

THE WOMAN WHO THOUGHT SHE WAS AN OCOTPUS

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The patient is a 38-year-old married woman who lives with her husband and her seven-year-old daughter. She entered therapy to work on the “lack of emotional and sexual intimacy” with her husband. At the start of this session, the patient reveals that her father left her and her three siblings when she was 8 years old. Her history is notable for the fact that her father left her and her 3 siblings when the patient was 8-years-old. She would see her father once a week, meetings that were fraught with feelings for her. In this opening portion of this session, the patient is talking about the weekly visits with her dad and the differences between what she felt and what she expressed.

PT: And then he comes, he takes us out to dinner, this local restaurant, and he doesn't eat. Because he's going to go home and eat with his wife. We live an hour and a half drive. SO we eat. I always had a stomachache. Always. And we talk. Chit chat, about school, whatever. I don't remember my brother being there very often, but I'm sure he went. And then he takes us home.

T: And what's the stomach ache about?

PT: I just felt tight, like this.

T: Any emotion with that?

PT: Anger and fear. Fear that any of my anger would come out. So hold it in, hold it in, hold it in. Act nice. If you act like you're having fun, or pleasant, or behave, he'll come back. And not only come back, but he'll be nice and pleasant. So you can control that if you act nice.

T: All the girls acted nice.

PT: I don't know. My middle sister, who he doesn't have any relationship with, she didn't. She had lots of tantrums, lots. She acted out all the time. Not in a particularly dangerous way, even later, she didn't get into drugs, run away, things like that. But she threw tantrums.

T: So by comparison, you were good.

PT: I think so.

T: Sure. Were you aware of that, of any competition, between yourself and your sister to get your father's attention and praise?

PT: I was aware that I looked good compared someone who's throwing herself on the floor in a scream. And I'm not. And that I say things like, Oh whatever restaurant's fine. Or, Oh sure I could find something on this menu. And she's like, I don't want to go there. I want to go to Del Taco! Oh yeah, I knew I looked real good. And my younger sister was invisible, she didn't even count. And that is exactly what she's—that's not what she's like—that's what she feels.

T: So your middle sister acted out what you felt, as well as what she felt.

PT: Definitely what she felt. I don't know if she acted out what I felt.

T: Well what were you feeling? Weren't you feeling anger?

PT: But I don't know if she was doing that for me.

T: No, I understand.

PT: And I'm saying, I don't want anything to do with that. That's that ugly horrible stuff. My middle sister had nightmares for years and years and years. Waking up in the middle of the night screaming. I could hear my mom jump out of bed, down the hall, into her bed and holding her. Every night that would happen I could hear that pattern. And I would lay in my bed thanking God that it wasn't me having those nightmares, and having to have my mom come to me. And then getting a little cocky and snotty, like, Oh, having another nightmare? Like very mean and snotty, But very grateful that it wasn't me. And now I think, when I just said that, knowing everything I know today, I was so happy mine wasn't coming out. I was just so happy and so scared that it would be me next. And she was doing it for everybody, for sure, doing it for the whole house. And she got labeled that. She was a difficult child.

T: Difficult. Because she was having all these emotions.

PT: Negative emotions.

The patient admits to carefully living her life so that she never lost control of her emotions, including not using alcohol or marijuana, even when her peers were doing so. She had an active sex life, but

she now sees that, while she wanted to have an orgasm, unconsciously she avoided having an orgasm so she stayed in control. She prides herself as “never getting lost,” even while driving.

PT: I'm kind of exhausted thinking of a whole life of being so... (Pause)

T: What came up for you?

PT: I'm just thinking about—

TH: What were you thinking specifically, “A whole life,” and then you got tearful.

PT: Just, how hard I've worked. How much I have to stay focused and not let some things in.

PT: That takes tremendous energy. Can you do a body scan? Tell me what's happening physically with you right now.

PT: I'm really tight here. I'm leaning in, protecting myself. My stomach hurts.

TH: Is it the same feeling you had as a kid, the same feeling?

PT: Well, I've had this stomach before, but I don't know if it's the same I had as a kid. But, as soon as I said, my stomach hurts, I thought, Oh, maybe there's some anger there?

TH: Well I'm wondering about the tearfulness.

PT: Well, those two could definitely be going hand in hand.

TH: I'm wondering if the tearfulness is about covering up the anger. You said, you worked so hard, but I wonder if there's anger about having to do that. As if other people were expecting that. I don't know.

PT: It would feel more like, not that other people are expecting that, but I'm so angry I did, that I did this for so long.

TH: See, it's a little bit disembodied, anger— anger at what, at who. What I noticed when you started to get tearful and said I worked so hard that's the reason I had a good life, I sort of felt you floating away. I could be totally wrong, but it felt a little bit disassociated the way you maintained eye contact, as if something were coming up you really didn't want to see. SO you became tearful rather than— I could be totally wrong, but that's what it looked like to me.

PT: I think so. Because when I go back over it, just how my body was feeling, and that I had a stomach ache, even though I felt sad, that's probably not all I was feeling. And when I took a deep breath I was thinking, 'Okay, so you're releasing some of this,' but I also feel it opens me up a little, and when I was like this (hunched over), I couldn't breathe, so like , let it come up.

TH: So let's look at what you said just before, I think this is right... and that thought triggered something. Sexually, you would be checking in on what they need, how much time do we have, and not focusing on yourself, your own feelings.

PT: And then I said, how hard I have to focus, and I was thinking, I don't know how to say it, but how much I missed out of life. (Tears)

TH: So now you're grieving that loss.

PT: That's what it felt like. But maybe that's covering up how angry I am.

The patient speaks of how empty her sexual experiences have been, for her and probably for her partners. The Therapist asks to give a specific example.

PT: Well it depends, if this is a new person.

T: What comes to mind, the first thought that comes to mind, first image, it doesn't really matter.

PT. Two thoughts came immediately, like Tucker, someone I'm with, and somebody I'm trying to...ummm...I'm trying for. So, they're very different. And the trying for is just continually, like external, continual... I don't even know what I'm feeling. I'm so happy, and everything is great—

T: That's what you're acting

PT: -- and I really don't know what I'm feeling. I wouldn't know if somebody asked. But I'm also aware that the relationship is going to continue, so I'm starting to think, Are you going to come back? Was this good enough. With Tucker, and with other men that I've been with however long enough for it to cross over, I don't feel that way. I feel...ummm.... I fell like I've gone up to, on a good occasion, I've gone up to the window, but not in. Like, so close and just something is... between us. A window, a veneer, a plastic, or something.

T. Okay, let's try not to make it so disembodied, because there's no plastic, there's no window, there's you. What is it that you're doing to keep that distance? How do you keep that distance, what's the experience?

PT. Well, sometimes I do that mental thing, like, think about something other than, what, be lost in...if I keep my mind thinking, then I don't get lost in it and I also don't feel the connection.

T. So what would happen, do you think, if you stopped that? You have fear of getting lost because something will happen. If you got lost, what would happen?

PT. Well the first thing that comes up for me is that, I wouldn't know what to do next.

T. As if you had to plan cerebrally what to do next? Is that what you're saying?

PT. No, as if, if you got lost on Wednesday night, what would you do Thursday morning, because you can't be lost on Thursday morning.

T. Let's stick with Wednesday night. If you go lost, what would happen at that point?

PT. At the moment, well, but that's what came up for me.

T. I understand, sure.

PT: That's one of the reasons I can't get lost.

T: But that's—

PT. That's one of the reasons.

T. But that's not the reason, that's what you *tell* yourself is the reason. I'd like to know what you think would happen to you if you got lost. It's a hypothetical question, or it's a little unfair, maybe, but you have fear of something. Would you disappear, would you turn into a pillar of salt? What image comes to mind when you think about it?

PT. That I would do something I was sorry about later.

T. I'd like to know what. It's very vague.

PT. Ummm... maybe not act well-behaved.

T: Again, it's so vague. You're so reluctant to tell me what it is. What are you feeling now?

PT. (She scratches her neck) Well... (She laughs.) I... I could feel very angry.

T. You could? It's not could. It's what you do feel; it's what you are feeling.

The patient's smile is an important clue from her unconscious. As David Malan has noted, "These smiles are complex and usually contain a mixture of components, serving both defensive and expressive functions.... [T]he patient's smile probably has the following components: (1) a recognition of one of [her] long-standing patterns, (2) the communication that some feeling, probably anger, has been touched off in [her]..., and (3) a way of covering this anger at the same time as revealing it."¹

PT. (Scratches her neck) I'm feeling angry... it's obvious?

T. Of course.

Pt. Why? Because I'm laughing?

T. That's one reason. But if I tell you, you'll become self-conscious. But I'll tell you. You started scratching.

PT: Oh. Okay.

T: People always start scratching–

PT: They do? Well, alright.

PT. I'm angry because you're saying it like I know but I'm not telling you.

T. I believe you do know. I believe you're putting up a wall right now.

PT. But even if that's true, I.. it implies that I know.

T. I'm saying you're resistant to looking at it. I think intuitively you know, consciously you don't know. What you're angry at is that I'm not taking your resistance as a final word. Because it's just resistance. Vague language...

PT: Like the olden days.

T: You said the olden days?

PT: Olden days.

T: Is this a golden oldie. But that's what's happening, isn't it?

PT: Yes.

T. Yeah, sure. So tell me what's going to happen if you loose yourself.

PT. I'm just going to be that ugly monster.

T. Tell me what that looks like. How do you see it?

In Becoming Attached, Robert Karen cites the following: “ ‘I have found it common,’ Hopkins (1992) observes, ‘for physically rejected children to dramatize or draw themselves as physically repellent or unstrokeable creatures, like tortoises, toads, crocodiles and hedgehogs.’ This sense of deformity degradation, or worthlessness is a central feature of shame.”² (Robert Karen, p. 239). So, rather than dismiss the patient’s image as a layer of defense against direct feeling, I decided to explore it as her reality.

I have since come to utilize this technique with other patients with good results. Children compartmentalize forbidden feelings not as abstractions but as concrete characters, literally characterizing them as monsters, witches, gnomes, and so on.

Another observations from Karen is also worth quoting: “The anxiously attached child may also feel, at some level, misshapen by his unwanted feelings. He is mistrustful, he is bitter, he is retaliatory, he is violent, and, perhaps, worst of all, he is very, very bad for harboring a secret hatred of his mother, a hatred for which in all like likelihood he has been made to feel guilty and monstrous

whenever he has dared to show it.” Processing repressed childhood anger only with the adult powers of abstraction may leave an important piece of work undone.

PT. Well, if we're talking about in a sexual situation, not just like—

T. We're talking about you having sex.

PT. Right. Well, it's just going to be ugly, ugly.

T. Can you tell me what it looks like?

PT. Well, it's...umm... It's like what you're afraid of when you have childbirth. It's like all your insides will come out, if you don't stay in control. And, it's that plus the exorcist, I mean all the stuff will come out of your mouth if you don't stay in control. And you won't remember to suck in your belly and raise your hips a certain way. You won't remember any of that. So you'll just be...be...umm (grimaces.) Just be awful. You'll be worthless.

T. And what would you do to Tucker if that happens?

PT. What would I do to him?

T. Yeah, if the ugly monster, the exorcist comes out, what happens... (Pause) As he gets close to you, as you allow him to get close to you and take away that plastic membrane.

PT. I'd hurt him.

T: Sure. What would you do?

PT. Well, I feel sometimes like biting him, and scratching him. Like, really scratching him hard, and... that's how I feel sexually. But I'm not even clued in that I'm angry. I just feel like angry. Just be rough. And...umm... kind of like violent sex.

T. So you prevent that closeness because you're afraid it will lead to violent sex? Is that the monster?

PT. That's partly it.

T: What's the other part?

PT: Well, I mean, that's concrete. The other part is that other stuff isn't about what I do to him, but what will become of me, when I said all of my insides will come and out and I'll be just this ameba. But not a passive ameba. Just--

T: Enveloping, destructive—

PT: This *octopus*-like thing. And then he will, of course what would he do? He'd leave. Of course he'd leave. Because that's horrible.

T. Now, saying this, what are you feeling?

PT. I... Well, when I was describing that scratching, I was really feeling angry and I feel shames.

T. You feel shame right now. Is that what you said. Can you tell me about that?

PT. Well, I fell like I'm sitting in judgment of it and feel like not a pleasant thing to be feeling and thinking and... um...

T. See, I think shame is one more level of resistance.

PT. I agree.

T. Yeah, so let's not go there.

PT. Especially when I think of the judgment, it's just—

T. Yeah, yeah. So, I'd like to pick up where you said that Tucker would leave you because he would see this... umm...that's your fear that if you allowed someone to get close to you they would leave you because they would see the monster.

PT. Well, that's part of it. And the other part is what the monster would do. I mean, part of it is what it looks like. And the other part is what it can do.

T. Destroy. Well let's go through it. Let the monster out. You have this vision. You and Tucker are having sex, you're losing control. What does the monster do?

PT. Umm....

T. You're losing control and the monster comes out. Now, you said scratching and biting, but that doesn't sound like a monster.

PT. Picks him up and throws him against the wall.

T. So, what position was he in? Lying on top of you?

PT. Yes.

T. So you push him off—

PT. Push him off of me and into the wall and I feel really, like, "Get off of me! Enough already!"

T. That's not the monster speaking, that's Allison speaking. Would a monster say, "Get off of me."

PT. Well Allison wouldn't.

T. Doe a monster talk like that? A minute ago you wanted to scratch him—

PT. Right. But you said, beyond that.

T. So you would push him say, "Get off of me," and that's it?

PT. Well, I wasn't done. I have to go over to him and see what he looks like.

T. Well, let's look at that again. Because, it didn't feel like the monster did that.

PT. What did it feel like?

T. It just felt like you. Like you getting him away, so you couldn't hurt him. Here he is, in your embrace, and now you've lost control. He's gotten so close to you, that you really have to destroy him. I don't believe that the monster, at that moment, who has this guy so close to her, is going to push him away. He could run. If a monster pushed me away, I'd be out of there lickety split.

PT. What if you're knocked unconscious?

T. Now let's look at what happens. You're having sex. He's touched that part of you and you've lost control. Now, here he is in your arms and like that you're a monster. What happens?

(Pause)

PT: I'm...

T. You left.

PT. (Softly) This is so scary.

T. You left. You totally disassociated.

PT. This is so scary.

T. I understand. Let's go with it. No one gets hurt. This is your mind's eye.

PT. (Tearful) I can't picture what's it like to have somebody that close.

(She begins to get weepy)

T. Now let's not go to the tears yet. Let's go to the monster who comes out, like that. The control is gone. It's the monster. What does the monster do?

PT. (Tearfully) The monster's an octopus. I take two of my leg/arm things and wrap them around his neck really tight, like that.

(She gestures with her hands, and continues to do so during the following.)

PT (Continued). And two around his waist, really tight, and then take his legs and break them apart. And he's screaming and he's turning red. And I'm just pulling tighter, and tighter and tighter. And he can't breath. And he's just mangled. His legs are just broken apart. And his arms are flailing so I take two more of my monster legs and I tie his arms up, and when squeeze hard enough, his body tears apart.

T. And blood...?

PT: Everywhere.

T: Are you still holding onto parts of his body with your legs?

PT. I start throwing the parts, throwing them all over. And I'm just lying there, big and fat and ugly. And, I'm making this really ugly noise.

T. Make it. I'd like to hear it.

PT. Arghh. Really guttural. It really stinks in that room, it just smells of blood and seaweed.

T. Are you lying on the bed now, have you gotten back.

PT. Yeah, but I'm sliming out of bed. Well, it could be me too, it might not be an octopus.

T. So what does the monster do? Part s of Tucker are scattered, the smell of blood, so what does the monster do?

PT. Is it me or the octopus?

T. What do you see? What do you do?

PT. I... I take this blood and I start smearing it everywhere, the walls and the carpet, everywhere. There are pieces of body I keep pushing onto the floor.

T. What do you see?

PT. I see his head.

T. Okay, tell me what you see.

PT. Just his head. Laying near the bed, blood alongside it.

T. Are his eyes open?

PT. Yes.

T. When you look at his eyes, what do you feel, what do you see?

PT. (Fighting back tears) I feel really sad.

T. Any anger come up?

PT. No. Just that feeling of wanting to do this for a really long time. But not knowing that I wanted to do it. But, like, laying in that bed and wanting to do it for a long time.

T. So when you look at your husband's eyes and you feel sad, is there anything you want to do to the scattered parts of his body. Are you finished?

PT. I am finished. I want to, I just hold his head, and sort of look down and just think, "What have I done here?"

T. What does that feel like?

PT. Well, it's a little bit, in a weird way, good. A little bit like, I saved myself.

T. So by destroying Tucker, you saved yourself.

PT. Because he was about to get there.

T. Any other feeling.

PT. Well, I'm kind of wondering... It's not a feeling, though. I feel sad, too, but right now I'm not feeling sad. I feel a little, like, What have I done, here? I had a chance and I blew it.

T. Are you feeling regrets? Is that what you're saying.

PT. Yeah, but I don't feel particularly bad or like I'm in trouble.

T. Good. (Pause) What are you thinking?

PT. That... (smiles) you said, what would happen if I lost control, and I said to myself, this would happen *before* I loose control.

T: Yes.

PT: Not *if* I lost control.

T. Yes.

PT. So that I *won't* lose control.

T. Perfect. So the monster comes out to defend against that loss of control. Good. Let's go back now.

(Pt laughs)

T. Let's go back and see what happens if you loose control. If you let yourself loose control. If the monster is no longer there, what would happen?

Pt. I'm thinking, how do I relate to this?

T. How do you relate to it? Tell me.

PT. Well I'm scanning my little brain for something in my head that's the closest thing I could come with to that feeling of losing control.

T. We know that the monster comes out when Tucker gets close to you. Now, you've kept the monster in check because you've never let him get close enough. Right? Then you said, you realize the monster is not because you lost control; it's there to prevent you from losing control. So what's beneath the monster?

(Pause)

PT. I... I... there's this feeling I have that is.... like floating.

T: Right now you're feeling that?

PT: No. And I'm really happy, and I'm floating, and I'm not thinking. And ...

T: Are saying, that's the thing beneath the monster? So if Tucker got in touch with that, if you let someone close enough to see you happy and floating--

PT. No, if I got in touch with that, with Tucker there--

T. Yeah, what would happen?

PT. I just think the answer to that question is, he'd want it again tomorrow night. That's what I meant by, well what happens the next day, that an expectation, or--

T. It's just more resistance.

PT. I know.

T. It's more resistance. We don't need to go there. It's not even a thought. It's just one more resistance. It's not real. I know you feel it's real, but it's just resistance. That's not real. I know what you're feeling is real, but it's just resistance. You're laughing. What are you laughing at?

PT. The way you say it is very cute. I'm laughing because I agree.

The Patient returns the next week. She reports significant changes in her relationship to her husband and her daughter.

PT: Over the week, whatever nights we had sex—it's so embarrassing—afterwards he said, "I felt you let me closer than you ever have." I wanted to cry. It didn't take any effort at all. Well, actually, I should say that's not exactly true. It took a little effort. I was concentrating on letting that happen. So when things normally take me away from the situation I would say, "It's okay, it's okay to be here, you're okay." So it did take a little work.

TH: Right, it is work. But you didn't want to flee; you didn't want to push him away.

PT: No, I didn't want to do any of that. A little—I don't call it fleeing, um, but, yeah, that's what I do. But in the past it's really based in anger. But this time I'm seeing it's really based on fear, and habit.

TH: The anger is about someone getting close to you. And when you processed the monster—I recall it very vividly—you pushed him away, that's your first urge, but it's not about pushing away, it's about destroying someone who's trying to get close to you.

PT: Right, and when you said, "What would happen if he did, what would happen? We'll deal with this later." I didn't think about it all week, but when we were having sex, that kind of came up to me. I mean, "Really Allison, think about this." Another interesting thing happened. Kate has really escalated in her anger. Tucker and I have both really worried about it. And one of the things I thought was, as anger is lessened in the household is she pulling for it to come out more, because that's what she's been familiar with for a year and more. So she's just pushing in a way that's so amazing to watch. One scene I had with her this week she was like this, gnarling her teeth, and I'm just kind of holding her and trying to get her in her room. And she's like holding the wall. So she threw herself down on the floor and I was down on the floor with her, and I said, "I just got to tell you, I don't know if this is true for you, but I have a monster in *me* that gets that angry at you sometimes, and at daddy sometimes, and I feel that if I let it out, you're not going to love me anymore. And I don't know if you feel that, but that's what you look like." And she was just sobbing and sobbing. I never could have said that before. I would have said (very controlled): "You look really angry to me right now." Very distanced from what was happening. And Tucker said the last time she had with her she was gnarling her teeth and trying to get at him. And I said to Tucker, "You know, she has hat we have. She's half our size and she doesn't have any words for it. And we're in therapy trying to figure it out. She's just filled with it. She

doesn't have as much baggage. It's there. So it's kind of interesting to watch her pull for that. I think she's trying to pull for my old behavior.

TH: It could be. Kids are naturally—they want the same.

PT: Yeah. No one explained to her that things are changing. Well I did. I said, "Some things are changing around here. Like, I'm not afraid of you anymore. So, I'm going to tell you No, and you're going to have a fit, and that's really okay with me." She doesn't like that at all. Doesn't like that.

TH: See, I'm willing to bet... I don't know her; well I don't know enough about children. Basically, it's a whole other field. But my sense is that children train their parents in very subtle ways. You probably give in to her anger, even without realizing it, and if that's not happening anymore, she will escalate.

PT: Right.

TH: Not from any malice, but that's the game that's been played.

PT: And when you just said that, it occurred to me that I would be afraid of her anger, because I don't want her to go to the place I never wanted to go to. So, I'm going to give it. I say, on the surface, that it's so she doesn't feel...you know... but I don't want her to have to go there because It's my place and I don't want to go to. But now, if I'm on my way, or if I've already gone, it's okay for her to go there. It's not only okay, it's awesome, because now she won't have to hide it for forty years.

END

¹ Malan, D. 1986. Beyond Interpretation: Initial Evaluation and Technique in Short-Term Dynamic Psychotherapy. Part I. *Int. J. Short-Term Psychother.* 1, 59-82

² Karen, R. *Becoming Attached*, p.239