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Olena's Battle for Utopia

Chip Chimera

This is the story of a long term relationship, one of the longest I have known both personally and professionally. It is full of twists and turns and roundabouts. Some readers will read with raised eyebrows and unspoken 'tuts'. Others may see how the development of the relationship over time has been healing for both of us in a number of directions. She has given me so much as a therapist and fellow traveller. I hope that will become clear.

I want to talk about mutual influence, the wounded healer and tremendous respect for this journey: what it has taught me, how it has influenced my practice and how it has changed me as a person.

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The Beginning of the Beginning

I first met F twenty years ago when I was part of a team on a psychodrama trauma retreat. The weekend was designed for trauma survivors and the teamwork was meant to ensure safety and support.¹ I had undertaken extra training in the Therapeutic Spiral Model (Hudgins 2002) and was honoured to be part of the team of experienced therapists.

F was a participant brought by one of the other team members who had been working with her individually for a number of years. In the group she was mute, regressed and shrunk into herself. She needed one to one containment from a team member for most of the workshop. Often this was me and we made a link and a rapport. There was no pressure to speak or directly work. Just being present was work enough. My role was to help her stay grounded and psychologically present during the group's work. Outside of the therapy space F was sociable enough to make good links with one or two other participants. Once back in the group she regressed again. Although mute she could communicate in writing. We learned of the intense fear which was triggered by therapy itself, whether individually or in a group setting. She evoked in all of us, team and participants, a deep wish to help and a feeling of respectful pathos.

Following the session, she continued in therapy with my colleague.

In stark contrast to the vulnerable self we saw in the group, in the 'outside world' F was a competent and accomplished maths teacher in a challenging secondary school. There is literally safety in numbers. Numbers never let you down, they are reliable and consistent. She is skilled and whilst she could have taught the highest achievers she chooses to spend her time with those students who are struggling. She gets them through GCSEs and celebrates their achievements. It is hard to connect the self-confident and fearless maths teacher with the shy and struggling client self we met in the therapy space.

Two or three years passed. F's father died. She returned to live near her mother, coincidentally in my neck of the woods, getting a job in a

¹Having completed systemic psychotherapy training I then looked around for another training which included an understanding of individual development and was also 'systemic friendly'. Psychodrama fit this bill and I qualified in 2003.

local comprehensive. She made contact and we reconnected. F sought therapy with me having made a good connection in the previous group. She began attending my psychodrama group. She came to three sessions, then abruptly stopped. It was too difficult. I offered individual work but that was not possible for her at the time.

More time passed, another year at least. F rang out of the blue and asked to start therapy again. We arranged to meet. At the appointed time she texted me saying she was in the car park but couldn't come in. She was frozen at the thought of therapy. She had wanted to come but just couldn't. I rushed out to the car park to try to help her in but she was gone by the time I got there.

More time passed. About two years later I received another text: 'I am really ready now.' And she was.

The death of F's father had been a watershed. She had stayed near her mother, met another teacher at the school and married. She was in a different place and definitely ready to begin the journey she had been longing to make and had known she needed in order to make sense of her experiences (for F the death of her father was crucial—so long as he was alive he was living proof of the futility of trying to recover).

Theory box 3.1 Throughout this work, I have drawn on my broader systemic training and particularly the Coordinated Management of Meaning (Pearce and Littlejohn 1997; Pearce 2007, 2012). I have also drawn heavily on theories of developmental trauma (van der Kolk 2013), the Therapeutic Spiral Model of trauma treatment (Hudgins 2002) and Crittenden's model of attachment: the Dynamic Maturational Model (2008/2016).

These boxes are intended to highlight particular aspects of theory that seemed relevant at the stage of work.

Initially, I was aware of the work of John Byng-Hall (1995) in relation to the creation of a safe space in therapy, going at the client's pace and having great respect for the client's defences. Crittenden (personal communication) has said that going into therapy is one of the most dangerous things a trauma survivor can do: putting yourself into the hands

of a human being, when other humans have betrayed your trust so fundamentally is an act of courage.

Olena's Battle for Utopia. (Written by F aged 14/15, Olena being an anagram of 'Alone'.)

The laughter was enhancing the beauty of the warm, bright summer evening as the men played their game of back garden cricket. Olena was sitting on her bedroom windowsill, analysing every action, every run, every shout of excitement. By her side can be found her two closest companions, Blackie and Queenie. Everyone who understood a small child's love for her friends would realise that Queenie was most definitely the favourite. Once a fluffy, white and glistening coat, but now grey and flattened with undying love. Queenie was always there for Olena: always listened, never left, never judged.

'You're out' exclaimed Jim, as he hastily grabbed the Slazenger Sixe 5. 'It's my turn'. Paul looked a little uneasy, never finding sporting failures comfortable. They looked so much like the best of friends, despite the clear competitive streak in all three of them. Olena was learning the rules, the strokes, hoping that one day she'd be able to be a part of the one day Test matches that graced the garden. 'When you're older', 'you'll be allowed one day'.

Every child dreams yet all children's frustration. People should learn not to wish their days away, but they do, they live for their tomorrows. But, if we knew what our tomorrows held, would we really choose to live for them?

Beginning Proper

Like all good systemic work we started with a genogram (McGoldrick et al. 2008) (Fig. 3.1).

Here is where we started, the basic social ggrraacceess (Burnham 2012). The family are white British. Father's side is English, from the north of England, middle class and educated. Paternal grandfather died

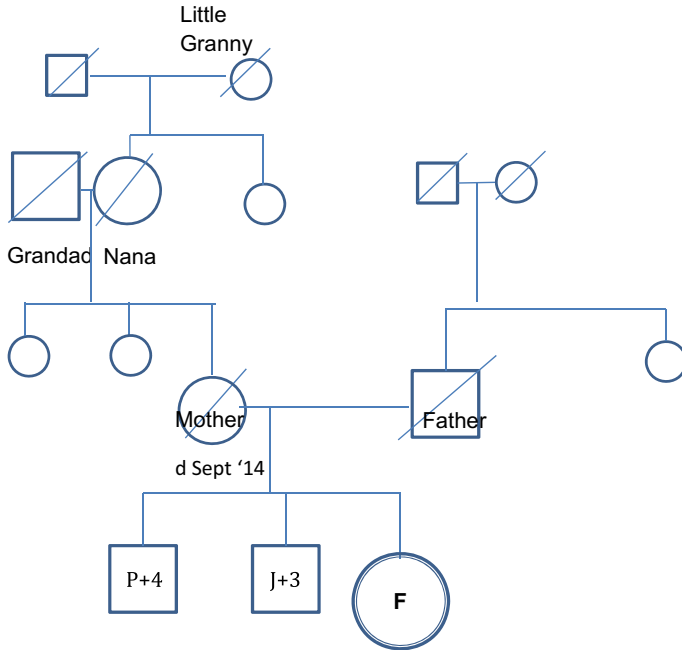


Fig. 3.1 F's genogram

before F was born. He was a headmaster. He was not a nice person. Paternal grandmother was also not a nice person. She died when F was about 6. Her death was not a loss to F, in fact, she remembered herself and her brothers being rather glad about it. F's father was a chemical engineer. He owned a number of properties. He was highly respected in the community.

The maternal side is from the northeast of England and working class. Mother's two sisters emigrated to other countries and F saw little or nothing of them growing up. She was close to her grandparents. Maternal grandfather died in the early 1980s. Maternal grandmother, Nana, was her saving grace, a loving and protective figure. They had a special relationship and she always felt safe with Nana, although she never told her what was happening at home. She was able to spend precious time with these grandparents. That relationship, especially the one with Nana,

maybe at the core of her resilience to carry on. Just the mention of them brings a wistful smile.

Her mother had been an opera singer prior to marriage. She retrained as a teacher and eventually the headmistress of the primary school which her children attended.

There was intense marital discord and the mother descended into alcoholism dramatically during F's young childhood. She could not protect her daughter, though they became very close. F tried to become her protector, tried to make it better. It is unclear whether the mother actually knew what was happening in the lounge and in the bedrooms. Under pressure she sent F into those rooms: 'do it for me'. In addition to the direct abuse she suffered from the father, F was triangulated into the marital discord and became parentified in relation to her mother. She never ceased trying to 'make it better'. She still finds criticism of her mother very difficult if not impossible, continuing to protect and excuse her: still wanting to 'make it better.'

Theory box 3.2 The structural concepts of triangulation and parentification are relevant to an understanding of this dynamic (Minuchin 1974). The child in effect becomes the parent of the parent (Byng-Hall 1995) and takes on the responsibility for the parent's well-being. This is an inversion of the hierarchy. There may be times in children's lives when they need to become involved in the care of a parent. However in pathological parentification the demands go beyond the child's developmental capabilities and involve emotional caretaking, excessive and inappropriate demands which may not be explicitly stated, the child 'just knows', the expectation that the role will be permanent, compulsive caregiving (Bowlby and Crittenden), and leaves the child feeling responsible for the adult's emotional state and guilty when they are unable to make it better. In addition, the role is often a secret one, unacknowledged by the parent or by anyone else close in the family.

In attachment (Crittenden and Landini 2011) the child may come to see themselves as unlovable and idealise the parent. This was a strong theme in the early part of the work: 'there must be something wrong with me'.

The mental health implications for such a situation are profound. The Adverse Childhood Experiences (ACES) Research (Felitti et al. 1998) shows clearly how these very difficult and traumatic experiences in childhood have serious mental and physical health sequelae in later life.

It is not clear when the abuse started. As she became unable to speak when recalling events, it seemed to have started before she developed speech, when she was a pre-verbal child. The story has emerged over many sessions. There were months of working on the same issues, other months of dealing with current life dilemmas, still others where the work seemed to stall. The work is still emerging.

In brief, the father abused her on every level. He attacked her soul. He tried to steal her essence. He told her that her breathing was 'a waste of air'.

In addition to the sexual abuse from her father, she was gang-raped whilst walking home at the age of 16. This resulted in a pregnancy. She went north to stay with Little Nana and her great aunt during the pregnancy. No one spoke about it. She gave birth prematurely and had a glimpse at the baby boy before he was removed and given up for adoption. She does not know what happened to him. Each year she marks his birthday, some 30 odd years now. She wonders what happened to him, hopes he is well and happy. She is not yet ready to investigate.

Adolescence was turbulent, she became a weekly boarder, began to self-harm and developed an eating disorder which was untreated. Abuse continued and intensified. Sport was a positive outlet. She was skilled at hockey and football. She left home for university in the midlands, continuing to find relief in sport. He stalked her: sending her photographs of the flat where she lived, clearly having been outside, watching.

Theory box 3.3 Pauline Boss (2006), a systemic therapist, writes about the impact of ambiguous loss. The person is gone but they are not gone. The loss is never fully integrated. Closure is not possible. The baby that F carried but never met exists somewhere in an unknown world.

The use of power in a coercive way undermines the target's sense of agency and autonomy. It was impossible to predict where he might turn up. Nowhere is safe. The person becomes an object, forever being watched, never private, the menace and the terror are inside the person.

She had tried therapy previously. She knew on some level that her survival depended on understanding and processing what had happened to her. Unfortunately, her first therapist fell in love with her and transgressed boundaries, expressing affection for her. That was highly unsafe and terrifying. After uncountable episodes of self-harm and several suicide attempts she found my colleague and began therapy in a safe and containing way with her. It was this colleague who brought her to the Surviving Spirits workshop where I had met her years before.

Getting Going

Although F wanted to be there and, once committed, was punctual and consistent, it was clear that talking itself was almost impossible. For the first few years she was accompanied by Bruiser, her stuffed toy dog who went with her to difficult situations. He was a source of strength (Fig. 3.2).

In the first year or so the sessions would start with her quickly becoming unable to speak, then getting angry with herself for her muteness. Her leg would start to move as if she were running. She would become very hot at the mention of 'father' or anything connected with her childhood experiences. We remembered that writing would work for her. So that was how we began: I would ask a question, she would right down an answer, often shaking and sweaty.

She wanted to put it all in a box. So by session three we had 4 boxes: 1 each for mother, father, self-hate and caring. Another slim box was added for 'space'. This contained F's Stanley knife which she gave me for safekeeping. Later two more boxes were added: one for her son whom she had seen once fleetingly when he was born, and one for her wife. Some of the boxes are pictured above with Bruiser.

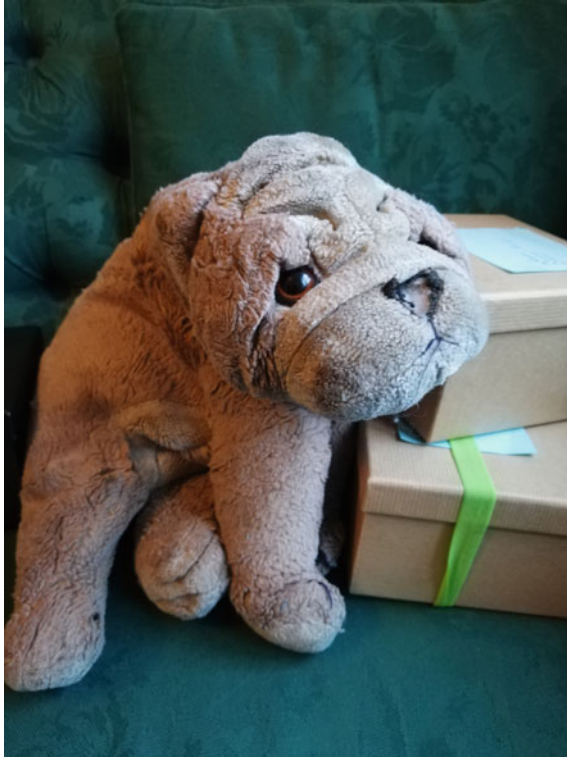


Fig. 3.2 Bruiser with boxes

Although I tend to use action methods in my work, especially where verbalisation is difficult, I found it important for F to just be quite still and hold a containing presence. I introduced some action later. But very gently.

As F was going through some old papers at home she found a picture of herself around age 5. She brought it to a session, I found a frame and she has been with us ever since. At the end of each session she would write a short message for one of the boxes.

These boxes and the framed photo as well as her end of session message to one of the boxes became our reliable ritual.

A breakthrough came after about three months when F was able to find enough of her voice to tell me about her son and the rape. From

then on her voice became stronger, her leg allowed her to speak and she became more articulate about the unspeakable things she had endured. She still became very hot when trying to process thoughts and feelings, and sometimes struggled to get the words out. However there has been steady and enduring progress.

In early sessions and sometimes even in later ones F would dissociate, simply leave the room in spirit, seem to shut down. At these times I would bring her back to the here and now, ground her in the room and in the therapeutic relationship and normalise this process as one of self-protection. She simply wasn't yet ready to go there yet and we would together make it safe enough to get her in and out of her experiences with her able to remain present.

Theory box 3.4 One of my main concerns was that of re-traumatisation. In the talking about it the danger is that it is relived again in an uncontained way that can cause further psychic damage. A lot of the early sessions focused on how she survived, the strengths and resilience that got her through. Her Nana was with us a great deal in those early sessions. Helping her to build a sense of personal agency was crucial. A great deal of reframing and beginning to change the meaning of events was important. Using the psychodramatic technique of the mirror position made it possible for her to look in on herself from the outside and realise that in fact she was not responsible for the abuse, nor had she done anything to deserve it. She was able to reflect on how she might intervene if she knew of this happening.

The Therapeutic Spiral Model (Hudgins 2002) teaches the importance of building the strengths to get into the trauma material with enough resilience to get out again without re-traumatising.

Containment was provided both in the session itself through the use of a candle burning in each session and the boxes themselves: a concrete representation of containment, thus adding to the creation of psychological space and safety. The importance of therapeutic ritual has long been acknowledged as a key factor in promoting healing (e.g. Imber-Black and Roberts 1992).

The field of interpersonal neurobiology which has gained ground in recent years helps psychotherapists across the board to understand the

internal body/brain system at work in helping to overcome trauma. Van der Kolk (2013) discusses the body/brain connection and the importance of the ability to dissociate. During traumatic experiences this ability keeps us safe. As therapists it is important to be able to help trauma survivors recognise and respect dissociation and help remove the need for it by creating safety. Porges (2017) speaks of the transformative power of feeling safe and describes the bi-directional communication between the body and the brain via the vagus nerve as important information. Smith (2013) in describing 'amygdala hijack' explains how trauma triggers (for F there were many) can trick the brain into thinking the trauma is happening now, the body responds with protective action. The person may not understand what is happening. The job of therapy is to make the person feel safe enough to begin to understand and put words to the 'nameless terror' that accompanies the feelings.

Stuff Happens

The therapy hadn't long started when her marriage began to run into difficulty. Not surprisingly F found sexual intimacy difficult. F had clearly confided in her wife about the abuse, but not the full extent of it. M, who had at first been understanding and sympathetic, eventually grew impatient that F was not able to 'get over it'. She demanded attention and thought her love and their loving relationship could 'cure' F and enable them to have a full sexual experience. This didn't happen; in fact it became more difficult for F, not less. She became highly avoidant and withdrew from M both physically and psychologically. The more M approached, the further F withdrew. This resulted in an escalation of unhappiness and despair and eventually brought about the end of the marriage.

This triggered a response in F which she experienced in childhood in relation to her mother, wishing to do something to make it better even in detriment to herself. I was concerned and offered to go with her to the lawyer. I acted as a sort of interpreter. She wanted to ensure M had a

more than fair deal and felt she needed to compensate her for what she saw as her failure. My role in that sense was to help the lawyer understand that, unlike the divorce settlements I am used to hearing about, F wished to be overgenerous in her financial agreement and needed help to be more realistic in relation to what she herself needed.

Theory box 3.5 In attachment terms (Crittenden and Landini 2011) F has adopted a self-protective strategy in which she denigrates the self and idealises the 'other'. This strategy kept her alive in a situation which made no coherent sense. Believing that it must be your fault, you must deserve it somehow, there must be something wrong with you, enables the person to make a kind of sense of that which makes no sense at all.

These strategies once established can be carried into other significant relationships and emerge as patterns of relational interaction. F and M established an approach/avoidance pattern that is recognisable to many couple therapists (Watzlawick et al. 1967). Tomm et al. (2014) have gone further to identify patterns in interpersonal relationships which have a number of effects: both pathologising and therapeutic.

In year three of our work together F's mother became ill with a recurrence of pancreatic cancer. She had previously undergone a long and painful surgery. During that recovery F had been a diligent and faithful nurse to her. Now the cancer returned with vengeance and it quickly became apparent that she would not survive. She was given three months. She lived for 15, dying the day after F's birthday in 2014.

F moved out of her home and in with her mother and for the year and three months years did everything she could to make her mother's time meaningful and her life filled, whilst continuing to hold a demanding full-time job. She organised outings to the opera, ensured friends were able to visit and made the last months of her mother's life as pleasant and comfortable as possible. She reminded me that on hearing from the hospital that her father had died, her mother's response had been 'I'm free at last'. F felt deeply anguished for her mother that she would have

so little time now left to enjoy life. She was determined to do everything she could to remedy that.

F continued therapy. The therapy at this time was focused on conversations she might have with her mother, questions she might try to get answered, questions she had held for a long time. Her protectiveness of her mother overruled her desire for answers. She just could not bring herself to ask the questions. Did she know what was happening? What kept her from taking F and leaving? Why could she not protect F? These questions went unanswered.

The funeral was attended by many. Her mother was loved in the community, having been a beloved headmistress and member of the amateur dramatic society and well known by many. F sang 'How Long Will I Love You' by Ellie Goulding at the funeral.

My 'Real Life Stuff'

Therapists too have a life outside of therapy. I would share some of what was going on in my family and work life. During our work together I obtained my doctorate in systemic psychotherapy, had a hip replacement, had a hysterectomy and follow up cancer treatment, became a grandmother, had children return to live with me, move out and move back in again, and fell down stairs dislocating my shoulder and needing surgery. True to her form F worries about me—and though I try to relieve her from that it is a mark of the importance of the relationship.

What's in the Box? The Progress of Therapy

Clearly therapy is not a linear process. It is start/stop, forward/backward, accelerator and brake. I will take each of the boxes in turn and, although they are all inter-related, I will focus on the main points in each. F labelled the boxes.

Caring—Wanting To, Seeking To, Needing To

This is the box of growing strength and resilience. We focused a lot on her circle of support, nurturance and friendship. Her Nana, who died in 2007 at the age of 98 was the main source of positive regard and hopeful caring. She was crucial to F's survival. Even though F was never able to talk to her about what was happening, her time with Nana was always positive. There were times when the father, mother and two brothers would go for exciting holidays abroad and F was left at home. She might have resented this but to spend two weeks in Nana's company without fear of abuse was the best time ever. Ever.


She described sleeping on a trundle next to Nana's bed with Grandad on the other side and Nana holding her hand until she went to sleep. Bliss.

At other times of danger at home she would creep into her brother's room and curl up like a puppy at the foot of his bed going to sleep there, hoping that would protect her. Sometimes it did.

A continual struggle in therapy was to connect her to her cognitive adult self to process these memories and feelings.

From this box, F's own voice says most of what needs saying. Here are a few excerpts from 'Caring: wanting to, seeking to, needing to.'

- Undated, I do come here every week And I have spoken about things I never thought I would. So, I guess I must care about me, oddly.
- Undated. [probably around the time of the divorce] Taking care of myself despite risking someone else being hurt.
- 19.10.12, I am talking and that is something I never thought I would do.
- 16.4.13, I think that some of what I have said or written recently is about me. That 'looking' at me is hard and some of it I haven't liked. Talking about what happened is different to looking at me, me inside.
- 25.4.13, If I could change one thing about the dream it would be that the 'little' me stood still, looked up, looked into the eyes of the 'violent' me and asked me to stop.

- 2.5.13, I cannot understand how a child can deserve that. It doesn't make sense. Were you so different? No, you were just a child. That wasn't your fault.
- 23.5.13, I love you Nana – always will, always. And I know you loved me and how grateful I am for that. My rock.
- 10.9.13, I love Bruiser's smell. It is all mine. He is my safe place ☺.
- 26.3.13, undo and step inside each other. To talk, to share, to laugh, to care.
- 22.8.13, You (little one) weren't able to make your own decisions – a young age and all that. You (not the little one) are.
- 31.10.13, 18,15,21,20,9,14,5. 9, 19. 7,15,15,4.
- 29.1.14, ----- How to unravel?.
- 30.4.14, Be your own person. Do not become someone PURELY because you are in a relationship. You can exist outside others. I think.

Theory box 3.6 These are unique and individual strength-building statements following best practice from Therapeutic Spiral (Hudgins 2002). See theory box 3.4 for a reference. Karl Tomm writes of ethical postures: opening space, therapeutic loving and increasing possibilities (in Freedman and Combs 1996).

Self-hate. What emerged over months and years is that F had almost fully taken on board her father's attack message and his description of her as 'a waste of air.' She has spent most of her life feeling unworthy of love (even though she has been loved by many), feeling like a fake and a fraud. If people really knew her it would be impossible for them to love her or even like her.

There are not many messages in the 'self-hate' box. Those that are there express shame and fear. F has been able to describe a childhood in which she was a 'really difficult child'. She was disobedient at school attending the school where her mother was headmistress. She was bullied

and taunted by other children, there was an 'I hate F' club. She spat, kicked and punched her way through primary school and no one asked why this child was behaving this way. There was one episode of a visit by social services. Someone had reported bruises. She remembered the social worker sitting at her kitchen table and being convinced by her mother that everything was ok.

Meanwhile abuse continued and increased. Arguments between the parents increased. Mother's drinking increased. F just wanted to make it better for her mother at home. One response to mother's unhappiness was to clean the cupboards, hoping that would make her happy. That is the memory from age 8.

She felt she somehow deserved it. Everything: the bullying, the triangulation, the abuse.

The self-hate story increased in adolescence with her starting to 'carve up' her arms and legs. She hid this as much as possible. She also started denying herself food. Later she would deny comfort, sleeping on the floor, no duvet, no sheets.

Even though cognitively she is able to comprehend the problem with these thoughts and knows for sure what she would do as a teacher should a child present with these behaviours, she struggled to feel the injustice in her heart.

Writing has helped. She began in adolescence. It was a place she could at least get her feelings on to paper, even if they remained unseen for years. This is one which we chose together from many.

Caught

Caught inside with feelings that are numb
Shouting words of desperation that are silent
Holding tightly to visions of hope as if it is water
Hugging, clinging to people who are mere shadows
By F

Space

This box has just 8 messages. They are generally pleas for self-acceptance. It also contains Stanley, a retractable utility knife. I am keeping it safe. She has never asked for it. I have also checked regularly in the early stages that she had not replaced it and was not cutting.

Father

- Undated, About doing me a favour, loving me cos no one else will, being worthless, should b grateful, told me to say I wanted it, I wanted him to do what he did. Would list the things I had done wrong and say that each thing had to be punished.
- 11.9.12, Demands, expectations, knowing what was expected, what was about to happen, the triggers, the footsteps, the door closing, that sort of stuff.
- 19.10.12, When he used to say he would be unwell or it was dangerous for him to not be 'satisfied' if he was 'turned on' – I felt guilty and like I had let him down, worried he would be in a bad way because of me. Something felt like a kind of duty.
- 23.12.12, It's the things he didn't say – he never said what I should say, he said what I shouldn't say and he said that 'sport was rough'. I was the daughter of a successful man, do you know what that means and how much people respected him and the influence he has. Big and powerful man in the community. Small and worthless little voice of the daughter.
- 3.1.13, When he died I wanted to 'wake' him up – I knew he had the easy escape. I didn't care he had died, I'm not sure anyone did, but I felt angry that he wasn't alive anymore and I had missed my chance to tell him he made me sad. As for feelings now – I feel that little girl was cheated out of her smiles and innocence.

These are just a small sample of what's in the box. Most are from the time when she could not speak. She tried but the words would not come out. The break though came in a session where she deeply realised he was

still controlling her, really felt it, not just intellectualised it. From then on she started getting her voice back (Fig. 3.3).

She used to speak about wanting to scour herself, scour him out. She would make a gesture like pulling it out of her. She has some full memories from her later childhood and adolescence. There are some fragments of memory from when she was very tiny, probably before speech had fully developed.

She has powerful sense memories, especially smell, but all of the others as well: taste, touch, sound, sight. All vivid. The colour red is hated and feared. Especially on a bathrobe. He body overheats, her leg would tap as if she was running.

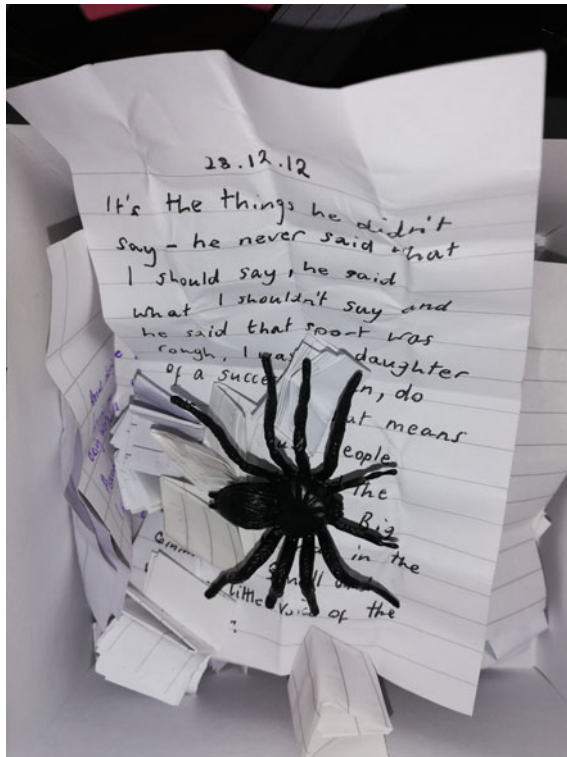


Fig. 3.3 Containing and healing toxic messages

Abuse happened at home, in her bedroom, his bedroom, the lounge. It happened in cars and vans. She was taken to other places to be abused, other houses. He owned property. An email following a session 'Bath, at the house in XXXX. Old bath, old odd taps, some rust. Stand alone bath, weird feet on the bath. Smells damp in the room. Cold water - feels cold, maybe it isn't? Men. Smoking. Smells.'

He told her he was doing her a favour because no one would ever want her.

He invaded her dreams. We set up lucid dreaming. She was able to chase him out of her dreams, at least sometimes. She was proud of that and I was proud of her too.

Tired of Sleeping

A whole third of our lives, spent not here.
 Seems a waste, seems a shame.
 It's not reality, it's all a dream.
 Reality, dreams, they're not the same.
 Nightmares, it's all so frightening.
 Staying awake can be a solution
 No mad attacks, no loss of life
 No being locked and tired in that institution
 It's a strange thing, tiredness
 Not there, then it starts creeping
 Perhaps I'm just afraid of dreams
 Or perhaps I'm just tired of sleeping.
 By F

When she found it too much she might dissociate. This was obvious as she would seem to be somewhere else. She would come back we would regroup, regroup and review. She wanted to continue even though it was hard. No one had heard the detail before. And there is more to come. We are definitely 'walking around in difficult moments!'

To say that this woman has resilience in the bucket loads is an understatement. If she didn't she would not be here. Somehow she managed to survive the attacks. Her ability to dissociate kept her core safe, he tried very hard but wasn't able to destroy her spirit.

Trying

I attempt to hold onto the wonderful and loving things I have managed to discover within my desperate life.

I try so hard to overpower the pain and Hurt with all the strength and power that others diffuse into me.

I hold onto the feelings of today, the promises of tomorrow – in the hope that they bring warmer feelings inside.

By F

During the most difficult disclosure days we would stay in touch between sessions.

I worried for her and sent thoughts: ‘Came across this saying from Mahatma Ghandi. *“Prayer is not asking. It is a longing of the soul. It is daily admission of one’s weakness. It is better in prayer to have a heart without words than words without a heart.”*’

I sent quotes from Maya Angelou and others that are readily found and uplifting.

Theory box 3.7 The dynamics of abuse are redolent with shame, self-contempt and disgust. Memory. Dallos and Vetere (2009) write of walking around in difficult moments. With F there were many, and more to come. It was hard to stay in them, try to make sense, just be in the experiencing and hold the space as safely as possible. Each session ends with a (very safe but deeply held) hug. The physical contact has felt an important decontaminant. A wordless connection of shared openness. Many therapeutic repetitions of ‘it’s not your shame, it’s his’. She struggled and continues to struggle to change the narrative. But the adversary is becoming weaker: love is winning. Resilience has been reconstructed from a social constructionist perspective by Gerrilyn Smith as ‘a co-constructed emergent quality, rather than one which resides somewhere within an individual’ (Smith 2013, p. 29).

Mother

This box is full of messages, mainly of love and missing her. She is always referred to as 'mother', never mum or mummy. If ever I make a mistake and refer to 'your mum', I get corrected: 'mother': said quietly but emphatically.

The work with mother seems to be split into three phases: when healthy, during her illness, and that following her death.

This is complex, much more complex than the work with her overt abuser. That has been relatively straightforward as she has no ambivalence in relation to him. It's not hard to be angry and revolted.

On the one hand she knows her mother not only failed to protect her but actively sent her into him, knowing what would happen.

An undated message in the box: 'I remember times when we were together that she would say things like "please go and see your father, he will only take it out on me if you don't. Please. For me".'

... I wasn't a young child, what the fuck was I doing, feels like a weakness, like I almost allowed it, I am not proud of it. It is part of why I feel I deserved it'.

On the other hand, she became, in a strange and continual role reversal, her mother's protector and caretaker. As such she genuinely loved and cherished her. And clearly underwent enormous sacrifices for her. This began in childhood and continues up to now, almost 5 years after her death.

During her mother's illness we talked a lot about the questions she might ask.

- 6.3.14, Mother. Question: was there something I did when I was growing up that meant it was deserved? If not, then WHY?
- 18.6.14, You like jigsaws. The questions are just to enable the final jigsaw to be completed. Not about blame. Just about knowing.

She never did ask the questions: just concentrated on caring. F's mother died on 14.9.14, the day after F's birthday. She said she would hang on for that and she did.

When therapy faltered following the death of her mother F started missing sessions (always with notice). A meeting had to be attended, she was ill, she injured herself. These were of course real events but there seemed to be a lot of them. Sometimes there would be six week gaps. Sessions which did take place were filled with grief.

We reviewed therapy and I offered three explanations: we were stuck, she was avoiding something, or perhaps she'd done enough or as much as she could for the moment and we should pause or end therapy. The idea of finishing caused her to become overheated and a return of the struggle to speak. It became clear that her therapy was not over.

Messages to her mother from then on were full of fondness, grief and missing her. In understanding the hiccup to therapy she was able to say that she just could not bear to have her mother 'dissed'. By this I think she wanted to preserve the preciousness of the last few years post father. I understand this on a gut level, though struggle with it as a therapist, thinking it would help her to locate responsibility. F and I move on together.

Theory box 3.8 In attachment and narrative work, the process of developing a coherent narrative, one that makes sense of the person's experience is considered a core therapeutic aim (Dallos and Vetere 2009). For F the challenge was, and to some extent still is, being able to recognise her mother's responsibility for not protecting her and at the same time widening the lens to understand that apportioning blame in this instance is not therapeutically helpful. Honouring the relationship in which F has so much invested and deconstructing all its levels of complexity is our continuing therapeutic challenge. This involves lifting shame and increasing our understanding of that deep connection.

The Therapist's Story

What a journey: awe-inspiring and at times terrifying. There have been strong echoes of thinking and feeling between us. I have been proud of her and myself. I have felt like a useless therapist, not good enough, smart enough or intuitive enough, echoing some of her self-hatred. I have also known that I have held the space and made a safe container. Our dance is one of closeness and then some distance. She is forgiving when I get it wrong. I do make mistakes.

My hope is that F would say that she doesn't have to hide when she is here. That she can be her whole self. I know she still struggles with shame that does not belong to her. I will continue to try to help her to give it back where it does belong.

Thank goodness for good clear clinical consultation. I have been able to bring my successes and my misgivings, concerns and worries to that safe space without fear. F has also been curious about my consultant and has asked what and how I share information. I am able to share with my consultant without censoring, even when I feel anxious. This has felt like Karl Tomm's ideas of therapeutic loving: opening space (in Freedman and Combs 1996). I hope that part of the 'echo' we have together is that we both feel free to really bring ourselves into the therapy room.

I feel immensely privileged to have met F, to have been able to work with her and witness the emergence of her story which is still emerging. She is a part of my life and has a special place in my heart. Each session is an encounter in which we both feel alive and fully present.

Over these years I have developed both personally and professionally. Professionally I have deepened my knowledge of trauma work and attachment. Personally, in addition to the chronological events mentioned earlier, I have found a place in my heart for the lovely bright-eyed child inside the competent, complex, feisty and loving woman that F has become. She will always remain there. She has touched me in profound ways and that has altered how I can be in the for the better.

Theory box 3.9. The therapeutic relationship The danger to the therapist in the therapeutic relationship such as this is the possibility of secondary traumatisation. There have been times when I have felt very worried and have carried the worry for some days. Smith identifies this as a ‘trauma specific supervision issue’ (2013, p. 149). Thankfully, as stated earlier, I have extremely helpful clinical consultation which as unfailingly helped when I have been in the doldrums about my own abilities as a therapist and has also helped me celebrate F’s progress and achievements.

Limbic resonance, a midbrain to midbrain phenomenon, is the capacity to share and synchronise deep emotional states. In attachment terms we feel understood. More than that we ‘feel felt’ on an emotional level. Lewis et al. (2000) identify limbic resonance as the source of empathy and mutual exchange.

Post Script

Jakob Moreno, who developed psychodrama along with his life partner, Zerka, wrote in 1914: Invitation to an Encounter

‘A meeting of two:
 Eye to eye, face to face.
 And when you are near
 I will tear your eyes out
 And will place them instead of mine,
 And you will tear my eyes out
 And will place them instead of yours,
 Then I will look at you
 With your eyes
 And you will look at me
 With mine’.

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