

Chapter 4

Voice Therapy

The voice process becomes an autonomous but alien governor of the mind, a ghostly and ghastly inner officialdom that runs almost every aspect of our lives. It gives an illusion of security but we do not so much live as are lived by the voice process.

Chris Marrant (2003), Review of *Creating a Life of Meaning and Compassion*

Separation Theory

The theoretical approach underlying Voice Therapy is referred to as Separation Theory because it focuses on breaking with destructive fantasy bonds and parental introjects, thereby facilitating movement toward individuation (Firestone, 1997a). Separation, as conceptualized here, is different from isolation or withdrawal; rather, it involves the preservation of a strong identity and distinct boundaries while simultaneously maintaining close relationships with others. In contrast, the undifferentiated individual lives an inward existence characterized by imagined fusion with another or others that necessarily limits his/her capacity for self-expression and self-fulfillment.

Separation Theory is a broadly based, coherent system of concepts and hypotheses that integrates psychoanalytic and existential systems of thought (Note 1). As noted, the conceptual model explains how early interpersonal pain and separation anxiety lead to the formation of defenses, and how these defenses are reinforced and elaborated when the child becomes aware of his or her personal mortality. Psychoanalysts or object relations theorists have described the impact of interpersonal trauma on both children and adults, whereas existentialist psychologists have explored issues of being and nonbeing

(Firestone & Catlett, 2009a). Neither theoretical approach deals sufficiently with the fundamental concerns of the other, and to neglect or minimize either one imposes certain limitations on our knowledge of human behavior. Both theoretical frameworks need to be recognized in order to fully understand the forces within people that are opposed to their ongoing development and movement toward individuation (Note 2). In describing the basic tenets of Separation Theory, Beutler (1997) wrote:

This approach is integrative even beyond the blending of the psychoanalytic and existential views.... Its ties to existentialism and humanism are in its acceptance of the viability of the emerging “self,” its observation of the preoccupation of humans with death, its assertion that people must transcend the desires for immediate gratification, and its view that there is an inevitable drive of the organism to become a differentiated system. (p. xiv)

History of the Development of Voice Therapy

No treatment could do any good until I understood the voice and saw that it was running me, that I was an automaton.... I feel as if I’ve been reprieved from a lifelong sentence.

From a patient’s journal, *The Real Self*, James Masterson (1985, p. 68)

Voice Therapy is a cognitive/affective/behavioral methodology that brings internalized destructive thought processes to consciousness with accompanying affect in a dialogue format such that an individual can confront the alien components in his/her personality (Note 3). In the process of giving language or spoken words to thoughts and attitudes that are at the core of people’s maladaptive behavior, Voice Therapy techniques expose fantasies of fusion, critical attitudes toward self and others, and addictive, self-limiting patterns of behavior that interfere with their movement toward autonomy and independence.

The first author's (R. Firestone) life's work has focused on the study of resistance in psychotherapy and people's fundamental resistance to a "better life." I was searching for an explanation as to why most individuals, despite emotional catharsis and intellectual insight, still hold on to familiar, destructive patterns and seem unwilling to change on a deep character level. On the basis of my observations of individuals in both clinical and nonclinical populations, I hypothesized that most people reject, manipulate, or control their environment in order to avoid personal interactions that would contradict and/or disprove their early conception of reality. They "tend to cling to childhood labels which seem to be branded: the clever one, the stupid one, the beauty, plain Jane, the troublemaker, and so on" (Morrant & Catlett, 2008, pp. 354).

During the early 1970s, while conducting group therapy sessions, I became interested in the emotional pain that people experienced when they received certain kinds of feedback. Initially, I thought the old adage "the truth hurts" was the explanation for these reactions. However, I noticed that even when the criticism or negative feedback was inaccurate, there were many times when it would still have a painful effect. Investigating further, I found that most people judged themselves in ways that were not only distorted, but were often harsh and self-critical. Any external criticism that confirmed a person's negative internal views of him/herself would tend to trigger a self-hating thought process. My associates and I thought it would be worthwhile to explore this phenomenon further by investigating self-critical thinking and the kinds of events that aroused this self-attacking process (Firestone, 1988).

When individuals began to verbalize their destructive thoughts, it quickly became apparent that it was not so much the external criticism or unpleasant incidents in their lives that were causing them distress; instead, it was more what they were telling themselves about the incidents. It was their voice's interpretation of the feedback or situation that was making them feel bad. Participants became aware that many of their

personal interactions were being filtered through the distorted lens of the voice process, which gave their interpersonal communications a negative emotional loading. This helped them to understand why they then sometimes responded in a manner that hurt their loved ones or pushed them away.

Since 1977, we have conducted more structured investigations of the voice. As noted in Chapter 3, when participants expressed their self-attacks, they often blurted out malicious statements against themselves in powerful language and with strong, angry affect. We were surprised by the intensity of the aggression that accompanied these outbursts, and it indicated the depth and pervasiveness of the voice process within the personality. We also observed that notable changes often occurred in individuals' physical appearance and expression while they were verbalizing their voice. At times, people adopted postures and mannerisms that were uncharacteristic of their own style of relating. Frequently, they assumed speech patterns, colloquialisms, and regional accents which were similar to those of their parents, often the parent of the same sex. It was as though the parental figures were living inside the person and could be brought out by this method.

We learned that when the voice predominates over more rational thought processes, a person is generally cut off from feelings and is more likely to manifest toxic traits and behaviors in personal interactions. When people view events from the negative perspective of the voice, they respond differently than when they are "themselves" or closer to their feelings. When they are in the negative state, they are usually acting out their most undesirable characteristics. In describing this, R. D. Laing (1960) noted, "Someone else's personality seems to 'possess' him [the individual] and to be finding expression through his words and actions, whereas the individual's own personality is temporarily 'lost' or 'gone'" (p. 62).

When we began utilizing Voice Therapy methods in our psychotherapy practices, we observed that as our clients used the dialogue format to verbalize their self-attacks, they gained clarity and insight and were able to understand the connection between their destructive voices and the harmful behavior patterns that resulted. Therefore, they were better able to identify and control the negative manifestations in their personalities. In addition, by expressing the emotions associated with their destructive thought patterns, participants were able to relinquish deeply held misconceptions of self, allowing them to experience increased feelings of compassion for themselves (Firestone, 1997a).

Voice Therapy Applied to the Process of Differentiation

Following our initial investigations, we became interested in expanding the methods of Voice Therapy to facilitate the process of differentiation. The techniques directly access the damaging point of view of the internalized parent and further the differentiation process.

Steps in the Therapeutic Process

The steps in Voice Therapy as applied to the process of differentiation include:

(1) Identifying the maladaptive point of view incorporated from the parent during childhood, giving words to the hostile voice attacks on self and others, and releasing the associated affect;

(2) Identifying the sources of the voice in the family background;

(3) Answering back to the incorporated alien point of view and to the attacks on self and others. There are two aspects of the answering back process: (a) countering each charge by answering back with strength, anger, and emotion; and (b) offering a rational and realistic evaluation of one's actual point of view.

(4) Understanding the impact of the destructive thoughts or voices on present-day behavior, therapeutic goals, and the desire to change;

(5) Challenging the negative traits and behaviors that reflect the internalized parental point of view by collaborating with the therapist in the planning and implementation of corrective suggestions. These suggestions are directed toward taking action against the dictates of the voice by both eliminating destructive habit patterns and initiating positive steps toward attaining one's goals and priorities in life. Often when an individual challenges the critical voice by answering back or taking action, there is a temporary increase in voice attacks or "rebuttals" that must be dealt with as the therapy progresses. In addition, clients tend to experience varying degrees of anxiety as they alter the aversive behaviors and traits they internalized under stressful conditions during their formative years.

The above steps are not necessarily discrete or undertaken in the order delineated here. Usually it is necessary to go through them a number of times because it takes patience and dedication to change well-established defensive patterns. It is important to alert clients to the anxiety that arises at crucial points in the therapy. They must not only learn to deal with the guilt and anxiety of separating from the voice, but must take the necessary risks involved in self-actualization. "Only by coping with the anxiety generated by positive changes can a person hold on to the psychological territory he or she has gained" (Firestone, 1997a, p. 193). The process tends to be repetitive rather than linear and there are ups and downs in the therapy, but overall, there is a movement toward progress.

In the following pages, we will utilize two case histories to elucidate the specific steps in the methodology of Voice Therapy, describe the results, and discuss the typical resistances encountered in this form of psychotherapy.

Case Study: Brad

Brad, 47, was a business executive who had enjoyed considerable success in his career. At the time that he entered therapy, he had a pronounced tendency to be driven in

his work and could be considered a workaholic. Brad had difficulty expressing his feelings and was often overly intellectual and analytical in his personal interactions. In a more relaxed state, he was friendly and had a good sense of humor. Divorced after several years of marriage, he tended to be mistrustful of women.

In general, he had become increasingly sedentary and passive in his life. He had in effect given up his friendships because of working for inordinately long hours and, as a result, was somewhat isolated and depressed. Brad was gradually losing confidence in himself, and retreating from his position of leadership in his business. He had begun to notice that he was behaving in a domineering and vain manner at work, which reminded him of certain qualities in his father that he found particularly objectionable. Recently he had been careless with his personal finances and, like his father, had gotten into debt. At this point, Brad sought psychological help. He was determined to overcome these increasing manifestations of his negative identification with his father and to regain the ground he had lost in both his personal and professional life.

Family History

An only child, Brad was raised by a narcissistic, intrusive mother, who built up his vanity and lived through his accomplishments. As an adult, he was deeply humiliated on numerous occasions by her intrusiveness and extravagant praise. For example, when Brad was made CEO, she appeared uninvited at a company dinner and loudly praised his business acumen to everyone within earshot. Even though he distanced himself from his mother, his fear of her gave her considerable power over his life. Brad went so far as to never answer his phone at home, instead always letting it go to voicemail, for fear that his mother might be on the other end of the line.

Brad's father, on the other hand, was hypercritical of his son and constantly ran him down. A bitter, cynical man, he rationalized his sadistic behavior by saying it was his attempt to counteract his wife's coddling influence over his son. Brad's father claimed

that he wanted “to keep her from turning the boy into a sissy.” He treated Brad with disdain, depreciated his successes, and was harsh and verbally abusive.

Both of Brad’s parents suffered from chronic illnesses throughout his childhood and, during their long stays in the hospital, Brad was left on his own to care for himself. At one point, his father was so debilitated by recurrent sickness that he was forced into bankruptcy. When his father wasn’t ill, he worked long hours and had no friends or social life.

Voice Therapy

In this case study, we will illustrate the steps in Brad’s Voice Therapy sessions, using excerpts from selected tape recordings to demonstrate how he progressed over the course of the treatment.

Step 1: Identifying the maladaptive point of view incorporated from the parent, expressing the hostile voice attacks on self and others, and releasing the associated affect: In this step, we suggest that client verbalize the maladaptive point of view of one or the other parent as though the parent were directly addressing them. The process of articulating the thought content of one’s self-attacks in the second person format brings powerful feelings of anger and sadness to the surface, where they can be fully experienced and expressed. We encourage the expression of feeling with statements like, “Try to say that with more feeling,” “Say it louder,” “Say it the way you hear it in your head.” This release of feeling facilitates the process of separating one’s own point of view from the hostile thought patterns that make up the incorporated alien point of view toward oneself (Firestone, 1988, p. 205). The authors’ emphasis on the affective component in Voice Therapy is congenial with the psychotherapeutic practice of a number of other clinicians who recognize that accessing clients’ emotions is a key element in an effective treatment program (see J. Beck, 1995 and L. Greenberg, Rice, and Elliot (1993) (Note 4).

In his early sessions, Brad formulated the problem areas he wished to address and the behaviors he wanted to change. One of the first actions he decided to challenge was his tendency to work at the expense of his personal and social life.

Brad: I've always seen myself as a loser. I think that's why I have been so desperately focused on making money. It would finally prove that I'm not a loser.

Dr. R. Firestone: Try to verbalize the attack that you're a loser as though someone else were talking to you. Start off by saying, "You're a loser" and go on from there.

Brad: *"You're a loser; you're such a loser! You can't do anything right. You are a lazy, good-for-nothing! You're a failure!"* Anytime I have a success, I think it's just that I was lucky.

Dr. R. Firestone: Say that as a voice attack.

Brad: *"You were just lucky this time. It's not because of anything that you did. You're still a loser; you'll always be a loser!"*

Dr. R. Firestone: Where do you think those attacks come from?

Brad: That's an easy question to answer: from my father. It was obvious from as early as I can remember that he thought that I was a nothing. He was constantly making degrading comments about me. He would call me a lazy, good for nothing, little shit.

Dr. R. Firestone: Try to express the way he felt about you as voice.

Brad: Okay, let's see. It would be like, *"You are nothing but a little shit! You are a lazy good-for-nothing. You think you can be somebody? Well, you can't! You think you are worth something? Well, you're not! You think you can be a success in life. Forget it!"*

Dr. R. Firestone: Keep going...

Brad: *“You think you are so great? You think you can be better than me? Well, you can’t! You’re just like me! You’re no different from me. You’re no better than me!”* (long pause, sad expression.)

My father thought of himself as a failure, and he thought that way about me. He saw me as worthless and a failure just like him.

Dr. R. Firestone: He projected his doubts about himself and his own shortcomings onto you.

Brad: Exactly. When I think more about those particular voice attacks, I realize that my mother had those same hostile, degrading thoughts about my father. That was the point of view that I picked up in my family: that men are fuck-ups. My mother and father both thought of my father as nothing but a failure, that he couldn’t make any real money, that he would never be a success, that he couldn’t do anything right. I identified with the attack on my father, and felt like I was a fuck-up, too.

Dr. R. Firestone: What voice attacks would be coming from your mother?

Brad: Those are easy; she actually said those out loud. *“Look at your father! He is such a failure. He can’t do anything right. His whole life he has been a failure and an embarrassment to me. He’s supposed to take care of me and make me proud. But he has always failed me. You’re better, you could be the one, you’re special. You’ve got to succeed and make me proud.”*

Step 2: Identifying the sources of the voice in the family background: In this step, clients discuss their spontaneous insights and analyze their reactions to verbalizing the voice. One advantage of Voice Therapy is that clients rapidly achieve their own insights and draw their own conclusions from saying the voice and formulate their own ideas about the origins of their distorted views and attitudes. The lack of interpretation on the part of the therapist reduces transference reactions, establishes a feeling of equality

between client and therapist, and tends to place the responsibility on the client to work through the material that has been uncovered.

After verbalizing his parents' points of view toward him, especially his father's attitudes, Brad gained insight into one of the reasons he had retreated from a position of leadership.

Brad: You know, I'm beginning to see that when I became more successful, at a certain point, I started to become more like him. This is so clear to me now. This is especially apparent in the financial problems I started having. I never had those kinds of problems before; that had been a particularly easy area for me. It's like I began to sabotage my success. It was like I was too guilty to be that much more successful than him.

Brad recognized that surpassing his father in the business world had symbolized separating from him. However, after he achieved significant success, he was too fearful and guilty to maintain his separateness and he reverted to defensive behaviors that emulated his father's lifestyle and way of doing business.

Step 3: Answering back to the alien/incorporated point of view and to the attacks on self and others: There are two possible components to this step. Each component can be used on its own, or along with the other, to facilitate further differentiation. Clients can deal with a particular voice attack by responding emotionally and angrily. They can also put into words a rational or realistic appraisal of their point of view and their behaviors from an adult ego state.

Sometimes clients answer back to the voice and challenge it directly as though they were addressing an actual person. Because people tend to attribute their voice attacks to specific parental figures who were hurtful to them, they often find themselves talking directly to their parents in a form of psychodrama (Firestone, 1988). These expressions tend to be intensely angry and may reflect the reactive rage of a child against

a parent, whereas rational statements about oneself reflect a more adult or mature posture. This is not to say that a client's answer to the voice spoken from the *adult mode* will not contain strong anger and outrage at the abuses suffered in growing up (Note 5).

After answering back to the voice, clients then objectively evaluate any element of truth in the self-attack, without being harsh or judgmental toward themselves, so that they can formulate a realistic plan of action to change destructive behavior patterns or negative traits.

Subsequent to expressing his parents' demeaning attitudes toward him, Brad was aware of a strong urge to contradict their distorted views.

Dr. R. Firestone: How would you answer back?

Brad: First of all, in response to my father's attacks I would simply say, "*You are wrong about me. I'm not what you say I am. You don't even know me. I am hard working; I have been working since I was 14 years old. I am certainly not lazy. And I am not a failure or a loser. You are the failure; not me. Don't put that on me; that's how you felt about yourself. Those attacks have nothing to do with me.*" My response to my mother feels angrier. I felt a lot of pressure from her to perform and I felt like I could never measure up. "*I'm not interested in what you have to say about my father or about men in general. You were a bitter, victimized, childish woman. In your inflated, egotistical view of yourself, no man was good enough for you. I'm not here for you. I have my own life. Fuck you.*"

[loud, angry voice]

Step 4: Understanding the impact of the destructive thoughts on present-day behavior, therapeutic goals, and the desire to change: In this step, clients become cognizant of how the internalized parental views and self-attacks impact their current behavior and impose limitations on their lives. In answering back to his father's attacks, and in particular, after expressing anger at his mother's build-up and exploitation, Brad

gained considerable insight into why he had always felt under such pressure to work compulsively to achieve success. Trying to fulfill his mother's exaggerated expectations was a way to compensate for feelings of inadequacy and low self-esteem brought about by father's criticality. Brad's new understanding regarding the factors involved in his regression also provided the impetus he needed to want to change the undesirable behaviors and traits in himself that were similar to those his father had exhibited.

Step 5: Collaborating with the therapist to change behaviors through the planning and implementation of corrective suggestions: Because the methods of Voice Therapy challenge core defenses and one's basic self-concept, the process of initiating behavioral changes that expand one's boundaries exposes many misconceptions about oneself. It leads to differentiation from the imitation of parents' destructive traits and behaviors and is a vital part of our overall treatment plan (Firestone, 1988). Corrective suggestions bear a direct relationship to the maladaptive behavior patterns that are influenced and controlled by the client's voices. They act as a catalyst to help clients approach new and unfamiliar situations in a more open and less defended manner.

There are two approaches to corrective suggestions: (1) relinquishing addictive, self-defeating, self-destructive behaviors and lifestyles along with altering personality traits mediated by the voice and (2) taking emotional risks by initiating positive actions that are potentially more satisfying and fulfilling.

After countering his father's view of him as lazy and achieving insight into the reasons he had felt so driven in business, Brad outlined a plan designed to break into his compulsive work pattern. He began by taking one day off from work each week to relax and socialize with friends. This change in routine precipitated considerable anxiety and triggered new voice attacks, which he dealt with in his therapy sessions.

In general, when a corrective suggestion is implemented, anxiety is aroused because taking constructive action disrupts defenses that were once survival mechanisms

that provided a sense of safety and security. Nevertheless, when people maintain the new behavior and resist reverting to the old patterns, their self-attacks gradually diminish.

Subsequent Sessions

Using Voice Therapy to address his tendency to be miserable--Step 1:

Brad: The other day, it occurred to me that I wasn't miserable about anything. Not that everything is okay, you know, with my financial situation being what it is, but I actually felt happy. Then by the next morning I was feeling down, and so I knew I must be attacking myself. My father was never happy. He was always miserable and I wondered what he would have said about my life today or about the fact that I wasn't miserable that day. I think it would go something like this: *"So you think you can be free from misery for a couple of days? Believe me, you can't. You're going to be miserable soon enough! Let me tell you something about life: it's fucked!"*

That voice from my father is quick to come into my mind. And the word "miserable" is key because that's the word my father often used to describe how he felt. *"My life was miserable! I had to stay with your mother for years, and for your sake. I was stuck with her and I was stuck with you, you miserable kid! I had no life because of you. I had no fucking life. And you know something, that's the way life is!"* [angry, yelling, then a long pause]

Dr. R. Firestone: You're saying that the basic belief that you've been carrying around with you is your father's idea that life is miserable. You also said that your father blamed you for his misery.

Brad: Yeah, and he constantly complained about how stuck he felt and he made sarcastic remarks about me being able to get out and go places.

Dr. R. Firestone: How did those go?

Brad: They were like: *"It must be nice to have no worries or responsibilities; to be free to just run around and have a good time. You certainly have it made, don't you. You*

don't have a care in the world. For you, life is just about running around with your friends. Who do you think you are anyway? You're just a spoiled kid. You were always spoiled. And you aren't any different in your life today."

Step 2:

Brad: You know, I'm beginning to notice how easy it is for me to find things to be miserable about. But it's really his attitude that makes me look at life that way. I realize how deep-seated those voices about life being miserable really are. It isn't just a passing thought. I think that's another way I've imitated my father's negative views about life. Without realizing it, I became miserable and depressed, and pulled away from my friends.

Step 3:

Dr. R. Firestone: What would you say back to the voices you verbalized?

Brad: [Angrily] *Don't you tell me what life is about. Just because you made a miserable life for yourself doesn't mean that is the way life is. And it certainly doesn't mean that I have to live my life that way. I'm happy! I have friends! I enjoy my life!*

In a more rational way, I would answer back by saying: My life is not at all like yours. I am basically happy. I enjoy my work. I've become more active again and I enjoy sports. And I have friends in my life who I care about and who care about me.

Step 4:

Dr. R. Firestone: What effect do these voices have on your everyday life?

Brad: I believe that my father's prescription for life still influences me in subtle ways I am just now beginning to wake up to. It's not only my mood, but it's also the activities I choose to be involved in, actually the lack of activities. By not challenging that point of view, I actually thought that I preferred doing things alone, but that's not really me.

Step 5:

Brad: So I've actually decided: I'm not going to be miserable. Whenever I catch myself starting to get miserable, I am going to stop and look for the voices that are behind that feeling. Because I know that it's not coming from me. That's the way he felt about life; that's not how I feel. Also, I plan to be more active in pursuing my social life, spending more time with my friends, which is really my choice.

Using Voice Therapy to address his issues with his mother--Step 1:

Brad: I was thinking more about the voices I have, and I am really aware that they come from both sides. I've looked into the ones that come from my father; you know the ones like "*You're a piece of shit! You're not a man! You're a failure and everybody can see it. You're nothing.*" Looking at the voices from my father has really helped me to be free of his attacks on me.

But I know I haven't fully investigated the voices that come from my mother. I've talked about how she gave me a huge buildup. My God, she acted as though I could walk on water. Those voices are the ones that are behind my vanity: "*You're so great! They don't understand how great you are. How really great you are! You're just brilliant. I always said you could be anything; you could be president of the United States!*" But I have a feeling that on a deeper level, there are more attacks and that I've been scared to look into them. I think they have to do with my sexuality and me being a man.

Dr. R. Firestone: Are you aware of how they might go?

Brad: All I can think of right now is this one thought: "*You're so cute. You're so cute.*" There's more to it: "*You're not like the other boys. You're not disgusting like they are. You're so cute!*" That keeps going over and over in my mind. It's embarrassing, and I'm also afraid of those thoughts.

Dr. R. Firestone: Keep going with them...

Brad: "*You're just the way I like you! So sweet, so cute; just like a little girl. You're my little boy. Not a disgusting man! You're all for me. You don't have anything masculine*

about you. My little angel; all mine. You're part of me. You belong to me! Don't you see that? I've got you. I got you! [voice gets louder, face grimaces] *You're my little girl! You're not a man. Men are horrible!" Aaaugh!* [sounds indicating disgust, then deep crying, followed by a long silence]

Step 2:

I've always been afraid of those voices. The whole time I was growing up, I was afraid that I was going to turn out to be homosexual. I was sure that I was going to be effeminate and gay. It was always a worry of mine and even though I never had any homosexual feelings or indications of being gay, I always felt that that's what I was destined to become. And the whole thing was supported by my father calling me a "mama's boy."

Sometimes the things that my mother and father said to me became my own voices. But also the way they looked at me and the way they acted toward me turned into voices. My mother's voices about me also imply that she was humiliated because I could never be the kind of person she wanted me to be, because I could never be great enough. Nothing would do the trick; nothing would satisfy her. That's one of the reasons I've always felt inadequate. I realize that during the time I was doing badly in business, I was also acting vain and officious, trying to cover over my feelings of failure and inadequacy.

Step 3:

I'd like to answer back to those voices, "I'm not a girl. I'm a man. I'm not cute and sweet. I'm not weak! I am strong and masculine. And there is nothing wrong with that! Being strong doesn't make me horrible. Being a man doesn't make me horrible. I'm a decent person. I have feelings. Just because I'm a man, it doesn't mean that I don't have feelings. I do! I'm not horrible."

I started feeling shaky, feeling my own anger. I can almost see her in front of me and I felt like I could kill her. I feel strongly that her treatment of me was vicious and inexcusable.

Dr. R. Firestone: Keep going with it...

Brad: *"I am so angry I feel like I could kill you, you vicious bitch! That is no way to treat a boy. You tried to emasculate me. You wanted to castrate me! Well, it didn't work! I am a man. And I stood by while you ran down my father! And he stood by while you emasculated me. Well, no more! I am not going to listen to you and your disgusting views of men anymore. You are a destructive, man-hating bitch. I am done with you!"*

That felt so good. It felt so good saying those things. I feel like I finally stood up to her. I did something that my father never did; not for me or for himself. What a relief.

Facing his rage toward his mother, answering back to her point of view about him, and describing his insights about her treatment of him strengthened Brad's identity and helped dispel his doubts about himself as a man. As a result, it became easier for him to again assume leadership in the work arena and, in his personal life, he became increasingly open and trusting in relating to women.

Using Voice Therapy to address his feelings about being labeled 'cold and heartless':

As his therapy progressed, Brad came to understand how his parents' illnesses and repeated hospitalizations contributed to his adopting an inward, pseudo-independent orientation, shutting down his feelings, and becoming increasingly isolated from his peers. He recalled that as a child, when he wasn't working his paper route, he would lock himself in his room and read for hours. He recognized that being passive and seeking solitude were core defenses that had been powerfully reinforced by his parents' extreme unsociability.

At one point, approximately a year after Brad entered therapy, his father died. Although it was not unexpected, Brad was nonetheless shaken, and experienced a combination of sadness, guilt, and anxiety. He felt a strong pull to retreat to his former passivity and withdraw from his friends, but struggled against these regressive tendencies. After several weeks, he again began to explore memories of his childhood.

Step 1:

Brad: When I look at my childhood, and all of the craziness that went on between my parents and then add to that their illnesses and then add to that the ways they each related to me, when I look at all of that, I think it's no wonder I withdrew into myself. And then both of my parents reacted to my withdrawal by accusing me of being "cold and heartless." They said that I was devoid of feeling; that I didn't care about them; that I was not capable of loving anybody. They would always say, "Oh that Brad; he's just cold and heartless." And do you know, I believed them.

Dr. R. Firestone: What are the voices that go along with that way of seeing you?

Brad: Like I said, "*You're just cold and heartless. You can't love anyone. You have no feelings. You aren't even human. You don't care about anybody. You're not even from this planet. You don't feel anything toward anybody.*"

Step 2:

Brad: The sad thing is that because of the way they acted, I thought of myself as "cold and heartless" for years, and I acted on that. In a way it always felt more natural to me to be "cold and heartless" than to think I could have feelings toward people. For a long time, I acted like I didn't have human emotions. I wasn't sociable or friendly with people; I wasn't fun or affectionate with friends.

Step 3:

Dr. R. Firestone: How would you answer back to those attacks?

Brad: *“I am human. I do feel. I feel a lot. And I care a lot. And I have deep feelings. I feel sadness and pain; not just mine but other people’s, too. And besides that, I act as though I care. I am kind and friendly to people. I’m not an alien. I’m tired of feeling like I’m looking in from the outside, looking at humanity from the outside. I’m not any different from anybody else.”* [sad, quiet]

Step 4:

Dr. R. Firestone: How have those voices affected your behavior since your father died?

Brad: I think that my father dying was really a final separation from him. It was the end of any hope I had that he might someday see me for who I really am. Also I felt even more guilty about surviving him than I had about surpassing him in business. I felt anxious and disoriented, and basically I began conforming again to what my parents, especially my father, thought about me. The truth is that in not being sociable and friendly, I was acting more like them. While my father was alive, he had no friends, only business associates. Actually, neither of them had any friends and they certainly didn’t know how to have fun. There was an unspoken code in my family: “We’re not social animals, we don’t go out there and go to parties and socialize with people. We keep to ourselves.” And I found myself adhering to that viewpoint again.

Step 5:

Suggestions that would have the effect of increasing Brad’s sociability and activity level, particularly in the aftermath of his father’s death, continued to be crucial to his progress in separating from behaviors that duplicated his father’s reclusiveness and passivity. For example, during one group session, Brad said he had always wanted to learn how to drive a powerboat. He complained that even though a friend who owned a boat had offered to teach him, he could never find the time.

One of the group participants recommended that Brad call his friend, set aside a specific time to go boating, and to even invite other people to join them. The fact that

Brad's friends responded favorably to his invitation moved him beyond the limitations he had previously imposed on himself. He then had to cope with the voice attacks triggered by this disturbance to his psychological equilibrium. In general, renewed attacks or "rebuttals" from the voice tend to occur as individuals take action to separate from the negative parental prescriptions that have guided their lives.

Brad: I began to have strong voice attacks right after taking the boat out for the first time. I felt awkward with my friends and self-conscious when handling the boat. Then I realized that it was such a point of departure from my father. He never even learned how to drive a car. So I really was separating from him.

I also decided to act on the assumption that I do fit in, that people do like me and I've been acting more friendly toward people, being more sociable, based on that assumption. And my friends have responded to me in a very positive way. But then, again, I had intense self-attacks afterward. They went something like this, *"Do you really think that this is going to do any good? Don't you understand that certain things are just in a person? Everyone knows you and there's no possible way that you are going to get rid of this thing in you. You've been stuck with it for all these years. Nothing is going to change! I know you and what you are trying to do. But don't forget that I know who you really are. You can't fool me! You can fool everybody else, but you can't fool me! You can't fool yourself either, because you know it's deep inside you"* [yells loudly]

My first answer to that voice is that, *"You don't fucking know me! You never saw me for who I really was!"* To answer more rationally, I'd say, "I really feel good about the possibility that I can get rid of this underlying feeling I have of being an alien, of being cold and heartless, not like other people. I'm optimistic; I can get rid of this negative feeling that's been inside of me, always pulling at me. I feel like a normal person."

Follow-up

The process of identifying his self-attacks and challenging his parents' prescriptions for living eventually freed Brad to see himself in a different light, to enjoy his friendships, and to develop and sustain a close, loving relationship with a woman. Recently, Brad summarized what he had learned over the course of his therapy:

Brad: This therapy has had an amazing effect on me. Thoughts and feelings that tormented me all my life have disappeared and haven't come back. That's not to say that I don't have any negative feelings about myself, but I now know where they come from and how to deal with them. Some major self-attacks have disappeared, for example, I don't see myself as a loser any more.

I know that my life would not have changed if I hadn't changed my behavior. I don't always follow all the corrective suggestions to socialize and maintain my friendships, but when I do, the actions I take eventually cause the voices to diminish. I'm not always sociable, but I'm much more so than I was. Before, when I was working insanely to compensate for my father's voice about me being lazy, I was also avoiding having a personal life. And that has drastically changed.

It's funny but when I first started challenging the critical voices, it was like there was a void left where the negative thoughts had been. Then I realized that when I'm just being myself without the companionship of those voices and that hostile point of view, I have a sense of simply being a person, alone, in the world.

Case Study: Amanda

Amanda, 32, had put a great deal of effort into creating a life for herself that was different than the one she had grown up in. She had moved to a city, done well in a job that she liked, and met a man who was kind and loved her. Eventually they married and had a baby boy, Sami. Even though Amanda had everything she had always dreamed of, she had become aware that she was unhappy in her life. She had become negative and

critical toward her husband, Jason. She had a tendency to have melodramatic reactions when she was under stress. At times, she felt overwhelmed by caring for Sami and resented him. The worst of it was that these were traits that she had strongly disliked in her mother. At this point, she sought professional help because she was motivated to control her emotionality and negativity, and to regain her sense of herself.

Family History

The oldest of three sisters, Amanda was raised in a small mid-western town, and her parents were well-respected in the community as “good, decent, God-fearing” people. As far as her family was concerned, Amanda was the only flaw in their otherwise perfect life. From the time Amanda was born, her mother had considerable difficulty relating to her. She complained that there was “something off-putting” about Amanda, making it hard for the mother to respond to her infant’s physical needs or to show her affection.

Amanda’s mother acted out her hostility by being punishing and physically abusive of the young girl when she was alone with her. Amanda’s father, an ambitious and wealthy industrialist, was often absent from the home and was unaware of his wife’s mistreatment of their daughter. While aggressive in his work, in his personal life he was passive. He was intimidated by his wife, easily manipulated by her hysterical outbursts and frightened by her harsh, degrading attacks on his “weak character.”

When she was 5, Amanda was made responsible for her younger sister’s care. Whenever the little girl got into trouble or hurt herself, their mother blamed Amanda. When her sister attempted suicide at the age of 15, their parents once again held Amanda responsible. As a teenager, Amanda was careless and took unnecessary risks, exhibiting a pattern of self-destructive behavior and repeatedly placed herself in dangerous situations. In her late teens, she chose to walk alone late at night in a neighborhood she knew to be unsafe and she was raped. When she was 20, she had a boyfriend who was physically

abusive. She eventually broke away from this relationship and began to create a more constructive life for herself. She moved, pursued a career, fell in love and began a family.

Voice Therapy

In the following pages, we provide brief excerpts from Amanda's sessions. The material has been edited considerably due to the length of her verbalizations of the voice. Throughout the course of her therapy, Amanda revealed a remarkably clear picture of what she experienced in relation to her mother. She expressed these voice attacks in diverse ways: through sarcastic innuendoes; cold, punishing accusations; and long-winded outbursts of irrational rage against herself.

Using Voice Therapy to address her reluctance to trust her therapist:

Amanda: Over the last year, I have felt more and more isolated. I've been remote from my husband and my little boy. But recently I've been so emotional and I have been overreacting to everything. I haven't wanted to talk to anyone about these feelings because I felt there was no one I could really trust. I've begun to think that if I could just get away for a while, I could figure everything out by myself. Jason [her husband] encouraged me to get help but I have to tell you, I am reluctant about it.

Dr. R. Firestone: What are you telling yourself about people that makes you feel distrustful?

Amanda: Lots of things. I'm even attacking myself for saying what I'm telling you right now.

Dr. R. Firestone: Try to put what you're thinking into the form of a voice attack.

Amanda: Let's see, the attacks are something like, *"Don't let people get too close. People are dangerous. They'll hurt you. You can't trust anyone; no one will understand how you are feeling. Why are you here anyway, with this man who pretends to care about people? He doesn't really care about you. He won't understand you."*

I can almost hear my mother's voice as I'm saying these things. *"Don't trust anyone! Don't talk to anyone else. I'm the only one who could possibly care about you. You can't trust anyone outside of our family. You should just get out of there!"* [angry tone]

Dr. R. Firestone: What are you feeling?

Amanda: I feel so ashamed to have these thoughts. I'm afraid of making you feel bad toward me, of provoking you, but I think that's a voice too, like *"You're so provoking. Of course he doesn't like you, the way you're talking!"* [pause]

Dr. R. Firestone: What else did you think?

Amanda: I know that's not the way I really think. My mother distrusts everybody; her point of view is the opposite of how I really feel. But I'm also shocked at how much I want to be alone and push people away when I feel depressed. The voice is basically telling me to take my problems and keep them hidden. But that's what I've been doing my whole life; keeping everything inside. But it's making me sick! I don't want to do that anymore; I want to talk about myself and get help so I can feel better.

Dr. R. Firestone: What would you answer back to her? How do you really feel?

Amanda: I'm angry at my mother's advice. I don't agree with how she sees people. My answer to her would be, *"I'm not going to be quiet! I can trust this man; he is interested in getting to know me and helping me. Who do you think you are anyway, advising me? You're the one I can't trust, not him! You hurt me! So just shut up and get out of here."*

Using Voice Therapy to address issues in her marriage: In other sessions, Amanda became more familiar with her mother's distorted attitudes toward men, particularly toward Jason.

Amanda: I've started to become more aware of how critical I am of Jason. It's gotten to where I am critical of every little thing he does. Especially if he is coming toward me, being sweet to me. Like if he comes toward me to give me a kiss, I'll pull away. Or I'll

start an argument right before we go to bed. It's so strange; I want to be close and loving, but then I act so hostile or I get so critical of him that I ruin those feelings.

Dr. R. Firestone: What are the voices that you are listening to at those times when you do things to push him away?

Amanda: I know they are very critical of him. It's like they're telling me, *"How can you feel sweet toward him? How can you stand him? He is such a creep. He's so insecure. He doesn't love you; all he's worried about is if you love him. He should be strong; like a real man! If he loved you, his attention would be on you, not on himself. He's supposed to be secure and strong so that you can lean on him! That's what he's supposed to be offering you!"*

Dr. R. Firestone: Whose attitude are you expressing?

Amanda: More like my mother's than mine. When I say those attacks I also want to stick up for Jason. My answer back to her is, *"Don't call Jason weak and insecure. There is nothing wrong with him; he's just human. He has his problems just like anyone else does. Just like I do.*

"I have faults and Jason has faults, but so what? We can work on them, we can work on them as two adults who love each other and care about each other. This world is not black and white. It's not made up of good people and bad people, or strong people and weak people. There are just people. And people can change!"

The voice from my mother telling me that I need to be taken care of makes me really furious! That is exactly what she thought about marriage: it's about the woman being taken care of. She lives like that, too; she acts like a helpless child in relation to my dad. That way of behaving makes me so angry. My answer back would be, *"Don't tell me about how to relate to my husband! You have no idea what it means to be in a marriage. It's about two equal adult people sharing life—loving each other and respecting each other. It's not about one being the daddy and the other the little girl. It's not about*

playing some kind of unequal game like that. It's about honesty and respect and equality."

I feel like it's important for me to also answer by acknowledging how things really are, *"The thing is that I know there are times when I listen to your point of view and I act childish in relation to Jason. And that pulls parental reactions out of him. But I don't like when I do that. And it has a destructive effect on our marriage; it throws things off between us and makes us not get along. So I don't want to follow your advice anymore!"*

Using Voice Therapy to deal with the rebuttal to challenging the voice:

Amanda: I started feeling better over these past weeks and things have been better with Jason. Then just in the last few days I've noticed feeling childish again, you know, wanting to be taken care of by him again. And I really don't like this because it goes against everything I've been trying to do for myself lately. I feel like I've started to act more like my mother does with my father again. What happened was that I got the flu and then I started worrying that I wouldn't be able to take care of Sami by myself.

Dr. R. Firestone: Say any voices that go along with that feeling...

Amanda: They go like this, *"So what good is all of your talk about being independent going to do now? You're sick and you can't take care of yourself, much less your kid! Now you need Jason to take care of you. You see, I was right: the reason you need a man is because you need him to take care of you and Sami.*

"And what happens if you get really sick? Then he has to take care of you. Why don't you act really sick now? So even if you aren't, act like you are so you can let him know that you need him to take care of you. It's important to make him know this!"

Dr. R. Firestone: How do these voices affect you?

Amanda: One thing that I notice is that I start to overreact to trivial things, just like my mother does, and it's embarrassing. I become overwhelmed just like a child. It gets to

where I am exaggerating and reacting dramatically to every little thing that comes up in my life.

I'm realizing how much of my life I've given up in order to be taken care of. It's so childish. I've never really seen how much I've pulled on people and how bad it's made me feel. But I did come by it honestly, I'll say that for myself. I realize that I've acted this out a lot in my life and it's not nice. I'd get panicky about something and want someone to take care of me. There are definitely times when I've played the child role with Jason. It's painful because when I get into feeling childish, our whole relationship gets off. It really kills any feelings of sexual attraction I have for Jason, and any feelings of wanting to be sexual. I get into such a childish place. But I know it is something I can stop doing. I've been doing that, stopping myself from regressing into a childish state. Understanding how my voices support this behavior makes it easier for me to control it.

Dr. R. Firestone: How would you answer back to your mother?

Amanda: *"I don't want to listen to you; you're still wrong. If I get so sick that I need help then Jason will be glad to help me. Not because I am a helpless little girl, but because he cares about me. If I need help, he wants to help me and if he needs help, I want to help him. And we both share taking care of Sami so that's never a problem. You're just looking for a way to get back at me for changing and being more independent, and for being different from you."*

Following this session, Amanda was able to identify the voice attacks that were rebuttals to the progress she was making in challenging her critical voice and changing her negative behavior. She learned that if she "held her ground" and did not let these new attacks effect her actions, they would subside and she would continue to develop.

Using Voice Therapy to address issues in her sexual relationship: Over the course of her therapy, Amanda's relationship with Jason improved as she dealt with ways that

she acted childish and unequal in their marriage. She also utilized voice therapy to understand why she felt inhibited and held back sexually.

Amanda: I have always felt held back sexually. I am easy and relaxed about being affectionate but when it becomes sexual, I get tense. And I don't know why; it doesn't make any sense to me. But in spite of this inhibited feeling, I enjoy being sexual, especially with Jason. I'm really attracted to him and he is so loving and enthusiastic. He says he likes the way I am; he has no complaints about me. But it bothers me not to feel freer and more spontaneous. There have been times when I have been less held back, like on a vacation or something. But there have also been times when things are friendly between Jason and me, but not sexual. This really bothers me. I want our sexual relationship to be everything that it could be.

Dr. R. Firestone: What are the voices that you are telling yourself about being sexual? Can you think of any that you hear when you are actually being sexual?

Amanda: If I imagine Jason and me being together? Let's see. They would go something like this, *"Look at you! What are you doing? I can't believe you like being sexual. I can't believe you like that. You're so disgusting!"*

"You're so dirty and disgusting; how can Jason stand your touch? How can he want to touch you? How can he not be repulsed by you? You are so dirty and gross. You have always been dirty and gross. I know because you were a dirty little girl. I was disgusted by you; why do you think I never touched you? Because you were gross! Do you really think Jason wants to touch you when you're such a dirty girl [derisive tone of voice] Do you really think he wants to be with a dirty person like you? You're such a dirty little girl."

"And you know what else proves that you were dirty and disgusting? Look what happened to you when you were a teenager: you were raped! That's what you got for being so dirty; that's what you deserved. And after that, everyone could see that you were

damaged goods! Everyone knew what I have known all along: you are a dirty, gross girl.” [crying]

Saying this makes me feel so sad.

Dr. R. Firestone: How would you answer back to those voice attacks?

Amanda: How would I answer back to these attacks? I have to think about it... I would say, *“I’m not disgusting or repulsive. I’m not dirty and gross. All of those are ways that you saw me when I was little, but they aren’t how I was. I was never dirty or gross. And I didn’t deserve to be raped; I didn’t deserve to be beaten. You had a twisted view of me and a sick view of sex! I wasn’t perverted; you were. I didn’t know anything different then, but I do now. And now I can fight back and reject the way you saw me.*

“There is nothing perverted or dirty or gross about me sexually. I see sex as natural; it’s not perverted to like sex. And I am attractive to Jason. And he is attractive to me! I like being sexual! What I don’t like is your way of seeing me!”

My mother’s attacks on my sexuality made me feel like avoiding being sexual with Jason, and so I did just that. I would make any kind of excuse to not make love with him. I had actually started thinking that I had a serious sexual problem, but I can see now that was wrong. Before Sami was born, I had really enjoyed our sexual relationship. How I answered back to her voice is how I really feel and who I really am as a woman.

Using Voice Therapy to address issues about being a mother: In her sessions, Amanda investigated her feelings about being a mother and her fears in relation to her son. As she expressed her voices about motherhood, which she verbalized in a lengthy tirade, Amanda exposed her mother’s profoundly illogical and unrealistic views about being a parent as well as her mother’s distorted attitudes toward her.

Amanda: When Sami was born, my biggest fear was that I would pass on to him the negative things my mother put onto me. It’s funny, but right now, when I think of saying what those negative things are, I feel anxious about saying them. I’m still afraid to reveal

the way she saw me. It's like I don't want anyone to see the terrible way she thought about me and also, I don't want anyone to see what my critical thoughts are toward my son. It's like these are my deepest, darkest secrets.

So anyway, this is what she would say, *"I didn't want to have you. I wanted to have an abortion but your father wouldn't let me. He said it was against our religion. But I didn't care, that's how badly I wanted to get rid of you. You thought that you were different than me because you wanted to have a baby! Ha! So how do you like it now? Now that all the fanfare is over; now that everyone's excitement about the new baby is over. Now that it's just you stuck with him! Now you know how it feels to have a baby just hanging on your shoulder.*

"Now you know what it's really like! You have no life; it's all about him. You have to pay attention to him. And everyone else pays attention to him, too. You don't get any attention anymore. Everyone thinks that he's the cute one. Now you know how it feels to have someone come along and demand all of your attention and then, on top of that, he takes all of the attention away from you. Now you're all alone! And you're supposed to be thrilled about being a mother? "

I have to say I'm shocked by what I just said! I don't think these things consciously; in fact I've never thought any of them until they came out of my mouth just now. It feels humiliating to say all of this stuff, this point of view. It seems horrible to think of a child that way, for my mother to have thought that way about me. And to think that way about Sami is painful. I feel so sorry. [cries]

Dr. R. Firestone: How would you answer back to that point of view?

Amanda: I'm furious at it. My answer to that voice is, *"Shut up! You have no idea what I feel as a mother! I love Sami and I don't feel like he takes anything from me. I love giving him attention; it brings me joy. Even though I have you in my head trying to convince me about your twisted way of seeing motherhood, I don't agree with you. I don't have to be*

the same way with my child that you were with me. I don't have to be the same kind of childish, self-centered immature mother that you were. I love my son. He is a spirited little boy and I'm so glad that I had him."

This session, along with the overall therapeutic process, allowed Amanda to develop a coherent narrative of the insecure attachment that had existed between her and her mother. Making sense of her painful childhood enabled her to become more sensitively attuned to her son. In addition, throughout her therapy, she continued to identify the origins of her propensity to react to events in a childish, melodramatic manner and to cling to her husband whenever she felt anxious or distressed. She became an active collaborator in thinking of corrective measures she could take that would minimize her tendency to be melodramatic, including learning new ways of describing her everyday experiences in a more matter-of-fact (adult) tone of voice. Toward the end of therapy, she made plans to talk frequently with a close friend about her thoughts and feelings rather than allowing them to escalate into an emotional storm as she had in the past.

Follow-up

In Amanda's case, the methods of Voice Therapy enabled her to understand the basic split in her thinking about herself as well as her fundamental ambivalence toward her husband and son. Over the course of two years, she separated out the incorporated elements of her mother's point of view that were opposed to her own goals and priorities. Even more importantly, exposing the voice, essentially her mother's destructive attitudes and views of life, enabled her to bring the behaviors regulated by these voices under her control and to alter traits she disliked in herself. She feels considerably better in her sexual relationship with her husband and is generally more adult in all of her personal and work related interactions. As a mother, she is more relaxed and easy-going than

before and enjoys sharing the care of Sami with her husband. Her life is more stable, and the previous sense of childishness and drama is noticeably diminished in her current life.

Resistance in Voice Therapy

Resistance to change in therapy centers on protecting the core defense, the fantasy bond, from intrusion. Preserving a fantasy of connection with one's parents on an internal level by symbolically parenting oneself offers an illusion of protection and security. Each aspect of a person's resistance can be explored and understood in terms of how it functions to protect the fantasy bond and the self-parenting process.

Every element of the voice process functions to protect an inward lifestyle that offers an illusion of pseudo-independence, the fantasy that one can sustain oneself without needing anything from anyone else. Viewing resistance in terms of protecting clients' inwardness from intrusion enables a therapist to better predict the points at which their anxiety and defensiveness will be aroused. It is worthwhile to examine the kinds of resistance typically encountered in Voice Therapy. These include:

1. Resistance to utilizing specific Voice Therapy procedures.
2. Resistance to changing one's self-concept.
3. Resistance to formulating personal goals and corrective suggestions and taking action to implement them.
4. Resistance and regression after answering back to voice attacks.

Resistance to Specific Therapeutic Tasks

As noted previously, people are reluctant to recognize the presence of an internalized alien, hostile, or destructive point of view within themselves or experience themselves as divided or fragmented (Note 6). For this reason, they may find it difficult to learn to follow Voice Therapy procedures that separate out discordant elements of the personality. Some feel embarrassed and self-conscious to attempt to formulate their self-attacks in the second person as external attacks or voices, while others are hesitant to

follow instructions to say their voice attacks louder or more emotionally. Many hold back significant feelings because they sense that they are tampering with defenses they have relied on throughout their lifetime. Some actually find the dialogue format scary because, as in utilizing free association techniques, clients can be terrified of their thoughts and feelings spilling out without control. They are concerned that if they use the technique they will be giving too much power to the voice. Others are afraid that the self-attacks they reveal might turn out to be true.

Resistance to Changing One's Self-Concept

There is fundamental resistance to identifying voices and self-attacks that challenge client's negative identity formed in the family of origin. Accepting positive changes in one's self-concept implies a disruption in one's psychological equilibrium because both the idealization of one's parents and the internalization of negative attitudes towards the self are a fundamental part of the fantasy bond. A person cannot effectively parent him/herself while maintaining an inadequate or weak internalized parental self-image.

Altering one's basic self-concept to a more positive outlook also implies changes in both behavior and the style of relating to significant people in one's current life. Because these changes arouse anxiety, many people prefer to hold on to and preserve a static, albeit negative, view of themselves.

Resistance to Formulating Personal Goals and Corrective Experiences and Taking Actions to Implement Them

People are reluctant to set definitive goals and to plan a specific course of action for working toward these goals. Strong voice attacks are aroused when people take bold steps directed toward pursuing their own lives in a manner that is free, nonconforming, and independent. Although corrective suggestions are generally initiated by clients and develop out of their own motivation, the situation still lends itself to the arousal of

powerful resistance. Although they initially collaborate with the therapist as an equal partner in planning corrective suggestions, they may later reverse their point of view, distort the situation, and deal with it in a victimized or paranoid manner. When this occurs, they project their desire to change onto the therapist, perceive him/her as having a stake in their progress, and mistakenly believe that he/she is telling them how to run their lives and making decisions for them. Unless this issue is directly addressed and worked through, there will be little if any progress (Note 7).

Some people respond adversely to the experience of being a separate decision-making individual by regressing and attempting to form a fantasy bond with the therapist. Clients who recognize and work through these transference reactions maintain an equal partnership with the therapist and take responsibility for their actions are more likely to progress and achieve a higher level of differentiation.

Resistance after Answering to Voice Attacks

Resistance is often encountered after an individual directly challenges the voice by answering back dramatically with strong anger. Attacking parental introjects, much like attacking one's actual parent or parents, arouses strong guilt reactions.

The overall problem of voicing aggression toward parents and parental introjects in sessions is a serious issue in any therapeutic endeavor. When patients become aware of the damage they sustained in their early development, they experience a good deal of pain and sadness. These memories and insights give rise to primitive feelings of anger and outrage. Feeling the intensity of these emotions is symbolically equivalent to actually killing or expressing death wishes toward the parents. Individuals often experience intense guilt reactions and anxiety when they awaken these emotions. To compound matters, the symbolic destruction of parental figures leaves the client fearful of object loss. The combination of the two emotions, guilt and fear of losing the object, can precipitate regressive trends in any therapy. When this happens, clients often turn their

anger against themselves, take on the negative parental point of view, and revert to a more childlike mode of interaction.

We have also observed that when clients attempt to differentiate themselves from their parents (for example, "I'm not like you, you bastard" or simply, "I'm different"), they often revert to the very behaviors they were challenging (see Firestone, 1997a, pages 160-163. As noted, considerable attention must be paid to the possibility of "rebuttals" from the parental voice directly following client's expressing independence, rage or indicating unusual improvement.

In anticipating these regressive trends, therapists need to be sensitive to their clients' strengths and weaknesses. They need to carefully monitor clients' responses to answering the voice and their embarking on corrective experiences (Note 8). They must be aware that clients who break with the prescriptions of the voice before they have the psychological maturity to separate from parental introjects will suffer setbacks in their therapy. It's as though they made a premature break with their family, in effect, left home before they were ready. When this happens, the person usually regresses to feeling more dependent and afraid than before, and more resistant to the therapy process. Altering behaviors based on the voice represents even more of a break with the internalized parent than verbally answering back.

Lastly, another source of regression in Voice Therapy is the guilt caused by clients avoiding actual relationships with family members. Even after living separately and moving towards autonomy, when clients come into contact with family members it tends to activate voice attacks, thus precipitating regression. This often happens in spite of the fact that the interactions themselves appeared to be innocuous, uneventful or seemingly positive. Becoming aware of their negative reaction to these reunions creates a conflict for individuals who have no desire to hurt their families, yet who wish to avoid them because they feel bad after contact. In general, social pressure to conform and

prescriptions against choosing a lifestyle that is different than one's family of origin work against constructive change and personal development.

Summary

In this chapter, we have described the steps in Voice Therapy, a broadly based therapeutic methodology, with an emphasis on cognitive, affective, and behavioral components. The technique of verbalizing the voice in the second person format not only elicits strong affect, but also appears to access core negative beliefs or schema more quickly than other methods. In addition, we found that utilizing this format “facilitates the process of *separating* the client's own point of view from hostile thought patterns that make up an alien point of view toward self” (Firestone, 1988, p. 205). The combination of identifying automatic thoughts or self-attacks, which is a primary focus of Cognitive Behavior Therapy (CBT), and verbalizing these thoughts in the second person, which is a key component of Voice Therapy, shifts clients' point of view in a positive direction and leads to enduring changes in their behavior.

We outlined the theoretical basis of Voice Therapy methodology in Separation Theory and elaborated upon the concept of the fantasy bond as a core defense that underlies the individual's fundamental resistance to change or progress. We presented two case histories, which demonstrated how participants work on themselves using Voice Therapy. The goal in Voice Therapy in relation to the process of differentiation is to effectively separate out those elements of the personality that are antithetical toward the individual, that adversely affect his/her life and that impede his/her movement toward individuation.

In summary, Voice Therapy techniques help strengthen clients' personal identity by identifying and challenging angry, destructive thoughts toward themselves and hostile, cynical attitudes toward others, by changing self-limiting and self-destructive behaviors, and by supporting them in developing their own points of view, goals, and values. Lastly,

Voice Therapy enhances participants' ability to remain vulnerable and open to experience, helps them to stay close to their feelings, increases their capacity for responding appropriately to both positive and negative events, and enables them to live a life without maladaptive fantasies that impede the achievement of a freer, more independent existence.

Notes

1. In the professional literature, Separation Theory has been described by Bassett (2007) in an article, "Psychological Defenses against Death Anxiety: Integrating Terror Management Theory and Firestone's Separation Theory," and in a chapter by Marrant and Catlett (2008) in *Existential and Spiritual Issues in Death Attitudes*.

2. Re: the integration of existential systems of thought with psychodynamic and cognitive/behavioral approaches: Lampropoulos, Spengler, Dixon, and Nicholas (2002) argued that "the basic assumptions of the S-P [Scientist-Practitioner] model about methodological, open-minded, and evidence-based practice not only justify, but strongly suggest the use of integrative/eclectic therapies" (p. 1235). Castonguay and Goldfried's (1994) article "Psychotherapy Integration: An Idea Whose Time Has Come," is one of the landmark papers in the movement toward integration.

Other theories that are to some extent integrative include: the self-psychology of Heinz Kohut (1977), Daniel Stern's (2004) approach depicted in *The Present Moment in Psychotherapy and Everyday Life*, Robert Langs' (1997) practice of depth psychotherapy as described in *Death Anxiety and Clinical Practice*, Jerry Piven (2004b) in "Death, Neurosis, and Normalcy: On the Ubiquity of Personal and Social Delusions," the works of Andre Green (1999), Donald Winnicott (1958), and Harold Searles (1961). Also see Elliot, Watson, Goldman, and Greenberg's (2004) description of the integrative aspects in Greenberg's practice of process-experiential [PE] therapy: "In brief, PE therapists see

human beings as constituted by multiple parts or voices.... Therapy often involves supporting a growth-oriented voice in its conflict with a more dominant negative voice that attempts to maintain the stability of familiar but negative states” (loc. 101-106).

In *The Art of Psychoanalysis*, T. Ogden (2005) set forth a conceptualization of the neurotic process in melancholia similar in some respects to the first author’s (R. Firestone’s) hypothesis regarding the defensive functions of neurosis in relation to separation and early object loss, as well as to existential realities. Ogden wrote:

The individual replaces what might have become a three-dimensional relatedness to the mortal and at times disappointing external object with a two-dimensional (shadow-like) relationship to an internal object [a fantasy bond] that exists in a psychological domain outside of time (and consequently sheltered from the reality of death). In so doing, the melancholic evades the pain of loss, and by extension, other forms of psychological pain, but does so at an enormous cost--the loss of a good deal of his own (emotional) vitality. (Locs. 1050-1057)

Thus, the melancholic experiences a conflict between, on the one hand, the wish to be alive with the pain of irreversible loss and the reality of death, and on the other hand, the wish to deaden himself to the pain of loss and the knowledge of death. (Locs. 1149-1152)

3. Voice Therapy is similar in certain respects to Aaron Beck’s (Beck, Rush, Shaw & Emery, 1979) and Judith Beck’s (1995) Cognitive Therapy. For example, both therapeutic approaches attempt to access destructive voices or “automatic thoughts” that influence maladaptive behavior. Treatment outcome studies (A. Beck, 2005; Butler, Chapman, Forman, & Beck, 2006; Forman, Herbert, Moitra, Yeomans, & Geller, 2009) have demonstrated the effectiveness of CT and CBT. Butler, et al. noted that “Large effect sizes were found for CBT for unipolar depression, generalized anxiety disorder, panic disorder...social phobia, post traumatic stress disorder, and childhood depressive

and anxiety disorders” (p. 17). According to A. Beck (2005), extensive research has shown CT and CBT to be more successful than drug treatment in reducing anxiety: “Meta-analyses indicate that CT/CBT protocols are more effective in reducing panic and anxiety symptoms than pharmacological treatments” (p. 956).

Also see Epstein’s (1994) cognitive-experiential self-theory, in which “the task of therapy is to *change the maladaptive schemata in the experiential system* and to promote synergistic (rather than conflictual) need fulfillment” (p. 717).

Ryan and Deci’s (2008) Self-Determination Theory addresses resistance and other motivational issues in psychotherapy, proposing that when clients “have a more *internal perceived locus of causality* for treatment, they will be more likely to integrate learning and behavioral change, resulting in more positive outcomes” (p. 187). Ryan and Deci have described “Introjects [as] frequently derived from clients’ experiences of conditional regard during development...and are buttressed by the resulting sense of contingent self-worth.... Such cases *often require identifying and challenging these introjects*” (p. 189).

As noted earlier, other methodologies have certain elements in common with Voice Therapy, including emotion-focused therapy (EFT) developed by L. Greenberg (2011), who conceptualized the individual “as a complex, ever-changing, organized collection of various part-aspects of self. These self-aspects or ‘voices’ interact to produce experience and action” (p. 52). For an example of EFT, see L. Greenberg’s description of his adaptation of the Gestalt two-chair dialogue in “A Case of Anxiety,” in which the patient deals with her “critical” voice:

In EFT, the goal in treating anxiety is to access and restructure the underlying maladaptive emotion scheme.... Her “critical” voice told her that she was wasting time and that she should be more efficient and put in more effort. As the critical voice was elaborated, it said, ...“You are not trying hard enough.” “It doesn’t matter if you spend 8 hours [on your work] because you will still do poorly.” (pp.

4. In her work, cognitive therapist Judith Beck (1995) has emphasized that gaining access to emotions helps in identifying the “hot cognitions”--the core schema or previously unconscious beliefs about self, others, and the world. Also see *Facilitating Emotional Change: The Moment-by-Moment Process* by L. Greenberg, Rice, and Elliot (1993). Their approach, Emotionally Focused Therapy (EFT), focuses primarily on eliciting emotion by directing the client to amplify his/her self-critical statements. Greenberg and his colleagues direct the therapist as follows: “For example, if the client says ‘you’re worthless’ or sneers while criticizing, direct the client to ‘do this again...’, ‘do this some more...’; ‘put some words to this...’ This operation will intensify the client’s *affective arousal* and help access core criticisms” (p. 205). “It is only then that they become accessible to new input and change” (p. 6). Greenberg, et al. believe that “Affect is thus a core constituent of the human self and establishes links between self and the environment and organizes self-experience. In a sense, feelings are ultimately the meeting place of mind, body, environment, culture, and behavior” (p. 54).

5. Re: the *adult mode* or ego-state: The ability to remain in an “adult ego state” (Berne, 1961; Firestone, 1988) appears to depend primarily on an individual’s level of self-differentiation (separation from the fantasy bond with the family-of-origin) (Bowen, 1978; Hellinger, 1998; Karpel, 1994; Kerr & Bowen, 1988; Schnarch, 1991; Willi, 1978/1984, 1999). Transactional analysts have observed, “the Adult is still the least well understood of the three types of ego states” (Berne, 1961, p. 76). Berne proposed that the Adult is best conceptualized as “the residual state left after the segregation of all detectable Parent and Child elements” (p. 76). The present author (R. Firestone) has suggested that the “Adult state” is perhaps the “least well understood” because even mature, well-adjusted individuals find it difficult to remain in the adult mode for extended periods of time.

6. In addressing this difficulty in his essay “Truth, Human Relatedness, and the Analytic Process: An Interpersonal/relational Perspective,” Bromberg (2009) noted that traditional psychoanalytic interpretations are usually ineffective with clients who are unaware of the division within, as well as clients who have tendencies to dissociate under stress:

In certain areas of every individual’s personality the experience of intrapsychic conflict is difficult to *bear* much less resolve, and for some people this incapacity goes back to early childhood because the mind’s ability to access and safely tolerate two or more disjunctive self-states at the same time was virtually foreclosed at that time. But for *any* patient, in those areas where the natural dialectic between conflict and dissociation is either compromised or shut down, *conflict-interpretations are useless or even worse.* (p. 355)

See P. Ogden, Minton, and Pain (2006) *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* and Bonnie Badenoch’s (2008) *Being a Brain-Wise Therapist* and *The Brain-Savvy Therapist’s Workbook* (2011) that provide methods for dealing with clients’ tendencies to dissociate during the process of working through trauma-related emotions in psychotherapy.

7. Although transference reactions generally are minimal in the practice of Voice Therapy, it is important to closely monitor negative therapeutic reactions, in particular those that often occur in clients with borderline personality disorders and/or in those assessed as having formed a disorganized attachment with an early caregiver. According to Liotti (2004):

When the patient is guided by an IWM [internal working model] of disorganized attachment in construing the therapist’s behavior, the therapeutic relationship may become unbearably dramatic, changeable and complex for both partners.

Untoward counter-transferential reactions, or premature termination of an

otherwise promising treatment, may be the unfortunate consequence of the reactivation of a disorganized IWM within the therapeutic relationship (p. 484).

8. For other resources with in-depth descriptions of Voice Therapy methodology and examples of corrective suggestions, the reader is referred to "Voice Therapy" in *What is Psychotherapy? Contemporary Perspectives* (Firestone, 1990c), "Prescription for Psychotherapy" (Firestone, 1990b), *Voice Therapy: A Psychotherapeutic Approach to Self-Destructive Behavior* (Firestone, 1988), and *Combating Destructive Thought Processes: Voice Therapy and Separation Theory* (Firestone, 1997a).