

PEOPLE- PLEASING PATTERNS ARE LEARNED WHEN NEEDS ARE NOT MET

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Experience shows that in the long run there is only one weapon available against mental sickness: emotional discovery and acceptance of the truth in our individual and unique childhood history. Would that mean that we could free ourselves from illusions with the help of psychoanalysis? History shows that they creep in everywhere and that every life is full of them, perhaps because the truth is often intolerable. Through analysis we undertake the long process of discovering our own personal truth, which always causes pain before giving us a new area of freedom—unless we are content with ready conceptualized intellectual knowledge based on other people's painful experience, for example that of Sigmund Freud. But in that case we remain in the sphere of illusions and self-deceptions.

Idealization of mother love is a taboo that has withstood all the current tendencies towards demystification. The usual run of biographies illustrates this very clearly. In reading the biographies of famous artists for example, one gains the impression that their lives began at puberty. Before that they have had a 'happy, contented or untrammelled' childhood, or one that was 'full of deprivation' or 'very stimulating', but how it really was seems to awaken no interest, as if the whole life did not have its roots hidden in childhood. I should like to illustrate this with a simple example.

Henry Moore describes in his memoirs how, as a small boy, he massaged his mother's back with rheumatism oil. Reading that suddenly threw new light for me on Moore's sculptures. The great reclining women with tiny heads—in them I saw the mother through the small boy's eyes, with the head in diminishing perspective and the back close to and enormously enlarged. This may be irrelevant for many art critics, but for us it is a sign of how strongly a child's experiences may survive in his unconscious and what possibilities of expression they may find if the adult is free to let them. Now Moore's memory was harmless and could remain untouched, but the conflictual experiences in every childhood are hidden in darkness and the key to understanding the life that follows is hidden with them.

THE POOR RICH CHILD

Sometimes I have to ask myself whether it will ever be possible for us to conceive of the extent of the loneliness and desertion to which we were exposed as children, and hence as adults still are, intrapsychically. Here I do not mean in the first instance obvious desertion by, or separation from, the parents, which can, of course, have traumatic results, nor am I thinking of children who were obviously uncared for or totally neglected, and who were always aware of this or at least grew up with the knowledge that it was so.

Apart from these there are a large number of narcissistically disordered people, who often had sensitive and caring parents, from whom they received much encouragement, but who still suffer from severe depressions. They enter analysis in the belief, with which they grew up, that their childhood was happy and protected.

Quite often we are concerned here with gifted patients who had been praised and admired for their talents and their achievements. Almost all of these analysands had been dry in their first year, and many had assisted skilfully at the age of one and a half to 5 in the care of younger siblings. According to prevalent opinion, these people—the pride of their parents—should have had a strong and stable self-assurance. But exactly the opposite is the case. In everything they undertake they do well and even excellently,

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they are admired and envied, they are successful whenever it is of importance to them, but all to no avail. Behind all this lurks depression, feelings of emptiness, self-alienation and lack of meaning in their

existence—as soon as the drug of grandiosity fails, as soon as they are not 'on top', not definitely the 'superstar', or when they suddenly get the feeling they have failed to live up to one of their self ideals. Then they are plagued by anxiety or deep feelings of guilt and shame. What are the reasons for this kind of narcissistic disturbance in these gifted people?

Even in the first interview they let the listener know that they had had understanding parents, or at least one such, and if they ever lacked understanding, they felt that the fault lay with them and their inability to express themselves appropriately. They bring their first memories without any sympathy for the child they once were, and this is the more striking since these patients not only have a pronounced introspective ability, but are also able to empathize well with other people. Their relationship to their own childhood's emotional world however is characterized by lack of respect, compulsion to control, by manipulation and a demand for achievement. Very often they show disdain and irony, even derision and cynicism. In general there is complete absence of real emotional understanding or serious appreciation of their own childhood vicissitudes, with no conception of their true needs beyond the demand for achievement. The internalization of the original drama has been so complete that the illusion of a good childhood can be maintained.

So that I can describe the psychic climate of these analysands, I want first to formulate some basic assumptions, which form my starting point and are close to the work of D. Winnicott, M. Mahler and H. Kohut.

1. The child has a primary need to be seen, noticed and taken seriously as being that which it is at any given time, and as the hub of its own activity. In contra-distinction to drive wishes we are here dealing with a need which is narcissistic, but nevertheless equally legitimate, and whose fulfilment is essential for the development of a healthy self-esteem.
2. 'That which it is at any given time' means emotions, sensations and their expression, even in the infant. M. Mahler writes: 'The infant's inner sensations form the core of the self. They appear to remain the central, the crystallization point of the "feeling of self" around which a "sense of identity" will become established.' (p. 11.)
3. In an atmosphere of *respect and tolerance for his feelings* the child can give up symbiosis with the mother in the phase of separation and accomplish the steps towards individuation and autonomy.
4. If they are to furnish these pre-requisites for healthy narcissism, the parents should themselves have grown up in such an atmosphere.
5. Parents who did not experience this climate as children are themselves *narcissistically deprived* ; throughout their lives they are looking for what their own parents could not give them at the *correct time* — the existence of someone who is completely aware of them and takes them seriously, who admires and follows them.
6. Naturally, this search can never succeed fully since it is related to a *situation which has passed irrevocably*, namely to the time when the self was first being formed.
7. Nevertheless, a person with this unsatisfied and *unconscious* (because repressed) *need is compelled* to attempt its fulfillment by substitute means.
8. The most appropriate objects for this are his *own children*. A newborn baby is completely dependent on his parents, and since their caring is essential for his existence, he does all he can to avoid losing them. From the very first day he will utilize all his resources to this end, like a small plant that turns towards the sun in order to survive.

So far I have stayed in the realm of more or less well-known facts. The following thoughts are derived more from observations made in the course of analyses I have conducted myself or supervised and also from interviews with candidates wishing to become psycho-analysts. In all of these people I found a childhood history that seems significant to me.

1. There was a *mother* who at the core was *emotionally insecure*, and who depended for her narcissistic equilibrium on a particular type of behaviour or mode of being in the child. This

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insecurity could well remain hidden from the child and from everyone else behind a hard, authoritarian and even totalitarian façade.

2. There existed an amazing *ability on the child's part* intuitively, that is unconsciously, to perceive and respond to this need of the mother or of both parents, i.e. to take on the role which had unconsciously been assigned to him.
3. This role secured 'love' for the child, i.e. *narcissistic cathexis* by his parents. He could sense that he was needed and this gave his life a guarantee of existence.

This ability is then extended and perfected. Later these children not only become mothers (confidantes, comforters, advisers, supporters) of their own mothers, but also take over the responsibility for their siblings

and eventually develop a *special sensitivity to unconscious signals of the needs of others*. No wonder that they often choose the psycho-analytic profession later on. Who else, without this previous history, would muster sufficient interest to spend the whole day trying to discover what is happening in the other person's unconscious? But the development and perfecting of this differentiated sensorium—which once assisted the child in surviving and now enables the adult to pursue his strange profession—also contains the *roots of his narcissistic disturbance*.

THE LOST WORLD OF FEELINGS

Today the phenomenology of narcissistic disturbance is well-known. On the basis of my experience, I would think that its *aetiology* is to be found in the infant's *emotional adaptation*. In any case, the child's narcissistic needs for respect, echoing, understanding, participation and mirroring suffer a very special fate, as a result of this early adaptation.

1. One serious consequence of this adaptation is the impossibility of consciously experiencing certain feelings of his own (*such as jealousy, envy, anger, loneliness, impotence, anxiety*) in childhood and later in adulthood. This is all the more tragic since we are here concerned with lively people who are especially capable of differentiated feelings. This is noticeable at those times in their analyses when they describe childhood experiences which were free of conflict. Usually these concern experiences with nature, which they could enjoy without hurting the mother, or making her feel insecure, without reducing her power or endangering her equilibrium. But it is remarkable how these attentive, lively and sensitive children who can, for example, remember exactly how they discovered the sunlight in bright grass at the age of 4, yet at 8 could be unable to 'notice anything' or to show any curiosity about the pregnant mother, or similarly were 'not at all' jealous at the birth of a sibling. Again, at the age of 2, one of them could be left alone while soldiers forced their way into the house and searched it, and she had 'been good', suffering this quietly and without crying. They have all developed the art of not experiencing feelings, for a child can only experience his feelings when there is somebody there who accepts him fully, understands and supports him. If that is missing, if the child must risk losing the mother's love, or that of her substitute, then it cannot experience these feelings secretly 'just for itself' but fails to experience them at all. But nevertheless ... something remains.

Throughout their later life these people unconsciously create situations in which these rudimentary feelings can come to life, but without the original connexion ever becoming clear. The point of this 'play', as Habermas called it, can only be deciphered in analysis, when the analyst joins the cast, and the intensive emotions experienced in the analysis are successfully related to their original situation. Freud described this in 1914 in his work 'Remembering, repeating and working through'.

Take the feeling of being abandoned as an example—not that of the adult, who feels lonely and therefore takes tablets or drugs, goes to the cinema, visits friends or telephones 'unnecessarily' in order to bridge the gap somehow. No, I mean the original feeling in the small infant, who had none of these chances of distraction and whose communication, verbal or pre-verbal, did not reach the mother. This was not because the mother was bad, but because she herself was narcissistically deprived, dependent on a specific echo from the child, that was essential to her, and was herself a child in search of an available object. And however paradoxical this may seem, a child is *at her*

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disposal. A child cannot run away from her as her own mother did. A child can be so brought up that it becomes what she wants it to be. A child *can be made to show respect*, she can impose her own feelings on it, *see herself mirrored in its love and admiration*, and feel strong in its presence, but when it becomes too much she *can abandon it* to a stranger. *The mother can feel herself the centre of attention*, for her child's eyes follow her everywhere. When a woman had to suppress and repress all these needs with her own mother, they rise from the depth of her unconscious and seek gratification through her own child, however well-educated and well-intentioned she may be and however much she is aware of what a child needs. The child feels this clearly and very soon gives up the expression of its own distress. Later, when these feelings of being deserted begin to emerge in the analyses of the adult, they are accompanied by such intensity of pain and despair that it is quite clear that these people could not have survived so much pain. That would only have been possible with an empathic, attentive environment, and this they lacked. The same holds true for emotions connected with the oedipal drama and the entire drive development of the child. That all had to be warded off. But to say that it was absent would be a denial of the empirical evidence gained in analysis.

Several sorts of mechanisms can be recognized in the defence against early feelings of being abandoned. In addition to simple denial there is *reversal* ('I am breaking down under the constant

responsibility because the others need me ceaselessly'), *changing passive suffering into active behaviour* (I must quite women as soon as I feel that I am essential to them'), projection on to other objects, *introjection* of the threat of loss of love (I must always be good and measure up to the norm, then there is no risk; I constantly feel that the demands are too great, but I cannot change it, I must always achieve more than others'). *Intellectualization* is very commonly met, since it is a defence of great reliability.

All these defence mechanisms are accompanied by repression of the original situation and the emotions belonging to it, which can only come to the surface after years of analysis.

2. Accommodation to parental needs often (but not always) leads to the 'as-if personality' or what Winnicott has described as the '*false self*'. The person concerned develops in such a way that he not only displays nothing beyond what is expected of him, but fuses so completely with what he displays that—until he comes to analysis—one could scarcely guess how much more there is to him, behind this 'masked view of himself'. He cannot develop and differentiate his 'true self' because he is unable to live it. It remains in a 'state of non-communication', as Winnicott has expressed it. Understandably, these patients complain of a sense of emptiness, futility or homelessness, for the emptiness is real. An emptying, impoverishment, and partial killing of potential, actually took place when that which was living and spontaneous was cut off. In childhood these people have often had dreams in which they experienced themselves as partly dead. I should like to give three examples:

My younger siblings are standing on a bridge and throw a box into the river. I know that I am lying in it, dead, and yet I hear my heart beating; at this moment I always wake. (A recurrent dream.)

This dream combines unconscious aggression (envy and jealousy) against the younger siblings, for whom the patient was always a caring 'mother', with 'killing' her own feelings, wishes and demands, by means of reaction formation. Another patient dreamed:

I see a green meadow, on which there is a white coffin. I am afraid that my mother is in it, but I open the lid and luckily, it is not my mother but me.

If this patient had been able as a child to express his disappointment with his mother, i.e. to experience his rage and anger, he could have stayed alive. But that would have led to loss of his mother's love, which, for a child, is the same thing as object loss and death. So he 'killed' his anger and with it a part of himself in order to preserve his self-object, the mother. A young girl used to dream:

I am lying on my bed, I am dead. My parents are speaking and looking at me but they don't realize that I am dead.

3. The difficulties inherent in experiencing

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and developing one's own emotions leads to *bond permanence*, which prevents individuation. Both parties have an interest in this. The parents have found in their child's 'false self' the conformation they were looking for, a substitute for their own missing structures; and the child, who has been unable to build up his own structures, is first consciously and then unconsciously (via introject) dependent on his parents. He cannot rely on his own emotions, has gained no experience in trial and error with them, does not recognize his own real needs, and is *alienated* from himself to the highest degree. Under these circumstances he cannot separate from his parents, and even as an adult he is still *dependent on affirmation* from his partner, groups or *especially from his own children*. The heirs of the parents are the introjects, from whom the 'true self' must remain concealed, and so loneliness in the parental home is later followed by *isolation within the self*. Narcissistic cathexis of her child by the mother does not exclude emotional devotion. On the contrary, she loves the child, as her self-object, excessively, though not in the manner which he needs, and always on the condition that he presents his 'false self'. This is no obstacle to the development of intellectual abilities, but it is one for the unfolding of an authentic emotional life.

IN SEARCH OF THE 'TRUE SELF'

How can psychoanalysis be of help here? The harmony depicted in *Käthchen von Heilbronn* is probably only possible in fantasy, and particularly understandable arising from the longing of such a narcissistically tormented person as Kleist. Falstaff's simplicity—of whom Freud is reported to have said that he embodied the sadness of healthy narcissism—is neither possible nor desirable for these patients. The paradise of pre-ambivalent harmony, for which so many patients hope, is unattainable. But the experience of one's own truth and the *post-ambivalent* knowledge of it, makes it possible to return to one's own world of feelings at an adult level—without Paradise, but with the *ability to mourn*.

It is one of the turning points in analysis when the patient achieves the emotional insight that all the love which he captured with so much effort and self-denial was not meant for him as he really was; that the admiration for his beauty and achievements was aimed at this beauty and these achievements and not at the

child himself. In the analysis the small, lonely child hidden behind his achievements wakes up and asks: 'What would have happened if I had appeared before you, bad, ugly, angry, jealous, lazy, dirty, smelly? Where would your love have been then? And I was all these things as well. Does this mean that it was not really me whom you loved, but only what I pretended to be? The well-behaved, reliable, empathic, understanding and convenient child, who in fact was never a child at all? What became of my childhood? Have I not been cheated out of it? I can never return to it. I can never make up for it. From the beginning I have been a little adult. My abilities—were they simply misused?'

These questions are accompanied by much grief and pain, but always result in a new authority being established in the analysand (like a heritage of the mother who never existed)—empathy with his own fate, born out of mourning. At this point one patient dreamed that he killed a child thirty years before and no-one had helped him to save it. (Thirty years earlier, precisely in the oedipal phase, those around him had noticed that this child became totally reserved, polite and good, and no longer showed any emotional reactions.)

Now the patient does not make light of manifestations of his self any more, does not laugh or jeer at them, even if he still unconsciously passes them over or ignores them, in the same subtle way that his parents dealt with the child before he had any words to express his needs. Then too, there is a revival of fantasies of grandiosity, which had been deprecated, so split off; and we can see their relation to the frustrated and repressed needs for attention, respect, understanding, echoing and mirroring. At the centre of these fantasies there is always a wish, which could never be accepted before. For example: I am in the centre, my parents are taking notice of me and ignoring their own wishes (fantasy: I am the princess attended by my servants); my parents understand when I try to express my feelings and do not laugh at me; my parents are rich in talents and courage and not dependent on my

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achievements; they do not need my comfort nor my smile (they are king and queen). This would mean for the child: I can be sad or happy when anything makes me sad or happy, but I am not forced to show gaiety for someone else, and need not suppress my distress or anxiety according to other people's needs. I can be angry and no-one will die or get a headache because of it. I can rage and smash things without losing my parents. In Winnicott's words: 'I can destroy the object and it will still survive'.

Once these grandiose fantasies—which are often accompanied by obsessional or perverse phenomena—have been experienced and understood as the alienated form of these real and legitimate needs, then the split can be overcome and integration can follow. What is the chronological course?

1. In the majority of cases, it is not difficult to demonstrate to the patient early in his analysis how he deals with his feelings and needs, and that this was a question of survival for him. It is a great relief to him that things which he was accustomed to choke off can be recognized and taken seriously. One can use the material he presents to show him how he treats his feelings with ridicule and irony, tries to persuade himself they do not exist, belittles them, or either does not become aware of them at all or only after several days when they have already passed. Gradually the patient himself realizes how he is forced to look for distraction when he is moved, upset or sad. (When a 6-year-old's mother died, his aunt told him: 'You must be brave; don't cry; now go to your room and play nicely.') There are still many situations where he sees himself *through other people*, constantly asking himself what impression he is making, and how he *ought* to be reacting or what feelings he *ought* to have. But on the whole, he feels much freer in this initial period, and thanks to the analyst as his auxiliary ego, he can be more aware of himself when his *immediate* feelings are experienced within the session and taken seriously. He is very grateful for this possibility too.
2. Of course, that will change. In addition to this first function, which continues for a long time, the analyst must take on a second as soon as the transference neurosis has developed: that of being the transference figure. *Feelings* out of various *periods of childhood* come to the surface then. This is the most difficult stage in analysis, the one where there is most acting out. The patient begins to be articulate and breaks with his former compliant attitudes, but because of his early experience he cannot believe this is possible *without mortal danger*. The compulsion to repeat leads him to provoke situations where his fear of object loss, rejection and isolation has a basis in present reality, and into which he drags the analyst with him (as rejecting or demanding mother for example), so that afterwards he can enjoy the relief of having taken the risk and been true to himself. This can begin quite harmlessly. He is surprised by feelings that he would rather not have recognized but it is too late, awareness of his own impulses has already been aroused and there is no going back. Now the analysand must (but also may!) experience himself in a way he had never before thought possible.

Whereas he had always despised miserliness, he suddenly catches himself reckoning up the two minutes lost to his session through a telephone call. Whereas he had previously never made demands himself and

had always been tireless in fulfilling the demands of others, now he is suddenly furious that his analyst is going on holiday yet again. Or he is annoyed to see other people here. What can it be? Surely not jealousy. That is an emotion he does not recognize! and yet ... 'What are they doing here? Do others besides me come here?' He had never realized that before. At first it is mortifying to see that he is not only good, understanding, tolerant, controlled and, above all, adult, for this was always the basis of his self respect. But another, weightier mortification is added to the first when the analysand discovers the *introjects within himself*, and that he has been a prisoner to them. For his anger, demands and avarice do not at first appear in a tamed adult form, but in the archaic one in which they were repressed. The patient is horrified when he realizes that he is capable of screaming with rage in the same way that he so hated in his father, or that he has checked his child 'in his mother's fashion', as he expresses it. This revival of the introjects and learning to come to terms with them, with the help of the transference, forms the major part of the analysis. What cannot be

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recalled is unconsciously re-enacted and thus indirectly discovered. The more he can admit and experience these early feelings, the stronger and more coherent the patient feels. This in turn enables him to expose himself to emotions out of his earliest childhood and to experience the helplessness and ambivalence of that period.

There is a big difference between having ambivalent feelings towards somebody as an adult, and, after a long previous history, suddenly experiencing one's self as a 2-year-old being fed by the maid in the kitchen and thinking in despair: 'Why does mother go out every evening? Why has she no pleasure in me? What is wrong with me that she prefers to go to other people? What can I do to make her stay at home? Just don't cry, just don't cry.' The child could not think in these words at the time, but in the session on the couch, this man was both an adult and a 2-year-old child, and could cry bitterly. It was not only a cathartic crying, but rather the integration of his earlier longing for his mother which he had previously always disowned. In the following weeks the patient went through all the torments of his ambivalence towards his mother, who was a successful paediatrician. Her previously 'frozen' portrait melted into the picture of a woman with lovable aspects but who had not been able to give her child any continuity in their relationship. 'I hated these beasts who were constantly ill, and always taking my mother away from me. I hated by mother because she preferred being with them to being with me.' In the transference, clinging tendencies and feelings of helplessness were mingled with long-dammed-up rage against the love object who had not been available. As a result, the patient got rid of a perversion which had tormented him for a long time, the point of which was now easy to understand. His relationships to women lost their marked characteristics of narcissistic cathexis, and his compulsion first to conquer and then to desert them disappeared completely.

At this stage in the analysis the patient experiences his early feelings of helplessness, of anger and of being at the mercy of the loved object, in a manner which he could not previously have remembered. One can only remember what has been consciously experienced. But the emotional world of a child with a narcissistic disturbance is itself the result of a selection, which has eliminated the most important elements. These early feelings, accompanied by the pain of not being able to understand what is going on, which belongs to the period of earliest childhood, are then consciously experienced for the first time during analysis.

The true self was in 'a state of non-communication' as Winnicott said, because it had to be protected. The patient never needs to hide anything else so thoroughly, deeply and for such a long time, as his true self. Thus it is like a miracle each time to see how much individuality has survived behind such dissimulation, denial, and self-alienation, and can reappear as soon as the work of mourning brings freedom from the introjects. Nevertheless, it would be wrong to understand Winnicott's words to mean that there is a fully-developed true self hidden behind the false self. If that were so, there would be no narcissistic disturbance but a conscious self-protection. The important point is that the child *does not know* what he is *hiding*. A patient expressed this in the following way: 'I lived in a glass-house into which my mother could look at any time. In a glass-house, however, you can not conceal anything without giving yourself away, except by hiding it under the ground. And then you can not see it yourself either.'

An adult can only be fully aware of his feelings if he has internalized an affectionate and empathic self object. Those with narcissistic disturbance have not had this, and they are therefore never overtaken by unexpected emotions, since they only admit such feelings as are accepted and approved by their internal instance, heir to their parents. Depression and a sense of inner emptiness is the price that must be paid for this control. To return to Winnicott's concept, the true self can not communicate because it has remained

unconscious, and therefore undeveloped, in its internal prison. The company of prison warders does not encourage lively development. It is only after being liberated in analysis that the self begins to be articulate, to grow, and to develop its creativity. There, where there were only the frightening emptiness or equally frightening grandiose fantasies, unexpected wealth and vitality expands. It is not a return home, since

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this home had never before existed. It is the discovery of home.

3. The separation phase begins when the analysand has reliably acquired the ability to mourn, and can face feelings from his childhood, without needing the analyst constantly.

THE PSYCHO-ANALYST'S SITUATION

It is often said that psycho-analysts suffer from a narcissistic disturbance. The purpose of my presentation so far has been to clarify the extent to which this can be confirmed, not only inductively based on experience, but also deductively from the type of talent needed by an analyst. His sensibility, his empathy, his intense and differentiated emotional responsiveness, and his unusually powerful 'antennae' seem to predestine him as a child to be used—if not misused—by people with intense narcissistic needs.

Of course, there is the theoretical possibility that a child who was gifted in this way could have had parents who did not need to misuse him, i.e. parents who saw him as he really was, understood him, and tolerated and respected his feelings. Such a child would develop a healthy narcissism. One could hardly expect, however, that:

1. He would later take up the profession of psychoanalysis.
2. He would cultivate and develop his sensorium for others to the same extent as those who were 'narcissistically used'.
3. He would ever be able to understand sufficiently—on the *basis of experience*—what it means to 'have killed' one's self.

I believe then, that it is not less our fate than our talent which enables us to exercise the profession of psycho-analyst, after being given the chance, through our training analysis, to live with the reality of our past and to give up the most flagrant of our illusions. This means tolerating the knowledge that, to avoid losing the loved object, we were compelled to gratify our parent's unconscious needs at the cost of our own self-realization. It also means being able to experience the rebellion and mourning aroused by the fact that *our parents were not available to fulfill our primary narcissistic needs*. If we have never lived through this despair and the resulting narcissistic rage, and have therefore never been able to work through it, we can be in danger of transferring this situation which had remained unconscious on to our patients. It would not be surprising if our unconscious anger should find no better way than once more making use of a weaker person to take the parents' place. This can be done most easily with one's own children, or with patients, who at times are as dependent on their analyst as children on their parents. An analytically talented patient, one with 'antennae' for his analyst's unconscious, reacts promptly. He will present the analyst with a complete picture of his 'Oedipus complex', with all the affects and insights required. The only disadvantage is that we have then to deal with an 'as-if' Oedipus complex, a defence against the patient's real feelings. Not until he has been given time and space to develop his 'true self', to let it speak and to listen to it, can the unknown, unique history of *his oedipal vicissitudes* be unfolded, affecting both analysand and analyst, because it is the painfully discovered *truth*.

This is true not only for the Oedipus complex, but for everything. Such an analysand will quickly 'feel' himself autonomous, and react accordingly if he senses that it is important to his analyst to have analysands who soon become autonomous and behave with self-confidence. He can do that, he can do anything that is expected of him. But as this 'autonomy' is not genuine it soon ends in depression. True autonomy is preceded by the experience of being dependent, first on partners, then on the analyst, and lastly on the primary objects. True liberation can only be found *beyond* the deep ambivalence of *infantile dependence*.

The patient satisfies his analyst's narcissistic wish for approval, echo, understanding, and being taken seriously when he presents material which fits the latter's knowledge, concepts and skills, and therefore also his expectations. In this way the analyst exercises the same sort of *unconscious* manipulation as that to which he was exposed as a child. He has, of course, long since seen through conscious manipulation and freed himself from it. He has also learnt to say 'no', and to stand up for and carry through his

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own opinions. But a child can never see through unconscious manipulation. It is like the air he breathes; he knows no other and it appears to him to be the only normal possibility.

One analysand, for example, could never be sad nor cry as a child, without being aware that he was making his beloved mother unhappy and very unsure of herself, for 'cheerfulness' was the trait which had saved her life

in her own childhood. Her children's tears threatened her equilibrium. The extremely sensitive child felt within himself the whole abyss warded off by his mother, who had been in a concentration camp as a child, but had never spoken about it. Not until her son was grown up and could ask her questions, did she tell him that she was one of 80 children who had had to watch their parents going into the gas chambers, and not one child had cried. Throughout his childhood this son had tried to be cheerful, and could express his 'true self', his feelings and inklings only in obsessive perversions, which seemed alien, shameful and incomprehensible to him until he came into analysis.

The shaming nature of perversions and obsessional behaviour can often be understood as the introjection of the parents' shocked reaction to natural instinctual behaviour of the child. 'Normal' sexual fulfilment no longer evokes horror in the introjected mother as it formerly did in the real one, but perverted behaviour is sure to. (I have elaborated this problem in a paper 'On Disdain', which is soon to be published).

One is totally defenceless against this sort of manipulation in childhood. The tragedy is that the parents too have no defence against it, since they do not know what is happening, and even if they have some inkling, can do nothing to change it. Their conscious aims are genuinely quite different, even giving every possible support; but unconsciously the parents' childhood tragedy is continued in their children.

Another example may illustrate this more clearly: a father, who had as a child often been frightened by the anxiety attacks of his periodically schizophrenic mother without ever receiving any explanation, enjoyed telling his beloved small daughter gruesome stories. He laughed at her fears, and afterwards always comforted her with the words: 'But it is only a made-up story. You don't need to be scared, you are here with me.' In this way he could manipulate his child's fear and have the feeling of being strong. His conscious wish was to give the child something valuable, that he himself had been deprived of, namely protection, comfort and explanation. But what he unconsciously handed on was his own childhood fear, the expectation of disaster and the unanswered question (also from his childhood): *Why does the person whom I love and who loves me frighten me so much?*

Probably everybody has a more or less concealed chamber within himself, in which the props of his childhood drama are to be found. Perhaps it is his secret delusion, secret perversion, or quite simply the unmastered aspects of his childhood suffering. The only ones who will certainly gain entrance to it are his children. With them new life comes into this chamber and the drama is continued. All the same, a child hardly had a chance to play freely with these props, his role merged into his life, and he could take no memories of this play with him later, except through unconscious repetition in analysis, when he may begin to ask about his role. The props may well have frightened him at times, he could not connect them with the familiar figures of father or mother, understandably, for, after all, they represented the split-off, unintegrated part of the parents. But the child cannot experience this contradiction consciously, it simply accepts everything and, at the most, develops symptoms. Then, in analysis, the feelings emerge; feelings of terror, of despair and rebellion, of mistrust but—if it is possible to reconstruct the parents' vicissitudes—also of compassion and reconciliation.

Can it be an accident that Heinrich Pestalozzi, who was fatherless from his sixth year onwards and emotionally neglected despite his mother and nurse, had the idea of bringing up his only son according to Rousseau's methods, although he was capable, on the other hand, of giving orphan children genuine warmth and 'fatherliness'? This son finally grew up neglected, was considered to be mentally defective at 10-years-old, caused Pestalozzi much pain and guilt feelings, and then died at the age of 30. It

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was also Pestalozzi who is reputed to have said: 'You can drive the devil out of your garden but you will find him again in the garden of your son.' In psycho-analytic terms, one could say that it is the split-off and unintegrated parts of his parents which have been introjected by the child.

CONCLUDING REMARKS

The more insight one gains into the unintentional and unconscious manipulation of children by their parents, the fewer illusions one has about the possibility of changing the world or of prophylaxis against neurosis. It seems to me that if we can do anything at all, it is to work through our narcissistic problems and reintegrate our split-off aspects to such an extent, that we no longer have any need to manipulate our patients according to our theories but can allow them to become what they really are. Only after painfully experiencing and accepting our own truth can we be relatively free from the hope that we might still find an understanding, empathic mother—perhaps in a patient—to be at our disposal.

This temptation should not be underestimated; our own mother seldom or never listened to us with such attention as our patients usually do, and she never revealed her inner world to us so clearly and honestly as our patients do at times. However, the never ending work of mourning can help us not to lapse into this illusion. A mother such as we once urgently needed—empathic and open, understanding and understandable, available and

useable, transparent, clear, without unintelligible contradictions—such a mother was never ours, indeed she could not exist, for every mother carries with her a bit of her 'unmastered past', which she unconsciously hands on to her child. Each mother can only react empathically to the extent that she has become free of her own childhood, and she is forced to react without empathy to the extent that, by denying the vicissitudes of her early life, she wears invisible chains.

But what does exist are children like this: intelligent, alert, attentive, extremely sensitive and (because they are completely attuned to her well-being) entirely at the mother's disposal and ready for her use. Above all they are transparent, clear, reliable and easy to manipulate—as long as their true self (their emotional world) remains in the cellar of the transparent house in which they have to live ... sometimes until puberty or until they come to analysis, and very often until they have become parents themselves.

In Alphonse Daudet's 'Lettres de mon moulin' I have found a story, which may sound rather bizarre, but nevertheless has much in common with what I have presented here. To finish off, I shall relate it briefly.

Once upon a time there was a child who had a golden brain. His parents only discovered this by chance when he injured his head and gold instead of blood flowed out. They then began to look after him carefully and would not let him play with other children for fear of being robbed. When the boy was grown up and wanted to go out into the world his mother said: 'We have done so much for you we ought to be able to share your wealth.' Then her son took a large piece of gold out of his brain and gave it to his mother. He lived in great style with a friend who, however, robbed him one night and ran away. After that the man resolved to guard his secret and to go out to work, because his reserves were visibly dwindling. One day he fell in love with a beautiful girl who loved him too, but not more than the beautiful clothes which he gave her so lavishly. He married her and was very happy, but after two years she died and he spent the rest of his wealth on her funeral which had to be splendid. Once, as he was creeping through the streets, weak, poor and unhappy, he saw a beautiful little pair of boots which would just have done for his wife. He forgot that she was dead—perhaps because his emptied brain no longer worked—and entered the shop to buy the boots. But in that very moment he fell, and the shopkeeper saw a dead man lying on the ground.

Daudet, who was to die from an illness of the spinal cord, wrote at the end: 'This story sounds as though it were invented, but it is true from beginning to end. There are people who have to pay for the smallest things in life with their very *substance* and their spinal cord. That is a constantly recurring pain, and then when they are tired of suffering. ...'

Does not mother love belong to the 'smallest', but also indispensable, things in life, for which many people—paradoxically—have to pay by giving up their living selves?

SUMMARY

In order to develop a true self, the child needs, in the first weeks and months of his life, his

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mother's appropriate emotional response, mirroring and respect. These narcissistic aspects have to be distinguished from the drive wishes. Only the mother's appropriate responses make it possible for the child to experience his feelings as belonging to his own self.

If the child does not get the right narcissistic response, he will continue to search for narcissistic supplies for the rest of his life. The most suitable objects for this will be his own children initially, who are completely at his disposal.

Specially gifted children who are sensitive, alert and have many 'antennae', will quickly learn to adapt to the narcissistic needs of their parents. Their behaviour will then give the mother all the mirroring, consideration and admiration which she had missed as a child herself. The result will be that, in spite of excellent performance, the child's own true self cannot develop.

All this leads to narcissistic vulnerability and to new attempts in the adult to find at last an available 'mother' in his own child, partner, or, if he has become a psycho-analyst, in his patient.

In the transference this type of analysis and first experiences narcissistic rage before deep mourning is possible. This process of mourning enables him finally to accept his own deprivation as a child, to give up the unconscious idealizations and with them the hope of finding such a 'mother'. This leads regularly to the liberation of the life forces and allows creativity to develop. Only after this has been achieved is the analysis of drive conflicts possible and becomes emotionally effective.

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