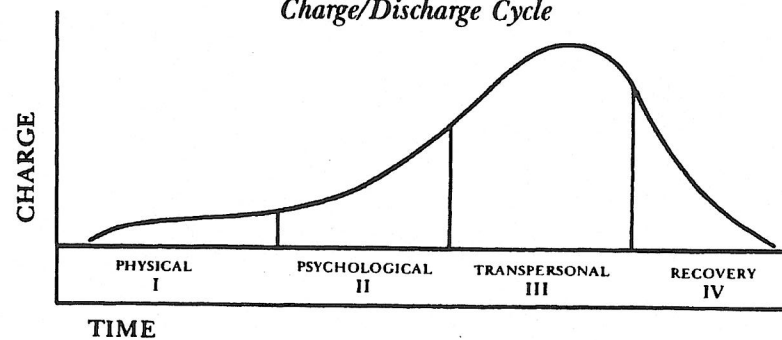


## Chapter 6

### *Growing Up: The Development of the Self*

In the past two chapters we showed how we use physical interruptions in the breathing work to help a client see how he held emotions in his body. As the work continues, the physical interruptions don't occur as much, and we can begin to tackle the psychological interruptions, using them as we did the physical ones, to move the person toward a deeper and stronger experience of the Self.

*Figure 20:  
Charge/Discharge Cycle*



We use Figure 20 to emphasize the parallel courses of therapy and the charge/orgastic cycle. The psychological stage of therapy corresponds to the second portion of the curve, or the excitation phase of the charge/orgastic cycle described in chapter 4.

Here the interruptions are similar to but different from the physical ones. The physical ones — the fits of giggling, hyper-ventilation, cramps in the hands, splitting off, and so on — stall the body work. They happen when the client and the therapist get close to the emotions underlying the holding patterns in the client's body.

In a similar way, psychological interruptions occur when the client wants, at some level, to protect or hide his feelings. These interruptions also follow predictable patterns in a particular person. They differ in that the psychological interruptions pervade the person's entire life pattern. They are rigidified into defensive character styles that protect his underlying Self from painful emotions. They protect it day by day, year after year. While they are reflected and maintained in the body, they are most visible or observable in the way a person forms and conducts close relationships.

We call them interruptions because they interrupt a person in his conscious or unconscious attempts to experience his true Self and his sense of aliveness. They are barricades thrown up to thwart real and imaginary invaders from within and from without. This over-zealous protection keeps a person from being in touch with his Self and keeps the Self from being constituted.

The Self, as you know by now, is a nonverbal sense of well-being in the body coupled with the verbal overlays of his cognitive process. It is that healthy narcissism a child develops, that permanent core of being inside him, into which he can retreat for comfort and self-support.

The Self is different from the functioning ego, which can develop intact, despite injuries to the Self. The ego is the personality with which one functions in the outside world. It masks developmental injuries and allows one to be successful in dealing with the outside world. Someone may, for instance, meet or surpass outer standards of achievement, and his injuries will show up only in his inner world — and in his intimate relationships. If his Self isn't intact, he can't feel a great satisfaction in his achievements, nor can he sustain an internal sense of well-being.

The sense of Self provides a continuity of internal identity. When it is intact, a person knows who he truly is, independent of the rest of the world. Integrative Body Psychotherapy is aimed at disturbances in this continuity.

A great deal has been written recently about object relations theory and Kohur's psychology of the self (see bibliography). IBP developed independently but parallel to both and is similar to both in that the primary goal is to help an individual develop and sustain a

whole, integrated self. IBP differs from the others in the definition of the Self. Object relations and the psychology of the self describe the Self as a structure of the mind. IBP defines the Self as a nonverbal experience of well-being in the body as well as a cognitive process.

Another way IBP differs is that IBP is basically a transpersonal model. That is, our work assumes that there is something beyond the individual and his body/mind. We believe that a person is born with an essence or a soul, and that is what IBP works with. We believe that this essence becomes overlaid with experiences, either nurturing or destructive to the expression of this essence, but the experiences themselves are not the Self. They are what we call the character structure, which often obscures the Self, preventing its expression. Our work is to uncover the Self, make contact with it, and free it from the overlaid experiences that limit its expression.

The psychological part of the therapy in IBP deals with these limiting experiences as interruptions in the individual's contact with his Self, interruptions that occurred in early childhood.

Since language is undeveloped in the child at this time, therapy can find evidence of these early life experiences only in the body and through images. Through the breathing and body work, in a compassionate relationship with the therapist, these early life experiences are not merely remembered, but *relived* in the body and in imagery. The client's gestures, body movements, voice, and demeanor change to childlike ones. When we ask him how old he feels, he verifies this regression, saying "I'm very young" or "I'm a baby." His imagery, too, shows the regressed perceptions. For instance, he might say: "People are very big," "Giant hands are holding me," "I have to look up very far," "My feet can't touch the ground," or "There are huge bars around me."

Reliving an early episode made a big difference in understanding and growth for Ella. She was, at 45, a self-described "slob and klutz." An aerobics class ended with her third pulled muscle. According to the exasperated teacher, Ella pulled muscles because she never did the exercises correctly. It was clear to anybody watching Ella that she didn't use her body well. She admitted this, saying, "I often ignored the signals that I was doing those damned exercises wrong. I would decide in my head that I would keep going no matter how much it hurt."

Her therapist noticed in the body work that Ella was tightly contracted on her left side. She listed slightly when she walked, and her handwriting — she was left-handed — was tight and crabbed. When she regressed, she relived a frustrating moment with her mother when Ella was about three.

They were sitting on the front porch and her mother was holding a bowl of orange sections. Ella reached for one with her left hand and her mother pushed her hand away. She reached again, and her mother moved the bowl out of reach. The third time she reached, her mother pushed her left hand aside and told her to use her right hand, but her right hand was dirty so she couldn't have any oranges. The hand she *could* use, and *wanted* to use, was unacceptable. The lesson was indelible.

From then on, Ella's mother tried to train her out of being left-handed. These later attempts Ella had rebelled against and remembered, but the earliest one was forgotten by everything but her body. Reliving that early lesson was the beginning of her trusting and enjoying her physical self. Although she never learned to love aerobics, she began to walk straight, and eventually, to jog with enthusiasm.

The value of the reliving experience is two-fold. It makes it possible to understand the early life events in terms of the Primary Scenario. It also makes it possible to begin healing the wounds that occurred at that time and to find closure for the unfinished early events. Often these early experiences have been missed in previous therapy due to their inaccessibility and preverbal nature.

### *Stages of Development of the Self*

We identify four stages in the development of the Self. The first is the attachment stage, followed by three separation stages: mirroring, healthy introversion, and rapprochement. A fifth stage would be the constituted Self of adulthood.

For each stage, there is a task or a process. The task of the attachment phase is bonding of the mother and the child. For the mirroring stage, the task is reflecting the child so he can experience who he is as he separates from the unity with his mother. In the healthy introversion stage, the task is the child's: through proper bonding and reflection, coupled with the consistent availability of his mother, he reinforces his sense of Self. The resulting "healthy narcissism" means that he has a fairly stable, accurate, and comfortable sense of his own identity — cognitively as well as in the body. He also has an internalized assurance of his mother's consistent presence. In the rapprochement stage the task is reality testing, in which the child tests his inner belief and his competence and power against the outside world.

In Figure 21 we show the developmental stages with the necessary tasks for each. When the developmental task is interrupted or done

inadequately, injuries occur, and certain defensive character styles are developed. Corresponding to the developmental stages are the stages a person might go through in his relationship with his therapist. The stages and activities of therapeutic intervention (shown in dotted lines) suggest how a therapist helps a client develop a sense of Self by going back to the point at which damage was done.

### *Attachment Stage (Birth to 4 or 5 Months)*

#### *Task: Bonding*

The first stage, total unity with the mother, is a nonverbal, physical experience and actually begins well before the child is born. The mother's experiences during pregnancy and her attitude about her child affect him even in utero. This is why we ask about the mother's pregnancy when we gather the Primary Scenario, and why we ask if his parents wanted him.

In the beginning, inside his mother, the child's awareness of himself is simultaneous with his awareness of his mother. She is his total environment and his food supply. Through unity with her, he is united as well with the flow of life. After he is born, this bonding is continued and reinforced by the contact between their eyes during nursing and by intimate holding, touching, and caressing. In some cultures, babies are held close to the mother's bodies at all times, and the mothers become instinctively aware of their needs. A client of ours who had visited Uganda described this close bonding:

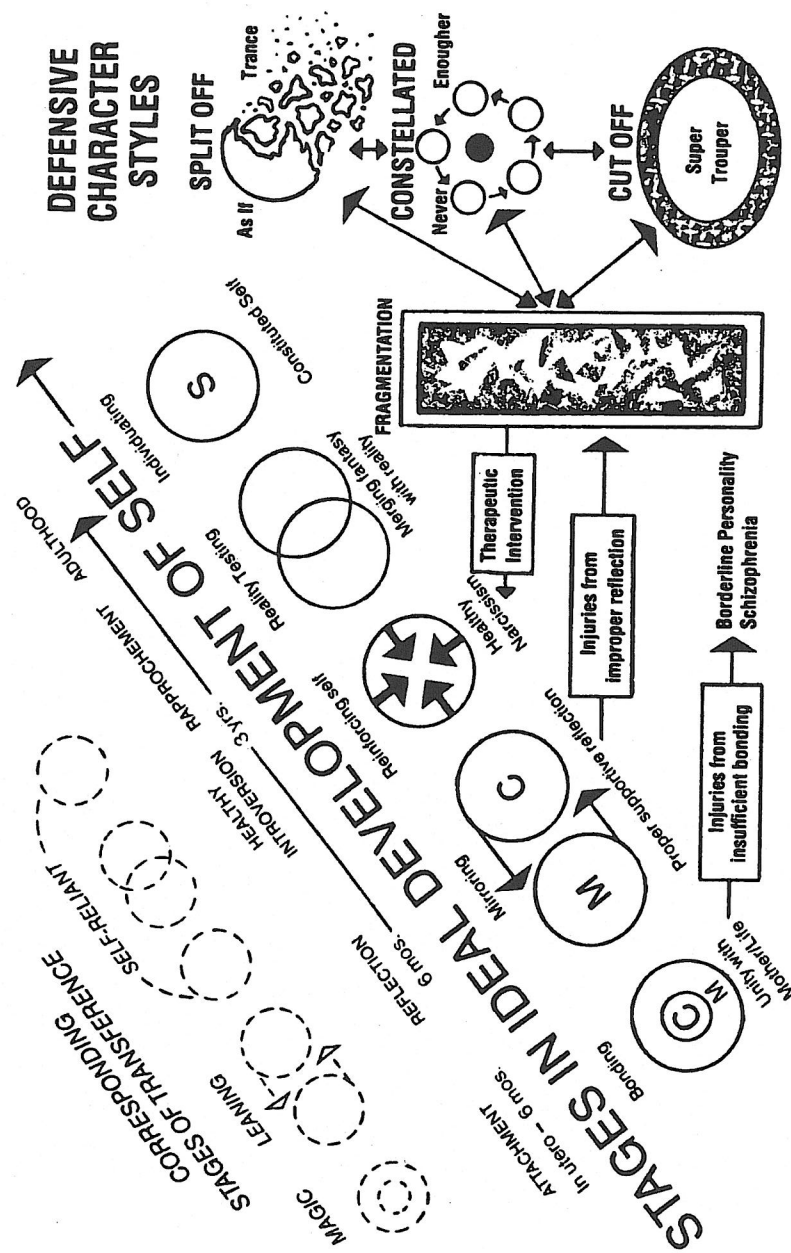
"A mother keeps her baby wrapped in a sling, right close to her breast, all the time. Every once in a while, no matter what she's doing, she'll slip the baby out of the sling and hold him over the bushes, whereupon he urinates or defecates. There's never an accident. I finally asked one of the mothers how she knew when her baby had to relieve himself. She looked at me as if I were really dense, then answered, 'Well, how do *you* know when *you* have to go?'"

In our culture, recent advances in childbirth practices are replacing the hospital practice of separating mother and child at birth. More and more the child and mother are allowed to remain together so that bonding will be fostered rather than destroyed. As fathers begin to participate in the birthing process, we see a bonded relationship developing with the father also.

**Figure 21**  
**Stages in Ideal Development of Self**

An injury during development leads to fragmentation, and the pain of fragmentation leads to the adoption of a defensive character style, either Split Off (As-If or Trance), Constellated (Never Enough), or Cut Off (Super Trouper).

Therapeutic intervention takes advantage of the similarities between development and transference stages to substitute proper bonding and mirroring to help a client belatedly develop a healthy introversion.





After four or five months of intense bonding with the mother, the baby develops the need, the strength, and the perceptions to acknowledge his separateness. From being one with his mother, he becomes an individual on his own. He becomes aware of himself as separate from the universal consciousness, symbolized by his mother, even while he remains a part of it.

The frustration and traumas of life that occur in the development of the child's sense of Self may cause him to flee back to the safety of unity with his mother. Yet the process of development pulls him continually into life, away from the unity, the womb, the mother, and toward a greater and greater individual sense of identity. It is in the fragile Selfhood of the first few years of life that the problems we observe in ourselves and in our clients start.

### *Bonding Injuries*

If the early bonding relationship breaks down completely, the type of disturbance to the Self can be so severe that treatment is difficult or futile. Jodi T. Samuels, in an unpublished doctoral dissertation, describes this disturbance:

Harry Harlow<sup>1</sup> illustrated this point (1967) in his well-known experiments with monkeys. In one experiment, monkeys were separated from their mothers at birth. Each monkey was then placed in a cage with a "surrogate" artificial mother (wire frame covered with terry cloth, two eyes, a nose and a mouth). The monkeys clung to these "mothers" as though they were real. These monkeys appeared to develop normally until maturity at which time they failed to establish normal sexual relations, and those that did bear young were completely helpless and dangerous mothers.

If a human baby is virtually abandoned when he is born — that is, fed enough so he doesn't starve but otherwise left alone — he will most likely end up in an institution and/or suffer psychosis.

Most bonding injuries aren't that severe, however. Even parents who are badly injured themselves have what it takes to bond satisfactorily with their infants.

Injuries sometimes occur when a mother and baby are separated immediately after delivery. If a baby is left in the hospital because he is ill or must be kept in an incubator, he usually has many different caretakers. This inconsistency in contact denies him the opportunity to form a bond with one special person. Similarly, a child put up for adoption at birth loses valuable bonding time. The sooner adoption

takes place, the better, for bonding and bonding injuries occur the first few minutes of life through the first four or five months.

Some bonding injuries come about because of the mother's damaged Self. If she didn't get what she needed when she was very young, she is likely to pass along the same unmet needs to her children. If she is consistently "a million miles away" when she is nursing her baby or changing him, he won't get the close contact he needs. It should be pointed out that it is the mother's *energetic* presence that is necessary. She can make physical eye contact, but it won't be real contact if her energy isn't there. A blind mother who was "all there" would make a better contact than a sighted mother who didn't actually see her child. Most mothers develop an instinctive awareness of their babies' rhythms. Like the Ugandan women, they may appear to be wholly involved in tasks or sleep or conversation, yet will respond instantaneously to the slightest murmur or change in their babies' breathing.

All children, in turn, have a keen sensitivity to the degree of their mothers' availability. Every mother knows that a child playing contentedly four houses away heads for home the exact moment she telephones a friend, thereby rendering herself unavailable. This sensitivity is most profound in the early days when the mother is the prime figure in a baby's life. Thus a mother who isn't "there" for whatever reason can make an enormous impact on her child's need for bonding.

People who didn't get enough close contact as babies grow up with a desperate need for closeness. They tend to merge completely with other people, losing their separate identities, and cannot tolerate separating again, for they didn't get the thorough bonding that makes separation possible.

Sometimes, when the nurturing is barely adequate, or if the mother is unable to let her baby become separate from her, the bonding stage is overextended. One such example is Rhoda, a talented movie script writer. She had a strong functioning ego, but her inner identity was not well-formed. She had a desperate need to be close to someone all the time. "When I was a little girl, my mother held my hand every day while I picked up my toys. We were very close. I couldn't stand not being right next to her all the time."

That closeness was shattered when Rhoda's parents stopped supporting her financially. She was thirty-four and the blow brought her into therapy. In reality she supported herself with no trouble, but she felt an acute need to be taken care of. Being forced to be independent, even so belatedly, was devastating. The therapist could

see her pain, but also saw that she found it hard to maintain contact with him and to stay present with her feelings.

This tendency to split off is a defensive style that can be indicative of some injury in the bonding stage. Since the infant has no resources to deal with painful feelings, he simply splits off from them. It's possible that Rhoda's mother was not able to allow her to separate, so the bonding stage become overextended and Rhoda never developed an *internal* security.

Bonding injuries are the most difficult to treat, because the earlier the injury, the harder it is to shift the responsibility for healthy "Self" development to the individual. In our work, though, a client can relive these early traumas. This gives us the advantage of starting the work on the Self at the point at which its development was interrupted.

All of our clients in IBP had more or less adequate bonding, or they wouldn't be functioning in the world. The injuries they have are in other stages.

### *Reflection Stage (6 Months to 1½ Years)*

#### *Task: Mirroring*

As a baby grows, his need for unity with his mother diminishes. His senses develop, calling him out beyond the perimeter of that unity. He can focus clearly on objects that were once a blur and learns that fingers and toes are subject to some sort of control from within. The day comes when he triumphantly draws an elusive foot into his mouth and his mother laughs with delight, having watched the struggle for weeks.

That's what mirroring is: the mother giving back to the child a picture of what he is, and making him feel good about it. It's more than that, though. It's also saying, "Once we were one, and that was good. Now you are *you*, and that is good, too." It allows the child's Self to continue expanding, and it gives him permission to *be* himself, to be different from his mother. He depends on his mother for this reflection and for the verification of the Self he is experiencing within. It's as if the mother who was once the same Self as the child is now the custodian of the child's Self. She *contains* his feelings of Self and of well-being for him, much as she might hold his jacket while he goes off to play. When he finds himself away from her and a little unsure, he comes back to her for a reminder of who he is. She gives him a quick glimpse of his Self, a smile, and he's off again, replenished.

Most mothers are pleased at their babies' attempts to control their bodies and explore their environments, so proper mirroring would seem to be inevitable. However, some mothers were so injured themselves at this stage that they are unable to mirror their children properly. They may have gotten enough of what they need to bond properly, but not enough to be able to mirror their own children adequately.

We said that it was an energetic quality of the mother that made for successful bonding, rather than her mere physical presence. Sometimes we describe proper reflection in energetic terms by likening the mother's quality to a "Blue Light." If she had adequate bonding and proper reflection, then she "got the Blue Light" and gives it to her children, and they pass it on to their children. It is compounded of many things: warmth, love, acceptance, humor, respect, and trust. Children who were raised in a Blue Light feel generally good about themselves and understand that children can be a joy to raise. This personal sense of adequacy coupled with honest pleasure in a child's existence makes for proper mirroring.

If a child doesn't get the proper reflection when he needs it, he loses touch with his fragile developing Self. The loss of this connection leads to fragmentation, or loss of identity accompanied by a total body/mind/emotional experience of annihilation.

#### *Mirroring Injuries*

There are infinite opportunities for proper mirroring to fail, but the injuries fall into three basic categories: undermirroring, overmirroring, and improper or distorted reflection.

In *undermirroring*, the parent is too critical. Long before she would think to criticize in words, a mother reveals her attitudes in facial expressions and subverbal noises such as scowls and snorts of disgust. The mother who found her baby's curiosity adorable in the crib may find it irritating and destructive when he begins to crawl. The mother obsessed with cleanliness will not reflect the basic goodness of the child she fishes from the mudhole.

The critical parent tends to overlook what a child's activity means in terms of his learning and sees only how it affects her. A non-critical parent is more likely to see that a baby's new interests reflect new capabilities and a readiness for new toys or opportunities. A young mother ruefully told this story about herself:

"My ten month old, David, emptied all the detergents onto my kitchen floor, so I flew into a rage and left him with my

neighbor while I cleaned up. When I returned two hours later, guess what I saw! David and Adam had emptied out Martha's cupboards, including a canister of flour, which they had spread out on the dark linoleum. They were sitting in the midst of the mess making designs in the flour. Where was Martha? She was taking pictures! Every once in a while she sprinkled a little more flour over the kids' designs so they could start over. She laughed when she saw my expression and said, 'I think they're ready for a sandbox, don't you?' Four days later she invited David over to play in their new sandbox and showed me the funny pictures she had taken, one of which she sent out in her Christmas cards that year." She sighed. "I think there is a moral there, because David always wants to play at their house, not at ours."

As the child grows older, the parents tend to criticize more in words. The scowls and groans that greeted spilled food and torn pages are augmented by words like "clumsy" and "naughty." An innocent two year old wanders up the street in her ragged underpants and is asked by her mother, "How can you shame me so?" A two and a half year old bites his friend and is called "vicious."

If the parent is continually critical, a negative introject will be created; that is, an inner voice or feeling stays with the child, always criticizing. It makes it impossible for the child to accomplish any task well enough or ever to feel that he is enough. The child swallows the critical parent whole and it remains undigested, constantly telling him that he is "bad" or "dumb" or "clumsy." This feeling, once created, remains long after the real parent is gone.

Sometimes the parent isn't exactly critical but is never quite satisfied, no matter what the child does. The parent always has yet another expectation, so the child never has a sense of closure. A brilliant, creative physicist described how this worked in her family:

"I was so excited when I made Phi Beta Kappa that I called home right away. 'Mama,' I said, 'I just found out! I made it!' My mother said, 'Fine, dear, your father will want to speak to you,' and she handed my father the phone, saying, 'Bridget just made Phi Beta Kappa.' My father came on the phone and said, 'Fine; now when are you getting your Ph.D.?'"

"I was terribly let down," Bridget said, "but I wasn't surprised. It was just like when I finished the first piece in a piano

book, they never said 'How wonderful'; they only wanted to know when I was going to start the next book. And when I learned how to ride my trike, my father started planning for my first bike. They never thought what I did was good for itself, just as preparation for the next step."

It is as if a mother, seeing her child take his first steps, fails to acknowledge his joy and triumph, and only asks, "Why don't you run?" The child is always pushed to the next performance level without the needed appreciation and closure for the current achievement. The closure comes with getting a sense of well-being for what he did. It finished the "unfinished business" and provides a foundation for the next achievement.

In *overmirroring*, the parent is overly positive, reflecting the child in a grandiose manner. The child may develop a need to live up to the parent's grandiose expectations and, in failing to do so, will have a sense of dissatisfaction in himself, no matter what he actually does achieve. If a child's aptitudes are extremely overevaluated, it will interfere with his ability to merge with reality. For instance, a child whose parents insist he can do anything, jumps off the roof, certain he can fly. After breaking both ankles, he still insists he can fly, blaming the accident on a "poor landing." Or there is the mother who insists that her son is so terrific he can even walk on water. The boy hears this once too often and decides to try it in their sluggish suburban creek. He sinks, of course. His mother dries him off and comforts him, saying, "It must have been bad water; you know how they pollute everything nowadays."

Even if the overmirroring isn't always dangerous or foolish, it is just as injurious to the developing Self as undermirroring is. In both cases, the injury is caused because the reflection isn't accurate. When the child with the inflated or grandiose self-image faces the reality outside his family, he meets a more accurate, less supportive reflection than he gets at home. He is cut down to size. Now if he goes home crying "they said I couldn't walk on water and they were right," and his mother insists the water was polluted, he's in trouble. On the one hand, he has the word of his mother who has been his ultimate authority. On the other hand, he got wet and a lot of people laughed at him. This puts him in a bind. If it happens consistently, he will retain *only* his mother's opinion but at the price of blocking reality in order to sustain his support.

If, however, he runs home wet and tearful and his mother hugs him, saying, "Oh, honey, when I say you can walk on water, that just



means that I think you're wonderful. But we'll have to get you a boat if you want to stay dry," then he will be all right. He can keep the grandiose reflection that he is wonderful, but he also gets a usefully accurate reflection that jibes with external reality.

In the first case, the child will always have the problem of trying to make things come out the way he thinks his mother expects. Since he will never be able to walk on water, he will always have a sense of failure. When *he* has children, he may possibly project onto them his own unintegrated grandiosity and do them the same injury of over-mirroring.

Such patterns tend to be passed on through the generations. The childhood Self is taken from the sense of Self of the mother with whom the child is bonded.

*Distorted Mirroring* is like the reflection from the kind of bent mirror found in a carnival's House of Mirrors. Sometimes the child appears much larger than he is, and sometimes much smaller. He may appear utterly grotesque sometimes, and perfectly normal at other times. Because of its inconsistency, the child never gets a picture of himself that he can consistently rely on, as is necessary in the next stage for healthy narcissism.

Since the mother is the primary mirroring object, the injury occurs because of the distortion in the mirror — that is, the mother's own distorted perceptions of herself due to her own injuries. If she overreflects her child, it may be in response to the undermirroring she received as a child. If she sees herself as distorted and strange, she may reflect her own image onto her child. The mother, as the mirror, may reflect either an exact replica of herself or whatever was missing in her own development, both of which are inaccurate reflections of the child.

The father can participate in the distorted mirroring by going along with the mother's distortion or he can counter it. For example, a fearful mother tells her strong, agile three year old that he mustn't climb on the jungle gym because he will break his neck. The father can allow the distortion of the child's abilities and the probable consequences by taking the mother's side and telling the kid to mind. Or, if he has the wit and clarity, he will balance the mother's distortion and say, "Don't worry, it's your mother who's afraid of heights, not you. Besides, I'll catch you if you fall."

Other mirrors that cause distorted reflection of the child's self-image are those representing the father and society. An example is the Olson family, a rough and tumble family whose life centered on the Oregon logging industry. The father was the chief foreman of the

logging camp, and the mother was a waitress there. They had four boys, three of whom were dyed-in-the-wool loggers. The youngest Olson was a logger, but he wrote poetry in his spare time. He hated the logging camp, chain saws, and Pendleton shirts, but at the same time, he thought of his writing as a deviation, not a talent. His whole life had been an example of poor mirroring. When he was little and wanted to read indoors, he was told to "get out there and play baseball like the other boys do." When he was older and read a poem he had written, his mother asked, "Now what are you going to do with dreamy foolishness like that in a logging camp?"

His family not only never honored the expression of his true Self, but they made it a negative quality. The only thing they honored was the logging life, and because he didn't fit that, he grew up feeling inadequate and abnormal.

The same thing happens sometimes to people who are born the wrong sex — that is, not the sex the parents wanted. No matter what the child does, it can't be right. A girl, for instance, born when her parents wanted a boy, can never throw a ball right, even if she throws better than any boy on the team. Her girlish accomplishments are considered unimportant and her boyish ones inadequate. No matter what she does, she can't grow up feeling adequate because she is never mirrored for what she is and allowed to feel good about it.

In discussing mirroring in *Prisoners of Childhood: The Drama of the Gifted Child*<sup>2</sup>, Alice Miller states:

Every child has a need to be noticed, understood, taken seriously, and respected by his mother. In the first weeks and months of life he needs to have the mother at his disposal, must be able to use her to be mirrored by her. This is illustrated by an image of Winnicott's: the mother gazes at the baby in her arms, and baby gazes at his mother's face and finds himself therein . . . provided that the other really is looking at the unique, small, helpless being and not projecting her own introjects onto the child, nor her expectations, fears, and plans for the child. In that case the child would not find himself in his mother's face but rather the mother's own predicaments. This child would remain without a mirror, and for the rest of his life would be seeking this mirror in vain.

In summary, mirroring should be accurate, neither over- nor underdone. It should also be consistent. The consistency is essential to the goal of the next developmental stage: a healthy narcissism.

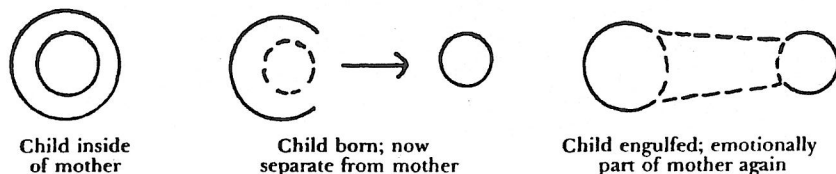
This is similar to the notion of "object constancy" from Object Relations theory. It means that a child has a continuous relationship with one person, which allows him to grow in a healthy way, knowing who he is. This certainty of identity must be reinforced day by day through proper mirroring.

Mirroring goes on forever. We all continue to need it, even as adults. The young child, however, is in a survival situation. A parent who doesn't see him accurately can neglect his needs and endanger his health. One who cannot or will not see her child as anything but perfect might overlook the signs of serious disorders. One accustomed to constant annoyance by the child will dismiss those signs. Either way, the child's needs aren't met. The physical trauma is closely intertwined with emotional trauma. Improper reflection, when experienced repeatedly, will move the child into fragmentation and he will see himself — his developing Self — as though he were reflected by the scattered pieces of a broken mirror. This lack of a cohesive identity is extremely painful and motivates the child to create a variety of defensive behaviors. A discussion of these ways of avoiding the pain of fragmentation comprises the bulk of this chapter.

### *Solipsism: A Special Kind of Injury*

Solipsism can be seen as an overextension of the bonding phase that interferes with the mirroring or reflective stage of the development relationship. If the mother has a damaged sense of Self, the bonded relationship with her child may provide the last hope for the wholeness she lacks on her own.

Solipsism is a philosophical term for the belief that the world exists only in the mind of the individual or that it consists solely of the individual himself and his own experiences. It's the old tree-falling-in-the-forest argument: if a tree falls and there's no one there to hear it, was there actually any sound? We use the term here to describe the cases in which a mother treats her child as though he doesn't exist except in relationship to her. The child then feels as though he doesn't exist as a separate being — that he exists only as part of his mother. The feeling is so profound that he loses his sense of identity. The diagram below shows that this is not purely illusion on his part. Neither the mother nor child has a separate identity.



In a solipsistic relationship, the child isn't an entity of his own but an extension of the mother, much like an additional limb. It is through the child that the mother lives and hopes to fulfill her unmet needs. When this happens, the mother can't afford to let her child separate, and he becomes a self-object (a term from Kohut's Self Psychology). As a self-object, he is used to fulfill the mother's desires, to temper her longings, to relieve the pain of her life.

It is rather like the relationship between a blind man and his cane. When he holds it tightly to explore the terrain ahead, the cane is almost a part of him. Because he receives information through it directly, he might forget that it is a separate object and think of it as part of himself. When he's not using the cane, he loosens his grip on it. Then he can feel it with his hand and fingers. He becomes aware, again, of its texture and shape. He no longer thinks of it as part of himself, but as something different and separate.

But the mother in this type of relationship can't bear to think of the child as something separate. To fulfill her needs, the child must be under control. In this tight relationship, the child feels used, not intensely loved. He knows that he is nothing more than his mother's window on the world or her bridge to that world. His value lies in his being an effective tool.

When the bonding stage gives way to the mirroring stage, the mother can't give him proper reflection because that would acknowledge his separateness from her and give him permission to enjoy it. So she frowns at every normal gesture of independence and smiles at every abnormal display of cohesiveness or clinging. She disciplines him saying, "No, no, *we* don't *do* that." She praises him saying, "My, didn't *we* do well in school today! She emphasizes at all times that *he* does what *she* does, and that she "owns" whatever he does. His victories are hers and his failures, God forbid, are hers, too.

It is very hard on the mother when her self-object doesn't or can't cooperate. Galina was such a child. Her mother had wanted to be a ballerina, but the turmoil of war had disrupted her training. Her family had fled to the United States where Galina's mother married a wealthy man older than herself. "Mama was very bitter," Galina said, "and she was determined to make everything right this time. She was so relieved that I was a girl. . . . She named me after a famous ballerina and bought me a tiny pair of toe shoes when I was two weeks old. By the time I was a year old, I was walking in them. I was the youngest child in the ballet school, but I was never afraid because Mama was always there with me. She would have been on the stage when I performed in recitals, too, if they had let her, but



she sat in the first row and clapped like crazy. She was so proud of me, and it made me feel good to dance beautifully because she took such pleasure in it."

All went well through Galina's childhood because she did as her mother wanted her to. She danced eagerly and studied hard and her reward was always there in her mother's eyes. When she was thirteen the ballet teacher took them aside for counseling. "Madame Barlova had tears in her eyes." Galina said, "she knew it meant so much to Mama, but she said, 'Galina is five-feet-nine now and growing. She will never be a prima ballerina.' It was like a death blow to Mama. She didn't speak to me for three weeks. I became a choreographer, a very good one, but it wasn't the same thing. She was polite about it, that's all. So now I'm going to finish my degree and be what I need to be."

It's hard for people to recover from solipsistic injuries, because they occur so early and the victims don't always question the joint-identity they are subjected to. A typical response to the questions "Why did your parents want you?" was "To make my mother's life complete, of course. To get her all the things she never got for herself — why else would anyone want to have a child? Isn't that what children are for?" That response came from the thirty-four-year-old woman who was so crushed when her parents stopped supporting her financially. She had never seen a purpose to her existence beyond satisfying her mother's needs.

There is no real way out of this sort of situation — no truly effective way of coping that doesn't involve some damage to the child's Self. Nevertheless, children react in a number of ways that allow them some salvation of their Selves.

### *Rebellion and Spitefulness*

One way is to rebel, to fight the mother. An older child does this in obvious ways — refusing to study, having an unusual hair style, defying curfews, or leaving home. A younger child is too young to act out his rebellion so obviously and may turn his anger onto himself. This retroflected anger results in self-destructive behavior, such as the little boy who rode his bicycle down a flight of stairs, driving his mother crazy with concern. The more she cried out, the more he did it, and the more she pleaded, "Stop! You're all I have to live for!"

Such an extreme display of spitefulness may force a mother to loosen her grip in despair, but the self-destructive behavior is very costly to the child.

Some of the rebellious behavior is like the old expression "cutting off your nose to spite your face." A child might not become flagrantly self-destructive like the boy bicycling down the stairs, but will resolve to do something like "I won't enjoy myself at the birthday party because that would make Mother happy." Later in life the same child may think unconsciously, "I won't have an orgasm because that would please my partner," or "I won't be successful because that would please my parents."

### *Withdrawal*

Another way out the solipsistic relationship is for a child to build a wall around himself, withdraw inside the wall, and become non-responsive, almost like an autistic child. He simply becomes deaf to the mother's demands and may grow up with a psychological inability to hear a woman's voice. The child creates his rigid boundaries with the muscular armoring of his body. It is the only way he can feel a sense of identity in his body, and it protects him from the solipsistic relationship with the parent. But again the cost is high. He loses the ability to love, to be open-hearted, to be close to other people, and to feel in his body.

This often surfaces as a problem in sexuality, when a person complains of impotence, nonorgasmus, or just plain numbness or sexual "deadness." The person can't perform sexually. He has no sense of Self because of the muscular armoring that blocks the connection to his feelings. It is very difficult to solve these problems by working on sex and on current relationships, because these problems developed much earlier in life. Instead, it is the relationship with the parent that must be cleared so the person's sense of identity can be restored.

### *Compliance*

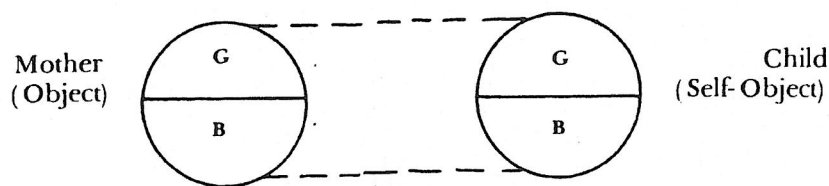
Still another way to survive the solipsistic relationship is simply to comply, to give in and become the "good child." The child splits off from his connection to himself (or, from his true feelings) and spends his life living up the expectations of others (usually the mother). So far removed is he from his own feelings that he never realizes he is performing, not for his sake, but for others. He is an automaton acting as if he were a thinking, feeling entity. This was true of Galina, dancing to please her mother, and of another client, a doctor who realized when he was forty that he had never wanted to be a doctor at all. He always thought he did because he got his sense of identity from his mother, and *she* wanted him to be a doctor. He had lost touch early with any idea of what he, himself, would like to do with his life.

### Polarizing

This is an unconscious defense frequently found in the solipsistic relationship. Here the child polarizes the environment into good and bad parts and is incapable of integrating the two parts. It's like carrying over into real life the symbolism of a movie in which the bad guys wear the black hats and the good guys wear the white hats. The black and white of his world never blend to produce shades of grey. It's the same with the child. Although he, too, has good and bad parts, he can not integrate them into a whole person. He must be either good or bad, and which he is depends on his mother.

This happens in the solipsistic relationship because the child is a captive part of the mother. He knows that he is an extension of her. He can't be separate; therefore, he must be the same as she is. Even when she is mean or mistaken or drunk or disinterested, he can't see her as bad because *he is a part of her* and if she is bad, then he must be bad too. The pain of feeling bad about himself leads to feelings of annihilation and non-existence, so, to avoid them, he has to *make* her good, either by not seeing the bad side or by changing his image of her.

The growth of the Self depends on the positive feelings and caring of the mother, so it is essential to see her as good, loving, caring, supportive and so on. If she is not these things, he fragments and panics. The panic is complete: a body, Self, and soul experience. To survive, the child must mobilize his energy to change the attitude or mood of the "bad" mother from disapproval or withdrawal into a positive, supportive presence.



The child in a solipsistic relationship learns to feel responsible for his parent's feelings. If his mother is angry or depressed, that is, if she is "bad," then so is he. He feels that he must be to blame, because he has already constructed her as "good." He is then responsible for her feeling better, so he learns ways of making her "good" again, so he can feel good.

Alan did this with his mother, an alcoholic. When she got depressed, as she often did, he would try to cheer her up. Eventually he learned that one sure-fire method was to fix her a drink. By the time he was five, he was an accomplished bartender. As he got

older, he discovered other ways to cheer his mother up. He learned inadvertently that when he was sick, his mother lost her depression and expended her energies getting him well. He used this technique, too, though not consciously. He had asthma for years, probably because it brought out the best in his mother.

This, incidentally, shows that the polarizing works both ways. The mother splits the child into unintegrated good and bad, and either disowns the bad or feels the same sense of responsibility for it as he does for her bad side. So when Alan got sick, his mother felt that she was to blame and had to make him well again so they could both continue to be good.

Alan also found, when he was considerably older, that he could read poetry or play songs on his ukulele or tell funny stories to cheer her up. Once she cheered up, he could feel good about himself again.

The desperate thing about this relationship is that without separate boundaries, both people are dependent upon the good feelings of others to feel good about themselves. If one member of the pair stomps angrily into a room, the other feels bad. Worse, he feels responsible. When a person has good Self boundaries, he can acknowledge the other person's anger, but not take it upon himself.

In therapy, a person develops his own boundaries and learns to feel good about himself. Eventually he can grow out of the solipsistic relationship, and avoid repeating the pattern. While in therapy, he will tend to split the therapist into good and bad, just as he does with the rest of his relationships. When he projects his good half onto the therapist, it is positive transference, but when it flip-flops due to some injury, it is negative transference. The injury can be something as simple as the therapist being late for an appointment, going on vacation, or being unavailable by phone when he is wanted. Then, instead of all good, he is seen as bad and ungiving. We talk more about transference when we discuss our therapeutic methods.

Other examples of polarizing show up frequently. Joanna, for instance, had been deeply in love with a Marine during the Vietnam War. When he was killed in combat, she despaired of ever loving again. Eventually, she met another man and married him, convinced at the time that she loved him. As time went by, she realized that he could never take the place of her lost lover and the love she thought she felt for him vanished. The realization had caused her to see him as all bad, simply because he could never be "the right one," something that had nothing whatever to do with his very real and desirable qualities.

Another client, Terry, was in the peculiar position of having two "mothers." The extra one was his real mother's sister, who lived with the family throughout Terry's childhood and helped raise him. His real mother was a discontented woman, bitter about what life had dealt her and determined that her son, at least, shouldn't disappoint her. You recognize, of course, another typical solipsistic relationship. What wasn't typical was that, although Terry had the same problems Alan had with *his* mother, his double maternal blessing enabled him to solve them somewhat differently. Whereas Alan had to jump through hoops to make his mother "good," Terry could turn to his aunt to see himself as good. From infancy, Terry had seen his mother as bad and his aunt as good, with not a trace of either quality in the other woman. When he grew up and left home, he continued the same pattern. He always had difficult relationships, so he always managed to have two women, one who was good when the other was bad.

When the sense of Self is poorly established and weak, the only way to protect the valued parts of the Self from the unwanted or "bad" parts is to split them apart and to keep them fenced off. When the bad and good are thus separated, the integrity of the Self is difficult or impossible to maintain. It then becomes impossible to appreciate and respect the integrity of others, and the polarizing process goes on, with the world and its people being forever split into good and bad.

#### *The Solipsistic Relationship: Next Generation*

When a child who has had a solipsistic relationship with his parents goes out into the world and forms a relationship, it can only be one of two types, both solipsistic. This is the only kind of relationship he knows, but he can play both parts.

In the first, he plays the well-learned role of the parent and becomes the engulfer, creating a self-object of his partner. Since the partner is the self-object and the solipsistic pattern has been perpetuated, the partner comes to feel unloved, uncared for, unseen. In truth, he *doesn't* exist as a separate human being in his own right in relation to his engulfing mate; he exists only to fulfill the needs of that mate.

In the second type, the person finds a controlling partner just like the mother and perpetuates the pattern by being, again, the passive victim (or self-object). When either relationship is threatened, the partner who has become the self-object loses his identity and fragments. This can happen when the controlling partner dies or

finds another person to better fulfill his needs, or when he finds, through therapy, that he can begin to live for himself. In many long-term solipsistic marriages, the death or departure of one may mean the death of the other — either emotional or even the physical death of the other. It can be almost like being a Siamese twin with a connection so strong that one can't live without the other.

Solipsistic injuries exist on a continuum from mild to severe, although a person in a solipsistic relationship can also suffer from other types of injuries. A solipsistic injury of abandonment is difficult to work with, because there is a diminished sense of Self to reach for within the abandoned person and a flattening of affect. It is an energetic injury — that is, it is felt in the body, like an amputation, because the person feels he has lost part of himself.

#### *Healthy Introversion/Narcissism Stage (1½ to 3 Years)*

##### *Task: Reinforcing Self*

Ideally, the child evolves toward expanded individuality. With adequate bonding and consistent reflection, the third stage of development occurs when the child realizes that he is separate and not a self-object of mother, father, or environment. With enough support, the child can separate and enter the process of life as an individual.

For individuality to grow, a child must develop what we call a healthy narcissism or healthy introversion. The uninjured child already experiences himself as omnipotent, omniscient, and glorified. From his experience of unity with life, through his mother, he has a sense of divinity in his own being (or an awareness of the unity of his soul with the Universal Source). When this divinity is properly reflected by the parents, further development of his individual consciousness is possible.

The child's sense of Self, nurtured thusly, gives him the inner resources to handle failures in his trial-and-error interactions with the environment and to turn them into successes. He has a sense of Self and of identity that have developed on a body level. When there are emotional disturbances in the environment, he can turn to a place within his body for a grounding, supporting feeling of well-being from which he can return, strengthened, to the world. This is healthy narcissism. It allows him to be true to himself, and at the same time, get along in the world outside.

Rosie, a charming three year old, illustrates this quality. She dressed herself for church one Sunday, meeting all her parental



standards except for wearing one pink sock and one green one. Her father looked at her and said, "You don't want to wear two different colored socks". She tossed her head indignantly and said, "You can tell me what I *have to* wear, but you can't tell me what I *want to* wear."

It is obvious that each stage is built upon the one before. Through the bonding with the mother, the child gets the physical sense of well-being and the emotional warmth and security. In the mirroring stage he realizes increasingly that he is an individual and his mother reinforces his individuality by letting him see her appreciation and approval. When the reflection is consistent and accurate, he can learn without damage to himself why one action is good and a very similar one is not: that chomping down on a teething ring is fine, for instance, but biting a nipple on Mother is not. It is a process of learning that while some behavior is more acceptable than other kinds of behavior, it's the behavior that's being judged and not the child. A parent who can let a child know that he is good even if some of the things he does are not, helps build a healthy narcissism. So does the parent whose expectations for the child are appropriate to the child's age and abilities. This allows the child to succeed at the majority of challenges he faces, building his confidence so he can continue to risk failing and thus, learning. He can trust himself, his abilities, and his feelings. When he goes out to test himself against "reality" in the form of peers and other adults, he can also test that outer reality against the truth inside himself, like Rosie with her mixed socks, who could concede to external standards without relinquishing her right to feel another way.

### *Reinforcing Injuries*

Sometimes the healthy introversion doesn't develop even though a person apparently had proper mirroring. The mother may have gone by the book, doing and saying all the right things, but the child could never incorporate these messages. This mirroring injury shows up in this stage as a mind-body split: the child knows in his head that he's okay but knows in his gut that he's not. His mother, probably because she wasn't raised in a Blue Light and didn't get the right affective messages herself, says the right words but gets the feeling tone wrong. Without the right feeling behind the word, the messages are empty and the child can't get the deep, internal belief in himself that he needs.

On an emotional level, children are very aware of what is true and what is not true. The message "Yes, dear, you did very well" from a

mother who doesn't look at her crowing child comes, not from the words, but from the fact that she didn't bother to look up. The words aren't important or even necessary. A mother who silently watches and appreciates what her child is doing conveys a positive message with her eyes and her behavior.

A child who gets only empty mirroring can still grow up with some idea of who he is and move out into the world from that idea. This is what we call ego functioning. In place of a strong sense of Self, a person builds an ego, or a personality, like a mask, that allows him to function without a true sense of Self. These people often function admirably, but are overachievers in that they operate from their intelligence and not from their connections to the Self and their true abilities. They appear to be doing fine, but the early injury may show up later in life when they look inside and find emptiness there.

Many successful people reach a point in their lives when they look inside and find themselves emotionally hollow and spiritually empty. Had they been mirrored with empathy instead of vacant words, they would have looked inside and found their connections to the essential Self within.

The work in IBP is especially powerful against injuries in this stage of development because it restores the connection to the feeling of Self in the body, not just to the knowledge in his head. Talk therapy fails because it can't reach the inner awareness that gives the basic nonverbal support a child (or adult) needs.

In IBP, there is an energetic emotional exchange between the therapist and client. Through transference with the therapist, the proper reflection of the client's childhood Self can be reestablished, and he can regain the connection to his Self, in consciousness and in his body.

A therapist cannot give what he didn't get, so it is imperative for the IBP therapist to have had therapy himself. This ensures that the mirroring response has been fully given and received on a body level, with not only the intellectual understanding of what is needed, but with true energetic empathy. In the body work, the client is regressed enough to allow this empathic feeling in. The therapist must be able to convey the affect of this stage, and if he cannot he will duplicate the injury to the client. It is a lack of empathy that stunts development at this stage.

It is important to look at the Primary Scenario for injuries to the parent which explain the origin of this lack of empathy. Then, even if the child thinks he is okay, we can see that the parent could not

have possibly given the child anything but the words, and this will explain the client's feeling of emptiness and lack of satisfaction in his accomplishments in later life. One man who went to graduate school for fourteen years knew something *cognitively*, but couldn't really feel good about his knowledge until he had IBP therapy. Then he finally understood — and felt in his body — that he knew what he thought he knew. Now he has an inner connection to his Self, and he can go out into the world feeling truly supported in his knowledge. True separation will not occur unless the reflection that occurs is an empathic one. A person cannot reflect another accurately unless he has a sense of his own identity inside.

### *Rapprochement Stage (18 Months to 3 Years)*

#### *Task: Reality Testing*

When a child has developed a fair sense of who he is and what he can do, it is time for him to test himself. In his limited environment he has been able to feel omnipotent, and his instincts urge him out into the world to see if his omnipotence holds.

This is the beginning of a lifetime of experimenting with the world and testing himself. It's a process of measuring his skills against the requirements and expectations of other people. It's comparing his attitudes and his views of the world with a reality outside his home and sometimes modifying them based on what he finds.

The process of rapprochement is one of bringing one's sense of Self and one's internal fantasy into harmony with the external reality. To be successful at this stage, the child must have developed a healthy narcissism in the previous stage, because when he takes his internal fantasy into the outside world, it might take a beating. He might not be omnipotent after all. The two year old who has his family on the run when he says "no" will find that most strangers stand their ground and don't give him his way. This is such a shock that he needs that secure sense of well-being inside so he can go in and feel good about himself while he assimilates the lessons learned. There he can adjust his fantasy about himself to fit the outside world. His mother, continuing to mirror him and containing for him his sense of Self, supports him in his reality testing.

Rapprochement takes place every time a person moves into new worlds. The child will go through it when he goes to nursery school, elementary school, high school, and college. At adolescence, he tests himself against the adult world. At graduation he takes on the business and professional world. All along, it is a process of learning

and growing confident inside about what he is and what he knows. Then he must go out and verify it. The comedy and pathos of these transitions fill our literature and movies.

The teenager, overflowing with self-confidence and disdain for his parents' ways, embarks on his journey into adulthood. His internal fantasy is constantly buffeted by reality. He suffers pain, embarrassment, and humiliation. But it's all for the good, because he also experiences triumph, pleasure, joy, and growth beyond his dreams.

The graduate, too, will be able to look wryly back on the time when he emerged from the ivory tower and began trying to apply his abstract learning to the practical world. We all have our come-uppances, starting when we first leave our mother's side and venture into the world of strangers. But the stumbles and bumbles don't matter so long as there is that inner security to return to, where we can ask, "Am I not who I felt I was?" and know the answer: "Yes, I'm me, and I may have *had* a failure but I'm *not* a failure; I'll try again."

The person who hasn't had a healthy narcissism falls apart during this stage, the teenager with a grandiose sense of his own worth who tries to find a summer job and can't, may fragment. A little kid who decides he's ready to play with the big boys and can't even pick up the baseball bat, cries like a baby. And the graduate who knows how to save the world may go into severe depression when his seven-hundredth resume brings no response from the job market.

In therapy, until a client develops a healthy narcissism, he won't be able to carry the feeling of well-being from one session to the next. The therapist's role, like that of the parents (especially the father), is to provide support when it's needed, just as one might stake a young tree. The tree doesn't need the stake to grow, except when the wind blows hard and threatens to break its slender trunk. The client doesn't come to his weekly therapy session to find out who he is, but simply to get a little support against the raging reality outside. In the same way, the child needs to return to the parent for the necessary support in his trial and error experiments in the world. That is what "rapprochement" means.

The more a person tests his capabilities against external standards, the better idea he has about what he can do. When he has a firm sense of identity within, he can afford to take risks because he won't be shattered if he fails. He can never lose that sense of identity, so he is safe taking it out into the world and expressing it. Remember, it's not what you do, but how you do it. You don't go out to find



something that expresses who you are — you find a *way* to express who you are.

The therapist supports the client in trying new things, in testing himself in new ways. As people learn to act from their own feelings, they have to go through the same learning and testing process they did as kids and young adults. The doctor who realizes at forty that he didn't want to be a doctor but a potter, has to test out his skills. Even if he concludes that he'll never be rich and famous from the bowls and plates he makes, he is still in a win/win situation. He can operate from his true sense of Self by doing what his feelings urge him to do. Expressing himself will bring him pleasure. If, in addition, he does get rich from his potting, it's a bonus. But the point is that he doesn't need the validation of getting rich to enjoy the potting. The validation comes from knowing his Self and expressing it in a medium that brings him satisfaction.

### *The Constituted Self*

The fully constituted Self is the goal and ideal of the preceding developmental stages. A person who had his needs sufficiently met in childhood will have a strong sense of Self. The different aspects of his personality will be integrated into his whole being. The feeling of well-being in his body will be echoed and augmented by his verbal, cognitive sense of Self. Both will be continually verified by his interactions with other people and with the world. He will know who he is and what he can do, and he can let himself act on his feelings. He is emotionally free of his parents and self-reliant, so his close relationships are formed by choice and not by need. Because of his independence and his deep-down gut feeling of continuity with some sort of life force, he is able to pursue his own life fearlessly and joyfully. Because of his firm but resilient sense of identity he can risk failure, knowing that he can return to his inner core for nurturing and reinforcement. And from that core, he is able to go beyond the Self into the spiritual or transpersonal realm.

Although no one emerges from his parental home as perfectly constituted as our ideal, most people come out able to function in the world. Some do much better than that. Building on a fair-to-good foundation of bonding, mirroring, and supported reality-testing, they find ways to express themselves in the world that allow them to continue the process of constitution. But for those people who don't come out very well at all and have trouble functioning, their compulsively followed paths lead them into repeated failure and sorrow.

<sup>1</sup> H.F. Harlow, "Sexual Behavior in the Rhesus Monkey," in *Sex and Behavior*, ed. F. Beach (New York: Wiley, 1965).

<sup>2</sup> Alice Miller, *Prisoners of Childhood: The Drama of the Gifted Child* (New York: Basic Books, Inc.,

## *Chapter 7*

# *Hanging Out: The Therapeutic Process*

Even if a person's basic needs are not adequately met in his first few years, he can still complete the interrupted process as an adult with the help of therapy.

The Primary Scenario gives the therapist clues as to what dynamics might have worked on a person during those formative years, which needs were met and which were not met, and what repetitive patterns to expect. Current relationship patterns generally bear out the guesses or predictions we make from the Primary Scenario. The breathing work reveals muscular holding patterns and uncovers the hidden emotions causing them. It is a tool for both diagnosis and treatment, because it puts the client in touch with his body and with the feelings harbored therein.

All these tools work together, augmenting and verifying each other. The diagnostic models in this chapter further expand our ability to understand and to treat the emotional problems predicted, explained, and isolated by the other tools. That is, a person's symptoms as an adult are reflections of his childhood experiences. These experiences, in turn, both reflect and were determined by his Primary Scenario. His current relationship pattern and the Scenario suggest what sort of body work to do.

So, in this chapter, we show how the IBP therapist combines all the tools—the history, the predictions, the symptoms, the patterns, and the breathing work—to help a person retrace his developmental process, to find the place where it was interrupted, and to get him back on the path to the constituted Self.

We start by describing fragmentation. The loss of Self, of one's