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Seeing Beyond the Scars: A Testament to "Anna"

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ABSTRACT

The client, Anna, was an 18 year-old young woman who had a six-year history of self-injury, panic attacks, anxiety, disordered eating, and depression. She presented with a unique pattern of cutting in which she would cut when she felt too much and when she did not feel enough. In a sense, Anna existed in a perpetual cycle of emotional regulation through the induction of physical pain. Her thousands of scars are a testament to her deep emotional pain, which are associated with her relationship with her parents. From a psychodynamic perspective, Anna presented as very defended as she often suppressed her emotions, idealized her father, and dissociated during cutting episodes. The therapy primarily focused on maintaining and fostering the therapeutic relationship while using transference and counter-transference issues in order to promote the growth and understanding of her deeply rooted pain. Anna was self-referred and we met weekly for one hour in a college counseling center. Our work together was ongoing and included a total of 25 sessions at the time the case was written. I received individual supervision one hour per week from Andrea Kelly, a licensed Masters level psychologist, and group supervision two hours per week with Andrea and four other Master's level interns from various colleges and theoretical backgrounds. Andrea, the client Anna, and I were primarily responsible for treatment planning; however, I did receive some guidance from the other graduate interns.

Key words: self-injury, panic attacks, anxiety, eating disorder, depression, psychodynamic therapy, transference, counter-transference, defenses, case study, clinical case study

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1. CASE CONTEXT AND METHOD

The case of Anna (Podetz, 2008, 2011) was originally written as my masters level thesis. I specifically chose the case of Anna, as I recognized early on in the therapy the severity of her symptomatology and the potential for therapeutic growth using both psychodynamic and humanistic theory. As the therapy progressed and the therapeutic relationship grew, counter-transferential and transferential issues also likely influenced my decision to write about our work together. The most compelling reason however, for choosing to write about Anna was to bear witness to her pain, to bear witness to her story, and to bear witness to her growth.

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In an attempt to triangulate the case study of Anna, sessions were audio-taped at random and these were made available to my internship supervision. After each session, I wrote extensive process notes, which focused on both content and process as well as my own counter-transferential reactions. In terms of triangulating the severity of Anna's symptomatology, I was able to, with Anna's permission, get a release of her medical records from the college health center's nurse practitioner. These records indicated severe symptomatology and confirmed the extent of her cutting history noting thousands of scars and "too many to count". In addition to her own reports as the therapy progressed, reports from the nurse practitioner and from her professors also served to indicate her growth academically and socially. Finally this case was presented to a Panel of Psychological Inquiry in order to assess the validity of my claims. As part of the inquiry the case was reviewed by a critic and advocate and was assessed by a panel of psychologists whose clinical experience totalled close to 200 years. This paper is an abbreviated version of the original case study read by the participants in the Panel.

Anna was self-referred and we met weekly for one hour in a counseling center at a publicly financed college in a rural area in the north eastern United States. Our work together was ongoing and included a total of 25 sessions at the time the case was written. Counseling services were offered to the students at no fee. A contact record was completed after each session with Anna and included a description of the focus of the session, of her psychological, social, and academic functioning, and of her progress and future therapeutic goals. I received individual supervision one hour per week from, Andy, a licensed Masters level psychologist and group supervision two hours per week with Andy and four other Master's level interns from various colleges and theoretical backgrounds. Andy, Anna, and I were primarily responsible for treatment planning however I did receive some guidance from the other graduate interns.

Other than the routinely administered intake form at the counseling center, the only physical data, available to me concerning the client was a copy of her medical records from the nurse-practitioner at the college health center, contact records from emergency sessions with another intern at the counseling center, and poetry she offered from her coursework and personal collection.

Anna has given her informed consent to the use of our work together in this case study, and for publication of this case study, with the understanding that identifying information has been removed in such a manner as to protect her confidentiality and preserve the psychological integrity of the case.

2A. THE CLIENT

Anna, an 18-year-old college freshmen, grew up an only child in a rural area. Anna had few childhood friends and, when not in the company of adults, spent a great deal of time on her own. She described her father as an academic and a perfectionist who would not allow her to make a mess or act childish. He held both her and her mother to his standards of perfection at all times and Anna worked very hard to meet those standards. Anna's mother worked within the community and was described as well known and well liked by all. Anna recalls spending much of her childhood at work with her mother and, again, in the company of other adults.

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Anna's parents separated and divorced when she was in the seventh grade. Since, her father remarried twice and her mother became romantically involved with another woman. Her father's second marriage ended in his wife accusing him of domestic abuse, his being arrested in front of Anna, and his eventual acquittal of all charges. Anna talked about her ninth grade experience of seeing her father "in shackles" as very upsetting because she "knew he was innocent". His third marriage was to a woman who Anna thought was "okay" and even liked at times. Anna described her mother's romantic relationship as sporadic but said she really liked her mother's partner. She claimed to be unfazed by her mother dating women and said she was "completely comfortable" with it. Anna herself identified as a lesbian.

When not in the company of her parents, Anna spent a great deal of time with her maternal grandmother. She reported the time with her grandmother as sacred, in which she could be herself and in which she could be a child. Although she passed away when Anna was in the fifth grade, her grandmother remained a very important part of her life. She was, in a sense, Anna's anchor, who gave her constant security and love and kept her grounded

Anna presented with severe symptomatology including self-harm behavior and anxiety as well as depression, sleep disturbances, and disordered eating. Her primary concern was her cutting behavior and her anxiety, which almost always included dissociative states. Anna had almost no memory of her middle school and high school years and was very limited in terms of emotional range.

Anna can be described as incredibly insightful, defended, hardworking, creative, self-sufficient, and wounded. Prior to our work together, Anna, had not received traditional psychotherapy however she did seem to have a very therapeutic and positive relationship with a high school guidance counselor, Jeff.

2B. THE THERAPIST

I grew up the middle daughter, with two sisters older and two younger, in a very close-knit family in Eastern Canada. I moved to the United States, the year before I met Anna, to pursue a Masters degree in clinical psychology at a small liberal arts college in the northeastern United States. My clinical experience prior to this internship, where I worked with Anna, consisted of a practicum at a community mental health center in which I worked within a school system providing emotional support to a six-year-old girl. In addition to this experience, I also worked within a private practice setting with a 9-year-old girl who had been experiencing anxiety and sleep disturbance due to her parent's divorce. Due to my own life experiences, my upbringing, and my thorough clinical training, theoretically, I adhere primarily to a humanistic and psychodynamic perspective, which guided me throughout my work with Anna. My personal life philosophy to remain present and authentic at all times also played a role throughout my work with Anna. This philosophy fostered and encouraged the therapeutic relationship and continued to allow growth and honesty throughout the therapeutic process. In addition to my ability to remain present and authentic, my inability to remain unattached has certainly influenced the therapeutic process and is something that I monitored closely in order to ensure therapeutic benefit.

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3. GUIDING CONCEPTION WITH RESEARCH AND CLINICAL SUPPORT

Our work together was guided by self-harm research, humanistic theory, and psychodynamic theory. As Anna's cutting behavior and anxiety were the primary focus of the treatment I often used the self-harm literature as a guide in understanding her cutting and the many functions it may have served. The development and fostering of the therapeutic relationship was grounded in humanistic theory and the importance of empathy, acceptance, and genuineness. My conceptualization of the functions of Anna's self-harming behavior was grounded in psychodynamic theory and focused on defense mechanisms, transference, and counter-transference.

Anna was my first client and therefore the work we did together was not guided by my own clinical experience. However, I was closely supervised by Andy who had extensive clinical experience. In addition, my reflection of the case was influenced in part by the commonalities and idiographic factors that arose from case study literature.

Self-Harming Behavior Literature

While working with Anna, I often used the literature as a guide to understanding her cutting and the many functions it may have served. Self-harming behavior is used as a coping mechanism essential for self-preservation and emotional regulation. Those who self-harm often do so in an attempt to make meaning of their subjective experience and to express or communicate that experience externally (Favazza, 1996; Crowe & Bunclark, 2000). .

> (Self-harm is) a private, solitary act that often temporarily alleviates pathological symptoms. The most pathological condition is tension and anxiety accompanied by self-anger and the feeling of powerlessness. Another commonly stated pathological condition is a perplexing feeling of numbness… The sensations of pain and the presence of blood not only interrupt the monotony of depersonalization but also indicate that the cutter is, indeed, alive and that the body's border of skin is intact and in place. Self-mutilation may also be therapeutic because of the symbolism associated with the formation of scar tissue; scar tissue indicates that healing has occurred. (Favazza, 1987, p. 192-198, as cited in Waska, 1998)

After drawing upon the research and clinical literature, Connors (1996a) reported that one or more of the following experiences of trauma or loss during childhood are generally present with self-injury: physical, sexual, or emotional abuse; invasive care-taking; neglect; loss, abandonment, and placement; surgery or significant illness; witnessing family violence or alcoholism; and ritual abuse. As Anna certainly experienced loss, abandonment, and her father being arrested for domestic abuse, the conceptualization of her case was guided by the research on self-harm and the experience of trauma and loss.

The sense of disconnection with self, others, and the external world as a result of trauma or loss often leads to isolation, numbing, internal emptiness, unknown sense of self, inconsistent memory, out-of-body experiences, inadequate boundaries, and a sense of being different or alienated (Connors, 1996a). Childhood trauma and loss often leads to a feeling of being

overwhelmed which can cause one to feel overcome with anxiety and panic and unable to manage and express strong feelings. Therefore, self-harming behavior is frequently used as a self-regulating mechanism so that one may regain control of his or her affective state (Connors, 1996a). This guided my work with Anna, as she seemed to feel a disconnect with self and others and her cutting was almost always precipitated by intense anxiety or numbness and an inability to regulate that affective state. My work with Anna was also guided by understanding the functions of her cutting as re-enacting the trauma, expression of inner pain, organizing and regulating of self, management of dissociation, and as a calming relationship.

The method of symbolically or literally recreating past loss or trauma through self-harm is known as re-enactment. This process allows for the trauma or loss to be made more manageable and suggests that the trauma or loss can be symbolically 'cut' out of one's self (Connors, 1996; Hitchcock Scott, 1999; Suyemoto & MacDonald, 1995).

Expressing inner pain through self-harm may give meaning to one's felt experience and allow the person a voice. Expression of inner pain through self-harm may allow one to project inner pain externally, to communicate an inability to self-regulate internally, and to express unconscious and conscious emotions that are otherwise inexpressible (Connors, 1996a; Favazza & Rosenthal, 1993; MacAniff Zila & Kiselica, 2001; Suyemoto & MacDonald, 1995; Hitchcock Scott, 1999; Crowe & Bunclark, 2000).

The organizing function of self-harm allows for the preservation of one's sense of self so that: one is defended against the fragility of self, one is able to achieve balance, and one can symbolically reaffirm that she is alive (Connors, 1996; Suyemoto & MacDonald, 1995; Hitchcock Scott, 1999; MacAniff Zila & Kiselica, 2001). Loss and trauma early in one's life may lead to the inability to calm oneself in the face of psychological pain and therefore creates urgency for a self-regulating function such as self-harm. This allows one to regain control and to create a concrete physical outlet for one's pain.

Self-harm may serve a management function of dissociation by allowing an individual to cope, manage, regulate, and handle internal and external stimuli (Connors, 1996a). Some of the many ways in which one may use self-harm as a management tool are: to regulate relationships, to provide a sense of control, to relieve overwhelming tension, to protect others from impulses and emotions, and to protect against loss (Connors, 1996a; Crowe & Bunclark, 2000). Self-harm may alter the dissociative process in two ways: the physical pain of self-harm may serve to avoid dissociating or it may cause or coincide with a dissociative state in order to avoid the current emotional distress.

Miller (1996) suggested that self-harm itself serves the function of a calming relationship for the individuals who use it, which may be a response to the social isolation common among those who self harm.

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Humanistic Perspective

Client-centered therapy focuses on maximizing the client's potential by providing a relationship built upon a sense of trust, respect, and safety. It emphasizes the core beliefs and values of the therapist as she/he enters the therapeutic relationship. Rogers (1961) thought that the therapist must possess genuineness and honesty with the client. In addition, he maintained that empathy, the ability to feel what one's client feels, was essential for therapeutic efficacy. Finally, Rogers (1961) thought that acceptance through possessing unconditional positive regard for the client was necessary for actualizing potential. Rogers claimed that the possession of these characteristics, regardless of techniques or theoretical stance, was the most effective way to obtain therapeutic growth.

While working with those who self-harm, it is essential that a therapist remain present and attentive and provide a supportive role for the client and that the therapist possess the attributes that Carl Rogers (1961) suggested. It is of great importance to the therapeutic process that the client perceives the therapist as genuine and as possessing thoughts, feelings, attitudes, and emotions about the process. Those who self-harm often feel a lack of control and a lack of sense of self and therefore the modeling of a genuine person and the growth of that person through the relationship can be a profound experience for the client.

The continuing desire to understand someone and the continued attempts to appreciate that person without making judgments is critical in working with those who self-harm. Due to cultural norms, most people are unable to understand how someone can make meaning through self-harm and subsequently make judgments and evaluations based on the behavior. I believe that by attempting to understand without judgment, therapists are able to evoke in their clients a desire to understand one's self. In being empathic toward the client, the client can begin to see beyond the scars in order to find meaning in their history.

Unconditional positive regard seems to go hand in hand with being genuine and having empathy. To accept one for whom they are and whoever they may become encourages self-acceptance. It allows one to be comfortable exploring fluctuations in behavior, emotions, values, etc in order to gain a deeper understanding of self. As such fluctuations are very common among those who self-harm, this is incredibly important to therapeutic growth.

Psychodynamic Perspective

My understanding of Anna's story was grounded in the psychodynamic perspective. Anna and I placed a great deal of importance on understanding her defense mechanisms. These defense mechanisms included her dissociative state during cutting episodes, her suppression of emotions, her reaction formation and idealization in relation to her father, and her projective identification. There was quite a bit of counter-transference and transference within our sessions and I often reflected on both as a way of directing the therapy and strengthening the alliance. Ultimately we sought to understand the unconscious origins of the cutting behavior and encourage the verbalization of emotion.

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While working with Anna, I made an effort to more specifically review psychodynamic literature related to self-harm. Psychodynamic explanations for self-harming behavior include aggression turned inwards, the need to control, and a wish for self-punishment (Crowe & Bunclark, 2000; MacAniff Zila & Kiselica, 2001; Fowler, Hilsenroth, & Nolan, 2000; Waska, 1998). Modern theories have been reported to place an emphasis on the unconscious fear of being controlled by powerful negative forces, which is seen as a fundamental disturbance in object relations (Fowler, Hilsenroth, & Nolan, 2000).

Case Study Literature Review

While searching for similar and/or relevant cases within the literature, I found a wealth of cases of self-harm related to sexual abuse and a borderline personality disorder diagnosis (BPD). There were very few cases however, that focused on self-harm in the absence of a sexual abuse history and very few that did not attach a BPD diagnosis, as self-harm is often a symptom related to BPD. It is common among those who have been sexually abused to engage in self-harming behavior and to exhibit symptoms of BPD, however it is of great significance to note that a large number of those who self-harm have neither been abused nor exhibited other BPD symptoms (Turp, 2002).

Within the therapeutic setting, we must remain vigilant in our assessment of clients insofar as to avoid labels based on one aspect of diagnostic criteria. It is of great importance to recognize self-harming behavior separately from BPD and sexual abuse however it is vital that the connection between the three be noted and considered in the understanding of self-harm. Common among all three is the existence of neglect, the lack of communication, and separation and divorce within the family system (Gardiner, 2001, as cited in Turp, 2002). In addition, anger and a lack of a sense of self are common. I propose that we look to these commonalities as a way of understanding self-harm but that we do not limit our clients and the therapy by labels based on such commonalities.

> Clinical experience and research combine to suggest that there is no single explanation for self-harm, no single meaning or communication conveyed by self-harm, no single psychological disorder or personality profile associated with self-harm. Our best beginning is to accept not to know and to engage with the situation ‘without memory or desire’ (Bion, 1967). In this way, the specifics of the story and the meanings of the behaviour may in time emerge and begin to make sense in the mind of both the practitioner and the client. (Turp, 2002, p. 212-213)

The case examples I reviewed illustrated the importance of avoidance of labels and the uniqueness of self-harming behavior. I read the three cases within the last five sessions documented in this case study and, within each, the salience of the therapeutic relationship while working with someone who self-harms was evident. The cases did not guide the therapeutic process however they did serve as a method of reflection on Anna’s subjective experience and our process.

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4. ASSESSMENT OF THE CLIENT'S PRESENTING PROBLEMS, GOALS, STRENGTHS, AND HISTORY

Presenting Problem and History

Anna sought treatment upon her first week as a freshman at college which was also her first week living on her own. She presented with a long history of self-injury, panic attacks, anxiety, disordered eating, and depression. Most prominent was Anna's six-year history of cutting. In our first session, Anna reported that she had abstained from cutting for ten months but, in the three weeks prior to going to college, she had begun again. Anna existed in a perpetual cycle of emotional regulation through the induction of physical pain in which she would cut to feel something and she would cut to avoid feeling.

Anna described her cutting as a release but could not describe anything else about it. She explained that once the anxiety or numbness became too intense she would "black out" and only come back to consciousness once she had cut. She recalled that the first time she had cut was in seventh grade, three weeks after her parents decided to get a divorce. Anna had thousands of scars on her arm which she showed me in our first session. She also noted that she always made very shallow lesions and had a well-equipped first-aid kit. Anna has no suicidal ideations. She was adamant that she had no desire to die, but rather that she desired the opposite, "to feel and to live".

. In addition to her anxiety and self-injurious behavior, Anna also had a significant history of depression, sleep problems, and disordered eating, all of which were still areas of struggle for her. Anna had been given various diagnoses over the years and had been medicated with anti-depressants and anxiolytics since she was 12, including Klonopin which she had been taking when we started working together. The most striking aspect of Anna's presentation was her limited emotional range. As she spoke about her life her affect remained completely flat, as if she was describing a movie. Despite her list of diagnoses and her emotional limitations, her strength and will shone through in the first session and I was able to see that she was determined to be well.

Client Strengths

Anna's sheer will and determination to be well and to be defined as someone other than a "cutter" was her biggest strength and her greatest fear. Her courage and will to overcome this fear was evident in that first session and was the driving force behind each session thereafter.

In addition, Anna was, for the first time in her life, truly on her own, without both her mother and father. I believe this had a substantial impact on her ability to take an autonomous perspective and to form her own thoughts and beliefs independent of her parents. I believe this distance from her parents created an environment that was safe and secure enough to elicit transferential reactions and to allow for the interpretation of them.

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In the beginning of our work together, Anna seemed to know all of the technical terms and would often converse using words like “regress”, “dissociate”, and “intellectualize”. Indeed, Anna could intellectualize with the best of us and her intelligence was never questioned. Although, defensive, Anna’s intellectualization aided in the initial process of therapy, as it allowed her to begin to understand herself better while also allowing her to remain guarded until our relationship was stronger.

Anna’s literary creativity was also a strength as it allowed for processing her unconscious conflicts while she was still unable to do so verbally. In addition, Anna’s newfound friendships since she entered college as well as her steadfast relationship with her grandmother were both strengths within the therapy as they allowed for her to feel connected and avoid isolation.

Client Goals

Anna’s primary goal of the therapy was to gain control over her anxiety and cutting behavior. In addition, she sought therapy as a preventative measure against possible depression due to the life transitions she was experiencing. Finally, Anna sought to reduce and eliminate her Klonopin use, as she was concerned about its effectiveness as well as its risk of dependency. Although, not communicated to me initially, Anna’s desire to feel connected and supported also appeared to be a goal for her therapy.

5. FORMULATION AND TREATMENT PLAN

Although I did not have a set treatment plan in order when working with Anna, I did conceptualize her case from a psychodynamic perspective and I approached her treatment with the plan to respect and understand her defenses of idealization, dissociation, and emotional suppression while using the transference and counter-transference to guide my interpretations.

Anna’s treatment plan included the exploration of her emotions surrounding her experience of loss and abandonment when her father left her family. In addition, the treatment plan included the processing of her experience of seeing her father being arrested and in shackles. As she spoke about this incident in our first session, it was evident that Anna had suppressed all emotions related to this. In fact, it was evident that Anna suppressed her emotions in all aspects of her life and had done so since she was a young child. The treatment plan was directed towards recognizing, acknowledging, validating, and processing her emotions in an attempt to understand the origins of her anxiety and cutting. Once accomplished, the treatment plan was to focus on working through Anna’s difficulty in managing tough and intense emotions in order to find other alternate methods of coping from her cutting and emotional suppression.

When Anna and I met, she certainly felt numbness and emptiness often. She had a history of social isolation, had little memory of her middle school years, and experienced dissociation often. Anna appeared to have weak ego strength, as she was dependent on cutting for tension relief and to avoid numbness. She was deeply connected with her mother and I suspect was having great difficulty with separation/individuation, which also led to significant confusion

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about self. Throughout our work together, Anna seemed to be, first and foremost, mending the disconnect within her self and with others.

I understood Anna's cutting as serving many functions including expression of inner pain, communication of trauma and loss, providing emotional balance, and the preservation of self and affirmation of being alive. Ultimately, self-harming behavior is a method of meaning making and is absolutely necessary for purposes of self-preservation and self-regulation. In Anna's case, the treatment plan focus was on honoring the necessary dependence she had on her cutting in order to survive. And through this honoring, I had hoped to, together, make meaning of her cutting and of her history.

6. COURSE OF THERAPY

Meeting Anna

Our story began on a beautiful summer day. I was a 24-year-old graduate psychology student on my much-anticipated, first day of my internship at a college counseling center. Upon meeting my first client, I realized that Anna was a very intelligent and insightful person and I was looking forward with enthusiasm to the prospect of working with her. Although her reasons for seeking counseling on her intake form were anxiety and depression, it became clear very quickly that the more pressing issue was her self-injurious behavior.

Anna was 18 years old and reported that she had been cutting since she was 12. The ten months prior to meeting her, she had stopped cutting but the pressure of going to college, leaving home, and leaving her summer job became too much for her and her only defense was to revert back to her past coping mechanism of cutting. Anna's arms were marked with thousands of scars and it was clear that they went much deeper than either of us could have imagined.

Anna spoke openly about her past and about her cutting. She described her cutting as a release but could not describe anything else about it. She explained that once the anxiety or numbness became too intense she would "black out" and only come back to consciousness once she had cut. She recalled that the first time she had cut was in seventh grade, three weeks after her parents decided to get a divorce. Anna was adamant that she had no desire to die, but rather that she desired the opposite, "to feel and to live". She showed me her scars and said that she always makes very shallow lesions and had a well-equipped first-aid kit in her dorm room.

Anna spoke about her parents in a very unemotional, matter-of-fact way. She said that after her parents divorce, her father remarried twice and her mother became romantically involved with another woman. Her father's second marriage had ended in his wife accusing him of domestic abuse, his being arrested in front of Anna, and his eventual acquittal of all charges. Anna talked about her ninth grade experience of seeing her father "in shackles" as very upsetting because she "knew he was innocent".

In addition to her depression, anxiety, and self-injurious behavior, Anna also had significant issues with her sleep and had suffered with disordered eating for years. Anna had been given various diagnoses over the years and had been medicated with anti-depressants and

anxiolytics since she was 12. The most striking aspect of Anna's presentation was that she clearly had no emotional range. As she spoke about her life her affect remained completely flat, as if she was describing a movie. As noted above, despite her list of diagnoses and her emotional limitations, her strength and will shone through in that first session and I was able to see that she was determined to be well.

Developing Trust

During the second session, Anna talked a lot about her defenses and admitted that, although she could not describe them, they were always active in therapy and in life. Anna said that she "felt sorry" for me because she was so intensely guarded. I addressed this comment at the end of the session by reassuring her that being guarded was part of the therapeutic process and that I genuinely wanted to be there with her as she journeyed through this process.

In the third session, Anna spoke a great deal about what she had "just gotten used to" in life. Topping the list was her father's inconsistency and lack of love, her being parentified, her constant need to please her parents, and her adherence to her parents needs and concerns rather than her own. She spoke about growing up with her father's strict and unreasonable rules. Anna described the relationship with her father as being non-existent, however showed no emotional response to this. Anna also mentioned that she had always felt the need to protect her mother and that for years she had been suppressing her emotional pain in order to spare her mother emotional pain. She maintained that she "felt no anger towards her parents" and that she never has. In fact, she was quite determined that she had not felt anger, ever in her life, toward anyone.

The following session, Anna spoke about being a "burden to her parents" and fearing that she may be angry with them and just not able to acknowledge it. I wondered if she had been experiencing transference so I asked her if she felt like a burden to me. She, very honestly, said that she did sometimes, that she feels like a burden to most people. It appeared that Anna's parents neglected to attend to her emotional well-being which led to Anna feeling as though it was unimportant. Her acceptance of this and her relationship with her parents seemed to underscore her emotional limitation. Anna explained that she was only able to feel anxiety and depression. She could describe the physical and mental experience of both but was unable to describe happiness or anger or any other emotion.

This session was deeper than the previous session; her trust seemed to be strengthening. Anna mentioned that she was cutting more frequently and that there were never triggers. Her anxiety either increased to an unbearable point at which she felt the need to get rid of it or numbness would overcome her at which point she needed to feel something, anything, so she would cut. Anna said that, of her thousands of scars, she only remembered the act of cutting herself four times. Upon recollecting, it became clear that in those times Anna remained hypersensitive as her cutting was a private affair and her greatest fear was being exposed.

A few days after this session, Anna came in for an emergency session. She presented the same as she usually had - flat affect and ready to work. She had been worried about herself because she was sleeping more than she usually had and that often precipitated depressive

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episodes. She talked about her tendency to become increasingly depressed as the days became shorter and the summer ended. As we explored what factors were unique about summer and why its end had a tendency to spur on depression, Anna told me about her last great summer vacation with her family just before her parents separated and divorced. The family vacation at the cabin appeared wondrous and, as she described it, something sparked inside of her and her spirit seemed alive with excitement. Although fleeting, in that moment she seemed able to intensely feel; she was genuine and authentically Anna.

Before I knew it, the moment was over and Anna had reverted back to her flat and unemotional self. That last summer vacation ended in an argument in which she was forced to choose a side, to choose a parent. Despite choosing him, her father still left and her mother, between tears, blamed her. As she told the story, she remained emotionless but the trauma of that day was evident. Anna's will and resourcefulness was apparent and impressive yet she could not see anything but failure. Three weeks after the argument and the night before she began 7th grade, her parents separated. Anna appeared to be associating summer with happiness and summer's end with anxiety, depression, and loss. Merely realizing this association put both Anna and I at ease and we began analyzing her past in a way that was not possible prior to this.

Trusting the Therapeutic Process

The following session Anna told me that she had gotten into an argument with her father five days prior and that she had hung up on him and had not talked to him since. She said that after the argument she cut herself 20 times, very small and neat cuts, but that it did not give her the release she had been used to. She reported having overwhelming anxiety for days after, but that it eventually subsided once she occupied herself with social involvement.

Upon hearing that she was not getting the same release I was ecstatic inside but I was careful not to be overtly enthusiastic. I asked her if she was able to see this experience as progress. She agreed that it was progress but qualified that with "maybe there was just enough of a release through the cutting to get her by". As she told me this, I imagined how terrifying it must have been for her to realize that her one release no longer worked. She appeared fragile and unable to give up her defenses so I did not dare question her. She was able, however, to reach a place in which she could imagine being angry with him on some level.

Anna had worked hard in her last session and as we began the next session, I quickly realized that she needed a break. She had not cut in thirteen days and I was elated. She kept this session very surface level and talked about her desire to avoid social isolation. Her experience thirteen days prior had shown her that cutting was not the answer and that she could look to others for support in times of anxiety instead.

Anna was growing and becoming more self-aware. When talking about her parents, I asked if she thought she had been parentified and I wondered if her grandmother had actually allowed her to be a child. She agreed and said that once her grandmother died she began to take care of herself and her parents. Before her words were out, I could see her discomfort and she began defending her parents. I did not challenge her and, instead, accepted her truth.

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The next week Anna spoke about her father as being a trigger for her overwhelming anxiety but was unable to connect him as a trigger for cutting. During that session, she realized that she had been compensating for her father's poor parenting by trying to be a perfect daughter. She spoke of her father as desiring to be a great father but not having the natural ability for it. As she spoke about her inability to be perfect for her father she began to cry. This was the most real and raw emotion that I had seen in Anna and, although brief, that moment was profound. Despite her deeply rooted defenses, Anna was making progress in leaps and bounds and it appeared that Anna's head and heart were fully engaged in this process. Anna was there for her, a new concept; that she deserved to be there and to be heard.

Before our next session, Anna, came into the counseling center for an emergency session. She met with another counselor, as I was not working that day. She had reported being worried because she had cut much deeper than ever before. The following day, Anna met with me for our weekly session. It was the week after October break so I thought that the transition might have triggered her anxiety and subsequent cutting. I felt responsible for her relapse. I had known transitions were difficult for her but she had been doing so well that I thought she would be able to handle it and I did not prepare properly for it. As we met, I was honest and apologetic about this and we decided to spend more time talking about transitions and planning for them.

That day we talked about her need to protect herself and others from seeing her pain. I asked her if she ever felt the need to protect me and she said she did. Anna "hated others worrying about her and could take care of herself." I suspected that this was a defense in which it was much easier for Anna to believe that she did not need others' concern rather than believing that she was deprived of it. Anna spoke about her mother ignoring her cutting after she had been doing it for a while. She laughed as she talked about her mother's ignorance and I realized just how alone Anna was. At the session's end, I told Anna to call or come in if she needed anything.

Anna called the next morning and came in for my only available half hour slot. She was feeling incredibly anxious and could not see any way in which to be relieved of it. In that session Anna passionately admitted that she was angry with her father. I was taken aback when she said this, as she had been so adamant in the past about having never felt anger toward her father. Because the session was only 30 minutes and I feared that it would be too much for Anna to handle, I chose not to explore this very deeply and I hoped we could reflect on it in the following session. Instead, we focused that session on ways that she could more consciously practice self-care. Anna mentioned that since her grandmother, she had only let her ex-girlfriend, Sarah, take care of her. During the eight months they had dated Anna abstained from cutting.

In supervision later that day, I expressed my disappointment in my inability to recognize the transition as a viable trigger for her cutting. I remember reading within the literature that a therapist must be prepared for and expect relapses when working with a client who self-harms. Even still, somehow I thought my client was immune to relapsing and it was a huge blow to realize my mistake. Andy was incredibly supportive and reassured me that admitting my mistake to Anna likely strengthened the therapeutic relationship.

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Recognizing Emotion

Anna entered the next session with a less anxious disposition. Anna spoke about "never feeling angry" so I mentioned that she had said she was angry with her father in the previous session. Anna was surprised by this, "I did? Well I was half asleep so I didn't have my defenses up." So I asked her to talk about her defenses and she said that she shuts down emotionally.

I saw emotion again. Anna began to cry when she spoke about her father and said aloud that "he would never be enough." I sat with her as she cried and hoped that she would be able to feel the full experience of her emotional release. Anna had intellectually acknowledged her father's imperfect parenting in the past but this was the first time she had been able to realize it emotionally. Anna had been "shutting off" her emotions for years in order to avoid pain, sadness, and anger and her inability to recognize emotions became a very important therapeutic goal.

During that session, I felt an intense desire and urgency for Anna to be healthy. It was more intense and very different from my feelings with other clients and I recognized this immediately as it overwhelmed me. After the session, I reflected and wondered whether my overwhelming desire for her to be well was, in fact, her overwhelming desire to be healthy. I wondered whether I was holding it for her because it was too much for her to bear. After all, cutting was her one defense, to say goodbye to this would mean utter vulnerability. In supervision, Andy spoke about this desire as a primitive, natural response to seemingly unnatural and self-destructive behavior. Andy very much trusted my intuition and gave me the freedom to do so as well.

In the following session, Anna was discussing how she makes sense of the world when she said, "my father making sense makes sense and that is how I make sense of my life." Her idealization of her father had never been more evident and I was now very aware of why she so obstinately denied ever being angry with him.

After the session I tried to put into words our connection and I realized that such words do not exist and I was reminded of an earlier session when Anna had tried to describe the night her father was arrested, "There are no words to describe what I felt. Feelings were too overwhelming so I decided not to feel." Anna avoided anger and sadness for so long that she no longer knew how to acknowledge, recognize, and name them as emotions. As I thought more about her and imagined her sitting across the room from me, I felt saddened. Anna was very cold but she could not hide her desire for warmth. Her resiliency continued to amaze me and, although she sat across the room from me each week with no emotion and no affect, she remained present. So I depended on her presence, both physically and spiritually, as a beacon to guide us both into tomorrow and next week. And just maybe, in time, she would be able to show me, even for just a moment, that she is present emotionally. For one moment of genuine emotion from Anna is worth the world to me and, I suspect, worth even more to her. Those moments signify that she is pursuing, for herself, wellness in every sense of the word.

I met with Anna as soon as she returned to campus and we discussed transition issues and ways to avoid cutting and anxiety. For the past week Anna had been eating well, sleeping well,

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and not cutting and she seemed determined to make this transition smooth. Anna, when speaking about family coping mechanisms, said that her mother drank too much and that alcoholism was an issue on both sides of her family. Anna seemed to minimize her mother's drinking with excuses. She also made it quite clear that she, herself, had no interest in drugs or alcohol.

Understanding Anna's Cutting

The following session, Anna mentioned that she drank one beer Monday night and two beers Tuesday night and that it was a release for her. This seemed quite ironic considering the previous session's discussion of her mother's drinking issues so I asked her if she thought so as well. Anna laughed, agreed, and concluded that it was just a social thing. Anna was not cutting but she was finding a release in drinking. I chose not to disclose my concern about this.

As I saw her grasping for comfort in some sort of release and being able to resist the pull to cut, I thought, "Anna does want to be well deep down." I decided that this was the right time to tell her about my overwhelming desire for her to be well. She was touched by my concern. I asked her if she thought that I might be taking on her desire to be well until she could bear to feel that desire herself. The room was heavy with emotion and we were both fully present in that moment. Anna, with tears in her eyes, said, "Being well is what I want most and it is also what terrifies me most… without cutting I have nothing… I cannot imagine being well… anything is possible though." Anna shared a side of herself that was scared and vulnerable and such exposure was once unimaginable to her. I hoped that she would eventually be able to imagine a life without cutting. After all, she did say, "anything is possible."

In the following session, Anna openly talked about her inability to express anger. She said that anger scared her because she associated it with cutting. Anna was unable to speak further to this but said that she was terrified of becoming angry. As she spoke, I heard the fear in her voice and I felt its intensity. Anna was shaky. I realized that was all the work she was capable of doing that day so we both just sat with it. It was encouraging that Anna was now able to recognize anger within her self. Just a few short months before, Anna adamantly denied ever feeling anger and now she was able to acknowledge that it was somewhere underneath. I was blown away by Anna's growth, by her newfound ability to feel and express emotions. I was hopeful that she would eventually be able to trace the source of her anger and express it honestly.

In the following session, Anna and I focused on the upcoming holiday and transition issues with that. The college's winter break was a month long and Anna would be faced with many stressors, including her father's visit, during this time and would have almost no support.

Anna spoke openly about her father in that session saying that he was always able to make things better when she was young. She said that whenever she would get hurt, "he could always make me feel better, my mother was incapable." We spoke about this in relation to her cutting. Anna suspected that she would have stopped cutting early on if he had paid attention and tried to make things better. I asked her who was going to make it better now and she thought for a minute and said, "I have to." I am not sure if Anna realized that she was in control until that moment and I hoped that she would feel empowered by this. My focus for the last session before

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the winter break was empowerment, as she would be faced with many challenges. We spoke briefly about her father. She appeared anxious but was unable to acknowledge it.

Signs of Hope

As Anna entered the room, she appeared guarded and unemotional. She took a seat on the edge of the couch and remained rigid with her posture stone-like. She reminded me of the Anna I met on that beautiful day in August. Soon though, she smiled as she talked about having breakfast with her parents and how annoying it was that they had so many inside jokes. I could see how special it was for her to be part of a family. Anna mentioned that she could not handle having her father around for any longer. It was very clear that she needed to believe that, as it would have been devastating to believe she needed him more than he was willing to be there.

Anna reported that she had not cut over the break and that she had eaten and slept well. She said that it was easier to be healthy at home because her dogs were there and they were very perceptive and seemed to understand her, unlike humans who "are too preoccupied with their own lives." This was another example of the power of meaningful relationships in Anna's life and I wanted her to know that she was worthy of having them. I reminded her of her relationship with Sarah and she smiled as she said, "Sarah just got me." We talked quite a bit about ways she could keep structure in her week in order to avoid anxiety and numbness and subsequent cutting and she felt comfortable about her plan to involve herself in social activities and school work. Anna also had a new roommate who was "constantly around" and who she enjoyed spending time with. Another relationship was taking the place of her cutting.

The following session, Anna reported cutting twice, two days prior so we talked about it as being her need to control the situation. Her father had control over everything in her life, so the only things she felt able to control were related to her physical body - eating, cutting, and sleeping. I mentioned this and Anna told me that her father had called her Saturday night and told her that he thought her grandmother was dying. Her father, overreacting and not making sense, confused her on some deeper level and led to an increase in anxiety and to her cutting.

Because Anna had been so close with her other grandmother before her death, I thought it necessary to explore what feelings she associated with her father's comment about her living grandmother. Anna had once been very certain that she did not feel anything about her grandmother's death eight years prior but she now acknowledged deep and real sadness. In fact, Anna said that the only time she could bear being sad was when she thought about her grandmother's death. I asked her how often she thinks about it and she said, as she showed me the chain and pendant around her neck, "Every time I look at my anchor." Her grandmother had worn the pendent around her neck the entire time Anna had known her. Upon her grandmother's death, Anna received the pendant and has worn it almost everyday since.

She laughed when she told me about her mother being envious that she got to keep the pendant. When she said it, I sensed that Anna felt pride, almost as if she, rather than her mother, received not only the pendant but also her grandmother's love. I sensed this passive-aggressive, competitive nature with her mother in the past when Anna spoke about outwitting her mother by

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cutting once she fell asleep and by using the sweater that her mother bought, as a reward for not cutting, to hide future cuts. Her relationship to her mother seemed to be making sense and I was able to see what Anna had been telling me in the past. She was likely unable to verbalize her negative feelings toward her mother for not being supportive in the past because her mother was all she had.

I asked Anna what she wanted for herself and she said, "I want sleep and I want to transfer schools", so that she would be farther from home. I thought this was interesting, that on some level, she knew her anxiety was tied to her parents and she wanted to get away from both of them. I told her that I wanted her to be able to sleep as well, that I wanted her to be able to eat, and that I wanted her to not need to cut. Anna said with hope in her voice "I want that too."Anna then proceeded to tell me about her last day on campus before the winter break. She woke up late for her exam and jumped out of bed and went to it wearing her pajamas. She described herself bursting into the class, looking frazzled, and apologizing profusely for being late. The professor told her not to worry about the exam and assured her that she would have enough time to write it. He then asked her to step outside into the hall with him where he told her that he was concerned for her and wanted to make sure she was okay. She then burst into tears and told the professor that she was stressed about being late and her father coming to visit the next day. I thought it was remarkable that she was able to show such raw emotion and I asked her what was different about the situation that allowed for this. Anna said she felt comfortable crying to her professor because she could feel that he was genuinely concerned and worried for her. I left the session that day amazed by Anna's progress in her willingness to expose vulnerabilities.

A Shift in Focus

I had not planned to do so but I kept the following session in the present. Anna spoke about how inspiring her creative writing class had been. She had mentioned this in prior sessions but in this session she was able to talk about writing, symbolically, about her past. She was once unable to verbalize her emotions about her past so I commented on how freeing it must be. She agreed and said that she was able to write once she had a genuine audience. It was clear to me that Anna's pain needed to be recognized for what it was, Anna needed her pain to be validated, and now this was possible using words rather than a razor blade.

We talked about her gains and Anna was able, for the first time, to look at her reduction in cutting as a success. She spoke about cutting everyday in high school and said that lasting a week without cutting was a success then. Now, a year and a half later, she was able to abstain from cutting for two months, and was even able to perceive the two months as somewhat easy.

We, once again, talked about her cutting as her meaningful relationship and I pointed out her ten-month span in which she did not need cutting because she had her meaningful relationship with Sarah. Anna then said, excitably, that Sarah had once said to her "It's cutting or me, choose." and Anna said her decision was easy, of course she chose Sarah. She did not need cutting anymore.

I had been feeling as if Anna needed to focus more on the here and now and that by doing so she would gain more hope for the future. I told her that I perceived her cutting as an essential

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part of her life process but that it was just one part; that as she found more and more meaningful relationships she would need cutting less and less; and that she would look back on her cutting as a moment in time in which she was searching for meaning. She seemed energized by this, laughed and said, "Well it was an awfully long moment." Then she said she hoped for that to be true and could imagine that being the case in a few years. She could imagine it.

After the session, I felt the most incredible sense of hope and I no longer felt the overwhelming desire for her to be well. Anna no longer needed me to carry that for her, I believe she was able to feel it all on her own.

The following session, Anna came in wearing a very brightly colored pink shirt and very pretty lipstick. She appeared to have a different, but fitting, air about her. She shone as she spoke about being up all night with a friend who was going through the grief process. I commented that she had always been able to take care of others but that she was still struggling with taking care of herself. Anna got angry with me for saying this and said that she was indeed taking care of herself lately. It was a wonderful moment in therapy because she, once again for the second week in a row, celebrated her own success. In the past, Anna had been unable to admit any success and now, not only was she admitting it, she was demanding that others recognize it. As I write this, I am smiling at the thought of the ego strength she showed me that day. Not only was Anna comfortable dressing like a success, she was also comfortable feeling like one. As we prepared for the next break, her newfound hope put us both at ease.

Multiple Meanings of Cutting

We met the first Monday after the winter break and Anna mentioned that she was disappointed that her mother did not take her to see her grandparents over the break. Anna seemed angry with her mother and rolled her eyes saying that her mom was too tired to take her. I asked Anna why she never gets angry with her parents and she said, "They are my parents." To which, I said "Does that excuse them from seeing how they've hurt you? You direct all that anger toward yourself and you slice your skin rather than telling them and having them own up to their wrong doings." Anna laughed and said, "It's easier to direct the anger inward, to cut myself". "Is it Anna? Look at your scars." Anna looked down, then looked directly into my eyes and said, "No, it isn't easier but it is all I knew to do." I leaned forward and said, "And because of it you are here, you survived, and you can learn from it." Anna laughed and said, "That is true, I survived." I wanted Anna to see how meaningful her scars were; that each one indicated her strength but that each one also screamed, "Take that!"

Anna was quiet for a minute, a bit overwhelmed, and then she changed the subject. She mentioned that her room was a mess. I asked what her father would say if he saw her messy room and she said "I don't care what he says, it's my room and he has no say in it!" I then asked her if she thought that she was saying just that in seventh grade when she cut for the first time, "Dad, I'm not perfect, here is the proof, but this is my body and you have no say in what I do with it. Mom you couldn't be there emotionally for me and you hurt me and now I hurt me, take that!" Anna responded in a very strict and emotionless voice, "maybe." I replied with, "maybe?" She said "Yes, maybe. But I don't like it." "Why don't you like it?" Anna paused, took a breath,

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looked me in the eyes, and said, "Because I think it is true, I think you may be right." Anna and I reflected on that for a few moments and moved on. She had done all the work she could for that day so I took her lead and we laughed together for the rest of the session.

7. THERAPY MONITORING AND USE OF FEEDBACK INFORMATION

Therapeutic Relationship and Process

Throughout our time together, my primary goal had been to provide Anna with a safe place in which she could begin to trust others and to trust herself, in which she would feel meaningful, and in which she could trust herself to feel. My goal was to provide her empathy, genuineness, and unconditional positive regard in the hopes that we would be able to form a genuine therapeutic relationship. This was the foremost thought in my mind throughout each and every session we had together. At times this was more difficult than other times, as Anna would present inconsistencies that I would want to challenge. During these times, I forced myself to remain very aware of staying with her during the process and understanding why inconsistencies were necessary.

While working with Anna I was constantly aware of the importance of keeping an empathic stance. I allowed Anna to guide me and to teach me who she was and where she was emotionally. It was my goal to perceive her experience through her lens and in the face of uncertainty to explain my perception in an attempt to more fully understand Anna's experience.

Anna made it very easy for me to be authentic and genuine during our sessions as she accepted that I, too, made mistakes and trusted that I would own them and reflect on them in the interest of her therapeutic benefit. The importance of this was clear when I apologized to Anna for not considering the impact of the October break transition on her anxiety level, which led to her relapse. Upon my apology and admittance of imperfection, Anna was able to open up and show me parts of herself that were hidden prior to the break. Andy noted how huge this trust must have been for Anna given her poor experiences with her parents. As I had felt hers, I believe Anna also felt my steadfast presence in each session, which encouraged moments of growth for both of us.

The attribute of acceptance of a client through "unconditional positive regard" suggests that a therapist accept the client regardless of fluctuation in behavior, values, feelings, etc. By expressing acceptance it was my goal that Anna would feel free to express aspects of her self that were once too overwhelming or threatening to explore. There were many points in our work together in which I was confused by her sudden shifts in behavior, attitudes, and memory. The night she drank, the newfound interest in men after being disgusted by them, and her inconsistent memory of her middle school and high school years led to my confusion in conceptualizing the case. However, I remained present and had faith that, in time, the pieces would fit together. I saw each inconsistency as Anna's attempt to tell me something and I hoped that in time I would be able to hear it.

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There were several moments within the therapy in which we connected, the relationship became more meaningful and trustworthy, and we grew together. One of the most moving moments we shared occurred in our sixteenth session. I had been experiencing a strong, urgent desire for her to be well and I explored this within myself for several sessions before I mentioned it to Anna. I had the opportunity to tell Anna how unique and strong my desire for her to be well was and to ask her if she thought I had been carrying that for her. Our relationship, from this point on, became very deep and intense. Anna began to show me pieces of her self that she had not been able to reveal in the past. She seemed able to trust me to hold her desire to be well until she was not fearful of holding it herself.

Throughout our work, I maintained a true appreciation of her emotions, history, and growth. I tried very hard to make no judgments, to maintain complete honesty, and to remain open to and validating of her needs. Likely due to this, Anna realized that she has meaning and that she deserves to be cherished. Anna also found great comfort in knowing that her subjective experience and her pain were real and that others appreciated her courage and strength. Honoring her experience allowed for a meaningful therapeutic relationship. Since seventh grade, Anna had been longing for someone to believe in her so that she could believe in herself. Once she found that with me, her professors, and her new friends, Anna was able to shine through. Anna is now able to believe in Anna.

Anna's Defenses

During our work together, it became apparent that Anna was highly defended against her anger toward her parents and her loss and trauma. Anna warned me in our first session that she was very guarded and that I would find it difficult to break down her defenses. Throughout our time together, Anna and I worked to understand her defenses and to validate them as essential to her survival. Anna's idealization of her father, dissociation during cutting, suppression of emotions to protect her mother, and reaction formation in response to her feelings of loss and abandonment were closely examined in relation to her cutting. Each appeared to be related to her perceived lack of control and to her fear of expressing anger outwardly, which was most likely grounded in her fear of further loss and abandonment. Her cutting allowed her to take back some control while the dissociation appeared to distract her from the chaotic nature of the act of cutting.

Anna had a tendency of withdrawing from herself during cutting episodes once the anxiety or numbness became too overwhelming. There was a very interesting emergency session, during which Anna acknowledged being angry with her father and acknowledged him as a primary trigger for her cutting. I addressed this in the following session and Anna did not recall saying it claiming that she was sleepy and her defenses must have been down. In subsequent sessions, she began to deny ever saying it, claiming that I was wrong. I had wondered if she had been in a dissociative state that entire session or if she was so resistant to acknowledging her anger that she needed me to be wrong. Regardless of which defense was acting that day, Anna clearly was unable to cope with her anger towards her father and, I suspected, her mother as well.

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Anna had been suppressing her emotions for years before she began cutting and, due to this, was unable to recognize or acknowledge emotion of any sort. As she recalled her grandmother's death two years prior to her first cutting episode, Anna described herself as being okay and not sad because "people die, you get over it". For the most part Anna restricted herself to feeling anxiety and, on occasion, depressive feelings

Because I realized the incredible lack of emotional intelligence, I challenged Anna most in regards to expressing what was hidden beneath. As our relationship grew, Anna felt increasingly safe within the confines of our therapy session and began to admit anger more readily and was even able to associate it with cutting. Anna recognized that she was fearful of her anger because she associated it with cutting. I understood her dissociating in regards to this realization. Anna's anger triggered her cutting but she was so fearful of it that she had to dissociate in order to escape it.

I related this fear of being angry at her parents to her use of reaction formation in which Anna would convince herself of a certain truth in order to mask her opposite unconscious wishes and desires. Anna "hated others worrying about her and could take care of herself". I suspected that this was a reaction formation defense in which it was much easier for Anna to believe that she did not need others' concern rather than believing that she was deprived of it. Another example of her reaction formation defense came about when she spoke about feeling the need to protect her mother. It appeared as if Anna needed to think that her mother was fragile and needed protection, otherwise she would realize that her mother was capable of taking care of her but chose not to. Another example came about the first session after winter break. She was talking about her father's one-day visit and was adamant that she could not handle having her father around for any longer. It was very clear that Anna needed to believe that because it would have been devastating to believe she needed him more than he was willing to be there. Her most striking use of reaction formation was the fact that she convinced herself that she was not capable of feeling anger. By doing so, she allowed herself to avoid any anger toward her parents.

Through understanding each defense and validating their importance in relation to cutting, Anna was able to make meaning of her subjective experience. Through the fostering of the therapeutic relationship using the transference and counter-transference and humanistic theory, it appeared that Anna felt security and acceptance and was able to let her defenses down and reveal her fears, wishes and desires; the fear of expressing anger and being abandoned, the wish to be understood and validated, and the desire to be well.

Anna also idealized her father, which at times appeared to be a form of reaction formation. She likely idealized him in an effort to avoid expressing her anger towards him and in order to ensure that she would not lose him. Anna made sense of her world through her father's perception and reality, "my father making sense, makes sense and that is how I make sense of my life." Anna's idealization of her father filtered into her entire life. Once I realized this, I realized why it was so difficult to break through to her anger towards him. Once Anna acknowledged anger towards him she would need to acknowledge inconsistencies in his perception and thus in hers. This was far too overwhelming for Anna to cope with in the beginning but in time we were able to break through her idealization of her father and she was

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able to see the power she held in her own perceptions. She was able to see that she was capable of making sense of her own world. Upon understanding her idealization of her father on a deeper level Anna was able to express and feel more anger towards him.

As we worked together, Anna engaged in sublimation in which she began to project her feelings and pain into her writing. I encouraged this and we reflected on her experience of it. It allowed Anna's pain to be real and her professor's and my appreciation of it validated her subjective experience. In her writing and recognition of herself as meaningful to others, Anna found an alternate method of expressing her pain and found the support she needed from within.

Counter-Transference and Transference

The interpretation of the transference and counter-transference clearly strengthened the therapeutic relationship. This proved a very effective way to understand Anna's feelings, history, wishes, fears, desires, and current relationships. Through analyzing the transference, Anna was able to more clearly see her patterns of relating to others, her feelings, and her wishes and fears relating to her cutting. In describing the salience of transference among those who self-harm, Waska (1998) wrote,

> Self-destructive acts can be understood as resulting from and symbolizing certain intrapsychic phantasies involving wishes, fears, and compromises. From this standpoint, the analysis of the transference provides the optimum vehicle for resurrection, clarification, and modification of archaic internal self and object representations.

Transference was evident within the first session when Anna mentioned that she "felt bad for people in the mental health profession for having to deal with her" and in the fourth session when Anna admitted "feeling like a burden" to me as she did her parents. Then again in the ninth session, Anna admitted feeling as if she needed to protect me from her pain as she had her mother. Transference occurred once again during the session that I asked permission to write this case as she associated me with "using her" as her father had. Throughout much of the process Anna held back sadness and anger to protect me but maintained a passive aggressive stance toward me, which came off as anger much of the time. She played out with me her relationship with her mother and at times her relationship with her father. In hindsight, my inexperience in recognizing and interpreting transference may have led to missed opportunities for therapeutic understanding and growth. Despite this, once transference became apparent to me I always used it within the therapy to provide opportunities for growth and understanding.

Counter-transference played a significant role in the therapy and the strong and urgent desire that I felt for Anna to be well exemplified this. I was unsure at the time if it was my need for her to be well or if it was her need for her to be well. I am still unsure and actually think it may have been both. Regardless, it was one of those profound aspects of therapy that you never anticipate, that blows you away, and that encourages passion and faith in therapeutic process. Connors (1996b, 213-214) described the origin of this urgency counter-transference well,

> Many professionals feel a sense of urgency when self-injury is disclosed, and thus abandon the more thoughtful, empathic, and empowering stance they might otherwise employ. Self-

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> injury can evoke potent and primitive counter-transferential reaction… it almost always elicits a sense of helplessness and may cause clinicians to question their competency.

Certainly, in my work with Anna, I felt a sense of urgency, I questioned my competence, and I had incredible moments of feeling helpless. However, I realized very early on that the process would demand a great deal of reflection and self-awareness and therefore monitoring the counter-transference became vital in my processing of the therapy. A clear indication of counter-transference was that I would approach sessions with Anna with more enthusiasm and excitement than other sessions. Anna's resiliency inspired me and left me in awe and I think Anna was able to feel that and use it when she was unable to support herself.

The therapy became very special to me, as did the relationship. I cherished it and I cherished Anna, as if she was some part of my self. It was from the use of transference and counter-transference that the relationship strengthened and the trust grew. In the realization of these issues, the room was heavy and intense. We felt each other's desires and wishes and when the time was right we honored them as part of the journey and as a source of growth.

Throughout our time together, Anna and I worked to understand her defenses and to validate them as essential to her survival. Anna's idealization of her father, dissociation during cutting, suppression of emotions to protect her mother, and reaction formation in response to her feelings of loss and abandonment were closely examined in relation to her cutting. Each appeared to be related to her perceived lack of control and to her fear of expressing anger outwardly, which was most likely grounded in her fear of further loss and abandonment. Her cutting allowed her to take back some control while the dissociation appeared to distract her from the chaotic nature of the act of cutting. Through understanding each defense and validating their importance in relation to cutting, Anna was able to make meaning of her subjective experience. Through the fostering of the therapeutic relationship using the transference and counter-transference and humanistic theory, it appeared that Anna felt security and acceptance and was able to let her defenses down and reveal her fears, wishes and desires; the fear of expressing anger and being abandoned, the wish to be understood and validated, and the desire to be well.

Functions of Anna's Cutting

The self-harm literature suggests that cutting is a sort of re-enactment and functions to symbolically cut out of one's self what has been lost of traumatized (Connors, 1996; Hitchcock Scott, 1999; Suyemoto & MacDonald, 1995). Throughout the therapy Anna and I were able to understand her cutting as serving this function. I remember asking Anna if she realized that the pain was deeper than any cut she could make and she responded with "Of course I realize it but I'm not happy about it". Despite her ability to understand it on an intellectual level, Anna was indeed seeking to cut her pain out as it allowed her pain to feel more manageable and allowed her to feel some control over her past experience. Anna described her cutting as a very private and secretive act, one in which others could not possibly understand. It allowed her to keep others at bay and only those who really wanted to understand would be allowed in. This served as well as a mechanism of control, as she now closed her world off to others rather than allowing

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others the chance to abandon her as her father had. Through her writing she allowed her professor into her secretive world and through the therapeutic process she allowed me in.

As concurrent with the literature Anna's cutting also served the function of expressing her inner pain through self-harm. It gave meaning to her's felt experience and allow her a voice (Connors, 1996a; Favazza & Rosenthal, 1993; MacAniff Zila & Kiselica, 2001; Suyemoto & MacDonald, 1995; Hitchcock Scott, 1999; Crowe & Bunclark, 2000). Anna certainly found her voice through her self-harming behavior and was able to communicate her inability to regulate her emotions. In addition Anna was able to communicate that many inexpressible emotions existed beneath the surface. Through her physical scars, she was able to express the intensity of her inner pain.

As Anna's cutting almost always resulted in a dissociative state, it appears that some form of management function was being served. Anna dissociated to avoid emotional distress and, as with many people who dissociate, was often re-assured by seeing her own blood, as it was a sign that she was alive. Self-harm in the management of dissociative states may serve a tension reducing function, allowing one to cope with current life stressors without becoming overwhelmed. It may also serve a converse function in which it allows one to feel sensations, to feel alive, instead of numbness. For Anna, it likely served both functions as she cut to avoid anxiety and also to feel. Anna's dissociative states during cutting seemed to manage her numbness and anxiety so that the chaos inherent in the act of cutting was avoided and the fragility of her self was defended.

Throughout our therapeutic process, Anna and I were constantly mindful of her cutting as a meaningful relationship, as the meaningful relationship. Anna's realization of this fact combined with her realization of her ability to connect with others in a meaningful way may have helped to reduce her dependence on cutting as the meaningful relationship.

I understood Anna's cutting as complex and serving many functions. It allowed her to re-enact her subjective experience and gain some control over it and it allowed her to communicate her trauma to her self and others. It allowed her to express her inner pain externally, and to express her unconscious and conscious anger that was otherwise inexpressible. Self-harm allowed for the preservation of Anna's sense of self in that it helped to defend against the fragility of her self when she felt anxiety, it helped her to achieve emotional balance, and, when numb, it allowed her to reaffirm that she is alive. Anna's cutting also allowed her to dissociate to avoid emotional distress and manage uncontrollable external events.

Ultimately, self-harming behavior serves a variety of functions and leads to one being able to make meaning of loss or trauma. For those who self-harm, this behavior is absolutely necessary for purposes of self-preservation and self-regulation. In Anna's case, we were able to honor the necessary dependence on her cutting in order to survive. Through honoring this relationship we were able to make meaning of her cutting and of her history. Connors (1996a, p. 199) describes self-harming behavior as "a fundamentally adaptive and life-preserving coping mechanism." For Anna, self-harming behavior was a method of survival and a declaration of her will to live.

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8. CONCLUDING EVALUATION OF THE THERAPY'S PROCESS AND OUTCOME

As I reflect upon our time together, I am reminded of an Albert Camus quote "In the midst of winter, I finally realized that in me was an invincible summer." From the moment I met Anna I was able to see her will and desire to find her 'invincible summer'. As we worked together she began to give me her trust and I began to give her mine. We began to have faith in each other that we would both see this process through and that we were committed to growth. I commend Anna for coming back week after week and allowing me to challenge her all the while trusting that I would stay with her and not push her beyond her limits. As our relationship grew the opportunity for movement and revelation grew. As trust grew, Anna was able to feel safe and she was able let me into her inner world.

Anna and I spent a great deal of time trying to understand her defenses rather than trying to break them down. In doing so, we were able to find clarity and Anna's defenses slowly began to break apart on their own. Although Anna still relapses from time to time, her cutting and her need for cutting has significantly reduced since I met her. Her feeling of numbness occurs on rare occasions but has also reduced significantly throughout our work together. Her anxiety still persists however she is much more capable of regulating it and coping with it through her writing and other relationships. It is likely that Anna's cutting was a sort of meaningful relationship, which was consistent and reliable. Upon realizing the possibility of other meaningful relationships with me, her professors, and her friends, cutting became less and less necessary. In addition, through understanding her cutting and defenses on a deeper level, Anna was able to feel more control over and make meaning of her experience.

Her perception of her family dynamics, including her being parentified, her idealizing her father, and her suppressing her emotions to protect her mother, has likely been a trigger for her cutting and need to maintain control. It is probable that her need to make sense of the world through her parents' eyes led to Anna's loss of perceived control and increased anxiety at times. Anna and I began working together at a pivotal point as she, for the first time, was living away from both of her parents and was able to view the world from varied perspectives. By doing so and by being removed from her parents physically, Anna was able to look at her defenses more openly and understand them on a deeper, more independent level.

Her closer proximity to her mother however, in addition to her fear of being abandoned by her mother, likely explains her being more highly defended regarding her mother. I failed to recognize how guarded Anna was with her mother and instead I focused on her relationship with her father. A mistake on my part, due to my inexperience, which likely led to our missing out on a possibly rich area of exploration.

Ultimately throughout the therapy, Anna began to trust in others and subsequently began to believe in the power of her self. She began to express her pain in words and she began to speak her truth. All the while, Anna was able to reduce her cutting and reduce her anxiety.

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Elaine Scarry (1985, as cited in Miller, 2004) wrote, "Though indisputably real to the sufferer, it is, unless accompanied by visible body damage or a disease label, unreal to others" (p. 45). I am certain that Anna felt this and that, without physical damage, she herself had no way of knowing whether her pain was real. Once her suffering was validated and her pain was made real without cutting, her symptoms reduced and her cutting diminished. Perhaps, as Miller (2004) proposed, suffering is a "critical dimension of human experience" (p.54) and the mere acknowledgement of one's suffering is enough to make the difference. Anna's most important achievement was her ability to see her pain as real and her ability to see that she was not defined by it. She was able to see that 'Anna' was defined based on her successes rather than just her failures. She was able to acknowledge her courage and strength and see possibility for her future… a future free of cutting and full of hope.

Anna was my first client and will always be special to me. She not only defined herself during the process but she helped to define aspects of my self, both as a therapist and as a human being. My life and my life's work has been inspired by Anna and the relationship we formed. This process and the relationship that Anna and I formed allowed both of us to grow and to place our trust in others and in ourselves. It was a profound experience in which I learned to allow Anna to guide me and teach me and in which Anna learned to trust that I would keep her close and safe. I approached working with Anna with Andy's words in my heart "Our role is to hear it, so that meaning can be made of one's history". I listened with a full heart and Anna was able to make meaning of her history and find her invincible summer.

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Note: After the Panel of Inquiry described in Miller (2011) was completed, Podetz's masters thesis was reformatted and copyedited to meet the guidelines of a *PCSP* case study, and some of the broader literature review was shortened. Aside from these two differences, the substance of Podetz's 2008 and 2011a versions of the case study of Anna are identical.

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