Journal of Heart-Centered Therapies, 2004, Vol. 7, No. 1, pp. 3-63

© 2004 Heart-Centered Therapies Association

Existential Resistance to Life: Ambivalence, Avoidance & Control

David Hartman, MSW and Diane Zimberoff, M. A.*

Abstract: We use the term *existential embrace of life* for being fully alive, and *existential resistance to life* for any self-sabotage that denies and thwarts that potential. In this article, we survey three specific forms that resistance to life may take: ambivalence, avoidance and control. We correlate this conceptualization to current attachment theory and affect regulation theory principles; we apply this conceptualization earlier in life than others have suggested, to the prenatal and pre-existence realms, as well as later in life to include the dying process; and we indicate some practical applications of this conceptualization in psychotherapy.

We conceptualize *resistance to life* as an imbalance between Eros (*libido* energy of attraction and openness to life and growth) and Thanatos (*mortido* energy of withdrawal, disintegration, and resistance to life and growth).

Three primary defensive strategies exist to resist life rather than fully embrace it:

(1) avoidance, the dismissing strategy of compulsive self-reliance, denial and inhibition to deal with one's source of anxiety, i.e., fear of *loss of connection* or *abandonment*. In avoidance, one sidesteps life through denial of the libido *and* mortido drives. The opposite of avoidance is intrusive over-involvement. The synthesis of the two is "*un*boundaried radical connectedness."

(2) ambivalence, the strategy of creating distractions to re-direct one's attention away from the source of anxiety, i.e., fear of *annihilation* or *engulfment* (loss of self). When there is impasse in the struggle between libido and mortido, when neither gains advantage, then movement ceases and paralysis sets in: stalemate. In stalemate, the battle rages on, usurping all available energy. The opposite of ambivalence is a rigid intolerance for ambiguity, nuance or paradox. The synthesis of the two is "passionate commitment in the face of ambiguity."

(3) control, the strategy of regulating internal distress, i.e., the *loss of order* or *the chaos of abandonment*, by controlling the perceived source in the outside world in defiance of libido and mortido energies. He desperately seeks *physical closeness* while trying to create *mental distance*. The frustration inherent in attempting to both obtain comfort and avoid vulnerability, leads to high levels of stress. The opposite of control is abdication. The synthesis of the two is "ego resiliency."

Resistance

Resistance is a universal reality among humans. We are all resistant to some things, at some times. For some people it is actually the predominant theme in their life. Whether it is a major or minor factor for a given individual, understanding and releasing resistance can create ease and efficiency where struggle and impediment exist.

*The Wellness Institute, 3716 274th Avenue SE, Issaquah, WA 98029 USA

In psychotherapy clients, we often encounter a level of resistance that seems to be deeper and more pervasive than can be explained by the immediate obstacle they are interacting with. Resistance can be seen as a reaction to that immediate obstacle: not wanting to comply with the boss' demands, or reluctance to face a negative aspect of one's own behavior, or defending against unwanted experience by succumbing to a compulsive urge. For some individuals, however, these behaviors are a re-enactment, or repetition compulsion, of a long-standing pattern of resistance, an *existential resistance to life* (Hartman & Zimberoff, 2003), to being incarnate on earth, the deep sense of "I don't want to be here." This may be a suicidal condition, conscious or unconscious, overt or covert, or it may be a lack of commitment to life, an unwillingness to embrace life.

One way to observe and understand resistance is through the concepts of primary and secondary gain. The primary gain of a neurotic behavior is that intrapsychic conflict and tension are reduced through the use of a defense mechanism, such as repression, regression, denial, or rationalization (Kaplan & Sadock, 1991). Those defense mechanisms can also take the form of physical symptoms, such as somataform disorders or hypochondria. One example of defense is *resistance*. The primary gain of resistance to life is reducing the fear of failure and/or success, of death anxiety or the fear of annihilation, of despair and separation anxiety, of the fear of intimacy or engulfment and the deep longing for connection underlying either one.

Secondary gain occurs when the individual has used the defense, and discovers an additional "benefit," such as receiving attention or avoiding responsibility. The secondary gain of using resistance (and the resulting hardships and isolation) can be to avoid challenge, intimacy or connection. It can be having one's expectation that "life is always a struggle" reinforced one more time, justifying feeling stuck or claustrophobic in relationships.

We might generalize three secondary gains from resistance: nurturance, withdrawal, and punishment. In the nurturance theme, secondary gain occurs when individuals receive attention and nurturing from others (or from themselves) by suffering, with the belief that they can *only* receive it when they suffer. This individual gains special attention and even encouragement by being resistant. The resistant person may gain a sense of power or control through the (neurotic) behaviors. A conflict develops wherein the individual feels that to forgo the resistant behavior will result in losing the special attention or power. The threat of such a loss

creates resistance to letting go of the resistant behavior, a self-reinforcing cycle of intransigence.

A second theme of resistance is the secondary gain of withdrawal. These individuals' suffering, which is a consequence of their resistance, becomes the very justification needed for withdrawing from and avoiding the world. This choice protects them from accountability for the pain of loss, or disappointing setbacks in their life. The individual who makes behavioral choices of resistance experiences the primary gain of numbness, avoidance, disconnection and dissociation. This person's secondary gains are having "good reasons" for withdrawing from meeting life head on, and justification for their deep, basic lack of trust.

A third theme of resistance is punishment. Resistance to life may arise when the individual feels that suffering is deserved, that he/she is being punished for being bad or doing wrong. This resistant individual is creating the secondary gain of attracting punishment for any self-judged shortcomings. He/she labels the experience (e.g., on the job, in relationships, with authorities) as punishing, then justifies the behavior of avoiding, denying, or resisting it.

Schoen (1993) discusses these themes in relation to resistance to health, and has found that hypnosis is a valuable tool in uncovering such resistance and in resolving it.

In this article, we survey three specific forms that *resistance to life* may take: ambivalence, avoidance and control. We correlate this conceptualization to current attachment theory and affect regulation theory principles; we apply this conceptualization earlier in life than others have suggested, to the prenatal and pre-existence realms, as well as later in life to include the dying process; and we indicate some practical applications of this conceptualization in psychotherapy and specifically hypnotherapy.

Engaged passionate commitment to life

What is a healthy life? What are the qualities of life that we might agree would be present were it not for the obstacles of dysfunction and pathology? We offer here some possible answers to those questions without presuming to offer *the* answers. In the field of psychology generally, considering these concerns is a fairly recent development. Freud considered a life free of psychopathology to be, at best, mundane. Others dared to dream more boldly of possibilities for a life of meaning, fulfillment and happiness. For example, Abraham Maslow devoted his attention to how people develop *peak experiences* into a consistent life of

plateau experience (Krippner, 1972). Maslow (1968, pp. 71-72) said, "What we call normality in psychology is really a psychopathology of the average, so undramatic and so widely spread that we don't even notice it." He referred to peak experiences (Maslow, 1968, 1971) as incorporating altruistic love and will, humanitarian action, artistic and scientific inspiration, philosophic and spiritual insight, and the drive toward purpose and meaning in life.

A recent president of the American Psychological Association, Martin Seligman, initiated the First Annual Positive Psychology Summit in 1999 with the theme "Measuring the Wellsprings of a Positive Life." He has challenged the field of American psychology and mental health to shift the focus from what is wrong with humans to what is right, to enhancing what's good in life in addition to fixing what's wrong, from a disease model to a model of flourishing. Positive Psychology topics range from human virtues such as generosity, perseverance, responsibility, and strength, to the importance of sensual pleasures, to the evolutionary function of positive emotion, including the capacity to love and be loved, altruism, spirituality, creativity, courage and wisdom.

A psychology of flourishing implies that one ascribes meaning to his/her experience. Battista and Almond (1973) applied a meta-analysis of various approaches to the development of meaning in life (Bugental, 1965; Frankl, 1955, 1963; and Maslow, 1968, 1971). They argue that existing theories agree on four major points (Debats, 1999, p. 33): "When individuals state that their lives are meaningful, this implies that (a) they are positively *committed* to some concept of the meaning of life, (b) this concept provides them with some *framework* or goal from which to view their lives, (c) they perceive their lives as related to or *fulfilling* this concept, and (d) they experience this fulfillment as a feeling of *significance*."

For example, Wrzesniewski (Kogan, 2001) examined how people make meaning of their work. Some people see what they do for a living as just a job, others view it as a career and the rest think of it as a calling. Her research found that people who saw their job as a calling (one-third of the respondents) worked more hours, missed less work and reported higher life satisfaction than others doing similar work. Research subjects were all administrative assistants working in the same organization, raising the question, "How can people doing the same work, sitting next to each other in the same organization, think so differently about their jobs?" Those who saw their job as a calling, talked about it in glowing terms, liked what they

did and described it as needing a lot of skill. Those who saw their job as just a job, on their other hand, saw their work as being simple and involving no skills. People can actively shape the meaning of their life experience.

We offer the following five principles to be our understanding of the components of living life fully, an existential approach in which meaning and purpose has been actively and positively shaped. When we resist life, these are the experiences we resist. Our proposed five principles are (Hartman & Zimberoff, 2003):

1. Meaning in life is found in the living of each moment.
2. Passionate commitment to a way of life, to one's purpose and one's relationships, is the highest form of expression of one's humanity.
3. All human beings have freedom of choice and responsibility for our choices.
4. Openness to experience allows for the greatest possible expansion of personal expression.
5. In the ever-present face of death itself, we find the deepest commitment to life itself.

People don't start out, of course, to resist spontaneity, intimacy, adventure, passion, and exhilaration. The defenses that people construct to fend off unwanted experience in childhood are initially useful, healthy and functional. Over time, when the defenses continue to be used even when choices are expanded and new resources are available, the experience being fended off has changed unconsciously. For example, a woman who at age eight was punished for getting any grade in school less than perfect A's developed the behavior of working tirelessly, and sacrificing play, in order to achieve grades that would not be punished. She finds herself, at age fifty, so obsessed with achieving perfection that she is missing out on living her life. What started as a reasonable "bargain with the devil," the "lesser of evils," has turned out to be an *unnecessary* "bargain with the devil." Her choices as an adult have expanded far beyond those available to her at age eight. The only punishment that threatens her now for imperfection is her own self-judgment, which is not really even her own but rather an introjected tyrant.

We construct defenses early in life to avoid the experience of failure, and find many years later that we are using those same defenses to avoid

success. The defenses constructed to protect us from abuse become obstacles to true intimacy. The defenses of protection rigidify into walls of imprisonment, *resistance to life* ("I don't want to be here" or "I don't want to do this anymore"). Following are some symptoms of *resistance to life*.

- ✔ an unconscious *death urge*, or death anxiety
- ✔ fear of annihilation ("Don't be me" or, more simply, "Don't be")
- ✔ despair and separation anxiety
- ✔ longing for connection (allowing fear of intimacy or engulfment to inhibit risk-taking)
- ✔ struggle with hardships
- ✔ feeling stuck or claustrophobic
- ✔ fear of needs not being met (money, time, safety, material things)
- ✔ terror of abandonment (perceived abandonment or abandoning others through isolation)
- ✔ a deep, basic lack of trust
- ✔ numbness, avoidance, disconnection and dissociation
- ✔ the nagging question of "Why am I here?" or "Why am I in this [relationship, predicament, family, job, et cetera]?"

Now let us study the multitude of ways in which people fail to engage life with commitment. Rugala and Waldo (1998, p. 67) succinctly state the simple underlying principle: "the extent to which people are experiencing is the extent to which they are being fully alive. When people fail to experience, by denying awareness or avoiding opportunities, they waste their potential." We use the term *existential embrace of life* for being fully alive, and *existential resistance to life* for any self-sabotage that denies and thwarts that potential.

Openness to life vs. resistance to life (libido vs. mortido)

Resistance implies struggle between two competing forces. Those two conflicted forces may exist within an individual, created by an internal split: one part wants intimacy, another part fears it and sabotages attempts to have it. To heal the split and resolve the conflict, we facilitate a person to get in touch with his or her *real* self, which incorporates both forces, or ego states, within himself. The individual remains locked in resistance until he experiences them both, owns them both, and indeed embraces the totality of himself with compassionate self-acceptance. This is what Victor Frankl called the "paradoxical intention," to release dysfunctional aspects of oneself by first fully accepting them.

Perhaps the ultimate conflicted split within any individual is between life and death. We all have, to varying degrees, three primary urges: for pleasure, for existence and for non-existence. Freud's (1922) concept of drives, published in *Beyond the Pleasure Principle* when he was sixty-three years old, includes the sexual drive (Eros, or libido), the self-preservative drive (the reality principle), and the death drive (Thanatos, or mortido). The libido drive is toward satisfaction, passion, life. The self-preservative drive is toward security, absolutes, certainties, the known and knowable. The mortido drive is toward oblivion, dreamless sleep, death. These drives in Buddhist terms are the thirst for pleasure, the thirst for existence, and the thirst for non-existence. These same three drives have been symbolized as Eros, Chronos and Thanatos, personages whose influence in life and in the world is never-ceasing: love, giving life semblance; experienced time, presiding over life's flow; and death, suppressing life (Logre, 1952).

Otto Rank (1978) postulated that people universally suffer from two primary fears. The first is fear of life, the deeply embedded separation anxiety resulting from the original sense of separation from the greater whole, the oceanic union. This fear leads to a sense of disconnection, isolation, alienation; and to the defense of creating an autonomous and self-sufficient self-image. The other primary fear is the fear of death (union or annihilation), the fear of the loss of that individuality which a person has identified with so completely. It may be the fear that God is dead or never was, that life has no purpose, death no meaning, and existence no transcendent hope (Bascom, 1984). "Between these two fear possibilities, these poles of fear, the individual is thrown back and forth all his life" (Rank, 1978, p. 124).

Federn (1952) offered elaboration of Freud's (1922) concepts of Eros and libido energy, and of Thanatos and mortido energy. Federn considered them to be two different directions of movement that cathexis energy can take. One is an energy of attraction and openness to life and growth: libido. It is integrative and tends to bind elements together into more complex entities. The other is an energy of withdrawal, disintegration, and resistance to life and growth: mortido. It is disintegrative and tends to separate complex entities into simpler elements. Ego-libido is experienced as pleasantly familiar, while ego-mortido is experienced as pain and a fearful unknown.

The governing principle of the ego, the reality principle, is a concession to Thanatos, on the one hand, and a strategic retreat from the

libidinal pleasure principle, on the other. The function of the mother in early infancy is to serve as a buffer between Thanatos and Eros, to allow the latter to maintain its sway (Staff, 1953). We shall see that failure of caregivers to provide that buffer results in imbalance. When the mortido energies rival the libidinal energies, the eternal battle between Eros and Thanatos tilts in favor of depression, repression and ambivalent participation.

The significance of libido and mortido energies in the context of *resistance to life* vs. *embrace of life* was described eloquently by Søren Kierkegaard (1970), who viewed existence as a conversation between life and death, observing that the most frequent human reaction to the inevitability of death is dread, or *angst*. One's reaction is often to flee the dreaded reality by creating an inauthentic life with self-sabotaging neurotic anxiety, defenses, resistance, repression, addictions, distractions and dissociation. The solution according to Kierkegaard is *engaged passionate commitment*, crucial for authentic selfhood. The existentialists following Kierkegaard argue that death structures time as finitude: it is as an ever-present limiting horizon of all possibilities without which any understanding of time evaporates into meaninglessness, and so does the experience of human meaning (Welman, 2000).

The lifelong dance between these two competing forces of mortido energies and libidinal energies provides the context for many of life's choices: struggle, accommodation, truce, denial, defiance, or synthesis. Positive resolution is possible: wisdom, Erik Erikson (1979, p. 60) suggests, is "the detached and yet active concern with life itself in the face of death itself." Lack of resolution is all too possible: remaining captive to the fear of death *and* the fear of life, stuck "betwixt and between," too fearful of death to give in to the urge to disintegration and non-existence, and too fearful of life to give in to the urge to integration and passionate existence.

Consequences of that intricate dance include these intersections:

1. **Passion is a truce between Eros and Thanatos.** Freud wrote that passion is the overflowing of the ego-libido over the object. The earliest bond, i.e., mother/child, is experienced by the child as absolutely necessary, unique and irreplaceable, and is, therefore, experienced passionately. Passion is a truce between Eros and Thanatos: possessive, transgressive, and addictive (Alvarez & Guraieb, 1997).

The death instinct is, in truth, the fulfillment of mortido. That is, they who fear not to die have the courage to live (Galdston, 1955). Thanatos can be manifested as growth by altruism, as investment in others. When we accept the presence of both aspects of ourselves, both drives, then they arrive at a truce in the battle. We are no longer pulled apart, one from the other, but rather activated by both. In the words of Erik Erikson, "healthy children will not fear life if their elders have integrity enough not to fear death" (1950, p. 269).

2. **Hope is a mitigating agent in the often hostile conflict between libido and mortido.** Each needs the other for definition; each provides the background to create the gestalt figure of the other. What would disintegration mean were it not for its opposite? What value would life have without the boundary of inevitable death? The conflict is protracted and exhausting without the intervention of hope, in the form of personal motivation, a projection of the present into the future, a bridge between reality and magic, or a means of ameliorating the hardships of life. The resolution of this conflict leads the individual either to real life (a truce) or real death (a capitulation to Thanatos).
3. **Creativity results from the tension between libido and mortido.** That tension provides the energy for artistic, esthetic, and material creation. Jung realized that allowing the power of the self to integrate opposites leads to an experience of psychic creativity. We are no longer pulled apart by them, but rather draw on the powerful energies of both to shed light on that which cannot be reduced to rationality.
4. **The origin of shame lies in ascendance of destructive forms of Thanatos.** When in the early childhood struggle between Eros and Thanatos, the destructive forms of Thanatos take over, shame imprisons the child. Manifestations of that shame are hiding and withdrawal, and in the extreme, paralysis (Ikonen & Rechardt, 1993).
5. **Aggression is an attempt to resolve the conflict between libido and mortido by force.** In the continual conflict between Eros and Thanatos, aggression is any act leading to tension decrease (the drive is toward oblivion, dreamless sleep, death) and libido is any act that builds a greater tension (drive is toward satisfaction, passion, life) (Sternbach, 1975).
6. **Intrapsychic conflict among different parts of the personality provide the battleground between libido and mortido.** The struggle

between various ego states for executive position can best be explained through concepts of libido and mortido (Igra, 1989).

7. **Repressed memories belie a quest for oblivion.** Ignorance of one's past can have tragic consequences by barring a person's access to his/her temporal dimension. Without a clear sense of contiguous autobiographical memory, the quest for oblivion, for decathexis, and for dreamless sleep tends toward psychic death and libidinal inertia (Enriquez, 1988).
8. **Ambivalence is *stalemate* between libido and mortido.** When there is impasse in the struggle between the two, when neither gains advantage, then movement ceases and paralysis sets in. There is a great distinction between truce and stalemate. In truce, both win and neither loses and energy is freed up for redeployment outside the battle. In stalemate, the battle rages on, usurping all available energy.
9. **Avoidance is *denial* of libido and mortido.** The compromise in life of avoidance is the attempt to live without risk, through going unconscious with blinders to the surrounding reality, and thus sidestepping life, living without being fully alive.
10. **Control is d*efiance* of libido and mortido.** The compromise in life of control is the attempt to live with total predictability, and therefore without being fully alive. The various attempts at control (assertive and yielding, in positive and negative aspects) flow from the tension between Eros and Thanatos.

The fear of death and of life, the self-preservation drive, is immensely important in development of the ego and of the self. The struggle to come to terms with both fears provides the existential context for creating identity. Jung's transcendent function provides the bridge on which to navigate that struggle, and thus is built on the prototypical experience of living through the threat of death (Mudd, 1990). The attraction to transcendence allows us to make friends with those fears, and with our struggle with them. The key to *existential embrace of life* comes not in accommodating the opposing drives but in reaching a balanced synthesis of them. The key to *openness to life* comes in the form of a child.

In "The Psychology of the Child Archetype," Jung (1959, p. 164) assures us that "In the psychology of the individual, the 'child' paves the way for a future change of personality. In the individuation process, it anticipates the figure that comes from the synthesis of conscious and unconscious elements in the personality. It is therefore a symbol which

unites the opposites; a mediator, bringer of healing, that is, one who makes whole." This points to the imperative of accessing age-regressed ego states to achieve deep healing.

Roberto Assagioli (1974) wrote a paper on the subject of the balancing and synthesis of opposites. He said, "psychological life can be regarded as a continual polarization and tension between differing tendencies and functions, and as a continual effort, conscious or not, to establish equilibrium." He analyzed how one might balance opposite poles of any polarity, with the object of resolving polar tensions, of transcending the polarity. The process of synthesis achieves balance most economically at the highest new level. Synthesis includes and absorbs the two elements into a higher unity endowed with qualities differing from those of either of them.

An example given by Assagioli is the polar opposites of self-deprecation (inferiority complex) and arrogance (superiority complex). The "middle way of compromise," modesty, is achieved on the same level through blending the two poles. Synthesis of the poles, spiritual dignity, is achieved at a higher level than any of the other three qualities (i.e., self-deprecation, modesty, or arrogance). Another example is the polar opposites of attachment to the world and detachment from the world. A synthesis of this continuum might be confident, graceful letting go. Indeed, Lifton (1979) proposed that a secure attachment to the world is a basic prerequisite for the capacity to "let go" of the world gracefully in approaching one's death.

As we examine the three primary defensive strategies to resist life, we will see that imbalance, or dysfunction, lies at either end of each continuum: neither too much nor too little is healthy. Every continuum offers the prospect of a true resolution of the "either-or" conflictual choice, in a synthesis. That synthesis serves a healthy and useful purpose, that of resolving the conflict between mortido and libido energies, and embracing life with passionate commitment.

Existential resistance to life

Three primary defensive strategies exist as ways to resist life rather than fully embrace it, and can be traced to early insecure attachment, and earlier still to unresolved commitment to entering this earthly life at conception:

(1) avoidance, the strategy of compulsive self-reliance, denial and inhibition. The opposite of avoidance is intrusive over-

involvement. The synthesis of the two is "*un*boundaried radical connectedness."

(2) ambivalence, the strategy of preoccupation with both what is wanted and what is not. The opposite of ambivalence is a rigid intolerance for ambiguity, nuance or paradox. The synthesis of the two is "passionate commitment in the face of ambiguity."

(3) control, the strategy of regulating internal distress by controlling the perceived source in the outside world. The opposite of control is abdication. The synthesis of the two is "ego resiliency."

Avoidant individuals tend to be (or try to be) emotionally self-sufficient and to live their lives without the support of others. They prefer objects and tasks to people. However, because they do indeed need others as all people do, avoidant individuals deactivate their own needs for comfort and care on a conscious level. Unconsciously frustrated and resentful about having to set aside their unacknowledged emotional needs, they often exhibit passive and unacknowledged hostility toward others (Kobak & Sceery, 1988). This is how the intrusiveness at the other end of the avoidance spectrum develops: enforcement of their autonomy often means keeping others at bay, pushing interpersonal boundaries far away from them, and out to the person of the other. "It's never about me; it's always about you." The synthesis of avoidance and intrusive over-involvement is not half-way in between, but rather "*un*boundaried radical connectedness."

Jung's work on synchronicity and individuals' intimate connection with the vastness of the collective unconscious provides a key to this synthesis. The Freudian view of the mind tends to elaborate its separateness and its boundaried character, whereas Jung elaborated the mind's connectedness and its quintessentially *un*boundaried character. Jung's concept of synchronicity emerges from a model of the mind characterized by a "radical connectedness" between minds and also between minds and matter (Mayer, 2002, p. 92). Healing is found in accepting the paradox that we are, as human beings, unique and boundaried and also *un*boundaried and connected.

Synthesis on the ambivalence spectrum, i.e., "passionate commitment in the face of ambiguity," flows from one of the most basic developmental milestones in emotional development, in the preschool period: the ability to acknowledge and tolerate both positive and negative emotions toward

the same person or object. Maintaining a libidinal attachment even while experiencing frustration, requiring the synthesis of positive and negative affects and memories, is a requirement for the development of healthy relationship to oneself, others, spirit (or God), i.e., to this earthly life itself. At the other end of the spectrum, ambivalence is the experience of being pulled in opposite directions, positive and negative, and being suspended between them rather than finding synthesis. The pattern is of *both* clinging and distancing, the individual identified with *both* polar opposites, unable to commit to only one path. For these people their very identity depends on maintaining both. Ambivalence can manifest as uncertainty, being wishy-washy, passive, indecisiveness, torn between options, or preoccupied, being absorbed elsewhere (in the past, future, or fantasy).

Control is the very purpose of one's ego functioning, and a useful conceptualization here is "ego-control" (Block & Block, 1980). People with high ego-control are rigid and inhibited, disposed to repress impulses and emotions, to feel anxious in new situations, and to reject unexpected information. Those who have weak ego-control are impulsive and distractible, and do not have the discipline to concentrate on one task for very long. The synthesis of these two polar extremes is not moderate ego-control, but rather "ego resiliency." Ego resiliency is the ability to respond flexibly but also persistently to challenges.

Ego resiliency requires periodic stretching, limbering up and loosening. Otto Rank (1991) recognized the individual ego's imperative need to "unburden itself" in a relaxation of the inevitable tensions and inhibitions of living, through sex or love: "The ego is always ready to unravel its ego structure in object relations as soon as it finds objects and situations suitable for its purpose" (p. 173). Respite from the constant tension between high ego-control and weak ego-control, between the fear of life and fear of death, is the occasional unburdening when the ego allows its structure to be loosened and unraveled, what Winnicott (1965) called unintegration. However, people all too often cannot allow themselves to unburden, cannot loosen and surrender the ego boundaries, and suffer the neurotic consequences of unrelieved tension. Their need to maintain a sense of control becomes paramount, because the experience (actually the anticipation of the experience) of letting go feels too undefended, unstructured, unbounded, and too open, and is equated with *annihilation*. The same experience which within the special "holding environment" exemplified by love or sex is peaceful, for this fearful individual is a disconcerting sense of groundlessness, or meaninglessness,

that might be called “existential anxiety,” “existential vacuum” or *angst*. Erikson (1958) called the experience *ego-chill*, “a shudder which comes from the sudden awareness that our non-existence . . . is entirely possible.”

Now we examine more thoroughly the three defensive strategies of resistance to life.

Avoidance

Avoidance has been called the “minimizing strategy” (Cassidy & Kobak, 1988; Main, 1990), minimizing or devaluing the importance of what would involve personal risk to obtain. This person creates a sense of personal safety by avoiding risk, by not engaging life. This individual has no confidence that when they seek help they will receive it; on the contrary, he/she expects to be rebuffed (Mayseless, 1996), and therefore doesn’t acknowledge need or seek help. He or she strives to be autonomous and emotionally self-sufficient, dismissing any interpersonal needs. “If needs are unacknowledged, they require no further attention” (Solomon et al., 1995, p. 460). They attempt to keep others at a distance to reduce the risk of rejection or abandonment inherent in close and vulnerable relationships. One of their primary ways of doing this is overt or covert hostility and antisocial behavior. A prototype for this stance is the man sitting in his chair, reading the paper, oblivious to his wife and children who want to connect with him. Another is the woman sitting on the sidelines at a party, appearing uninterested and broadcasting the unmistakable message, “Don’t come near me.” Ironically, the fear underlying this strategy is the *loss of connection*. That fear developed from early experiences of being rebuffed or rejected by caregivers, extending back perhaps even to the perception of being exiled by God and sent to live on earth. That fear motivates avoidance of connection to insure that the pain of loss of connection not be suffered again.

As the avoidant individual grows into adulthood, he/she usually develops an ego identity that is *diffused*, i.e., uncommitted to goals and values and not actively trying to reach them (Kennedy, 1999).

An example of this is a young woman named Helen. Helen is very intelligent and by the age of 28 already has two postgraduate degrees. She has reached her goals, but as soon as she reaches one, she switches to another. The area of Helen’s life in which the avoidance is most obvious is in interpersonal relationships. She can’t commit to a friendship and has even more difficulty committing to a romantic relationship.

When we first met Helen, she outwardly seemed very gregarious and friendly, but we soon recognized that front to be a cover up for her deep inability to connect. Her relationships were very superficial and whenever people reached out to her, she would find fault with them to justify pulling away. In many cases her intelligence worked against her, for she was very clever at her games of avoidance. When we observed her in a group setting, we quickly saw that Helen was uncomfortable with eye contact and often dissociated in the presence of strong emotion or connection.

During the deep regression work that we did with her, she often had the experience of abandonment and of other people not connecting with her. She regressed back to being born premature, with a serious contagious illness. She was immediately separated from her mother and placed into an incubator, and had no nurturing touch due to her contagious condition. Many medical procedures were performed on her and since no pain relief was given to infants back then, she had to dissociate to get away from the pain. But the most painful experience for her was the separation from her family. Her first lesson in life was to be alone for hours, days and weeks with no loving touch or contact. She bonded with the incubator, i.e., got her warmth from a machine. Therefore it is no accident that Helen now is more comfortable with her computer than she is with human interaction.

Upon any significant loss, the avoidant individual commonly exhibits delayed mourning, or "prolonged absence of conscious grieving" (Bowlby, 1980), characterized by a conspicuous lack of conscious sorrow, anger, or distress and no noticeable disruption in normal activities. Avoidant infants are marked by a kind of cool nonchalance regarding their attachment figures' whereabouts, and an active ignoring of them when they return following separation (Fraley & Shaver, 1999).

The extreme of avoidance is the *schizoid* person who "hovers between two opposite fears, the fear of isolation in independence with his loss of ego in a vacuum of experience, and the fear of bondage to, of imprisonment or absorption in the personality" of whomever he seeks for protection (Smith, 1984, p. 100).

Ambivalence

This strategy creates distractions to re-direct one's attention away from the source of anxiety. It is the "maximizing strategy" (Main, 1990) of preoccupation with both what is wanted and what is not. This person feels uncertainty as to whether the other will be available and responsive when needed. This uncertainty causes the individual to grasp at and cling to

relationships, while at the same time directing unresolved anger at the other in the relationship. Intimacy alternates with hostility. Hostility may be equated with intimacy. Distraction requires drama and chaos; therefore, a quiet or uneventful environment is experienced as threatening (Main, 1990). This person grew up with a parent who gave partial and inconsistent attention to the child, or who controlled the child with separation and threats of abandonment. The unpredictability of parental caregiving conditioned this child to anticipate the parent's state of mind, and to get the needed attention by doing the opposite of what the parent is doing. When the parent is ignoring the child, or attending inappropriately, the child becomes increasingly demanding and aggressive. When the parent is attending to the child, because the attention is usually overly intrusive, the child withdraws passively, becoming emotionally distant. In other words, this strategy hyperactivates, or under-regulates, emotional display (Sroufe, 1996), creating chaotic impulsivity. The underlying fear in this strategy is the *loss of self*. To stop the pattern of *both* clinging and distancing, to commit to only one path, feels like it would guarantee never getting basic needs met. These people have identified with both polar opposites, and their very identity depends on maintaining both. "They may view resolving ambivalence as equivalent to giving up parts of themselves" (Sincoff, 1990, p. 64).

This person's fear of autonomy comes about initially through the infant's consistent defensive choice to avoid the anxiety inherent in any attempt at autonomy. This child's separation/ individuation attempts have all been undermined, either by the parent's lack of attention or by the punishment of rejection. The fear of autonomy can eventually manifest as success phobia, fear of wealth, or fear of risk (Krueger, 1991). Indeed, of the three strategies, the ambivalent individual exhibits the strongest fear of death, including the loss of his/her social identity in death.

As this individual grows into adulthood, he/she usually develops an ego identity that is *in moratorium*, i.e., engaged in a perpetually active search for goals and values to guide their lives (Kennedy, 1999), with no resolution in sight. Refusal to commit leaves creation of a defined identity impossible.

Normally loss is healed through grief. Upon any significant loss, the ambivalent/ preoccupied person commonly exhibits "chronic mourning" (Bowlby, 1980), characterized by protracted grief and prolonged inability to return to normal functioning. This pattern develops with the ambivalent

infant becoming extremely distressed by separation, and then finding it impossible to resolve the upset when comforting is offered.

Gary is a forty-five-year-old man who is preoccupied with having his needs met, and is perpetually dissatisfied. He has a serious sex and romance addiction which has made it difficult for him to keep his fidelity vows to his wife. As a child he was so preoccupied with meeting his mother's needs that his own emotional and developmental needs were left unmet. Generally, he felt compelled to meet the emotional needs of his mother that weren't being met by his father, and thus was emotionally "spousified." Gary has a lifelong pattern of feeling helpless, depressed and low self-worth. His deep ambivalence is re-enacted constantly regarding his marriage: should I stay or should I go? Is there another woman who could meet my needs in a better way? He has been internally tortured over this ambivalence for years. This behavior and confusion has obviously driven a deep wedge between him and his wife. Gary is unable to fully commit to anything. He longs to find a spiritual home, yet he finds fault with every church that welcomes him. Indeed, he has a volatile love/hate relationship with God. His simultaneous sense of entitlement and unworthiness guarantees lots of drama in his life, and immense sadness over all the lost opportunities for connection. Gary really feels that, in wandering through his life unconnected to anyone, not even God, he has truly lost himself. He is in a chronic state of mourning.

The extreme of ambivalence is borderline personality disorder. Wilkinson-Ryan and Westen (2000) identified four identity disturbance factors in borderline personalities: (1) *role absorption*, in which patients tend to define themselves in terms of a single role or cause; (2) *painful incoherence*, a subjective sense of lack of coherence; (3) *inconsistency*, an objective incoherence in thought, feeling, and behavior; and (4) *lack of commitment*, e.g., to jobs or roles or values. The first factor, role absorption, describes over-identification with a specific role or group membership. A limited role or label defines the person's whole identity. The second factor, painful incoherence, deals with individuals' distress or concern with their subjective experience of a lack of coherence in their own identity. The third factor, inconsistency, manifests with beliefs and actions that often seem grossly contradictory to the individual. The final factor, lack of commitment, includes their difficulties in committing to goals or maintaining a constant set of values.

All four factors, but particularly painful incoherence, distinguished patients with borderline personality disorder. Their research evidence

argues for an empirical distinction between two borderline personality disorder types: one defined by emotional dysregulation and dysphoria, the other by histrionic characteristics. This is reminiscent of the two types of ambivalent individuals identified by Cassidy and Berlin (1994): angry or passive. Mothers of the angry type are generally highly interfering in the baby's exploration. Mothers of the passive type are generally grossly ignoring.

This individual's identity is confused. "Identity confusion manifests itself in a number of ways: 1) in a subjective sense of incoherence; 2) in difficulty committing to roles and occupational choices; and 3) in a tendency to confuse one's own attributes, feelings, and desires with those of another person in intimate relationships and hence to fear a loss of personal identity when a relationship dissolves" (Wilkinson-Ryan & Westen, 2000, p. 529).

According to Kernberg (1976, 1984), identity confusion in patients with borderline personality organization reflects an inability to integrate positive and negative representations of the self and of others. "The result is a shifting view of the self, with sharp discontinuities, rapidly shifting roles (e.g., victim and victimizer, dominant and submissive), and a sense of inner emptiness" (Wilkinson-Ryan & Westen, 2000, p. 529).

Borderline personality is characterized by a *destructive ambivalence* toward situations of merger and fusion, or loss and separation. "Perhaps the borderline person enacts the archetypal struggle for *psychological* existence which is forgotten by the accomplished ego," which is uneasy "operating in a space where the boundaries of life and death, creation and destruction, are entirely blurred" (Welman, 2000, p. 135).

Control

The strategy for creating safety for an individual who has experienced chaos is to attempt to control. The belief is, "If I can get control of the situation, it becomes predictable, and I will not be at the mercy of unknowable (and either incompetent or threatening) forces." This person will attempt to dominate, using brute force or subtle manipulation, being solicitous or punishing. Controlling children at age six dominate their parents in a reversal of the parent-child role, parenting the parent (Main & Cassidy, 1988). However, since they are exhibiting behaviors that they only guess to be adult, based on the inadequate modeling of the parents they are replacing, their behavior is chaotic and contradictory. This strategy dys-regulates affect (Horowitz et al., 1990).

Another example of how a controlling child uses the strategy of reversing the parent-child role is one who learns to decrease abusive treatment from the parent by becoming compulsively compliant. This child pays almost constant attention to the parent's wishes, attends to those wishes automatically, and inhibits any self-generated behavior that might anger the parent. Which of these two forms of controlling behavior, i.e., *controlling-punitive* or *controlling-caregiving*, becomes predominant is usually determined during the preschool years (Lyons-Ruth et al., 1993).

Either of these individuals is attempting to regulate his/her internal state by controlling the source of distress. However, because the source of distress is a needed resource with inherently greater authority and power in the relationship (e.g., a parent, teacher, boss, policeman), the attempts at control are hostile-intrusive and may become hostile-aggressive. The underlying fear in this strategy is the *chaos of abandonment.* This individual desperately seeks *physical closeness* while trying to create *mental distance*. The frustration inherent in attempting to both obtain comfort and avoid vulnerability, leads to high levels of stress.

As this person grows into adulthood, he/she usually develops an ego identity that is *diffused*, i.e., unresolved, unboundaried, uncommitted to goals and values and not actively trying to reach resolution or commitment (Kennedy, 1999). This individual needs another person onto whom to externalize the pity, the blame, the anger and the aggression. Failure to control the environment results in only two possible choices: either (1) turn the aggression inward, feeling frightening and unpredictable; or (2) turn the aggression outward, feeling frightened and helpless. When alone, he feels unsafe, at risk of ceasing to exist. When not alone, he feels unsafe, at risk of overwhelming chaos.

These two choices coincide with those observed by Dutton and Painter (1981) in their work on traumatic bonding, which they termed "hostile perpetrator-identified" and "helpless victim-identified" roles.

Controlling-punitive or controlling-caregiving forms of taking control are both strategies of defiance against an opposing pressure or force, and both allow the controlling individual to deny any personal responsibility for the obstacles in his/her life, overtly or covertly. One way to conceptualize overt or covert resistance is through the use of "negative assertive" (too rigid) or "negative yielding" (too passive) modes of control (Astin & Shapiro, 1997). Negative assertive control is the attempt to make certain things happen, which is based on a fundamental lack of trust in one's environment and non-acceptance of those things that are "beyond our

control." The negative yielding mode of control is a strategy of helplessness and abdication. An alternative to these two extremes is a balanced use of both positive assertive and positive yielding modes of control. Comparing the difference between negative assertive control (non-acceptance) and positive yielding control (acceptance), researchers have documented the effects on psychosocial adjustment even for cancer patients (Astin, et al, 1999). Their findings suggest that balanced use of active and yielding control efforts may lead to optimal psychosocial adjustment and quality of life even in the face of life-threatening illnesses.

Shapiro, in the Shapiro Control Inventory (SCI) (Shapiro, 1994), identifies four distinct modes or characteristic ways of gaining a sense of control:

- *Positive assertive*: active instrumental control, in which one attempts to alter oneself or the environment, resulting in being effective and competent with decision-making authority
- *Positive yielding*: acceptance, in which one is able to let go of active control efforts and accept the situation or oneself without resignation or helplessness, while feeling in control, sensitive, and nurturing of others
- *Negative assertive*: over-controlling approach, uncontained aggressive self-sufficiency, in which one uses active control efforts excessively or inappropriately, resulting in constriction, dominance and possessiveness in relationships and being unable to express or let go of certain emotions within oneself
- *Negative yielding*: passivity, in which one fails to use active control efforts when they can or should be used, resulting in denial of self and feeling fatalistic, dependent, manipulated, reactive or helpless

In all of the work we do, we always regress people back to what conclusion they drew about themselves in traumatic moments, and what decision they made about how to behave based on that conclusion. Sandra is an extremely compliant young woman who accommodates to other people's wishes based on what she perceives they expect of her. The result of this is that she was in a thirteen year marriage with a man who was a sex addict. He forced her into many sexual acts that were extremely repugnant to her and yet she complied. She also put up with years of his having affairs, spending thousands of dollars on prostitutes and excessive use of

pornography for masturbation. All of this was repulsive to her, but she accommodated to his wishes.

In therapy, Sandra regressed back to several situations in her family where her very authoritarian father was dictating the rules and her mother stood passively by, not standing up for herself or for her daughter. Even when Sandra was being molested by her father, her mother looked the other way. The conclusion that Sandra drew about herself was, “I'm invisible. I'm not worthy to be seen.” The decision she made time after time in her life was, “Don't make waves. It's easier to just figure out what they want and go along with it.” As a child Sandra chose to identify with the helpless victim role, and learned to use the controlling-caregiving strategy to maintain emotional distance while keeping physical closeness.

Sandra's therapeutic work now is to allow herself to be seen, to figure out what she wants (which she has never known) and to let that be known to those around her. As a result, she has become much less depressed, more spontaneous and alive. She is enjoying life more and responding to friends rather than withdrawing into invisibility.

The role of anger and aggression

Anger is the natural response of a child when his/her expectation that the caregiver will provide safety or meet other needs is not met (Bowlby, 1973). The anger ideally serves as a clear communication which provokes intensified caregiving. The infant or child is expressing impatience at the unmet need, and also on a deeper level, outrage at the insensitivity on the part of the caregiver, at not being understood. Internal experience is not matched by external understanding. The normal anger response turns to aggression when the insensitivity is pervasive. “The defensive shield of anger is called for so frequently that the oppositional response becomes integrated with the child's selfstructure. Self-assertion immediately yields aggression” (Fonagy, 1999). And aggression lies at the root of anxious attachment, and of resistance to life.

The mother's absence or inability to invest psychically and emotionally in her children (in either the form of intrusively preoccupied, or of avoidantly uninvolved) creates rage in the child. At birth, an example would be her use of anesthesia, or her choice of adoption. In the age range of 1 to 8 months, the rage reaches the level of *diffuse primitive rage*. In the age range of 8 to 13 months (Piaget's stage IV) and 13 to 18 months (Piaget's stage V), there is *recognition memory rage*, or, when exposed to

the mother or father for tantalizingly brief intervals, it escalates into an ever towering *annihilatory rage*.

Developmental influences on resistance to life

Attachment theory

Attachment theory is based on the fundamental human need for security and exploration. The experience of security begins with the process of attachment, and that sense of security is necessary for exploration to thrive. Bowlby stressed the themes of (1) a psychology based on the opposing tendencies of attachment and separation/loss; (2) the individual's need for secure attachment in order to successfully reach out and explore one's inner world and outer environment; (3) the persistence of attachment needs throughout life; (4) the negative consequences of early disruption of affectional bonds, or attachment; and (5) the vital importance on a child's mental health of the caregiver's capacity to maintain loving presence (intimacy, avoiding separation/loss) as well as to accept protest (autonomy, avoiding engulfment).

The childhood experience that most contributes to embracing life begins with adequate bonding and attachment between parents and their children. *Bonding* generally refers to the parents' emotional investment in their child, building and growing with repeated personally meaningful experiences. *Attachment* usually refers to the tie experienced by the infant toward the parents, which the child actively initiates and participates in, and which largely determines the child's developing sense of self and approach to the world environment. The child, with a secure attachment base, successfully reaches out to explore his/her inner world and outer environment (Bowlby, 1979, 1988). The child develops strong and healthy, since the caregiver can maintain loving presence (intimacy, avoiding separation/loss) as well as accept separation (autonomy, avoiding engulfment). Such a child is classified as *secure*: expressing distress, or protest, on separation and then actively seeking the parent on reunion, successfully being soothed quickly if distressed, and returning to exploratory play. He or she expresses negative emotion openly, and balances the orientation between caregiver and environment.

Without such a secure attachment, a child can be observed to form attachment to his/her caregivers insecurely in three ways: avoidant, ambivalent, or disorganized/controlling.

Avoidance

Insecure-avoidant infants (Ainsworth et al., 1978) protest little on separation, treat a stranger similarly to the parent, and display little or no attachment behavior during reunion, i.e., they snub the mother by turning away as she reenters the room and/or ignore her when she tries to engage her child in social interaction, or may hover nervously nearby. The child's exploration in any event is suppressed, not returning to pre-separation levels. They downplay overt manifestations of negative emotion, and orient towards the environment, rather than their caregiver. Avoidantly attached children are presumed to have had experiences where their emotional arousal was not re-stabilized by the caregiver, or where they were over-aroused through intrusive parenting; therefore they *over-regulate* (inhibit) their affect (Sroufe, 1996) to avoid situations that are likely to be distressing.

Attunement or synchrony between child and caregiver is the condition in which the two are "in tune" with each other emotionally and energetically. Excess misattunement, non-attunement or dyssynchrony between caregiver and child can create serious consequences for the infant through the lifespan. An example of excess dyssynchrony is that interactions between depressed mothers and their infants have a greater frequency of dyssynchrony and conflict, and less frequent repair than with nondepressed mothers (Tronick & Gianino, 1986). In these relationships, the infants and young children take on the burdensome responsibility for repairing dyssynchronies (Pound, 1982). These particular children are also predisposed to overdeveloped empathy and concern for others, as well as guilt and shame (Zahn-Waxler & Radke-Yarrow, 1990). Thus the child develops a hypervigilance for cues from others, and a style of relating that Bowlby (1980) referred to as "compulsive caregiving." The child's vigilance to the subjective experience of others may lead to neglect or invalidation of her own subjective experience and the tendency to rely on external confirmation to maintain self-esteem and the sense of identity (de Groot & Rodin, 1994).

Avoidant infants ignore their distress and desires and deal with their needs by depending excessively upon the logic of what they can observe. Being able to inhibit their distress protects them against further hurt. They tend to present a false positive exterior which does not match what is happening to them (Crittenden, 1988; 1995). On the surface they appear more independent than others, but they are unable to derive comfort from friendships and intimacy.

Emerson (1997) specifies two types of avoidance behavior. In elimination (e-type) avoidance, people attempt to manipulate their environment to eliminate the possibility of encountering their unresolved traumas. Their life choices are made (unconsciously) so that they are not confronted with anxiety-provoking experiences of, for example, abandonment or rejection. The other type is identification (i-type) avoidance, in which people "project their traumatic feelings onto others, and then identify with and act out (i.e., become) the forces that traumatized them in the first place, providing themselves with a sense of power" (p. 38). This approach is one of identifying with their own traumatizer, the "hostile perpetrator-identified" role (Dutton & Painter, 1981).

Ambivalence

Insecure-ambivalent infants show separation distress and proximity-seeking on reunion, but instead of being soothed while being held, they squirm and sometimes kick, cling anxiously to the mother or furiously bury themselves in her lap. Two distinct subgroups are observable: one subgroup seems very angry, while the other is more passive. Generally, these infants do not return to play. They orient toward the caregiver rather than the environment, albeit without finding comfort. The intermittent reinforcement schedule is (unconsciously) designed to guarantee the child's preoccupation with the parent. Ambivalently attached children have hyperactivated emotional display, i.e., *under-regulate* their affect (Sroufe, 1996), impulsively heightening their expression of distress. The child has learned that making loud enough demands, or being very babyish, will get the attention needed. The demanding behavior is thus reinforced. There is a low threshold for threat, and the child becomes preoccupied with having contact with the caregiver, but is frustrated even when it is available.

In contrast to avoidant children, anxious/ambivalent infants tend to grow up relying on what they are feeling, without much thought about the consequences of their actions. Confused about what they perceive, they tune in to their feelings, at the expense of being able to think about the meaning of their experiences. This keeps them out of touch with their environment. However, in contrast to the avoidant group, they continue to feel an intense need for social support, in which they tend to repeat their abusive relationships and feel misunderstood and mistreated. Logical arguments generally have little impact on their being able to adjust their expectations (Crittenden, 1988, 1992, 1995).

Parents of infants presenting the ambivalent pattern tend to be poorly attuned to their children's needs, often ignoring them when they are distressed and intruding on them when they are playing contentedly. These parents offer interrupted or inconsistent parental care because they are often preoccupied with unresolved emotional issues from the past. When the parent feels calm, she responds to her child in a sensitive way; when she is angry, she expresses it openly with yelling and perhaps hitting. The parent's responses are internally consistent, therefore, but unfortunately are unpredictable to anyone else, often including the trained psychologist who may be observing the interaction. The infant feels powerless to control or predict his/her experience because the response will be capriciously either supportive or hostile. Because proximity, once obtained, is often not soothing and may be punishing, the infant remains persistently anxious and angry. Because of the intermittent reinforcement for turning to the attachment figure for security, the need to be vigilant for the presence and loss of the other is strongly reinforced. The infant's confidence in itself to respond appropriately to threats does not develop adequately.

This child's parents often turn to the child for support and protection when they become distressed or anxious. Yet overtly they emphasize the child's needs over their own, and are overly attentive in particular to the child's expressions of fear (Belsky, 1999; Haft & Slade, 1989). This overemphasis on caregiving, of course, promotes dependency. The child finds that by becoming indispensable to the parent, it is possible to keep close despite the unpredictability of the parent's emotional availability. Insecure ambivalent attachments have been noted to be similar to *enmeshment* by Marvin and Stewart (1990).

This parent offers overprotection, enmeshment, or "smother love." Some level of disengagement is necessary for the infant to develop autonomy and the capacity to be alone (Biringen et al., 1997). Rather than giving too much responsibility to the infant for maintaining interpersonal synchrony and repairing misattunements when they occur (as in avoidant-style parenting), these parents usurp the child's opportunities for self-regulation, allowing no experimentation or exploration. Such a child may develop low self-worth, helplessness, and depression.

These children, then, are not congruent with their age: they are childish and demanding at times, like little old men or women at others. "Parentified children are, after all, being their own grandparents when they look after their parents" (Byng-Hall, 2002). This child grows up preoccupied with how unfair his or her upbringing was, and hence is, in

turn, more likely to have an insecure/ambivalent child. Bosomenyi-Nagy and Spark (1973) discuss how this child's parents feel entitled to some parenting that was not provided to them when *they* were children, and so it is a debt they will try to collect from their child. He/she then grows up feeling that *their* parenting was unfair and, hence, he or she is entitled in turn, thus passing the sense of unfairness down through the generations.

Follow the development of an infant assessed to be ambivalent and demanding and angry, and one first observes a baby who has learned to maximize the attention he/she gets from the parent, regardless of whether it is positive or negative (i.e., "I'd rather be wanted for murder than not wanted at all"). Then in time, certainly by preschool age, the child has learned to manipulate the parent by alternating dramatic angry demands with needy dependence. This child has discovered an effective way to keep the inattentive inconsistent parent involved: do the opposite of what mother is doing. When mother is preoccupied and not paying attention, the child explodes in angry demands and behaviors that cannot be ignored. The mother either reacts with hostility, punishing the child, or with sympathy, rewarding the child's manipulation. This preschooler knows what to do in either case: respond to hostility with a coy sweetness and dependency, and respond to sympathy with anger and new demands. The two are enmeshed together in a never-ending cycle of dissatisfaction. This individual grows into an emotionally volatile adolescent and adult who seeks care, but finds only partial and transient soothing from the contact. Preoccupied/ ambivalent individuals are anxious, dependent, impulsive, and approval-seeking (Klohnen & John, 1998). In the extreme, this person becomes a hysterical or borderline personality.

Attachment expressed through ambivalence (preoccupation) is the imbalance created when a child must sacrifice exploration of herself and her world to be preoccupied with the inconsistent presence of her primary caregiver. This child has learned not to trust the caregiver for security, and may develop a number of solutions, as we have seen. For example, this child may become impulsive and emotionally volatile (fearful of autonomy), or dependent and approval-seeking (clinging), unable to experience comforting when it is available due to waiting for the "other shoe to drop."

Attachment expressed through clinging is a defensive behavior. "Infant clinging" serves a healthy purpose; the infant's instinct to cling is based upon the protection and gratification that the child's mother provides (Murphy, 1964). This natural and healthy instinctual behavior can be

perverted by inconsistent parenting into "maternal clinging," where the infant's motive is to protect the mother against feelings of abandonment. Such a dysfunctional application of clinging is highly destructive to the child's efforts to separate and individuate (Masterson, 1973), interfering with the normal process of identity formation and willingness to acknowledge one's own needs and ask for help when appropriate.

Control

Some infants do not seem to have a consistent pattern, utilizing both avoidant and ambivalent behaviors upon reunion, or alternating between the two. On reunion, they at times show extreme ambivalence in approaching and avoiding mother: they may stiffen and freeze, or collapse to the ground, or lean vacantly against a wall. More puzzling behaviors (such as disoriented movements, dazed expressions, brief gestures of fearfulness, or prolonged stilling) may repeatedly and unaccountably intrude into the reunion patterns. These children were designated as *insecure/ disorganized* by Main and Solomon (1986).

"When trauma occurs in the presence of a supportive, if helpless, caregiver, the child's response will largely mimic that of the parent: the more disorganised the parent, the more disorganised the child (McFarlane, 1987; Browne & Finkelhor, 1986); the security of the attachment bond mitigates against trauma-induced terror" (Streeck-Fischer & van der Kolk, 2000, p. 903).

Main and Hesse (1990) suggest that central to the disorganized attachment pattern is the infant's initiation of an attachment behavior sequence, which is then inhibited by fear (a response to frightened, frightening and/or dissociated maternal behavior) or confusion due to inconsistent signals from the caregiver. An infant or young child might find frightening the display of his/her parent's anxiety, unusual vocal patterns and speech content, unusual movements, and lapses of cognitive monitoring that would accompany life stresses or fears or unresolved grief in the parent's experience. The child's emotional expression triggers the caregiver's dissociated withdrawal in a state of anxiety or rage. This child comes to associate his/her own emotional arousal or expression as a danger signal of impending abandonment. The reaction is to dissociate in turn, providing defense against this child's greatest fear: abandonment.

In their analysis, Main and Hesse (1990) emphasize that, for the disorganized infant, the mother herself, not the situation, is the source of distress. That is, the mother has served as a source of both fear and

reassurance, thus arousal of the attachment behavioral system produces strong conflicting motivations: attraction and avoidance. The infant desperately seeks *physical closeness* while trying to create *mental distance*. The frustration inherent in interruption of such a primal process as attachment behavior, the attempt to both obtain comfort and avoid vulnerability, leads to high levels of stress. Indeed, these infants exhibit higher levels of the stress hormone cortisol following the Strange Situation, and the high levels linger longer before return to baseline levels, than for infants in the secure, avoidant, or ambivalent groups (Spangler & Grossman, 1993).

When children are unable to respond appropriately, they become helpless. Being unable to grasp what is going on, they go immediately from (fearful) stimulus to (fight/flight) response without being able to learn from the experience (Bion, 1962; Fish-Murray et al., 1986). In response to reminders of the trauma (sensations, physiological states, images, sounds, situations) they behave as if they were traumatized all over again. Unless caregivers understand the nature of such re-enactments they are liable to label the child as 'oppositional', 'rebellious', 'unmotivated', and 'antisocial' (Streeck-Fischer & van der Kolk, 2000, p. 909).

The clinical presentation of any particular traumatized child is the result of a combination of these dissociative and disintegrated responses and their trauma-specific reactions, such as avoidance, flight/ flight, freezing, compliance, behavior or affect transformation (Chaffin et al., 1996; Fraiberg, 1982; Lewis, 1992; Lewis et al., 1989; McCauley et al., 1997; Moeller et al., 1993; Streeck-Fischer, 2000; Streeck-Fischer et al., 2000). Adults tend to misinterpret the hostility, silence or other reactions of maltreated children as responses to current events, rather than as conditioned reactions to reminders of the past (Streeck-Fischer & van der Kolk, 2000).

Most traumatized children display fluctuating levels of ego organization. Hyperarousal, fighting and destructive behavior alternate with numbed depression and withdrawal. Confronted with stress, they are prone to regress to earlier developmental levels or adopt different states of ego organization, ranging from infantile and near psychotic to hypermature behavior. Adults, confronted with such fluctuating behaviors, may misinterpret them as willful manipulations, rather than as state-dependent response patterns.

The following different clinical presentations represent the primary organizations to exposure to chronic trauma (Streeck-Fischer & van der

Kolk, 2000), or insidious trauma (Zimberoff & Hartman, 1998). Trauma characterized by repetitive and cumulative experiences of oppression, violence, genocide, or femicide is labeled insidious trauma (Root, 1992). Unlike the DSM-IV definition that traumatic events shatter assumptions about how the world operates, insidious traumas create and reinforce assumptions that the world and life is unsafe, assaulting every level of security a person has: physical, psychological, interpersonal, and spiritual.

Accommodation/compliance behavior

Children with accommodation/compliance behavior (Dodge & Somberg, 1987; Stern, 1985; Summit, 1983) behave on the basis of what they think is expected from them, without getting emotionally involved. This is accompanied by depersonalization and loss of fantasy play. Winnicott (1965) called this the development of a false self. Under stress, these children, and especially the girls, tend to lose their physiological regulation and become (self-) destructive.

Frozen stillness

Some children mainly respond to stress by freezing, avoidance and sensorimotor constriction. This is accompanied by the pathological persistence of early reflexes, problems with lateralization, as well as robot-like behavioral and somatic re-enactments of traumatic scenes.

Dissociation of the personality

Many traumatized children respond to stress by splitting their personality into different entities (called *tertiary dissociation* by van der Hart et al., 1998). These children cannot integrate different states of emotional engagement within the same personality organization and experience themselves as different people at different times, depending on internal and external stimuli (Putnam, 1993).

An example of this splitting is Janice, who was raised in an extremely religiously repressed household. Before Janice was born, her mother had delivered a baby who died soon after birth. The mother was grief-stricken and became extremely emotionally despondent. The baby's ashes were placed in an urn and kept in the parent's bedroom. In order to compensate for the loss of this dead child, the mother became pregnant with Janice.

Janice was extremely split, trying to compensate for her mother's loss of the other child and trying to please her obsessive-compulsive father. He was very religious and used religion to control Janice and her brother.

They were forced to memorize Bible verses at a very young age and repeat them verbatim at the dinner table. If the verses were not correct, corporal punishment and shame would follow. The home environment was tense with the mother's dark depression and the father's authoritarian demands. Janice's response was to split off a part of herself to visit her dead sister in the urn. Her sister was the only connection all four family members had in common. She would spend as much time as possible split off from herself and the rest of the family, mentally hiding in the only place that she felt safe and connected: in the urn with her sister's ashes.

Janice, however, being very intelligent and needing to experience control in some aspect of her life, developed a very competent part of herself that functions well in the world. From all outside appearances, no one would ever know the splitting and turmoil that exists within this young woman. It is only in the difficulty she has in close interpersonal relationships that the splitting becomes apparent.

Another fundamental element of the disorganized category of children is the need and attempt to control (Solomon et al., 1995). Their findings suggest that controlling children generally depict themselves and their caregivers as both frightening and unpredictable or frightened and helpless. This represents what Bowlby (1980) called 'internal working models'. These working models are thought to be largely defined by the internalization of the affective and cognitive characteristics of primary relationships. Children learn to regulate their impulsive behavior by being able to anticipate the mother's response to it (Schore, 1994).

Mothers of disorganized and controlling children have been found to be more likely to have abdicated caregiving of the child (George & Solomon, 1999). They perceive themselves as being helpless to protect their child from threats or danger, and portray themselves as being out of control or desperately struggling to remain in control of themselves, the children, or the circumstances. The mothers of controlling six-year-old children describe themselves as helpless or unable to adequately protect their children (Solomon & George, 1994). They are thus frightening to their children and evoke efforts from their children to control them, or at least to minimize the chaos in the family.

The controlling behavior may develop in one of two forms: (1) precocious caregiving of the parent in a solicitous, placatory manner; or (2) punitive and rejecting aggression (Byng-Hall, 2002; Cassidy & Marvin, 1992; Main & Cassidy, 1988). This child, faced with an abdicating or incompetent parent, will attempt to step into the vacant role. In the first

alternative, the child is trying to fill the function of an (absent) encouraging spouse, offering brain-storming and problem-solving assistance to prop up the failing parent. In the second alternative, the child becomes bossy, attempting to order the parent to deliver what is needed, or to guilt the parent into action through disapproval, criticism, shaming or mockery. In either case, the child is parentified into age-inappropriate behavior. The child's selection of one alternative type of control or the other probably has been modeled by caregivers, i.e., the parental relationship has been primarily caring or punitive in style (Jacobvitz & Hazen, 1999). With parental triangulation, the child may have been recruited as an ally into a coalition by one passive-aggressive parent to express the punitive anger and judgment of the other parent.

The child, having reacted to his caregivers' dissociation by dissociating himself, has an absence or emptiness at his core. He has reacted to the lack of emotional attunement or understanding from caregivers by abandoning a sense of self. He has reacted to his parents' inability to contain his identity within self-defined boundaries by opening to self-definition with internalization, or introjection of external sources. The child's failure to experience his current internal state mirrored accurately creates an "openness to colonization" by "the mother's feeling of rage, hatred, or fear, and her image of the child as frightening or unmanageable. This painful image must then be externalized for the child to achieve a bearable and coherent self-representation" (Fonagy, 1999). The child must find someone to serve as a vehicle for the frightening or frightened part of himself. The two strategies of precocious caregiving or punitive aggression both offer a way to externalize the otherwise unbearable beliefs about himself.

Marcia is an example of a young woman who has reacted to her mother's dissociation by dissociating herself and has a huge core of emptiness within. She came to us feeling extremely hopeless, stating that no other therapist has ever been able to help her even after years of therapy. She described difficulty in maintaining close intimate relationships and has a deep sense of self hatred and unworthiness within. As we began the regression work with her, this all became very understandable in terms of attachment theory. Her young inadequate mother projected her self-hatred onto Marcia, saying repeatedly, "I hate you, why did I ever have you? I wish you were dead." Her mother's voice kept playing and replaying the message of self-loathing in the depths of Marcia's subconscious mind.

Marcia revisited many scenes where her mother was totally dissociated from her. As a three-year-old, Marcia was at the beach with her mother, who left her alone to play by herself near the surf. The waves came up and little Marcia was overtaken by the waves and nearly drowned. Fortunately a stranger saw her and pulled her up onto the sand and away from the rising tide. In the age regression, Marcia was incensed that her mother could have been so disconnected from her not to have known the danger she was in. Her wise adult was able to release anger at her mother for having been so dissociated and irresponsible.

Many other scenes like this came to Marcia as we did the Heart-Centered Hypnotherapy work. The final one was that Marcia was in a house where she sees her mother bleeding with a man standing over her. He pulls her body into the closet. Her mother is not moving and there is blood dripping from the blanket around her. Marcia, at the tender age of eight, realizes that her mother has just been killed. She went into a state of traumatic shock. There is no one there to attend to her, and the conclusion she draws is, "I'm alone, there is no one here for me. This is hopeless and nothing can be done." The decision Marcia made here is, "I'll have to take care of myself."

For years after that, Marcia was shuffled back and forth between relatives who didn't really want her. She learned to anticipate what the caregiver of the moment wanted, and to provide for his or her needs. Marcia's conclusion about no one really being there for her was thus reinforced, as was her conclusion that life was hopeless. The years of taking care of herself and her mother had trained her well for the next ten years of taking care of whatever relatives she happened to be living with. Those years of precocious caregiving in childhood rendered Marcia unable to establish or maintain close interpersonal relationships in adulthood. She continually attracted people into her life that needed her caregiving, and yet treated her abusively. She could externalize onto the others the quality of self-loathing ("I hate you, I wish you were dead") in order to make her experience of herself bearable. Through the hypnotherapy and emotional release work that she has been able to do, Marcia says for the first time her depression has lifted and she does indeed have hope of creating healthy intimate relationships.

The research on traumatic bonding (Dutton & Painter, 1981) and the roles of victim and aggressor sheds light on the relationship between a disorganized-attached child and his/her unresolved-attached caregiver. The process of traumatic bonding results in each individual in the pair

possessing a mental template for both positions in the dynamic. These templates shape the way each individual in a relationship acts toward others, as well as the expectations each has for how others will treat him/her. The disorganized-attached child, knowing both roles intimately, can perform either the hostile perpetrator-identified role or the helpless victim-identified role, and may in fact fluctuate between both depending on what specific part of himself needs to be externalized in a given situation, and on the role already claimed by the other in the pair.

An example of how an individual can use both of these roles selectively, as needed, is provided by men incarcerated for spousal abuse. It is common for such men to exhibit a dismissing attachment pattern, to be unable to relate either their own or their spouse's mental state on reflection regarding their interactions. There seems to be no empathy when they are in the abusing (hostile perpetrator-identified) role. However, they are fully capable of attending to the mental state of the prison guards, fellow prisoners, or the police, when they are operating in the helpless victim-identified role (Fonagy, 1999). This explains how they can appear to be very loving and considerate to their wives following the explosive abuse situations. As soon as the wife is in a helpless or victim-identified role, the man with a dismissing attachment pattern may bring her flowers and vow to nurse her back to health and recovery. This causes the wife to soften and often to drop the charges pending against the abuser (to the complete dismay of the police). Several days or weeks can go by and then the abuser is once again triggered into the hostile perpetrator-identified role and the pattern is repeated again (Zimberoff, 1989).

Extending attachment theory earlier to conception and the womb

We have seen how the parenting style of the child's caregivers determines the nature of his/her attachment security or insecurity. It is our contention, however, that the child's proclivity toward security, avoidance, ambivalence or control already predates birth. For one, the parents communicate their bonding capacity and style from the very beginning of the pregnancy, and the child is impacted in the womb by loving acceptance and respect for autonomy (for secure children), by intrusive parenting and unstable emotional arousal (for avoidant children), by partial and inconsistent attention or threats of abandonment (for ambivalent children), and by frightened, frightening and/or dissociated maternal behavior (for controlling children). For another, proclivities of the individual Self are derived from significant biographical events which carry a strong

emotional charge, including unresolved conflicts or compulsions, repressed traumatic memories, fantasies, fears that have not been integrated, an incomplete developmental stage or sequence. Those "biographical events" in the transpersonal realm may include prehistory, past life memories, the archetypes of our collective unconscious, animal identification, cosmically unitary experience, or any form of agreements in the past that bind the future.

It is further our contention that human beings bring with them some degree of proclivity to resistance or embrace of life even at the point of conception, from the pre-conception existence. The attachment styles that have been classified through interpersonal observation of infants as well as adults can be applied in the transpersonal realms of pre-existence, prenatal existence, birth, and ultimately of death. Internal working models, deeply imprinted at a highly vulnerable early stage of development, regulate the ongoing experience in each of these realms. The pattern of preoccupation with and clinging to the attachment figure, or avoidance of any sense of dependency on it, can be applied to purpose in life, or the sense of birthright, or God/ spiritual acceptance. Clearly, most people operate on habituated, unconscious working models in relation to life/ death, birth/ nonexistence, or God/ spiritual abandonment.

Ambivalence can often begin at conception, which is what happened with Francine. She began her session saying that she carries with her a huge amount of guilt and over-responsibility. In our model we call it *rescuing*. Francine described being overburdened by caretaking her recently-widowed sister and her sister's children, who just lost their father. Then she went on to list many others who she is currently rescuing or feeling responsible for, including many people at work.

During Heart-Centered Hypnotherapy, when I asked her to go back to the source of this feeling of guilt and being responsible for so many others, she immediately regressed to her time of conception. It was WWII in Germany, the time of the Holocaust. Her parents were teenagers who had both just lost their parents and all their siblings in the gas chambers at Auschwitz. When the war was over, both still in deep grief, they found each other, got married and conceived Francine.

As a fetus she could feel the ambivalence of the situation. She wanted to be born to heal their wounds and try to bring them joy, and yet this felt like a crushing burden for such a small infant to have to bear. She wasn't sure she was up for such a huge karmic task. She could also see that this meant giving up any hope of being who she wanted to be. She would have

to live out her life as a “replacement child” to replace the family members that both her parents had lost, especially her mother. In her birth process she realized that this task was overwhelming, and she felt that she did not want to be here. This is a very common existential issue. Her change of heart was, however, too late and so she was born with oppressive ambivalence. It is what Emerson (2002) defines as “a regretful choice.”

Francine always knew her history, but had never put it all together with the feeling of overwhelm in her life. She never realized the stress of the over-responsibility and the deep guilt that she was carrying for her family. The guilt, of course, was that she had failed at her job to make it all better. With the hypnotherapy work, she has been able to release a lot of the impossible expectations of herself, and to begin allowing others in her life to be responsible for their own experience. Francine continues to make progress in healing these karmic issues.

On the existential level, finding *security* in one’s experience of his/her life, fully embracing life with passionate purpose and libidinal belonging, allows one to explore *separation* from life, the potential annihilation of death and the meaning of spiritual exile. Death is to be lived, too.

On the karmic level, security of attachment and freedom of exploration of the Soul is vital to spiritual health. Antithetical to continued spiritual development is ambivalence, the fear of annihilation or engulfment (loss of self); avoidance, the fear of alienation or abandonment (loss of connection); or control, the fear of the chaos of abandonment (loss of order), because they lead to clinging attachment (as opposed to nonattachment) and spiritual *depersonalization*. Winnicott (1965) used the term “personalization” for the acquisition and acceptance of a Self boundaried from the world. Its defense is *depersonalization* – the uncanny sense of estrangement from or feeling of unreality about the bodily or mental self, a “false self.” In the transpersonal realm, this individual’s defended Soul feels incomplete, disconnected, and self-conscious.

Preconception

Let’s use the analogy of adolescence for the Self (the Soul of the incarnating prenate) in pre-existence struggling with impending embodiment. The adolescent may be observed to follow the same four-subphase sequence as the toddler in the effort at separation and individuation. The fledgling adolescent, like the junior toddler, moves into a “practicing” period of unrestrained exuberance for newfound freedom (Esman, 1980). Uncertainty provokes turning back to parents or other

attachment figures for security, regression to more primitive and dependent behavior. Tension grows because that return only evokes fears of engulfment and loss of freedom, leading to renewed assertions of autonomy: rapprochement. Troubled teens often regressively revisit and "act out" the unresolved rapprochement crisis of year two (Quintana & Lapsley, 1990; Schachter, 1986). To develop identity and a sense of personal power, adolescents must experience secure connection and attachment with their parents *coupled with* healthy separation-individuation (Grotevant & Cooper, 1985; Josselson, 1988; Ryan & Lynch, 1989). Optimal development depends, then, on synthesizing the polar opposites of attachment and detachment, connection and separation. This becomes the prototype for the Soul of the incarnating prenate struggling with impending embodiment.

For the soul, the attachment figure is the safe and familiar spirit (spiritual) state that one feels comfortable with in the interlife of pre-existence. The prospect of separation and individuation from it is at once intoxicatingly seductive and terrifying; seductive because it offers the opportunity to explore and conquer "new worlds" and learn new lessons, and terrifying because it highlights the separation anxiety and potential pain of surrendering to an unknown (or perhaps too well known) fate. The process of alternately stretching the boundary between them and coming back to familiar security, just as the two-year-old does with his/her mother, is the process of leaving the spirit world to enter earthly life. The fledgling conceptus may move into a "practicing" period of unrestrained exuberance for newfound adventure. Anxious uncertainty may provoke turning back to the attachment figure of the spirit world for security, regression to more spiritually dependent behavior. Tension grows because that attempted return only evokes fears of engulfment and absorption in the known reality again. This leads to renewed assertions of disidentification: rapprochement. As the soul discovers the ability to perform all necessary "ego functions" without the limiting bond to its familiar "false self-concept," a new level of developmental potential is reached.

Emerson (2002) suggests, from many narrative accounts of regressions, that at the time of saying the "Final Goodbye" to spirit world, many people feel angry, sad or ambivalent. The ambivalence is about uncertainty regarding whether one wants to be in this earthly life, made the right decision to come here, wants to go back, or hesitates to go forward. Alternatively, some people feel ecstasy and exhilaration. Emerson has catalogued a number of common experiences at this momentous time:

a. *Divine homesickness*, in which the soul experiences loss, rejection, inadequacy and shame at leaving the spirit world, and longs to return.
b. *Divine exile*, in which the soul experiences being expelled from or forced to leave Heaven, with resulting feelings of rejection, inadequacy, anger, guilt, shame and confusion.
c. *Regretful choice*, in which the soul feels it made a choice to come here, but judges it to have been a bad choice.
d. *Foreboding*, in which the soul feels a pervading but undefined sense of foreboding, not knowing what to expect but expecting it to be bad, whatever it is.
e. *Clinical depression and anxiety*, in which the soul experiences the loss of spirit world and a dread about earthly life. There is a general sense of impotence to impact the life to come, fear of not being adequate to the challenge, and ambivalence to engage life.

Each of the strategies of defense can be utilized at this juncture of development. A soul, experiencing any of these obstacles to wholehearted embrace of the embodied life, may respond with attempts to control or avoid the source of anxiety (incarnation) or may experience ambivalence toward it.

Conception

At the time of fusion of the sperm with the egg to form a fertilized cell, the prenate may experience an eagerness to move forward with the journey into human life, or dread, or ambivalence, depending largely on the attitudes of the mother (carried in her egg) and father (carried in his sperm). If an individual feels unwelcomed or threatened by one or both of the parents, or ambivalence by either one, then surely he/she will have decidedly mixed feelings (anxiety and ambivalence) toward the unfolding journey.

There is a growing appreciation in the psychoanalytic community for the profound impact on the child of his/her parents' feelings about becoming pregnant at the time of conception. Feder (1980) discusses the parents' fears, ambivalence and contradictory conflicts, usually unconscious, regarding pregnancy which he terms "preconceptive ambivalence." He suggests that the consequences of those fears and conflicts will greatly impact the future child, "whose destiny is significantly determined by both the manifest and the latent portions of the

initial parental ambivalence surrounding his psychological and biological conception" (p. 164). Feder considers that, of all these preconceptive beliefs, the most damaging of all is the narcissistic hurt of realizing one is unwanted. Feder refers to the expression of this ambivalent and contradictory element in the parents' psyche as "procreative panic," showing up as open or covert rejection, hatred and neglect of the future child. Feder calls the absence of these ambivalent and contradictory feelings in the parents at conception, "procreative joy." He asserts that the initial ambivalent conflicts embedded in the child even at conception continue to manifest throughout the lifespan through repetition compulsion and recapitulation.

Individuals aware of being an "unwelcome child," e.g., parental rejection in the form of contemplated or actual adoption or contemplated or attempted abortion, react with shame and overpowering anxiety regarding their very right to exist. They may act to fulfill their perception of their parents' desire for their death. The existential angst and death urge become deep, unconscious forces at work throughout the individual's life. Research by Southgate and others suggests that many child accidents are in fact unconscious attempts at suicide (Southgate & Whiting, 1987).

Feldmar (1979) studied a number of adolescent patients with a history of more than five suicide attempts each, always at the same time of year. He eventually determined that the suicide dates of four patients corresponded to the month in which their mothers had tried to abort them. The adolescents had no *conscious* knowledge of the abortion attempts that they were *unconsciously* acting out. Feldmar discovered that they had even used a method of suicide similar to the method of the abortion, for example, chemicals or instruments. After discovering that their suicide attempts were seasonal intrusions of prenatal memory, the patients were free of the suicidal compulsion. They never attempted suicide again, even when their 'anniversaries' returned.

Implantation

Implantation is the process by which the fertilized egg attaches itself to the wall of the uterus, embedding into the uterine lining and becoming enveloped by the wall of the uterus. The individual conceptus begins questing for a suitable site to implant, one that offers fertility, nurturing and welcome. Depending on the father's and mother's attitudes, the individual may instead experience the uterine wall as barren, cold and toxic. Examples are (Emerson, 2002): a "narcissistic uterine wall"

(quicksand that sucks one into satisfying the mother's needs); an "entrapping uterine wall" (engulfing, full of rigid conditions and demanding expectations); or a "rejecting uterine wall" (unwelcoming, carrying the message that "I don't really want you" or "You are a burden"). Any of these compromised sites for implantation could result in a feeling of not belonging, of confusion and ambivalence about "being here" in this life, and could activate defenses of avoidance, control or preoccupation.

Individuation

After 5 to 7 days of being completely absorbed by the mother in the uterine wall (in implantation), the conceptus begins to grow back out of the uterine wall, separating from the mother's flesh. The separation can bring relief and a sense of freedom and accomplishment, but it can also initiate a profound sense of alienation, rejection and loneliness.

Because 60% of fertilized eggs die during implantation, and another 40% of embryos die during or after individuation, the struggle for the conceptus is one of life-or-death. In a hostile or ambivalent uterine environment, the conceptus may experience a sense of impending death, carrying a "death imprint" that contaminates the life-oriented impulse to move forward in life.

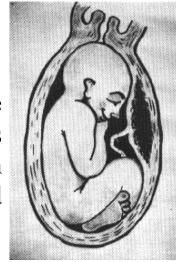
We will observe that several elements persist in experiences of avoidance, control and ambivalence in subsequent stages of development. They are feelings of rejection, confusion, foreboding, engulfment, and a sense of impending death. We find these recapitulated in later stages of prenatal life, in birth experience, and in the struggle for balance on the continuum of security/ exploration, of attachment/ individuation for infants, toddlers, children, adolescents, and adults. And there is a special connection between the conceptus' experience of individuation and the person's experience of death, both monumental times of separating from the mother's (or Mother Earth's) flesh.

Birth

The four stages of the birth experience itself, elaborated by Grof (1985) as basic perinatal matrixes (BPM), can be fertile ground for observation of the defenses against embracing life.

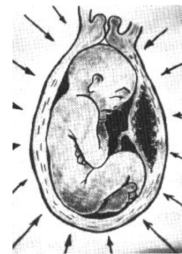
Obstetrical interventions in the birth process often recapitulate the neonate's previous embrace or resistance to life. These include anesthesia, with control taken away through dissociation and thus resulting in bonding deficiencies and a desire for stimulation and contact; induced labor, with

BPM I: - Intrauterine Experience Before the Onset of Delivery



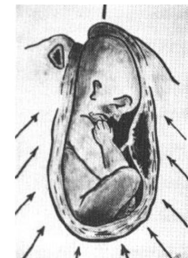
This matrix is related to the original condition of the intrauterine existence during which the child and his mother form a symbiotic unity. This symbiotic unity can be disturbed (in a toxic womb) or secure, protected and nurturing (in an optimal womb).

BPM II: - Contractions in a Closed Uterine System



This episode can be one of "no exit," especially if there is interrupted or induced labor, or ambivalence on the mother's part. The fetus is alienated from the mother with no possibility of immediate escape which may be later manifested as feelings of being trapped and hopelessly overwhelmed.

BPM III: - Propulsion through the Birth Canal



The uterine contractions continue, the cervix is wide open and the gradual and difficult propulsion through the birth canal begins. There is an enormous struggle for survival, crushing pressures and suffocation. The system is not closed any more, however, and an end is in sight.

BPM IV: - Separation from Mother and Formation of a New Relationship

In this phase the agonizing experiences of labor culminates, the propulsion through the birth canal is completed and the ultimate intensification of tension and suffering is followed by a sudden relief and relaxation. Now the process of balancing attachment and individuation begins.

Grof's Four Stages of Birth

control taken away through being overpowered and thus resulting in bonding deficiencies and a desire for less stimulation and contact; forceps delivery, with control taken away forcibly, resulting in authority issues, rescue expectations, and bonding deficiencies; cesarean delivery, with mutuality in the task taken away arbitrarily, resulting in bonding deficiencies, interruption and invasion complexes, and rescue expectations. The separation of baby from mother immediately upon birth is perhaps the most damaging of interventions, as well as the most common, resulting in abandonment fears, control issues, and uncertainty about being welcome here.

Candace's womb experience contributed to her resistance to life. Candace came to us with severe emphysema as well as drug and alcohol addictions. Clearly on some level she did not want to live; however, she was not conscious of this. She believed that she was "fighting for her life."

Her resistance became clear to us when, in hypnotherapy regressions, she would often say, "I don't want to go there today." One day we took her back to the source of her breathing problems, and she found herself at age twenty in the emergency room of a hospital on a respirator. She had attempted suicide by overdosing on pills and they were trying to revive her. She was extremely depressed, had an abusive marriage and no support in her life. She clearly did not want to be here. We regressed her further back, and she went to being in a *toxic womb*. For nine months her mother was smoking and she couldn't breathe. She felt suffocated and drew the conclusion, "There isn't enough air for me. I'd be better off dead." The decision she made here was to die. She could no longer trust that even her most basic needs would be met.

In the breathwork sessions we did with Candace, she regressed back to her existential issue as she kept repeating, "I don't want to be here." She did not want to leave the peace of the spirit world and come into what she saw as the turmoil of human existence. She came kicking and screaming all the way. Much of her life she has used drugs and alcohol to numb the pain of just being here on earth. Now Candace knows why, and is hopeful that her motivation to live is stronger than the old embedded programming.

Infancy

Beginning in the womb and blooming at birth and immediately after is the developmental task of achieving balance between introjection and projection, the outer world and the inner world. "Melanie Klein believed that the two processes of introjection and projection are operative at least

as early as birth, and alternate together throughout life, and that this alternation is largely responsible for making us what we are" (Mawson, online). "Like the god Janus, the developing infant and child inhabits and faces simultaneously two different directions, two different worlds, and does so throughout life" (Mawson, online). Klein observed two primary kinds of introjection: loving and ruthless.

For the first 3 or 4 months after birth, an infant holds the *Paranoid Schizoid position*. Paranoid refers to the leading anxiety of this position, fear of annihilation of the self. This fear results from the initial projection outwards of the infant's own death-impulses, constituting the origin of its aggression. The main defense employed against the terror of dissolution is splitting, hence the term schizoid. Hated or feared (and thus dangerous) aspects of the self are split off and kept separate and distinct from idealized parts; the same is done to others (objects). In fact, these unbearable and unwanted mental contents, once split off, are expelled, or projected, onto the external world. The motivation for projecting identity onto an external object can be to control or possess the object, or to repair it. A child may project the good parts of self out on the external world as a way to protect the purity of that quality, or as a way to attempt repair of what is perceived to be broken. That is, a child experiencing abuse (and therefore internalizing self-deprecation through introjection) may find intolerable a simultaneous recognition of good qualities of self such as innocence, intelligence, or courage. This expelling of good qualities of self depletes a child of his/her own capacities of love and goodness, resulting in the ego becoming actually depleted through splitting and projection. The valuable quality has been rejected, and remains unavailable to the person over the ensuing lifetime. This inner resource needs to be retrieved deliberately and therapeutically (a shamanistic procedure) to further the individual's healing. We virtually always incorporate some form of retrieval of inner resources in the age-regressed ego state in which those resources were lost/ rejected/ dissociated.

"The counterpart to the projective process of splitting off a part of the self and putting it into the object, introjective identification refers to the taking in of aspects or qualities possessed by and perceived in the object, in such a way that the self can identify with that aspect without a sense of taking over the object or becoming it. This process implies a developed capacity for separateness and tolerance of the object's absence" (Mawson, online). If all goes well, a child feels sufficiently secure to explore the external world rather than being content to see oneself in the external

world. A child that does *not* introject admired qualities, who remains fixated in projective identification, develops a ‘pseudo-mature’ character structure, Winnicott’s “false self.” The child has stolen through imitation the outward appearance of admired others, without maturing his/her true self from within.

With this shift comes, in Klein’s terms, movement from the paranoid schizoid position to the infantile depressive position, and with it the experience of ambivalence.

The *infantile depressive position* begins in the second year, when the child has sufficiently integrated parts of his/her internal world to recognize that he/she has simultaneously mixed feelings of both love and hostility toward the same object. This is what Klein called the child’s experience of *ambivalence*. In this second year of life, the tension developing between assertion of self and recognition of the other can be conceptualized as Mahler’s (1972) rapprochement crisis. Before rapprochement, the infant still takes herself for granted, and her mother as well. She does not make a sharp discrimination between doing things with mother’s help and doing without it. She is too excited by *what* she doing to reflect on *who* is doing it. “Beginning when the child is about fourteen months of age, a conflict emerges between her grandiose aspirations and the perceived reality of her limitations and dependency” (Benjamin, 1993). Although she is now able to do more, the toddler is aware of what she can’t do and what she can’t make mother do, for example, stay with her instead of going out.

Many power struggles begin here. The toddler’s increasing awareness of separateness, limitations and vulnerability provoke a basic tension between denial and affirmation of the other, between omnipotence and recognition of reality, between destruction and survival: the wish to assert the self absolutely and deny everything outside one’s own mental omnipotence must inevitably crash against the reality of the other. Ambivalence is the result, with attempts to deny, avoid and control destined for frustration.

A four-category model of adult attachment style

Bartholomew and Horowitz (1991) proposed a method of defining adult attachment style based on two dimensions: the internal working model, or image, of self and of others. Each of these dimensions has a positive and negative pole: image of self as worthy of love and support or not, image of others as trustworthy and available or unreliable and rejecting. The four combinations are summarized in Table 1.

		Model of Self (Dependence)	
		Positive (Low)	Negative (High)
Model of Others (Avoidance)	Positive (Low)	Cell I **SECURE** Comfortable with intimacy and autonomy	Cell II **PREOCCUPIED** Preoccupied with relationships
	Negative (High)	Cell IV **DISMISSING** Dismissing of intimacy Counter-dependent	Cell III **FEARFUL** Fearful of intimacy Socially avoidant

Table 1. Four Category Model of Adult Attachment

The combination of a positive self-image and positive image of others yields the secure category, indicating a sense of worthiness and an expectation that others are accepting and responsive. This individual is comfortable with intimacy and autonomy. Cell II represents the combination of a negative self-image (unworthy) and a positive image of others (trustworthy and available). This individual, labeled preoccupied (ambivalent), seeks the validation and acceptance of others, resulting in dependency. Cell III represents the combination of negative self-image (unlovable) and negative image of others (unreliable and rejecting). This individual, labeled fearful (controlling), protects himself against the anticipated rejection by others through avoidance of close involvement. Cell IV represents the combination of positive self-image and negative image of others. This individual protects herself against disappointment by avoiding close relationships and maintaining a sense of independence and invulnerability (counter-dependence), and presents the dismissing (avoidant) attachment style.

Bartholomew and Horowitz' dimensions of models of self and others can also be conceptualized as dependency and avoidance of intimacy (as labeled in parentheses). Dependency varies from low (a positive self-regard is established internally and does not require external validation) to high (positive self-regard can only be maintained by others' approval). Avoidance of intimacy reflects the degree to which people avoid close contact with others as a result of their expectations of aversive consequences. The *dismissing* and *fearful* styles are alike in reflecting the avoidance of intimacy, but differ in the individual's need for others' approval to maintain positive self-regard. The *preoccupied* and *fearful*

styles are alike in incorporating strong dependency on others' approval, but differ in their readiness to become involved in close relationships. The *preoccupied* style implies a reaching out to others in the attempt to fulfill dependency needs; the *fearful* style implies an avoidance of closeness to minimize eventual disappointment.

Maunder and Hunter (2001, pp. 558-559) summarize the four categories as follows:

> Insecure attachment can be categorized as preoccupied, dismissing, and fearful. A person who expects to cope with stress inadequately but whose expectations of others are more positive is *preoccupied*. Preoccupied attachment, the adult correlate of infant angry-ambivalent attachment, is associated with excessive care-seeking, separation protest, and fear of loss (West & Sheldon-Kellor, 1994). Although the preoccupied individual seeks care, the soothing that results from contact is partial and transient. Preoccupied individuals are described as anxious, dependent, emotional, impulsive, and approval-seeking (Klohnen & John, 1998).
>
> People who distrust the effectiveness of social supports but have a positive view of themselves emphasize independence and are classified as *dismissing*. A self-sufficient and undemanding attitude is often highly valued, but the associated distrust and avoidance of intimacy communicates the underlying insecurity. Situations that demand relinquishing control and depending on others, such as hospitalization for acute illness, may result in crisis. Dismissing attachment is characterized by coldness to others and competitiveness (Bartholomew & Horowitz, 1991).
>
> Finally, a person whose expectations of both self and other are negative is *fearful*. Fearful attachment is the least-studied category, having been introduced by Bartholomew in 1991 (Bartholomew & Horowitz, 1991). Fearful individuals are described as cautious, doubting, self-conscious, shy, and suspicious (Klohnen & John, 1998).
>
> Dismissing and fearful attachment taken together are the adult correlate of infant avoidant attachment.

People with the *preoccupied* style blame themselves for perceived rejections by others, thereby maintaining a positive view of others and reinforcing the negative view of themselves. People with the *dismissing* style downplay the importance of others whom they have experienced as rejecting, thereby maintaining high self-esteem and reinforcing the view of others as unreliable and rejecting. People are able to go beyond simply interpreting experiences to correspond to their internal models, but actually structure their experience selectively to maintain and reinforce those models. How? People seek or avoid social contacts, and select social partners who are likely to confirm the internal models; this is referred to as "selective affiliation" (Collins & Read, 1990; Davis & Kirkpatrick, 1991). People also structure social interactions so as to induce social partners to engage in self-confirming interaction patterns; this is referred to as "interactional continuity" (Caspi & Elder, 1988). "Internal models are

expected to direct attention, organize and filter new information, and determine the accessibility of past experiences. Thereby, ambiguous stimuli (which may form the bulk of all social stimuli) tend to be assimilated to existing models" (Bartholomew & Horowitz, 1991, p. 241).

Extending attachment theory later to include death

Jung envisioned "the transformation of personality through the blending and fusion of the noble with the base … of the conscious with the unconscious" (1966, p. 220). Before transformation can occur, the ego must be a unified, complete conscious state. That is accomplished through achieving security of attachment, incorporation of repressed unconscious material, successful completion of the developmental stages, and the unification of all the fragmented parts of a person's psyche. The possibility of movement into *transegoic* realms, of transcending the ego, was a basic tenet of Jung's departure from the classical Freudian viewpoint. Jung observed a tendency at midlife or later for the ego to undergo a reversal of the "I-Thou" dualistic ego (an *enantiodromia*). He believed that this reversal is a natural part of the movement of life, "the first half of which is devoted to ego development and the second half of which is devoted to a return of the ego to its underlying source in the collective unconscious or objective psyche" (Washburn, 1995, p. 21). Jung asserted that the natural consequence of the ego's descent into the collective unconscious, where it is engulfed and annihilated, is a triumphant return, born anew, regenerated, and transfigured (the hero's odyssey).

That movement back to the source is also a reversal of the original rapprochement process of the two-year-old. That is, the adult at the outset of this developmental stage develops an intense ambivalence toward its own potentiality as a *Self-oriented ego*. The conflict is based on a growing awareness of its dependence on that aspect of its identity for meaning, purpose and immortality, and simultaneously experiencing its long-standing drive for autonomy and independence. The personality's desires for transcendence and autonomy here clash in a serious way, each one undermining the other: the desire for transcendence making autonomy seem like *alienation* (loss of connection) and the desire for autonomy making transcendence seem like *annihilation* (loss of self). The former is the greatest fear of the avoidant personality; the latter is the greatest fear of the ambivalent personality. For most people, these fears are activated to a greater degree at a time of confrontation with death than at any other time in the lifespan subsequent to birth experience.

Death anxiety is a core anxiety, and a widespread, mostly unconscious fixation on the unsettling presence of death awareness in our peripheral consciousness. The threat of death is experienced as overwhelming, against which we erect psychological defenses, such as denial, neurotic obsessions, escape through addictions, or total absorption in the mundane details of day-to-day existence. Facing death without defense invites a deep existential crisis, and ultimately it also leads to resolution of death anxiety through transpersonal experience.

The defenses utilized by an individual at conception and birth may well presage the defenses he/she will favor at death. Asking "What was my predominant experience at conception, or at birth?" may help to identify what lies ahead as one's greatest challenge in approaching a conscious and fearless death. Was it an experience of loss, rejection, inadequacy, struggle, anger, guilt, shame or confusion? Was it feelings of regret or foreboding, depression or anxiety? And asking "What was my primary defensive strategy: avoidance, ambivalence or control?" may help to indicate the most likely reflexive defense that will surface at the time of death.

Just as the Self, facing impending embodiment, was forced to deal with the seduction of the opportunity to explore as well as the terror of surrendering to an unknown fate, that same Self, facing impending death, must cope with the same challenge. At conception, was yours a passionate and committed leap of faith from spirit into earthly life, or avoidant, ambivalent or controlling?

At birth, leaving behind the security and predictability (and the extreme limitations) of the womb again requires a monumentally trusting leap of faith. The fetus willingly surrenders itself to the unknown force that will carry it to a new infinitely expanded world. Of course, again, it can also be done unconsciously, in fear or pain or rage. The difference between these choices sets in motion influences of vast proportions on the lifespan to follow.

When we speak of confronting death, we speak of more than the final moments of a person's physical life. Death is a common theme in many transpersonal altered state experiences, and this is the case with existential therapies (Zimberoff & Hartman, 1999). The context of death may express the fear of existential annihilation, taking one of several forms:

(1) It may be that of *ego death*, the surrender of the limited self-concept in the service of transformation and integration. This is the context that accompanies a near-death experience, and carries the

transformational acceptance of death. It is the profoundly spiritual transformation that deep existential therapy can bring.

(2) It may be that of the necessary death that must precede rebirth, the *initiation* required for successful return of the hero discussed by Joseph Campbell.

(3) It may be that of the profound impact on one's life of the inevitability of death, the ever-presence of death. The threat of death may be seen as "a dark, unsettling presence at the rim of consciousness" (Yalom, 1980, p. 27), or *everyday awareness of death* may provide the motivation to live life more immediately.

(4) The context of death may be that of the depressed lack of psychical energy we call malaise, symptomatic of *soul loss* in shamanic traditions and Jungian psychology. Jung spoke of his own overwhelming desire to retreat from life itself during his early psychological life, in reaction to the sense of terror of annihilation that develops from awareness of the ego's mortality. He refers to this tendency as a "fatal resistance to life in this world" (1962, p. 23).

Alternately, the context of death encountered in existential therapies may reflect a "death urge," taking one of several forms:

(1) It may be that of an existential *resistance to life*, to being incarnate on earth, the deep sense of "I don't want to be here." This is not a suicidal condition, not even an unconscious one, but rather a lack of commitment to life.

(2) The form of death urge may be that of someone who gets to a particular stage of development and has a *mortal fear* of moving on to the next stage, preferring instead to end it prematurely, either figuratively or literally.

(3) It may be that of fulfilling a *pre- or perinatal imprint* on one's encounter with death prior to or in birth, e.g., re-enacting the traumatic suffocation created in a prolapsed umbilical cord birth or an overterm birth. In one study (Salk et al., 1985), respiratory distress lasting one hour or more in infancy was correlated with a high risk of teenage suicide.

(4) The "death urge" may be fulfilling one's perception of *the parent's desire* for the child's death, resulting from an awareness of being an "unwelcome child."

Perhaps the following describes a synthesis between the personality's desires for transcendence and autonomy, and between the fear of alienation (loss of connection) and annihilation (loss of self).

> The normal rhythm of human development, including spiritual development, involves regularly shedding our snakeskins of knowledge, attachments, and identity to make room for expansion into a larger perspective and identity. Wisdom treats the self as a shell, a costume, a transitional object, the vehicle but not the driver, a lease, not a purchase for eternity. The mystics and many sages encourage us to not merely defend our position and our self but to regularly and naturally clean house, sloughing off rigid identity (Hart, 2000, p. 159).

Clinical Applications

Embracing resistance

The beginning of any successful encounter with resistance, whether it be that of your client or yourself, is to avoid struggle with it. Resistance invites struggle. Struggle strengthens resistance. Milton Erickson emphasized the importance of initial acceptance and ready cooperation with the client's presenting behavior, including resistance, though not necessarily agreeing with it (Haley, 1967). He refers to the process as *utilization*. Haley quotes Erickson: "resistance should be openly accepted, in fact graciously accepted, since it is a vitally important communication of a part of their problems and often can be used as an opening into their defenses" (p. 536).

There is great energy in resistance, although it is being misapplied by the individual. Windle and Samko (1992) liken resistance in life to resistance in the Aikido form of martial arts. "In both cases, the practitioner views resistance not as a problem one wishes would go away, but rather as essential 'raw energy' that can lead to ultimate solutions" (p. 267). In Aikido, the energy of an opponent's attack is never resisted or rejected. Rather it is welcomed as an opportunity to restore the disturbed harmony which resistance represents. The attacker's (resistant individual's) energy is accepted with flexibility and without struggle, and redirected away from the point of attack. The attacker can find nothing to push back or resist against. To challenge resistance with rigid rejection only limits the range of potential responses and strengthens the other's resistance. To welcome resistance with flexibility invites cooperation that can't be resisted.

Resistance provides a valuable benefit to the individual experiencing the inner conflict: the pinpointing of what intrapsychic areas would be

most fruitfully explored to produce growthful change (Yurk, 1994). It is an existential Geiger counter locating the deepest veins of buried treasure, the areas of psychic pain and anxiety that are best defended and therefore most central to profound healing. The resistance Geiger counter also quantifies the magnitude of the challenge needed to uncover and overcome it, i.e., the greater the resistance, the greater the opportunity for deep healing.

Treatment implications

Changes in attachment style through the mediation of psychotherapy generally occur in the direction of insecure to secure, and dismissing status through preoccupied status toward secure status (Hazen et al., 1991).

Individuals with an unresolved-dismissing attachment style generally fit best with a structured, cognitively-oriented approach, and are generally threatened by a process-oriented approach that incorporates self-revelation, acknowledgement of interpersonal needs or personal shortcomings, and expression of emotions, especially anger (Connors, 1997). In contrast, people with an unresolved-preoccupied attachment style fit well in a less-structured setting which allows more focus on emotional expression, although their impulsivity can be distracting and their lack of clear boundaries can exacerbate transference complications.

The most expedient way to treat and change these patterns is through group therapeutic experience. In our Internship advanced training (for professionals only) and our Personal Transformation Intensives (for the general population), we can see people's resistance patterns immediately. The most resistant people, of course, never enroll at all. So the people who do show up for the programs are the ones who, by definition, are the most ready to heal their issues of resistance to life.

The folks with ambivalence about being here on earth will often express that in terms of the group: "I don't know what I'm doing here" or "I don't know if this is the right group for me." This is immediately defined by the group leaders as an existential issue and identified as a good place to begin their personal growth work. With the deep hypnotherapy work, it is profound to be able to get down to the source of these deep issues in the first session. That certainly doesn't mean they are healed in one session, but the issue is clearly defined and the treatment plan begins taking shape.

Psychodrama is another powerful treatment form for this person. We have two different people playing the two (or more) parts which are often pulling against each other. The externalized visceral experience of this

internal conflict is often enough to move the individual to make a clear choice. The ambivalent person realizes from this experience how debilitating their ambivalence has become and how it has literally drained their energy and kept them immobile in their lives. The use of energetic psychodrama in the treatment of existential issues is highly effective for bringing these issues to the foreground from the very depths of the unconscious mind.

The avoidant people are quite obvious in groups as they have the most difficulty connecting with others. They often dissociate in group, and often are left out when partners are chosen for group processes. They are given assignments to connect with others in various ways, such as through making phone calls to other group members, asking to be held, and connecting with family members and friends in their lives. Of course, they also do the hypnotherapy work to return to the birth and early developmental stages where their caregivers were themselves dissociated and where the pattern began.

The controlling people are obvious in the group, since they often attempt to control the group logistics in various ways. They may try to change meeting times or dates, the temperature of the room, or how the group is seated. They will also try to control other group members, and soon people will be reacting to their controlling behavior. All of these behaviors are seen much more clearly in a group setting than in individual therapy. As long as the leaders are skilled, this can all be used to help heal these issues of resistance to life.

The Clearing Process: Discover early conclusions and decisions

Along with the hypnotherapy, we use the clearing process to bring these issues to the forefront. If someone is avoiding contact, trying to control others or in some other way being resistant to the group process, it will be brought to the attention of the group through the clearing process. Anytime a group member is triggered or reacts to someone else's behavior, they are invited to do a clearing. It is healing for both people as well as for the group in terms of bringing the deepest issues right to the surface. It is done in a safe and healing atmosphere and becomes a learning experience for all. The issues that emerge in clearings would take much longer to discover in individual sessions. Without using experiential therapy and age regression, it is difficult to reach down into the depths of the unconscious mind to retrieve these deeply embedded existential issues.

Clearly, one of the easiest ways to discover our strategic defenses is to non-defensively observe our projections onto others. People to whom we have an emotional reaction, either repulsion or admiration, are reflecting for us those qualities within us that we have repressed as unacceptable or unattainable. Whenever we find ourselves reacting to the behavior or way of being of another, using this brief method of self-reflection is extremely useful (see Table 2). First, identify the behavior or qualities of the other that you have reacted to ("When you . . ."). Then become aware of the somatic and emotional nature of the reaction ("I feel . . ."). Follow the bridge back to a time in early life when you felt the same way or had the same experience. Note your age at that time (to correlate with the developmental stages) and re-entering the situation, feel the feelings again. Then identify what conclusion you drew about yourself in that traumatic moment. That conclusion was so overwhelmingly painful (angst) that you devised a strategy for dealing with it unconsciously. You repressed into shadow some immediate urge that seemed too unacceptable or unattainable, and you selected some behaviors to emphasize that seemed both acceptable and attainable. In the process, a normal and natural developmental task was interrupted, and inner resources abandoned, e.g., innocence, self-esteem, courage, trust, or spiritual connection. One of the great benefits of age regression therapy is the ability to return to the age-regressed ego state to retrieve those lost or abandoned resources.

The Clearing Process
1. "When you ____________________, I feel ________________________." *(behavior)* *(sad, mad, hurt, shame, scared, jealous)*
2. "What that takes me back to is ___________________________________." *(childhood incident)*
3. "A conclusion I made about myself at that time was _________________."
4. "The decision I made of how to behave was _________________________."
5. "I change the old conclusion to __________________________________." *(new, healthy conclusion)*
6. "I change the old decision to ____________________________________."

Table 2. The Clearing Process

For example, two women who worked closely together in a holistic health environment were experiencing paralyzing tension between them. They agreed to use the "clearing process" to resolve their high reactivity to each other. Florence began, citing the other woman's tendency to elaborate at length about the reasons behind every request. She was very willing to say yes to the requests, but reacted with great irritation to the long explanations. Florence also cited Sarah's habit of escalating her requests from something innocuous, adding more and more until meeting resistance. Florence was aware of her emotional reaction being mostly angry, although she also felt some hurt and fear that she would be overwhelmed. Then Florence closed her eyes and allowed herself to go back to the source incident. She was in the kitchen at age seven with her family after supper. Her father and brother left the table, and her mother asked her to clear the dishes off the table, elaborating about what a headache she had, how difficult had been her day at work, and how much she needed some quiet rest. Florence had no more than begun to clear the table when her mother said, "Well, as long as you're clearing the table, you might as well wash the dishes too." Seven-year-old Florence felt burdened by all her mother's problems and tricked by the "one, two" approach of getting agreement to do one thing and then adding more to it. She was furious at her mother, and also at her brother who was never expected to help in the kitchen. She felt overwhelmed and powerless with too much responsibility, and also felt a deep sadness. That seven-year-old girl concluded that "Life is unfair, and I am bound to be taken advantage of." The decision she made was to keep her guard up with people, becoming hyper-vigilant for anyone who might potentially take advantage of her. This experience, like no doubt many other related ones over the years, documents the formation of Florence's authority issues, unwillingness to risk intimacy, and her extreme reaction to Sarah's style of asking for something. Her developmental tasks in the fifth stage of 7-12 years, related to rules and authority, were interrupted and not completed. The inner resources to be reclaimed include acceptance of having wants and needs, taking only reasonable responsibility, and speaking the truth. Through utilizing this process, with trained facilitation, Florence gained a clear understanding of the unconscious reasons for her reaction, and a map of how to heal it.

Perhaps the most powerful of healing tools in our groups is Energetic Psychodrama (Zimberoff & Hartman, 1999). These existential and karmic

issues are acted out with different group members playing the roles for the main character.

Summary

For the individual whose theme in life is resistance, the temptation arises upon discovery of the pattern to fight against it, push back, reject and resist it. Of course, that is the pattern. Such a person would do well to emulate the Aikido master and welcome the resistance itself, to play with it, give in to it while remaining alert to ways of redirecting the energy. This requires *ego resiliency*, the ability to respond flexibly but persistently to challenges; *ego receptivity*, yielding of control, less prejudging of thought, and an increased depth of emotional involvement with internal experiencing (Goodman & Holroyd, 1992); and *ego surrender*, the occasional unraveling, unburdening and unintegration (Winnicott, 1965) of its structured identification into acceptance of its "*un*boundaried radical connectedness" with all of creation.

References

Ainsworth, M., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Alvarez, R. B., & Guraieb, A. (Oct-Dec 1997). Pasion: Una tregua entre Eros y Thanatos. / Passion: A truce between Eros and Thanatos. *Revista-de Psicoanalisis*, 54(4), 941-946.

Assagioli, R. (1974). *The Balancing and Synthesis of the Opposites*. Montreal: Quebec Center for Psychosynthesis.

Astin, J. A., Anton-Culver, H., Schwartz, C. E., Shapiro, D. H., McQuade, J., Breuer, A., Taylor, T. H., Lee, H., & Kurosaki, T. (1999). Sense of control and adjustment to breast cancer: The importance of balancing control coping styles. *Behavioral Medicine,* 25(3), 101-109.

Astin, J. A., & Shapiro, D. H. (1997). Measuring the psychological construct of control: Applications to transpersonal psychology. *Journal of Transpersonal Psychology*, 29(1), 63-72.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226-44.

Bascom, G. S. (Jul 1984). Physical, emotional, and cognitive care of dying patients. *Bulletin of the Menninger Clinic*, 48(4), 351-356.

Battista, J., & Almond, R. (1973). The development of meaning in life. *Psychiatry*, 36, 409-427.
Belsky, J. (1999). Modern evolutionary theory and patterns of attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*, 141-161. New York: Guilford Press.

Benjamin, J. (1993). An outline of intersubjectivity: The development of recognition. In N. Skolnick & S. Warshwa (Eds.), *Relational Perspectives in Psychoanalysis*. Hillsdale, NJ: Analytic Press.

Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.

Biringen, Z., Emde, R. N., & Pipp-Siegel, S. (1997). Dyssynchrony, conflict, and resolution: Positive contributions to infant development. *American Journal of Orthopsychiatry*, 67, 4–19.

Block, J. H., & Block, J. (1980). The role of ego-control and ego-resiliency in the organization of behavior. In A. Collins (Ed.), *Minnesota Symposium of Child Psychology*, 13, 39-101. Hillsdale, NJ: Lawrence Erlbaum Associates.

Bosomenyi-Nagy, I., & Spark, G. M. (1973). *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy*. New York: Harper & Row.

Bowlby, J. (1973). *Attachment and Loss, Vol. 2: Separation Anxiety and Anger*. London: Hogaith Press and Institute of Psycho-Analysis.

Bowlby, J. (1979). *The Making and Breaking of Affectional Bonds*. London: Tavistock.

Bowlby, J. (1980). *Attachment and Loss*. Vol. 3. New York: Basic Books.

Bowlby, J. (1988). *A Secure Base*. London: Routledge.

Browne, A., & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin,* 99, 66-77.

Bugental, J. F. T. (1965). *The Search for Authenticity*. New York: Holt, Rinehart & Winston.

Byng-Hall, J. (2002). Relieving parentified children's burdens in families with insecure attachment patterns. *Family Process*, 41, 375-388.

Caspi, A., & Elder, G. H. (1988). Emergent family patterns: The intergenerational construction of problem behavior and relationships. In R. A. Hinde & J. Stevenson-Hinde (Eds.), *Relationships Within Families*, 218-240. Oxford, England: Clarendon Press.

Cassidy, J., & Berlin, L. J. (1994). The insecure/ ambivalent pattern of attachment: Theory and research. *Child Development*, 65, 971-991.

Cassidy, J., & Kobak, R. (1988). Avoidance and its relation to other defensive processes. In J. Belsky & T. Nezworski (Eds.), *Clinical Implications of Attachment*, 300-323. Hillsdale, NJ: Erlbaum.

Cassidy, J., & Marvin, R. S. (1992). Attachment Organization in Preschool Children. Coding Guidelines. Seattle: MacArthur Working Group on Attachment – unpublished coding manual. Cited in Fonagy (1999).

Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse and Neglect*, 20, 191-203.

Colin, V. L. (1996). *Human Attachment*. Philadelphia, PA: Temple University Press.

Collins, N. R., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. *Journal of Personality and Social Psychology*, 58, 644-663.

Connors, M. E. (1997). The renunciation of love: Dismissive attachment and its treatment. *Psychoanalytic Psychology*, 14, 475-493.

Crittenden, P. M. (1988). Distorted patterns of relationship in maltreating families: The role of internal representational models. *Journal of Reproductive and Infant Psychology,* 6, 183–199.

Crittenden, P. M. (1992). Treatment of anxious attachment in infancy and early childhood. *Developmental Psychopathology*, 4, 575-602.

Crittenden, P. M. (1995). Attachment and psychopathology. In F. Goldberg & M. A. Esterbrooks (Eds.), *Attachment Theory,* 367–406. New York: Analytic.

Davis, K. E., & Kirkpatrick, L. A. (1991). *Attachment Style, Gender, and Relationship Stability: A Longitudinal Analysis*. Unpublished manuscript. Department of Psychology, University of South Carolina.

Debats, D. L. (1999). Sources of meaning: An investigation of significant commitments in life. *Journal of Humanistic Psychology*, 39(4), 30-57.

de Groot, J. M., & Rodin, G. (1994). Eating disorders, female psychology, and the self. *Journal of the American Academy of Psychoanalysis*, 22(2), 299-317.

Dodge, K. A., & Somberg, D. R. (1987). Hostile attributional biases among aggressive boys are exacerbated under conditions of threats to the self. *Child Development*, 58, 213-224.

Dutton, D., & Painter, S. L. (1981). Traumatic bonding: The development of emotional attachments in battered women and other relationships of intermittent abuse. *Victimology*, 6, 139-155.

Emerson, W. (1997). *Birth Trauma: The Psychological Effects of Obstetrical Interventions*. Petaluma, CA: Emerson Training Seminars.

Emerson, W. (2002). *Prenatal Stage Manual, Part 1: Preconception to Discovery*. Petaluma, CA: Emerson Training Seminars.

Enriquez, M. (Sept 1988). L'enveloppe de memoire et ses trous. / The envelope of memory and its holes. *Topique: Revue Freudienne*, 18(42), 185-205.

Erickson, M. H. (1967). A hypnotic technique for resistant patients. In J. Haley (Ed.), *Advanced Techniques of Hypnosis and Therapy*, pp. 32-36. New York: Brune & Stratton.

Erikson, E. H. (1950). *Childhood and Society*. New York: W.W. Norton.

Erikson, E. H. (1958). *Young Man Luther*. London: Faber & Faber, Ltd.

Erikson, E. H. (1979). Reflections on Dr. Borg's life cycle. In D. D. Van Tassel (Ed.), *Aging, Death, and the Completion of Being*, 29-67. Philadelphia, PA: University of Pennsylvania Press.

Esman, A. H. (1980). Adolescent Psychopathology and the rapprochement phenomenon. *Adolescent Psychiatry*, 8, 320-331.

Feder, L. (1980). Preconceptive ambivalence and external reality. *International Journal of Psycho-Analysis*, 61, 161-178.

Federn, P. (1952). *Ego Psychology and the Psychoses*, E. Weiss (Ed.). New York: Basic Books.

Feldmar, A. (1979). The embryology of consciousness: What is a normal pregnancy?" In D. Mall & W. Watts (Eds.), *The Psychological Aspects of Abortion*, 15-24. University Publications of America.

Fish-Murray, N., Koby, E. L., & van der Kolk, B. A. (1986). How children think about trauma. In B. A. van der Kolk (Ed.), *Psychological Trauma*. American Psychiatric Press.

Fonagy, P. (1999). Male perpetrators of violence against women: An attachment theory perspective. *Journal of Applied Psychoanalytic Studies*, 1, 7-27.

Fraiberg, S. (1982). Psychological defences in infancy. *Psychoanalytic Quarterly*, 51, 612-635.

Fraley, R. C., & Shaver, P. R. (1999). Loss and bereavement: Attachment theory and recent controversies concerning 'grief work' and the nature of detachment. In J. Cassidy & P. R. Shaver

(Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*, 735-759. New York: Guilford Press.

Frankl, V. (1955). *The Doctor and the Soul*. New York: Knopf.

Frankl, V. (1963). *Man's Search for Meaning*. London: Hodder & Stoughton.

Freud, S. (1922). *Beyond the Pleasure Principle*. London and Vienna: The International Psycho-Analytic Press.

Galdston, I. (1955). Eros and Thanatos: a critique and elaboration of Freud's death wish. *American Journal of Psychoanalysis*, 15, 123-134.

George, C., & Solomon, J. (1999). Attachment and caregiving: The caregiving behavioral system. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*, 649-670. New York: Guilford Press.

Goodman, L. S., & Holroyd, J. (1992). Ego receptivity and hypnotizability: Two pilot studies: A brief communication. *International Journal of Clinical and Experimental Hypnosis*, 40(2), 63-67.

Grof, S. (1985). *Beyond the Brain: Birth, Death, and Transcendence in Psychotherapy*. Albany, NY: State University of New York Press.

Grotevant, H. D., & Cooper, C. R. (1985). Patterns of interaction in family relationships and the development of identity exploration in adolescence. *Child Development*, 56, 415-428.

Haft, W. L., & Slade, A. (1989). Affect attunement and maternal attachment: A pilot study. *Infant Mental Health Journal*, 10, 157-172.

Hart, T. (2000). Inspiration as transpersonal knowing. In T. Hart, P. L. Nelson, et al. (Eds.), *Transpersonal Knowing: Exploring the Horizon of Consciousness.* SUNY Series in Transpersonal and Humanistic Psychology, 31-53. Albany, NY: State University of New York Press.

Hartman, D., & Zimberoff, D. (2003). The existential approach in Heart-Centered therapies. *Journal of Heart-Centered Therapies*, 6(1), 3-46.

Hazen, C., Hett, M. J., & Markus, H. (1991). Continuity and change in the inner working models of attachment. Unpublished manuscript, Cornell University.

Horowitz, M. J., Markman, H. C., Stinson, C. H., Fridhandler, B., & Ghannan, J. H. (1990). A classification theory of defense. In J. L. Singer (Ed.), *Repression and Dissociation*, 61-84. Chicago: University of Chicago Press.

Igra, L. (1989). Doedsdrift--behoevs den? / The death wish: Is it necessary? *Psykisk-Haelsa*, 30(1), 31-33.

Ikonen, P., & Rechardt, E. (1993). The origin of shame and its vicissitudes. *Scandinavian Psychoanalytic Review*, 16(2), 100-124.

Jacobvitz, D. B., & Hazen, N. (1999). Developmental pathways from infant disorganization to childhood peer relationships. In J. Solomon & C. George (Eds.), *Attachment Disorganization*, 127-159. New York: Guilford Press.

Josselson, R. L. (1988). The embedded self: I and thou revisited. In D. K. Lapsley and F. C. Power, (Eds.), *Self, Ego and Identity: Integrative Approaches*. New York: Springer-Verlag.

Jung, C. G. (1959). *The Collected Works. Vol. 9, part 1, The Archetypes and the Collective Unconscious*. Translated by R. F. C. Hull. Princeton, NJ: Princeton University Press.

Jung, C. G. (1962). *Memories, Dreams, Reflections*, A. Jaffe (Ed.) and R. and C. Wilson (Trans.). London: Routledge and Kegan Paul.

Jung, C. G. (1966). *The Practice of Psychotherapy*. Princeton, NJ: Princeton University Press.

Kaplan, H., & Sadock, B. (1991). *Synopsis of Psychiatry*. Baltimore, MD: Williams and Wilkins.

Kaplan, H., & Sadock, B. (1991). *Synopsis of Psychiatry*. Baltimore, MD: Williams and Wilkins.

Kennedy, J. H. (June 1999). Romantic attachment style and ego identity, attributional style, and family of origin in first-year college students. *College Student Journal*.

Kernberg, O. (1976). *Object-Relations Theory and Clinical Psychoanalysis*. New York: Aronson.

Kernberg, O. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press.

Kierkegaard, S. (1970). *The Concept of Dread*. Princeton, NJ: Princeton University Press.

Klohnen, E. C., & John, O. P. (1998). Working models of attachment: A theory-based prototype approach. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment Theory and Close Relationships*, 115-140. New York: Guilford Press.

Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation and representation of self and others. *Child Development*, 59, 135-146.

Kogan, M. (Jan 2001). Where happiness lies: Social scientists reveal their research findings in the realm of positive psychology. *Monitor on Psychology*, 32(1).

Krippner, S. (Ed.) (1972). The plateau experience: A. H. Maslow and others. *Journal of Transpersonal Psychology*, 4(2), 107-120.

Krueger, D. W. (1991). Money meanings and madness: A psychoanalytic perspective. *Psychoanalytic Review*, 78(2), 209-224.

Lewis, D. O. (1992). From abuse to violence: Psychophysiological consequences of maltreatment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 383-391.

Lewis, D. O., Lovely, R., Yeager, C., & Della Femina, D. (1989). Toward a theory of the genesis of violence: A follow-up study of delinquents. *Journal of American Academy of Child and Adolescent Psychiatry*, 28, 431-436.

Lifton, R. J. (1979). *The Broken Connection*. New York: Simon & Schuster.

Logre, J. (1952). A propos de Chronos, Eros et Thanatos. / Chronos, Eros and Thanatos. *Revue Francaise de Psychanalyse*, 16: 518-533. [France: Presses Universitaires de France.]

Lyons-Ruth, K., Alpern, L., & Repacholi, B. (1993). Disorganized infant attachment classification and maternal psychosocial problems as predictors of hostile-aggressive behavior in the preschool classroom. *Child Development*, 64, 572-585.

Mahler, M. (1972). On the first three subphases of the separation-individuation process. *International Journal of Psycho-Analysis*, 53, 333-338.

Main, M. (1990). Cross-cultural studies of attachment organization: Recent studies, changing methodologies, and the concept of conditional strategies. *Human Development*, 33, 48-61.

Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age 6: Predictable from infant attachment classifications and stable over a 1-month period. *Developmental Psychology*, 24, 415-426.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened/frightening parental behavior the linking mechanism? In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the Preschool Years: Theory, Research, and Intervention*, 161-182. Chicago, IL: University of Chicago Press.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/ disoriented attachment pattern: Procedures, findings and implications for the classification of behavior. In T. B. Brazelton & M. Yogman (Eds.), *Affective Development in Infancy*, 95-124. Norwood, NJ: Ablex.

Marvin, R. S., & Stewart, R. B. (1990). A family systems framework for the study of attachment. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the Preschool Years: Research and Intervention*, 51-86. Chicago: The University of Chicago Press.

Maslow, A. H. (1968). *Toward a Psychology of Being*. New York: D. van Nostrand.

Maslow, A. H. (1971). *The Farther Reaches of Human Nature*. New York: Penguin.

Masterson, J. F. (1973). Maternal clinging, separation-individuation, and the borderline syndrome. *International Journal of Child Psychotherapy*, 2(3), 331-344.

Maunder, R. G., & Hunter, J. J. (2001). Attachment and psychosomatic medicine: Developmental contributions to stress and disease. *Psychosomatic Medicine*, 63(4), 556-567.

Mawson, C. (online). An introduction to the psychoanalytic play technique and a psychoanalytic view of early development. *Psyche Matters*, available at www.psychematters.com/papers/mawson.htm.

Mayer, E. L. (2002). Freud and Jung: The boundaried mind and the radically connected mind. *Journal of Analytical Psychology*, 47, 91–99.

Mayseless, O. (1996). Attachment patterns and their outcomes. *Human Development*, 39, 206-223.

McCauley, J., Kern, D. E., Kolondner, K. *et al*. (1997). Clinical characteristics of women with a history of childhood abuse: Unhealed wounds. *JAMA: Journal of the American Medical Association*, 277, 1362-1368.

McFarlane, A. C. (1987). Posttraumatic phenomena in a longitudinal study of children following a natural disaster. *Journal of the American Academy of Child and Adolescent Psychiatry,* 26, 764-749.

Moeller, T. P., Bachmann, G. A., & Moeller, J. R. (1993). The combined effects of physical, sexual, and emotional abuse during childhood: Long-term health consequences for women. *Child Abuse and Neglect*, 17, 623-640.

Mudd, P. (Apr 1990). The dark self: Death as a transferential factor. *Journal of Analytical Psychology*, 35(2), 125-141.

Murphy, L. B. (1964). Some aspects of the first relationship. *International Journal of Psycho-Analysis*, 46(1), 31-43.

Pound, A. (1982). Attachment and maternal depression. In C. M. Parkes & J. Stevenson-Hinde (Eds.), *The Place of Attachment in Human Behavior*, 118-130. New York: Basic Books.

Putnam, F. W. (1993). Dissociative disorders in children: Behavioral profiles and problems. *Child Abuse and Neglect*, 16, 39-45.

Quintana, S. M., & Lapsley, D. K. (Dec 1990). Rapprochement in late adolescent separation-individuation: A structural equations approach. *Journal of Adolescence*, 13(4), 371-385.

Rank, O. (1978). *Will Therapy* (trans. J. Taft). New York: Norton.

Rank, O. (1991). The genesis of the object relation. In P. Rudnytsky (Ed.), *The Psychoanalytic Vocation: Rank, Winnicott, and the Legacy of Freud*. New Haven, CT: Yale University Press.

Rugala, S. A., & Waldo, M. (1998). An integration of existential psychology and the multimodal model. *Journal of Humanistic Psychology*, 38(4), 65-79.

Ryan, R. M., & Lynch, J. H. (1989). Emotional autonomy versus detachment: Revisiting the vicissitudes of adolescence and young adulthood. *Child Development*, 60, 340-356.

Salk, L., et al. (1985). Relationship of maternal and perinatal conditions to eventual adolescent suicide. *The Lancet*, 1, 624-627.

Schachter, B. (Winter 1986). Treatment of older adolescents in transitional programs: Rapprochement crisis revisited. *Clinical Social Work Journal*, 6(4), 293-304.

Schoen, M. (1993). Resistance to health: When the mind interferes with the desire to become well. *American Journal of Clinical Hypnosis*, 36(1), 47-54.

Schore, A. (1994). *Affect Regulation and the Origin of the Self: the Neurobiology of Emotional Development*. Hillsdale, NJ: Lawrence Erlbaum.

Shapiro, D. H. (1994). *Manual for the Shapiro Control Inventory (SCI)*. Palo Alto, CA: Behaviordata.

Sincoff, J. B. (1990). The psychological characteristics of ambivalent people. *Clinical Psychology Review*, 10, 43-68.

Smith, A. H. (1984). Sources of efficacy in the hypnotic relationship – An object relations approach. In W. C. Wester & A. H. Smith (Eds.), *Clinical Hypnosis: A Multidisciplinary Approach*, 85-114. Philadelphia, PA: Lippincott.

Solomon, J., & George, C. (June 1994). *Role Reversal and the Disorganized Caregiving System.* Paper presented at the 9th International Conference on Infant Studies, Paris, France.

Solomon, J., George, C., & De Jonh, A. (1995). Children classified as controlling at age six: Evidence of disorganized representational strategies and aggression at home and at school. *Development and Psychopathology*, 7, 447-463.

Southgate, J., & Whiting, L. (Eds.) (1987). *Journal of the Institute for Self-Analysis, 1*(1).

Spangler, G., & Grossman, K. E. (1993). Biobehavioral organization in securely and insecurely attached infants. *Child Development*, 64, 1439-1450.

Sroufe, L. A. (1996). *Emotional Development: The Organization of Emotional Life in the Early Years*. New York: Cambridge University Press.

Staff, C. (1953). Death is no outsider. *Psychoanalysis*, 2(2), 56-70.

Stern, D. (1985). *The Motherhood Constellation*. New York: Basic Books.

Sternbach, O. (1975). Aggression, the death drive and the problem of sadomasochism: A reinterpretation of Freud's second drive theory. *International Journal of Psycho-Analysis*, 56(3), 321-333.

Streeck-Fischer, A. (2000). Inpatient psychoanalytically oriented treatment of traumatised children and adolescents. In K. von der Klitzing & D. Bürgin (Eds.), *Psychoanalysis in Childhood and Adolescence.* Basel: Karger.

Streeck-Fischer, A., & van der Kolk, B. A. (2000). Down will come baby, cradle and all: Diagnostic and therapeutic implications of chronic trauma on child development. *Australian and New Zealand Journal of Psychiatry*, 34, 903-918.

Streeck-Fischer, A., Kepper, I., Lehmann, U., & Schrader-Mosbach, H. (2000). Gezeichnet für das Leben? Stationäre Psychotherapie von mißhandelten und mißbrauchten Kindern. In A. Streeck-Fischer, U. Sachsse, & I. Oezkan, (Eds.), *Körper, Seele, Trauma*. Göttingen: Vandenhoeck.

Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and* Neglect, 7, 177-193.

Tronick, E. Z., & Gianino, A. (1986). Interactive mismatch and repair: Challenge to the coping infant. *Zero to Three: Bulletin of the National Center for Clinical Infant Programs*, 5, 1-6.

van der Hart, O., van der Kolk, B. A., & Boon, S. (1998). The treatment of dissociative disorders. In D. Bremner & C. Marmar (Eds.), *Trauma, Memory and Dissociation*. Washington: American Psychiatric Press.

Washburn, M. (1995). *The Ego and the Dynamic Ground: A Transpersonal Theory of Human Development*. Albany, NY: State University of New York Press.

Welman, M. (2000). Thanatos and existence: Towards a Jungian phenomenology of the death instinct. In R. Brooke (Ed.), *Pathways into the Jungian World: Phenomenology and Analytical Psychology*, 123-139. New York: Routledge.

West, M. L., & Sheldon-Kellor, A. E. (1994). *Patterns of Relating: An Adult Attachment Perspective*. New York: Guilford Press.

Windle, R., & Samko, M. (1992). Hypnosis, Ericksonian hypnotherapy, and Aikido. *American Journal of Clinical Hypnosi*s, 34(4), 261-270.

Wilkinson-Ryan, & Westen. (April 2000). Identity disturbance in borderline personality disorder. *American Journal of Psychiatry*, 157(4), 528-541.

Winnicott, D. W. (1965). *The Maturational Processes and the Facilitating Environment*: *Studies in Theory of Emotional Development*. New York: International Universities Press.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York: Basic Books.

Yurk, D. K. (1994). Resistance reconceptualized: Self growth. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 54(8-B), 4415.

Zahn-Waxler, C., & Radke-Yarrow, M. (1990). The origins of empathic concern. *Motivation and Emotion*, 14, 107-130.

Zimberoff, D. (1989). *Breaking Free from the Victim Trap*. Seattle, WA: Wellness Press.

Zimberoff, D., & Hartman, D. (1998). Insidious trauma caused by prenatal gender prejudice. *Journal of Prenatal and Perinatal Psychology and Health,* 13(1), 45-51.

Zimberoff, D., & Hartman, D. (1999). Breathwork: Exploring the Frontier of ‘Being’ and ‘Doing’. *Journal of Heart-Centered Therapies*, 2(2), 3-52.