

Learning to Love Our “Selves”

Janina Fisher, Ph.D.

Seeking inspiration for a presentation on “stuckness,” I once asked a group of colleagues, “What does ‘stuck’ look like?” Their descriptions told a familiar story: “Some days, it feels like being on the edge of a new discovery—but much more often, she seems flat and ‘Eeyore’ comes to mind. It is all hopeless and bad.” Another wrote: “He keeps returning with the same symptoms of desperation and despair—as if what got accomplished last week has somehow leaked out.” “She always comes with her constant companion of suicidal ideation, which she refuses to give up.” “He has a lot of negative tapes playing, such as, ‘You don’t deserve more, you’re not good enough, you’ll fail anyhow, why bother, you’ll just be disappointed again.’” Stuckness affects not only the client but the therapist: “I know we’re stuck when I feel frustrated, devalued, help-rejected. . . I’m doing too much work. . . I’m being asked too much of. . .” “Sometimes, I wonder what **I’m** doing wrong in this case . . . Maybe I just need a vacation. . . .”

In all these descriptions, there is a common theme: intense battles between internal forces are being fought deep within the client, battles with a life of their own often inaccessible even in therapy. Sometimes these struggles pit a part striving to connect emotionally and socially against parts supporting hopelessness and resignation to their fate. Sometimes the war is literally between life and death: the part of the client that

wants to live or already has a meaningful life is in direct competition with a part that lobbies for suicide as protection against overwhelming feelings. Parts with healthy self-esteem or aspirations can be repeatedly undermined by scathing judgmental parts or parts filled with shame. Week after week, month after month, the therapist's encouragement of self-acceptance and compassion is often met by the client's "default setting" of alienation and self-hatred. Because these battlefields are internal, not interpersonal, I have to come to think of them as reflecting "internal attachment disorders" that mirror the attachment failures of early childhood and often replicate them. When we have been lucky enough to experience early secure attachment or to have "earned" it later on in life, we are comfortable with ourselves. We can tolerate our failings and those of others, recover from painful events, forgive ourselves or others for acting badly, and catch ourselves before we perseverate on negative judgments. We are connected to ourselves, rather than alienated. But for some of us, alienation from self early on was essential to survival.

Alienation from self can be adaptive genius: if we disown the part of ourselves holding the pain of rejection or the physical and sexual abuse, or distance from the part that was too emotional or too free-spirited to be tolerated in our families, then we can bring to the table just those aspects of self that are acceptable in that environment, parts that can win any available crumbs of attachment or praise. It is a brilliant survival strategy but one that comes up short once the demands of adult life call for qualities or actions not available to the parts who helped us survive. And even before that, we are paying a subtle yet insidious price for this alienation from self. It means that inside us,

there is an unsafe environment in which some parts of us are acceptable and other parts are judged and rejected. Even if it's a day on which we happen to be pleasing our inner powers-that-be, we know that the judgmental parts are standing ready to reject us as failing or undeserving, our anxious, ashamed parts are already pulling back before anything has happened yet, and our hopeless parts are expectantly waiting for another defeat.

“Marcia” didn't know that the price of her childhood survival had been self-alienation or that disowned parts were now causing mayhem in her otherwise normal suburban life. She came to therapy, she said, “because I want to give up my children and leave my husband.” As the therapist hearing these words, I can still remember the jolt I felt inside my own body: the thought of giving up her children might have relieved some burden for her but felt to me very unsafe—for the children and for her. Ten years before, it appeared that, after a traumatic childhood marked by abuse and neglect of every kind, she would have a “happily ever after” ending. She married her childhood sweetheart, moved away from her family, and had three children in succession. Then without warning, after the birth of the youngest girl, she suddenly became someone she didn't know anymore, erupting with rage at her children one day, hiding in the closet or unable to get out of bed the next day. With equal suddenness, she “fell in love” with the landscaper who tended their yard—she couldn't stop thinking of him, dreaming of being with him, even meeting him for brief romantic interludes. She had no way to know that giving birth to a youngest girl, as she had been, would trigger feeling and body memories of traumatized parts that seemed to be left behind—“where they belong,” as she would

have said. Appalled by her own behavior and fearful she was becoming “as crazy” as the family who raised her, Marcia sought help.

As I listened to the narrative, I could hear the attachment-related internal conflicts as different “voices” in her narrative: as she talked about her affair, her eyes shone with excitement like a teenager, but a judgmental voice was horrified by the very same behavior the teenager delighted in. The judgmental voice was quickly followed by an ashamed voice tied to the thought that she should “give up the children” as an act of penance, though I suspected the romantic part of her liked that idea, too, for different reasons! There was another voice, too: the angry part that erupted at the children but especially at her husband. It would be important to hear more about that part later on. Now it was time to give Marcia the “good news and the bad news:” the good news that she didn’t have to give up her children to solve this problem and the bad news that the trauma had not been left behind but was manifesting as emotional memories held by these very different parts now locked in battle with her and each other. Unresolved internal attachment disorders invariably surface as we distance ourselves from the past (often perceived as abandonment by the parts) and as normal life stresses and triggering events evoke the fears and feelings of the disowned, abandoned parts.

How do we reclaim and rehabilitate our disowned younger selves? In Sensorimotor Psychotherapy and Internal Family Systems, the bedrock of my therapeutic work, clients discover that they can reclaim these missing children and foster secure internal attachment relationships in which the child parts feel seen, held, and safe at last.

To help Marcia, it would first be necessary to help her let go of the belief that “she” was either behaving well or badly and instead differentiate the impulses, thoughts, and feelings of her traumatized younger selves from the actions and reactions of her “wise adult self.” The felt sense of “who I am” as a compassionate, thoughtful adult is palpably different than the felt sense of a hard, scathing judgmental part or a young child yearning for care or an angry part fighting for justice. First, I would have to help her sense those differences inside her and to mindfully notice such reactions as communications from “parts” rather than emotionally react to them. Then I would have to convince her to “befriend” the parts she had unconsciously disowned so many years ago—just at a time in her life when they were causing havoc! (That can be a hard sell.)

In any case, how do we “befriend” parts of ourselves? The answer is: the same way we befriend anyone. We show interest and curiosity—we want to know what makes the other person tick—their likes and dislikes, fears and fantasies, habits and growing edges. That means listening—really hearing this other being. To learn how to listen to our parts entails a radical leap of faith and a willingness to believe that our distressing feelings, thoughts, behavior, impulses, images and dreams represent communications from parts. Rather than assuming that shame is evidence of our defectiveness, we be curious about it: “Notice that feeling of shame as the ashamed part trying to talk to you—notice what she’s trying to tell you. Is she feeling responsible for the angry part? Or is the judgmental part making her feel bad about herself? What is she saying?” “If that dream were a communication from some part of you, what would that part be trying to say?”

As clients gradually increase their ability to befriend the parts, we can begin the work of developing internal trust and connection. Whether we are talking about our internal relationships or relationships with significant others, our attempts to induce others to change are dependent upon establishing trust and connection, and building trust and connection is dependent upon how well we “get it.” In Sensorimotor Psychotherapy, as well as in Richard Schwartz’ Internal Family Systems, we “befriend” parts and gradually earn their trust by using mindfulness-based techniques focused on moment-to-moment awareness of the ebb and flow of thoughts, feelings, bodily responses and parts of the personality. Mindfulness helps us to increase the capacity for curiosity and interest, for compassion, for calm in the body, for dual awareness and perspective. A mindfulness-based perspective encourages noticing more than narrating.

Despite my best efforts to translate her presenting problems and symptoms into the more mindful “parts language,” it was almost impossible at first for Marcia to accept that her mood and behavioral swings represented communications from parts of her. “I have to be responsible for my behavior,” she protested. “I’m the one who’s blowing up at my husband for watching football or my son for not cleaning his room.” Helping her to become mindful of her parts was ironically facilitated by the parts themselves. On one particular day, she erupted again, but, this time, to her horror, she had an experience of depersonalization. It was Sunday afternoon, and as her husband was once again engrossed in watching a football game, completely unresponsive to her, she felt a surge

of rage and then watched herself lift up a very large television and hurl it across the room while her children screamed in fear at the sound of the crash. “That’s unforgivable—that’s not me,” she said. “I would never do something like that!” Aided now by her willingness to do anything to avoid repeating that scene again, I asked her to go back to the moment that her husband failed to respond to her and notice what came up inside her: “I am looking at him, and I can feel the rage roiling inside.” “OK, now assume that this rage belongs to some part of you—separate from it a little bit so you can notice it instead of ‘being’ it—see what happens if you say, ‘She is furious.’” She said, “It’s easier to manage the intensity if I say ‘she’ instead of ‘I’. But I just want her to stop it! She is ruining my life and my marriage.” I challenged her: “So, you are telling me that you want to tell this very badly abused child to just stop being angry? Is that right?” Marcia paused and had to think: “Well, I guess that’s not very realistic, is it?” I asked: “If this child were your foster child living in your home, would you tell her to get over it? Or would you try to help her? Would you understand why she got so angry at your husband?” She paused again: “I would. And, of course I’d want to help her.”

“Yes, you would—that’s the kind of person you are. OK, now, ask that part if there is a picture or memory that goes with this feeling of rage.” The image that came up was a childhood scene: her father and brothers are watching a football game while she and her two younger sisters are playing together. Perhaps uninhibited in their play, perhaps wanting attention from someone, they inadvertently run in front of the television. There is a shout that startles them, then her father grabs a piece of plastic pipe from under the sofa and starts to beat them with it, and the older brothers join in. Suddenly, it’s

much more exciting for these men to listen to the screams of three little girls than to watch the football game.

“And when you see that scene, what happens in your feelings and your body?” Tearfully, Marcia acknowledges, “I feel scared but even more hurt. Why do they hate me so much?” “Notice that feeling of scared and hurt and the question, ‘Why?’ coming from this young girl. Where do you feel it in your body?” “Around my heart. It’s so heavy and sad.” I asked her to notice what happened if she placed her hand on that place she could feel the heaviness and sadness as a way to “let that little girl know you are here with her.” More tears came up. “She was so alone—my mother and older sisters just tried to placate them—no one was there for her.” “Yes, no one was there—she was so little and so alone,” I echo, “and what happens inside if you turn toward your heart and say the words, ‘I’m here now’?” “Do I say that to myself? Or to her?” “See what happens if you say it to her directly so she knows you’re really there.” I see her turning slightly as if talking to the child and then, “I can feel her relaxing—not so tight. Before, she was so tense—scared, I guess.” “Yes, it was pretty scary to be a little girl all on her own in your family.” By echoing her words in a tone of warmth and compassion, I’m helping her to connect to her own innate capacity for care and connection. By helping her find the words and gestures that ‘speak’ to this child part, I can help her deepen the capacity to connect internally to disowned parts that would otherwise act out or “act in” (e.g., implode). Her face is soft now as she continues to sit with her hand over her heart, lost in conversation with her little girl self whose normal needs for loving attention were dangerous. We ended the session with some “parenting tips” from me about the

importance of thinking of this part like a very small foster child she'd just taken into her home. I reminded Marcia that if she were this child's foster parent, she would be continuously aware of her vulnerability to feeling frightened and alone and would keep her quite close by at all times. To capitalize on her motivation to work with the anger, I emphasized that, like a protective older sibling, the angry part wouldn't have to come to the little girl's defense as long as Marcia was taking care of her.

The next week, Marcia returned for her next appointment with none of the usual shame and depression or wary cynicism characteristic of the depressed "good girl" child or the bitter, angry teenage part. When I commented on what felt like more energy combined with the softness from the previous week, she laughed and drew the outline of a baby carrier across the front of her body: "Think it might have anything to do with the fact I've been carrying the little part with me all week? She's always right here now—over my heart." Following this impulse to carry her littlest self across her heart day after day, Marcia unexpectedly began to blossom. Rather than being traumatically triggered by her husband and children, her significant others now evoked her gratitude and caring. The feeling of failure as a mother had been connected more to the depressed, hopeless part of her than to a resourceful wise adult who could use those mistakes to grow. Now, her impulse was to make each child feel special, whether by teaching her son to play tennis or taking her 11 year old daughter shopping or cuddling the youngest one and reading her stories. Aspects of her younger selves began to emerge as adult capacities and creativity: the purchase of a "fixer-up" home led Marcia to begin designing interior spaces, as she had once done as a child cutting out pictures from magazines; taking golf

and tennis lessons connected her to once longed for athletic accomplishments; developing friendships with other mothers counteracted the shame and sense of “not belonging” of her depressed part. Was it just a coincidence that embracing the most wounded part of her transformed her relationship to herself and those she loved?

It’s a widely accepted truism that we have to accept ourselves in order to accept others, to love ourselves in order to love others. That often feels like an undertaking beyond the capacity of my traumatized clients or even repulsive to them. As my client Dan said just the other day, “Do I have to love myself to get better? Because if I do, I think it’s hopeless.” I reassured him: “Do you love animals?” I asked. “Of course.” “Do you hate children or do you feel for them?” “Of course, I feel for children—what kind of monster would I be if I hated kids?” “OK, then there is no obstacle to your becoming the person you were meant to be. All you have to do is to be open to the young wounded children inside you instead of hating them or ignoring them. Are you up for it?” “Yes,” and then there was a pause: “but I don’t have to love myself, do I?” “No, just the kids inside you.”