Birth of a Self in Adulthood

# COMMANDS GIVEN BY IMPINGED-UPON ADULTS TO FRIENDS, PEERS, AND COLLEAGUES

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# Commands Given by Impinged-upon Adults to Friends, Peers, and Colleagues

The commands from mothers and fathers and their painful consequences have already been considered in this book. But there is more to understand before it is possible to accomplish the birth of a self. This chapter examines the way in which impinged-upon adults try to compensate for their incompleteness by developing their own set of commands to give to other people.

Impinged-upon adult patients may be nurses, lawyers, poets, writers, musicians, psychologists, pharmacists, researchers, and scientists, and some may be parents. Many have managed to enter a profession but remain burdened with a sense of confusion and guilt. They are aware of their talent, on the one hand, but on the other, they feel insecure, guilty, and angry about their lack of support for success.

Betty was in the last month of her pregnancy and was preparing for delivery by going to Lamaze classes.

*Betty:* I saw some films of deliveries and found myself crying. It was not just tears running down my face. I just wanted to sob. I couldn't figure out what was

happening to me. I was so surprised.

*Therapist:* Can you return to that feeling now?

*Betty:* (She thought for a while, as I watched her face slowly cloud with emotion.) Well, it was the baby. It hadn't done anything, yet it was getting so much pride and support and love from the parents. I just couldn't believe it.

*Therapist* And you've worked so hard for the same kind of support from your parents.

*Betty.* I tried to imagine how my parents would look in such a film when I was born. I suppose they were very proud then too. But so soon the pride stopped. My father must have been proud because, all the way up through my adolescence, he used to call me "My little baby."

*Therapist:* He just couldn't acknowledge that you had changed into anything else.

*Betty:* If he saw me now, he'd still say the same thing. He doesn't know anything about my creative abilities, my degree, my marriage.

*Therapist:* What are you feeling now?

*Betty:* Just so sad....

*Therapist:* So the film brought up deep feelings of loss about your lack of support.

Having spent a good part of their lives being extensions of their parents and lacking a sense of being whole persons, impinged-upon adults turn to others with a set of commands that require others to provide what is lacking. Many of the commands in this chapter have been created by impinged-upon adults to get the kind of validation for their success that they felt deprived of

in childhood.

Some patients feel as if they had no real friends at all. Others feel difficulty in maintaining friendships, an issue to be considered further in the following chapter. This difficulty in finding friends is puzzling because they feel that they have given more than they get back in relationships, especially with family.

Sometimes, adult patients can find a friend who has complementary psychological needs. Then they mutually obey each other's commands. This system may work quite well for a time. Then, for some reason, one partner fails to obey a command. Rejection can happen with sufficient swiftness to disrupt or break off the relationship without warning or discussion. Since this may have happened repeatedly, impinged-upon adults are sensitive and alert to this possibility, thus making it hard for them to trust in other people.

The following vignette expresses the doubt and anxiety that many impinged-upon adults feel in relationships with other people.

Donna came to her third hour on time. I was about three minutes late coming into the waiting room to get her. Donna became anxious. After about two minutes, she left the waiting room to come into my office and asked whether I knew that she was there. I replied assuringly, "I heard you come in and will be with you directly." As I ushered her into the office, Donna

mumbled with embarrassment, “I don’t know the rules yet.”

My response to her was that she had not violated any rule, but suggested that we take some time to talk about her feelings.

This simple event became the subject for Donna’s entire third hour. First, we discussed the myth of perfection. Someone was not perfect. Perhaps it was me (the therapist) because I was late. If I was not perfect, maybe I was not the right therapist. Perhaps Donna should leave. However, if Donna could help me to rectify my mistake quickly, then I might qualify to remain as her therapist. Donna also felt a responsibility to take care of me. Perhaps I had not heard her enter the office. On the other hand, perhaps Donna was the one who was not perfect because she had not learned the “unwritten rules” of the office (the commands within any relationship). Therefore, Donna deserved to miss part of her hour, or, if she was not perfect, perhaps I was rejecting her already. Since Donna’s thoughts and feelings had seemed unimportant to her parents, perhaps I too had forgotten her work.

The possibility that Donna had not considered was the actual reason for my lateness.

I explained, “I am usually able to be on time. Today I needed to be a little late for your hour because I wanted to review a portion of the notes I had taken during your initial evaluation. I also needed a few minutes of rest after

the previous hour, which was a difficult one. Sometimes I might be a few minutes late to ensure that when I see you I am prepared and in a position to give you my full attention. I will always make up any lateness at the end of the hour."

Donna was surprised that my "imperfection" was on her behalf.

The following commands represent patients' attempts to provide unwritten rules of their own that will make their relationships feel more secure. Each of the psychopathological commands in this chapter, and its corresponding permission, represent the ends of a continuum along which most people fall. Many, if not most, people use some of these rules with other people some of the time. Therapists need to be familiar with these commands and careful not to give them to patients as a way of healing the therapists' own personal sense of incompleteness.

## SEVEN PATIENT COMMANDS AND THEIR CORRESPONDING PERMISSIONS

### COMMAND 1

**I will listen to what you want and give it, with the obligation that you are to like my gift and give one back to me, which will provide me with the feeling that I exist.**

Many patients give gifts. In fact, they can be counted on to remember others with presents at the time of traditional holidays and birthday celebrations. It may be painful or nearly impossible for these patients to simply receive a gift. Instead, the patients feel a strong obligation to reciprocate because they feel compelled to keep up the symbiotic giving and taking that maintains psychological equilibrium. They also feel obligated to like the gift they have received.

Some patients want to give gifts with specific directions: a handmade plant basket should be displayed in a specific location in the therapist's office. If therapists comply, the patients feel special because the gift holds a prized place. If therapists feel pulled to respond to a gift in a particular way, then it is likely a gift with a command.

Therapists have tried to avoid this issue by making rules: Robert Langs (1973) advises therapists never to accept a gift and warns that to do so will always be collusive. It does not seem necessary to take this position under all circumstances. There are times when accepting a gift is therapeutic. However, when the gift comes with an obligation, as in command 1, it needs to be talked through.

Althea gave her new boyfriend five Christmas presents. She entered my office in considerable psychological and psychosomatic pain because her

boyfriend had responded with attack and rejection. As she and I explored the matter further, it became evident that these "gifts" were not freely given as an expression of loving him. Instead, they were her efforts to do what she thought he wanted. In return, he was to respond in kind, making her feel appreciated and loved. She was feeling especially unlovable because the psychotherapeutic process was allowing her to see the reality of her parents' unavailability. The presents were not a gift but an obligation. Her boyfriend felt overwhelmed, called her "controlling" and requested an end to the relationship. Althea despaired. From her perspective, she had given to her parents and not gotten what she needed in terms of love and support for growth. She felt valueless, because she had to give too much to get anything back. When she gave extra to her boyfriend, he withdrew, increasing her feelings of worthlessness.

When Althea and I talked about the difference between command 1 and real giving, she replied, "I don't think that I know what giving is." From her perspective, it was a difficult concept to understand. The corresponding permission for a psychologically healthy person helped me to explore the difference with her.

**PERMISSION 1**

**I will listen to what you want and will give it, as long as it does not**

**compromise me too much. You are under no obligation to like my gift or to give one back to me.**

A gift is given freely as an expression of affection. The person who receives it is free to enjoy it or give it away if it is not suitable. The receiver can decide what to do with the gift without worrying about the consequences to the relationship.

Underlying all the healthy permissions is the following premise:

I know that I exist as a whole and unique person. I believe that we can be friends if that is your wish.

* * *

**COMMAND 2**

**If I know something that you don't know, you should listen to me so that I feel validated. We will then share the same knowledge, so that we feel at one with each other.**

This command is especially important for highly intelligent or creative patients with separation problems, who also have a natural wish to acquire skill and share their expertise with others. Such patients seek out opportunities to teach others or be center stage as a way of achieving

recognition. These patients tend to feel defensive, unsure, and tense because of their conflict about growth. This may result in a kind of reaction-formation that makes them come on too strong or be controlling, domineering, or condescending toward others who lack the same capability.

Alice shared a new method of teaching mathematics with fellow teachers in an afterschool seminar. She had researched the matter carefully and was well prepared. Instead of engaging her audience in a discussion, she lectured in a manner that displayed her expertise. Her audience was very quiet. She was disappointed that they did not ask questions or praise her for her presentation. In fact, the audience probably felt no chance to share their own ideas and thoughts and felt an uncomfortable obligation to provide validation.

The corresponding permission allowing for more healthy interaction is as follows:

**PERMISSION 2**

**If I know something that you don't know, I will share it with you, provided that you express an interest. You are under no obligation to agree with me or to remember it. Perhaps you will share something I don't know in exchange.**

* * *

**COMMAND 3**

**I will invite you into my home with the obligation that you then invite me to your home. That way, I will feel liked and will be able to display to the world that I am worthy of friends.**

Impinged-upon adults generally have friendships, but friends are often secondary to the maintenance of self-esteem. Many patients dread being alone because it feels as if no one wants to be with them. They want to have an active social calendar not only because it is fun to do things with other people but because they need to feel worthy of friends. The fuller the social calendar, the better they feel about themselves. They also feel a strong pressure to reciprocate every social situation to which they have been invited so that no symbiotic relationships will be disrupted. Depression often results if they are left out of any social event.

Impinged-upon adults are uncomfortable having a friend visit unless their home is orderly and complete. A new friend may be postponed for several months because remodeling has not been finished or wallpaper is not hung in the dining room. Impinged-upon adults feel uneasy if their house is not perfect because their new friend may evaluate it negatively and never reciprocate.

Tina said as if there were never any question about the matter, “When my child begins to walk, I will have to put away all of my valuable things. I just won’t have any company until he is older and I can put the things back.”

The corresponding permission implies a much greater sense of flexibility and freedom:

**PERMISSION 3**

**I will invite you into my home as a statement of my wish to be open with you and to offer you something. You are under no obligation to like my home or to invite me to yours. I would like to see your home as a statement of who you are.**

* * *

**COMMAND 4**

**I may master many tasks, and you must constantly be on call to observe my work, to evaluate it for me, and to give me praise and support in place of the sabotage given by my parents. I cannot believe in the worth of anything I do, even though I know it is good, unless you like it too. You may keep me company by doing some of the same tasks, but I feel more secure if I can do them better.**

Anyone can lose perspective on a project when working closely on it for a long time. Everyone needs feedback and validation, but the problem of impinged-upon adults is more pressing than this natural need for support. Command 4 is meant to relieve impinged-upon adults' constant feeling of insecurity about the value of their accomplishments. Their own positive value judgments about their work were lost in childhood in their interactions with their parents. Impinged-upon adults maintain a sense of self-worth by checking with others for validation.

In addition, impinged-upon adults may have a stronger need to do the best work rather than to share the accomplishment and praise with others. The myth of self-righteous perfection drives them to strive too hard, failing to recognize progress.

Frank was doing very well as a writer. In fact, he had good reason to believe that he was one of the best writers in his class. His teacher became ill and was not available to teach the class for a time. Without the teacher's constant positive feedback, Frank began to experience "writer's block," during which time he was unable to produce any work.

Jim, a dentist, felt very uncomfortable when a new dentist was hired to come into his office, and he overheard the boss talking about the competence of this new employee. He felt that he should offer to resign, because he might

not be “the best” any longer. He lost sight of the value of his own work. Later, Jim understood that he wanted to hold the same place at work that he thought he had in the family. At home, he felt “special,” “best,” “perfect,” and “protected,” as long as he obeyed the commands better than his siblings. If he was not “best” in the office, he was afraid of being abandoned. He was fearful to undertake certain new dental procedures for fear of making a mistake.

Don was a social worker and liked to have other social workers to his home for dinner. Invariably, he would start a conversation in which he disclosed something of a personal nature. His wife became uncomfortable with his personal revelations and often found an excuse to leave the room. He would gain the attention of most of the people in the room and would feel validated by them. He realized that he was seeking the kind of special attention he used to get at home, but at the cost of violating his own privacy.

It is a significant moment when patients are able to appreciate the value of the hard work they do in therapy without direct validation from the therapist. They feel a more whole sense of self.

The psychologically healthy permission provides another perspective:

**PERMISSION 4**

**I may master many tasks. I will evaluate my work myself. If you are**

**interested, I will elicit your feedback to enhance the quality of my work. I will encourage you to master what you wish, even if it turns out to be a task that is greater than mine. I may feel jealous, but I will use that feeling to organize a new challenge for myself rather than to sabotage you. We can share our work and learn from each other. I will never take credit for what you have done yourself.**

This permission points out a comfortable separateness. Each person is able to share and even be enhanced by the other's work, while the boundaries and credit for work remain separate. Envy and jealousy are not bad words to be suppressed. The feeling of competition is minimized because there is room for two separate people to be competent at the same time. Patients can thus feel encouraged to achieve success because there is no threat of abandonment.

Donna described her husband as "selfish" because he had a strong commitment to a career that took him away from his wife and child half of each day. She had learned to use the word selfish from her parents in place of the words "professional dedication or motivation." I suggested that perhaps she felt left out, envious, or jealous because of his occupational accomplishments. She felt embarrassed that I exposed these feelings because she had been taught that envy and jealousy were bad. She had never viewed these feelings as indications that she, too, wanted a career that would bring

her a sense of mastery while her husband was working. She had contented herself with being merely an extension of his career by helping with his profession. It had not occurred to her to take credit for the help she had given and to recognize her talent for her own career.

* * *

**COMMAND 5**

**You must accept my being condescending to or angry with you because I need to transfer my feelings about my parents onto you.**

Some impinged-upon adults hide their feelings of confusion about who they are and what they have to offer by being condescending to those "who can't manage worth a damn anyway." Sometimes it feels easier to look down on the world as a defense against admitting disappointment with and confusion about important past relationships.

Therefore, the attitude of impinged-upon adults may seem unfriendly. Other people may respond with feelings of inferiority and withdrawal. Impinged-upon adults' condescension is their way of signaling the following feelings:

"Something went wrong for me with my parents. My parents ought to

have known better. Even a kid understands that something went wrong. I am not as bad as I am made out to be . . . You are worse than I am."

This attitude tends to be characteristic of patients who are exceptionally creative or talented. They have a hard time being patient with people less able than themselves and perceive them as barriers to growth. Impinged-upon adults may rise quickly into management positions because of their talent and then run into difficulty as a leader because of their proclivity to be condescending.

On the other hand, impinged-upon adults are afraid to provide constructive criticism to others because they were punished for disagreeing with their parents. They also fearfully perceive that any expression of negative feelings provides an opportunity for their anger to surface. Therefore they try to control their feelings, only to have this emotion slip out in the guise of condescension or sarcasm.

Condescension also represents the patients' attempt to explain their resentment at the imbalance between giving and receiving support in relation to the family. As one patient explained,

I guess I decided that since I had to do all the reaching out, I must be better than my family and other people who just wait around to receive all I do for them.

A cycle develops in which patients feel the lack of reciprocal support and then become more condescending, which results in feeling more and more left out. The attitude of condescension may emerge whenever a peer or mentor stops being supportive. The other person is then viewed as suddenly acting like the parents. Therapists can break into this cycle with a proper understanding of what impinged-upon adults are trying to communicate.

The corresponding permission is as follows:

**PERMISSION 5**

**Sometimes I may be condescending or rude in some way toward you because I do not understand some feeling within myself. I hope that you will confront me so that I can notice what I don't understand.**

* * *

**COMMAND 6**

**I will listen intently to what you need and will be very good to you. In return, you must tell the world what a fine person I am.**

Impinged-upon adult patients know when the therapist's mind wanders even for a moment and when the therapist glances at the clock. The patients

will often stop and ask, “Do you understand what I mean?” or subtly shift the topic to reengage the therapist. This perceptive ability can be put to use trying to do the right thing for other people, so that, in turn, someone will say, “You are a fine person.” The issue is again the search for a perfection that will finally bring love from the family.

Concomitantly, impinged-upon adults do many things because they do care about other people. But it is a big moment when they can feel secure enough about their own sense of self to be good to someone else just as a statement of their growing ability to be intimate. The two interactions feel different.

It is difficult to give an example of this command because it is internal and rarely admitted by patients. Others interacting with these patients may feel the ulterior motive in the background. This command is usually carried into adult life as a habitual way of trying to resolve the question, “Why do my parents give me so little credit or praise for all the things I do for them?”

The psychologically healthy permission is as follows:

**PERMISSION 6**

**I will be good to you as a statement of my caring about our relationship. If you are not good to me, I will ask you about it to protect our**

**relationship. I will not let you abuse me because that would not be good for either of us.**

When impinged-upon adults become self-sustaining persons, constructive interaction comes automatically.

Toward the end of his therapy Dan said, "Now I would like to contribute something important and meaningful during the course of my lifetime. I am in the process of figuring out just what it will be." He was excited and not concerned about whether others would think he was a fine person. He valued himself.

* * *

**COMMAND 7**

**I depend on your daily responses to make me feel like a whole person. If you disobey, I will be mad. I will see you as a bad person, while I will try to feel like the good person. Even if you obey all these commands, I will continue to need your help. If you keep obeying, you will rescue me from ever becoming a whole, self-evaluating person. In the meantime, we can't truly be friends; we can only need each other.**

Many impinged-upon adults recognize that psychological survival

would be extremely difficult for them in situations where they were forced to be alone. They know intuitively that they need the approval of others to validate their existence. As long as they are in need of this constant kind of support, their friends feel pressured to act in a particular way toward them. Their friends are damned if they do and damned if they don't in terms of contributing to the relationship. If the enmeshed support is supplied, the relationship remains symbiotic. If it is refused, the relationship may be lost through rejection.

Regarding the relationship with his girl friend, Bob said, "I need her to come and visit me in my office at least once a day. I do fantastic work for her because I need her to tell me it's wonderful. When she comes to see me, I experience a high; her presence is like a fix. If she doesn't come, it feels like the bottom dropped out. When she withdraws her attention, I can be very cold to her. It is an addictive relationship that feels great when she is there, but too painful when she is not."

**PERMISSION 7**

**I will try not to use your responses to me as proof that I am a valued person. If you are unresponsive to me, I will ask why. You might be troubled about something in your own life or I might be doing something that turns you off. I want to clarify the difference so that I can**

**give you support for your trouble or change my response, as needed.**

Society does not give people much encouragement to use this permission. Instead, they are taught to be polite to each other in ways that ignore their ability to notice when someone else is upset, much less to ask about it. Communication is badly compromised because people are afraid to admit to negative feelings and to help each other through them.

In utilizing the commands, patients must present a truly compromised version of their real self to others. Anyone who will validate the patients' self will be accepted into a relationship without much discrimination. Patients, therefore, may acquire friends with their own limited set of commands. Real thoughts and feelings are put aside to exchange validations and commands. As these friendships lengthen, so do the resentments that are a natural outgrowth of real feelings, and are never addressed. The patient's lack of contact with his own self makes it all the more necessary to validate his existence in and through the eyes of others.

How do patients come to realize all of this and attempt to change, and how is it even possible? Sometimes the issue comes into focus when patients complete a creative project that is a part of their real self and realize that they are terrified to introduce it to the real world. Sometimes it starts when patients decide to express their true feelings within one important

relationship. The feelings may be expressed too strongly or awkwardly because the patients are so out of practice. The friend may be hurt or unable to understand, or the friend's commands may be broken. The relationship is seriously disrupted and perhaps even lost.

The patients may then find themselves left alone. There is an existential decision to make at this point: whether to repair the relationship by taking back their real thoughts and feelings or putting away the creative project, or to let the real self step out into the world and risk another loss. The patients feel knocked back and are easily convinced to return to the former mode.

Patients have to allow their real self to emerge by abandoning the commands and taking on the responsibility of validation by succeeding in doing what is best for them. Patients may need to leave behind some old friendships and endure the loneliness until new, more healthy ones are started.

Patients have to make a new discrimination. As impinged-upon adults, they have been taught that doing what is best for others feels good and reduces anxiety. Doing what is best for themselves also feels good but increases anxiety. There is a subtle difference between the two kinds of "feeling good"; the patients learn the difference. They learn to defer less to others and to negotiate more honestly and constructively, instead of wielding

the commands manipulatively.

If patients try to venture this far, they will begin to notice the numerous times a day they defer to others' needs. The emergence of their real self slowly becomes more important than the number of friends they have. Some relationships may move into the background to become casual acquaintances, while a friend or two who can support and understand the patients' changes will be brought forward into the future. The patients leave behind validation from others and risk loss and failure with the knowledge that they are proud of their mastery of their forward journey. They find that they have a more genuine self to give to others because resentments are fading and manipulative giving is reduced.

For some, this last journey is too steep a climb; for others, it takes years and years. For some, a new self emerges rapidly as a consequence of a trauma or crisis, and as a result of the existential decision to change. What is left of the intrapsychic pathological parents may make this last journey a miserable one filled with doubt, fear, psychosomatic symptoms, depression, and fatigue. The patients must fight constantly with an exhausting labor that pushes forth a new, real self with faults and weaknesses. There are enough people in the external world who will support the patient's journey. Therapists' objectivity and constant support for this new self is a critical ingredient.

# 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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