

Running Head: BUILDING A TRUER SELF WITH ALEX

**Building A Truer Self with Alex: A Dialogue between Authors about Clinical Case
Material**

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BUILDING A TRUER SELF WITH ALEX

Abstract

One of the challenges of psychoanalytic therapy with young children is finding more adaptive channels for the symbolic expression of bodily and feeling states expressed in motoric, sensory or visceral forms. The following case study, written in the format of a dialogue between the first and second authors as the article was being prepared, depicts processes of psychic transformation in twice weekly psychoanalytically-oriented psychotherapy with a 5 year old boy as he tried to linguistically integrate and represent his negative feelings and anxieties. Initially his emotions were aroused in pre-symbolic form dominated by sensory and somatic experiences that were disconnected from objects, events and words. The authors each reflect on Alex's therapy experience as well as the specific kinds of therapeutic interventions that provided the opportunity for containing and transforming Alex's emotional life. They conclude that as Alex's threatening emotions were linked to objects and events in the play, a substantial emotional growth took place towards a shift to a greater capacity to comfortably maintain a "Truer Self".

BUILDING A TRUER SELF WITH ALEX

Introduction

The following case illustrates the three-year, twice a week psychodynamic play therapy of a speech-impaired young boy who initially presented with chaotic, sensory-dominated and somatic states that involved diffuse, yet intense anxiety and anger. Through the use of play therapy, he increasingly became able to express his initially largely incoherent fantasy life without danger, and thus create meaningful personal expression of a “Truer Self” that captured his inner experience. He regained a sense of mastery and inner coherence over his inner world that then cyclically enhanced his capacity for symbolization.

Alex’s clinical background and therapy experience will be presented in an unorthodox format, which will reflect a dialogue between the first author and the second, as the article was being developed for publication. The first author is a former student of the second author, who, while never supervising this case, had some occasional familiarity with it. The authors decided that rather than a more typical article in which a therapist describes a case and another author then discusses it, that they would have a more active dialogue and discussion while writing the paper. The second author thus makes comments throughout the paper, as the discussant, to which the first author responds to, as the treating therapist. On occasion, the second author replies in kind etc. In the first part of the paper, which presents the clinical background of the case, the clinical dialogue between authors is presented in italics embedded within the text, whereas in the second part of the paper, which involves verbatim clinical transcripts of therapy sessions, the dialogue between the authors is included in the footnotes in order not to disrupt the presentation of the clinical material. We hope this provides the reader with an unusual but potentially more dynamic means of “playing” with the clinical and theoretical aspects and implications of the case.

BUILDING A TRUER SELF WITH ALEX

The Case of Alex

Presenting Problems

Alex was a five year old boy who was in kindergarten when he came to see me. He was referred due to aggressive and disruptive behaviors at school which included hitting, punching, spitting, throwing things around, running into places that he was not supposed to and hiding under tables. He could not tolerate any criticism. When he heard no, he started to throw temper tantrums. Alex also had significant speech and language delays. He was still not able to speak in full sentences when he began treatment, and had a limited vocabulary as well as articulation difficulties.

Strikingly, Alex's mother reported that his behavioral difficulties started when he began kindergarten and that she has never observed such behavior at home. This made me think that separations from the mother and having to spend extended time away from her at school might be at the core of Alex's difficulties.

Discussant: This last piece of diagnostic information cannot be overstated. If his mother is at all accurate in her reporting, how are we to understand the lack of symptomatology through age five when contrasted with the extreme nature of his symptoms upon entering kindergarten? If the mother is "blind" to her child's earlier onset of his pathology, then the severity of his symptoms suggests significant and longstanding pathology of the Self and a level of separation anxiety much like that of the normative developmental process of a toddler. The holding and containing functions of play therapy with such severely troubled patients (see Bion, Winnicott) would therefore seem most relevant to furthering the child's development of age appropriate functioning. But what if the mother is accurate? Would this change how we understand Alex? Would it change the treatment process? Wouldn't we have to question whether the severity of the symptoms is better linked to neurotic-level conflict, that the availability of psychological resources across the domains of his personality functioning

BUILDING A TRUER SELF WITH ALEX

would be markedly higher? Most importantly, how could we use the early stages of his treatment to make this differential diagnosis? I would suggest that a thorough look at the nature of his defenses, the quality of his affective life, the level of his autonomous ego functions such as concentration, reasoning and processing and the degree to which he has developed the capacity to be alone and to play are all needed to definitively tease out at what level of functioning his symptomatology can most parsimoniously be explained.

*Therapist: I actually do think that the mother's account of Alex's behavior at home is accurate and I agree with you that this information would change the way we view the symptoms; however, I think this makes his prognosis worse. I would suggest that we are starting to see the formation of a false self (Winnicott, 1960). This mother had very limited capacity to contain Alex's erratic behavior and had very limited tolerance for any impulsivity or spontaneity on the part of Alex. In sessions where I did dyadic work with them, she would completely disengage from the process whenever Alex wanted to assert his independence and orchestrate the progression of the play. She would close her eyes and pretend that she was not hearing anything that Alex would demand. Alex's only way of recapturing her attention—and not just her attention but her alert and responsive self-- would have to be under the conditions she set. This was a choice he was asked to make between being spontaneously alive and losing the mother. I actually remember telling this mother something you had suggested while discussing Winnicott's paper, *Primary Emotional Development* (1945) and how the child needs the mother to tolerate his ruthlessness. I remember telling her that as Alex is "naughtier" with her, his behaviors at school would be calmer. I suggested that children learn through behaviors, and initially these behaviors may seem messy and disorganized but in order to organize themselves children first have to make a mess in the presence of someone that is significant and safe to them.*

History

BUILDING A TRUER SELF WITH ALEX

The mother and Alex's father separated when Alex was one year old. Alex's father visited him frequently from ages one to three; however, Alex hadn't seen him after.

Discussant: Why? What happened between the parents then? How was this explained to Alex? How much was Alex's father's absence a true, almost magical disappearance? What would the implications be of such an unexplained absence? What data are there to suggest how Alex experienced this loss?

Therapist: Alex's father was much older than the mother and she was very attached to him, not just as a boyfriend, but also as a father figure that she had lost early in life. However, he seemed to invest much less in this relationship than she did and I think she felt very rejected and dismissed even though she would never acknowledge the extent of her hurt. After their separation, he moved to another city and started a new business and family away from them and rarely contacted them. She dealt with her pain by trying to erase his existence for her and for Alex. I don't think Alex ever had any space to express his hurt or confusion because the mother, fearing that she would have to face her own pain regarding this loss, would shut him down. Therefore, I think Alex internalized her defensive attitude towards the issue and according to the mother, he just said: "Dad is gone" and moved on (which is what she wished she could do). However, I know he was much more confused about the situation. I went back to my session notes to see what I could find about the representation of the father in our work. For the first two years of our treatment, Alex never explicitly referred to his father. However, as his feelings started to get more contextualized in therapy and get linked to certain key moments in his life (perhaps as he psychically opened up the space for triangularity), he started to bring his father into the play, though not as an alive character but as a ghost. At times he was worried that he drove the father away or that the mother drove him away and the father would come back for revenge. This must have created a very difficult split for Alex;

BUILDING A TRUER SELF WITH ALEX

on the one hand he felt he had no control or power when the mother was present, on the other hand, he had so much power in this relationship that he did away with the father.

With the father gone, it seemed that the mother and Alex had quite an enmeshed relationship. In our initial meeting, when I asked the mother what she likes most about Alex, she said “I like most that he’s mine” and she explained that they only had each other in life. She expressed a great deal of concern for his welfare and what would happen to him in case she couldn’t take care of him. According to the mother, the world was a dangerous place and if she did not fight for Alex, Alex could not survive.

Discussant: How much of Alex’s behaviors were therefore a projection of his mother’s fears and beliefs? What room did his mother have psychically to see Alex as distinct from her concerns and projections?

Therapist: Yes, it gets clearer that in his play his psychic world is very much invaded by the mother’s projections. I think the mother not only projected her fears, but also much of her un-metabolized trauma and this results in the inconsistencies that we see in his self-structure. It is as if he is almost having to incorporate an alien self (Fonagy et al., 2003) as we see him struggle to accommodate certain feelings that he simultaneously feels must be eradicated. This is experienced in the mode of “psychic equivalence” (Fonagy et al., 2003) as he feels there is literally something bad in him that needs to be surgically removed.

Developmental History

Pregnancy, Labor and Delivery. The mother reported that Alex wasn’t planned and her partner wanted to have the baby and so she agreed. She stated that she wasn’t planning to “put another being in this screwed up world”. The mother had a difficult pregnancy because she was working full time as an accountant. She stated that she was always on the go: She felt that she had to take care of her family yet she didn’t feel secure in her relationship with her partner. She also suffered from medical problems during her pregnancy. The mother’s

BUILDING A TRUER SELF WITH ALEX

description of the family environment gave me a good sense of the representational world that Alex entered into: He was brought into an environment in which the mother did not feel safe and in fact she did not want Alex to be a part of this world. It will be evident that Alex immediately recreated such a world in his play with me.

Discussant: So how do you understand her seemingly passive willingness to have her partner's child? What fantasy do you envision her playing out by this tacit agreement? What impact might this fantasy have had upon how she viewed her male child?

Therapist: She has been abandoned multiple times by the main male figures in her life, unable to stop them from leaving despite her desire. I think having his child may have been her attempt to feel more secure in her relationship with Alex's father, hoping to ensure that he would not leave. However, as we came to see, the opposite of what she expected took place. I also know that she felt Alex was in many ways similar to his father. In this sense, her rage and disappointment whenever Alex exerts any independent behavior that she can't control, would stir up fears of losing him, the way she lost the other men in her life. I think that's why she was so controlling in her relationship with Alex.

Feeding and Oral Behavior

The mother described Alex as a picky eater and said that to the present, he vomits when he is forced to eat something that he doesn't like. Alex's eating problems started when the mother and father separated when he was 2 years old. The mother's attitude towards Alex's eating problems was remarkable. She explained that there are two types of people in the world: "Throw-uppers" and "fighters". Fighters are people like her, who are strong enough to face challenges and show no emotional weakness or vulnerability in life. On the other end of this continuum are "throw-uppers", people like Alex and his father, who are weak and overly emotional.

BUILDING A TRUER SELF WITH ALEX

Discussant: How does this fantasy jive with her lack of awareness of Alex's problematic behavior at home?

Therapist: I think this fantasy protects her from her own emotionality that is very much tied to her own trauma. Her way of organizing herself against the trauma is to project any threatening, vulnerable feeling to another person so that she can maintain her psychic equilibrium. It would have been overly threatening to in fact recognize Alex's vulnerability, as this would expose her to her sense of vulnerability and unprocessed pain that I think must have been unbearable for her.

Sleep

Alex started to evidence sleep problems around the time his mother and father were separated and she started working again. This was also the time she took him off his pacifier. Alex's sleep was frequently disrupted by nightmares, in which he was worried that "there was a bad man inside him". The fact that these problems started after the parents' separation also underlined the child's anxieties in response to this disruption.

Discussant: What did Alex use, if anything, to self-soothe in this torturous time? Did he have a transitional object outside of his pacifier? Was the removal of it traumatic and an acting out by his mother of this "sign of weakness"?

Therapist: That would make much sense to me. The mother spoke of no transitional objects and I think he was just at the mercy of all these terrifying fantasies.

School

Alex drastically preferred to spend time with his mother than at school. At school, he required one to one attention and support to help him stay on task and calm down, while his teachers interpreted his behaviors as manipulative. His mother stated similar concerns about his behaviors, explaining that he loves to be the center of attention and tries to manipulate others for that end.

BUILDING A TRUER SELF WITH ALEX

Discussant: Would this paragraph be a sufficient depiction to diagnose him as significantly preoccupied in his attachment to his mom?

Therapist: I have a theory but I am not sure how valid it is. I agree that he did show signs of anxious attachment but I have been trying to understand what it was about the mother's presence that regulated him. I have a feeling that it is not that the mother was able to soothe him when present (although of course there were probably times when she was emotionally more available) but that he could identify with her defensive structure. Her defense was to do away with any vulnerable feeling, some form of dissociation from the painful trauma. He also was unusually calm with her, if we accept her account of his behaviors with her, despite the extent of his terror, and able to do away with much of his internal experience because it meant losing her. I again feel the idea of a "false self" explains his behaviors better but I would be curious to hear what you think.

Discussant: I am wrestling with the notion that Winnicott discussed in his primary paper on the False Self (1960, Tuber, 2008) in which he described a continuum of the ubiquity of the False Self. At one end of this continuum, the True Self is so hidden to the person himself. At a slightly less pathological level, the person is aware that a True Self exists and gives it a secret life, hidden to all but at least partially available to the child. At a still less disturbed level, the child is not only aware of its True Self, but is constantly on the look out for conditions wherein it can be allowed to surface. At a more neurotic level, the False Self is confined to certain roles, leaving the True Self available to emerge when outside of this role or outside of an interaction with a specific person. Where do you think Alex falls on this continuum? What data comes to mind in support of your hypothesis?

Therapist: I think it is very useful to think about Winnicott's continuum and I would say that this child's True Self was only partially available to him evidenced in his authentic and very creative play. Winnicott, in the paper that you refer to, also talks about the "developmental

BUILDING A TRUER SELF WITH ALEX

level” at which the child expresses his the True self and I think this concept is worth taking into account in Alex’s case. Winnicott says the True Self is closely linked with the idea of primary process and in its early stages refers to sensori-motor aliveness. However, at this stage, the True Self is not yet reactive to the external world. As the True Self develops in complexity, it can start to relate to the external reality through the mediation of the mother. The accurate mirroring of the infant’s spontaneous gestures is essential for the external reality to gain a counterpart internally. In Alex’s case, because the mother was not able to mirror and metabolize his gestures, his True Self is only available to him when he is in contact with his primary process thinking in a visceral and non-verbal way but its expression is very much interrupted when he interacts with the external world. Most of his encounters with the external world are traumatic as we saw from his sense of estrangement in the initial session where most things about the operation of the world were quite confusing to him.

The mother explained that Alex had two close friends in his previous school and that he wanted to spend time with them, sit with them and hold hands all the time. She also stated that Alex liked to be in control and wanted things done his way and when his friends didn’t go along with him, he became upset. Alex had difficulty sharing during play and got very upset when he loses. He had a sensitive streak and a desire for praise and acceptance. He quickly felt inadequate and angry in instances of failure. Alex’s self-representations were remarkably similar to the mother’s representations of Alex, pointing to the internalization of the mother’s representations of him.

Discussant: Again, do you have any sense of how aware Alex was of how much he had internalized his mother to his own loss of self? Were there any signs of him wrestling with parts of his mother in an ego-alien way?

BUILDING A TRUER SELF WITH ALEX

Therapist: I am starting to feel we are talking more about an invasion of his internal life by the mother's than an internalization. Here is an example from one of the earlier sessions. As we are fighting against the angry dragon, he says:

P: there is a man in there (pretends to open up the dragon's stomach)

T: there is a man in there?

P: I am gonna beat you (to the man inside) Aaa, he is a bad guy.

T: He is a bad guy. Angry dragon with a bad guy inside.

P: We need to move. Come on. Come on. It is getting out.

T: Noo, it is getting out!

P: It is out!!

T: Noo!

T: (He starts looking inside the dragon again) Is he in there? I wonder where he comes from.

P: I told you there is a man in there.

T: The dragon has someone bad inside.

P: Mom.

T: Mom? Your mom?

T: Your mom.

In this transcript, I hypothesize that he is talking about angry scary feelings inside the dragon embodied in the representation of this man, who he "slips" and calls mom. I do think he is carrying some of the projected unmetabolized anger of his mom, who had told me in the PDI that all she remembers from her childhood is angry feelings, however these were not attached to any specific memories. He feels some of her free floating aggression inside him (the dragon as a representation of himself) and he feels overtaken by these angry feelings as if they transform his identity into someone else's. These transformations also made me think that he felt he was carrying something alien that did not belong to him.

BUILDING A TRUER SELF WITH ALEX

Evaluation with Alex

When I first met Alex in the waiting room, I found him to be an attractive child who was appropriately dressed and well taken care of. He easily separated from his mother, held my hand and walked with me to the playroom. When he came into the room, he excitedly approached the toys and started playing right away. However, he had difficulty sticking to one activity for long, making his play chaotic and disorganized. Regardless, it was significant that in all the initial sessions, he played out the same themes in slightly different forms.

Discussant: It seems crucial to me regarding his diagnosis to note this fascinating contradiction: while the process of his play seemed restless and chaotic, the thematic content of his play seemed consistent and coherent, and this combination seems quite reminiscent of Winnicott's description of the child with an inadequate capacity to be alone (1958).

Therapist: Yes, especially given the fact that he could only play when I was fully involved in the play with him, both verbally but also very much physically through my body. He would direct what I should do or say and you can see in the sessions, I mostly repeat back what he says to me because he really needed me to be connected him at that level; otherwise, he felt our connection was lost and he would be easily overwhelmed.

In the first session, he instantly grabbed a toy sword and told me that we needed to fight. He set up a power dynamic where he had to be the strong one and I had to be killed and then revived, only to be killed again. The play was completely in his control and I was just an object participating.

Another theme that was prominent was getting hurt and asking to be healed. In our first session, while he was cooking, I created a pretend fire with my hand and he put his hand in it and got burned; so, I found a piece of fabric and bandaged it. In our ensuing sessions, he asked again that I make a fire with my hand and each time he put his hand in it and asked to be bandaged. Likewise, he wanted to know if I was hurt, and bandaged my hand. He also

BUILDING A TRUER SELF WITH ALEX

became a doctor in every session and told me that I was sick (“You have a booboo”) and gave me injections. He was able to show me that behind his wish to be powerful there was a fragile self that needed to be taken care.

Discussant: Yet he was also responding to your beautiful ability to heal him by identifying with you as a healer, suggesting, perhaps, that there were also soothing and comforting aspects to his tie with his mother.

Separation emerged as an area of difficulty at the end of the first session. When I told him that we had to stop, he hid under the table, started pretend crying and tried to block the door. My attempts to tell him that he will come back next week and that I and the room would be waiting for him were of no avail as he started to cry and tell his mother that he wanted to stay with me.

Discussant: What might it mean to his mother to have him speak of his wish to stay? How did you handle this potential minefield of parent-therapist conflict?

Therapist: The therapy space was always something the mother devalued, I think because the idea of opening up what she had compartmentalized was so threatening. To see that Alex could not only open-up but also not want to leave that space must have been frightening. She was so tightly controlling what she allowed to express and what Alex was allowed to express that the fact that I could potentially try to expand on this was quite dangerous. Like I said, she dealt with all this danger by dismissing the value of therapy. Much of the time she would say to me that he is just a boy and he will grow out of it and what I was doing or not doing with him did not bear much significance. She would say “He just needs to toughen up!”. I don’t think I ever successfully engaged her in the process. It was quite tricky for me because on the one hand I could see that her defenses were brittle and that she needed that defensive structure to cope with all that has happened to her but at the same time this was negatively affecting Alex’s emotional development.

BUILDING A TRUER SELF WITH ALEX

Discussant: What was that like for you internally? How did you deal with your resentment of her relative lack of a therapeutic alliance? Would you anything different now?

Therapist: It was quite frustrating for me because I felt I could not bridge what we were doing in the sessions with what was going on for him in the external world with the mother. He really struggled to communicate to himself and to the mother "what is inside him" and he needed someone to translate to the outside world the raw and terrifying emotions that he experienced. Even though I understood him quite well in the sessions, I failed to do that for him with his mother. As much as these feelings of helplessness helped me understand his inner world, I questioned the therapy I did with him. In order to improve the communication between the mother and Alex and myself, I invited her into the sessions so that she could observe the feelings that Alex is reluctant to show her outside of the therapy room. I thought perhaps this process could allow her to see and own some of her unacknowledged parts. However, this was too threatening for her as she really was unable to be part of the play. She was extremely controlling and showed no curiosity about Alex's internal world. I think, in hindsight, it was a mistake to expect her to join the play and witness Alex's internal life. She, just like Alex, needed someone to just sit with and contain her internal life. With time, she may have felt safer about contacting her inner world and Alex's inner world for that matter.

Formulation

Alex's main difficulty was expressing and modulating strong affect that gets acted out through aggressive behaviors. On the one hand, some of these symptoms are the result of his expressive and receptive language difficulties. It is often very hard for him to express himself through language as he has access to a narrow range of vocabulary and has articulation difficulties that make it difficult for others to understand him. Similarly, he has difficulty following multi-step directions. It is evident in his play that he is developing symbolic function; however, in part by virtue of his developmental language problems and in part due

BUILDING A TRUER SELF WITH ALEX

to psychic conflict, he has not been able to fully use his symbolic capacities to integrate and regulate his internal experiences.

On the other hand, Alex and his mother have an enmeshed relationship where it is difficult for Alex to internalize her as a safe object. It is clear that he suffers from separation anxiety and feels threatened in the world and hence resorts to action to deal with his anxiety. I also hypothesized based on his session behaviors that he may be feeling very hurt after separations and in order to feel strong again and cope with his hurt, he was acting out, becoming aggressive which made him feel more powerful.

Treatment Recommendations

Both psychological and educational interventions were necessary for Alex's treatment. I recommended that Alex would benefit from psychotherapy sessions with me. It was also important that Alex continue to receive speech therapy at school.

I also wanted to work with the mother to help her with her separation difficulties from Alex. Before starting my work with Alex, I gave her the "Parent Development Interview", (PDI: Aber et al., 1985; PDI-R:Slade et al., 2004) a 45 item semi-structured clinical interview intended to examine parents' representations of their children, themselves as parents, and their relationships with their children. The parent is asked to describe her or his child's behavior, thoughts, and feelings in various situations, as well as her responses to her or his child in these situations. The parent is also asked to describe him/herself as a parent and to discuss emotions stimulated by the experience of parenting. The interview strives in a number of ways to tap into parents' understanding of their child's behavior, thoughts, and feelings, and asks the parents to provide real life examples of charged interpersonal moments: Such questions provide a direct means to evaluate the parent's understanding of her/his own and her/his child's internal experience at times of heightened affective arousal.

BUILDING A TRUER SELF WITH ALEX

When I asked the mother for adjectives to describe herself, she immediately said “driven” and said that she always has to be on the go in order not to think about things. When I asked her about her family history, she had great difficulty coming up with examples to support her narrative and said she blocked out everything and only remembers/wants to remember the happy times. However, she reported that the primary emotion that stayed with her from her childhood was anger. She reported that she was extremely angry at her mother, who in her view, drove her father away due to marital conflicts.

Discussant: How do you think this experience of her parents related to her passive wish to keep her baby? How do you think it impacted on her behavior towards Alex's father when they separated?

Therapist: I am not sure if this answers your question but I am thinking about Alex's fantasy that he or the mother drove the father away and I am starting to see that this fantasy of the mother's regarding her own father was replayed in Alex's mind. The mother may have been trying to undo what has happened to her; by giving the father this child she would (she hoped) ensure that he would not leave, yet they ended up repeating the very same pattern. The mother's anger towards her own father, which was split-off and projected onto her mother, was now directed at Alex's father, holding him responsible for not being available.

When I asked her for specifics, she said that she blocked out the details but could still feel intense anger. When I asked her about early separations, she reported that she remembered no separations and she erased such emotional memories from her mind. She described herself as a “doer” as opposed to someone who let herself experience emotions. Therefore she reported that she did not understand nor approve of Alex's emotionality.

Discussant: Yet on some level it seems apparent that his very emotionality also draws him to her, as part of her intensely ambivalent wish to have her own emotions held and acknowledged.

BUILDING A TRUER SELF WITH ALEX

Therapist: I completely agree. Alex's emotionality is very much tied to her own emotions that she cuts off but at the same time she needs to keep Alex very close because he carries something that is so vital to her core.

It has been established by many researchers that a parent's responsiveness to her child's feelings is strongly predetermined by her own defensive structure in relation to similar affect (Fonagy et al., 1991). These defenses have their origin in the parent's developmental history. Experiencing any emotion, especially vulnerable emotions such as hurt and sadness, were extremely threatening to Alex's mother. She had a significant trauma history herself, having been physically abused by her mother. She was, in a way, protecting herself from these traumatic memories and emotions by blocking everything out. I needed to help her understand that Alex had difficulty containing strong emotions and that's why in a way he threw them up, or acted them out and that he needed our help in regulating these emotions.

Discussant: To what extent did you try and do the same for her?

Therapist: Like I said before, I feel I could not really provide for her what she needed. There would be sessions in which she would either dismiss the importance of emotions and I would feel frustrated not knowing how to have a meaningful dialogue with her. I vividly remember one session where she came in and told me about the trauma she has suffered; she cried and left. I know she needed me to just contain the unbearable pain, which to a certain extent I did by simply listening to and witnessing her pain, but the next session she was again back to her defensive position and I was at a loss as to how to refer to our previous meeting. What do you think would have been an effective approach with her?

Discussant: I have no doubt that your serving as a container of this trauma was exactly what was indicated: the problem was that she had no fundamental wish or thought that she could let herself be drawn to a therapy process, thereby making a tie with you tenuous at best.

Course of Therapy

BUILDING A TRUER SELF WITH ALEX

The first order of business in therapy was to help Alex regulate his emotions; especially his anger and help him deal with his separation anxiety. The following report is about successive stages of Alex's 3 year, twice weekly treatment, as he moved from psychic disorganization towards creating an internal structure that could house unique mental representations and used play to structure his inner world.

Psychic Chaos and Terror

An early session with Alex began thusly:

He comes in and starts turning the light off and on.

P: Say "What's wrong?"

T: What's wrong? What is going on?

He continues to turn the light switch on and off with no answer.

P: Say "What's wrong?"

S: What's wrong? I wish we knew what is going on.

P: Look up! (Points to the light bulb and continues to turn the light on and off very fast). It is going fast. NOOOOOO!

T: NOOO. We don't know what is wrong. We can't understand.

P: Call the police.

T: Ring ring. Is this the police?

P: Yes.

T: We have an emergency here.

P: What's wrong?

T: We don't know. We don't understand. It is very very scary. Help!! Can you help us?

P: Sure.

T: Please come fast...

P: Dadidadidadi. (He knocks on the door).

BUILDING A TRUER SELF WITH ALEX

T: Who is it?

P: The police.

T: Thank God you came. We don't know what is going on. We don't know what is wrong. I hope you know.

P: (He tries to fix the light switch- but it doesn't work.) It keeps going... I know. Come in to my car. (I ride his car and he starts to shake us around wildly.)

T: Oh no. It is a rocky ride. It is not safe.

(He crashes the car into the wall and starts coughing violently.)

P: I die.

Alex recreated the unsafe world that the mother had mentioned in her initial report.

Much of the time he had difficulty understanding how the outside world operates and evidenced a general sense of terror and threat. He asked for help from authorities, people who should know how things operate, and when they failed, he tried to emotionally remove himself from these incomprehensible situations. The similarity between Alex's experience of the world and the mother's representation of the world as an unsafe place that could not house Alex was remarkable. He projected this inner world to his play as he came to one of his initial sessions, and as soon as he entered the room, he started turning on and off the light switch. Light, dark, light dark... He asked for the police, a strong authority who could perhaps fix this sense of wrong and when the police could not do that he disconnected from the world "I died."

I tried to give words to his confusion and terror and describe how lost he feels when he can't comprehend something. Along with the terror, he also experienced discontinuities in his sense of self and his body. For instance, in other sessions during this period, he would try to chop his body up into pieces, or act as if he is electrocuted. He would suddenly tell me that there is a big fire and we were burning. Right after the fire, there would be a snowstorm and

BUILDING A TRUER SELF WITH ALEX

we would freeze. These kinds of fragmentations in his bodily self took place at the end of the sessions as well, as he felt chopped into pieces due to the separation. It was important that he start to feel safe in the sessions. I aimed at interventions towards strengthening his bodily integrity: “You will always be Alex”. “This is your body and it will always be yours”.¹

Feelings as Part-Objects

As he started to feel safer, he started to bring into his play feeling states that scared him. His anger became palpable in the sessions. It was initially expressed by direct attacks on the toys, trying to pound or smash them. I had to stop him multiple times and remind him that we can't hurt each other or break anything in the room. These interventions helped him direct his anger and project it onto his play. In the play, his identifications shifted rapidly as he would simultaneously identify with the aggressor and the victim.

P: I'll fight you again. (He starts hitting me and it gets a little rough so I tell him to pretend to blow fire).

T: Do it with the fire. (He starts blowing fire and I start blowing wind). The cold wind.

P: Say, no.

T: No,no,no.

¹*Discussant: These experiences speak purposefully to the diagnostic questions raised early in the paper. His all too easy sense of fragmentation when stormed by affect is consistent with the pre-oedipal child's still vulnerable clustering of experience before libidinal object constancy has been fully established.*

Therapist: In the initial stages of our therapy, much of the time, he felt he did not have an intact body. We had to go the bathroom and literally check in the mirror if his body is stable. For example, towards the end of one session, he was licking one of those lollipops that also color one's tongue and he said to me:

P: Look at my eyes. What color are my eyes?

T: Brown.

P: We have to go to the bathroom.

So we went to the bathroom to look at the color of his eyes in the mirror. Every time he ate his candy, he asked me what color his eyes were and whether they had changed color. I had to tell him that his eyes will always stay brown as he was not yet convinced that his body was stable.

BUILDING A TRUER SELF WITH ALEX

P: I am gonna fire you. (I die and he revives me with the magic shaker.)

P: I will get you again. (He blows fire and I blow wind).

T: The cold wind.

P: The dragon fire.

T: the cold wind, the cold wind. It's putting your fire out. Feels good to win.

P: No, you are not.

T: Oh, no... I try to be as brave as I can but I died. I have no more wind left.

P: (He starts showing me the tail of the dragon.)

T: Look at that tail, a long tail. What can you do with that tail? (He hits the puppy and the puppy dies).

P: Ha, ha, ha.

T: You like that. What is his name? (the dragon)

P: The bad guy dragon.

T: The bad guy dragon? I wonder how he feels. Must have angry feelings inside.

P: Yes, look at his eyes.

T: Look at those eyes. Wow. Angry.

P: Look at my tongue. I am the bad guy.

T: That must feel strong.

(We start fighting. He blows fire and I blow wind).

T: The cold wind.

P: I'll fire. (He aims at doll house).

T: No, no. Its burning. Everywhere is burning. No, the house is on fire. No, no.

Everything is breaking. No, nooo. Fire, help, fire, fire.

P: : (He goes to the other side of the room and starts fighting the dragon with the magic shaker.) Hiyaa.

BUILDING A TRUER SELF WITH ALEX

T: Oh, now you are fighting the dragon with the angry feelings. You changed sides. I wonder why.²

P: He died.

T: He died. You killed the bad dragon that was attacking me. No, no, he's back again.

Hmm angry feelings don't go away easily.³

P: He tried to burn us.

T: I know. Felt so scary. Everywhere was burning. I wonder what made him so angry.⁴

P: (He picks up the dragon) Ha, ha, ha. (He kills it).(He starts throwing legos at the dragon). He died.

²*Discussant: This is thunderously good therapy! You are able to articulate and amplify his fears yet never to the point where he feels overwhelmed and abandons the play. Yet you are also attempting to provide a scaffolding for curiosity (Tuber and Caflisch, 2011) ("I wonder why") to help him develop the ability to step back from his affects and create a transitional space from which to view his experience. Therapist: I was also trying to voice an internal life for him as much of his experience of his world was in the mode of action. I wanted to be able to reflect that as his feelings shifted, so did his identifications and consequently his actions.*

³ *Discussant: I love this validation of how tenacious angry feelings are!*

⁴ *Discussant: Once again you try and build a scaffold to hold on to as to just be overwhelmed by the affect he expresses.*

Therapist: Initially, I used to express all this in longer sentences that would alienate him due to his receptive language deficits. I remember you had given me a 5 word limit! I was really challenged to use simple words and syntax and be quite precise in my speech. I started to rely on verbal repetitions that marked his state but also use slight modifications that could open up the space for further thinking (Halfon and Weinstein, 2013).

Discussant: That makes perfect sense developmentally, cognitively and clinically.

BUILDING A TRUER SELF WITH ALEX

He at times experienced his feelings as objects that should be removed.⁵ For example, when he felt angry he was worried that his body literally transformed into an evil character (which he called “the evil”) that overtook his identity and controlled his behaviors. He very much questioned whether this evil figure was inside him, inside me or projected onto the external world. Self-other differentiation and boundaries became diffuse as he would touch me and tell me that I am evil and then feel scared of me. Such fragmentations in his sense of self and object relations could scare both of us and feel too real. When he was scared I would whisper to him “this is still play right?” to remind him that we are in an “as-if” mode or I would stop the play and tell him “this is me”, “you are you”, “it would be very scary if I was evil”, and “we are safe here.”⁶

At the same time, I was aware of the importance of containing and transforming these “evil” feelings into something more comprehensible and tolerable. He would want me to pull out from his stomach this sense of evil with pliers and throw it in the trash. This was a cry for

⁵ *Discussant: This is developmentally consistent with the early stage of affective development in the second and third year of life wherein affects are experienced as objects with physical properties rather than states of mind. Thus at this age, for example, a child is happy because she is smiling or angry because he is frowning and not because of an inner feeling state.*

Therapist: I do agree that this is a developmental arrest but I also think this is another example of the “alien self” of the mother that was projected into him. I do think part of the reason he was so desperate to remove his emotions was because he was forced to internalize her state of mind as part of himself. He deals with this “alien self” by externalization as he perceives the alien affects as outside his mind.

⁶ *Discussant: Reminding him of the “as if” mode of play speaks to his inability to keep play as a transitional experience, making you resort to having to concretely reassure him that reality was different from fantasy.*

Therapist: I was reassuring both of us as the play literally felt quite scary to me at times... You may remember this from class, but with him I always had this question in mind: When is play too real and when is it transformative? I took my fear as an indicator to differentiate the two but I also have a tendency to just let things develop and it is sometimes hard to tell when it is therapeutic and when it is simply dangerous and too far. This is such a crucial, yet often diminished notion: although play is the “gold standard” for childhood expression of authenticity, it is also simultaneously often on the brink of “madness”, of threatening to become too real and thus toxic.

BUILDING A TRUER SELF WITH ALEX

help, to offer him a support for representing his fears, containment for their intensity, and ways to transform the overwhelming emotions into symbolic form. I started to name “the evil” as angry feelings that are scary and help him differentiate one feeling from another. As he started to understand that these were feelings and were part of his internal world, he developed a better sense of control and agency. Eventually, when we would pull out “the evil”, it would not be expressed in this uncontrolled diffuse anger but would be sleeping and we would walk around it trying not to wake it up. In another session, we would pretend to oil the floor and so that “evil” would slip and not reach us. All these developments were signs that he was building ways of coping with these emotions instead of being at the mercy of them.⁷

I also made him know that there could be other emotions in the room such as feeling powerful or feeling scared. With time, he could also start to tell me that underneath the anger there are other feelings such as feeling very hurt. These feelings came up mostly when he felt punished. For example, in one session we were running around the table and he was trying to catch me. When he did finally get me, he started to severely punish me, expressing much anger at me. I knew that this was a state that he had experienced himself and he wanted me to feel how hurt he feels when he is in that condition:

⁷*Discussant: Your beautifully attuned work with him thus permitted him to make the developmental leap from affects as objects to affects as states of mind that have meaning. This is the necessary conduit for later work that might link individual meanings from his past to affective states in the room. But this later potential attempt at “insight” would not be possible unless he could make this leap to affects as feeling states and not as objects that must be pried out of him. Your using a pliers metaphorically is a brilliant means of enabling his concretizing of feelings to be used therapeutically to minimize their terror. Therapist: Yes this developmental leap also changed the flavor of the sessions as they were not so action oriented anymore. In the initial sessions, I would literally get exhausted after every session because we were so invested in expressing ourselves through the body. However, as he developed the capacity to differentiate state from behavior, we could experience an emotion together, even perhaps talk about it without having to always express its behavioral demonstrations. I think this also opened up the mental space for both dyadic and triangular experiences, as he could start to think about his emotions in relation to others.*

BUILDING A TRUER SELF WITH ALEX

P: I will catch you.

T: You tied my arms. I can't move. You tied my legs. I am so scared.

P: I'll take you to office! (He pulls me using my scarf and I follow him). Go this way! (He pulls me to the corner)

T: (He takes me to the corner and pushed the chair and the table in such a way that I get trapped) I am stuck. You put me behind the chair. I can't get out. Such a terrible feeling.

P: Don't move.

T: I can't move...

P: Never, never, ever, ever!

P: My band aid (He looks hurt and shows me the scar behind the band-aid).

T: Yeah, your band aid got off. It hurts. You are hurt.

P: Aww

T: Aww. You are hurt.

P: Don't move your arms or your fingers!

T: You are angry but you look hurt.

P: That's why. That's why I am angry.

T: That's why you are angry. Because you are hurt.⁸

Differentiation and Containment of Emotions

He started differentiating and distinguishing emotions as well as making links between different emotional states that may trigger one another. With time, he started to understand that these feelings are inside him and he can find ways to contain or control these feelings.

⁸ *Discussant: What a special moment in this child's life! You were able to distinguish between a physical "look" (hurt) and an underlying emotional state (anger) and the child "gets it" and can then link the feelings together! This is the very basis for the capacity to make emotional meaning from experience and we are seeing it in statu nascendi!*

Therapist: I still remember the exact image of his face when he looked hurt. It really was a very touching moment for me.

BUILDING A TRUER SELF WITH ALEX

For example, in one session he grabbed a stethoscope to be able to hear angry feelings that are inside us and he first started to listen to his heart and then my heart. Then in order to carry these feelings, he wanted to build a boat:

P: Oh, no! (He points to my mole and then to his scars)

T: I am hurt, too. I am hurt like you.

P: Let's heal it. Where does it hurt?

T: it hurts here. Can you do something?

P: (he goes to get the stethoscope and puts it on my mole to hear what it says) It says I am not feeling good.

T: (He puts band aids on it and listens again) What does it say?

P: That says I am hurt.

T: (He takes the magic juice that we drink to get stronger and shows it to me) Maybe the magic juice can help. (He throws it away) No, it can't. When you hurt it is hard to heal. (He shows me the band aids) Oh, the band aids. Let's put the band aids.

T: (I pretend to put band aids on his wounds). Let's hear what it says now. Still hurts?

P: aha.

T: Still hurts. Hurt feelings don't go away easily

P: let's make something. (He gets the legos)

T: let's make something.

P: We can make a boat. Let's put this up. This is the mission. This is my mission.

T: It is your mission. Look like a big mission.

P: My mission. For my feelings.

T: For your feelings?

P: aha.

T: This is a boat for your feelings. To carry your feelings. Feeling boat.

BUILDING A TRUER SELF WITH ALEX

P: Let's get some more.

T: We need more for your feelings.

P: Yep. More, more.

T: You have many different feelings to carry.

P: Yep. Now that we know how to make a boat, we can make a new boat.

T: Yes you can. Now that you know, you can make as many boats as you want. A boat for every feeling.

P: What's our mission?

T: Our mission is to make boats for feelings.⁹

Moreover, the outside world was no longer all negative and scary. He created benign yet powerful characters that could protect us at times of danger. For example, he named one of these characters "Shine" and we called him when we were in trouble:¹⁰

P: Come on, come on. The bad guy is gonna get us. Get in. Shhh. Be quiet.

P: We are gonna die.

T: We are gonna die. Oh no! What are we gonna do?

P: Call Shine.

T: Shine! Shiine! Shine there is an evil bad guy outside. Shine. Can you hear me?

P: hrrr (Shine is asleep)

T: Shine is sleeping.

P: (Alex pushes Shine) What? Who did that? A bad guy?

⁹ Discussant: What is also so striking here from a developmental perspective on affects is that cataloguing one's feelings ("a boat for every feeling") is a necessary precondition for the later integration of feelings, one with another. When feelings fully become mental states they become far more malleable and hence less terrifying. Placing his feelings in boats is an especially evocative bit of literal containment!

¹⁰ Discussant: Indeed, for once feelings are no longer literally persecutory objects, they can become under the reign of the domain of play (Tuber, 2012) and "good" feelings can be produced to combat "bad" ones.

BUILDING A TRUER SELF WITH ALEX

T: No. It is us Shine.

P: Who?

T: Alex and Sibel.

P: Who?

T: Your friends. There is a bad guy outside.

P: That's the bad guy.

T: That's the bad guy. He's somewhere in here. Aaaah.

P: Yes, right by the door. You should stop crying please.

T: But I am scared.

P: Don't be scared because we have our weapons.

T: We have our weapons to protect ourselves?

P: Yes. Look at that. Chhng (Shine is transforming into a weapon to fight the bad guy)

Contextualization of Emotions in Alex's Life

At this point, he could also bring to his play his representations of his mother and father and their relationship. His mother emerged as a very punitive character, who would strictly discipline him. The loving mother would instantly transform into a scary mother and he would ask "who are you", "are you still my mother?", "are you my good mother or bad mother?". For example in one session, as he was punishing me, he told me to close my eyes:

P: Now you'll get some smacking.

T: That hurts.

P: Now close your eyes. Hi Sibel.

T: Hi Alex.

P: I am not Alex.

T: Who are you?

P: Your mother.

BUILDING A TRUER SELF WITH ALEX

P: Say "Wait."

T: Wait.

P: Say "You look like a bad guy."

T: You look like a bad guy, are you really my mommy?

P: Yes I am. I am super evil. (Makes evil faces)

T: Mommy mommy what is happening to you? You look so angry. Anger makes you look like an evil mommy.

P: Wait a sec. Close your eyes and you'll see I am good. Hey Sibel

T: hey who are you?

P: I am your dad. The one that can cook. You have to eat your green beans! Say "Awwww."

T: Awww.

P: Eat your dinner! Say "No!"

T: No! I won't.

P: Oh yeah? Then take this. Motherrr! Kick her butt.

T: Stop, that hurts. You cut off my hand. Now I can't hold anything. And my neck. You chopped me into little pieces.

P: You don't know who we are. Do you? Do you?!¹¹

T: I don't know who you are. I can't trust you.

P: You better know quickly.

T: I thought you were my dad.

P: I am your dad.

T: and my mom.

¹¹ *Discussant: What an intense, brilliant evocation by the child of what it feels like to not to understand when the "other" he thought was permanent disappears and is replaced by malevolence. Once again Alex allows us to see what it is like when one is not yet capable of integrating contradictory and powerful affects.*

BUILDING A TRUER SELF WITH ALEX

P: I am your mom. What are you talking about?

T: When you get angry at me, you don't look like them anymore. I feel alone.

P: You don't know who this is gonna be. You don't know nothing, right?

T: I don't know nothing. I don't understand and I am just scared. I don't know who is who, who is good, who is bad, who is gonna love me and who is gonna punish me.

P: You don't know what this is?

T: no what is it?

P: it is an ... it is something that you love the best.

T: it is something that I love the best?

P: yes

T: what kind of a thing?

P: that goes like ho hooo

T: a train?

P: yes a vacation for you?

T: I am going on a trip?

P: you are going to Hawaii.

T: Hawaii. Yipee.

P: You want me to punish you so you don't get to go to the trip?

T: Nooo.

P: Say "No mommy."

T: no mommy. Please I really want to go to this trip.

P: You are punished because of bad. You know what we do to a bad person?

T: Oh what?

P: Punish forever.

BUILDING A TRUER SELF WITH ALEX

T: That's a very long time.

P: Forever ever ever ever ever (multiple times) ¹²

Despite the disturbing nature of the session, I felt that we had made significant progress.

Initially his feelings were all negative, diffuse and undifferentiated. They were magnified and generalized. His anger came out in destructive actions such as wanting to break the toys.

However, with time, his anger became more specific and got associated with particular people and situations in his life as evidenced in this session.

As he started to name, control and contextualize his feelings, he also started to deal with his separation anxiety better. ¹³ For example, in the initial sessions he had a lot of difficulty tolerating the ends of sessions. He wanted to chop me up into pieces because he felt so angry that I ended the session or he tried to turn me into himself to be able to fully control these separations. If I am him, then I can never be separate from him. However, with time separations became more tolerable and he started to separate from me much more easily.

¹² *Discussant: Here Alex tells us about the archaic fear Winnicott described as a fear of falling forever, a fear at a level of annihilation. Yet the fears are expressed in play, with words, transforming them into worries that can potentially be mastered rather than enactments that are re-traumatizing.*

Therapist: I again have that question in mind about when play is transformative and when it could re-traumatize. I do agree with you that in this case, this was not a mere traumatic repetition but what is the criterion to hold onto to be able to make the distinction?

Discussant: I wish there were such criteria! Unfortunately, we are left with the fact that it can only be gleaned from what the child empirically demonstrates in the nature of his play and the degree of disruption certain themes evoke in his capacity to both maintain the coherence of the play and to stay with his affective experience without marked regression.

¹³ *Discussant: This speaks to the reciprocal, intertwining nature of affects and object relations. The more his affects become states of mind rather than things, the more possible it becomes to experience both self and other as less fixed. The archaic anxieties associated with past painful experiences with others can then be mitigated by more benign representations of self and others so that, for Alex, his primitive separation fears become less terrifying.*

BUILDING A TRUER SELF WITH ALEX

For example, when he came into the room, he divided the room up in two, telling me that one part of the room was his side and the other part was my side. He also created passwords that only he knew that permitted access into the room. These were all signs of him separating, individuating and establishing a separate identity:

P: Let's move it. (He moves the table to make two separate rooms)

T: Let's move it. Ok, let's divide the room. Let's make two rooms. Your room and my room.

Push it. Turn it.

P: That's it. Knock the door.

T: Knock the door, ok. Knock knock.

P: who is that?

*T: Its Sibel. Can I come in to **your** room?*

P: First you have to say the magic word.

T: Aaah, I don't know the magic word.

P: It is duu.

T: Duuu. Ok. Knock knock.

P: Who is that?

T: Its Sibel.

P: Say the magic word.

T: Duuu. Ok, I got in. You closed the door! I can't come in. You left me outside. I can't come in.

P: Hihhi.

T: Knock knock.

P: Who is it?

T: Its Sibel.

P: say the different magic word.

BUILDING A TRUER SELF WITH ALEX

T: You changed it? I don't know the different magic word. Only you know the password. I wonder if you will share it with me.

P: Duuddudu.

T: Duuddudu. Ok. Knock knock.

P: Who is it?

T: Its Sibel.

P: Say the magic word.

*T: Duuddudu. I got in, I got in!*¹⁴

Conclusion

Alex presented for therapy due to aggressive and disruptive behaviors at school. Initially, his anger was strong, pervasive and undifferentiated. It could easily be generalized to color his whole world. The concept of a False Self structure (Winnicott, 1960) was used in order to understand Alex's lack of symptomatology with the mother, when this was contrasted with the extreme nature of his symptoms upon entering kindergarten. His mother had a very limited capacity to contain Alex's erratic behavior and little tolerance for any impulsivity or spontaneity on his part. Even though Alex's True Self was only partially available to him, evidenced in his authentic and very creative play, it was hidden from the mother and the external world due to the lack of adequate mirroring. Therefore, he had to limit the expression of his True Self when interacting with an external world that had become traumatic as we saw from his sense of estrangement and alienation in the initial session.

¹⁴ *Discussant: The delight and relief that you can be allowed into the child's domain, and his delight and relief that he can let you in on his terms speaks to powerful changes in his experience of affects that in turn allow him to experience both his therapist and himself with far greater benevolence than before his treatment began.*

BUILDING A TRUER SELF WITH ALEX

In therapy, he tentatively began to feel safe to open up a play space in which we started to contextualize his emotions. He could link his anger to other emotional states such as being hurt and being punished. The sessions helped him connect with his fantasy world without danger, and create a dictionary of his own. He also could start to create an internal psychic structure, an “internal boat” to contain these emotions which became less intense in their expression. This in turn positively affected his school performance as his disruptive behaviors decreased and he started to express himself in a much more contained yet authentic manner in the classroom. The reciprocal nature of the interaction between his increasingly adept containment of his affect and the emergence of greater authenticity with others was amply demonstrated.

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