

## Broken Boundaries, Invaded Territories: The Challenges of Containment in Trauma Work

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#### Abstract

One of the most excruciating aspects of trauma is the invasion or collapse of boundaries, not just as experienced in the moment of trauma, but also as experienced as lasting damage. Traumatized clients usually bring to therapy an ongoing background feeling of threat: both to physical and emotional survival and to their sense of identity. Not knowing where “I” end and the “Other” begins creates chaos and confusion in the client’s inner world, which echoes strongly in the therapeutic relationship. Therefore, most methods of trauma therapy are highly concerned with re-building and establishing safe, containing boundaries as the foundation of any therapeutic work. However, is it really possible to by-pass the client’s embodied experience of shattered safety by introducing safe therapeutic boundaries? Can we, as therapists, contain the impact of trauma without engaging with chaos, confusion and vulnerability in the consulting room? This paper will explore the paradoxical nature of boundaries and containment and their role in trauma therapy.

*Keywords:* complex trauma work, boundaries, containment, re-enactment, projective identification, relational

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What would you say to a client who tells you, “I want to get under your skin; I want to hold your heart in my hand; I want to be part of you so that you can never go anywhere without me!”

The first time I was on the receiving end of such a declaration, I was a young therapist, struggling to grow up fast enough to become what I now see was my own idealised version of a “real, proper” therapist. I felt invaded and scared out of my wits. The intensity and naked honesty of the client’s statement threw me off balance – a balance which was pretty precarious anyway. In my distress, I clung to the first firm landmark available in my psychological professional landscape: BOUNDARIES!

This client has no boundaries! We can NOT do therapy without first establishing the therapeutic boundaries! Oh, thank God - now I know what to do: I will make sure that she gets the right idea about her boundaries and mine!

Thus, with a great sense of purpose and self-righteousness, I embarked on lecturing the client on the issue, explaining in my soft yet determined voice how important it is that we will learn to see each other as two separate individuals, each of us with her unique qualities and strengths, each of us with her own personal space, which we need to appreciate and respect, space which is defined by clear boundaries, which we will now be VERY clear about, as it is this clarity that will help us to maintain these boundaries, and it is this maintaining of our clear,

defined boundaries that will make therapy a safe, fruitful journey, and this is what we are here for, isn’t it?

Oh dear, what an embarrassment. To this day, I still cringe when I remember those moments, although I also feel compassion and love towards that younger version of myself, braving her first steps into the vast stormy ocean of the “human psyche”, armed with so little other than high ideals and passion.

No wonder she needed something to hold onto when the waves grew higher. And what is there to hold onto if not the firm rules we all learn in year 1 of any psychotherapy training—boundaries! *The* holy cow of the therapeutic field.

Now, a good few years later, I—like that young therapist I once was—*do* believe that boundaries form one of the basic, crucial principles of therapy generally and trauma therapy in particular. However, I would like to think that my ability to work with boundaries—or lack of boundaries—in the therapeutic relationship has grown a bit with time and is less inspired by fear and more anchored in acceptance of vulnerability—mine as well as the client’s.

#### Boundaries and Trauma

Trauma, almost by definition, breaches people’s normal boundaries. It is as if life was driving a bulldozer over people’s normal sense of protection, sense of safety and sense of self. This has a significant impact not just during the traumatic event itself, but also carries lasting effects on the psychological organisation of traumatised people. Those who suffer from PTSD live in emergency mode, constantly ready to flee or fight. Their experience has told them that the world is not a safe place and that people are not to be trusted. They oscillate between extreme levels of hyper-arousal and dissociation, as the ability to self-regulate is impaired. At the same time as they have heightened responses, they also shut down a great deal so that many of their normal responses to life and to other people are not accessible to them. Those who suffer from developmental trauma and Complex PTSD (Heitzler 2009, p. 179) carry life-long relational scars, as the people whom they were meant to trust and rely on most have been the very ones who have invaded and abused them. This creates such a confusing, chaotic model of relating that the only way to somehow manage the presence of others is by controlling, manipulating and keeping them at bay. In this case, boundaries are either non-existent or rigidly maintained, but their main function is to avoid any possibility of real intimacy in which two people can attempt a close, trusting and respectful connection.

Boundaries in psychotherapy practice are established to create a safe, reliable and useful framework for the work to take place. The boundaries create ‘the container’ (Heitzler 2009, P.179) for the intensity of the shared therapeutic journey. If the container is safe, solid, consistent and defined, it provides a secure space in which both client and therapist can brave the unpredictability of their emerging feelings and impulses. If the boundaries are safe, both client and therapist can embark on what at times feels like a very dangerous adventure: that of disintegration and renewal.

Much of our therapeutic work takes place around boundaries. Clients express conscious and unconscious resistance, submission, anger, love, mistrust and many other aspects of their inner world through their reaction to the boundaries we set. Exploring and attending to the client’s sense of the boundaries is one of the ways in which the therapist can attune to the client’s childhood scenario. The early implicit and explicit messages which were internalised around self and relational boundaries are crucial, as they form the blueprint of the client’s sense of self

as well as setting the foundation for her relational patterns.

In trauma work, the client's suspicion and alertness around boundaries is heightened as it is the transgression of boundaries that led to the collapse of all that was known to be safe and trustworthy. More than communicating in various ways the experience of her own broken boundaries, the client is constantly busy checking the therapist's personal and professional confines. The natural impulse of the child/adolescent to test the parent's boundaries in order to feel contained and to define the emerging separate self here acquires a different twist: the client, who feels overwhelmed by her trauma and only able to deal with the magnitude of it by dissociating and fragmenting, tends to believe that nobody can survive and bear what was and still is unbearable for her. She is torn between conflicting impulses: to share the intolerable fear and pain with a loving, understanding adult on the one hand, and to protect herself and others from the relentless impact of the re-traumatisation on the other. Because more often than not her experience has led her to conclude that there is no reliable adult out there for her, it is very hard for her to believe that the therapist can be genuinely and whole-heartedly available to explore with her those chambers of hell known to her only in isolation. Thus, testing the therapist's boundaries is almost a prerequisite for any possible therapeutic process, and consists of testing the therapist's physical, emotional and mental capacity to withstand the impact of the trauma, as well as testing her willingness to engage with it.

I will present a vignette of my work that will illustrate this stage in the process with one of my clients.

#### Vignette 1 (from the beginning of the therapy)

Clara was 45 years old when she first stormed into my consulting room. She was 15 minutes late for her first session and was still at the tail-end of a phone call: "I can get you fired in no time and you know that!" I heard her saying. "You better get your act together before I really get annoyed!" She turned her phone off and surveyed me and the room through her large black eyes. "Do you have a bathroom here?" she demanded. "Yes," I said, "it's over here". I welcomed the opportunity to be alone for a moment and to collect myself. "What an entrance!" I thought. "Is she going to get ME fired in no time?"

In fact, this became an increasingly likely possibility as Clara proceeded to tell me of her past therapeutic endeavours, which ended mostly with her "chucking" yet another useless therapist. Clara's first therapy began when her daughter, Lisa, turned 10 years old and their relationship deteriorated from bad to worse. More or less at the same time, Clara developed a painful stomach ulcer. Now, three years later, her daughter was withdrawn, incommunicative and suffered from recurring panic attacks. Clara was at her wits' end after trying "all sorts of family therapy, child psychotherapy and everything under the sun", as she put it. The one thing she took from all these therapies was that perhaps her own attitude towards her daughter might contribute to Lisa's difficulty and she was willing, reluctantly, to entertain this idea. However, previous therapists who suggested a more understanding, loving approach towards Lisa were dismissed as "lovey-dovey softies". Clara wanted some practical solutions as to how to get her daughter back on track. She was also concerned about the persisting symptoms of her ulcer, as it had an impact on her working life. Clara was a senior partner in a prestigious advertising company, running a big office with many people working under her. She resented having to take breaks to eat properly, as well as not being able to be at work when the ulcer flared up and the pain was beyond ignoring. Clara was married to a successful businessman who was

often away on work trips. He was a powerful, charismatic person, who often "had too much to drink". They had a son, whom Clara adored, who was then 9 years old. In her uncompromising way, Clara made it clear from the first session that she was not in therapy to work with her issues. No, the problem was clearly Lisa, and she came to get some guidance as to how to handle her. However, she was aware that I was a body psychotherapist and worked with psychosomatic symptoms, so she expressed some hope that I could sort out her ulcer at the same time.

The message I was getting was quite clear: "Stay away from me and my inner world! You may have some access to my intestine, as long as it does not involve me. You can do your business, but I am not going to be part of it." There were also some implicit themes, among them incompetent therapists, a mother struggling to help her daughter, impatience and intolerance towards vulnerability of any kind and a general sense of threat: "If you will not do what I expect you to do, you're out. No second chance."

I agreed to work with Clara, which she, herself, seemed to have taken for granted. My condition was that she must come to therapy weekly, at a regular time. As soon as I presented it, the first boundary was attacked. "I cannot do that. I am very busy and run a large office, surely you can not expect me to cancel everything just to be here every week!" I responded calmly by saying: "I understand your situation. I am a busy woman myself and run a busy practice. It is not always easy to juggle all the responsibilities in a woman's life, but we can choose our priorities. If you choose to work with me, I will expect the same level of commitment that I am able to offer, which is a weekly regular session." I saw a glimmer of appreciation in Clara's eyes. She had met her match. After some negotiation we agreed on a regular time and so began our shared journey.

Clara's tests of my boundaries grew from straightforward, obvious attacks to more sophisticated, subtle attempts. She offered me extra money when she had had what she considered a good session. "Why can I tip my hair-dresser or masseuse and I cannot tip you? You did a good job today and you deserve some extra for it!" She often wrote the wrong figure on her cheque, always paying more than she was supposed to, waiting to see my reaction - would I forget to deduct the extra sum of money from her next payment? Then she "forgot" her chequebook three sessions in a row, patently looking for any signs of hesitance or awkwardness on my part that might "give away" my reluctance to insist on being paid.

Clara also tried to be "helpful". She offered me her expertise in advertising my practice and tried to convince me that I could climb higher on the professional ladder if I got myself a proper publicity campaign. I would be able to help more people, she argued, rather than waste away my talent stuck in a small consulting room in West Oxford. She sent some colleagues and work acquaintances, some of them semi-famous figures in the entertainment world, to see me as possible clients. Her "attack" on my narcissistic shadow was relentless. I had to remind myself again and again that THIS—these tests and temptations and boundary challenges—this was the therapy, as it seemed that not much else was happening during sessions.

*The main charge was invested in trying to get to me, trying to seduce me or break my boundaries.* As much as I tried to remain clear, grounded and focused within myself, maintaining my own sense of my boundaries, I was shocked one morning when I woke up from a long dream in which I was giving a therapy session to the late Princess Diana. In the dream, my consulting room was located in a large castle surrounded by a deep, stormy river. The only way to cross the water was by a small row boat. Would you like to guess who was the person in the dream in charge of rowing princess Diana over to see me? Yes, Clara did find her way into my psyche, when I was not expecting it—she had gotten under my skin, under my defences.

I noticed my countertransference feelings as well as the unconscious reaction to the seductive manipulation of my grandiosity. “What is being communicated here?” I wondered, “Who is being seduced by whom? Whose inflated ego had to surrender? Who crossed the protective yet isolating margin and managed to get into the castle?”

Things begun to make more sense as Clara’s life story was slowly revealed.

When Clara was 6 years old, her charismatic, successful father had finally managed to divorce his depressed wife, Clara’s mother. Taking with him the larger part of their shared assets and Clara, their only daughter, he moved back to England, his country of origin. Clara’s mother was left in Italy, her homeland, and was committed soon after to a psychiatric ward following several suicide attempts. From then on, Clara saw her mother only once a year, and her visits were marked by the mother’s uncontrollable tears, howling and clinging onto her daughter. Clara resented those visits and, as she grew older, did all she could to avoid them. She felt disgusted by her mother’s open display of weakness and rejected all connections to her, as did her father. Soon after moving back to England, her father married a younger woman, a Romanian student, who got pregnant within a few months of moving in with father and Clara. Clara, 7 years of age then, used to help her young stepmother in completing various application forms and official documents as well as translating conversations with neighbours and workmen. After her younger brother was born, Clara’s outbursts of rage and violence started. She was a good, motivated student at school and rather popular amongst her peer group, but at home she was out of control and ruled the household with her temper tantrums. Her father was often away on business trips and her stepmother was sinking deeper and deeper into a postpartum depression. On return from his travels, her father would congratulate Clara on her command over the household and say to her stepmother: “Clara is MY daughter, she’s got some of her Italian temper from her mother, but her motivation, determination and strength she got from me. Wait until she gets older—she will rule the world!” He used to shower Clara with gifts that were not suitable for her young age, like expensive perfumes and sexy underwear.

When Clara turned 10 years old, her stepmother went back to her country, taking her young son, Clara’s half-brother, with her. The father declared legal warfare on her, trying to get his son back, and Clara was introduced to a succession of nannies who were supposed to look after her but got “chucked” one by one as none of them could stand up to the little tyrant Clara had become. During that time, I later learned, Clara’s father started drinking heavily and regularly abused her sexually when he came back from his travels. She often witnessed him having sex with young drunk women he picked up in bars, and he used to reassure her by saying: “They don’t mean anything. It’s you and me, darling. You and I are alike. Only the two of us can understand each other. We are stronger and better than anybody else.”

At the age of 12, Clara was sent to boarding school where she became a star pupil. The sexual abuse carried on well into her 14th year, when she began menstruating. Her father withdrew his “special attention”, but supported Clara’s wish to continue her academic studies in the field of economics and business. In her 20’s, Clara joined the company she was now running and early in her 30’s, to her father’s great delight, she married one of his business associates who was 15 years older than she was. She resented her first pregnancy but was persuaded to carry the baby to term by her father who wanted a grandchild. Clara’s relationship with her daughter was rather distant and grew even colder when she gave birth to her son, who became the main source of her pleasure and joy.

This story was conveyed to me by Clara in a nonchalant, matter-of-fact way. It helped

me to make sense of her: her body, her manners, her choice of partners and career, her relational stance, her symptoms, but it left me wondering: where do we begin?

### Discussion of Vignette 1

In terms of trauma, it might look like an easy task to define the point in time at which Clara’s boundaries were breached: when she was 10 years old and her father began to sexually abuse her. However, if we consider the developmental processes and ask ourselves how and when boundaries are initially created, the picture becomes more complex.

As a central aspect of our ‘sense of self’, the sense also of our physical, emotional and psychic boundaries develops in the interaction with our first attachment figure, typically the mother. It is in the individuation stage (Johnson, 1994), or what Mahler (1975), following Klein, calls the ‘separation-individuation’ process, that the child’s healthy impulses lead towards exploring her and the other’s boundaries. And from a relational and feminist perspective, Benjamin (1998) has elaborated the origins of the child’s sense of self in the intersubjective dialogue of mutual recognition developing with the mother.

Typically, developmental models locate the crucial phase for the establishment of self-other boundaries around 2 years of age. Nevertheless, recent research into neuroscience and infant observation confirms (Stern, 1985) that attachment patterns begin to shape and impact the ability to relate to self and others from much earlier stages of life, starting right at birth or even before (Schore, 1994; 2003).

I came to think of Clara’s attachment style as insecure-ambivalent: “The mother of the infant who develops insecure-ambivalent attachment patterns is inconsistent and unpredictable in her response to the infant,” explains Pat Ogden (2006, p.50). “Because the caregiver is inconsistent in her availability, sometimes allowing and encouraging proximity and sometimes not, the child is unsure of the reliability of the caregiver response to his or her somatic and affective communication” (Ogden, 2006, p. 50).

She continues: “These infants characteristically appear irritable, have difficulty recovering from stress, show poor impulse control, fear abandonment and engage in acting-out behaviour... Their physical movement may be uncontained, geared more towards discharge of high arousal than towards the purposeful achievement of a specific goal” (Ogden, 2006, p.50-51).

Clara’s mother was a loving, warm woman. When she felt well within herself, she was fully available to interact with her daughter, but as her depression grew deeper, the shifts in her moods and energetic presence grew more and more confusing for her child. Clara coped by being strong, physically and emotionally. She developed a growing contempt towards her mother as the roles reversed and her mother became more dependent on her. In our sessions, Clara often recalled her mother saying: “You are the only one who can make me get out of bed, my dear child, it is only you who makes me go on living.” The combination of this unmanageable responsibility, the lack of attendance to her own needs and the fear of vulnerability that might lead to a total collapse pushed Clara to turn towards her father, who was often absent but still the only powerful adult in her vicinity. In order to please him, she had to be like him, which led to a total rejection of the weak, collapsed feminine and to the adoption of a masculine façade. Underneath this façade, Clara was plagued by her unfulfilled attachment needs, her fear of abandonment and her rage. This led to her temper tantrums and to an enmeshment with her father that was thinly disguised as a celebration of independence—an enmeshment encouraged by the father’s narcissistic view of their relationship.

Clara's sense of self appeared strong and determined on the surface, but her hidden, inner reality was a pervasive sense of panic, arising from a desperate impulse to try and stop her father from abandoning her as he had abandoned her weak mother.

Her confusion around her boundaries was fanned by implicit and explicit messages from both parents. In her attempt to deal with this inner chaos, Clara developed a harsh, controlling and rejecting relational style, which perpetuated her abandonment fantasy, a fantasy that was re-enacted over and over again by "chucking" people.

In insisting on a regular commitment to therapy and explicitly stating my availability and commitment, I took my first significant step in relating to Clara's unconscious fear of abandonment. Moreover, by standing my ground right at the beginning of our interaction, I placed myself in the camp of the "strong people", like her and—more importantly—her father, thus gaining her respect.

Clara needed to check how strong I really was and whether my claim to a seat on that desirable pedestal of glory was indeed justified. She attacked my boundaries, repeating what was done to her, and in her style of attack she unconsciously communicated to me some fragments (Soth, 2005) of her own life story.

I have written elsewhere (Heitzler, 2011) about the central role which projective identification plays in the client-therapist interaction and in the processing of trauma. In this case, Clara made me feel (rather than merely understand) the irresistible seduction of narcissistic grandiosity.

In dreaming about Clara facilitating my position as Princess Diana's therapist, I, like her, surrendered to the need to be big and powerful. Moreover, I knew now what it felt like to have somebody get under my skin, not respecting my "no's" and manipulating my infantile needs. This first-hand knowledge was crucial in understanding Clara's inner world, and it was communicated only once my own boundary was invaded by the dream. I was now more "like" her and her father, and, as Clara sensed this, she was more than ready to enmesh with me. The next stage of therapy was unfolding.

### Vignette 2 (from a later phase of the therapy)

About a year later, Clara and I were deeply immersed in our chaotic dynamic. The outer boundaries of therapy survived several attacks and it was through withstanding this buffeting and those blows that a greater appreciation and respect towards their containing function had been gained. Clara relaxed into our weekly rhythm, trusting at least to some degree that I was going to be there, even if she could not bribe me with money or fame. I also relaxed into the firm hold of the familiar therapeutic frame. However, as the sense of safety and trust in the outer container grew, the process took us further towards unknown, at times breathtakingly scary, edges. Clara had come to realise that underneath the rigid relational boundaries she had erected in order to protect herself, she actually did not have a clear sense of herself at all.

Who was Clara? What was it she really wanted? What was good or bad in her eyes? What was her life all about? Clara was struggling with those existential questions for the first time and nothing in her life had prepared her for that quest. She always did what Daddy wanted, she was always the girl that Daddy adored. It was very hard and confusing for her to consider herself as anything other than her father's extension, an extra limb of his physical and energetic body. Clara had no sense of her internal boundaries. This was played out in her relationship with me. If I was not to be "chucked", I was to be merged with.

Clara was working very hard, explicitly, to prove to me that we were "the same": we were both strong women, both in our late 40's, who were living in a foreign land. We both had

successful careers and had people depending on us and needing us. Neither of us needed anybody else, she argued, as we were powerful and independent. We were both able to think "out of the box" and this was the key to our success. How could I argue with this?

I tried at times to bring some of *my* reality into the room, by saying that there were people in my life that I did depend upon, but Clara rejected this, saying that she did not feel my dependency, therefore, she could not imagine it. She might agree on a conceptual level and respected what I was disclosing about myself, but she continued to experience me almost exclusively as independent and strong. "Fair enough," I thought to myself. My own vulnerability and neediness has indeed been well concealed, a legacy of my own generational trauma and cultural imprints. I have worked hard in years of therapy to enable that hidden, delicate part of myself to emerge but still, it did not come easy to me, definitely not in my role as a therapist.

In my relationship with Clara up to that moment, I felt I had had to be strong; I had to display my power—otherwise I would lose her respect and I would be "chucked". I did not now want to display my vulnerability in order to show her how wonderfully I could integrate all aspects of my personality, with no splitting at all. This would be just another proof confirming what an amazing, wholesome and generally perfect person I was, in every way. So, in effect, I was trapped, just like Clara was, locked into a one-dimensional image—"strong as Daddy".

Whilst this was happening between us explicitly, on an implicit level Clara was busy merging with me and doing her best to please whatever she imagined my unvoiced wishes to be.

She placed great emphasis on being a "good client", producing meaningful memories, deep dreams, brilliant insights. Her compassion towards her daughter grew, as we interpreted her impatience towards the daughter's needs and fears as her rejection of her own vulnerability. Clara was able to maintain some boundaries with her father, rejecting his incessant demands for her time and attention. Meanwhile, she was happily basking in the warm rays of my approving, positive feedback. She was making progress, she was being "good".

But some clouds were gathering on the horizon, threatening the blue sky of our self-congratulatory "progress": my holiday—four weeks of summer break—and our first long separation. Although I had announced it a long time in advance, Clara grew restless as the time of our last session before the break drew near.

She could not openly show her fear of abandonment and firmly maintained that she did not have any sense that I was abandoning her at all, as we had a clear date for my return and she knew, she said, that I would come back.

Still, as the break was approaching, she grew somewhat cold and distant. But as she could not really afford to abandon me, her distress went more unconscious and the only outlet for her growing rage, fear, confusion and need was somatisation. The physical symptoms that had calmed down noticeably since we had begun our work together now flared up again, and in addition to more frequent ulcer attacks she also developed a red, inflamed rash on both arms.

It was four weeks before the impending date of my holiday; Clara and I were working with her physical symptoms. Clara was sitting on the mattress in my consulting room, exploring the sensations in her arms. She noticed some feeling of agitation in her lower arms, and when I invited her to actually sense and then describe it, she said she could feel some kind of harsh, cutting energy in her arms.

In spite of that localised agitation, I had the impression that, on the whole, her arms were actually hanging rather weakly from her body, limp and as if disconnected at the joints. On the basis of that impression I then drew her attention to her shoulder blades and she reported not being able to feel them at all. When I then suggested she breathe into that part of her body

—my words were “into the place where her arms come from” —surprisingly, her sensations changed, she felt soft, weepy and very young.

When I asked her to allow some expression towards me from her arms, Clara’s was a verbal expression. Her arms wanted to say to me: “Go away.” I then asked her to connect to the soft place between her shoulder blades and allow an expression. The words that emerged were: “Come here.”

Clara looked confused—for her, attending to conflicting messages within herself was an entirely unfamiliar experience. “It’s confusing, isn’t it?” I said. “Your body wants two opposite things. Which one are you going to go with?” We were now in unfamiliar territory, and Clara was invited to relinquish control and spontaneously explore the unpredictable domain of her body. I held my breath, waiting for her response. Could she do it? Could she trust me enough to follow my lead?

Clara drew a deep breath, sensing into her body. “Go away”, she commanded. I took in her cold, harsh voice, her angry eyes; as I moved away, my heart sank. “She does not like me anymore”, I found myself thinking. I drew further away, feeling rather miserable. “Stop”, she said. There was some urgency in her voice and I felt my heart beating faster with hope: she does want me after all! I stopped and we looked at each other, assessing the situation.

In this moment, we were quite far apart; Clara’s face was blank, not conveying any emotions. I felt hurt, rejected, scared, trying to hold on to that slither of hope which had been evoked when she said “stop”. It was painful; I did not like being in that space. I was glad to have my turn. “Come here”, I commanded. Clara moved towards me. “Stop”, I barked almost immediately.

In the silence that followed I sensed a sinister, dark satisfaction rising within me: “I have the power now; I will show you what you get when you reject me! I am going to play with you!” I was shocked and upset to realise what I was experiencing. I noticed that I was so focused on myself and my reactions to her rejection that I was no longer really seeing Clara. I looked at her: surprisingly, she seemed relieved. She even smiled. “Perhaps it is easier on her”, I thought to myself, “Now I am embodying the confusing rejecting-inviting mother, as well as the sadistically powerful father. Now she can be ‘the Child’.”

I felt the warmth coming back to my body. I was myself again and I looked at Clara. She looked noticeably younger. “Come here”, she said. Her voice was pleading. Following the sensations in my body, I stepped towards her. I had a strong impulse to take her in my arms and hold her tight against my chest, but I stopped myself, wanting to give her the space to explore her own impulses in this charged moment. “Closer”, her voice was almost pleading. I took a couple more steps. “Closer”, she whispered. I drew closer; we were now standing very close to each other. I could see her face turning red as her breath grew rapid and shallow. She was obviously struggling. I could feel myself holding my breath, my head empty of all thoughts, my body tingling with the energetic charge of the moment.

“Closer”, she was openly crying now, as I took her in my arms and held her, her body leaning against mine, her head resting on my shoulder. I felt a warm wave of love rising from my belly to my chest, warm love flowing through my arms, embracing me and her in a soft, motherly cocoon.

My body relaxed, but then... “Closer”, I heard her whisper in my ear and my blood froze. More than the sexual fantasy darting through my mind, I felt invaded by fear. She wanted us to merge, to be one. I was about to disappear! Confusingly, it had a certain appeal at that moment, that forever unattainable image of total intimacy, yet it felt as if it was going to be the end of me: I was going to be sacrificed, to be swallowed whole into an amorphous “us” and disappear forever.

“This is what it feels like”, I thought to myself. “This has been her internal reality all this time. She has no sense of where she ends and I begin. It is either this amorphous, merged ‘us’ she had with her father, or the confusing rejection-closeness she had with her mother. None of these was ever enough. She always wanted more, like her father who wanted more and more of her. That is what it feels like to be simultaneously enslaved by the longing for love and sacrificed on the altar of complete enmeshment. How can we find together another territory, another existence?”

“I cannot come any closer,” I said softly to Clara, still holding her firmly in my arms. “This is where you end and I begin. This is you and this is me.”

Clara turned to me, her face contorted. That was the moment when I was faced again with the statement I quoted at the beginning of this paper, as with rage and despair Clara said: “I want to get under your skin; I want to hold your heart in my hand; I want to be part of you so that you can never go anywhere without me!”

I felt the world stopping around me. Do you know those moments when you feel that this is THE moment you have been waiting for all your life? That everything is falling into place and everything now depends on the next move you take? I certainly felt that this was a moment that Clara’s psyche had been waiting for for a long time and that everything depended on my next move. I closed my eyes and opened my heart. I connected to that realm in which Clara and I were one, where all beings are one, and nobody is really separated. I had an image of myself as a little bubble, floating inside the large vein of the Universe. Next to me was Clara, also a small bubble, floating happily by my side. We were holding hands, letting the steady rhythm of the universal bloodstream carry us who-knows-where; we did not need to know where. We were alive, surrounded by many more bubble-like people; we were all together in that same huge vein, and it felt good. It felt like the best place to be. I opened my eyes. Only a few seconds had passed. Clara’s angry, despairing statement still echoed in the room.

“I don’t want you to get under my skin,” I said calmly. “I will not be able to love you then.” Clara drew a deep breath. I continued: “You know what it’s like when somebody gets under your skin and holds your heart in their hand. You’ve lived like that all your life. Is that really the love you want from me?” Clara was visibly moved and we stood there quietly for some time as she was searching for words.

“I don’t know what kind of love I want. I don’t know what love is. I don’t even know who I am. Will you help me to find out?”

And so began the next stage of our journey, in which Clara was looking, for the first time, for herself.

### Discussion of Vignette 2

I have described this session in some detail, as it illustrates some of the key dynamics and principles underlying my work with trauma survivors, especially in terms of addressing their sense of internal boundaries.

At the heart of my work lies the understanding that the child who was abused by her father cannot afford to let go of her attachment to him. Often, as in Clara’s case, in families that breed abusive dynamics, the mother is a weak, submissive and child-like figure, who often has herself been physically abused and/or sadistically humiliated and degraded by the father. More often than not, that mother is aware of the abuse taking place, but is too afraid, weak or depressed to protect her daughter and therefore abandons her to the father’s lawless power. The child, sensing her mother’s betrayal, turns to the only other available parental figure—

the father—and identifies with him. In this way, she is attempting to keep her bond with him as well as rejecting her experience of herself as helpless and victimised. The identification with the abuser helps her feel empowered and as a consequence she develops a way of dealing with her feelings of vulnerability and terror based on projecting them onto others around her. Clara, whose identification with her charismatic father was encouraged by his narcissistic use of her, projected all her vulnerability onto her mother, her nannies and, later on, her daughter: all feminine figures whom she rejected. It is interesting to note that Lisa, Clara's daughter, continued the line of abuse, accepting her mother's unconsciously projected vulnerability, so taking on herself the role of the rejected weak female and protecting her mother's inflated power position. This was the only safe relational position Clara ever knew: *identifying with the abuser, the child further loses connection with a sense of her own Self.*

She exists as a sexual object, as a narcissistic mirror or as an extension of the omnipotent father. Her rage, terror and disgust are suppressed and often somatised (in Clara's case manifesting in her ulcer) or turned into self-harm. Her dependency on the abuser leads her to maintain their secret bond, for which she feels hugely responsible and guilty. Her internal sense of self, then, consists of being essentially bad, which exacerbates her fear of being abandoned. The contradicting impulses, on the one hand to reject the abuser in order to protect herself, and on the other to merge with him in order to secure the attachment bond, lead to a chaotic and uncontained inner reality in which the line between perpetrator and victim is blurred, and nothing ever feels safe or solid.

This conflict was the main driving force behind Clara's feelings towards me during that phase of her process I have outlined above. Having successfully projected her powerful, omnipotent father onto me, she re-enacted the enmeshment dynamic by wanting me to be like her, wanting her to be like me. Her suppressed dependency manifested at the beginning of our process in Clara's attempts to "bribe" me with money and fame as a way of securing her place in my life and as an attempt to re-create the "special" relationship she had had with her father. Once she felt secure and reassured by my commitment, her dependency went underground and was rejected by Clara. She then took the familiar role of the "good girl", being her daddy's pleasing object and became a "star client", doing her utmost to please me.

However, this relentless conflict had to be re-enacted between us, as it is the re-enactment within the safety of the therapeutic relationship that holds the potential for transformation (Heitzler, 2011).

Moreover, as our relationship matured and stabilised, the impulse to enmesh with me in order to re-find the lost sense of herself grew stronger, and with it, unavoidably, the other side of the conflict emerged: the underlying rage and fear, the need to reject and protest against the abusive father. All this was brewing under the surface for some time and it was our looming separation that intensified the unconscious dynamic until it erupted and captured us both, as I have just described.

In that session, Clara openly displayed her need to control and reject me, as well as her primal urge to get under my skin and become one with me, assembling together in an unconscious way the essential fragments of her blueprint for the experience of love. The shifts between too-rigid internal boundaries on the one hand and non-existent boundaries on the other were fully expressed in her whole bodymind. This, in my view, is an important therapeutic moment; it needs to happen so that the primal conflict can be fully experienced, addressed and held, in all its intensity, by and within the therapeutic dyad. What I think would be useful for us to think about is how that charged moment impacted me, the therapist, as inevitably I too felt that my internal boundaries got lost.

I have written elsewhere: "More than the insight into first-hand unconscious information, I see projective identification and re-enactment as a call to the therapist to experience, contain and hold self-parts that the client is not yet ready to integrate into consciousness." (Heitzler, 2011).

In losing myself and becoming the rejected child and then the sadistically powerful father, I gained a somatic, implicit understanding of Clara's inner dynamic, including a detailed embodied sense of the characters who inhabit her psyche, those parts of herself—or dissociated self-states—that constitute the fragmented, shifting torrents of her inner chaos.

Up until that moment, I had been able to think about and analyse the relational matrix, but it was through the dream I shared with you previously and through the feelings, sensations and images that took over my bodymind as Clara and I were grappling with her "come here—go away" urges, that I really "got" it. In that "here & now" instant, I gained a non-verbal understanding of what it was like to be Clara (what Lyons-Ruth (1998) calls 'implicit relational knowing', communicated subliminally and pre-reflexively body-to-body). It was at that significant moment of fear that I understood deeply just what it was that Clara had had to sacrifice on the altar of merging with her father: her own sense of herself as a living organism, defined by its boundaries.

As I survived within myself those moments of horror, that edge of disintegration, as I understood in my bones the primal dynamics invading Clara's psyche, I was able to hold and contain her in a way that had not been possible until then. From that place, I was able to really see her: to see her separateness AND to see our oneness. This then enabled me to address the past dynamic as it manifested in the present, and to say: "I don't want you to get under my skin; I will not be able to love you then."

I do believe that it was by stating my regained boundaries whilst expressing my commitment to her desperate need to be loved, that I allowed Clara to get in touch with the fragility of her own boundaries as well as with a new concept and feeling of love. This prompted her to wonder who she really was, what her sense of self was and to question her beliefs and assumptions about being loved.

Being a body psychotherapist, I am often asked about maintaining therapeutic boundaries whilst working with the body. "Don't you fear crossing the client's boundaries when you offer touch?" "What about the erotic dynamics—how do you hold the boundaries when you work with the client's body and yours?"

These are important questions which deserve thorough exploration. In this paper, however, I would like to think about working with the body to *create* boundaries, rather than endangering them. More than assuring safety, the "somatic sense of boundaries" (Ogden, 2006, p.226) serves as a container, providing the concrete, physical shell where the amorphous "self" can reside.

Often when we feel ungrounded, dissociated, shocked or over-tired we turn—without even thinking—to our bodies to regain a sense of reality and grounding: a sense of ourselves. We pinch ourselves, rub our eyes or arms, jump up and down or unconsciously stroke and hold ourselves. It is this felt sense of our physical existence that brings us back to reality and into direct contact with ourselves. Many people who have been traumatised have lost access to their body and with that have lost a sense of their physical container. Dissociating and fragmenting on a daily basis, they live in exile, dis-embodied, not able to find their way back home, to themselves.

Working with the physical boundaries of the body can re-establish and strengthen the felt sense of the container, leading to a newly gained connection and appreciation of the self. In my work with Clara, we focused on working with skin-boundaries (Rothschild, 2000, p.143)

muscle tensing (Rothschild, 2000, p.135) and visual boundaries (Rothschild, 2000, p.146).

Later on, as Clara's sense of self grew, we worked with interpersonal boundaries, and Clara was able to define her personal space by indicating her felt sense of distance and closeness to me. Our work at that stage was more physical than verbal and involved sensing subtle body sensations and mindfully following signs of expansion and contraction in the body. Within a few months, Clara was able to inhabit her body in a very new way, no longer as an object or tool of power to seduce and control others, but as a resource, an ally, a reliable guide on her journey towards herself.

### Conclusion

When first coming to therapy, the traumatised person finds it impossible to convey to the therapist this multi-layered tormented reality. With most of it being unconscious and split off in an attempt by the organism to preserve its sanity, the conscious tip of the iceberg is often too shameful or vulnerable-making to express. Therefore, the main means of communication are non-verbal. Clients re-enact fragments of the abusive dynamic in the safety of the therapeutic environment in the unconscious hope that the therapist will get a visceral sense of their invaded, confusing inner reality (Heitzler, 2011).

As invasion of boundaries was at the core of the abusive relationship, the client will re-enact this dynamic by trying to invade the therapist's boundaries. More than aiming to demolish the external boundaries, it is the unconscious attack on the therapist's internal boundaries, her own sense of self, that forms the battleground in which the therapeutic dyad is struggling to bear and make sense of the madness of the incestuous entanglement.

As much as the external boundaries of the therapeutic frame need to be held and preserved—as an indispensable pre-condition for any process to take place—I believe that it is the work with the *internal* boundaries of therapist and client alike that determines the success or failure of the healing process. It is through the therapist's availability to the ebbs and flows, to the rupture-and-repair process of losing her internal boundaries and regaining them again, that she is able to step into the client's reality and embody new ways of surviving it.

Therapists who for their own reasons need to cling to the security of what they know and what is known, to their familiar defined sense of self, are unlikely to be sufficiently available for the requisite intensity of feelings of invasion, confusion and despair. They are, therefore, not available to be sufficiently affected by the trauma on those layers of the psyche that hold the keys to transformation. However, I do believe that for many of us who are fascinated by the mystery of the human psyche and committed to the exploration of its untamed terrains, the experience of disintegration is not a foreign one. If we allow ourselves to go to those edges in our own journey, to lose our own internal boundaries and regain them afresh, we then carry in our own bodies a felt sense of who we really are.

It was this capacity to lose and re-gain my sense of self that resourced me during the tests and trials in my work with Clara. This is what enabled me to become enmeshed, confused and lost, as I knew, in my own embodied being—that ultimately I would always be able to find my way home.

### BIOGRAPHY

Morit Heitzler is an experienced therapist, supervisor and trainer with a private practice in Oxford, U.K. She offers both short- and long-term work with a wide range of clients from diverse backgrounds. Morit specialises in trauma work, and has developed her own integrative approach, incorporating—within an overall relational perspective—Somatic Trauma Therapy, Body Psychotherapy, attachment theory, sensori-motor, EMDR, modern neuroscience and Family Constellations.

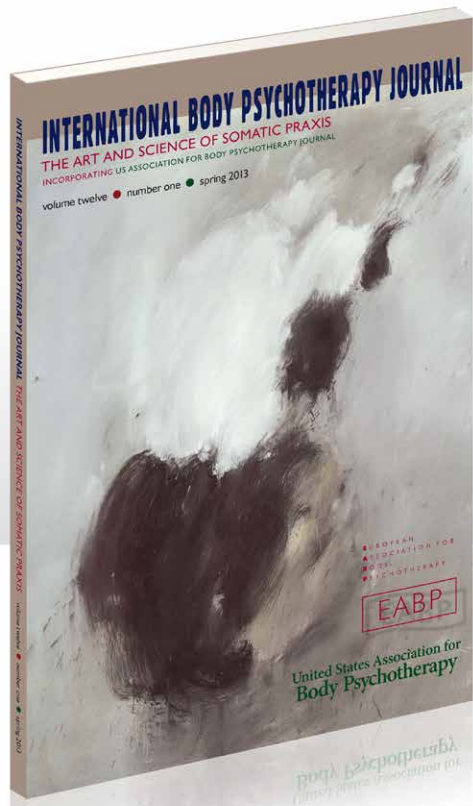
In a wide range of contexts both in the UK and in Israel, including at the Traumatic Stress Service of the Maudsley Hospital, London, and at the Oxford Stress and Trauma Centre, Morit has gained a wealth of experience in working with traumatised clients, which include refugees and asylum seekers, suffering from a wide variety of PTSD symptoms.

She has been making a contribution to the profession by teaching on various training courses in the UK and in Israel and she regularly leads workshops and groups.

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