

**Fragile Process**

**Margaret S. Warner, Ph.D**

Professor  
Illinois School of Professional Psychology

Many clients have a fragile style of processing experience that makes it difficult for them to work in standard psychotherapy formats. Therapists often find the experiences of these clients hard to understand and feel thwarted in their therapeutic efforts. Such clients are often diagnosed as having borderline, narcissistic, or schizoid personality disorders, and seen as using archaic defenses such as splitting or projective identification. A client-centered style of working is particularly effective with these clients once the therapist is able to understand the sorts of experiences clients are having while in the middle of fragile process.

In this paper I will describe fragile process, offer speculations as to its developmental roots, and consider what sorts of interaction are likely to be effective in psychotherapy. For the sake of explanatory simplicity, I will describe fragile process as a single phenomenon. It should be kept in mind, however, that people experience fragile process to varying degrees and may have a fragile style of processing for some aspects of their experience but not others.

### Description of Fragile Process

Clients who have a fragile style of processing tend to experience core issues at very low or high levels of intensity. They tend to have difficulty starting and stopping experiences that are

personally significant or emotionally connected. And, they are likely to have difficulty taking in the point of view of another person while remaining in contact with such experiences. For example, a client may talk circumstantially for most of a therapy hour and only connect with an underlying feeling of rage at the very end. Yet at this point he may feel unable to turn the rage off in a way that would allow him to return to work. He may then spend hours walking in the park trying to handle the intensity of the feeling. The client may be able to talk about feelings of rage at the therapist and very much want them understood and affirmed. Yet, therapist comments to explain the situation or disagree with the client will be felt as attempts by the therapist to annihilate his experience.

Empathic understanding responses are often the only sorts of responses people can receive while in the middle of fragile process without feeling traumatized or disconnected from their experience. The ongoing presence of a soothing, empathic person is often essential to the person's ability to stay connected without feeling overwhelmed. In a certain sense, clients in the middle of fragile process are asking if their way of experiencing themselves at that moment has a right to exist in the world. Any misnaming of the experience or suggestion that they look at the experience in a different way is experienced as an answer of "no" to the question.

Clients with low-intensity fragile process are likely to experience personal reactions as subtle emotional shadings, as threads of experience that they can barely catch and hold onto. If distracted or contradicted, they are likely to give up on the idea that such experiences have any significance. Therapist comments intended to offer helpful advice or insight are likely to cause the

client to disconnect. Clients experiencing a high-intensity fragile process feel their experience very strongly and often want to be understood and affirmed in the rightness of the experience. However, even slight misnaming or misunderstanding of the experience is likely to feel violating. For example, a client who says that he feels "irritated" may feel deeply misunderstood if the therapist says that she understands that he is "angry". Other sorts of interpretive comments or advice are likely to be experienced as invalidating the experience altogether.

The physical arrangements of therapy sessions are likely to affect clients' abilities to stay connected with fragile process.

Knowing that sessions will take place at the same time of the day and week, that they will begin in the same way, that the physical arrangement of the room will remain the same often helps clients stay with fragile process. Changes that might be insignificant under other circumstances can completely disrupt a client's ability to work therapeutically. For example, meeting in a different office, rearranging furniture in the office, or meeting at a different time may be experienced by the client as destroying the therapeutic context without any certainty that it can be restored. On the other hand, clients who experience fragile process often feel the need to have considerable control over the arrangements of sessions. Being able to adjust the length of sessions, have sessions at a certain time of day, or arrange the room in a way that feels comfortable may allow a client to connect with process that would be inaccessible otherwise.

Clients who have a fragile style of processing often experience their lives as chaotic or empty. If clients with high-intensity fragile process choose to stay connected with their experience in

personal relationships, they are likely to feel violated and misunderstood a great deal of the time. When they express their feelings, other people in their lives are likely to see them as unreasonably angry, touchy and stubborn. These others are likely to become angry and rejecting in return, reinforcing the clients' sense that there is something fundamentally poisonous about their existence. Clients who continue to express their feelings are likely to have ongoing volatile relationships or a succession of relationships that start out well and then go sour. If, on the other hand, they give up on connecting or expressing their personal reactions they are likely to feel frozen or dead inside. Many alternate, holding in their reactions while feeling increasingly uncomfortable and then exploding with rage at those around them.

Clients with low-intensity fragile process are likely to have difficulty becoming aware of or taking their personal reactions seriously. When they do express reactions they often do so in subtle and indirect ways. They are likely to feel rebuffed and withdraw personal connection before others are aware that a serious issue was involved. They may simply stay detached for most of the time, living lives that are outwardly functional, but lacking in a sense of vitality. Clients with low-intensity fragile process may not really know that there is an alternative to a low-key, slightly depressive existence.

### The Development of Fragile Process

The ability to process experience involves a complex set of intrapsychic skills that develop

during early childhood. In a basic sense, everyone who is alive processes, since all people have experiences that go through changes over time<sup>1</sup>. I believe, however, that more complex processing requires a basic skill: the ability to hold relevant personal experiences in one's attention in an accepting way. Children at first have very limited ability to hold experiences alone, and develop their ability to do so in interaction with nurturing adults. This begins with nonverbal interaction in infancy. "Good-enough" parents will connect with infants' experiences and draw them into various kinds of nonverbal play while helping them avoid extremes of high or low intensity experience (Stern, 1985). Infants can be quite good at eliciting this kind of nonverbal empathy from adults who aren't already skilled at it. Adults also bring a verbal empathy to children's experiences, typically beginning to name their reactions long before the children are able to understand the words. After hearing their experiences named by others for a period of time children will begin to label their own experiences. Initially this labeling will be quite primitive and global, later much more subtle and complex. As children grow older they develop a sense of how particular experiences fit with a larger personal, family, and cultural identities.

When children have learned to hold their experiences with the support of caring, empathic adults, they begin to internalize this capacity and attend to their own experiences in an accepting way. Once this has happened, other experiential capacities tend to develop naturally. During latency and adolescent years children become increasingly able to modulate the intensity of emotional reactions, and to shift in and out of mood states as situationally appropriate. They come to be able to sense their own experiences, shift to taking in the experiences of other people, and

---

<sup>1</sup> My thinking about experiential processing is heavily influenced by the work

use this information to revise their own experience. They become able to consider their immediate reactions in the light of other personal or cultural meanings and let these meanings have an impact on their experiences.

If parenting adults are overwhelmed or preoccupied with their own needs they may not engage in very much empathic holding of their children's experiences. They may be unresponsive or they may respond to their children primarily in terms of how the children make them feel. If adults are avoiding facing certain issues in their own lives--such as alcoholism or marital unhappiness-- they may systematically distort their labeling of those experiences which their children have that would threaten their denial. Children may develop reverse self-objecting relationships with their parents, in which they put their own reactions aside to help avoid fragmentation experiences in their parents 2. When children have not had an empathic holding of their experiences by adults, the development of other experiential capacities is likely to be compromised. Experiences that have not been held tend to feel unreal, out of control or poisonous. Rather than learning to process personal reactions to situations children begin to suppress their experiences or act out of them without much understanding of their motivations. Over time, these children are likely to develop global feelings of emptiness or badness.

### Therapeutic Interaction With Fragile Process

---

of Eugene Gendlin which explores the complex relationship between people's felt-sense and the verbal naming of experience.

Ideally, therapy with adults who have a fragile style of processing creates the kind of empathic holding that was missing in the clients' early childhood experiences. If the therapist stays empathically connected to significant client experiences, the clients are likely to feel the satisfaction that comes from staying with their experiences in an accepting way. Initially this tends to be a very ambivalent sort of pleasure, since the experiences themselves are often painful, and the client is likely to be convinced that they are shameful and likely to result in harm to themselves and others. Clients may feel the need to test therapists in various ways, before trusting that the therapists could relate to their experience or believing that their experience could have any value. They may be afraid that expressing their experience will make them vulnerable to manipulation and control by the therapist or that their experience has the power to overwhelm and harm the therapist. Over time, however, clients are likely to find that their reactions make more sense than they thought and that seemingly inexorable feelings go through various sorts of positive change and resolution.

Effective therapy with fragile process requires high quality listening skills and an openness to receiving guidance from clients as to what sorts of responses are helpful. Clients usually need more than an accepting presence. They need to hear their reactions put into words in such a way that they know that their therapists have grasped what they were feeling and trying to express. (This is quite different from expressing empathy for experiences which the therapist believes the client would experience if they were not "split off".) To convey such understanding, therapists need to be particularly attentive when clients have a sense of experiences that they don't yet have words for

(Gendlin,1964). If therapists make space for the unclearness clients are likely to find their own words for the experience. (For example, the therapist might say "Something about that feels really uncomfortable, but you're not quite clear what it is" the client may then say, "Yes, it's kind of a sad-hopeless feeling.") On the other hand, if the therapist fills in the meaning, the client is likely to feel misunderstood and angry or give up searching for the right words to express the experience.

Most therapists believe that they listen well, when they are actually quite inattentive and inaccurate in their understanding of minute to minute client interaction. Therapists often have to listen to tapes of their own interactions to realize how little they have understood of clients' immediate concerns and how ineffectively they have expressed that understanding to their clients.

In addition to listening poorly, therapists often offer considerable numbers of comments, interpretations or questions to their clients. Such interventions may seem quite mild to the therapist but be experienced as annihilating to a client in the middle of fragile process. For example, a client may say that she feels upset when she thinks that she has to come to therapy sessions and the therapist may ask why she feels that she has to come. The client in the middle of a fragile process may be just starting to feel that she can hold her feeling of upsetness and feel that she is all right in the process. Under those circumstances, the therapist's question is likely to be experienced as a message that the client's experiences are all wrong and that she has no right to have them. Yet, if the client expresses anger at the therapist, the therapist is likely to feel puzzled and a little annoyed by the client's reaction.

Clients who have a fragile process often tell stories that somewhat indirectly express their fear that their experience has no right to exist in the world. Sometimes these stories express the clients' sense of hopelessness and shame when other people are upset with them. At other times clients go to great lengths to explain that they have done everything possible in a situation and that others haven't done anything to help or have actively made the situation worse. Therapists are often drawn into reassuring clients that they have no reason to feel ashamed. Or, they offer clients advice about how they could look at the situation differently or handle it more assertively.

Clients in the middle of fragile process are usually quite unreceptive to such advice and are likely to seem wounded and irritated when it is offered. They are really just asking to be received in their experience of the situation. And, when therapists are able to hold such experiences with clients they are addressing the issue that is more fundamental--their clients' uncertainty that they have any right to have the experience at all. Once clients feel more grounded in their experience of the situation they quite naturally come to take a view that balances their needs in the situation with those of others, taking in alternative points of view and becoming assertive in evenhanded ways.

Clients typically have some themes or life situations that are much more fragile than others. Clients are likely to express themselves in ways that are much more clear, forceful, and seemingly rational around aspects of their lives that are less fragile. When issues are fragile, clients will often express themselves a bit indirectly--in side comments while leaving the session, a themes buried within long stories, or comments made very tentatively and then quickly denied. Such

indirectness is one reason that clients who have a fragile process often feel misunderstood. Therapists can easily miss attempts by their clients to communicate about experiences that are fragile then find that the clients leave therapy or don't seem to be making any progress.

Clients are likely to alternate between pursuing ways of life that negate certain core experiences, and attempts to reassert their right to have such experiences in the world. When therapists understand the issues that are at stake, they are likely to find that a great deal more of their clients' behavior makes sense. In turn, their clients begin to feel much more fully understood by them. Therapists quite naturally come to take delight in the most fumbling, indirect, or rigidly argumentative attempts by clients to reassert their right to have an experiential presence in the world.

When clients come to be able to hold and process fragile experiences in therapy they are likely to feel very reliant on the therapist for a period of time. At this stage, the empathic presence of the therapist is essential to clients' ability to hold their experiences without feeling traumatized. It is as if the therapist held an oxygen mask for a clients who spend the rest of the week struggling to be able to breathe. Quite sensibly, clients may hate to leave sessions and resent the time that they have to spend out of contact with the therapist. Gradually, though, clients come to be able to hold their experience for longer and longer periods of time between sessions. Often, having several sessions a week lets them bridge between sessions without losing their sense of connectedness. In this in-between phase clients can often reconnect with their experience by calling up the image of the therapist in various ways. Brief phone contact, hearing tape recordings

of the therapist's voice, holding an object that belongs to the therapist, or sitting outside of the therapist's office may help recall the therapy experience.

### Fragile Process and Self Psychology

Many ideas of Heinz Kohut (1971,1984) fit well with a model of fragile process. A number of writers have noted that Kohut's emphasis on empathy in work with narcissistic clients comes remarkably close to the attitudes of empathy, congruence, and unconditional positive regard that Carl Rogers (1957) had earlier advocated in psychotherapy with all clients. Kohut's discussions of selfobject transferences capture the intense dependency which clients feel while they are in the middle of fragile processes. Kohut was the first theorist to really understand the way clients may need to use the therapist as an auxiliary ego for a period of time. His discussions of empathy vividly capture the sense of violation clients experiencing fragile process feel when they are misunderstood by their therapists. These contributions have been very helpful to many client-centered therapists in coming to a deeper understanding of their clients' processes. On the other hand, Kohut's theory is much less elaborated than client-centered tradition on the nature of empathy, ways empathy can be expressed most effectively and the sorts of client processing likely to be fostered in an empathic understanding relationship.

While Kohut saw his thinking as an extension of psychoanalysis, his ideas fit somewhat uncomfortably within the psychoanalytic model. Most psychoanalysts try to avoid gratifying the infantile wishes of their clients and rely on interpretation to engender awareness and change.

Kohut was suggesting that when preoedipal issues are involved, the therapist needs to replicate a number of parental "selfobject" functions that the client missed earlier in life by fostering similar selfobject transferences with the therapist.

By suggesting that positive elements of the therapists' style of interaction potentiate natural, self-directing processes in the client Kohut is expressing ideas that are much more compatible with a client-centered model of therapy than a traditionally psychoanalytic one. Of course, he moderated this position by suggesting that this noninterpretive, empathic stance should only be taken while the client was dealing with preoedipal issues and should be abandoned with more advanced clients. In some ways Kohut's attempts to make his thinking compatible with drive theory may to have impeded his development of an internally-consistent approach to the psychotherapy with narcissistic clients...(ref.

#### ` Interpretations of Fragile Process as Archaic Defense

Many therapists interpret negative therapist reactions as resulting from unconscious communication on the part of clients, who they see as using the archaic defense of projective identification<sup>3</sup>. Initially, therapists often feel uncomfortable being with clients who are in the middle of fragile process. They may feel that

---

<sup>3</sup> See, for example, Otto Kernberg (1975), Borderline Conditions and

clients are detached and boring, that they are perversely unwilling to receive helpful interventions or that they are unreasonably angry about minor dislocations in the therapy process. They may, then, conclude that the client unconsciously wants the therapist to feel bored or frustrated so that the therapist can understand how bored and frustrated client is or has been feeling in her life.

I believe that it is wise to be quite conservative about such judgements when clients are experiencing fragile process. Clients are usually just trying to hold onto their own experiences and keep them from going out of control. They generally have no particular wish for the therapist to feel frustrated and out of control in the process. In fact they often feel a terror of burdening or harming therapists by their relationships with them. I believe that therapist discomfort usually arises for one of two reasons: (1) the therapist doesn't understand the clients' process and therefore experiences clients as perversely frustrating and unreasonable, or (2) the therapist has unresolved control or dependency issues that are hooked by the clients' needs. Jumping to the conclusion that clients unconsciously want to create uncomfortable feelings in the therapist can easily stop therapists from trying to understand their own and their clients' reactions. And it can impede the very empathy that is so essential to these clients.

Occasionally, clients in the middle of fragile process are trying to create negative feelings in their therapists. I believe that these are better understood as an interpersonal strategies secondary to fragile process, rather than manifestations of unconscious defense. Clients are usually trying to find ways to handle their intense needs for therapist support. They may try to

test the therapist with negative behavior to find out if the therapist is likely to leave them before they risking the intense dependence which will occur if they open up fragile processes. Once they are in a close relationship with the therapist, they may try to find indirect ways to get more help from the therapist when their experiences feel overwhelming. Or, they may want to express their resentment at the fact that they suffer so much in the relationship while the therapist doesn't seem to suffer at all.

While it is important for therapists to understand the possibility that their clients might resent the relative emotional freedom that they have within the relationship, I believe that it is unwise to assume such motivations if they haven't been articulated by clients. As always, therapists need to be sure that they take care of their needs in the therapy situation so that they do not become overextended and come to resent their clients. In an understanding climate, clients will talk about their underlying motivations when the subject is relevant to them.

Many therapists will interpret the behavior of clients in the middle of fragile process as "splitting" and assume that the client is having trouble integrating good and bad qualities into a single image. They then feel that it is important to point out the other side of each issue--noting, for example, that people idealized by the client are fallible and that the people clients are angry with also have good qualities. Clients are quite likely to idealize a therapist who is successfully connecting with fragile process. And they are likely to feel very angry with other people in their lives by whom they feel misunderstood and mistreated. On the other hand they are likely to switch into feeling extremely angry at the therapist when they feel misunderstood and mistreated

in that relationship.

I believe that the primary difficulty that clients with fragile process have is one of not being able to hold their experience, rather than a difficulty in integrating good and bad images into a single gestalt. When the experience of fragile process is understood, strongly positive and negative reactions expressed by clients often make a great deal of sense. Once clients gain a sense of security in their ability to hold good and bad reactions in an accepting way, other processing skills develop without any intervention on the part of the therapist. Clients become more interested in understanding the experience of others and they become more able to use that experience to modify their understanding of own situations. As a result, they spontaneously develop more integrated good and bad images of themselves and others. As they become more able hold and affirm their reactions, they are less likely to feel thrown off and violated by other people's reactions to them. They become more able to switch back and forth between their own points of view and those of others, or to postpone interactions that could be dealt with more effectively at later times.

### Conclusion

While the concept of fragile process can be used with a number of therapy modalities, it fits most comfortably within the client-centered tradition. Client-centered therapy proposes that the same sort of relationship that fosters self-actualization in childhood is promotes self-actualization in therapy--one characterized by empathy, congruence and unconditional positive regard. Fragile

process seems to be engendered by empathic failure during early development and to be helped, almost exclusively, by participation in a non-intrusive empathic therapeutic relationships in adulthood.

Warner, M.S. (1991). Fragile process. In L. Fousek (Ed.), New directions in client-centered therapy: Practice with difficult client populations (Monograph Series 1). Chicago: Chicago Counseling and Psychotherapy Center, 41-58.

Warner, M. S. (1997). Does empathy cure? A theoretical consideration of empathy, processing and personal narrative. In A.C. Bohart & L.S. Greenberg (Eds.). Empathy reconsidered: New directions in psychotherapy (pp. 125-140). Washington, D.C.:American Psychological Association.