



THE EFFECTS OF FEELING INVISIBLE

UNDERSTANDING THE CONNECTION WITH EARLY ATTACHMENT DISRUPTIONS AND NEGLECT

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INTRODUCTION

Invisibility may be a good protection in some cases, yet have devastating effects in others. Clinicians might unconsciously overlook this issue because clients usually do not describe it as problematic; most of the time, it just comes up as a comment that gets lost in the middle of a history filled with apparently more disturbing content. However, when working with clients with severe

traumatization, such as Borderline Personality Disorder, complex PTSD, and Dissociative Disorders, it is not easily overlooked. It comes up so many times that it is impossible to miss. Many patients describe how they have felt invisible for as long as they can remember; others describe the first time they realized being invisible could be safer. When working with adults who are victims of severe neglect and/or maltreatment, the issue of invisibility comes up very often.

THE LOGIC OF INVISIBILITY IN DIFFERENT SPECIES

In Nature, every evolutionary advantage increases an animal's chances of survival. This simple fact has caused animal species to evolve a number of special adaptations that help them find food and prevent them from becoming food to predators. One of the most widespread and varied adaptations is natural camouflage, an animal's ability to hide itself from predator and prey.

In the ocean, animals have two choices if they need to hide. Creatures that live near the bottom of the ocean can blend in with the sand or the rocks, or hide in the corals. The deeper oceans are often pitch black anyway and predators lack eyes, so being invisible is not necessary. When animals living close to the surface need to hide, they generate dazzling light displays through a process known as bioluminescence. Predators below are confused by the seemingly dappled sunlight hitting the surface of the water. Animals that live in midwater, though, have neither of these options. This region is known as the pelagic zone, which also happens to be where most invisible animals live. Invisibility helps them survive amid a sea of predators.

Sea species are not the only ones who disguise themselves. Insects, birds, and mammals use camouflage as protection. We can see beautiful examples of this strategy through the work of Art Wolfe, photographer born in Seattle, WA, who has been photographing wildlife for over 35 years. His book *Vanishing Act: The Artistry of Animal Camouflage* (2005) shows many examples of animals "blending" or disguising in Nature.

Some individuals try to camouflage themselves early in life, but they are not very good at it. Human beings need others to grow and feel they exist. The development of personality and identity in human

beings depends on the perspective and style of care that the child receives from his or her attachment figures. Invisibility –the "lack of" being seen– prevents the essential development of the person.

INVISIBILITY AND THE IMPORTANCE OF ATTUNEMENT

Emotional regulation is not an automatic process; its development begins in the earliest stages of childhood through the dyadic caregiver-child relationship (Schore, 2003a, 2003b). A healthy attachment relationship is one in which adults capable of attunement with the child and consistent in their reactions help children modulate their emotional reactions. Secure attachment in children generates a sense of inner security and connection with self and others.

When these experiences of attunement and dyadic regulation do not exist and someone is not seen, the consequences can be devastating. From a clinical perspective, the "lack of" attunement and dyadic emotional regulation has negative consequences in adulthood, though there may be no memories of those experiences. Lack of attunement leads to neglect, even when the intention is not to harm. Caregivers who are overwhelmed by their own conflicts and difficulties, may not be able to really see the child's needs or may be unable to differentiate them from their own.

Neglect is related to "the lack of;" what should happen in a healthy relationship does not happen, and this leads to many complications in the developing self. One of the effects is the feeling of being invisible.

THE DIFFERENT FACETS OF INVISIBILITY AND ITS CONSEQUENCES

There are different ways in which a child may feel invisible to others or try to be invisible, and all of them have serious consequences on the developing individual. Figure 1 summarizes these four different facets, which are detailed below:

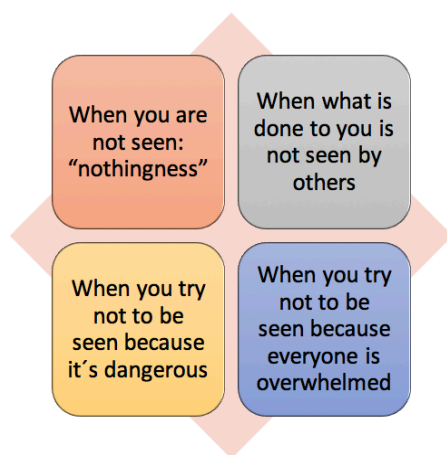


Figure 1. Four Different Facets Of Invisibility

1. **The "nothingness".** When one is not being seen, noticed or felt by caregivers or anyone. This is frequent in those cases in which caregivers are overwhelmed by their own issues (mental issues, health problems, poverty, etc.); when the child was unwanted and feels like a burden; or when the child triggers maladaptive emotions in the caregiver. These children grow up with a huge need to be seen, to be taken care of, or to be important for others in any way. This makes them very vulnerable to possible predators who are very aware of the child's difficulties. Many end up suffering sexual abuse and develop a strong and very confusing attachment to the perpetrator. Even if they are disgusted by the abuse, it is always better than being invisible so, in some cases, they even seek the perpetrator.
2. **Partial blindness.** This is related to situations in which a child is seen and taken care of at some levels but what is being done to the child is not seen. Sometimes family members cannot realize what is happening due to their

own issues or might even choose to look the other way. A typical example of this situation is sexual abuse within the family, when others are around but nobody does anything about it or realizes that it is happening. A patient described how her mother dressed her like a boy since she was very little. In addition, her mother and grandmother would cover up the little girl with robes and blankets when her father walked through the door. Her father sexually abused her when mother and grandmother were in the house, but neither one of them ever did anything about it. When the patient confronted them about the abuse, she was very confused because both acted like they had no idea the abuse was taking place.

3. **Invisibility as protection of the self.** Sometimes the child tries not to be seen because the environment is dangerous. The more the child can become invisible to others, the higher the chances of preventing danger and surviving. A patient explained how she would hide behind the stairs most of the day, in a closet that was very narrow and nobody used. This was her way of avoiding verbal and physical abuse from mother, who would insult and hit her for no reason whenever she was around.
4. **Invisibility as protection of others.** This is frequent when there are many issues happening in one family such as severe illness, poverty, or other situations where the adults are completely overwhelmed. The child tries not to be seen and learns to ignore his or her needs to avoid being a burden to the family. The family history might be similar to the situation described in point #1, but in that case caregivers cannot see the child anymore. In this situation, caregivers try to be there for the child, but it is the child who learns that a way of helping is not to need anything and to help adults with any needs they might have.

Each of the previous situations will have, as mentioned, serious consequences for the developing child. Figure 2 offers an overview of these effects, which are explained below in greater detail.

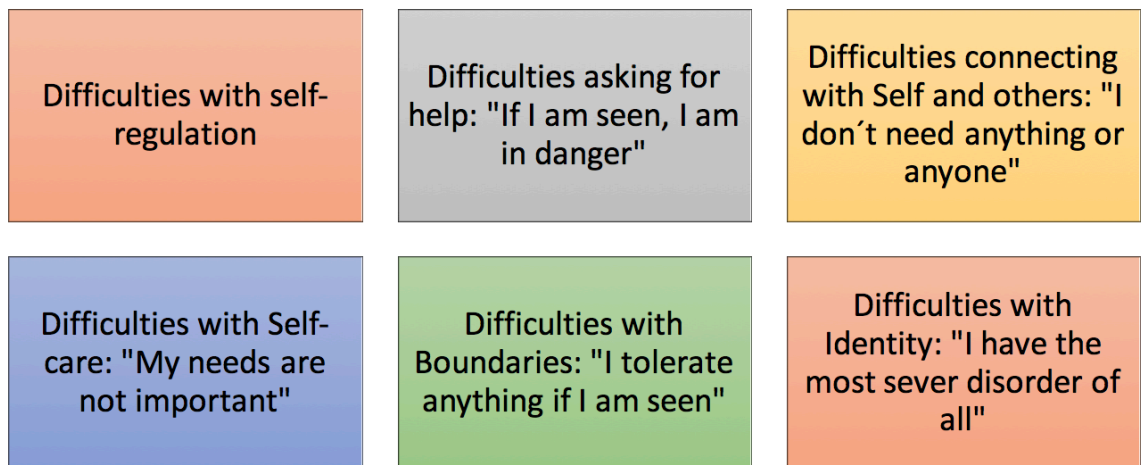


Figure 2. Effects Of Invisibility

Difficulties with self-regulation. The effects of feeling invisible, unseen, and neglected have profound effects in the child and future adult. Children who learn to deactivate automatic responses never develop such basic abilities as co-regulation, emotional regulation, and self-care.

Difficulties asking for help: "If I am seen, I am in danger." Some children try to be invisible to avoid maltreatment. In some households, having needs or expressing them is dangerous. In such cases, children adapt by trying to be invisible in order to survive. The internal struggle is high and although parts of them want desperately to be seen, others know it is not safe and will not allow it.

Difficulties connecting with Self and/or others: "I don't need anything or anyone."

Some clients develop a defensive attitude to deal with the vulnerability of not being able to express their needs or have them met. As adults, they may present diverse defensive attitudes and may even believe they do not have any feelings. Some clients learn to believe that people who have needs are weak or that having needs is a waste of time: "Don't give me the emotional lecture, not interested. There is no use, and I am fine the way I am."

Difficulties with self-care: "My needs are not important." Victims of severe emotional abuse and neglect often learn to ignore their emotions and their most basic needs. When children learn their needs are not important and should be ignored, they learn to keep everything inside. These future adults are very

good at presenting an apparently normal façade, but the internal sensation can be quite devastating. As adults, even when they identify needs and would like to express them, and when it is actually safe to do so (e.g., in a healthier adult relationship), they will tend to repeat what they learned.

Difficulties with boundaries: "I tolerate anything if I am seen." Being seen for the first time can have a profound impact on clients who have never been seen. They might feel special and will tend to minimize negative behaviors to "get more of it." Some cases end up in abusive relationships despite knowing it is not good for them. When we explore what keeps them in the relationship, in many cases we find idealized first contacts. This is related to the high impact of being seen for the first time. See case example "I felt like a Goddess" at the end of this article.

Difficulties with Identity: "I have the most severe disorder of all." Other cases might have more flamboyant clinical presentations, such as florid DID cases. Often, when they received the diagnosis or when they started presenting obvious symptoms, family members responded with interest and affection for the first time ever. This unconsciously will generate the need to try to get more of this. We can also see this in some histrionic presentations where patients related to others through problems or symptoms, or in antisocial presentations where they try to scare others away to avoid any possibility of being hurt.

USEFUL QUESTIONS FOR EXPLORING AND WORKING WITH INVISIBILITY

It is important to know when and how the feeling of being invisible started. For this, we may use the float-back exercise

- *Do you remember the first time you felt invisible?*
When the patient says "forever," we search for the moment of greatest impact, when they realized their invisibility. It will also be crucial to explore when they have had the opposite feeling, the feeling of being seen.
- *Do you remember the first time you felt seen?*
Ask for a description to explore whether it was a healthy contact or there is an idealization defense.
- *By whom did you feel seen for the first time?*
- *How was that for you?*
Exploring triggers can help us understand which targets to work on.
- *In which moments or situations is the sensation of being invisible more accentuated?*
Finally, we should explore the client's way of handling this feeling.
- *What kind of thoughts come to you when you feel invisible?*
- *How do you respond to those thoughts?*
- *Which emotions are most connected with that feeling of invisibility?*

CASE EXAMPLE: "I FELT LIKE A GODDESS"

Rose is a 45-year-old woman referred by a domestic violence victims program. She has been abused and maltreated in the few romantic relationships she has ever had. One of her main concerns is that she seems to go from one abusive partner to another. Some people even question her "poor choices" and she agrees with them. She is fully aware of "making

poor choices," but she does not understand why. Clinician and client are trying to understand the different dynamics that are related to her romantic relationships. In a moment of the interview the client describes "disappearing in front of others." In one of the questionnaires she describes being invisible and she explains, "I did not try to be invisible, that is just how it was: I was invisible for everyone, they just saw right through me."

In this part of the interview, the clinician is trying to help her understand how her early experiences are linked to her current problems in her relationships.

T: How do you think the feeling of being invisible as a child has affected your adult life?

P: Well, that I'm... Oh God!

T: Try to think of what you were just telling me now. You told me that the main thing was feeling invisible, that you felt invisible all the time. That you weren't trying to be invisible, that they simply did not see you, right? (Patient nods.) And I'm asking you how your development was affected by this.

P: Well, I didn't get in trouble. It got me away from people. I had a hard time making friends and talking to anyone.

T: Okay, and do you find any relationship between feeling invisible at home and the feeling of not being able to relate to others?

P: Yes, I thought I would get the same reaction than at home, the same one.

T: You had the feeling that they were going to react...

P: ... just as they did at home.

T: Just as they did at home, okay. And what made you think they would react just like they did at home?

P: Because at home... Let's see, it was a normal home... So, I guess the people there were normal people, too. So, if the ones at home don't hear me, don't listen to me, and ignore me, the others—who have nothing to do with me—would do the same.

T: So, you thought it was like that everywhere?

P: Yes

T: To this day, how do you think it continues to affect you?

P: I have a hard time with it... I'm not a talker.

T: Withdrawn?

P: Yes.

The relationship between her story and her problems with romantic relationships becomes more evident when we explore this issue.

T: Do you think that feeling invisible has had an influence on tolerating some of the things that have happened with your former partners? (Patient nods.) Yes?

P: I think so.

T: Why? Just so I can understand it.

P: If I don't respect myself, how can I expect others to respect me? If anyway, I'm not there (invisible)...

The first time she feels seen has a profound effect on her

T: What was it like for you to suddenly feel seen?

P: It was impossible for me.

T: Can you explain that to me?

P: I was someone who doesn't speak, I'm a person of few words. And for someone to listen to me... I felt like a Goddess.

T: It made you feel very special.

P: Of course.

T: You weren't used to it.

P: I wasn't used to feeling important.

T: Exactly. So, at that moment, he made you feel important.

When the abuse begins, she plays down its significance because feeling seen still is more important. Leaving the relationship would mean

being invisible again.

T: And a little later, the abuse begins.

P: Yes, he slapped me the first time when we were dating.

T: Would you say that this has to do with how important it was for you to feel seen by someone?

P: Yes.

T: And that from there on you played down other things, or not?

P: Yes, I didn't care about the slap.

T: So, when you already knew what was going on in the relationship (abusive), what had more weight for you? The abuse or the feeling that this person did see you or saw you sometimes?

P: That he saw me.

T: That he saw you. Was it the same with your other partner?

P: Yes, he used to take me everywhere, I felt like a queen, I had everything. But then the mistrust came along: he wanted to know who was I with, he controlled my phone...

T: And how did that make you feel?

P: At first very well, but later, a tremendous burden, he became very jealous: "Who are you with?", "Who were you with?"

T: Controlling. And the second one too?

P: Yes. He checked my phone: who called me, who didn't call me...

The patient initially interpreted the control as "love" because she was used to being ignored. Being controlled feels like "I matter to someone."

T: So, initially, when these controlling behaviors started, did you associate them with "Oh, he loves me so much"?

P: In the beginning yes, especially with the first one.

T: This is one of the things that usually gets stuck,

you know? And it gets confused. When somebody has not felt seen and suddenly someone starts controlling her, it's a feeling of, "Wow, he must love me a lot to look after me so much!"

P: Yes, but later...

T: Later it's not, of course.

P: It becomes tiring.

T: Exactly. So, what you want now is to be okay, without needing anybody, right?

P: Exactly.

T: How are you doing after talking about this?

P: Fine.

Exploring potential resources that she may have and does not currently use for herself.

P: When I see something on domestic violence, I get very defiant.

T: So you get defiant, but then you tolerate things that you shouldn't have to tolerate. Do you realize this?

P: Yes, it's the opposite.

T: Of course, but that's very important, because we want to bring out this defiant part more often to protect you.

P: Of course.

T: What do you think?

P: Since I was so submissive, I am still submissive, I don't know how to say "no."

T: But there is a part of you who is defiant.

P: But she is there... yes, very defiant.

T: And she doesn't come out when you need her.

P: Exactly.

T: Then we have to work so that part can also come out when you need her.

P: To defend myself.

T: Yes, to defend yourself.

It is important to explore why she does not use her "defiant" part more often. This can give us significant information about the internal structure of the patient.

P: It's very aggressive.

T: So that's why you don't want the defiant part to come out.

P: No.


T: Okay, because you're worried about becoming aggressive. Well, then we have to find a middle ground so that you can defend yourself without being aggressive. What do you think?

P: Okay.

T: Notice how useful it is to see all of this then. (Patient nods.) How are you now?

P: Fine.

CONCLUSION

Our ultimate goal when working with invisibility is the integration of those parts of the personality that were not recognized or accepted by the caregivers. Becoming able to truly see these parts of oneself, with interest and unconditional acceptance, has a significant healing effect. Invisibility starts to dissipate as individuals can see and accept what they are or when they can see and accept parts of themselves that were never seen or accepted. 

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