

Birth of a Self in Adulthood

PRESENTING PROBLEMS



Dorothea S. McArthur, Ph.D.

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Presenting Problems

FIVE PRESENTING STATEMENTS

Impinged-upon adults come into their initial psychotherapy hour with concerns about their failure to manage life. At this point, patients are usually not yet able to speak directly about their problems. The therapist must attend not only to the words but to tone of voice, emphasis, and nonverbal communication. It becomes the therapist's job to understand and then to translate hidden messages. Patients usually experience tremendous relief when the therapist is able to do so, and there is no more effective way to build a solid working alliance. Despite their confusion, patients all present one or more of the following issues:

1. My parents and I are so *close*, but I don't feel that I know them. They have given me so much, but I don't understand why I don't feel given to. I always feel guilty that I have not given enough back to them. I am very angry with them, but I know that I shouldn't be. I don't know

why. I am dependent upon them in a strange way when I know I should be grown-up by now.

2. Over and over again, I develop my own life more and more perfectly, and then I bring what I have done home to show my parents. I wonder why they are not interested, and why it doesn't make them love me more. I try again and again, feeling like a failure each time.

3. I never experience anger with my parents directly, but I have this strange need to refuse to do the things they most need me to do. That happens even if it is the very thing I should do for me! Why? I find myself too content with this state of affairs even when it is hurting me badly.

4. I just don't have any motivation to pursue the next logical step in my life [i.e., marriage, education, promotion, having children]. I don't understand why I don't feel like bothering.

5. I find myself terribly afraid to do something for me, especially if it is in direct conflict with what my parents need me to do for them. I don't understand my fear.

Experience with patients indicates that there are explicit answers to each of these questions. Therapists need to approach the treatment of each new patient with an overview of the conflict and its resolution, in addition to helping unfold each individual life story with its own unique answers. This overview evolves from understanding the underlying communications that patients receive from their parents.

AN INITIAL PSYCHOTHERAPY HOUR

The following transcript has been created as a composite of many initial evaluations to demonstrate the typical feelings and confusions that might be expressed by patients in the initial hours of psychotherapy. The patient is a bright, shy, and depressed middle-aged female who came into treatment because she was still living at home and unable to accept a university scholarship abroad.

Patient: I wanted to go abroad, but Mother looked at me with that look on her face that I read as “You don’t really want to go, do you?” We didn’t say anything to each other at all. I became afraid to go because of the feeling that she didn’t want me to leave. My friend then called and asked why I had not accepted the scholarship. My mother overheard me tell her on the telephone that it looked like Mother didn’t want me to go. Mother interrupted and said in an irritated voice,

“What is your problem? If you want to go, then just go.”

I was really mad at her for putting that problem back on me. I did not stand up for myself. I just went blank and couldn't respond [double-bind panic]... I would like to be able to go to a university program abroad. The only thing that keeps me from going is my family. I really would love to go. I want some responsibility. I wonder if I'm making a mistake. I'm afraid that I could never come back home if I didn't like it. My parents would be so hurt. When I mentioned the possibility before, my mother cried, “But I don't want you to go.” So I decided that I wanted to be where she wanted me to be; I am not sure that's really me talking [false self; see Winnicott 1958,1965].

Therapist: You seem very anxious about leaving home, when traveling is a normal thing to want to do.

Patient: Yes, because my mother said that I already have a home with them. But I don't feel like their house is my home anymore. I'm afraid to do what I like to do. Maybe I need to stay with my parents. But I know I'm too old to be doing that. I seem to have come to feel that I need them more than I actually do. If something bad happened, would I need them? I can't tell. I know that when I can get away, I am a much happier person.... I'm afraid I'd have to leave forever. They said I could come back, but I don't believe them. Why am I so afraid?

Therapist: You seem to be afraid of hurting them and having them

reject you.

Patient: This is a chance of a lifetime, but if I go I could never move back home again.

Therapist: Maybe you would feel so fulfilled that you wouldn't need or want to go home.

Patient: I am afraid of knowing what I really want and who I really am, and not needing them.

Therapist: Why?

Patient: The only relationship I have is needing them. I want Mother to need me. I've over-needed her so that she'll love me.

Therapist: You have needed her, more than you really need to, so that she will love you in return. Is she giving you love or is she needing you?

Patient: I feel that she needs me a lot! Anytime someone needs me that much I feel strangled and caught; like I've just got to get away. ... I don't want Ma to need me *that* badly. I'm thinking about her more than I am thinking about me. Everything I have is going to her ... almost nothing is going to me.

Therapist: Do you feel loved by your parents?

Patient: I feel close to them, too close; but I don't think that I have ever had love. What a strange thing to say! Can that be true?

Don't parents always love their kids?

Therapist: What did you have from your parents instead of love?

Patient: Mother was there in the house physically, but she didn't seem to think about me in terms of what I wanted or needed. Often, it was like there was not a mother that you could talk with. We were close, but I could not talk with her about my feelings. When I was a little girl, I used to sneak into her room and take something of hers like an earring just so I could feel like I was in contact with her while I was in school. At night, I'd sneak one of her nightgowns into bed with me.

Therapist: When she didn't seem close to you, where was she?

Patient: She was off in her own world. Her world is more important than mine. I think that I missed out on something, but maybe I am just pitying myself. I missed out on a dad who was there and took care of things. Ma was the one who was in charge of the kids anyway.

Therapist: Who took the responsibility?

Patient: I guess I helped Ma a lot because I thought that she had all of the responsibility. I always worried a lot about her.

Therapist: Worried that what would happen?

Patient: That if I didn't help her a lot, she would go away and leave us with no one to take care of us.

Therapist: Like your father?

Patient: I think Ma didn't really want him to be there very much. She wanted me to see that she had all of the responsibility. Then I just couldn't leave her.

Therapist: So you took on a lot of worry and responsibility?

Patient: Probably, I felt sorry for her. I can't tell her that I want to leave because she makes me feel as if I am doing something bad. Everything I want to do is bad. The only thing I ever did that she liked was being a figure skater, and that was because she wanted me to do it. I didn't even want to. I wanted to play music. At least I got to listen to music while I was skating.

Therapist: You did what she wanted in an attempt to get some validation for yourself.

Patient: Yeah, whether I wanted to do it or not was immaterial.

Therapist: What do you hope to achieve by moving away?

Patient: I want to be independent and entirely on my own. I want to see what I can do all by myself, to make the choice by myself. I want to go away where no one can decide for me.

Therapist: You look happy when you think about leaving.

Patient: When I was younger, I kept track of what I wanted to do in the back of my mind. It gets hard to keep on doing that. I feel

blocked and depressed instead ... sort of hopeless. I feel so used to Mother's criticism. Not a day goes by that she doesn't find something I've done wrong. It's rare that she has something nice to say. I just assume that what I want to do has no place. I'm always in the background, there to take care of someone else. I feel like I've not been what Mother needed. It would be so nice if I could have been something important to her. I've never been able to accomplish anything that made me feel like I stood out. I am a disappointment to her and to myself. There are steps in life that I have not taken. I've never married, I don't have children. I just live at home and go to school, and work as a research assistant.

Therapist: Do you regard your lack of success as entirely your fault?

Patient: Well, my best doesn't seem to have made any impact. I keep trying. Mother tells me that she did her best, and I should acknowledge that; but she won't accept that I also did the best that I could. I am supposed to understand everything about her, while she doesn't seem to need to understand anything about me. She comes into my bathroom and puts on my new nightgown. She can come into my room any time and read my new books.

Therapist: She puts on your new nightgown?

Patient: I come home and she has on my new nightgown and I am not supposed to be mad. If I want to borrow something of

hers, that is very bad. She's made a double standard. Ma is the center of the family. If my father wants to say something to me, he is supposed to tell her and she will tell me. We are not to talk with each other. I just let all these things happen without a fight [skewed family; see Lidz 1979].

Therapist: Are you afraid of what would happen if you fought back?

Patient: I don't know.... I just don't dare. Something is wrong, and I have to understand why these things are happening. She is "the mom," and she did do her best, but I think she didn't do all of her responsibilities. She did only some of them. She keeps saying that I'm not doing mine. I just don't get it.

Therapist: You seem to feel that you have been a real disappointment to her. It must be difficult to leave home when you feel so unsuccessful. Perhaps you are operating under some real misconceptions that we need to clarify. Have you ever considered the possibility that your mother thought you *so* important to her in terms of feeling good about herself that she can't afford to let you leave home? Perhaps she has a need to criticize you as a form of "clipping your wings."

Patient: No, it never occurred to me to think of it that way. But now that you say it, you may well be right. That would explain a lot of things. I'll have to take time to think about that.

DISCUSSION

From this segment of the session fourteen questions emerge.

1. Why can't I accept the scholarship to go abroad?
2. If I left home, could I ever come back?
3. Why I am so afraid to do what I want?
4. Why do I need my parents' approval so much?
5. Why am I giving so much to my mother, and not feeling loved back again?
6. Is there any validity to my feelings, or do I just feel sorry for myself?
7. Why does my father seem so uninvolved?
8. Why do I feel so preoccupied with worry and responsibility toward my family?
9. Why is my mother always so critical of, or negative about, what I want to do?
10. Why do I feel like I have failed her and myself?
11. Why is my mother always right, and I am always wrong?

12. Is it possible that my mother did fail me in some critical way?
13. Why do I get so confused about the difference between what I want to do and what she wants me to do?
14. Why does my mother often tell me one thing but obviously mean another thing or even the opposite?

Another patient described her childhood in a manner that directly addressed her confusion about her core issue.

I had a number of successes that went unrecognized. I did it all to please my parents. They never seemed to notice. I always felt that sinking feeling that the gap was getting wider and wider between us. So instead of deciding what I wanted, I wanted to please. But I doubt my ability to please others the right way. I always question whether I will be able to make it.

After describing the events of her life in which she managed to break away from her family, she sighed, thought for a long time, and then said, "I got out physically, but Ma got inside me and is watching all the time." After listening to a few comments about the probable nature of her problem, she responded with relief, "You've said things

that are on the edge of my awareness, but I never allowed myself to think about them. I feel so guilty talking to you.”

These confusing thoughts and questions are shared by a whole group of adult patients who are trying to understand why they have not been able to go on with life. Time is passing by while they stand on the outside wondering if they even care. A woman in her mid-30s who wants to marry and have children may feel correctly that her biological clock is running down. A man may feel discouraged about looking for a suitable wife or advancing in his career.

The answers to the questions raised by these patients take the form of *commands* given to impinged-upon adults by their parents as an *underlying form of communication*. One patient defined these commands as “the unwritten rules from the family that eventually drive a person into psychotherapy.” Patients are initially unaware of this communication. Yet it is tremendously important and influential, since it hampers their development of a separate, fulfilling life.

Therapists may fail to treat impinged-upon adults in time if they wait until patients come to the feelings themselves without direct

guidance and knowledge from the therapists. This kind of waiting can cost patients many precious years. In addition, experience shows that patients will never be able to describe the hidden communication because they have learned that any awareness of it means that they are “crazy.” If therapists know about these underlying commands, they will be in a better position to help patients find themselves and move toward the lives they desire more quickly.

The structure of these commands makes it possible to treat patients more quickly and effectively. It helps to organize therapists’ conceptual experience and serves as a framework for the interactions, from moment to moment, in the therapy hour. However, patients arrive at an individual sense of their commands by detailing their own experience.

This book details therapeutic questions from an *experiential* perspective. The art of psychotherapy can benefit from the chance to examine the experiences of patients as well as cognitive theoretical perspectives. Experience and theory can both guide therapists within their professional education.

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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