

Birth of a Self in Adulthood

COMMANDS GIVEN TO
IMPINGED-UPON ADULTS
BY FATHERS



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e-Book 2017 International Psychotherapy Institute

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Commands Given to Impinged-upon Adults by Fathers

The nature of the relationship between impinged-upon adults and their fathers is more difficult to identify than the relationship with their mothers. If therapists have already acquired knowledge about the dynamics of this relationship, they will be better able to detect the subtle clues and ask the questions that elicit information about patients' fathers. On the surface, patients' fathers appear to be in the background. Some fathers have impressive work credentials and are prominent members of their profession and community. They are at their best and most confident at work but feel compelled to devote long hours and many weekends. Even though they may be competent professionally, they still appear to feel psychologically incomplete.

These fathers seem reluctant to demonstrate physical affection with any member of the family, including their wives, and frequently have little to say in family discussions. They will attend important events in their children's lives, such as birthdays, recitals, and graduations, but without enthusiasm. When they step into the foreground, it is because their needs are not being

met, or they are trying to keep one of the children from leaving home. Gifts for the children are usually bought by the mothers; the fathers may not even know what the mothers have purchased. In telephone conversations related by patients it is predominantly the mothers who do the talking (skewed family; see Lidz 1973).

As a result of their psychological deficits, both parents unconsciously cooperate to co-opt the separate and individual growth of their children to maintain their own psychological equilibrium. At a conscious level, the parents' actions are always "for the good of the children." The parents appear to believe that their interventions in the lives of their children result from a genuine wish to raise "perfect" children within a "close and loving family." The parents often see themselves as giving up material goods and opportunities so that their children can have experiences they missed. In reality these parents require their children to learn or accomplish something that they themselves may have feared, or been unable, to attempt. For example, some children are required to take the dance or music lessons denied to the mother or father, regardless of whether the children have any interest or natural talent.

Many of the commands from fathers are designed to support the commands from mothers, who are usually the primary parent for the children (marital skew; see Lidz 1973). The fathers satisfy many of their psychological

needs at work, and leave the role of taking care of the mothers' psychological needs to their children. Since their marriage may often be unfulfilling, these fathers issue commands that request their children to provide some of what is missing.

These marriages are generally very cemented, in the sense that neither spouse has ever seriously considered divorce. They also tend to be emotionally dry, in that patients rarely report witnessing warmth or genuine affection between the parents. The marriage is more of a partnership based on mutual psychological need than a relationship of loving. These marriages may be dysfunctional but are stable and satisfactorily *ego syntonic* (do not cause internal psychological conflict).

Some marriages are subject to more or less continual fighting, which is accepted and expected by all members of the family with no one knowing how to stop it. In other marriages, there may be a noticeable lack of disagreement. Anger is not manifested by parents or children, with buried resentments surfacing only rarely.

The comments of the patient in Chapter 2 reflect the preceding discussion:

I missed out on a dad who was there and took care of things. Ma was the one that was in charge of the kids anyway. I guess I helped out a lot because I

thought that she had all of the responsibility. I always worried a lot about her.

There are eight commands from fathers. Each will be compared with the corresponding, psychologically healthy permission.

EIGHT PATERNAL COMMANDS AND THEIR CORRESPONDING PERMISSIONS

COMMAND 1

You will be with your mother to keep her company. You will do exactly what she needs you to do, so that she can feel psychologically healthy and I can escape my marital relationship by going to work.

Fathers will go to considerable lengths to see that the children stay home with their mother.

A father forbade his daughter, Susan, to walk home from school by herself or with a friend, even though she was a teenager and the neighborhood was reasonably safe. This meant that her mother had to drive her to and from school each day, precluding friends and outside activities after school. Mother and daughter were “put together” each afternoon to prepare dinner and do the housework.

There are many different ways to try to keep offspring at home.

Sam's father took him out to teach him to drive a car. But as soon as Sam made one mistake, he was told, "pull over because the lesson is over for the week." It took a long time to learn to drive that way, although he finally mastered the task. At age 18, he decided to take a trip to see a friend about fifty miles away. He knew that his father would never give him permission to go. So he started out before his parents awoke, leaving a polite note explaining his trip and the time he would return. He received an embarrassing public lecture. All his pride in mastery was gone, and he felt as if he were being led back in chains to his cage. When Sam began therapy, he was driving a broken-down truck that was running too poorly to allow travel on freeways. He had restricted himself to the immediate areas, just as his father had restricted him. Eventually, he worked his way through these memories and feelings enough to buy a new car and take a job that required freeway travel.

Martha planned to take her first vacation away from home with her husband. Both of her parents suspended their daily phone conversations with her for a couple of days before she left on the trip. Her father refused to come for dinner to celebrate his birthday and criticized the present she brought to him. When she returned, her father did not acknowledge the trip and never asked Martha anything about it. Finally, she and her husband were excluded from the next holiday celebration.

Such a reaction from a father can be devastating. Martha needed support for a new growth step and had little understanding of why her father ignored her. In fact, in the absence of understanding, patients usually elect not to venture away. They prefer to stay home and serve the family, even if they do so with resentment.

Sally was home during the summer before she found a condo and moved off on her own. She had a terrible fight with her father shortly before she left home. He felt she had not “discharged her obligations” of doing the laundry in the same way that her mother did. In discussing the matter, Sally referred to some of the laundry as “mother’s laundry,” which she differentiated from “my own clothes.” Her parents were extremely upset that she should need to make the differentiation. The daughter wound up crying hysterically because she “felt crazy.” At that time she had no way to understand that her parents were disciplining her for leaving home and that her father was admonishing her for disobeying the first paternal command.

The psychologically healthy counterpart to paternal command 1 is as follows:

PERMISSION 1

You will be symbiotically attached to your mother in the beginning of your life, to meet your and her needs. She will help you to begin to

perceive yourself as a separate person. She will provide some manageable delay in meeting your needs so that you can begin to perceive and differentiate between yourself and others. I will be available to help you become separate, explore the world, and come to understand who you are and the positive qualities you have to offer.

This permission recognizes that an initial symbiosis appears to be an essential prerequisite for normal development. It also acknowledges fathers' traditional role in helping mothers and children move toward more separate, individuated relationships (Kaplan 1978, Mahler 1974, Winnicott 1958,1965).

This particular statement is being replaced in many families by a newer one, which includes fathers in the original symbiosis. Now it is increasingly acceptable for mothers to pursue careers in addition to child rearing, and both parents share in providing even the original symbiosis. When both parents work, they spend more equal time with their child from the beginning of the child's life. Therefore, a more up-to-date permission might read:

NEW PERMISSION 1 (FOR THOSE MEN WHO SHARE PARENTING)

Your mother and I will be with you symbiotically at the very beginning of your life, to acknowledge and meet your needs. We will help you begin to perceive yourself as a separate person by introducing some

manageable delays in meeting your needs. You will begin to perceive a difference between yourself and others. We will be available to help you become separate, explore the world, and understand yourself and your positive qualities.

* * *

COMMAND 2

You will not have a serious marital or sexual relationship with any other person because your lifelong task is to help me maintain my marriage (rubber fence; see Wynne et al. 1958).

Maria used to watch a woman walk by her home each day to work. This woman had a professional career but had never married, and lived at home with her parents. Maria's father used to say, "See that attractive woman? That is how you can look if you don't get married and have children." Maria is very attractive. For many years, she pondered whether to "lose her attractiveness by getting married."

Donna, a college student, dated a number of men who were unsuitable marriage partners. By limiting herself to this kind of man, she did not have to oppose her father's wishes. Then she fell in love with a first-year medical student and accepted his marriage proposal. She said little to her parents

during the beginning of their courtship, but after some time, she became afraid of not sharing her marriage plans. She arranged to see her parents but felt uneasy about the journey home, without understanding why.

When her fiancé formally asked her father for Donna's hand in marriage, the father initially agreed. Then, after a week, he demanded a second meeting with the fiancé. He questioned the young man for a long time. Donna was disturbed, but did not feel separate enough from her father to stop him. Finally, she said, "That is enough, these questions are my responsibility to consider." The couple left the house.

The father decided that his daughter was forbidden to marry until this man had completed his entire medical training, perhaps six years later. Confused and upset, Donna took one of her first steps toward independence by writing a letter to her parents that said, "We have decided to go ahead with the marriage on the date already scheduled. We hope that you will be there." Her parents later were able to participate in the planning of a church wedding ceremony.

Siblings Dan and Mary planned to marry within six months of each other. On the surface the parents appeared accepting, although they shared no part in planning either wedding ceremony. Parental resistance to the weddings appeared to be acted out by another sister who had long been

identified as the scapegoat, the “crazy” member of the family. She began acting in a bizarre and sexual manner toward her father. She seemed to be demonstrating that the only sexuality allowed was within the family. This sister threatened to disrupt the wedding ceremonies with “crazy” behavior, which made both siblings question whether a public ceremony was even possible. Dan and Mary were repeatedly called home to arrange psychological help for the sister. When I encouraged both siblings to stop trying to help, and to proceed with the wedding plans, the bizarre behavior disappeared.

These last two examples demonstrate that parents will sabotage their adult children only as long as the children respond by returning to the family. As soon as parents realize that their children will not be deterred, there is usually a decrease in the sabotaging or bizarre behavior. The parents accommodate the new growth step to avoid being left out. At least superficially, they will cooperate with their children’s change.

PERMISSION 2

I expect you to leave home and to have a marital relationship. I will support your departure, although I will miss you. I will confront you if you fail to go because I care for you. I will not accept being the only man in your adult life.

* * *

COMMAND 3

You will not have any children. Your caretaking needs will be satisfied within my family (rubber fence; see Wynne et al. 1958).

Maria was exploring the issue of whether or not she really wanted to have a baby. At first, she simply felt a preference not to have a child, but felt suspicious of these feelings because many of her friends found the experience so meaningful. Then, she had a nightmare that made her wary of her preference not to have a child. In the dream, she had gone to a hospital where pregnant women went for care. She was dismissed by the nurses because she “did not fit properly on the examining table.” She was told to go to the “department of adoptions,” a railway crowded with mothers. A train came into the station, filled with infants and young children. The children had a name tag assigning them to one of the awaiting mothers. Everyone received a child but Maria, who was left alone by the track. She woke crying. In considering the dream, she realized for the first time the depth of her wish for a child. It was the effect of command 3 that made her feel incapable of having a child (in the first part of the dream) and not entitled to have a child (in the second part of the dream).

At first, many patients are completely unaware of the *unwritten rule* from both parents about not having children. Initially, they just experience not wanting a child.

Anita explored the issue of whether or not to have a child, even though she was approaching menopause. As she looked back over her life, she said, "Having children has always felt alien to me." I asked, "Did you play with dolls as a child?" She responded, "My parents traveled a lot and always brought me back a doll from the country they visited. They were pretty dolls, but they were put away in a glass case, not to be played with."

Donna and Frank wished to have children but had to confront both an infertility problem and the commands from both sets of parents before they could seriously consider the difficult task of a "special needs" child for adoption. Their own parents reacted to their decision to look for a child by raising many questions about the rights and welfare of the birth parents. The parents seemed able neither to consider the couple's need to have a child nor to assist in the search for a child. Donna and Frank were finally able to locate an older boy. The child lived in their home for many months before the grandparents were able to take an active interest.

There are three reasons why impinged-upon adults may wish to avoid having children.

First, impinged-upon adults discover that they do not feel like whole, separate people who can assume responsibility for the care of another life on top of trying to manage their own psychological growth.

Sally brought a very small teddy bear to one of her psychotherapy sessions and put it out on the table between herself and me. She was actively struggling with the issue of whether to have children. She said, "I carry this with me to remind me that I exist. But at the moment, I feel so tiny." I asked whether she felt smaller than a baby. She answered, "Yes. No wonder I have difficulty thinking about being a mother! As I feel bigger and bigger I suppose that I can buy a bigger and bigger teddy bear. Maybe someday I'll get big enough to have a baby!"

Talented impinged-upon women with a profession already established may feel overly sensitive to further interruptions from work, even the natural ones of childbearing. They perceive menstrual periods, pregnancy, labor, birth, and the care of children transferentially as a sabotaging process imposed upon them by nature and society without their permission. They feel like resisting and find it difficult to see beyond to the joys of loving a child.

Second, it takes time to perceive the difference between the pathological caretaking impinged-upon adults have been giving to their parents, and the healthy support and care given to their own children. Patients have to be introduced to experiences of healthy nurturing.

Third, many patients have already had parenting experiences caring for younger siblings and are "worn out." They prefer to postpone indefinitely the

experience of having children, to take care of their own independency needs, giving precedence to other life goals. Sometimes it becomes too late. Then a compromise solution may suffice, such as foster care, adoption, or taking care of a niece or a nephew who may be having difficulty with her or his own family.

The struggle surrounding parenthood is clear from this discussion. Resolution of command 3 requires a great deal of work.

It is gratifying to watch patients move from totally ignoring children to noticing, and then paying attention to, their own need to be parents. When they have their own child, it is a dual celebration. The birth of a baby announces the birth of the psychological self in each parent. Some patients have written later, enclosing pictures of children, saying that they can hardly remember their strong need not to have a child.

If impinged-upon adults become parents, they may find that their baby helps build a new relationship with the grandparents. The grandparents may relate to the grandchild without the psychological commands that they gave to their own children, leaving the impinged-upon adults surprised, pleased, and baffled by this more healthy communication.

If impinged-upon adults raise children, it becomes easier for them to see all the good parts of parenting that their parents were able to provide, in spite

of the enmeshed relationship. Patients can experience firsthand and appreciate the number of diapers changed, the expenses, the trips to the doctor provided, and the many different educational and cultural opportunities made available to them as children. These impinged-upon adults may also see, in their own children, their parents' talents and creativity passed from generation to generation.

PERMISSION 3

You may have children of your own and experience the joys and difficulties of parenting. You will re-experience the parenting that your mother and I gave you. Your evaluation of what we did with you is part of deciding how you will parent your child.

This permission shows an important departure from the pathological command in that it allows children to evaluate, and be critical of, the parenting they received. It recognizes that parenting is a difficult, imperfect process.

* * *

COMMAND 4

You will not have any profession because your work is solely to

maintain my family. If you try to succeed in outside work, I will ridicule, degrade, and minimize the intellectual development you achieve. I will rarely consult with you seriously or acknowledge your expertise.

The sabotage that teaches a child that she has little intellectual ability can begin at an early age.

Ana was an exceptionally bright five-year-old. Her brother, aged six, had an intellectual ability that was average. One day their father was playing blocks with them. He placed a block on a rung of a ladder above their heads and urged the two siblings to compete to see who could retrieve it the fastest. Ana started looking for an object to use to dislodge it, while her brother ran over and shook the ladder hard enough to knock the block off. The father retold this story many times to the extended family, as well as to strangers, allegedly to show how differently his two children approached problem solving. He told the story in front of Ana but said nothing when her brother was present. He seemed to need to lower Ana's self-esteem by pointing out that she could not deal with practical tasks.

Humiliated, Ana wondered if her father was aware of her feelings. She asked me, "How could a father do something like that?" In time, she came to understand that possibly he was threatened by her intellectual potential and unconsciously used this example to make her believe that she was less

intelligent than her brother. Unfortunately, he succeeded.

Ronald was given an IQ test and found to be extremely bright. He was told by his father that he was “not normal.” Furthermore, since he had this “unusual lack of normality,” he would only be allowed “one chance” to master anything. If he didn’t get it right the first time, he would have to discontinue the activity.

Alan, a talented professional musician, came to me with the presenting problem of severe anxiety attacks when he practiced his musical instrument. His father would attend most of the concerts in which Alan performed but was reported to have behaved in a “disruptive manner” during the performances.

Alan began to understand the sabotage in command 4 when he reported that he had difficulty practicing because he was sleeping poorly at night. He slept in a position that made his arms go to sleep, and he awoke in pain. I inquired how he slept; it was the position in which he played his musical instrument. He claimed it was the only way he could sleep. I suggested that he was probably attempting to maintain his musical profession while he slept, fearing it might be taken away. This interpretation allowed him some relief and relaxation, so that he was able to sleep without pain and practice more during the day.

Alice came to me with an unusual habit. She found it puzzling that she kept all kinds of scraps of paper, receipts, and small paper bags. These items were piled neatly upon her desk and then stored in her summer home. Family members periodically tried to throw away these “mementos.” Alice resisted, with strong feelings, but had no idea why. When questioned further about the nature of these “valuables,” Alice revealed that she wanted to be a poet but had felt criticized by her father, apparently himself a frustrated artist. As a result she was afraid to publicly use her poetic talent. She had internalized his command 4 and was unaware that she had devised a way to be an “invisible poet” under the guise of a messy homemaker. Each piece of paper that she collected reminded her of an event in which she had observed people interacting. These situations held special meaning for her as potential material for her poetry, so she had found a way to record each event without ever writing it down. The piles of paper on her desk made her feel secretly creative while she maintained tremendous resistance to writing anything down. I suggested that she sort through the pieces of paper and begin to log in a journal a brief statement of each incident. After she had begun this task, she recognized that each incident represented important feelings and needs of her own that had “gone underground” many years ago.

The question whether parents are able to support their children in academic or creative pursuits can be an extremely confusing one for patients. This is because the parents frequently do support good grades. They may

need their children to succeed academically or creatively, not for the children's sake, but so that they can feel like successful parents. However, the children sense that there are fragile limits to this support. If the children go beyond what their parents want them to accomplish, into the realm that represents individuation and success away from home, the support is abruptly withdrawn.

PERMISSION 4

You will develop your own mastery within the work or profession of your choice. I will learn and benefit from your experience and consult you if I need your advice.

It is gratifying to be able to grow up, leave home, and find a fulfilling profession. It is even more gratifying to be able to use one's acquired skills to help one's parents, if they need it in their later years. Sons or daughters who become doctors, for example, feel a special pleasure referring their parents to a competent colleague for a medical problem. It is one of the best ways to compensate parents for all the care they have provided over the years. Parents who have difficulty allowing their offspring to separate from them are sadly unable to accept this kind of help from their children.

* * *

COMMAND 5

You may not give me any gift that displays your independence, mastery, and maturity. I will not accept it.

John was a photographer who felt guilty about moving away from home. In an attempt to help his parents feel better about his absence, he photographed himself and gave the portrait to them to keep. They took it without comment. Several days later, his father gave it back to him, angry and tearful: "I have no use for such a thing!" He added, "We might have kept it if it had been a portrait of your mother!"

Clearly, his father could only see the portrait as a reminder of John's ceasing to be a mere extension of his mother. Therefore, his father could not enjoy or be proud of it.

Amanda, a patient in her mid-30s, had been unemployed for three years. She had contented herself with homemaking and helping with her family's investments. As her psychotherapy proceeded, she began to rediscover some of her talents. She played a flute solo for a family wedding and created some floral arrangements from flowers grown in her own garden. Proudly she gave a flower arrangement to her father on his birthday. She was hurt that her father could not acknowledge the flowers or the music that she had played at the wedding. As a part of the working through of her feelings, she brought

some of her dried flower arrangements into her psychotherapy hour. She expected a negative or critical response from me. It became clear to me as a result of this incident, how deep the scars of sabotage can reach. She eventually created a special flower arrangement for my office that delicately captured all the colors in the decor. It took time for Amanda to absorb my genuine acceptance of this important test of my approval of her need to grow.

It would have been damaging for me to take the traditional psychoanalytic stance of interpreting the gift but not accepting it. Amanda would have experienced such a stance as further sabotage. It was not only a step forward in terms of her artistic growth but was also a nonverbal statement of her emerging trust in her relationship with me. One of the tragedies and joys of clinical work is to discover the variety of talents long hidden in patients.

Many impinged-upon adults show shyness and embarrassment at the prospect of sharing their creative work with someone.

Arlene, a singer, had recently attended an excellent series of workshops and done well as a participant. She wanted to mention the workshop and her experience to me since she had learned that I was also a singer, but felt afraid. She feared that I would belittle and reject this information by saying “Didn’t you know that I have already taken such a workshop and done very well” or

“Don’t you think it is presumptuous for you to think that I didn’t know about that.” Actually, I was touched by the caring and thoughtfulness implied in this communication and thanked her for the useful information. The response she had feared was command 5.

PERMISSION 5

You can give me gifts that show your developing maturity, independence, and mastery. I will enjoy them, although they may also bring some sadness as you move away from needing my parenting.

* * *

COMMAND 6

You will obey your mother’s wishes without question or anger. I will support her in any attitude or action by which she may use you to maintain her psychological equilibrium. I will not consider your feelings.

If children fail to meet their mothers’ needs, fathers will often step out of their customary role on the sidelines to participate in admonishing their children. Sometimes fathers have difficulty understanding what the mother is doing, but they will still follow her lead and agree with everything she says.

Adult patients from enmeshed families become accustomed to ritualized family lectures that follow the same format. These “family discussions” are often deceptive because they appear to be held in an atmosphere of friendliness and warmth. Patients are invited for dinner or dessert. Then the atmosphere changes; demands and criticism begin. It is frequently impossible to fight back because a logical argument will not succeed, and the patients’ feelings don’t count. As one patient said, “Arguing with Mother is like walking into quicksand. There is no way out.” Another patient said, “When Mother’s insecurities are present, there is no place for mine.” These discussions can be psychologically painful. Patients, feeling the tremendous power of both mother and father, quickly lose any sense of themselves. This loss of self can feel painfully like psychological death.

These encounters tend to have tremendous impact. The “real self” (Winnicott 1958, 1965) usually goes into hiding, whereas a “dazed child” tries to comply so that the situation will end as soon as possible. The purpose of these parental lectures is to establish limits on what the offspring is permitted to do with his or her own life. To the impinged-upon children, the lectures seem unreasonable or nonsensical. The lectures will not stop until the children demonstrate compliance, usually by crying. Then the children can be embraced by mother and father and told, “It was all for your own good.”

Some patients have experienced periods of hysterical crying after such a confrontation, but with no real sense of what was happening. Sometimes, the crying is delayed for years and surfaces in a psychotherapy hour. Once patients have worked through the feelings associated with these confrontations, they become better able to detect the signs of their recurrence and can refuse to participate.

PERMISSION 6

If a family member, including your mother, asks you to do something that is not good for you, please let me know, and we will discuss it until it is satisfactorily resolved.

* * *

COMMAND 7

If you disobey these commands, I will disapprove and will tell our friends that you are ungrateful, unloving, and uncaring. If you obey, I will ignore you with my continual absence. I can never love you as a whole person or care about what you try to give me, because I have to sacrifice you as an appendage of my marriage.

Patients will face this unwritten rule anytime they feel a need to disobey

the commands or confront their parents. For several reasons patients usually wish to do this at some point during psychotherapy. They have learned that they can and must free themselves; they are angry and wish to say so. As patients begin to feel stronger and more separate, they want to assert themselves and see if they can “win” for the first time in their life.

As a therapist, it is advisable to halt this kind of confrontation for two reasons: First, the parents are unprepared for a fight and will not be able to oblige the patients. Second, the parents cannot possibly understand the dynamics any better than the patients did before therapy. It also seems that the patients’ anger is more satisfactorily worked through with the therapist in the privacy of the consulting room. Patients who stage such confrontations without the therapist’s knowledge usually regret the outburst later because of its destructive consequences for the parents.

Despite the therapists’ warnings, confrontations do occur, provoked by patients, or brought on by parents because they notice changes in the patients. It is during these altercations that the first part of this command is given by fathers in a desperate attempt to bring patients back under the control of the enmeshed family system.

Don fought with his parents because he had failed to do what they recommended in terms of buying a car for himself and his two children. His

father told him that if he disagreed with them, it meant he did not feel love or respect for his parents. He was no longer their “perfect little boy”; in fact, he had become “hard as nails” and “cold” since consulting a therapist. They also attacked his profession and his ability to be an adequate husband. Finally, they rejected him by slamming the door in his face. He handled the confrontation quietly, and although deeply disturbed, he was able to hold his ground. When his parents saw that he did not change his mind, they phoned him the next day and tearfully offered to take him out to breakfast.

As a result of this argument Don began to examine the following questions with me. “Do I love my parents?” and “Do they love me?”

Definitions of love vary widely. Command 7 suggests that some fathers are not able to love their offspring as whole, separate persons. Many therapists would say that loving is present in addition to the commands, but love occurs as part of the permissions, not as part of the commands. The ability to love has two prerequisites: feeling like a whole, separate person and being able to value and take good care of oneself. Love requires intimacy, but incomplete people do not dare to risk sharing themselves intimately with anyone. Therefore, most of the interactions described in this book cannot be regarded as *loving*.

Instead, they are more properly viewed as arising from *psychological*

need. The difference between psychological need and love will be discussed more fully in Chapter 5.

Many daughters go to great lengths to get love from a father, even though he repeatedly demonstrates his inability to give it.

Mary described an incident from childhood in which she sprained a wrist on a water-skiing expedition. She showed the wrist to her father, a surgeon, hoping to receive some of the tender medical care he gave easily to his patients. He said that he thought the wrist was not broken but that she should hold it upright to decrease the swelling. She went to bed that night and kept herself sleeping lightly to hold the wrist down so it would swell more! She was hoping to accomplish two things: one, to get a few days relief from mandatory violin lessons which she hated; and the other, to get a trip to the hospital with her father for an X-ray. She got the trip to the hospital, but her father misread the X-ray. This kind of manipulative behavior was painful for her to admit and did not generate the caring response she wished from her father.

PERMISSION 7

If we as a family are not able to follow these permissions, we will consult a psychotherapist or other mature helper to find out whether we are sabotaging your growth. If we can use these permissions, we can grow to

love each other deeply as separate, whole persons within the boundaries of our special father-child relationship.

* * *

COMMAND 8 (TO DAUGHTERS)

You will be available to satisfy my sexual needs, either explicitly or implicitly. I will ask you not to remember or tell anyone else about this need of mine.

This command is given by some disturbed fathers, usually when the marital sexual relationship is poor. The parents may sleep in separate beds or even in separate bedrooms. There is always a good reason for this, such as differing sleeping habits or snoring, but that is usually an excuse to cover an empty relationship. The fathers' remaining sexual energy often expresses itself with their daughters, while the mothers may turn to their sons.

The results are various degrees of child sexual abuse. This kind of violation of physical boundaries occurs for children as young as infants and may continue all the way into adulthood. Even if the sexual contact stops, flirtation and sexual innuendos may continue. Most of the time, children are threatened with harm if they tell. The offspring are powerless to defend themselves because they are not yet strong enough persons to resist.

Simultaneously they crave intimacy. Sexual stimulation may well be mistaken for love; children may settle for sexual contact as the best substitute available. Children hope they might get the intimacy they want by cooperating with their parent's sexual demands. The children feel both flattered and degraded.

As the children reach maturity, the sexual acting out that once took place may be revealed by the parents' lack of response to their off-springs' intimate partners. These parents tend to abruptly leave a gathering when the date arrives and to experience difficulty facing their son's or daughter's plans for marriage.

The actual memories and consequent feelings of humiliation, guilt, and sexual confusion may be difficult for patients to retrieve. This is because patients have a deeply ingrained habit of protecting their parents, or the sexual abuse may have occurred at an age prior to clear memory. Instead of the actual memory, patients may have anxiety attacks, psychosomatic symptoms, or unusual reactions or dreams in relation to the subject of sexual child abuse, or they may experience a heightened sensitivity or dislike to certain sounds, smells, or colors. These symptoms and reactions may be the sole clues that sexual abuse occurred. If the sexual abuse occurred when the children were older, there will usually be a clear memory to bring out of repression.

Fortunately, feelings tend to emerge separately, so that they can be dealt with one at a time. Initially patients will experience the feelings of detachment and depersonalization that as children they utilized to survive the experience. Then comes shock and disbelief that sexual experience actually happened, coupled with fear of death about revealing the truth. Then rage, feelings of betrayal, a strong urge to rebel at the intrusion, and a desire to retaliate emerge. There is shame, helplessness, despair, and feelings of inadequacy that they allowed themselves to be sexually abused, and guilt over any physiological pleasure or arousal that may have resulted from the experience. The patients re-experience feeling sad and alone because no one was around to stop the problem.

If the father acquires the sense that he is doing something wrong, he will often cease the sexual acting out abruptly, leaving both parties in a state of arousal and psychological incompleteness. The child may wonder if the parent suddenly withdrew because the child was not sexually attractive or was inadequate in some respect.

Negative feelings about sexually abusing parents will often be transferred to the therapist. In this case, patients will see the therapist as violating their boundaries by merely suggesting that the patients talk about sexual abuse. The therapist becomes a person who tells the patients to do things that are not good for them. Therefore, the therapist cannot be trusted.

This difficult area needs to be worked through as much as patients can allow, in order for them to be freed from ambivalence and to become fully sexual persons. The following permission helps children to feel sexually adequate.

PERMISSION 8 (TO DAUGHTERS)

You will wish to know whether or not you are a sexually attractive person to me. I will encourage the blossoming of your femininity and the development of your relationships with other males. I may enjoy your sexuality, but I will never take sexual advantage of you because that has no place within our special relationship.

Therapists need to be knowledgeable about these commands because the patients' parents will never be able to verify them (double-bind; see Bateson et al. 1956). It is frustrating for patients to be unable to talk with their parents about this problem. If they try, the point will be skillfully avoided. At best, it may be briefly considered in an apologetic manner. It is as impossible to discuss the matter as it is to ask the right arm to cut off the left leg.

The symbiosis and the enmeshment, if not interrupted by insight, will continue with neither person aware of the commands in operation. As one of my patients reminded me in his termination hour, "The underlying rules of

my family are a matter of course for me now, but I found them extremely difficult to acknowledge for a long time, partly because they are so powerful.”

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Glossary

Clarification: those dialogues between patients and therapists that bring the psychological phenomenon being examined into sharp focus. The significant details are highlighted and carefully separated from the extraneous material.

Entitlement: rights given at birth to decide what to do and what to share or withhold.

False self: the patient's facade of compliance and accommodation created in response to an environment that ignores the patient's needs and feelings. The patient withholds a secret real self that is unrelated to external reality (Hedges 1983).

Impingement: the obliteration of psychological and sometimes physical separation between individuals without obtaining permission.

Insight: the ability to perceive and understand a new aspect of mental functioning or behavior.

Interpretation: the therapist's verbalizing to patients in a meaningful, insightful way material previously unconscious to them (Langs 1973).

Introjection: the taking into oneself, in whole or in part, attributes from another person (Chatham 1985).

Object: a psychoanalytic term used to represent another person, animal, or important inanimate object (Chatham 1985).

Object constancy: the ability to evoke a stable, consistent memory of another person when that person is not present, irrespective of frustration or satisfaction (Masterson 1976).

Object relations theory: a theory that focuses on the earliest stages of life when children become aware of the difference between the self and the external world. This theory describes accompanying developmental tasks and also explains the difficulties that result if these tasks are incompletely accomplished.

Observing ego: the ability to stand outside oneself and look at one's own behavior.

Oedipal: a stage of childhood development that begins at about 3 years of age. After a stable differentiation of self, mother, and father has been achieved, children engage in a triangular relationship with their parents that includes love and rivalry.

Preoedipal: the period of early childhood development, ages 0 to 2, which occurs before the oedipal period. The developmental issues are the formation of constant internal memory of others and a separate sense of self.

Projective identification: fantasies of unwanted aspects of the self are deposited into another person, and then recovered in a modified version (Ogden 1979).

Reframing: the therapist's description, from a different perspective, of an event in the patient's life, providing new insight.

Separation-individuation: separation includes disengagement from mother and the creation of separate boundaries, with recognition of differences between mother and self. Individuation is ongoing achievement of a coherent and meaningful sense of self created through development of psychological, intellectual, social, and adaptive coping (Chatham 1985, Rinsley 1985).

Splitting: the holding apart of two opposite, unintegrated views of the self or another person, resulting in a view that is either all good and nurturing or all bad and frustrating. There is no integration of good and bad (Johnson 1985).

Symbiosis: an interdependent relationship between self and another in which the

energies of both partners are required for the survival of self and other (Masterson 1976).

Transference: the inappropriate transfer of problems and feelings from past relationships to present relationships (Chatham 1985).

Transitional object: a soft or cuddly object an infant holds close as a substitute for contact with mother when she is not present. A transitional object aids in the process of holding on and letting go and provides soothing qualities. It represents simultaneously an extension of self and mother (Chatham 1985).

Working through: the second phase of therapy involving the investigation of origins of anger and depression through transference, dreams, fantasies, and free association. Patients satisfactorily relate elements of past and present relationships. As a result, patients risk giving up old behaviors no longer needed in order to adopt new behaviors.

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