

## RECONSTRUCTION OF INNER DIALOGUE IN THE PSYCHOTHERAPEUTIC PROCESS (A CASE STUDY)

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Basing on Vygotsky's cultural-historical methodology, Bakhtin's conception of inner dialogue, and some ideas of object relations theory, the authors propose an integrative approach to self-awareness in psychotherapy. Serious attention is paid to the predictors of borderline personality disorders and comorbid illnesses: pathogenic family conditions of personality development and, in consequence of them, splitting and structural distortions of self-awareness. The descriptive-analytic, semiotic and dialogical procedures of analysis of verbal communications between patient and psychotherapist were elaborated and approbated.

**Keywords:** case study, inner dialogue, transference-countertransference, dynamics of Self-Other representations, borderline personality structure.

The subject of the present article is inner dialogue and how it unfolds in the process of “psychotherapy with a significant Other” (Sokolova, 1981; 1989; 1995a; 1995b; 2002; 2009; Burlakova, 1996). The decision to study the *process* of psychotherapy was dictated by our desire to go beyond the traditional detached, cross-sectional dimensions recording the purported effectiveness of psychotherapy (before, during, and after the completion of psychotherapy) to an exploration of therapy's inner logic as it proceeds. We have drawn on the ideas of Vygotsky (Vygotsky, 1983) and Bakhtin (Bakhtin, 1979) concerning, respectively, the social genesis of consciousness and dialogue, which is the form of “the personality's very being”. The mind here is understood to be a structure that is fundamentally a dialogue structure implicitly containing diverse forms of external social dialogues. These ideas have served as the foundation of this particular study. Foreign psychology, particularly in the various concepts collectively called the “theory of object relations” (Fairbairn, 1954; Kern-

berg, 1984; Kohut, 1971, Mahler, Pine, and Bergman, 1975), attachment relations (Bateman, and Fonagy, 2004; Bowlby, 1980) also contains ideas very similar in content to reflections of Russian and Soviet psychologists (Bakhtin, 1979; Lotman, 1984) on dialogue and on the dialogue structure of consciousness. Developed forms of consciousness<sup>1</sup> typically contain various forms of social or external dialogues in compact form. What stands out in the first instance in analyzing speech acts, i.e., the statements uttered in psychotherapy, is that structures that at first glance seem to be monologic and that, moreover, are always present in speech are, in fact, dialogic in nature from the outset.

We define inner dialogue as inner communication between Self and Other, often internalized and objectified in verbal, formally monologic utterances. Accordingly, we have tried to discern how, in the process of therapy, a certain structure of “voices,” often splitting, not intermeshing and ignorant of each other’s existence, begins to surface: the voices make contact and begin to communicate.

Another task of our study, to which less attention is given in this article, was to devise a functional-structural model for the actions of the psychotherapist as he works with the patient’s inner dialogue, i.e., actions directed toward achieving a therapeutic effect or, in simple terms, a change for the better (Burlakova, 1996). Let us look at this point in a bit more detail.

We regarded the system, the psychotherapeutic process overall, as a very complex, functional structure with flowing, shifting, intricate functions. These functions interact with one another, intermesh in a sense, which gives the process of psychotherapy its dynamic dimension. Delimitation of functions is an analytic tool; in fact, it is impossible to identify discrete functions in the process of psychotherapy, if for no other reason than that the psychotherapist is concerned mainly with the course of the process and its content, not with exercising this or that function. What is more, as our study has shown, a psychotherapeutic action is usually poly-functional, i.e., it exercises several functions at the same time. For example, the psychotherapist’s statement “Let’s think about this” contains the following functions: (1) a positive assessment of what is taking place; (2) the

<sup>1</sup> The structure of awareness includes unconscious aspects of subjective experience.

proffering of an incentive to think and reflect; (3) responsibility (“You can do some thinking just as I do”); and (4) creation of an atmosphere of separate but joint action, a necessary level of commonality. Given this multifunctionality, any statement a psychotherapist makes implicitly offers the patient a range of responses or actions from which to choose. In this sense the art of the psychotherapist consists in making use of the response he receives from the patient in another function that may not necessarily coincide with the initial intention, unconscious or conscious.

As for the structure of a psychotherapist’s utterance, in the first stages, he and the patient develop a common language; whereas initially the psychotherapist may have tried to speak in the “language” of the patient with a view to creating the conditions for establishing a common ground, a joint existence; later, the language in which the psychotherapist and the patient communicate becomes a combination of the two, a confluence of the patient’s language and the psychotherapist’s language (Cf. one of Lotman’s universal laws of dialogue (Lotman, 1984)), a product of the joint movement of communication).

Our analysis identified 17 functions, all directed toward the unfolding of inner dialogue; we correlated them with the stages of psychotherapy.

The first stage of psychotherapy is the “conclusion of an agreement”; this function structures what will be done, defines the framework within which it will be done, and records its results.

The second stage of psychotherapy is the “stage of establishing emotional contact,” the functions of collecting information, of clarifying the patient’s relation to specific facts and events, and of relieving stress and creating trusting relations.

The third stage of psychotherapy is “retrieval of the basic structure of inner dialogue,” the functions of giving form to projection, of understanding and support, of working with the patient’s transference reactions, of externalization, and of utilizing countertransference feelings.

The fourth stage of psychotherapy is confrontation, a function whose purpose is to stimulate responsibility and resituate feelings in a broader life context, a context of feedback and of arresting and upsetting stereotypes.

Although a number of the psychotherapist’s functions have been identified and described in terms that imply stability, it is clear that there

are certain difficulties with such a description, the most obvious being that the functions themselves vary in the process of psychotherapy. This is true, for example, of the functions of assuming authorship and encouraging responsibility. The initial stage of psychotherapy assumes a rational decision on the part of the patient to “be” in therapy, i.e., he assumes part of the responsibility for the psychotherapeutic relationship, by which, ultimately, a “contract” is concluded. A second stage, the stage of getting to know one another and of gathering objective information, is marked by responsibility to be open, and responsibility toward this openness; finally, in the stage of confrontation, the problem of responsibility becomes a psychotherapeutic problem in its own right. Other functions also undergo changes in psychotherapy, being present, to one degree or another, in all of its stages.

In any event, the overriding result of psychotherapy, its general direction, is that gradually, out of the mass of therapeutic material, there emerges an image of Self and an image of Other. In the process of psychotherapy, the image of Other crystallizes, becomes more distinct, and is projected onto the psychotherapist; at the same time, the Ego image also becomes clearer. Thus, ultimately, the basic dialogue structure of self-awareness becomes manifest.

In the stage of confrontation, the psychotherapist refuses to be the Other whose image is projected by the patient on the psychotherapist; in doing so he reveals, and exposes, the structure of the Other and gradually steers the patient's consciousness away from a fixed image of the Other to a creative vision of a varied Other. At this point the therapeutic changes begin to occur.

Let us now go on to an examination of the actual unfolding of inner dialogue in psychotherapy. Our first source of information about the state of inner dialogue in our recorded texts of psychotherapeutic sessions (psychotherapist E.T. Sokolova) was the descriptions of inner dialogue, i.e., the patient's subjective vision, which via some reconstruction testified to the state of inner dialogue in the patient's self-awareness. It is extremely important to understand that the states of inner dialogue are not simply a construction, a special therapeutic tool, but a definite inner, direct human experience. This description is a description of states of individual consciousness and its development, plus a history of in-

ner dialogue. The second source of information about the distinctive features of inner dialogue was the ways its structure appeared in the psychotherapeutic situation, here and now, in interpersonal communication with the therapist. Thus, impulsive, undifferentiated outbursts of feelings of aggression and love, their projection, and then a gradual becoming aware on the part of the patient of the source of the projection – all these things mark special stages in the unfolding of inner dialogue, which then is transformed into a specific action, becoming a vital nerve and pervading each and every one of the patient's responses and behavioral displays.

We identified the following criteria for the unfolding of an inner dialogue on the basis of the movement of the psychotherapeutic process and its analysis:

- (1) transition from simple description or discussion of feelings to direct expression of feelings;
- (2) transition from an affirmative statement (“This is such and such”) to a genetic utterance, which draws on the patient's personal biography and early childhood;
- (3) movement from a negative state and its definition (“No one needs me”) to discovery of real needs (“I want...”) and their affirmation;
- (4) movement toward more differential and integrative awareness, by which is meant a gradual movement from a latent splitting, expressed in the undertones of speech, toward some particular object to a more explicit, manifest ambivalence, and then gradual discovery and recognition of the source of the dual feelings being experienced or, in other terms, exposure of the foundation of internal (“maternal”) dialogue.

The next step in the investigation was a study of the unfolding of inner dialogue in psychotherapy in the strict sense. We distinguished several themes through which we could trace the unfolding of inner dialogue; in a second stage, links were established between these themes, and we moved on to an investigation of the integrity of the process of the organized unfolding of inner experience. Below we present a case study of L., to illustrate the work in unfolding of inner dialogue in the psychotherapeutic process.<sup>2</sup>

<sup>2</sup> The verbatim texts of the therapeutic sessions are reproduced with the consent of the patient.

### A case report

Let us first briefly describe L.'s personal history. She is 37 years old, has a higher education, is separated from her husband, and lives with an adolescent daughter, with whom she has tense relations and a lack of "contact," which has begun to worry the patient, especially since a difficult divorce. L. sought the help of a psychotherapist for a serious "nervous" condition, which alarmed her. Therapy consisted of 20 sessions totaling 40 hours.

The first incident in L.'s life history, which she herself related and on which we focused special attention, was the death of her mother when she was a young child. Her father was a gentle and indecisive man, and on top of that drank a lot after the death of his wife. On several occasions he brought "other women" home as prospective replacements for L.'s mother. Ultimately the girl became attached to one of them, and the woman moved in. The stepmother's stern, imperious character and her taunts ("If I were your natural mother, you wouldn't behave that way with me") gave the stepmother a powerful sacrificial authority over L.

At the urgings of her stepmother, L. married a person she did not love and left the home. A daughter was born. L.'s husband was soon demanding a second child, which L. subconsciously opposed... There were several abortions. Not long before she sought help from a psychotherapist, L. divorced her husband, accusing him of all sorts of things in most colorful language.

The first theme we called the *image of a significant Other and its associated Self image*, including their structure and changes in them during the course of psychotherapy.

At the very first meeting, idealization of the psychotherapist was clearly evident (the Other as an ideal and, at the same time, implicitly, an object of dependence and support). This L. expressed in quite unambiguous statements toward the end of the meeting when, in response to the recurrent question of her expectations from therapy, L. replied: "Everything you say is intelligent and true. That's just what I don't have, rational thinking; that's what I need. What I was doing was all wrong."

A tendency to idealize the therapist is accompanied by rejection of one's own past life experience and an impulsive readiness to replace it

with the psychotherapist's positions and viewpoints. But echoes of ambivalence toward the psychotherapist are noticeable, and implicitly, diffidently, begin to be discernible in the faint undertones accompanying L.'s statements: "You're intelligent, rational, good; but you're not capable of selfless love"; "I am bad, but I experience things keenly and sensitively." One can discern here a distinct split between the image of the therapist and the image of self. Entering into confrontation with the therapist, L. brings to the surface and designates the parts of the inner dialogue significant to her personally.

At the second meeting, the image of the significant Other in L.'s inner dialogue becomes more complex. After repeatedly asking the therapist the question "How is this for you?" (the function of addressing authorship, direct feelings, etc.), L. says the following:

L.: "Well, I simply feel that something is unfair, as if life has not turned out right. Our neighbor P. – I told you, the fat one – (sobs) just lives and is happy. Somehow, it didn't turn out that way for me." And further, "You, Professor, you write your dissertation, but the time segments are roughly the same, aren't they? People fly into space, write dissertations, and here I am a bundle of nerves; I can't even help my own child."

The statement about the neighbor reveals envy of her and her lifestyle. L. wants to "live and be happy like P."; there is a desire to adopt P.'s position; the source of an "uncomplicated life" is seen to lie without, in the world. L. feels injured, cheated: "The world is to blame, everything is to blame." One can say that L. is now feeling a clear ambivalence (envy – malice and resentment – self-pity, the causes of which she situates in the world beyond herself). In terms of projective identification, one can say that projective identification of power and projective identification of dependence merge to form one ambivalent feeling: Here we see an element of the unfolding of inner dialogue.

Another line along which inner dialogue unfolds is the emergence of a special *reflexive position*, i.e., L.'s position of comparing herself and an Other, in many respects faceless and abstract. The above statements reveal, in part, the mechanism of L.'s suffering, of her "unhappiness." L. avoids her true feelings, retreating into comparison, envy, and self-pity, or even into a fantasy world. This reflexive position is also a dialogue,

and is situated between the Ego attracted to Other, desiring the latter's support, and an aggressive Self desiring to put itself in the position of the happy Other and accusatory; sometimes she attempts to resolve this conflict between the two. This third, reflective, comparing Self is a rationalization of direct dialogue and answers the question: "Why, in what way, am I different from P., from the therapist; judge between us. What has P. done to deserve being happy?": "I am good but unhappy; the Other is bad but happy." Thus, a sense of envy unfolds, and its source becomes visible. Self-pity is a defensive type of dialogue. L. suddenly discovers that the place of an Other who might do this ("feel sorry for her") is empty; and in later sessions the emptiness of the position of the Other (it is not the mother) becomes clear, and hence L. has to feel sorry for herself.

At the end of this same session, a unique dramatization of inner dialogue unfolded from the opposition between Ego and Other.

Therapist: What might calm you down here, in this situation?

L.: Well, I can smoke a cigarette or listen to music.

Therapist: I mean, get out of the present situation.

L.: Yes.

Therapist: And if we nevertheless remain here together?

L.: If we both stay here, I will want very much for you to talk. I will listen to you.

Therapist: You're expecting some words or something else from me?

L.: Well, you simply make me feel good.

Therapist: When do I do that?

L.: Well, in general, your simple presence. You're kind of a strong personality (sobs) who is able to lead a completely different life.

In L.'s last statement one can clearly see that she sees in the therapist the person she would like to be herself, but this seems unattainable. We can reconstruct the opposition in the inner dialogue on the basis of this external dialogue: i.e., between the *helpless self* and the *idealized omnipotent strong self*. But L. has not yet become aware of the positions represented in this inner dialogue: one could say that it is no longer "internal," but is still not completely "external," i.e., it occupies an intermediate position, both *internal and external*.

Later, in the next meeting, this dramatization is played on by the psychotherapist as she addresses her own countertransferential feelings (Cf. the function of working with the patient's transference reactions and the function of making use of countertransferential feelings) via the essential opposition in L.'s inner dialogue, i.e., "higher-lower," which the psychotherapist has felt aimed at herself. The psychotherapist penetrates the structure of the patient's inner dialogue and begins to steer it by a "technique of minimal variations" until the patient becomes conscious of it.

In the third session, the psychotherapist, in response to the "mechanical" nature of L.'s statements, i.e., their endless repetition, goes to answer the telephone and, in this way, acting from the position of a *real* Other ("interpretation through action"), shows her attitude toward L.'s lack of contact, but also specifically diagnoses the nature of L.'s reaction to the therapist's absence. Upon returning the therapist discloses how she feels (feedback through disclosure of countertransferential experiences):

Therapist: You know, L., this may be my imagination, but I simply have the feeling that some other person could be sitting here in my place, and you would say absolutely the same thing, with the same intonations. What I want to say is that I went to answer the telephone although I never go to the telephone when I work; but I had the feeling that *you didn't need me*. That is my impression. It's hard for me to listen to you; your intonation doesn't change. We're here meeting for the third time, and it is absolutely the same. It gives the impression of a lesson learned by heart. And I can't understand what this is all about. Either you find it difficult to be with me, or the entire problem is that you need some more effective organization of your life. But as a therapist, I can't meddle in this. I want to understand what it is that I can do for you, or what we can do together, or whether we have really made a mistake.

Then L. answers very decisively:

L.: What bothers me about you is that you're always telling me that (the decisiveness fades), that I don't need you.

Therapist: Do you think that I'm always saying this?

L.: This is somehow going on with you the whole time.

Therapist: What is the reason for this? Let's pay attention to this feeling (the function of stopping). Maybe this is a very important mo-

ment. Try to tell me this once again – only slowly and firmly, looking straight at me.

L.: But I feel the whole time as if you're persecuting me (she utters the last words with a trembling voice).

Then, exercising of the function of transferring a feeling to a broader life context, the psychotherapist asks:

Therapist: These feelings (she means the feelings of rejection, of resentment), do they occur to you in your life when you talk with people?

L.: I always have this feeling (sobs), as if no one needs me (sobs), but this all comes from home (sobs).

Earlier, in the second session, during L.'s long monologue to which the psychotherapist listened attentively and with which she effected a more thorough externalization, L. remembered a situation in which the feeling of "not being needed by anyone" became explicit. "My husband got a vacation, and he went away, and I wasn't able to. I had the risk of a miscarriage. I cried from morning to night. My first feeling was that nobody needed me, a feeling of helplessness – "Thus a gradual *broadening of the spectrum of situations* takes place, accompanied by a feeling of helplessness, abandonment, and rejection, which is a step toward a broader genetic unfolding of inner dialogue.

Going back to the third meeting, at the very end L. again discusses the theme of relations with her daughter and says the following:

L.: Do you remember, I was so hurt? But it seems to me that *nobody needs her*, my daughter [emphasis added – Au.].

At this point the therapist stops L. and, applying a number of theoretical techniques, helps to dig out the real content of what she says, to get a hold on the strong feelings hidden in it, and then express them:

Therapist: Try to tell me this in a different way, that is, "No one needs me" and notice your feelings. (Pause)

L.: No one needs me. (voice trembles) (pause) Yes, it's true: no one needs me.

Therapist: When you think in this way that no one needs you, what happens with you? What are your feelings?

L.: Bitter, cold.

Therapist: A bitter feeling, of course, bitter (with understanding).

As we see, the dialogue unfolds from an external reference (you say that I don't need you), then "you're persecuting me" (responsibility lies elsewhere), then "No one needs my daughter" and then to the *extensive expansion of the spectrum of dialogic relations*, and then to an *inner feeling* from which L. at first attempts to distance herself: "as if no one needed me," until, finally, with the help of the psychotherapist, the *feeling* is in the *first person*, i.e., acknowledged as her own, bitter and cold, but her own.

What is more, need for a deep emotional contact breaks through to the surface: the cry "I want to be accepted, wanted, and needed" resounds almost explicitly. The image of a possible Other in this case acquires a complex nature: on the one hand, the image of an Other as an ideal, as omnipotent and strong, as an "example," is present; and on the other hand, deeper "need-related" features of an Other appear: accepting, loving, sympathizing, precisely what L. is unconsciously seeking. At the same time, there is a "dry," objective image of an Other present who does not need L., who thinks about himself or herself, who is above her, and toward whom L. has aggressive feelings. The phrase "you're persecuting me" is directed precisely toward this "dry," passionless, rejecting Other who, as L. senses it, does not accept her unconditionally, as a mother accepts a child, i.e., does not correspond to the desired image of the Other, an image of an all-accepting mother. L. inwardly senses the contingency of relations and does not trust a direct feeling (so that she often repeats "Who is he [she], my relative or something?" "I'm not related to you," etc.), involuntarily deciding that, to be loved, one must do something (for example, give birth to a child to keep the beloved person or to pay: "Who can love without money?").

Thus, the need for a warm, solid, earthy attachment finally makes itself known to L., its source being the lack of bodily warmth in childhood (L. quite often says that she is "not of the same blood, and just tries to make non-kin into kin"). In this session, this voice, thirsting for love and unconditional acceptance, becomes noticeable; later, in the next sessions, it acquires even greater clarity. In this sense, inner dialogue unfolds in the direction of its foundation, the base dialogue. In referring to this fundamental need, the psychotherapist is actively exercising the function of creating trusting relations and support, accepting and understanding the

patient's "imprecatory" language, addressing her feelings, and in this way effecting an ever-deeper externalization of the inner dialogue disclosed at the very beginning of psychotherapy of this kind.

In one of the last sessions, practically at its very beginning, L. tells the therapist, "When I see you, I always feel like crying." After several sessions organized by the psychotherapist to bring the feelings behind this statement to consciousness, their meaning is laid bare.

Therapist: L., I was very impressed by what you told me. Honestly, we cannot go any further until we make clear what you want to tell me... (somewhat distraught). I didn't even understand that statement "When I see you, I always feel like crying." What is it? What's with you?

L.: I feel this inner pain; I don't have a mother, (sobs) (pause) Therapist: Is there anything else you want to tell me? What are your feelings toward me? (sincerely, indulgently) (pause)

L.: (sobs) Oh, I would really like to hug you and cry and cry; but I know that you have absolutely no need of me in that way – Oh, I just don't know this, (sobs)

Therapist: In what sense no need?

L.: Oh, in general, do you need me? (laughs) But here I am, wanting something impossible, (sobs) I have this sense of sor... this pain...

Therapist: Sorrow?..

L.: Yes, sorrow, pain, that I am alone in this great bright world; I have no one; I have no mother. Oh, I'm so tormented, I've been tormented my whole Ufe... (long pause; L. sobs)

Therapist: L., keep talking, tell me (with your sincere feeling) what have you built up inside of yourself toward me that forces you to sob?

L.: (sobs for a long time) I don't know. I just want to cry, that's all; there's this pain, this loneliness.

Therapist: What's keeping you from it?

L.: (sobs) No, I simply ... I don't have the strength for this; I don't know... How can I continue to live without this?..

Therapist: Without what?

L.: I don't have any guardian angel; there is no force. (sobs) (long pause) You simply know, you understand my pain; and I would like again to share this pain with you, but I no longer want to tell anyone anything...

As we see from this fragment, L. wants to find a "surrogate" for her mother in her life, and she has transferred this to the psychotherapist. The "pain" of which L. speaks is deeply dialogized; it is pain from an absence, pain as a state of loss, as devastation. L. has two images of a significant Other—the image of a loving man and the idea that such a man doesn't exist. At the same time, aside from L.'s very deep desire to regain her lost mother, she also imposes upon the psychotherapist this function, and urges her to assume something like a "maternal" position (projective identification).

Thus, behind L.'s query ("Well, do you need me?" [laughs]) stands a sincere challenge, spawned by an internal instability: "You don't need me emotionally; this is your work, but you don't need me as me." On the other hand, a peculiar loophole has been left unstated in this phrase: "But perhaps she will say that she doesn't need me directly, as a person close, as a daughter." The laughter after this phrase gives nuances to the loophole, makes it more patent, helping her to distance herself from what she has said, making it less serious, which makes it easier to say it.

"But I am wanting something impossible," says L. She is dimly aware of the infantile desire to acquire a mother in the therapist, to have a deep emotional bond with her; but at the same time, L. does not know what it is exactly that she wants. It is rather some internal longing and thirsting, given that L. has not had sufficient experience with such relations; her "inner mother" did not form, so that L. seeks her *outside herself*.

The total dependence on an Other who is "greater than L." also determines one of the basic types of inner dialogue in the structure of L.'s self-awareness.

Further, thanks to the psychotherapist's systematic exercise of the function of externalizing inner dialogue, L. says that she lacks warmth and love. And at the same time, there is an undertone "I need to give it"; "I never got it, and I am seeking it." Here we have a certain anticipation of the future: "Now you are giving me this in part, and later, without you, I shall die," drawing in the psychotherapist, binding her to the role of mother L. has set aside for her.

But *the direct expression of feelings* is sufficient: L.: "Oh, I should so much like to hug you and cry and cry." But also the vision of their source

(I don't have a mother), and the presence of a *positive formulation of her true needs and desires* testify to a profound externalization of L.'s inner dialogue.

*The theme of alienation of one's own needs and feelings*

In the very first meeting, it was possible to see how specifically L.'s inner dialogue had been compacted into subordination to the stepmother's voice. "You are bad; you don't have a mother. I will love you if you obey"; and later the voice of the stepmother resounds within L., and "you must obey" is supplanted by "I must obey," "I am bad, I must be better," or, more general, "I must follow someone or subordinate myself to someone."

Thus, at one of the sessions, L. suddenly admits to herself that she has lived her whole life for the sake of an Other and sacrificed herself for the sake of an Other.

Therapist: Have many of your feelings been *yours*? Have you *wanted what you really wanted*?

L.: That's not the way it was with me at all. I was totally under Zh.; basically, I had no feelings. What I had, I don't know; but I was completely under Zh. And that was that. (pause) At the beginning, I came to you because of my daughter, and now I find it is myself I have to deal with. (sobs) Therapist: You are now crying. Why is that? (with warm surprise) (pause) L.: (plaintively) I don't know. (sobs) That is, I come to you, and here I am at the center; I need something myself. (sighs) Therapist: But is this difficult? (in an understanding way) L.: Well, it's almost – I don't know. (cries)

Therapist: This Zh. and other such people as well are always creeping into the picture. What kind of people are they? L.: I am also very sorry that I wasted so much time (sobs), all my life for him... (pause)

Therapist: L., perhaps you were able to afford to waste at least a part of your life, the part that you're spending here, on yourself?

L. (with a plaintive voice): I can't.

In the above, the psychotherapist is exercising the function of support, the creation of trusting relations, the function of addressing the issue to authorship, the function of externalization (exacerbation of the problem situation; bringing feelings out into the open; placing feelings in a broader life context), and in this way creating the conditions for L.

to begin to be aware of the "fakery" of "Ego-living for Others," sacrificing oneself for the sake of an Other. It is by dint of compulsive imposition of this Ego image that ambivalence makes itself known: (1) "I sacrificed myself, I subjected myself; (2) "I gave my whole life, but received nothing in return."

A lifestyle in which there is a constant "departure from oneself," a projective "suppression" of oneself, leads to a loss of self such as L. displays. L. feels that "she is nothing," that within her is emptiness. (Somewhat later, in one of the last sessions, the discovery of this emptiness, this lack of feelings of love toward her daughter, becomes the focus of the therapeutic work.) The psychotherapist asks a very precise and broad question on this account: "But then, what can you express if within you is emptiness?" Later, in a situation arranged by the therapist to put aside the daughter problems and turn to L.'s own problems, L. involuntarily comes into contact with her emptiness and inner lifelessness. And L.'s response "I cannot" to the psychotherapist's direct and precise question in the above fragment (the therapist introduces it into the problem situation, exaggerates it, and puts L. in the position of "standing on the edge": "This I can do; that I cannot") is essentially the externalization of a prohibition the stepmother-mother imposed upon her. L. speaks with the voice of her stepmother, which has now become her voice. As is evident from the above fragment, a special "otherness" is characteristic of L., a compulsive fusion with the Other and, at the same time, a departure from oneself. L. is afraid of looking into herself, of turning in on herself and toward her own feelings.

At the third meeting, after the psychotherapist's feedback about the monotony of L.'s garrulity, L. says that she had in the past "used only foul language," which indicates suppression of feelings, followed by impulsive outbursts of feelings. The force of L.'s internal feeling rebels against external suppression of feelings; initially this came from the stepmother, and then was continued by her husband Zh., who entered into L.'s inner world as her protege.

Later in the same session, L. says the following: "Yes, I hate my talk; I always say the same thing." L. senses the standardized, worked-over, reproducible quality of her talk, its compulsiveness and alienation from herself, and partly understands that, because of her irritating repetitive-

ness, her story can hardly be taken seriously by the listener. She is willing to look at this from the sidelines; but for the time being, to speak about the evolving specifics of inner dialogue, L. borrows her relation to her speech from outside, from other people in the form of hatred and compulsive boredom: she repeats the same thing, but nothing changes. L. is aware of her lack of contact with others, but only in the form of self-aggression (as the reverse side of retroflexion), which blocks productive movement toward any change whatever.

In the session of 21 February, the therapist proposes acting out a situation, which L. deems necessary, although she dreads it, namely, her going to her husband's boss with complaints about him, as if that meeting were taking place now. L. enacts this encounter. Afterward, the psychotherapist asks her whether she was listening to herself as she acted out this scenario; L. responds: "My speech seemed kind of lifeless; I just talked and talked..."

Therapist: You said your speech was lifeless. Did you listen to it?

L.: I did.

Therapist: I did too. It is really difficult. Only for me it is difficult to experience anything toward you if I don't hear what is taking place with you, if I do not hear your feelings (sincerely).

L.: If I were to speak about my feelings, I would simply cry or sob.

Therapist: You mean you're afraid that you're avoiding your feelings when you speak that way?

L.: Yes; I don't want this at all.

Therapist: That's your wish? Yet here you don't show your feelings (with surprise).

L.: Well, here—actually I do; I don't note any strong demarcation, whether here or there, and hence it continues by a kind of inertia. I have built up some kind of a wall, not just before you but in general, some sort of a protective wall, so that I don't feel anything.

We note here that earlier, in the session of 24 January, L. said that she "had begun to speak like Zh." She has become aware of her "lifeless speech" in the form of an "alien" voice within her—as if someone strange had taken possession of her speech—and it is now not L. herself who is speaking, on the basis of how she feels, but "someone" within her who is speaking, making her speech monotonous and devoid of feelings.

Later, thanks to the therapist's feedback function, L. says that she will "either cry, or sob." Indeed, L. has accumulated many strong feelings, which have long been unexpressed and suppressed, but that are, at the same time, immature, infantile, and wordless ("I don't have any words; I simply want to cry"). These feelings are also *dialogical*: they are addressed to an Other. They have remained unanswered even with regard to their reference to early childhood, to a preverbal, predominantly bodily level of communication with a significant Other. We recall that L. lost her mother in infancy. Perhaps therein lies the reason for her thirst for a physical blood-relative contact with the psychotherapist. Later, this interrupted, primary, emotional and physical attachment was intensified by the stepmother's prohibitions ("You must not feel"; "I'm of no interest to anyone. Who could be interested in this?") and then, later, her own secondary prohibitions as a response to external pressure.

The *protective wall* about which L. speaks is essentially a response to the therapist's question "Who's preventing you from feeling? Are you afraid?" L. answers: "Yes, I'm afraid." This fear is also dialogical: it is a fear of someone, a "*reaction to an Other*." Later, a protective wall is built up, a mediating link between what L. feels and what she says and does. In her relations with her daughter, L. will later display the same protective wall that initially functioned in the psychotherapeutic situation as a wall between L. and the therapist.

Thus, L. says (session of 7 March): "You don't need me; you feel that I don't need you. But for me it's the same as with L.: she too feels that I don't need her at all, and she doesn't trust me; but actually, I need her very much, and I want to find a way to establish contact with her. But some kind of a wall has been built up between me and you, and between me and her..." L. became spontaneously aware of this during the interval between sessions, in the course of what might be called an *unending action*, i.e., as a consequence of the problem situation, L. would rehearse something over and over again until she finally understood it. This testifies to the significance of the theme and of the importance of productive work on it in the psychotherapeutic sessions; it also indicates the existence of internal communication, of a *natural unfolding of an inner dialogue outside the therapy*.

In the session of 21 March, when the sensation of a wall arises anew, the psychotherapist asks L. to look at what this wall means to her. Through systematic work using a sheet of paper on which L. describes the house, what she has done for herself, and what she has done to her own detriment (the therapist suggests to L. that she pay attention to what she is feeling when this sheet with the written description is lying on her lap and when it is taken away), the meaning of the wall is revealed. We find that the wall is formality, falseness, insincerity – forms of propriety, a specific framework within which one must stay. And when L. cries, this wall disappears; it also disappears when the sheet of paper with the formal notes is taken away. Thus, the obverse side of this wall is the desire for the emancipation of feelings, for letting loose, for freedom, a desire not for formal communication and connections, but for an understanding kind of communication. Inner dialogue breaks through to the surface: “I want people to love me as a mother loves her daughter,” to which the stepmother within L. responds, “But no one simply loves; they love something.” And in fact L. says, “I want people to love me without formalities, without any conditions; but you, of course, are not my mother.” There *is a gap here, an abyss* between the suppressed feeling and formal, strictly rational, external behavior. This primary feeling is suppressed by the voice of the stepmother – the voice of reason: “No one will love you; no one needs you; hence you’ve got to cope.”

At the end of this same session, after lengthy work on the wall between L. and the therapist and on the wall L. discovers in relations with her daughter, as the therapist is saying goodbye, L. reveals the very important opposition in her inner dialogue between feeling and its rational surrogate. The first, though very timid, hints appear of another of L.’s voices, a warmer, thawing voice, her “own” voice, an informal voice.

L.: No, but I think that you (coughs)... well thank you very much.

Therapist: Are these the words of an obedient daughter and school-child who says, “Thanks very much”?

L.: No, not at all. (timidly)

Therapist: What is it, actually? (with interest)

L.: Well, I’m honestly very thankful to you. (slightly hurried)

Therapist: Is that a fact? Or is that something that you think you should say?

L.: I wanted to say thank you. (sincerely) (Unconfidently) I have no warmth, probably only in words, right? That’s the way I am...

Therapist: Wait, wait! Are you assessing yourself again? Try to tell me what you want to say.

L.: I wanted to say “Thank you” to you.

Therapist: Well, say what you want.

L.: That I am very thankful to you. (warmly)

Therapist: Now the voice is growing warmer. Listen to the other voice. (with quiet contentment)

*The theme of power, a desire to control other people*

Toward the end of the first session, because of the psychotherapist’s exercise of the function of feedback and externalization, the essential voice in L.’s inner dialogue becomes clear. It says: “I now want to control; I want to act”; and then, “I want to be strong”; “I want to influence both I. and R.”

L. has an image of an Other to whom it is necessary to display power, to put the Other in his or her place, i.e., the Other must fall under L.’s power; the relationship to the Other is vengeful, aggressive (L. often said that she hated Zh., her stepmother, and others). As is evident, the image of an Other and the relation to him or her are dialectically related and interdependent.

In the session of 21 February, the psychotherapist says the following:

Therapist: The situation, of course, is serious. But perhaps you have been taking out your revenge on him (Zh.) all this time? Perhaps you’re wasting your strength on this matter? This is what I constantly hear: you are constantly repeating that he did not regard you as a human being, and the impression is created that you are wasting your efforts not so much on everyday questions as on screaming at him “*I exist and don’t you dare deal with me this way*” (The italicized words were spoken with force.)

L.: But what do I have to let go of? What did I not have earlier?

At this point another aspect of inner dialogue appears, a specific layer of it is externalized: either to be the subjugated one, or to be the victor, since for L. “to be” is to exert power, to lead, and to subordinate people to her. There is a similarity between L.’s outward aggressiveness toward other people and her aggression toward herself. In the words of F. Perls

and co-workers (Kohut, 1971), aggression cannot be only internal: there is also aggression that is directed outwardly. These two types of aggression are similar in structure, and essentially there are identical contents of consciousness underlying them: "They must obey me," and "I must obey." It becomes clear that *power and dependence are interchangeable*: initially others had power over, "controlled" and "subjugated," L.; and then L. began to subjugate others, just as other people had her.

On the other hand, L.'s outward aggression was suppressed by a fear of being abandoned, which was very prominent in her. Since her situation changed (divorce), one can observe in L. a powerful eruption of feeling that had previously been repressed. And we see the infantility, the turbulence, of her aggression, which is the consequence of her being unable to express it earlier. Revenge ("My life is ruined"), dependence, expressed in the desire to annoy a bit more painfully, to irritate ("O.K., you've abandoned me; I'll show you") or, as the psychotherapist comments correctly: "as if you are unable to break off even after the divorce"; and a dim, infantile desire for independence ("I, too, am worth something; I have to be something on my own") all come together simultaneously within her. But all these feelings are in one way or another linked to the search for support externally, and aggression and auto-aggression, in the final analysis, stem from the *primary disorder in dialogical relations* in early childhood and are due to the early loss of maternal love.

#### *The theme of love and payment*

Let us see how relations that constitute the foundation of L.'s disintegrated inner dialogue are brought to the surface in a situation of psychotherapy and are once again reproduced in it. Surprisingly, L.'s life situation at this moment, complicated by a lack of money to pay for treatment, and also the nature of L.'s relations with other people are reproduced in the therapeutic relations. At the end of one session (5 May), because she had no money to pay for treatment, L. offers the psychotherapist some gold rings for security, which the psychotherapist categorically refuses. The very fact that L. strives to give a personal thing (the rings) is meant to demonstrate how strongly L. wants to continue therapy (her act appears to say, "I want so much to come to you for therapy that I'll take my own personal things and give them to you"). Actually, however, this is a sign of L.'s recognition of the psychotherapist and a tacit invitation to

mutuality, to more personal intimate relations ("I act with you as I do with my own folks"), and thus expresses L.'s compulsive search for direct love, for the acquisition of a "relative."

After the therapist refuses to take this item as security, L. says with a strong sense of anger, "Oh, O.K.," behind which again is the feeling, customary for her, that "No one does anything simply for the sake of doing it" and "People are calculating and clever." We should point out that the actual situation of lacking money makes L. reject independence and turn to concealed supplications for assistance, for someone to resolve the situation for her. At a certain stage in the session, the psychotherapist decided to discuss this problem with the patient.

Therapist: L., how does it seem to you? What do you think about paying for our work (quietly)?

L.: Paying for work, just like when I want a massage, I simply can't just go and have it done (guardedly).

Therapist: Well, you are talking sensibly. I simply remembered something you once said, and I took it very seriously. You said, "Who will love without money?"

L.: But that doesn't apply to you. What kind of claims can I have on you? What are you to me – a relative? A mother or a sister? I can't have any claims on you. On the contrary, I am even thankful that you accepted me at all... When I once analyzed my life (cries), I understood that ... I was suffocating because of money. Because of money, of course. (cries) No one will simply help me, no matter how much I ask at home, it is useless (cries).

Therapist: Listen to me. I am getting the feeling that I involuntarily am becoming the same person for you as, as you say, those who were pushing you around, who were stifling you; and I have the feeling that somehow I was dragging this money out of you. I understand that that's not the way it is. But I also understand that I have a feeling of awkwardness, although this is my time: I am working. I understand with my head, but I am speaking about feelings; I am getting this feeling that I am exhausting you even more (sincerely).

As we see, in this session L. says directly that she is "being suffocated because of money," in contrast to in preceding meetings in which L. was inclined to blame her mother for her unhappy marriage, etc. L. now finds her own internal reasons for "such a life" and talks about

them. At a deeper level, this “because of money” reflects a fear of being alone, of being left with nothing, a fear of being rendered worthless; a fear of being abandoned frames these experiences. We also note her involuntary urging the therapist into more intimate “family” relations (“You are not my relative”; “I don’t have anyone to help me”), as well as the implicit transfer of responsibility to outside: “Help me! You have to help me; otherwise, I’ll die.”

Later the therapist states her own feelings, which, she feels, are induced by L.; she speaks about them, analyzes them, and enters into an implicit confrontation with L. In fact, the feelings of which the psychotherapist speaks (awkwardness, a sense of being coerced, ultra-responsibility, guilt, etc.) are provoked by L.’s message (“I will die without you. What will I do without you? I can’t go on without you; you have to help me”) and are *countertransferential* statements. Using the language of “object relations,” one can say that in this case the psychotherapist begins to serve as a *target for projective identification* and feels directly drawn to L., enveloped by her: she feels her on her skin.

As the psychotherapist says later: “... I have a feeling that I myself don’t understand what is good for you, what is bad for you, because human relations are tied directly to the problem of money for you, and I also feel tied to money – that’s the issue.”

L.: You are leaving out yourself; you are out of the picture. Why are you tied into this? (smiles)

Therapist: Perhaps you’re right (thoughtfully), but that’s my part of the problem, that I somehow begin to think about your money. In principle, a therapist should not think about this. In that sense you’re right. Perhaps I have crawled into your skin a bit, and am perhaps putting more emotions in it, and am losing detachment myself. You have just pointed this out to me, and I feel that really, somehow... (pensively).

Thus, the psychotherapist feels herself drawn into, bound to, L.’s life situation; and this “being bound to L.’s human relations with regard to the problem of money” becomes clear in the psychotherapy itself. Moreover, after the therapist *enters* into herself and conveys the corresponding messages about countertransferential feelings, she *exits* from countertransference and analyzes it, i.e., the internal position is replaced

by an analytic position. The psychotherapist in a sense takes leave of herself, “splits in two,” retaining both a direct feeling as well as a view of that feeling from without, from some external position.

In fact, one of the main oppositions in L.’s inner dialogue “love-money” (in other words, the pole “love” corresponds to the mother, with a direct and all-embracing feeling of love, and the pole “money” stands for the stepmother – calculation, subordination to certain actions, activity) becomes clear, and is now manifested in the situation between L. and the therapist. Thus, the inner dialogue is brought to the surface and acted out, assumes *external* form, whereas in its *content* it remains *internal* as before, albeit expanded outwardly.

L.’s inner division (mother vs. stepmother) is evident in a phrase she reiterated quite frequently during this session: “Why are you dealing with my problems? Why not without payment?” – underscoring her desire to come “without money,” as a daughter to her mother; but then again, the voice of the stepmother, the voice of reason, forbids it; and L. now says, “But you don’t need this.”

Further on in this session, L. says, “I have dumped all my problems onto you, and I didn’t want this at all...”

Therapist: But maybe you wanted to dump them onto me after all? L.: Whether I wanted to or not, you say this is impossible...

Thus, in reality, L. is saying the following: (1) I want to dump these problems onto you; (2) Could I have wanted anything? (the stepmother’s voice); (3) But you say (identification with an Other, “otherness”) that this is impossible.

Some time later L. says:

L.: (coughs) So I guess I’ve come to you as to an intimate (sobs). But I know you say this is totally impossible ... so it’s also uncomfortable for me.

Therapist: So this means that you have come to me as to an intimate, and that I am just like people close to you who refuse to take money from you. Is that the way it is? How do you feel about this?

L.: I don’t know; all that’s really related to...

Thus, in this fragment, there is both an analysis of transference as well as countertransference, and the psychotherapist draws on the analogy between L.’s life situation and the situation occurring here and now. Then the psychotherapist says:

Therapist: As I understand you, you would like to feel that I was a person whom it was not necessary to pay, to whom you could come and unburden your troubles. ... As if you had a magic wand in your hand. (L. cries) We are just talking about feelings, desires – these are not necessarily deeds.

L.: I have always wanted something like this, that there would be such a person. ... It didn't even want to be visible; it was somewhere in the subconscious.... (cries) (long pause)

Hence, the structure of the patient's model of attachment, a model of Ego-significant Other, is revealed; and this gives the greatest boost to the therapeutic process if one speaks of it in terms of transference and countertransference. The patient involuntarily returns to a state of helplessness, to the period of breakdown in relations with the significant Other, which exposes the genetically earliest layers of the patient's consciousness. In this sense the therapeutic process is raised to the level of reconstructing basic relations of attachment. In addition, we can see how L.'s latent, incomplete inner dialogue unfolds "in reality," here and now, on the basis of the records of the relations between the therapist and the patient.

\* \* \*

Let us sum up all we have said. Psychotherapy with a significant Other is essentially a developing dialogue process in which the patient's inner dialogues unfold in the direction of the basic initial dialogue relation intrinsic to self-awareness. In L.'s case, which we have chosen as an example for our analysis, we can note the subsequent direction of unfolding of inner dialogue from its content. (We should stress that the "themes," which we have singled out with a sufficient degree of provisionality, converge on a single nucleus; they grow from the same root, namely, from the wrecked emotional attachment between L. and her mother, who later was replaced by a stepmother.)

Psychotherapy brings to light a *developmental* overlapping of two types of dialogue. The first type of inner dialogue is determined by an opposition that is later in origin, namely, dependence on the stepmother, i.e., on the image of a person who, if she were duly obeyed and her commands were carried out, could help in some way and even love L.

Thus, this is dependence on a socially significant Other, an intelligent Other, with status, in some respects even powerful.

The other type of inner dialogue is earlier and primary in origin and is determined by L.'s deep-seated need for maternal warmth, love, and selflessness. This type of inner dialogue partly contrasts with and partly destroys the later type of dependence (dependence on the stepmother), and is revealed by therapy as L.'s need for a mother and for emotional help, which L. expects from outside, progressively unfolds.

As psychotherapy progresses, these two types of dialogue gradually unfold in reverse so that the *later variant of inner dialogue with the stepmother* appears first and is manifested in L.'s actions and behavior, after which further development is toward the primary *basic type of L.'s inner dialogue with her mother*. Of course, these two types of inner dialogue sometimes overlapped, or, on the contrary, alternated (a much more complex mode of existence) in the course of the natural functioning of consciousness in the psychotherapeutic sessions. The presence of two types of inner dialogue, mutually exclusive and at the same time coexisting, contiguous to one another, is, in dialogue terms, tantamount to a divided consciousness.

Because relations of attachment to the natural mother came to an abrupt end (her death when the patient was one and a half years old) and the patient never experienced love and acceptance and, further, because suppressed feelings of love and attachment were replaced by rational constructions and manipulative strategies owing to the fear of being abandoned and forsaken by the stepmother (the formation of "reactive attachment"), the structure of L.'s inner dialogue became disintegrated and divided and marked by dependence, a fusion with the Other. In this regard, the essence of the *mechanism of dependence* is clearly evident in the psychotherapeutic situation; this mechanism consists in the absence of the "internal mother" and is a dialogical mechanism. The situation of a distorted external dialogue with the natural mother, and the fact that that dialogue had not been lived through, make inner dialogue incomplete, which is expressed in a striving toward completion to the point of wholeness, in a search for the mother outside oneself, and in a desire for blood attachment to another person.

The mechanism of *dependence*, thus understood and associated with a specific *structure of the object* (mother), also defines the undifferentiated image of oneself, the Ego image; as a result of the early loss of the mother and her substitution by the stepmother, L.'s own feelings are suppressed and driven into the background; and she sacrifices herself, she is abandoned to herself. Inner sensations are replaced by the common sense of the Other, since "I'm worth nothing." One can say what one will about compulsive *otherness*: a total orientation to the Other in L.'s case, with all the conformism emanating from this ("If you obey, you can and will love") and a certain kind of specific learning of powerlessness ("You can live only because an Other is living who will help you if you are obedient").

The erratic nature of external dialogue, its imperfection, its not having been lived through, makes for imperfection of inner dialogue. L. projects the content of the image of the Other onto the psychotherapeutic situation; that content is a complex "Ideal Other" who can live and enjoy life, who "can help me." In relation to the therapist, this reads: "Everything is going well for you; you're a happy person. I envy this; and I, too, want to be like that." The "dry impassionate Other," an Other immersed in life, succeeding in life, obeying the laws of life, but not accepting emotions since life is not an emotional thing, but objective and calculating ("You have to think to live"; "I am not rational enough"); these two images essentially converge in L.'s consciousness, creating notions of a possible *Other*, a *strong* and *knowing* person for whom everything works. But gradually the image of the secretly desired Other becomes clearer: an *Other who is infinitely loving and accepting*. This suppressed emotional image remains under the surface, since it is very difficult for L. to say, "I simply want people to love me"; and it is difficult to understand this ("I want this, but not in that way; it's impossible").

The third image of the Other is an *amorphous Other, formed by L.'s actions*. This image of the Other is evident in L.'s relations with her daughter (the desire to shape the daughter's behavior, to achieve the "necessary distance"); but L. attempts to carry out similar violent actions on herself (the notion of learning and relearning is characteristic of L.). L.'s relation to an Other, however, shifts back and forth between the poles "power" and "fear of being alone." L. either attempts to control

the Other, just as her stepmother controlled her, or sacrifices herself to maintain the appearance of attachment to that Other. *Power and dependence are readily interchangeable and in many respects interrelated* since they derive from the same need, the need to feel supported. But the aggressive part of L.'s inner dialogue is not very stable since it "outweighs," suppresses, the fear of being abandoned, causing aggressive feelings to build up with no possibility of release (in this regard, divorce was good for L. since it gave vent to these feelings).

Thus, in a psychotherapeutic situation with a significant Other, an inner dialogue gradually unfolds. At a certain stage of therapy, the inner dialogue of the patient is played out in the relationship between patient and psychotherapist and ultimately penetrates to the most basic layers of consciousness, as a result of which the patient's emotional disorder appears to therapist and patient alike as an incomplete, un-lived-through, dialogue between mother and child.

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