

Birth of a Self in Adulthood

**COMMANDS GIVEN TO  
IMPINGED-UPON ADULTS  
BY MOTHERS**



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# **Commands Given to Impinged-Upon Adults by Mothers**

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## Commands Given to Impinged-Upon Adults by Mothers

Impinged-upon adults have received some confusing communications from their parents. I have postulated this information as sets of commands given to patients by their parents: one set from the mother, the other from the father. They are given unconsciously because of the parents' basic psychological need. These parents do not punish or destroy intentionally; more likely, they are passing on unwritten laws that may have been given to them by their parents. Most patients seem to address all the commands. However, each command has varying degrees of strength, depending upon the patients' families.

Sometimes a parent brings a child into the world before having had the chance to become a psychologically whole and separate person. For completeness, such a parent borrows validation by regulating the behavior, actions, or mastery of the child. This vicarious validation enables parents to feel affirmed by their children's actions and to feel successful. The children remain extensions of their parents without any separate boundaries, much as arms and legs are extensions of the body. Patients experience having given up

varying degrees of themselves to their parents (Brown 1986, Lidz 1973).

For mothers, this mutually dependent relationship usually works well during infants' natural symbiotic period. However, this system begins to break down as soon as toddlers wish to launch their own lives on a more independent course. To survive psychologically, such mothers need their children to be extensions of themselves and need to be needed by those children. Therefore, they take unconscious steps to sabotage their off-springs' independence. This is why they communicate the commands to their children in subtle, nonverbal ways, that is, by gestures, looks, or tone of voice. Rarely are they given as direct communications. In fact, a command may be hidden within a seemingly healthy verbal communication. The hidden nature of the message is important because if confronted, it allows mothers to deny that any command is being given. A good example of this kind of communication occurs at the very beginning of the transcript cited in Chapter 1:

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.

At an unconscious level fathers understand that their wives need the kind of psychological support that they are attempting to extract from their children. These fathers generally feel either unable or unwilling to give such support; therefore, they have their own set of commands designed to enlist

their children's continuing aid in supporting their wives and maintaining their marriages. They are, thereby, free to go to their employment for long hours, during which they attempt to repair their psychological incompleteness and maintain their self-esteem. Like the maternal commands, the fathers' are indirect and nonverbal.

As all this develops, the children feel increasingly unable to leave home and carry on independent lives. They are confused because the surface communication from the parents makes children feel as if they have all the support in the world from a "very close" family who have "given so much." Patients feel a vague sense of anger and a need to cooperate by sabotaging their own progress toward independence. At the beginning of psychotherapy, they are unaware of the commands or the degree to which they feel impinged upon or co-opted as psychological caretakers.

In this chapter the twelve unwritten rules, or commands, given by mothers experiencing separation-individuation problems are presented. Each command is supported by case examples. Throughout this book, the case material presented is the patients' report of what they remember took place. Actual events may be distorted; however, the therapists' concern ought not to lie with proving or disproving the facts presented within each case history, but rather with working to resolve the associated feelings. The reports (now disguised) represent patients' feelings about experiences that affect their



lives in negative ways.

A corresponding healthy permission from mothers is included at the end of the discussion of each command. If these permissions could be given without the contradictory underlying commands, children would have a good start in life. Viewed as a continuum, children who receive *only* commands without any permissions may well become psychotic. Most mothers experiencing separation problems seem to know the permissions by heart, believe them, and give them verbally to their children while simultaneously delivering the commands unconsciously and indirectly. It is this simultaneous, contradictory information that is so psychologically disturbing for impinged-upon adults (the double-bind; see Bateson et al. 1956). Higher-functioning-level impinged-upon adults, closer to being neurotic, may have received the permissions more clearly than the commands, whereas lower-level impinged-upon adults, closer to being psychotic, probably received the commands more strongly than the permissions.

## **TWELVE MATERNAL COMMANDS AND THEIR CORRESPONDING PERMISSIONS**

\* \* \*

### **COMMAND 1**

**You will not be a whole, separate person but remain a perfect part of myself.**

Patients report this command with many different experiences. The patient in Chapter 1 tells us about her underlying message by saying:

Jeanne had to show up for the evening meal each day with her seven siblings. Each sibling had to report to their mother what they did that day and what they planned to do on the next day. “Mother passed out our self-esteem each day, to each sibling,” by approving or disapproving of the activities they presented. This patient felt that she had no other source of self-esteem. As Jeanne said, “Mother gave it out. We felt that if we left, we would lose it. Therefore, we always had to return for it and wait for it. We had to tell her everything. There were no secrets.”

In despair, Sarah said to her therapist, “I can’t try to get myself back because I was never there except as a little piece of her.”

When asked to talk about her family, one patient responded simply, “My mother *is* the family.”

Clara was expecting her mother to arrive in town for a visit and was anxious because she felt compelled to devote all her time to her mother. I suggested that in the future, she could ask about her mother’s plans. She said

with surprise, “What did you say? I can’t believe that you said that! I would never ask such a question! There is no need to ask such a question because I am supposed to be available as a part of Mother!”

The mothers of such patients maintain control by severely discouraging “being different.”

Martha was punished as a child for wanting to have a kind of fruit juice different from her mother’s in the morning. People who were “different” were excluded from family vacations and family gatherings; in-laws were different family members; foreign movies were different from American films. All were systematically criticized and excluded.

Calling long distance, Linda had an angry conversation with her mother and set some limits. A few days later Linda received a letter that said, “It is a shame that both of us should lie awake at night feeling upset about our conversation.” Linda was not wakeful and upset, but Linda’s mother assumed that her daughter, an extension of herself, would feel the same way even though they were separated by a thousand miles.

Before psychotherapy begins, patients have to cope with the commands by themselves. These impinged-upon adults find various ways to articulate their problems and to fight the system.

Cecilia used to chant over and over again to herself, “I am me.” The chanting would provide a sense of comfort, but she didn’t understand why until she learned that she was attempting to erase her mother’s first command. Interestingly, she told her mother and learned that her mother used to do the same thing as a child. It was their best attempt to keep their own separate identities.

Arnold used to imagine a movie, with himself as a character. His life in this movie was all planned out for him. He enjoyed the fantasy because he thought he didn’t have to take responsibility for his life at all. However, he also used to enjoy imagining that intermission was a time when no one had control over him.

Impinged-upon adults remain enmeshed with their mothers for many reasons. One is that such patients continue to hope that their mothers will eventually recognize their own needs as separate persons. There is no reason for hope because their mothers give a lot to insure that their children perform in exactly the way they need. The patients confuse this with true giving and feel bad about not liking the gift. For example,

Tanya felt extremely guilty for not liking a mother who “spoiled me rotten and gave me everything I wanted.” However, Tanya’s mother was actually asking her daughter to be an extension of herself and do all the things

that she had wanted to do as a child. As a consequence, Tanya took the violin lessons that her mother had wanted, took dancing and sewing lessons, and ate the fattening foods that her mother baked until she became overweight. She felt showered with gifts, food, ballet shoes, fabrics, and money, but she had no interest in or inclination toward these activities. She hoped that someday something that she wanted would be given to her.

The word *perfect* is important within this command. The concept of perfection will be discussed more fully in Chapter 4. If children fully obey all commands, they are “perfect.” If they disobey a command, they feel completely bad and are subject to the psychological threat of banishment. These children have been indoctrinated to believe that their parents are perfect.

Anita had a confrontation with her parents concerning her need to move out of their family home and live in another city. They said to her, “Up until this moment you were a perfect daughter. You are no longer. If you loved us you would honor our opinion and do what we want you to do.”

The experience of trying to be a perfect part of someone else is an extremely demanding task, especially if continued indefinitely. Such patients are always busy and feel as if they must work constantly. One such patient said, “I’ve never had a vacation!” Many of these patients are over-adaptive,

overconscientious, and excessively worried about making a mistake. They constantly find new tasks to forestall the inevitable criticism that will come if they try to separate or grow away from their parents. Other patients fight back by being blatantly rebellious or passive-aggressive.

One disadvantage of being unable to view oneself as a separate person occurs when there is an illness within the family. Each family member is overly anxious about catching the illness because no psychological boundary separates them from each other. Patients often feel embarrassed coming into a psychotherapy hour with a cold because they are sure I will catch it. They are surprised that I inquire “Do you feel well enough to do a psychotherapy hour?” instead of becoming fearful of contamination and sending them home.

Many impinged-upon adults have childhood nightmares about snakes. This has been interpreted in the past as sexual-oedipal, but it also appears to be a symbol of patients’ enmeshment. Children’s experience of being co-opted is frequently accompanied by nightmares about snakes waiting everywhere to trip, bite, or strangle. After such dreams, children are often afraid to get up in the morning, fearing snakes under the bed. Frequently, snake dreams recur during the course of psychotherapy for an adult. Each successive dream details the patient’s increasing ability to conquer the snakes.

The corresponding permission given by healthy mothers who have

achieved a more separate sense of self is as follows:

### **PERMISSION 1**

**You may grow to be a whole, separate person. You must never settle for being only a part of me. Neither of us should expect to be perfect.**

This permission comes as a real shock to patients at some point in their psychotherapy. Feeling safe is being an extension of someone else. As one patient put it, "I really thought that nothing could happen to me as long as I was with my mother. It was as if she were magic." Later the same patient said to me, "It really troubles me that I am totally responsible for my own life!"

\* \* \*

### **COMMAND 2**

**As a part of me, you must not dare to love anyone but me, not even your father. You will not have any emotional or physical need for anyone but me. I will provide all.**

Before the advent of systems family therapy, psychotherapy tended to focus more on the mother than on the father. Perhaps this was an accurate reflection of a symbiotic mother's need to have the father in the background

rather than merely absent.

The patient in Chapter 1 talks about moving away from home to live with someone else:

“When I mentioned the possibility [of going away] 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.”

One adult patient had a mother who had died when the patient was thirty. The patient had not married because her mother had told her that you could only love one person at a time. Since she felt that she loved her mother, she assumed that she could not marry until her mother died.

Maria is an unusually attractive and vivacious young woman. During early adolescence, she remembers her mother saying just before she left for her first high school dance, “No man will ever love you because you are not beautiful. Anyway, no one will ever love you as much as I do.” Maria already felt discouraged about herself because her mother had blocked her attempts to become a gymnast and a dancer with the phrase “Good girls wouldn’t do such things.” Maria said, “Whatever hopes I had about being married were severely compromised with these two statements.”

Tom developed a relationship with a woman and felt that it was time to



make love with her. This was a difficult step for him because his anxiety about having severe asthma would prevent his achieving an erection. When he was able to identify the asthma as a physical expression of disapproval from his mother, he gradually allowed himself the freedom to make love. Many men discover that their anxiety about impotence-related difficulties is the work of an intrapsychic, sabotaging mother.

Patients often say that their parents send Valentine cards to their adult children rather than to each other. The parents may be trying to provide, within the family, what should come from an external romantic relationship. These patients get more disturbed about failing to get a valentine from their parents than about failing to get one from a boyfriend or girlfriend. Parents of enmeshed families tend to celebrate all their wedding anniversaries by asking their children to participate in or plan the celebration for them. The patients show significant progress when they are able to feel resentful at having to plan and participate in their parents' wedding anniversary in place of having their own.

In addition to not feeling free to have relationships with other people outside of the family, impinged-upon adults rarely have pets. Animals are easy to love and are loyal - a kind of loving different from that expressed between parents and their impinged-upon children. Rarely are impinged-upon children able to convince their parents to get a pet. If there is a dog or

cat, the children are admonished by the parents not to hug or kiss it because the parents view such affection as “dangerous,” “disgusting,” or “dirty.” It is probable that the parents feel threatened by this affection and move swiftly to attack it.

Don was raised on a farm and wanted to train and ride a particular colt. His mother and father said, “That is something you can only do on your own when you are grown up.” He also loved one of the cats but showed his affection to the animal when his father was not in the barn.

If patients from an enmeshed family try to marry, the sabotage can be intricate and complex. Often, the mother succeeds in subverting the relationship and the marriage never takes place. This may be done by encouraging sons or daughters to date other people after the engagement has been announced. If she cannot dissuade her child from the relationship, she may become so overly involved that the couple begins to fight and break apart under the stress of her intrusion.

Dan’s mother cried when he announced his intention to have a birthday party for his girlfriend. She said, “I don’t believe that you are not going to take care of me.” When this strategy failed, she created the party list for her son’s party and would repeatedly review the list guessing what his date would be given for birthday presents. In her fantasy she managed to take the place of

his girlfriend in opening the presents. The couple argued because of the stress created by the mother's behavior and began to think of the party as a chore.

There are many versions of what happens when patients announce engagement plans. They all report feeling extremely uneasy about breaking the news to their parents but don't understand why. On the surface, the parents may even feign support.

Dan was told that if he found a woman he felt was right for him but whom his parents didn't like, he should marry her anyway. When he actually brought his fiancée home, he faced strong opposition. He reminded his mother of her comment and she stopped speaking to him. Dan's uneasiness prompted him to tell a lot of other people first, to practice and see if he received supportive responses. When his parents learned that they were among the last to hear about the engagement, they were furious.

The patients always hope that their parents will be pleased and supportive. However, the parents seem to come up with one of four responses:

1. Genuine support followed by blatant sabotage.
2. Pretended support that they know they should give which tends to be falsely sweet.

3. Direct sabotage presented with disturbed emotion.

4. Silence. There is no joy and celebration.

In contrast, the psychologically healthy permission that corresponds to this command is as follows:

## **PERMISSION 2**

**As a separate person, you may grow to love your father and then others outside of the family. I am your mother, but you must go forth and meet other people who will provide all that does not rightfully belong within our special relationship.**

\* \* \*

## **COMMAND 3**

**You will not leave me physically or emotionally. If you do, I will withdraw from you. If circumstances part us, you will be in a continuous state of anxious alertness to intuit my psychological needs. You will conduct yourself in ways that validate and calm me (Gardner 1985, Mahler 1975). Any failure in this task will bring a terrible emptiness, anxiety, and guilt.**

Mary was somewhat resistant to clarification of her enmeshed family system until she looked at some detailed maps of the resort island of Nantucket, to which her family returned for many summers. Exploring these maps gave her a severe anxiety attack and a feeling of great sadness. She found that although her family had rented a different home each season, each move was no more than a five-minute walk from the previous house. As a child she believed that the move was so far away that it was impossible to return to see the friends she had made the previous summer. She saw on the map the small radius that confined her to her family. She saw missed opportunities and experiences.

Arnold said, “When I leave my mother, she gets mad and acts like the old kind of Christmas tree lights. If you tamper with just one bulb, the whole string of lights goes out.”

Doug and Marlene went home for Christmas after they had moved away permanently. They had not been home for several years. They brought presents. Their parents’ withdrawal was obvious. They were not thanked for the gifts. The Christmas presents they received were inappropriate, and not the quality of gift given to the members of the family living near home. One gift was deceptively wrapped in a velvet jewelry box. The item inside was a sixty-cent plastic item. Another gift was a present that the mother had bought years ago and “forgotten” to give the daughter. It was out of date. It was

difficult for the couple to challenge this subtle behavior because they had been given gifts.

Daniel discovered that if he failed to visit his parents twice a day he experienced a feeling “of agitation.” His wife noticed that this feeling vanished as soon as he went over to his parents’ home. He thought that he “liked to go home” but gradually recognized his feeling to be one of “need” to be home every day, in the same way that a patient with lung problems needs a new supply of oxygen. As an extension of his parents, he had to get an emotional refueling. The parents had difficulty accepting any reason for his not appearing, no matter how good it was.

Many patients are so afraid of the anxiety and guilt that they might feel if they moved away from their parents’ home that they experience a strong wish never to leave. The patients who do move away often feel a flood of anxiety when their parents call or write. They feel compelled to respond to the letter or phone call as soon as it is received, even if it is inconvenient for them.

Therapists often need to raise the question, Who exactly is it that misses whom? Patients experience missing their mothers, but in truth, they have been taught to miss their mothers because the mother feels that she can’t manage without her offspring.

Most impinged-upon adults are overly sensitive to other people's feelings, especially in response to their own actions. These disproportionate sensitivities have been developed to detect and respond to parental needs. It is like a beeper, always on alert to detect the necessity of immediate response, even when the mother may be thousands of miles away. This quality is an asset in situations that call for being sensitive to how others feel. However, it can be a liability because patients must block their own feelings to be so aware of the needs of others.

The growth-enhancing correlate is extremely different in its message:

### **PERMISSION 3**

**You may go wherever you need to, even though you will eventually leave me. We will both accept our comings and goings as a natural part of our relationship. I will enjoy your departure as a statement of our successful parent-child relationship. I will miss you but will do well without you because I have the remainder of my own separate life goals to fulfill.**

\* \* \*

### **COMMAND 4**

**You will receive gifts from me that I insist you need. They will seem to be**

**a statement of my love, but are actually manipulations to sabotage your mastery and maintain your obligation to me. I must turn aside any gift that you have for me that is also a statement of your mastery and maturity.**

Tom commented upon the degree of control that he was experiencing around the issue of giving. He said, “Dad gave me very little, but what he did give seemed to be without a grudge. Mother gave a whole lot, but everything had strings attached. I felt a need to have some control over her gifts because it became overwhelming to watch over all of the strings.” For a long time in his therapy, he was suspicious of any gift given to him in the form of verbal support. He feared that I needed him to respond to the support by giving me the gift of being a “good patient.”

A grandmother competed with her daughter, Anabelle, for the position of being the primary caretaker of Anabelle’s daughter. As a result of psychotherapy, Anabelle began to reclaim her rightful place as mother of the child and wished to take her daughter on an outing. But the grandmother offered the child an expensive, highly desired treat to stay with the grandmother. The child was torn between going with her mother or getting the toy, but decided to stay with the grandmother and received the bribe. Later she admitted that she really wanted to go with her mother but was afraid of alienating her grandmother.



If impinging parents are unable to stop patients from taking a step forward in their life, they may try to stay involved with the patients by offering to pay for the forward step. They may purchase the computer a student needs to do a paper or thesis, or buy a truck for a patient who has decided to become a contractor. Patients need to evaluate such gifts carefully and decide if they really represent support or if they are given in the service of perpetuating dependency.

Sometimes wealthy parents stay overly involved by lending patients a large sum of money. The patients live off the interest, making it unnecessary to be employed. They have been directed by their parents not to spend the principal, so that the money is precluded from use for a growth step. There is no need for a formal contract because patients and parents share the same psychological boundaries. The loan may be recalled at any time, especially if the patients behave independently. The patients feel confused about whom the money belongs to. The money is, in fact, not a gift but an obligation to obey the commands.

Other parents slip money to their adult children. For example, they send a check in the mail without either a request or permission from their offspring. One mother explained this behavior with a note that simply said, "We're sending this money because it makes us feel good."

#### PERMISSION 4

**I will listen to what you want in order to promote your growth. I will give gifts to you out of love and affection. They are yours to accept, reject, or change, and are without obligation to reciprocate. I will gladly accept gifts from you that are a statement of your growth, maturity, and love.**

A real gift comes out of observing what children need and then fulfilling this need. If children decide that they no longer wish to use the gift, they should not feel guilty or be punished for laying it aside.

\* \* \*

#### COMMAND 5

**We will need and cling to your failures as an affirmation of our dependence upon each other.**

The need to fail frequently gets acted out in the therapy.

Charles, a lawyer, flew to another city for an important court appearance. He made an emergency call to me from the airport, to report a number of failures that he felt should warrant the cancellation of his trip. He had had a fight with his mother, had a headache, and had left his child at

nursery school crying. He feared that a separation from me and his mother would result in total abandonment. He had provoked these problems to keep himself home. He became angry when I did not encourage him to cancel but instead urged him to move forward in his career as a better way to continue his relationships.

Impinged-upon adults rarely get a chance to feel confidence and pride, since success is usually ignored. Instead they have learned that they get a lot of attention from their families by getting into trouble. Failure keeps family members close together and elicits attention that makes patients feel important and close to the nurturing support they crave. The patients come to understand that consequent parental attention is generally a subtle reinforcement to fail. In this respect, it is worse than no nurturing at all.

Alice suddenly seemed to report more and more failures in her life, emphasizing each failure in a manner that had a manipulative quality. When I questioned her purpose in escalating this behavior, she admitted that this was the only way she knew to request increasing her psychotherapy commitment to twice weekly. I suggested instead that she go ahead with her plan to acquire a job so that she could afford to come twice weekly. She was surprised when I supported this growth step because it would allow her to gain independence from me more rapidly.

Since failure is valued, impinged-upon adults feel awkward accepting and enjoying compliments for a job well done. They expect the compliment to be a disguised demand (see Chapter 4, The Myth of Compliments). They may be deeply embarrassed by any attention to their success. They are skillful at dismissing or contradicting any compliment made by someone outside of the family. This is especially true if the compliment is expressed in front of their parents.

The psychologically healthy permission that corresponds to command 5 is as follows:

#### **PERMISSION 5**

**We will honor and appreciate your successes as an affirmation of your growth.**

\* \* \*

#### **COMMAND 6**

**You will neither achieve nor master anything unless I specifically direct it and it enhances my feelings about myself. If you disobey, I will attack your self-esteem through sharp ridicule of your independent achievements. Do not fear loss of mastery; I will applaud you for acting**

**in special ways to enhance me.**

Parents of impinged-upon adults are proud of, and openly laud, their children's talents. What they fail to do is support the training and discipline that is necessary to develop and utilize these talents. For example, a mother was overheard saying, "Look at my beautiful son on the basketball court. He is such a wonderful athlete; if only he had the training, he would be an Olympic star." But the training and discipline that would take the child out of the home and into the real world of competition had been withheld. Many patients are assured of their talent but are disappointed that the world does not acknowledge mere potential. As one patient said, "I know that I have talent but no one helped with the hard work needed to actualize it."

This command is often communicated directly. For example, from the case cited in Chapter 1:

"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."

Arnold was performing a flute solo. His mother invited many of her friends to what she called "my concert." Although she was proud of the performance done by an extension of herself, she was totally unable to see it as his accomplishment.

Impinging parents can show a systematic lack of support and can sabotage any celebration of accomplishment throughout their children's lives.

Matthew and Susan planned their move away from their hometown apartment to their new house. But both sets of parents left on vacation several days before the couple's departure, so that there was no one around to say good-bye and see them off.

Matthew was born with a gift of intelligence that apparently exceeded his parents' capabilities. Each time he mastered a new task, he was given a new problem above his capabilities. He would fail and then be told by his mother, "See, you really aren't so smart." At an early age, he had learned to sabotage himself to preserve his constantly threatened relationship with his family. He was troubled by a recurring nightmare: "I was thrown backwards in space into a black hole. My mother would just stand there. She was getting smaller and smaller until she no longer existed. She never waved good-bye." This dream appeared to represent the power of his mother's sabotage. If he strove to be successful with his superior intellectual capabilities, he would be "thrown backwards" by sabotage. The ultimate threat was to "lose his mother completely."

Graduations are not celebrated by parents of impinged-upon adults because of the feeling of threat implied within this growth step.

Sarah acquired a Ph.D. after her husband had earned his Ph.D. As she left the podium, having received her degree, her father said, "But your school isn't accredited yet, is it?" The letters she and her husband received from their parents were always addressed "Dr. and Mrs....., signaling her parents' and in-laws' inability to recognize her degree. It was hard for her to understand why this was happening. Sarah concluded that she must have failed in some way.

Reacting to her parents' lack of celebration of her graduation, Yolanda went to a florist and got some day-old flowers. She brought them home, made herself a corsage, and put a bouquet of flowers on the kitchen table. Her friends had parties, but there was no celebration for her. She tried to resolve the issue by deciding that she must not have deserved it, even though she had achieved excellent grades.

In contrast, other parents need to acknowledge their children's graduation because it exclusively or primarily serves to prove their value as parents. These families have lavish celebrations with expensive gifts and friends of the parents in attendance. These celebrations have little to do with their off-springs' feelings or needs.

This command is particularly destructive, especially when mothers require their children to achieve to support the mothers' self-esteem. Children sense the command to achieve for their mother and may rebel by

refusing. Unfortunately, at the same time, they must sabotage their own need to continue to grow. As one patient said, “I not only fail to do things because I’ve been sabotaged, I fail to do things because I need to rebel. I never noticed that my actions were also against myself.” Since failure is glorified, patients fear that success will bring punishment.

Alice was showing real talent as a singer. She was selected to sing a number of solos at choral concerts. As she sang, panic rose in her as she fantasized someone shooting her in the back from the chorus.

Some adult phobias result from mothers’ warnings that are intended to deter children from mastery. Children who are told repeatedly, “Don’t go up any steps that aren’t completely enclosed because you will probably fall through,” may well fear heights and open stairs. Children who are warned, “Don’t get on a horse; it will rear and kill you,” will often not attempt horseback riding.

If children break this command and become employed, they may feel uneasy about informing their parents. The first question from the parents of impinged-upon adults is whether the job is volunteer. These parents appear displeased when the answer is negative.

Ruth got a new job that paid her well. After several months her mother asked, “How is your little job going? Are you making minimum wage yet?”



Ruth responded, “Actually, I’m making over twice minimum wage.” Her mother seemed surprised and then said, “Well, nowadays that is not very much money is it?”

This reaction is a typical one. Parents want to imagine that their adult children are earning very little. Perhaps they feel uncomfortable knowing that their offspring are getting money from the outside world, because it decreases the off-springs’ dependence on parents.

Many patients manage to move away from home. They cannot understand why their parents frequently find excuses not to visit. Sometimes they agree to come and then cancel at the last minute, after patients may have gotten their house ready or have even arranged a party. If they do come, they prefer to stay with another relative or in a motel. When they enter their child’s home, they tend to be either silent or critical. Patients long to have their parents come for a holiday, to see their home, and to take pride in their ability to cook a good meal. When patients can understand that their parents have a difficult time acknowledging the patients’ mastery, they can take this form of rejection more calmly and less personally; still there is unhappiness at the loss of family gatherings in the new home.

The more healthy counterpart to this command is as follows:

## **PERMISSION 6**

**You may choose to master anything you wish that will help you enhance your self-esteem. You will have my support for whatever you decide to do that will be positive for you.**

\* \* \*

## **COMMAND 7**

**You will see badness in yourself and see it in others who take you away from me. However, you may not express any negative feelings, especially anger, about our relationship. If you disobey, I will swiftly dismiss such feelings. I can be angry with you directly or covertly, by threatening abandonment. We will not discuss it.**

The patient in Chapter 1 demonstrates this command:

*Patient:* 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 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.

*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 I could. I am supposed to understand everything about her, while she doesn't seem to need to understand anything about me.

Later, the patient continues.

*Patient:* I come home and she has my new nightgown on 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.

Another patient said,

I was made to feel that anything that went wrong was my fault. I'm tired of feeling incapable because of my mom.

Marianne felt angry and then deeply anxious when I was about four minutes late for her hour. She was able to express these feelings to me at the beginning of her session and recalled the following incident. At age eight, Marianne went away from home for the first time on a camping trip. She had arranged for her mother to pick her up when the bus returned to town. She sat at the bus station for over an hour and then decided to call home. Her mother answered and gave no explanation for why she had not picked her daughter up. Marianne became angry, and her mother responded by making her wait for another whole hour. While Marianne sat at the bus station, she tried to think out what she had done wrong so that she could apologize. When her mother finally picked her up, they rode home in total silence. Marianne did not understand until fifteen years later in a psychotherapy session that she was being punished for leaving home and then being angry.

These dialogues out of the past help patients to understand themselves. Such patients feel that they must be all bad and that their mothers are all good. It is as if they were not allowed to grow out of the primitive defense of splitting (Grotstein 1981).

This good-bad splitting is a normal defense in early development but should be replaced by more sophisticated defenses, such as repression, as children gain psychological maturity (Grotstein 1981, Masterson 1976,1981, Rinsley 1982, Stone 1986). Command 7 maintains the splitting by insisting upon allocating all bad to children and assigning all good to parents. Children are thus prevented from seeing the world from a more reality-oriented perspective in which all persons have their share of good and bad qualities. The children have tried to be good to gain support and approval. Many people dealing with this kind of command are over-adaptive, or they are openly angry and rebellious because they know that something is wrong.

Many symbiotic mothers communicate a sense of badness to their children by focusing on a physical defect.

Alison, who was encouraged to eat her mother's fattening pastries each afternoon, was frequently referred to as a "pig." It was difficult for her to believe that she was not overweight. This command is very effective sabotage. People who feel like "pigs" will not go to the beach or to a party because they

feel too ugly to be interesting to other people.

Christine spent several hours, before she came for her first appointment, trying to decide what to wear. She was a secretary and a homemaker. She was confused about whether to dress as a “professional” or as a “housewife.” She wanted to dress in a professional way but thought that I might see her as “bad” because she would be competing with me. Her mother had undermined her attempts to have a career. Since Christine had transferred these feelings to me, she thought that I would rather have her appear as a housewife. After anxious deliberation, she arrived in jeans to represent the housewife and a suit jacket to represent the professional side of her. Her concern was a serious one. She wanted to present herself in a way that I would not consider her “bad” and so would really help her.

Alice was one of three siblings. Whenever one child did something that their mother didn't like, all three siblings were punished. They were so well conditioned to respond passively that instead of resisting the punishment, they only counted the number of blows each child received. They did manage to establish an elaborate system of standing guard for each other so that they could do some reasonable things without being caught.

Impinged-upon adults have learned to punish themselves for disobeying the commands.

As a child, Matthew got mad at his mother and actually told her off. Afraid of repercussions, he ran inside the house, made himself a snack, grabbed a favorite toy, and banished himself to the garage. He stayed there for a whole day. His mother never came to get him, condoning his behavior by saying nothing.

Command 7 can be suddenly activated when parents perceive that their children are moving away from the family and into a separate, independent life.

Dawn received a ten-page typewritten letter describing all the ways in which her parents felt that she had been bad over the years. The parents requested a meeting with her therapist to explain this “badness.”

These patients have learned that their mother can use her anger to swiftly sabotage and control any move toward independence, but no response from the patient is allowed.

One mother used to hit her son periodically when he wanted to stay up late and read books. As she hit him, she would persuade him not to respond by saying, “Take it like a man.”

Some of these parents have the habit of attacking unpredictably. The sabotage comes quickly and then is gone, leaving patients unable to mobilize

in time to respond. The patients may prepare a delayed reply only to discover that the next conversation with the parents finds them as cheerful as if the attack had never happened. The patients' response is suddenly irrelevant.

Many patients lack the ability to use anger in an assertive, constructive manner. They are embarrassed to find that they have been taught to cry instead, accepting anger and undermining from other people without reacting productively. Such patients usually have a large store of unexpressed anger that erupts over something safe or inanimate. Other patients feel depressed as a defense against anger or have sophisticated means of turning the anger on themselves. They will run red lights or treat themselves poorly in terms of basic physical care. Still others have the presenting complaint of feeling "irritable over little things." They can't understand why, because they are members of "warm, loving, close, and happy families." They seem surprised when I suggest that they have a right to honor those unhappy feelings to find out what is going wrong.

I sometimes give my patients the analogy of a pilot flying a plane. Pilots need to be able to see all of the dials in the cockpit so that they can fly the plane properly. Half of the dials represent the positive feelings a person has, signaling that the plane is flying well, and the other half represent the negative feelings, warning that a correction needs to be made. It seems as if patients have been taught to fly their planes (Give their lives) with the portion

of the dials representing negative feelings covered up. They cannot see when the needle has gone into a danger zone; it is a wonder that the plane has not crashed.

Patients are surprised that they are entitled to “see all the dials.” It is a triumphant moment in a therapy hour when patients are able to get mad at the therapist for the first time, see the resulting changes, and find themselves not punished or abandoned.

#### **PERMISSION 7**

**You will come to see both good and bad in yourself and in others, including me. In the course of our relationship, I will be angry with you and you will be angry with me because our needs will not always coincide. We can discuss and resolve it.**

\* \* \*

#### **COMMAND 8**

**You will give up the life steps of marriage, profession, and children to fulfill your commitment to me. Do not fear disappointment or loss because the overriding importance of our relationship will lead you to believe that you truly do not want to take these steps.**



In keeping with command 2, the mothers of impinged-upon adults tend to behave in a way that insures that their children will not even have a strong relationship with their fathers. The fathers often work long hours, so that there is not much opportunity for contact. They may be ineffectual and stay in the background. If they do initiate a relationship, it may be an inappropriate sexual one with a daughter and is usually without the mothers' knowledge or permission. In such cases, the daughters must not only handle the guilt of an inappropriate sexual relationship with their fathers, but must reckon with breaking maternal command 2.

Examples of maternal sabotage of life steps have already been given in connection with previous commands. The parents of impinged-upon adults are often very sophisticated at highlighting a problem so that their children will feel a need to abandon a step forward. Enmeshed parents also capitalize on the natural anxiety that often accompanies these life steps. They can be exceptionally skillful at pretending to be supportive while they are really undermining.

Mothers keep their children at home by presenting life steps as impossible to obtain or unattractive.

Evette was constantly encouraged to marry and repeatedly asked why she had not yet done so. At the same time, she was told that she could only

marry someone of the same nationality and religion as her family. She decided that she could never marry because so few men fit those prerequisites.

Lucinda had been promised that if she lived at home and took care of her parents, she would never be lonely. She was tempted to accept this guarantee. However, she found herself incredibly lonely and isolated at home watching her friends go on with their marriages and careers.

Don was taking an advanced qualifying examination in architecture. His parents learned about it and asked, "What happens if you fail?" He was able to respond, "I don't know because I haven't felt a need to read that part of the booklet yet." His answer showed his increasing ability to resist his parents' sabotage and to believe in his ability to succeed. His parents never bothered to find out if he had passed the examination.

## **PERMISSION 8**

**You will wish to leave me to accomplish your own life steps of marriage, profession, and children. If you don't, I will confront you.**

\* \* \*

## **COMMAND 9**

**You will never be rid of my psychological need for you to be part of me. You must never grow out of it, because I need continued symbiosis. But I will always reject any offer of intimacy or love. I am not interested in understanding the difference between symbiosis and intimacy.**

People seem to be born with a sense of what loving is and an ability to feel when it is not there. Dan said, "I wish that I could have a chance to love my mother without having ropes tied around me." He intuitively knew the difference between loving and enmeshment.

The lack of separateness is a difficult concept to articulate to patients because so much of the pathological communication is covert.

Marianne felt especially "down." Her parents had excluded her from a family financial investment because she deliberated too long before deciding to participate. She was hurt because her sisters were included in the transaction. She felt one sister was her mother's favorite. In reality, this sister was even more deeply enmeshed with her mother. The two sisters had a history of fighting with each other. I shared an analogy with her that seemed to help her understand her feelings. Suppose that her mother was not a whole person, physically, and had asked her to function as part of one of her legs. The "favorite" sister was an even larger part of the other leg, with the two legs competing to win the mother's approval and attention. The mother's rejection

of Marianne made her feel like an amputated leg, still dependent upon a body that was no longer available to sustain her. All she could think about was how she could get back into her mother's good graces to reconnect the leg to the body. I suggested that Marianne needed to slowly grow her own new body for the leg. She felt hopeless about accomplishing this task; I agreed that it was difficult but not impossible. She gradually saw the challenge and mastery that lay ahead and developed an interest in the person she was becoming.

Tom called his mother on her birthday. The tone of voice with which his mother responded suggested that she felt validated, reinforced, and therefore wonderful that her son had called. Tom sensed, however, that she did not feel glad to hear from Tom as a person and didn't care about Tom's feelings. Tom said, "I felt like I had done the right thing to maintain the relationship, but I felt no intimacy or real contact. Therefore, I couldn't think of much to say. I was left feeling unfulfilled; our conversation had only benefited my mother."

It is a difficult task to stop being a part of parents. First, patients have to realize that something has been deeply wrong, a dangerous thing to know when one has been so thoroughly indoctrinated by the commands. Then it is necessary to face the difference between loving and needing someone, and the difference between "being given to" and "being used by" someone. Next, patients have to accept the reality of being cared for and desperately needed but probably not loved in the full sense of the word because the parents did

not feel psychologically whole enough to participate in a mature relationship. The patients must acknowledge that they are psychologically incomplete. In order to survive and be loved, they must develop the parts of themselves that are missing. They must find out who they are, whole, and completely separate from their parents.

Part of the unfortunate fallout of this command is inexperience with real loving and the inability to receive it from others. Patients feel shy and awkward and look for a quick way to excuse themselves. They feel neither complete nor lovable. They have to learn what love is and to give and accept it.

#### **PERMISSION 9**

**We will grow out of our early symbiosis with each other. As you mature, we will be two separate people exchanging affection, intimacy, respect, and a mature dependence upon each other. We will be together and apart. Our relationship will always be special but should never preclude intimacy with others.**

\* \* \*

#### **COMMAND 10**

**You may not become involved in psychotherapy. Therapists are evil and will tear apart our closeness. What goes on within our family must remain private.**

When this concept was suggested to one patient, she said, “My family has always felt that they could provide everything that was needed right within the family better than anyone else.” Any expressed need for psychotherapy appears disloyal and implies that the family is not providing perfectly.

This command was amply illustrated by the dream of one patient, Tom, during the initial stages of psychotherapy.

In the dream, I am waiting to see you [the therapist]. You come to the door and tell me that we are going to meet in a different place today. You lead me down a long series of crooked paths until we come to another building. We sit down to start the session. I look up at you and find that your skin has turned to black.” I suggested to him that perhaps his dream represented his parent’s view that I was leading him down a crooked and evil path. He had to decide in the ensuing weeks whether to believe his parents or his own feelings about the nature of his relationship with me.

If patients participate in psychotherapy that is not helpful, the parents will sense that there is no threat and leave the matter alone. However, if it is a

productive psychotherapy, the parents generally feel threatened and attempt to dissuade the patients from continuing. If the patients maintain the therapeutic work, the parents will gradually realize that there is little gained by fighting it. They may decide to say nothing. Should the patients begin to change in a positive direction, the parents will generally articulate the change in a negative manner. For instance, a patient who became able to set some reasonable limits with her parents was labeled “uppity,” “self-centered,” and “too good for us.” However, if patients can fight all the way through to an independent self, parents usually continue the symbiotic relationship by taking pride in the patients’ accomplishments because it makes them feel like good parents. By this time, the patients have worked through the anger and are able to interact with their parents in a more understanding way. The parents may even be able to compliment the patients and begin a new relationship with some elements of a friendship.

Parents generally respond negatively to any suggestion that a member of the family having psychological difficulty might benefit from psychotherapy. Often patients are blatantly told, “You don’t know what you are talking about.” Some parents may even approach the therapist to interfere with patients’ psychotherapy. Only a few parents have followed through with an individual psychotherapy contract to make healthy changes in the way they relate to their children.

The healthy correlate of this command permits patients to get help outside of the family without undue embarrassment:

#### **PERMISSION 10**

**If we are unable to understand and enjoy these permissions, there is something that we have missed. We will seek competent psychotherapy-**

\* \* \*

#### **COMMAND 11**

**Neither of us shall come to understand these commands consciously. I must give them to you because they were given to me. If they are disobeyed, you will experience psychosomatic symptoms, strong feelings of guilt or badness, or both. I will convince you that I will die. As a part of me, you then will also die.**

The second sentence of this command is the most poignant. Without help, people may be locked into repeating their psychological incompleteness over successive generations. Parents attempt to take from their children what they have not received from their parents and unwittingly contribute to their children's incompleteness. The last sentence usually surfaces during the latter half of psychotherapy for every patient. Most patients report at least one



nightmare about their own death, their parents' death, or both. Sometimes parents threaten death very directly.

Arlene had been riding horses for many years on her father's ranch. She decided to buy her own horse. Her mother called the next day to report a very disturbing dream in which both Mother and Arlene were dying of cancer. However, the mother was saved by another sister who brought home a magic medicine.

It was clear that mother had no conscious comprehension of command 11 as the reason for the dream. Arlene felt uneasy about whether this dream might come true until we discussed it in her next psychotherapy hour.

A son managed to leave home and marry after having established a sense of psychological separateness through his psychotherapy. His father responded to this step with a letter that said, "You are like a flower that has been cut off from the plant. You will wither and die."

Patients learn through experience that their mother's statement about death is merely a powerful threat. Parents survive their children's psychological growth, and they benefit by becoming more independent from their children. Many enmeshed parents fill the void left by departing children, finding something new and valuable to do with their lives. Others escalate the severity of the commands to the next sibling down the line.

## PERMISSION 11

**It is a part of our growth that we both consciously understand the commands or permissions we have been given. If commands were given to me instead of permissions, I am responsible for changing what I pass on to you. Then our own separate growth will be enhanced. We will survive.**

There are couples who have worked through the commands with sufficient clarity and understanding to be able to raise children with permissions instead of commands. They promote their children's growth and set limits only on behavior that is destructive to the child or to others.

The following command only occurs in some cases.

\* \* \*

## COMMAND 12

**(To sons; occasionally 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 appears to be more flagrantly given by fathers to daughters and not rarely results in sexual child abuse. Mothers tend to have a

more covert flirtatious relationship with their sons that not only keeps the son from leaving home but causes him a lot of confusion about resolving the oedipal conflict. Mothers tend to invite their sons into the bedroom when they have too few clothes on in the evening, cook breakfast in the kitchen without properly dressing, intrude upon their sons in the bathroom, and rub their backs in a subtly sexual way. The sons become aroused, enjoy the special attention, and frequently settle for being special around the home rather than dating. This issue will be considered more fully in Chapter 9.

#### **PERMISSION 12 (TO A SON)**

**You will wish to know whether you are a sexually attractive person to me. I will encourage the blossoming of your masculinity and the development of your relationships with other females. I may enjoy your sexuality, but I will never take advantage of you as a sexual person because that has no place within our special relationship.**

In conclusion, patients work hard to understand the reasons for the commands. In her attempt to comprehend the psychological needs of her parents, Alice, a perky, beautiful, and insightful school teacher reflected,

You mean that my existence gave my parents a feeling of legitimacy, a feeling that they had a place in the world, and a job to do. I was very special to them for the first few years. When I wanted to do things on my own, I felt like

I had lost the specialness. I thought they would be proud, but instead I had become a disappointment, because I was growing out of my need for them.

## 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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