

## UTILIZING NATURALISTIC APPROACHES TO UNTANGLE THE CLIENT'S WORLDVIEW

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WITH GREAT APPRECIATION

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**Overview of This Presentation:** Many people develop biophysical conditions or diseases that are difficult to control or manage, affects their daily activities, and ends up thwarting the individual's life aspirations. Ironically, others who have major biophysical conditions are able to find ways to cope and pursue their life goals, and transition peacefully knowing that they have lived a meaningful life. Without question, foundations are created as we go, one layer at a time. The question is how well those foundations serve us as we pass through the epigenetic stages of life, each with a specific purpose, each with an inherent outcome.

In my experience, people often have difficulty maneuvering the inherent tasks of development that produce the foundation for the future. As a result, we often develop response-patterns that emerge as *maladaptive biophysical problems, conditions, or diseases*. To complicate the situation, when they seek help, many healthcare providers treat the tip of the iceberg—the signs and symptoms of the biophysical condition -- rather than searching for the root of the problem. Unless the individual is able to sort it out on their own, or make serendipitous discoveries, the manifested patterns become a way of coping, limiting and jeopardizing the individuals potential for healing and wellbeing. Sometimes such individuals are sent to psychotherapists to find ways to *handle the stress of being sick*. And the cycle continues.

This presentation addresses ways to think about these problems, how to use the individual's *worldview* as the source of information needed to identify the *root of the problem*; help them reframe their perceptions, reset their inherent biological abilities; recover, heal, grow and develop in a healthy manner. This approach serves as a system that can both prevent maladaptive responses and restore health and wellbeing. It has been tested through years of practice, systematically researched, and taught to hundreds of health-care providers.

**Background and Process:** An overview of the framework and associated assumptions acquired by integrating my own disciplinary knowledge and skills with those learned under the mentorship of Milton Erickson is presented. A few simple examples will be used to illustrate basic issues. Case studies, provided below, will be used to launch a more in-depth discussion with participants.

Each case was chosen to illustrate a key consideration. The first provides an illustration of how to use naturalistic techniques to build the trust with, ensuring that what is presented is actually true. The intent of the discussion is to offer participants an alternative way of

- *Thinking about* relations between an individual's medically diagnosed conditions and or diseases, their coping patterns, and their developmental residual;
- How to interpret these data to distinguish between the *tip of the ice-berg and the root of the problem*; and
- What to do once the initial event is uncovered.

The use of naturalistic techniques such as pacing, leading, utilization, seeding, indirect suggestions, embedded commands, and others will be addressed as they are used throughout the assessment, analysis, intervention and evaluation stages.

**Underlying assumptions:** People are composed of *inherent networks of ongoing, energetic body-brain-mind-spirit interactions*. As humans we have a *natural propensity* to cope with stress, grow and develop. We also have an inherent need to have meaningful relations with other humans; to have a healthy sense of *affiliated-individuation*. But sometimes people get stuck. They need help resetting their natural abilities to mobilize the resources needed to cope, grow, and develop; they perceive that they lack the necessary resources needed to deal with the inherent stress of life and life-related events.

Because people are holistic, stressors in one part of the whole-person has the potential to affect all dimensions of the holistic being. That is, people are not just biophysical beings, but multi-dimensional beings with dynamic body-brain-mind-spirit interactions with constant feedback-loops. Thus, stressors in any one dimension can effect stress responses in another. These feedback loops are natural, epigenetic processes, can be predicted and attenuated, and therefore provide a way of facilitating people to heal, grow, develop, and find meaning in life.

**Glossary and Conceptual framework:** *Affiliated-individuation* is a sense of connection with another that results in a sense of safety, security and belonging-- no questions asked, while simultaneously perceiving esteem and permission from the same person to be individuated as a unique human-being. AI exists across the life-span, pre-birth to post-generativity transition. Precursors for a healthy state of Affiliated-Individuation at any given time is dependent on our ability to:

- Negotiate the inherent need to grow and develop in an *epigenetic, sequential manner*;
- Mobilize the *resources* needed to grow and resolve inherent, sequential, chronological tasks; and
- *Rework previous task work* as needed.

Negotiation of the *epigenetic, sequential developmental stages* are dependent on one's ability to *resolve unique, associated tasks* that are common to all humans, can be predicted, and are dependent on one's:

- Access to necessary resources at any given point in time;
- Resolve experiences associated with epigenetic and unforeseen losses; and
- Availability of attachment objects needed to meet one's needs.

*Resources*, both internal and external, are derived from three sources: one's perception of need assets acquired over time by having specific needs met repeatedly; availability of *attachment*

*objects* that has the potential to meet one's needs; *and* from the healthy developmental residual acquired by task resolution.

*Attachment objects* are those animate and inanimate entities that repeatedly meet our needs. Individuals can experience secure or insecure attachment; secure attachment implies that the individual experiences minimally conditioned love and understanding while insecure attachment implies that conditions are placed on the individual in return for love.

Inanimate objects can be used to facilitate transition from object to object if and when the individual perceives that the inanimate object symbolizes the individual who is seen as an animate object.

*Loss* occurs when one experiences a real, threatened or perceived deficiency or disappearance of the attachment object. The only way to resolve the loss is to experience an alternative object that meets one's needs repeatedly. The healthiest attachment is with another human being, but often the preferred attachment object is a non-human animal. In this case or whenever

The *attachment, loss, loss-resolution, and reattachment process* reoccurs throughout the life span when working through inherent developmental tasks and when experiencing perceived untoward events. *Loss resolution* involves a grieving process that can only be resolved by experiencing a new or revised object that meets one's needs sufficiently for attachment to occur.

*Stressors arising from any aspect of the human will effect stress responses in that dimension and others.* Therefore, any stressor can elicit biophysiological, psychological, social, cognitive and/or spiritual subsystem responses. Some are inherent responses, others are learned responses. If the responses relieve the ongoing effects of the stressor and facilitate the individual to *cope and adapt, need assets occur.* When the effects are due to developmental-task-resolution, *residual occurs.* In some case the outcome is primarily positive and minimal negative residual creating healthy residual needed to cope and adapt with future stressors and stress responses. In other cases, the negative residual outweighs the positive residual created.

In any case a stress response can become secondary, serving as a new stressors and producing a new series of responses. The cascade of stressors-stress responses can cycle and recycle throughout the holistic human being within any given time and space, and across time and space. Ultimately, a pattern of coping responses emerge that may seem totally unrelated to the original event, although the linkages can nearly always be untangled when considered carefully.

**Modeling and Role-Modeling:** Modeling is the process of creating a mirror image of the individual's worldview that includes relations among the multiple components of the individual, identifies the root of the problem, past coping patterns, and what might be needed to reset inherent processes.

Role-modeling is planning and implementing strategies designed to help the individual establish a healthy sense of A-I by fulfilling their desired role in the relationship, a role and relationship that helps them find meaning in life.

## Stories to be discussed:

### Story # 1 I'm having a heart attack and dying

Thirty-two year-old Bill drove himself to the emergency room (ER) thinking he was having a heart attack. After careful assessment, his physician diagnosed hyperventilation and stress hypertension, and referred him to me. She was concerned he might “work himself into a heart attack or stroke if he didn’t get help.” She also said he had been hypertensive for the last 6 months and needed to get his blood pressure under control; she didn’t want him to start a medication regime unless there were no other options.

During our first meeting, Bill asked why the doctor had sent him to me. I explained that we are a holistic system with many parts; that our mind and body know how to work together. As a result, so we can learn a lot about our body if and when we let our mind give us the information. I understood that he was having some difficulties with his body, and his doctor wanted to help him avoid more trouble. And, my job was to help people like that. He seemed satisfied with my response, so after helping him choose a comfortable chair, find a place to put it so he was comfortable in it, and to sit down *in it* in a way that he would be comfortable. I asked him about his ER experience. He said he had left work, was driving home when he suddenly got dizzy, had trouble breathing, and felt tightness in his chest; he thought he was having a heart attack. With that in mind, he drove to the ER for help.

I asked him whether he had had a similar experience before. He said no, so I reframed the question, focusing specifically on the biophysical experiences he’d described, and asked if he had ever experienced a time when he *felt dizzy, had trouble breathing, or his chest was tight*. He said it had happened once when he was working, shingling the roof of a house. He said he looked down, got dizzy, and couldn’t breathe, and his chest was tight. He had to sit down, so he wouldn’t fall off the roof. When asked to elaborate, he said there wasn’t anything more to tell, other than he got down off the roof and sat in the grass for a while. Then, within a few seconds, he went on.

When he first came home from Vietnam, he wanted to put his war experiences behind him and get on with his life. So, he started working for his father, who owned a construction business. One day, he was on the roof and when he looked down he saw “all those men running around—they looked like ants rolling down the hill.” He took a deep sigh and looked very sad. I touched him gently and asked if he had had such an experience before. He started to cry and said yes, and narrated the following experience in Vietnam.

His best high-school friend and he decided it was their American duty to join the army and go to Vietnam. Soon, they found themselves in the middle of a major offensive drive; they were supposed to take over a company of N. Vietnamese just over the hill. Bill, as the leader of his squad, had to lead the way. He remembered climbing the hill, hearing explosions around him, being very frightened, but still climbing. Then, suddenly, he heard a huge explosion just behind him. When he turned, he saw his best friend flying through the air and the others in his squad rolling around on the ground. He had led his men through a minefield and everyone had stepped on one or been injured by one. His next memory was of himself rolling down the hill. Then everything went black. He was discharged and sent home due to extensive injuries incurred that day.

When he finished his story, I talked quietly with him about adolescents—that they are idealistic and believe they can change the world. I also talked about friendship and how important it is. Then I slowly, carefully, said, “You *are not* responsible for the death of your friend or the other men in your squad. An awful thing happened, and it has affected you, but you were not responsible then or now. You are a good man, a good friend, and a good citizen, and you can be a good leader again if you want. But, most importantly, you were not responsible for their deaths.” He looked at me, put his head on the table, and cried quietly. I sat with my hand on his back. When he was finished, he apologized, and I told him I was honored he had shared his thoughts and feelings and thanked him, remarking on his strength and courage. We checked his blood pressure and were pleased to notice it was only 122/78. I suggested he come back the next week, so he made another appointment.

He arrived on time, found his chair, sat down, and began to talk. He said there was one other time he had felt dizzy, angina, and breathless—the day his father died. I asked if he wanted to talk about it, and once again, he recounted his story.

On first coming home from Vietnam, he just wanted to forget, find a life, have a family, and start again. He worked hard to overcome his injuries, and then married the woman he’d dated before he left for Vietnam. They bought a house, started a family, and were happy. His father, who owned a construction company, hired him as a roofer. Life was good. Then, one Sunday morning his mother called and said his father wasn’t feeling well; he had indigestion. She asked Bill to come over and see him. Bill said he didn’t want to. He wanted to stay home with his wife, watch TV, and just hang out. His mother called again in the morning and then in the afternoon, so Bill decided he needed to see what “she” wanted.

When Bill entered his parents’ home, his father stood up, made a funny noise, and fell to the floor. Bill ran to him and started chest compression. His father made a “gurgling sound” and died. Bill claimed he had killed his father, and he knew he would die just like his father, from a heart attack.

We talked about the sounds people sometimes make when they die, and that indigestion is a sign of a pending or ongoing heart attack, so it was probably going on all day. He said he should have gone earlier, so I asked whether he thought his father would have gone to the hospital if he had left sooner. After thinking about it he said no, his mother had tried to get him to do it, and he had said it was just indigestion. He said he probably couldn’t have done anything differently, even if he had gone earlier. We then talked about the loss, his grief, and how normal it is to have many different feelings. I then said that his father’s death wasn’t his fault any more than the deaths of his friends. But, it was normal to feel sad, to be angry, and to take a few months to work it out. I suggested he was doing what he needed—working on a healthy, loving relationship with his wife and finding ways to deal with his losses and grief without hurting himself. Again, he cried. When he was finished, he thanked me, said goodbye, and left. We made another appointment for the following week.

When he arrived he immediately found his chair, tried it out, moved it around a bit, then sat down with a statement that implied, “This is my spot”. During the next hour he talked about his childhood, how his father played with him, how he missed him, and how everything seemed to have gotten tangled up in his mind. He then turned to me and said, “The doc was right, you did help me get untangled. And, now, we’re doing much better.” We spent the rest of the hour

talking about the coping strategies he'd learned as a child, which still worked for him, which didn't, offering a number of alternatives and seeding the future. I asked if he wanted to make another appointment, he said he didn't think so, but would like to keep the option open if he needed or wanted to return. I agreed.

As he prepared to leave, he turned and asked for a hug, stating as he did, that I made him feel safe and encouraged him to have hope. As I hugged him, I talked about the feelings he had described and suggested that he notice how his body was relaxed, how he felt open and vulnerable in a safe happy way. I completed the *anchoring of wellbeing* with a transitional object. I offered him a small round polished stone, stating that he might want to take it with him, telling him that he could remember those feelings whenever he needed or wanted to or when he felt anxious, dizzy, or unsure. All he had to do to remember how he felt right now, at this moment, in this spot, was to touch his stone and recall this moment. As we began to separate, I added that there would be a day when he would no longer need to touch the stone to recall and hold the feeling of being safe, hopeful or to be able to envision the future. He left with a backward look and a thank you, the stone clutched tightly in his palm.

I talked with his physician a number of times over the next four years. She said his blood pressure was normal. He had no more physical problems and was the proud father of a little boy. About ten years later, he called to tell me his wife and he were just fine. They now had two children, and he simply wanted to say thanks.

## Story # 2. The Teddy Bear who could be tough and mean

Mr. B. was sent to see me because his diabetes was out of control. A tall burly man, who carried himself as though he could plow down anything and anyone getting in his way, swaggered into my office for his appointment. His stance and gaze designed to intimidate, he bellowed out, in very colorful language, that my office was sure hard to find and he didn't know how I could be of 'any good to him'.

My secretary suggested I leave my door open just 'to get some air'. Assuring her we would be okay and she could close it without concern, I took my seat and offered him a choice of chairs. As soon as he landed in his chosen chair, he started his tirade. In loud threatening tones, he told me he was mean and tough, he could hurt people and enjoy it, he had been in the navy, had killed a man in a street fight, and was proud of it. He proceeded to tell me he wouldn't take any nonsense, and I'd better watch my step. As the profanity and voice tones increased, my secretary poked her head in and asked if I needed anything. I said both of us would probably enjoy some water, but otherwise, we were just fine, and turned and asked him if he was comfortable *in his chair and if not, perhaps he could find one that fit him better*.

As I spoke, I looked at Mr. B., smiled and focused on staying connected with him. He looked shocked, turned to the secretary, somewhat subdued, and said he *would like some water, and he liked his chair*. Then he started again, but this time he spoke in slightly quieter tones and used far less profanity as he focused on why he was in my office. He revealed he had diabetes, and it was 'so bad' he couldn't work, couldn't socialize, and his current and second wife of 12 years would leave him if he didn't shape-up. He then commented (in soft, wistful tones) that the only one that could stand him was his dog. With that, he launched into a saga about his dog, a little character that sat on his lap, ate breakfast with him, licked his face and hands, and was always happy to see

him. During this discussion, he opened his body stance: arms uncrossed, legs opened, face softened, and voice tones quiet and wistful.

After about a 10 minute talk about his dog, his only friend, he crossed his arms and legs, sat back in the chair, raised his head, projected his chin, and asked what I was going to tell him he had to do about his diabetes—after all he didn't have all day to mess around in my office. He repeated several profane adjectives describing his attitude toward his condition, i.e. being diabetic. Then he added his condition was, after all, the purpose of the appointment.

I agreed, his *condition* was the purpose of his visit, that this was his time to talk about *anything he wanted*, and if and when and if he wanted to talk about *his physical condition*, that is- *talk about having trouble regulating his blood sugar--I was ready to listen, but something else might be of more importance to him right now*. To this, he again looked surprised and said something about me being 'a little lady that knows her business'. I responded that I recognized he had learned to act tough and hide his feelings, but he really didn't fool me.

I told him I knew he was tough on the outside and he'd learned to be tough, he had needed to be tough to survive, but inside he seemed to have a very vulnerable spot. He could be scary, it is a good way to protect one's self, but I had an idea of what might be hiding on the inside. Something that he might not even know was there, and that is fine. I know that people do the best they can, given their circumstances, and sometimes it is hard to know how to do things differently, and that is ok, because people can always figure out what to do, or not do.

And sometimes we don't want to do anything, but we want someone else to do something; and sometimes we're afraid that someone might do something, and sometimes we're surprised when someone gives us a break and we don't know what to do.

But, that probably doesn't apply to him because he is a very wise man, and he knows what he needs to be happy, and I hope that someday he'll discover what he knows, and wants to know in a different way. Again, he looked surprised. Changing positions in the chair, with his upper body bent toward me, and in softened voice tones, he recounted the following story.

His life *as he knew* it started on a cold night in January when he was found a few hours after birth, wrapped in a towel and placed in a box on the steps of the church, *abandoned*. He was raised in an orphanage where 'many ugly things happened'. When he was 16 he left, lied about his age, and joined the navy. While in the navy he acquired a reputation for being tough, able to take care of himself, and someone to stay away from. After he left the Navy he married the first "decent" woman who came along that would have him. They had a daughter. He thought everything was fine until he came home from work and found a letter saying she had left and he shouldn't try to find her or his daughter. He commented, sadly, face tilted toward the floor, that he had been *abandoned* again.

Then he looked at me, sat straight, head up, chest and chin out, and said that was enough and he was leaving. As he stood, I told him I was honored that he had shared *some of his story* with me, and I would enjoy talking with again if he wanted. Moving toward the door, he turned and commented that he didn't know what had gotten into him, he never talked to anyone like that, and said, 'At least, I don't intend to talk with you like that again!' And left.

The following day, he called my office for another appointment. Over the next several weeks, he came to see me periodically. Each time he closed the door, looked the chairs over then sat down carefully, testing his choice, and then settled in. He always chose the same chair.

During one of our sessions I learned that he and his second wife had been married for 12 years, his first wife and daughter had disappeared and he'd never heard from either of them again. Each session he revisited the same scenarios, each time talking about it from a slightly higher level of development. At one point he asked me if I knew other people who had been *rejected* (note the change in language) like he had been. I told them I had and they, too, had learned to find some way to think of it as an experience that helped them cope, to grow, to become strong independent people who knew how to love and be loved. And I hoped that time would help him do the same. Another time he wanted to talk about his years in the navy and what a stupid young man he'd been. Again, I tried to reassure him that he'd done the best he could under the circumstances and what was important was that he used those experiences to decide how he wanted to continue to be that same person or change in small, little ways. He responded, *You mean like last week when my Mrs. and I got in a disagreement and I started to think about how silly it was to argue over what TV show we watched. So, the next day I apologized and bought her some flowers?* And, then he chortled and said, *Yeah, I know---the teddy bear stuff!*

At the end of our time together, Mr. B.'s diabetes was under control, his use of insulin had decreased and the demand for insulin had decreased. He had taken a custodial job working for a thrift store, had joined a church, and was enjoying a good relationship with his wife.

### **Story #3. I always get sick when I get stressed!!**

A number of years ago a cardiologist asked me to see Mrs. T, a 53 year-old female patient of hers who was being admitted to the hospital for an *impending myocardial infarct* (MI). She had severe chest pain, elevated enzymes. She had been hospitalized the past four years with similar symptoms. Each admission occurred a few days before Thanksgiving. Workups the previous years had indicated that she had a normal, functioning heart and no surgical intervention were warranted, although the records indicated that she had experienced a minor MI the year before. The doctor was concerned that she might have a more serious event if something didn't change. Her family had gathered to support her the first three years. Last year one daughter arrived at the outset of the event; the others arrived after Thanksgiving. This year none were willing to come until after the holiday. Disgusted, they insisted that she "did this on purpose to ruin our holidays." According to them, she never followed the doctor's orders and "enjoyed being sick."<sup>1</sup>The doctor stated she was difficult to control, non-compliant, and seemed to have many unrelated physical problems that emerged, one after the other.

When I entered her room and asked her to describe her situation for me, she stated she had chest pain that started at home when she was looking for food in her refrigerator. Afraid she'd have another heart attack or blood clot in her lung, she had driven herself to the emergency room. I told her I admired her knowing what she needed<sup>2</sup>. She responded that someone had to take care of her, and no one wanted to, so she took care of herself. Then she added that she always got sick when she was stressed, and she got stressed because she had too much to do, and it wasn't her fault. She commented that the holidays were particularly hard because everyone wanted so much from her. This statement resulted in her family rolling their eyes and looking disgusted.



When I asked her to tell me more about this, she provided numerous examples<sup>3</sup> where she had been stressed and then got sick<sup>4</sup>. Often, the stress was preceded by someone asking her to do something for someone else, such as bake cookies for an event, watch a grandchild, or get herself ready for a trip.<sup>5</sup>

As I stayed connected with her, listened, and affirmed her stories and identified her strengths when they emerged, she proceeded to move back in time, describing multiple incidents where she had tried to help someone out, got stressed because it was a bigger thing than she'd expected, and then got sick. As she reached her childhood, her voice tones became more defensive, and child-like. Then she recounted her experience as a three-a-half year old.

Her family had moved to a farm where they were allowed to work and pay off the mortgage. She called it "share-cropping". As the oldest child, she was supposed to help mom and gather the eggs. She said she was surprised when she was told that she was old enough to gather the eggs on her own, that mom wouldn't be going with her. She described the barn as a big, dark place filled with bad smells and noise that were scary. The first her mother prepared her by telling her where to go, and what to do---gather the eggs for us to sell. She said she had a little trouble getting out there that day, trying to be careful with her basket---*it was really big*--but she made it. She talked about how far it was from the house, how big it got as she got closer and when she turned around how the house got smaller and looked so far away, and how she suddenly felt hot and *funny*. She remembered wondering if her mother was still there. When she arrived, she peeked inside, gradually wiggling in between two big heavy doors, worried about stepping in *chicken or cow poop*, and *remembering how the hay on the floor of the barn scratched her legs*. She looked around, found a few eggs, and hurried out, ready to hurry back to the house. Running back, careful to not drop her eggs, she took them to her mother, happy that she'd done her job.

But her mother wasn't so happy. Instead, she told her she had to go back, insisting there were many more, she *just had to go look*. So, she *dragged* herself back out there again, occasionally looking back at the house, wiggling through the two heavy doors, noticing the smells, and the scratchy hay, and then going in further to "look around". This time she found a few more and then found some eggs with a hen standing nearby. As she started for the eggs, the hen attacked her. She'd made the mistake of trying to take the eggs from a "sitting hen."<sup>6</sup> The hen pecked her arms, face, legs, and chased her out of the barn. She ran back to the house, crying and frightened, fell a couple of time skinning her knees so that the blood dripped down on her socks and shoes. Trying to clean off her socks, she dropped her basket, breaking the three eggs she'd retrieved before being attacked by the hen. When she arrived at the house, she called for her mother, only to find that she was busy with a younger toddler and her baby sister. She remembered how relieved she was when her mother told her that she didn't have to go back.

She also remembered how scared she was the next day when she was sent back to the barn with instructions to get the eggs but leave the chickens alone that were sitting on their nests. She clearly remembers starting out feeling *funny*, and when she got about ½ way she fainted. Her mother came out, picked her up and took her back to the house, and decided the sun was too hot on her head. Since the walk to the barn was a long one, she needed some protection. So, her mother made her a sunbonnet. The next day she was sent out again, basket in hand and bonnet on her head. Nevertheless, the little 3 ½ year-old fainted on the way to the barn, once again retrieved by her mother. Her parents decided she didn't have to go back again; she could help in the house and garden. And, that was what she did until she left home at the age of 17 when she

married the farm boy who lived not far from their house. As she finished her story, she looked at me defiantly and repeated that ever since that time, whenever she got hot or stressed, she either fainted or got sick.<sup>7</sup>

My response to her was that she was very smart, had learned how to take care of herself, and knew what she needed. I casually commented that all people need to feel safe, respected, and loved, and included myself in the statement by placing my hand on my chest, and casually directing it at her. Then, I added that maybe she and I (hand moving slowly back and forth between the two of us, creating a link) could work together so she could learn new ways to get her needs met and not be stressed. With a little humor, I suggested it might be similar to learning how to eat your cake and have it too.

She looked leery, but agreed. At the close of our meeting, I gave her my business card with my office telephone number and told her I'd come by the next day to see her, and she could call me if she wanted. Before I left, I asked if I could help her be more comfortable in her bed by fluffing her pillows, tightening her sheets, or getting her some water. The family stood by and watched with arms crossed.

Her family left the room at the end of her story. Waiting for me in the hall, they chorused that they had heard that story a thousand times and were sick of it. They were all busy, had families or jobs of their own, and couldn't run every time she got "stressed". It was time for her to "start acting like an adult". Although none of them lived nearby, they tried to get together a couple of times a year, and called her as often as they could. They all agreed that their mother was just fine when they were all together. She cooked meals, acted like a grandmother to the son's two year old, and bounced around full of energy helping them in a number of ways. But, when they returned to their own homes, she would call frequently, complaining of minor ailments and occasionally getting sick.

The problems seemed to have started about 10 years before, around this same time of year. Prior to that, she had been doing quite well, living on her own since her husband had died unexpectedly 13 years before. The two older children, aged 22, 20 had already left home; the youngest left home a year later. Although she had a little trouble the first year after her husband died, she seemed to bounce back, become more active in the church, lived on her own, and seemed to be getting along ok. But, then, about 10 years before, she started getting sick more frequently. Her early history included bronchitis and minor health conditions. Later they became more serious, including an appendectomy, cholecystectomy, hysterectomy, and a pulmonary emboli. The worst was when she got sick enough that she had to be hospitalized and have surgery, or be taken care of when she got home. Then, four years before, she the cardiac episodes started. She had been referred to a psychotherapist during the last hospitalization. She seemed to be doing better most of the time, but then just before Thanksgiving, she had another event. Her family decided that she was making herself sick, and she needed to stop.

The next day when I arrived as she was preparing to go home. I asked if she would go with me to the conference room to talk for just a few minutes before she left. As we walked down the hall, I asked her if she wanted help walking and she refused, but wanted me to "just stay nearby." As we walked she told me she was the third of four girls and one boy. Her older sisters were

approximately 2 1/2 years apart; she was born 20 months after the second. The fourth sister was born 11 months later and then within 2 years, the baby brother was born. She saw herself as the one who didn't fit in, the one who was supposed to be the boy, and the one whom no one wanted.

Over the next few weeks, I saw her for a few minutes weekly in the doctor's office. Each week, we talked about her daily life, the stressors she experienced, and how they affected her body and I suggested alternative coping methods. At the end of each visit, I also I gave her a new transitional object, symbolic of the stages of Trust, Autonomy, and Initiative, respectively. The first transitional object was a new copy of my business card with a little stick-figure picture of two people standing with interlocking arms. When she took it, she asked if it was a picture of the two of us: I responded that it sure looked like it. She pocketed it carefully. A couple of weeks later I asked if she still had the business card; she showed me that she did. I then offered the penlight from my lab coat pocket and asked if she would like it, stating that it would help he see things when she wanted to see them in a way that would help her. And, in the meantime, she would never have to be alone in the dark again, that I would be with her. I had selected this because she had frequently used language such as, "I'm not sure I see it that way" or "I don't know how to see things differently" and "I'm in the dark about that."

The third item was a picture postcard of a child walking through a field of flowers leading to a barn. When I gave her this picture, I suggested she see the wild spring flowers blooming in the fields, know that she didn't have to do things that were scary, but now that she was older, what was scary in the past might be seen differently now. We had talked about her ability to leave the house, do things without worrying she would get too far away from her safe spot at one time or get sick again, and what she could do to protect herself<sup>1 8</sup> before she went on her adventure. The last transitional object was a small Guardian Angel pin I gave her as she was beginning to take small Initiative-type steps.

I told her that I was leaving the state, but I would always be with her, and she with me, and when she was scared of doing new things, she just needed to remember she would never be alone again. I also told her the more things she learned to do, the more she would discover what she liked to do, and what would make her feel whole. Finally, I suggested she might surprise herself as she discovered who she really was, that from my perspective, there was a really delightful, capable, strong woman just waiting to be discovered, and wouldn't it be exciting if she discovered herself!

Upon conclusion of our work, she was physically stable and beginning to reach out to members of the church to help her be independent of her family. Although I have not seen this lady for many years, I talked with her physician several times, sometime making suggestions about what she could do to help her continue to heal and grow. The last time I talked with her physician she had been free of admissions for five years, continued to be active in the church, and still wore the Guardian Angel pin.

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<sup>1</sup> We learn fast! What works one time is usually used again and again, unless we consciously change the response.

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<sup>2</sup> Affirming her ability to know “at some level” what she needed to be safe and feel protected (an aspect of healthy affiliation). Once affirmed, it is much easier to build trust that I can help her find alternative ways that will help her have those same feelings, feelings that are core to a healthy sense of Affiliated-Individuation. I’ve learned through practice that some people will sacrifice their individuation when they lack some semblance of healthy safety and security as one would experience birth-five years of age.

<sup>3</sup> Examples included her volunteer work at the church and in the community. She said when asked to bake cookies or help with funeral dinners at the church she had difficulty saying no, so she sometimes took on activities that she didn’t know how to do or didn’t have the energy to do well and that stressed her out. *After all*, she said, *those are nice people who need some help*.

<sup>4</sup> When working with someone like this, it is important to sort out the difference between those who have secondary gain, from those who don’t. Those with secondary gain have learned that being sick is an acceptable way to get affiliation needs met. It is helpful to understand these dynamics, because you know there is a deep need to be protected, safe, and cared about underlying secondary gain. Often those with secondary gain present themselves as strong people who don’t need other people. They just “happened” to get sick. It requires considerable work to rebuild Trust before Autonomy can be initiated. I didn’t see secondary gain in this lady. She emphasized the relationship between being asked to do something for someone else on her own and being stressed (or overwhelmed). This is more consistent with insecure attachment (Trust Stage) and difficulty in Autonomy.

<sup>5</sup> Her early history included bronchitis and minor health conditions. Later they became more serious, including numerous major surgeries and illnesses starting with an appendectomy, and including hysterectomy, cholecystectomy, pulmonary emboli, and others.

<sup>6</sup> FYI: A sitting hen is one who has laid a number of eggs, and was trying to hatch them. Sitting hens are very protective of their eggs and will attack anyone who tries to remove them.

<sup>7</sup> Remember hesitancy or holding back is normal for this age group. As the young toddler just emerging from autonomy where they started to learn how to make decisions, they are now confronted with the task of initiative and all that it entails. Unfortunately, she had not learned how (unconsciously) to make cognitive decisions that were appropriate for task resolution, and instead continued to use her biological responses to cope.

<sup>8</sup> Remember her trouble started when she walked across a barnyard (which is field-like), to the barn (which was far away), was pecked by the chickens (got sick) and felt unprotected, unsafe. To help her learn to take risks, make decisions, and develop and demonstrate some autonomy, she needed to feel safe, protected, and connected. I also wanted her to reframe her thinking about her ability to get out of the house.