Birth of a Self in Adulthood

# IMPINGED-UPON ADULTS' RELATIONSHIPS WITH OTHERS

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# Impinged-upon Adults' Relationships with Others

## THE ROLE OF CONSTANT ANXIETY

Anxiety is a universal symptom, and a reliable and appropriate signal, occurring when a person approaches an unfamiliar or dangerous situation. However, for impinged-upon adults, anxiety tends to be ever-present, with varying degrees of intensity (Masterson 1983).

Some impinged-upon adults may evidence a variety of forms of anxiety attacks. The physiological event occurs when their anxiety is very intense but as such is out of the patients' conscious awareness. The most common physical response is dizziness, which may be accompanied by shortness of breath; another is chest pains, heart palpitations, or both, and some pain or numbness in a limb, as occurs in a heart attack. An additional response may be a feeling of detachment. Patients describe this feeling with such statements as

I seem to need to protect myself somehow by the feeling that I have stepped out of myself and the interaction. I am floating off somewhere else, looking down at whatever is going on. I am disconnected from my feelings.

Some of these symptoms are exacerbated by hyperventilation.[1] However, patients are unaware of breathing improperly until the physical symptoms manifest themselves. When hyperventilation-related symptoms are identified during the psychotherapy hour, the patients can be directed to sit back, relax, and cup their hands over their mouth and nose, breathing deeply and regularly to restore the proper balance of carbon dioxide and oxygen in their body.

Although most patients tend to report anxiety in the form of mild dizziness, some have had attacks so severe that it suddenly throws them to the ground or knocks something they are holding out of their hand. The first attack, especially if severe, can be very frightening because the patients fear a malfunction in their brain or heart. The emergency room diagnosis is usually psychosomatic.

When patients then seek the aid of a psychotherapist, it is often possible to determine why the attack occurred. The patients have usually taken a major step forward with life or may be trying to relax by taking a vacation and fear parental abandonment. None of these feelings reach a conscious level but manifest themselves instead in the form of a physiological "attack."

Even after a complete medical workup, patients usually need time to be convinced that the symptom does not have an organic basis. The belief that

something is physically wrong is a powerful defense against facing the psychological conflict. Once patients become convinced that it is their anxiety that is being expressed psychosomatically, the attacks may diminish in severity and frequency because the patients are no longer afraid of a heart attack or a brain tumor.

## PSYCHOSOMATIC SYMPTOMS

There are other psychosomatic symptoms that bring impinged-upon adults into psychotherapy. One of these is asthma-like. For some patients, it tends to be different from the usual form of asthma in which a person experiences difficulty breathing out. Many patients struggle to breathe in, describing a shortness of breath. Perhaps this kind of asthma accurately portrays their difficulty with taking in "fresh air" in the larger world. For example, mild asthma may start when the therapist gives a new interpretation to the patient.

A second symptom is a runny nose, which patients tend to call "my allergies." Frequently the runny nose starts about three hours before a therapy hour. If patient and therapist are able to understand the issue correctly during the session, the runny nose will often dry up completely. Sometimes nasal congestion begins during the therapy hour in response to an issue that has been raised and ceases as soon as patients have fully expressed

their feelings regarding this issue.

A third psychosomatic symptom is itching. An irritated area, when scratched, soon develops into a small white welt. If the itching becomes more intense, and patients continue to scratch, the number of welts increases. This most often occurs in areas on the inside of the legs and arms or behind the ears. One patient could guarantee that she would experience itching as soon as she started talking to her mother on the telephone. The itching diminished rapidly after the conversation ended. Sometimes it occurs during a psychotherapy hour.

Much more difficult to describe is a generalized aching physical discomfort relieved only by changing position. It is the restless feeling that accompanies being restrained or having limited freedom of movement. This symptom can be acutely uncomfortable and generally occurs in the area of the abdomen extending sometimes to the calf muscles of the legs and lower arms.

Therapists of impinged-upon adults may also experience any of these symptoms during a patient hour as a countertransference response to their patients' material.

These psychosomatic symptoms can provide useful information when they occur during a psychotherapy session. Therefore, therapists should

suggest to their patients that they interrupt whatever they and the therapists are talking about so that the patients can tell the therapists when an attack is happening; this warning gives patients and therapists the opportunity to translate important unconscious feelings into communication. Sometimes the reason for the symptoms remains obscure, but often the symptom signals a painful feeling or memory that has been unconscious.

It is fairly common for patients to report that psychosomatic symptoms occur periodically in between psychotherapy hours. While the therapeutic work continues, patients learn to manage their lives in spite of these psychosomatic occurrences and realize that others rarely know when an attack is happening. One patient learned to continue to drive his motorcycle safely during anxiety attacks. If the symptoms are severe, it is advisable that patients consult a physician for medication to minimize the discomfort. After patients get beyond the fear of being abandoned and resolve the separation conflict, anxiety symptoms usually disappear completely. The absence of attacks is one of the many reliable signs that the psychotherapy is satisfactorily progressing or completed.

It is impressive to note the courage with which impinged-upon adults accept, manage, interpret, and conquer these discomforts as a part of the psychotherapy process.

## THE STANCE OR POSTURE OF IMPINGED-UPON ADULTS

Some impinged-upon adults will complain of poor posture. Stooping slightly or rounding the shoulders are ways to look nonthreatening; women may assume this posture to underemphasize their breasts, signs of maturity or sexuality. Others may adopt a slightly awkward gait, such as a mild limp; in this way, impinged-upon adults manage to get around, but still look injured or in need of help from their parents. This posture and movement also seem to be unconscious and deeply ingrained habits that demonstrate the degree to which impinged-upon adults feel weighed down by the commands.

This posture disguises creativity and maturity, limits smooth spontaneous movement, and indicates that the patients are unhappy (depressed). Finally, some patients, in a retaliative and defiant way, develop a way of walking and moving that advertises just how much they feel "ruined or damaged" by their parental relationships.

## RELATIONSHIPS WITH OTHERS FEEL UNEQUAL

Patients express some dissatisfactions in common about their relationships with others. They complain that once they have established a friendship, they feel a greater obligation to be the one to maintain the relationship. If they call up friends and initiate plans to get together, everything seems fine. The friends may indicate that they are having a good

time. Nonetheless, if the patients don't call their friends, they have the feeling that their friends will abandon them by never calling back.

The patients feel that something is wrong. If they try to talk about the complication, their friends appear unable to respond, may get upset, and may sometimes cut off the relationship. The patients perceive other people's friendships as having more give and take, and feel inadequate and shy. There are a number of different reasons why this might be occurring.

First, impinged-upon adults may unconsciously attract people who need to be taken care of in an enmeshed way. After all, this is the kind of relationship they are used to. Impinged-upon adults may be putting considerable strain on their relationships because they need their friends to validate them in a way that their parents did not.

Sometimes friends are asked, rather shyly by patients, to show up for an event such as a graduation, or theater or concert performance, in effect to be supportive as a substitute for the patients' parents. The friends do not realize the importance to the patients of supporting this occasion and may treat the event "too casually." The patients feel unsupported once again.

Patients frequently displace feelings of abandonment and rejection from their parents onto their friends. This happens because the patients are oversensitive to feeling disliked and in turn may retreat prematurely.

Finally, the patients, as children, received their self-esteem from hearing their parents say "You are the most perfect person I have ever met" when the commands were obeyed. The patients therefore never got to decide what they felt about themselves; as adults, they continue just to comply, hoping to get the love and respect they deserve. They feel confused and turn to friends for clarification, validation, and self-esteem. Friends may feel that something more is wanted than a friendship. As one friend of a patient said, "I feel as if I am supposed to be doing something for you and I don't know what it is. I'm afraid I am not doing it right. I feel like I am walking on eggshells with you."

## PATIENTS' REEVALUATION OF THEIR RELATIONSHIPS

During the course of psychotherapy, patients have to understand the difference between an enmeshed, or symbiotic, relationship and a healthy one. The patients have been exploited by, or have been exploiting, others in the service of psychological incompleteness and unresolved self-esteem. It is discouraging to learn that current relationships may be modeled after the one that patients had with their parents and are in need of change. Gradually patients learn to tell the difference and can sometimes detect the potential for a new, enmeshed relationship because, as one patient said, "it happens like two magnets pulled together. We meet and feel too much like fond friends by the end of a short meeting. We click immediately."

Patients learn that a real friendship develops slowly and carefully, out of the sharing of feelings over time with tolerance and freedom for each person to make mistakes and to come and go within the relationship.

## PATIENTS' CONFUSING PRESENTATION OF THEIR CAPABILITIES

Impinged-upon adults often unconsciously interfere with the way they present their true intellectual ability. They work hard and do very well in school, appearing on honor rolls and in honor societies. However, they experience difficulty on the aptitude and achievement tests required throughout the educational process. Sometimes this unfortunate phenomenon fails to show itself until patients attempt their final qualifying or licensing examination in the course of career development. Patients become genuinely confused about their actual level of intelligence and do not know what to do about it. Are they retarded, they wonder, because they flunk achievement tests, despite the capabilities that earned them straight A's?

Laurie's parents wanted her to attend a private school. Her grade point average was high. She took the Scholastic Aptitude Test several times but always achieved scores that were twenty points below the level required for entrance into such selective schools. Her scores puzzled counselors and teachers, and Laurie was humiliated by this embarrassing discrepancy in her performance. She never even qualified for an entrance interview.

Paula did extremely well in all but one of her college classes each semester. In that class she would "space out," fail to listen, and feel as if she couldn't comprehend the material. She would fail that class and get A's in all the rest of her work. The one poor grade dropped her grade point average too low to apply to the best medical schools. She asked, "Am I a bright student or not?"

These patients are acting out, oblivious to underlying feelings. In therapy, they discover that the "A" student is the real self trying for mastery in the profession of their choice. The failing patient may be subverting his or her growth to avoid parental abandonment. On the other hand, the failure may also be another part of the real self trying, by the only means possible, to block progress toward fulfillment of their parents' demand for high academic achievement. It is a way for the patients to say no to their parents without being overtly disobedient. In fact, the "no" may be said so skillfully that the parents sometimes lose sight of their own selfish need for their child to achieve in a particular way and feel sympathy for the child who is failing academically.

If impinged-upon adults fail all course work or drop out of school, they are probably manifesting the talionic impulse, a more severe and pervasive form of total retaliative resistance, the purpose of which is to punish the impinging, enmeshed parents (Masterson 1981).

## PATIENTS' RELATIONSHIPS WITH THEIR OWN CHILDREN

Many patients overcome the command from mothers or fathers that specifically forbids children to start their own family. However, they may doubt their ability to parent their children differently from the way they were parented. They may feel guilty about the anger that emerges when their children do something to block the natural progress of daily activities. They learn that this anger is transferred from old enmeshed relationships. Sometimes these parents wish their children could be as obedient as they were with their own parents. However, they come to appreciate their children's behavior as natural assertiveness, independence, curiosity, and creativity, instead of resistance or sabotage.

As parents these patients tend to feel unnecessarily guilty about minor mistakes and are genuinely surprised to learn that it is impossible to be perfect parents. They learn to openly express feelings both negative and positive. They begin to consider their children's feelings about a difficult situation, rather than pretending that they have all the answers. They give themselves permission to be angry with their children's negative behavior, but in a constructive, controlled way.

Patients are pleased to learn that they are able to set firm limits with their children as a form of discipline and as a way of encouraging responsibility and mastery. They are used to parents who told them about a

rule and then let them break it, who did everything for them, and who frequently let them get away with not doing things they could really do for themselves. With their children they learn to set limits and that these limits are perceived by their children as loving.

## THE PRESENTATION OF A CREATIVE SELF

As patients start utilizing their talent and creativity, they discover that it is generally well received for the first time in their lives. They want to allow their creativity to unfold freely and may appear cocky to those who do not understand their history. What is lacking at this point is an ability to be diplomatic in presenting their abilities to others. Sometimes at this juncture they need guidance with the issues of timing and tact. Then it becomes possible to withhold a good idea if co-workers are not yet ready to make use of it.

Sometimes patients discover a talent previously unrecognized. At first they find it difficult to perceive that their performance may be surpassing that of their peers much of the time. Instead of clearly recognizing their talent, they feel confused and get impatient and condescending with those less talented. Coworkers may feel envious, insulted by the patients' impatience, and resent the patients' need for validation. If impinged-upon adults can accept their talent, with all the advantages and disadvantages of such a gift,

they can allow their creativity to emerge quietly and let it speak for itself.

## THE SEARCH FOR A PARTNER

Many impinged-upon adults come into therapy because they do not feel able to look for and maintain a dating relationship long enough to find a marriage partner. Their goal in psychotherapy is to understand why and to find a mate. Once they have clarified the issues that kept them from dating, they initiate the search for a partner.

Their nonverbal behavior communicates the kind of partner they seek. At first, they may pick someone who is only able to provide a "one-night stand" or a limited friendship. The result is disappointment, but they gain experience and go on. In the process of their experiments, they sometimes question the therapy because they expect the therapist to produce the right partner as part of the "cure." It is not unusual for them to pick an impinged-upon partner who is talented and kind but is also caught up in an enmeshed family and therefore unable to make a full commitment.

Eventually, the patients move on to a more available steady partner. This partner may also have had a history of impingement but has discovered a way to surmount it. They share a similar kind of background and can help each other with the continuing process of separation from family. Sometimes the new partners are in need of psychotherapy to complete a commitment to

each other. In such cases, they may come in for conjoint therapy or the partner may be referred to another therapist for individual work.

Patients are often surprised to learn that they can enjoy a relationship that is not perfect. They also learn that the quality and depth of their relationships grow in direct proportion to what they are willing to invest. It is a moment worth celebrating when they announce their engagement to a suitable partner in the therapy session. It is clear then that a termination hour is soon to follow.

### *Notes*

1 Anxious persons develop the feeling of not being able to get enough air, producing the feeling of constriction and chest pain, which leads to further overbreathing. They fail to rebreathe enough carbon dioxide, present in exhaled air. The lower level of blood carbon dioxide produces symptoms of numbness, tingling of the hands, and dizziness.

# 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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