WITHDRAWAL SILENCE LONELINESS

Psychotherapy of the Schizoid Process

Richard G. Erskine

With contributions from Silvia Allari, Leigh Bettles, Dan Eastop, Amaia Mauriz Etxabe, Linda Finlay, Ray Little, Lynn Martin, Marye O'Reilly-Knapp, Eugenio Peiró Orozco



I met a man along the way, and we had many words to say, because he too had known a sorrow I have born alone.

—Lucille Erskine Koniecki (1908–1992)

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Foreword

Amaia Mauriz Etxabe

It is a privilege to introduce you to *Withdrawal, Silence, Loneliness: Psychotherapy of the Schizoid Process.* As I was reading the draft of this book, an event that occurred some years ago came to mind. Richard Erskine and I were leaving a workshop on a windy autumn afternoon. As we walked along the path to the parking area, Richard pointed to a group of birds flying in intricate patterns. I looked at the flock of birds but I didn't notice anything unusual. Then Richard pointed out the changing contours of the birds' flight patterns and said, "They are playing with the air waves. The updrafts of warm air under their wings have thrust them upward in circle after circle." I was amazed. Where I only saw common birds, Richard was admiring the complex patterns of the birds' flight paths and predicting how the flight path would alter as the wind changed.

In this book about the *Psychotherapy of the Schizoid Process* you will be introduced to this same type of observation about the various patterns and homeostatic functions underlying the psychological dynamics that lead people to establish a social facade, suffer from internal criticism, and withdraw from interpersonal relationships. You are also going to discover the subjective experiences of both client and psychotherapist as they engage in the intricacies of the psychotherapy.

While describing the schizoid process in detail, each author in this book writes of their own investment in the psychotherapy as well as the uniqueness of their clients. Each author stimulated me to think about my clients, to evaluate what I have been doing, and to consider options in our psychotherapy. The challenge for me—as it is for each psychotherapist—is to keep in mind the distinct history of each client, to decipher what they may need, and to choose how and when to provide the interpersonal qualities essential in a healing relationship.

Clients who struggle with the schizoid process also face a challenge to either risk being involved with others or to withdraw into a safe inner world of fantasy and potential loneliness. On the surface their struggle is like the children's game, "Here I am; now I'm not here," played by toddlers as they put their hands over their eyes while saying, "You can't see me, I'm not here." When children are a little older, they learn to hide in the house and may call out, "You can't find me." They are full of hope, the hope of being searched for and eventually found. Our clients who engage in a schizoid process may have only an inkling of hope that someone will find them and understand what they need; yet, at the same time, they may be filled with dread that they will be invaded, misdefined, and controlled.

I have read this book with pleasure and admiration because in each chapter the schizoid process is described through the appreciative eyes of psychotherapists who are committed to the journey of discovering their clients' internal processes, psychological functions, complex affects, and silent quest for security. An essential part of each chapter are the various recommendations for how to therapeutically engage with each of our clients' sense of self, whether it be a vital and vulnerable self, a social self, an internal critic, or a sequestered self.

Some years ago, I was invited to make a presentation about depression so I decided to discuss it in a supervision session with Richard. Although he began with, "I don't know much about depression," he quickly guided the conversation into my describing one of my clients' internal struggles: his intense self-criticism, his lonely despair, his fear of close interpersonal contact, and his belief that all relationships ended in a disaster. As Richard and I talked it became clear that my client's internal dynamics included more than depression. He had many parts to his sense of self; it was as though he was split into various selves and deeply ashamed that he was different than other people. That supervision session was an eye-opener; I could then see the schizoid process in other clients who described themselves as living with internal criticism and depression.

In this book you will find a treasure trove of ideas that may guide your understanding of the schizoid process and provide you with new options in how to time your therapeutic interventions, and how to use the prosody of your voice to establish secure therapeutic relationships that allow a sequestered self to emerge and engage in interpersonal contact. This book highlights the profound damage that comes from cumulative relational neglect, the devastating effects of criticism, and the trauma of what never happened but should have happened. The concept of therapeutic attunement, the importance of patience and respect, the significance of a non-pathological attitude are all part of the necessary therapeutic ingredients in creating a healing relationship (Erskine, 2021a, 2021b).

Through vividly described case examples Richard and his clients, Marianne, Violet, Allan, and Louise, illustrate the fine points of a developmentally based, relationally focused, integrative psychotherapy. These case presentations are written to illustrate two different intersubjective encounters between client and therapist wherein they mutually learned from the other. In this same personal way Richard engages the reader by describing his countertransference, selfawareness, and how his internal experiences interlace with what is happening inside his clients. Through a detailed description of his psychotherapy with Allan, Richard takes us on a multi-year therapy journey where he illustrates the slow revealing of his client's secret life. Interwoven in the story of Allan's psychotherapy Richard divulges his worry and soul-searching, an internal questioning that should happen inside every psychotherapist in order to understand "the puzzle" of our clients' internal life.

Richard's initial chapters describe a therapeutic metaphor of various selves—a vital and vulnerable self, a social self, a self-sabotaging self, and a sequestered self—that has influenced his understanding and creation of a treatment map. His descriptions of psychotherapy provide a model in how to listen to our clients' silences, how to make sense of our clients' reluctance to express themselves, how to appreciate their coping strategies, and how to inquire about the homeostatic functions underlying their behaviors. The foundation of this psychotherapy is non-pathological. The clients' isolation, depression, shame, internal criticism, and withdrawal are all symptoms of previous relational disruptions; they are all ways of coping with relational failures.

All of the authors in this book share this non-pathological perspective. They offer us their own views on the schizoid process and how they engage in the practice of psychotherapy. Ray Little provides a unique view of the internal dynamics of his clients. He focuses on the clients' mental schemas and child–parent ego state relational units and how they reflect implicit memories that unconsciously influence behavior. The ego state relational units that Ray Little describes are related to the clients' internal world, where relationships occur in fantasy, attachments can be controlled, and fears are managed through emotional distancing.

Marye O'Reilly-Knapp's writings highlight the relevance of listening to our clients' silences as a means of maintaining contact with their withdrawn self. Marye emphasizes that interpersonal interaction is central to the discovery of one's self and that the client who engages in a schizoid process has lost contact with themself. Through her case examples Marye identifies her clients' "isolated attachment" pattern. This is a relevant contribution to the general knowledge of psychotherapy and to an understanding of the schizoid process.

Dan Eastop normalizes the experience of the schizoid process and makes us consider our own "compartmentalized self" as a useful way to organize some of life's experiences. Dan also helps us realize that we cannot know what actually happens in the inner world of our clients; we can only have a glimpse, only surmise. Through his work with Helen, he teaches us how to respect the vulnerability and the importance of going with the client into her world instead of challenging or trying to shape it. Central to Dan's practice of psychotherapy is his attunement and involvement.

I found Leigh Bettles's chapter to be a marvelous presentation of her personal therapy experience. She writes about her internal experience and the impact of the psychotherapist's involvement. In this chapter the client is our teacher, a teacher who articulates what it is like to feel intense fear and loneliness and yet risks engaging in a cocreated endeavor of two persons involved in the process of healing. Leigh says, "That session helped me to know, not just cognitively, but deeply, in the depths of my body, that I am not alone."

Lynn Martin's chapter introduces us to Carmen, a depressed woman dependent on medication. Through Lynn's descriptions we learn of her parallel process with the client's entangled sense of self-blame, shame, and withdrawal. Lynn's explanations of her practice of psychotherapy provide a model from which we can each learn.

A discussion about the importance of the use of the therapist's self is the central theme in Linda Finlay's humanistic perspective. In her chapter, Linda challenges us to open our eyes and to commit to keeping them open as we engage with our clients, particularly when they may be "in hiding." Linda encourages us to maintain an attuned inquiry. She describes how a sustained inquiry respects our clients' experience and sense of identity.

Silvia Allari and Eugenio Peiró Orozco's chapter describes a single session research project where the authors record the transactions between therapist and client in their attempt to identify what is effective and what may be ineffective in the psychotherapy. This is the kind of research that each of us can do in our own therapeutic practice to enhance our understanding of both the client's experience and what types of interactions are beneficial to the client.

The last chapter, written by Richard Erskine, puts the theory of the schizoid process into therapeutic practice. He vividly describes a client whose habitual relational withdrawal was hidden by her self-aggrandizement and social activities. Throughout the chapter Richard reveals his countertransferential responses (perplexity, being challenged, tenderness, patience, gratification, and sorrow) as he takes us step-by-step into understanding the client's social facade, her internal criticism, the relational neglect of her childhood, and her constant schizoid withdrawal.

The case studies presented throughout this book provide us with a unique form of research into our clients' phenomenological experiences and what is needed to create a healing relationship.

As I finish reading this book, I realize that it has been thirty years since I attended my first lecture with Richard Erskine at a conference in Siena, Italy. At that time Richard was teaching about an in-depth psychotherapy of childhood sexual abuse and dissociation. I did not understand English then, but the Italian translator helped me comprehend the attunement, tenderness, and therapeutic involvement that was evident in how Richard presented the various cases. I was captivated by the profound respect he showed as he talked about the relational disruptions that were encoded in each behavior—behaviors that on the surface may seem strange and incomprehensible to many of us.

Since that conference I have attended many of Richard's training workshops where I have had the opportunity of observing his way of working with a variety of "diagnoses." I have been, and still am, impressed by Richard's wisdom and his many ways of relating to various clients from a respectful, non-pathological attitude. That wisdom is evident in his psychotherapy cases presented in this book.

Richard has, in previous writings (2013, 2015), described the philosophical foundations of a developmentally based, relationally focused integrative psychotherapy. These philosophical principles are relevant with all clients and they are particularly significant in our work with

clients who struggle to emotionally stabilize themselves via a schizoid process. If we want to create significant therapeutic connection with a client who is hidden in their private place, we have to appreciate their unique way of experiencing the world with respect, patience, and compassion. Three of the philosophical principles that are most evident in the case studies and theoretical discussions throughout the chapters in this book are:

- Humans suffer from relational disruptions not psychopathology
- The intersubjective process of psychotherapy is more important than the content of psychotherapy, and
- Humans have an innate thrust to grow.

I want to express my gratitude to each author for sharing their understanding and stories about working with clients who can be described as relying on a schizoid process to manage interpersonal relationships. I have learned much from reading your contributions.

> With appreciation, Amaia Mauriz Etxabe Clinical psychologist and professor, Deusto University, Bilbao, Spain

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Preface

Richard G. Erskine

It is an honor to present the concept of the *schizoid process* to you. I have spent many years thinking about, teaching, and having productive discussions concerning the psychotherapy for clients who struggle with internal criticism, shame and silence, relational withdrawal, and loneliness. During the late 1980s I read a lot of the psychoanalytic literature, primarily from both the American self-psychology and the British object relations schools of psychoanalysis. These psychoanalytic writings provided the foundation for understanding many of my clients and particularly the clients who relied on a schizoid process to manage their lives.

My transactional analysis and Gestalt therapy training provided me with the therapeutic skills to attend to the clients' internal criticisms and adaptation of a social facade. My client-centered background gave me a deep appreciation of the importance of empathy in psycho-therapy. The time I spent in my personal psychoanalysis and my psychoanalytic training provided me with an appreciation of the silent moments in psychotherapy—the silent moments that I refer to as a *pregnant pause*—that quiet time when implicit memories emerge and affects germinate. The integration of the theories and methods from these different approaches to psychotherapy are reflected in this book that portrays a relationally focused, integrative psychotherapy perspective on the treatment of clients who rely on a schizoid process to stabilize their affect.

Over the past thirty-five-plus years I have continued to investigate the methods that are effective in the psychotherapy of the schizoid process. I have spent countless hours with clients, sitting in silence, yet fully present. I have listened to clients' attempts to articulate their lethal internal criticisms. I have challenged their social facades and I have encouraged them to express their vitality and vulnerability. It has been a fascinating and informative journey—a journey that is chronicled in the case presentations in this book. But I have not journeyed alone.

Many colleagues have been actively involved in lengthy discussions about the therapeutic work they do with their clients. I am always fascinated by how psychotherapists change their therapeutic involvement when they understand the internal dynamics of the schizoid process and the qualities of therapeutic contact necessary for a healing relationship. I have invited eight colleagues to write about their therapeutic experiences; the results form informative and therapeutically useful chapters. Therefore, it is an honor to present the writings of these colleagues who have accompanied me on this professional journey—a journey of refining our understanding and our practice of psychotherapy of the schizoid process.

As I organized this book, I reflected upon the camaraderie and enthusiasm that several colleagues and I experienced as we discussed our psychotherapy with clients who self-stabilized their intense affect through internal criticism, presentation of a social facade, and reliance on relational withdrawal. We shared the articles and books we found enlightening; we discussed the difficulties in doing psychotherapy with clients who were emotionally isolated; and, we explored various ways of being therapeutically effective with clients who did not respond well to either our phenomenological inquiry or our attempts to be interpersonally contactful. Some of these discussions about our therapeutic endeavors with reticent clients culminated in a twoday "Symposium on the Schizoid Process" in San Francisco in August, 1999.

I want to particularly acknowledge Marye O'Reilly-Knapp (USA) for the professionally enriching years we spent discussing the schizoid process. Both Ray Little (Scotland) and Gary Yontef (USA) have offered valuable insights into working with clients who struggle with interpersonal contact, internal criticism, shame, and emotional withdrawal. Marye O'Reilly-Knapp's (2001) article entitled "Between Two Worlds: The Encapsulated Self" has become a classic reference point when psychotherapists are discussing our work with clients who engage in relational withdrawal to stabilize their intense affect. Gary Yontef's (2001) article "Psychotherapy of the Schizoid Process" provides a Gestalt therapist's perspective and a necessary discussion of the schizoid process. Ray Little's (2001) chapter on "Working with the Defenses of the Withdrawn Child Ego State" offers a transactional analyst's approach to working within the various forms of transference that may emerge in psychotherapy with clients who engage in a schizoid process.

Each of these three authors published their ideas and therapeutic findings in the January, 2001, *Transactional Analysis Journal*, a special issue devoted to the psychotherapy of the schizoid process. Although these articles were written more than twenty years ago, they remain fresh and informative today.

I recommend that you read each of their articles to enrich what is presented in this book. Also published in that same issue is a roundtable discussion on the psychotherapy of the schizoid process entitled, "Withdrawal, Connection, and Therapeutic Touch" (Erskine et al., 2001). The roundtable members included Helena Hargaden (UK), Lynne Jacobs (USA), Ray Little (Scotland), Marye O'Reilly-Knapp (USA), Charlotte Sills (UK), Thomas Weil (Germany), and Gary Yontef (USA).

In this book

Chapter 1 is entitled "The schizoid process: an introduction." It contains excerpts from an article I wrote entitled, "The schizoid process," published in the *Transactional Analysis Journal* (2001, pp. 4–6). I hope it lays the foundation for your reading the rest of the book.

Chapter 2 is a distillation of concepts and therapeutic interventions that I have found useful with my clients who rely on relational withdrawal to manage socially intense situations. These concepts are illustrated through vignettes from psychotherapy sessions with a client, Maryann, whose internal processes and external relationships reflect a schizoid style. As I wrote this chapter, I realized that it is a mere outline of therapeutic ideas but I hope it will stimulate you to read the rest of this book, particularly the longer case presentations about Violet's (Chapter 3) and Louise's (Chapter 16) psychotherapy.

It is in the detailed descriptions of the psychotherapy that the concepts and therapeutic interventions come alive. Ray Little (Chapter 4), Marye O'Reilly-Knapp (Chapter 5), and Dan Eastop (Chapter 6) elaborate on these ideas in each of their chapters. They provide a further expansion on the seminal ideas of psychotherapy with clients who are caught within a schizoid compromise.

The heart of this book lies in Part II: "A five-year case study and colleagues' reflections." These chapters provide a longitudinal case study of Allan, a client whose psychotherapy revealed a schizoid pattern of affect and social behavior. In writing these chapters I focused on the narrative of our psychotherapy sessions while interweaving several salient concepts throughout the story of Allan's psychotherapy. Some readers may want to begin this book by reading Chapters 7 through 11 first; these chapters illustrate a patient, nonjudgmental, caring relationship that is so essential in the psychotherapy. Linda Finlay's (Chapter 12) and Lynn Martin's (Chapter 13) writings provide significant observations on the process of the psychotherapy. Their chapters represent the important aspects of our professional dialogue that are so central to our refining the practice of psychotherapy.

Part III of this book is titled "clients' perspectives on the psychotherapy."

We are very fortunate to have chapters that reflect two clients' personal views on their internal experience of their psychotherapy. Chapter 14, entitled, "Come closer ... but keep your distance," is authored by Leigh Bettles. She describes her psychotherapy from the inside out by narrating her lifelong internal experience of being terrified by interpersonal contact. She reports how even though she was inundated with fear she responded to the therapist's rhythm and affect—to the caring prosody of how he spoke with her. Her story offers psychotherapists an opportunity to question our own rhythm and desire to accomplish a cognitive or behavioral outcome.

Chapter 15, written by Silvia Allari and Eugenio Peiró Orozco, presents another description of a client's internal reactions to the therapist's way of being with the client. Both Chapters 14 and 15 represent the type of phenomenological research that is necessary in our profession

because they reveal the client's subjective experiences in response to the psychotherapist's attunement to their affect and rhythm, how they process various inquiries about their memories and thought processes, as well as the subtle qualities of the therapeutic relationship. There is much for all of us to learn through this type of phenomenological research.

The book concludes with Chapter 16, a case study of my client's five-year psychotherapeutic journey entitled, "Louise: social facade, depression, relational withdrawal." This chapter demonstrates how the theory of the schizoid process is put into therapeutic practice.

Thank you

This book is dedicated to the members of the professional development seminars of the Institute for Integrative Psychotherapy who have listened to my lectures and discussions about the psychotherapy of the schizoid process. Your continued interest and professional challenges leave me with a richer understanding of the unique nature of our profession of psychotherapy. Your enthusiasm stimulates my desire to learn more.

I am grateful to Kate Pearce, editor at Phoenix Publishing House, for encouraging me to publish the concepts and methods about a relational psychotherapy for clients with a schizoid process. Working with you and your team of editors at Phoenix is a pleasure.

I am a terrible speller. This book would not be publishable without Karen Hallett's dedicated proofreading. I am grateful to you, Karen, for your editorial assistance, your inspiration, and for your constant support.

And, a "Thank you" to each of you who are reading this book. I feel honored by your choosing to read the ideas expressed in these pages. This book is not meant to be a definitive description of the psychotherapy of the schizoid process. Rather, this book is a description of my professional journey and involvement with my clients, as well as the rewarding cooperation with colleagues. I wish you well as you read about the psychotherapy of the schizoid process.

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