of resonance with Megan's terror, I began to link Megan's thumping of the chair as a need to feel something solid to come up against.

Megan knew from our first session that although my basic training was in transactional analysis, my later training (over the last 8 years) has been in integrating neo-Reichian concepts into my work. She was not surprised, therefore, when, as she thumped the arm of the chair, I introduced the idea of touch or bodily contact into the session. My agreement with all clients is that "the use of physical contact can be called into question by either the client or the therapist at any point in the process" (Cornell, 1997, p. 33).

At these times, when Megan became distressed and thumped the chair arm or pressed against her head, I would offer my hand or my head and sometimes my whole body, which Megan would use to push against. At these times I could resonate with the confusion in her body, and my body would move with her, offering a consistent boundary against which she could feel the boundary of her own body.

I was reminded of how I had learned to ski. My ski instructor could see that I needed to learn with the sensorimotor part of my brain, so he put his arms, legs, and skis around me. In this singular event, my body got a real sensorimotor understanding of the movement of his body around mine such that I could move in the way I needed to in order to negotiate the mountain. Likewise, with Megan I had a felt sense of Winnicott's psychosomatic partnership. These sessions were powerful and often emotionally painful, as Megan would regularly return to a place of shame at what she called "her lack of skill" in the world.

More material began to emerge in the sessions regarding Megan's difficulty with socializing. She was beginning to realize and articulate that previously she had been "a master of disguise." She described how she could "shape

shift” so well that she had no idea of her original shape. She often felt like an amoeba, with no shape or form, willing to take in and become whatever passed her way. My feeling that Megan had wanted to “rent my life” in order to feel something that might resemble a life of her own was validated in her expression of this to me.

The threat I had felt at the feared colonization of my own body and mind by Megan’s began to diminish, and quite spontaneously Megan started of her own volition to use my body in these ways, asking me for a hand to push against or a “hard” hug at the end of a session. I think that it was through the use of my body that Megan began to get a sense of what Winnicott (1965) called a “two-body relationship” (p. 74), wherein the infant feels the mother or mother figure to be a whole person and feels itself to be an established unit.

Referring back to the ego state model and wondering about the development of Megan’s coherent sense of self, I began to gain more understanding of her images of “master of disguise” or “amoeba like.” I started to think of Megan’s A_0 as something without boundary, possibly even without a skin. Bick (1968) wrote of a “second skin” (quoted in Mitrani [2001, p. 20] as a “psychic skin”), which she saw as binding together experiences toward the integration of a cohesive sense of self. She wrote also of this depending, initially, on the introjection of an external object (Bick, 1968, p. 484). I realized that Megan had been looking for a shape, and that it was found, I believe, in my willingness to be an enlivened separate body in the room interacting with her body and ways of being.

Gradually, over time, Megan began to honor the legitimacy of her own experience and to comment on the similarities and differences between us and between herself and others in the world. My journey alongside her was also one of differentiation. Megan did not fit into the models I had learned in my training as a transactional analyst, and I, too, had felt uncertain about the shape this therapy would take. The “twoness” that Megan had “imposed” in our early relationship was disturbing enough to make me examine my own capacity to lose myself, either to a client or to a theoretical model,

in order to provide relief in what I now consider a necessarily disturbing relationship.

In thinking about the work with Megan, I have come to believe that in my eagerness to help and the vulnerability of uncertainty I could easily have imposed a theoretical framework on what we were doing that, on the surface, might have led to something that looked like success. However, I think it actually would have provided yet another pseudoidentity for Megan and probably for me as well. The truth is, each of us journeyed hard to find the “me” and the “not me” in what we now celebrate as a profoundly satisfying therapeutic process.

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