ORIGINAL PAPER

Frozen in Time: Idealization and Parent-Blaming in the Therapeutic Process

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Abstract Contemporary theory and culture can lead a therapist to view a client's positive feelings towards parents as defensive idealization, while negative or hostile feelings may be seen as "deeper" and more important. This article suggests that both idealization of and critical feelings about parents can serve as defenses against other painful emotions *and* both are developmentally necessary. Contemporary neurobiological and attachment research indicate that "talk therapy" helps individuals manage emotions. This work can be derailed if anger is privileged over idealization. Clinical examples illustrate these ideas and show how unpacking both critical and overly positive attitudes can encourage development. Clients increase their capacity to tolerate a wider range of feelings, maintain a consistent and cohesive sense of self, and build meaningful relationships. Therapists' countertransferential identification with clients' parent-blaming and a not uncommon desire to reduce complex and confusing experiences to a more manageable subset of emotions are also addressed.

Keywords Parent-blaming · Idealization ·
Disappointment · Affects · Attachment ·
Unbearable emotions

A talented and thoughtful graduate of a respected analytic institute began a supervision session by talking about what a client's mother and father had "done to create these problems." When I asked about the client's psychodynamics, the therapist repeated his description of the parents' unacceptable behavior. I asked if the therapist had

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explored what these experiences meant to the analysand. "I've told you," he said, and repeated the client's report of childhood experiences. Once we clarified a communication difficulty (which paralleled something that was happening between him and his client), it became clear that this therapist equated a negative report of past and present interactions with parents with a client's psychodynamics. His fusion of these concepts was not, in my experience, unusual. Despite awareness of the complex interplay of factors that impact the psychological development of any individual, even experienced psychotherapists sometimes get caught in oversimplifications about clients' relationships with their parents. As Merrell (1997) notes in a book on sibling relationships, "…even…sophisticated psychological thinkers continue to focus on the early relationships with parents…as if these ties were formed in a vacuum.'' (p. 12).

It is my belief that privileging the psychological meaning of negative memories of parent–child relationships can ultimately leave clients frozen in a single period of time and development. In this article I consider that both idealization and denigration of parents serve important developmental and psychological purposes, that each can be simultaneously an attempt to manage and an effort to defend against powerful emotions, and that the therapeutic work is best done not by aiming to make conscious previously unconscious memories of negative childhood experiences, but by unpacking a wide variety of emotions, including idealization and denigration, in order to make them manageable and to help a client integrate them into his or her self experience. Two clinical examples will illustrate some of the ways in which theory and countertransference can conspire to make parent-blaming seem therapeutic. Exploring a client's understanding of his or her parents' motivations can lead to a more integrated and

ultimately useful view of parents' behavior, past and present.

Idealization and Disillusionment: Defense and Developmental Necessity

Let us begin with a brief vignette from a clinical example. Andrew came for a consultation at the insistence of his wife, who believed that his enmeshed relationship with his mother was destroying their marriage. He had been in therapy as a teenager, but was uncomfortable with the idea of returning to individual work as an adult. Andrew was smart, verbal and deeply connected to the people in his life, but as I listened to him during our first session, I had the sense that he had difficulty linking his feelings and his thoughts. He had married 2 years earlier and described himself as still madly in love with his wife. According to him, their relationship was not the problem. Her relationship with his parents was the difficulty. He said that his parents were not bad people. He understood that his wife found his mother intrusive and added that he found her intrusive at times as well. But, he said, her intentions were good. Her phone calls and worries just showed that she cared; but his wife was so angry at his mother that she was refusing to talk to her. I asked what had made his wife so angry. He said that his mother continually supervised her about how to take care of him, telling her what he liked to eat and how he liked his shirts. She also told Melissa how to decorate their apartment, even going so far as to move furniture around when she came to visit. He had tried to mediate, and was surprised and hurt when both women turned on him. The crisis that led Andrew to yield to Melissa's demand that he go for therapy was her announcement that unless things got better, she was not going to his family's Thanksgiving dinner. This was a big family celebration. Melissa's failure to attend would be a terrible blow to his mother.

Andrew was also concerned that Melissa was reluctant to start a family with him because, at least manifestly, of his inability to separate from his mother. Although it was clear that Andrew felt caught between these two women, it seemed that there was more to the picture than the obvious conflict. I wondered to myself if Melissa might be transferring some issues from her relationship with her own parents onto her relationship with her mother-in-law. At the same time, I thought that she might be containing and expressing some unrecognized or unmetabolized feelings about his family that Andrew could not allow himself to experience directly. I wondered how to bring these issues into the therapeutic dialogue while also trying to help him avert the concrete crisis that had brought him into therapy. I did not realize until later, however, that I was both taking

Melissa's side in this disagreement, and also making assumptions that closed off exploration and a deeper understanding of Andrew's psychodynamics. Dynamics which held keys to the conflict unfolding in his marriage were obscured as long as I saw his mother (and his hidden feelings about her) as the problem.

Being drawn into a client's world, whether it involves accepting his perspective or identifying with the perceived view of another person in his life, is part of the psychoanalytic process (see, for example, Mitchell 1988). Yet accepted wisdom, theoretical explanations, and personal dynamics can lead therapists as well as clients to make assumptions that close down therapeutic exploration of different sides of a client's experience when it comes to relationships with parents. Psychodynamically oriented psychotherapists have, over the years, addressed different aspects of the issue of parent-blaming.[1] Barth (1989) writes about the historical shift in analytic theory from blaming analysands' internal worlds for their neurotic conflicts to blaming their parents for their problems. For a period of time it seemed that our field had reached something of a middle ground, in which, as Gedo (1991) puts it, the either/or quality of "…the nature/nurture controversy begins to sound absurd, for every adaptive challenge draws on our biological resources…in a given human (and social) context." (p. 20). As Mitchell (1988) writes, "It may be that later difficulties in living are often not direct causal products of earlier deprivation and problems, but a complex combination of the impact of early experience and reactions to later stresses and conflicts." (p. 145).

A complex variety of relationships and other influences affect the psychological and emotional development of any individual. Most psychotherapists and psychoanalysts do not consider finding what parents did wrong to be the same as understanding a client's psychological difficulties. However, my experience has unfortunately often echoed that of a colleague, who while working in a child guidance clinic was told, "The parents may *seem* to be doing a good job with their youngsters. You may not be able to see it in your interactions with them, but if the child has a problem, the parents are doing something wrong." This way of thinking about dynamics has been brought into question by the work of behavioral geneticists who have, according to Fonagy (2003), shown that in many cases "personality characteristics in the child which have been thought of as a reaction to the parents' behavior are in fact genetic predispositions. The personality trait and the associated form of parenting (criticism, warmth, or even abuse) are both

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[1] The question of recovered and false memories, which is one important area in which parent-blaming has been discussed, is outside both the scope and focus of this article.

consequences of the same genes in the parent and the child." (p. 234). Mitchell (1988) writes,

> Certain kinds of issues (such as fusion and separation, love and hate, dependence and independence) are basic to human experience throughout the life cycle. Thus, the developmental reasoner…can always find infantile experiences which are similar or structurally parallel to adult issues. What makes genetic reconstruction so compelling (and so dangerous) is the ease with which one can attribute causation to structural parallels, can claim that the earlier phenomenon somehow underlies or causes the later one. (p. 146)

None of these authors suggests that parental behavior has *no* influence on an adult's psychological makeup. One of the tasks of both psychoanalysis and psychodynamically oriented psychotherapy is to make sense out of the incomprehensible, to find meaning in the normal jumble of internal and external human experience. To this end, a client's report of parental behavior is not simple historical data, but also a clue to meaning, a snapshot of the ways that an individual has made sense of his or her own life. Although Kohut (1977) describes positive, healthy reasons for idealization of parents throughout development, contemporary theory and widespread cultural belief tend to follow Kernberg's (1975) thinking that a client's positive feelings towards parents are usually, if not always, indicators of defensive idealization that must be penetrated so that negative material can emerge and be integrated. Bollas (1989) is one of a handful of psychoanalytic authors to suggest that hostility and aggression can also be a way of defending against loving feelings. However, a number of authors (e.g. Blos 1962; Freud 1936; Kohut 1977; Loewald 1980; Mahler et al. 1975) describe both idealization of and disappointment in parents as normal, albeit often painful aspects of healthy psychological development that unfold at different times in the lifecycle.

Schore and Schore (2008) suggest that crucial to the psychotherapeutic process is the development of a capacity to tolerate and manage affects in a relationship with a new attachment object—a therapist. Schafer's (1994) reminder that analysands identify with their parents, including the very things they criticize, is significant in this process. Not only do clients need to be able to tolerate the knowledge of their parents' imperfections in order to tolerate those same flaws in themselves, but they will more than likely find similar difficulties in their therapists over the years. A therapist's recognition of such failings in all human beings will make these emotions easier for a client to handle when they appear transferentially. We know that a therapist's curiosity about and tolerance of a client's emotions contributes to the development of greater "reflective functioning" (Main and Goldwyn 1998) or "self-analysis"

(Demos 1993). Schore and Schore (2008) summarize the growing evidence from neurobiology and attachment studies that psychotherapists, like parents, help clients learn to reflect on their state of mind through empathic communication of what we understand about what they are thinking and feeling.

Fonagy's (2003) concept of "mentalization" and what Kohut (1977) called "mirroring in the broad sense'' were developed from different theoretical perspectives; yet these ideas contribute greatly to our understanding of the role of important others in the development of self-knowledge and self-awareness. Kohut's (1977) emphasis on the need for a therapist to recognize and articulate a client's experience *from that client's point of view* offers not only a way of working therapeutically, but also a way of thinking about an aspect of development not always recognized—the child's need for someone to reflect what he or she is experiencing. Fonagy suggests that not only does a child need another to help develop the capacity for self-reflection, but that the child's desire to comprehend that other's experience is a crucial piece of the very complicated puzzle of human development. The therapeutic process involves a series of steps in which a client first begins to articulate unformulated or what Bollas (1989) calls "unthought" explanations of parental behavior developed in childhood, and then recognizes how these ideas color their adult self-perception and interactions with others. Once these ideas have become fully conscious, another, less well-defined stage of therapy involves reassessing those explanations from the perspective of adult thinking and experience. For a variety of reasons, including the emphasis on early experience in contemporary theory (see Barth 1989) and an individual analyst's countertransference to a particular client's history, there may be an unintentional short circuit of the last phase of this process. Let us return to Andrew for an illustration.

As I attempted to help him understand the meanings that the struggle between his mother and his wife had for him, I was looking for ways to draw links to his unconscious or unarticulated feelings about his parents. I felt sure that his mother was not as innocent as he believed, and I thought that integrating some of his own unacknowledged and unacceptable negative feelings about her would go a long way towards ameliorating some of Melissa's anger. Yet as Kohut (1977) would have suggested, this was my agenda, not Andrew's. Andrew wanted to find a way to resolve the conflict between his mother and Melissa without having to give either of them up. He questioned whether therapy could help him with this process, particularly because Melissa's therapist seemed to have supported her rage at and disconnection from her own parents. Jeremy Holmes writes, "The work of therapy…involves both story making and story breaking. The therapist helps the patient at once

to tell a story coherently and also to allow for the story to be told in a different and perhaps more healing light." (Fonagy et al. 2005, p. 147). When a client idealizes a parent, a therapist often looks for the negative underlying the glowing stories, what the client's story is not telling us. I thought that was what I was doing with Andrew; but in my attempt to help him see that his picture of his parents hid unacceptable feelings of disappointment and anger, I missed something crucial. Something Andrew said reminded me that my story was also a construction. While unconscious anxiety about intolerable feelings was an issue for him, it was a result of another narrative that my theory almost made me miss.

In our earliest sessions, he said that he was worried that I would be on Melissa's side. Melissa had gotten my name from her own therapist and had pushed him to make an appointment. I noted that he had come despite his concerns. He replied that he believed that therapists were supposed to be objective, and that he was desperate. He and Melissa had been talking about having children, but he could not imagine babies without their grandmothers involved. As a result of her therapy, Melissa had severely limited contact with her own mother, and Andrew was concerned that she was now trying to do the same with his mother. I told Andrew that I was not interested in viewing his parents as ogres, but that I was curious about how he and Melissa had gotten into this predicament. I wondered if he and I together might be able to find a way to explain to him, and eventually to Melissa, what was going on between them, and through that understanding find a better solution to whatever the problem might be. He agreed, but with reluctance. I had the thought that I would need to watch for transference to me as yet another woman who was making demands on him, but I did not express that concern to him. Instead, I focused on helping him begin to put his thoughts into words, something that numerous authors (e.g. Barth 1998; Coen 1997; Demos 1993) have described as an important step towards linking thoughts with emotions.

He remembered little about his childhood, but he thought he had been pretty happy. He had done well in school but had not been very social. "I had a couple of friends, but I was a shy geek. I was more comfortable with my family than with anyone else I knew." He had dated a little in high school, and a little more in college, but mainly had gone out with small groups of friends. After graduation he had found a job through a want-ad. Somewhat to his surprise he had found that he was good at managing people, and he had moved up in the business so that his job now involved a great deal of customer interaction as well as management of staff. He thought that paradoxically the job had helped him become more comfortable with people, although he still had some discomfort with large groups of people, especially in social situations. His family was the

one exception. He enjoyed socializing with them. When I asked if he could put the difference into words, he was puzzled. "They're my family," was all he was able to say at the time. He met Melissa several years earlier on a blind date. He had been surprisingly comfortable with her from the beginning, and had developed a strong friendship before they became sexual.

I asked how his parents had felt about his marriage. He said that his mother adored Melissa and was thrilled about the fact that they were getting married. His father liked Melissa as well, but he was a lot like Andrew—not very verbal. "You get a sense of what my Dad feels by looking and listening; not by what he says, but by how he acts when a person's around." At first this seemed to confirm my idea that Andrew was having difficulty separating from a mother for whom he provided what her withdrawn and unexpressive husband could not. Then he began talking about his father as the person he turned to for support and comfort as a young child. "He would come into my room when I was scared at night. He made up funny stories, and he would stay with me till I fell back asleep. I felt safe with him." At some point in Andrew's early adolescence, his father had become severely depressed, and his mother had taken over the role of support and comfort of her entire family. "She did a pretty good job," he said, "but I think she was also worried all the time about what was going to happen. We were all worried. I sometimes think her being so intrusive is what happened when her worry and her attempts to take care of all of us and make everything right got blended together."

Bearing the Unbearable

According to Coen (1997) parent-blaming can represent externalized, unbearable feelings related to a belief "that facing what is wrong within is unbearable, as it once seemed to have been for a parent." (p. 1194) Andrew's protectiveness of his mother was another side of that coin. As an adolescent, he had recognized but never put into words, even to himself, that she had stepped into a role that was both difficult and out of character when his father became depressed. As we put these unformulated ideas into words, he said, "I think I felt frightened when my dad stopped being strong and comforting. I didn't want my mother to be scared, because that made it worse." In order to alleviate his own anxiety, he tried to shore his mother up and to ignore or make light of the signs that she was also worried. We talked about the impact of his needing to shunt aside his own fears as well as hers. He began reading some books on psychology. One day he noted that he understood a little more about what happened in therapy. He said, "As a kid you try to make as much sense as you

can out of a situation. But even if the adults try to help you understand, you can only make sense out of it according to what you, as a kid, are capable of understanding." He did not have to be mad at his mother for her failures, or at his father for his depression. But as an adult he could understand more of the impact that their dynamics had had on him, and continued to have on him. He was, he realized, still trying to protect them both from the pain of his father's sudden inability to take care of them.

It was not a big step for Andrew to begin to think differently about what was happening with Melissa, as well. He told her about some of the things we had begun to understand about his parents, and said that there was no contest between her and his mother, that he loved Melissa more than anyone and that he wanted to have a life with her. Melissa acknowledged that his mother had not been such a terrible influence on him, given that he was basically such a good guy. She also told him that she probably needed to re-think some of the issues relating to her parents. She still thought they had done some things wrong, and that she did not want to make the same mistakes with their children, but she also saw that opening up her childhood viewpoint, one that she had never been able to think about before, was not the end of the journey for her. She thought it might be important to understand her parents' behavior from an adult perspective, especially as she and Andrew began their own family. Despite his initial reluctance to start therapy, Andrew continued to work with me for several more years. He loved being a father, but worried that he, like his father, would become depressed as they got older. As he became better able to bear difficult feelings, Andrew became aware that he believed he could fend off all danger and pain by being a perfect son, husband and father. As he began to work towards ending his therapy, he laughingly said, "I'll probably need to come back as soon as my kids start to see my flaws. I guess that's part of the parenting process, isn't it? It doesn't seem fair. It's so nice when they think you're perfect."

Finding words for unarticulated feelings and knowledge about parents is an important step to self-awareness. Unpacking beliefs about what motivated their behavior is an important step in that process. Fonagy (2001) notes, "Exploring the meaning of actions of others is crucially linked to the child's ability to label and find meaningful his or her own experiences. This ability may make a critical contribution to affect regulation, impulse control, self-monitoring, and the experience of self-agency." (p. 165). As Demos (1993) suggests, it is also an important part of psychotherapy and provides a powerful tool for self-understanding and self-awareness. Recognizing the impact of such behavior on a child is a crucial aspect of this work. As therapy progresses, however, the meanings of parental

behavior need to be reviewed and reassessed from the perspective of a client's developing and more complex self-understanding. Basch (1980) suggests that a therapist can aid the work by gradually and empathically offering alternative ways of understanding parental behavior, which might not be available from a child's perspective. When a parent has been abusive or neglectful, therapists often offer such explanations to counter childhood beliefs that the child deserved the parent's scorn or abuse. Yet given that many abused children also identify with their abusers (see, for example, Barth 1989; Bloch 1985; Schafer 1994), it is often extremely important to help them, as adults, understand and at times even empathize with some of the emotional underpinnings of certain behaviors even while condemning the behaviors themselves. As I illustrate in the next example, it is not always easy for therapists to come to such a position. When faced with reports of maltreatment at the hands of parents, therapists naturally feel protective of clients, often identifying with them and becoming critical of and angry at their parents. This can be important to the therapeutic process. Eventually, however, a therapist needs to find a way to recognize that behavior that is unacceptable also has understandable underpinnings. Such understanding on a therapist's part often leads to a gradual opening up of a client's ability to think about the multiple meanings of parental behavior and ultimately to understand themselves more fully.

Countertransference: Identification and Protectiveness

At twenty-five Janie was in a miserable marriage, a no-future job, and was binge-eating and purging daily. Slowly, with the help of a sensitive therapist, she began to put together a picture of her childhood that was very different from the one she had maintained prior to therapy, and that helped her begin to understand her current predicament as not being all her fault. Janie had adored her father. In therapy memories of his temper and emotional abuse emerged. As she began to connect to these painful, previously split-off images, Janie felt overwhelmed, frightened and gradually furiously angry at her previously idealized parent. When she confronted her father with his behavior, he laughed at her and denied that he had ever done any of the things she was remembering. Unable to tolerate her resulting rage and confusion, Janie began to binge and purge even more. The therapist noted the link between her eating behavior and her feelings towards her father, and encouraged her to break off contact with him in order to manage those feelings without the self-destructive eating symptoms. When she announced her desire to stop having contact with her father, Janie's mother stopped speaking to

her. Janie realized that she had always known that her parents were a unit that closed out their children. She told her therapist that she was better off without them.

Over the next few years, her therapist tried to help her see that her relationships with her husband and with a sadistic boss echoed many of the issues they had uncovered about her interactions with her parents. He attempted to help her to disentangle herself from her marriage and her job, but Janie held firmly to both. She felt that he was frustrated by her inability to break off either of these relationships, and she took this as confirmation of her inadequacies as a client. She felt, however, that he cared about her, and their work together made it possible for her to finish school and maintain, for the most part, control over her eating behavior. When she graduated, she felt that her therapist was escalating his efforts to get her to leave her husband and her job. Still unable to do either, she experienced a severe resurgence of her bulimic behavior. With her therapist's encouragement, Janie came to me for a consultation. She said that she knew that her eating behavior was an attempt to cope with impossible feelings, but that it was not making her feel any better. In fact it seemed to her to be making her feel worse. Her main concern was that her therapist was angry at her for not leaving her husband or her job. She thought he was right, that he only wanted what was best for her. Her friends and family agreed with him that her husband was bad for her; but she could not leave. Her husband made her miserable, she told me, but he also understood her better than anyone else ever had. She then began to describe ways that she was a "bad" client, a "bad" wife, a "bad" person in general. I asked if she had ever noticed a pattern about when she became most critical of herself. She said it was something she and her therapist had discussed repeatedly. She put herself down when she was upset or angry with someone else. She knew it must be frustrating to have someone continue to repeat an unhealthy pattern after he had pointed it out to her many times. I asked if she could think of any reason why she might continue to behave in this way. She said that she knew it had originated with her parents, who had often mistreated her and then blamed her for their behavior.

I have found that an initial step towards opening up a client's thinking about themselves is to look for slightly different ways of looking at *any* well-established pattern. Often, as was true in Janie's case, when a client is critical of patterns that he or she cannot change, it is helpful to recognize that the behavior is, among other things, an attempt to adapt to difficult circumstances. I told Janie that I thought her self-criticism was a way of stopping herself from saying anything critical to her parents, who would have punished her on the spot. I also thought it was a way of trying to control the uncontrollable: in her construction,

if something was her fault, she could make it better. But I added that it might be possible that she also could not tolerate criticism of others in herself, because she needed to see them as strong enough to take care of her. She added, "And to handle me." I asked her to tell me about that, and she said she thought she could be extremely angry and hateful, like her parents, and she worried that she might hurt someone who was not strong enough to handle her. She then said that her eating disorder was another way she "kept a lid" on her feelings. I said that perhaps she was experiencing the conflict with her therapist as a replay and possible reenactment of some of the central issues with her parents; I felt that it was an opportunity to work on some of the dynamics that had been closed off when she broke off relations with them. Pointing out that they done a great deal of very good work, but recognizing that they were now having difficulties, I encouraged Janie to see what happened if she tried to talk to her therapist about what she was feeling.

Several weeks later she called to say that she had had some very fruitful discussions with her therapist, but that although he thought what she was saying made a lot of sense, he felt that the time had come for her to work specifically on the eating disorder, which was not his area of expertise. He encouraged her to see me for this problem, and with her permission called to give me some background information that he was concerned that she might leave out of her self-report. My sense was that the eating disorder gave them both an "out," but that there were several unresolved issues that would emerge again in our work. It is always dangerous to judge what goes on in any relationship, whether parent–child, partner–partner, or therapist–client, from one person's perspective, but it seemed to me that they were having difficulties negotiating the developmental stage of idealization and disillusionment that Janie had also failed to successfully manage with her parents.

Loewald (1980) writes that by growing up, children "kill something vital" in their parents" although "not all in one blow and not in all respects." (p. 395).The pain of seeing one's flaws and failures reflected in one's child's eyes can make it difficult for parents to help their children negotiate stages of life that involve not only de-idealization, but also criticism and, ultimately, separation. It is often part of the therapeutic work to revisit this process both in the transference and in current interactions with parents and other family members. This is difficult, often painful work that can raise unconscious defenses in both members of the therapeutic dyad. I suspected that some of Janie's difficulties had to do with parents who had not given her a secure base from which to manage such feelings (see Fonagy 2001; Fonagy et al. 2005), and that the total break from them without a better understanding of

their dynamics confirmed her anxiety and made it difficult for her to process these difficult feelings in other significant relationships. I also assumed that these issues would arise in our work, raising both the danger of another failure and the hope of finding another way through this experience.

Janie initially idealized both me and therapy with me. She quickly changed her eating behavior—almost without interventions from me. Because of her history, I tried to anticipate with her how we would deal with it when, as must inevitably happen, she felt disappointed or upset with me. She refused at first to entertain the possibility. Instead of forcing the issue, I utilized Fonagy's (2003) idea that reflecting on the emotions of others is a direct path to processing one's own feelings and encouraged her to try to put into words not only her own thoughts, feelings and experiences, but also mine, as they appeared to her, and those of her previous therapist, her boss, colleagues, husband and friends. It soon became clear that Janie saw any strong feeling as threatening to an individual's equilibrium. For her, feeling happy was almost as distressing as feeling sad. As we slowly found words to describe a variety of her emotions, Janie began to speak of feeling "seen'' by me. Phillips (2004) quotes Winnicott: "When I look I am seen, so I exist…" (p. 130). Feeling seen was part of the reason that Janie idealized me. Kohut (1977) views idealization is a necessary and healthy developmental step. When it is followed, as it inevitably must be, by feelings of hurt and/or disappointment, the work is to try to acknowledge and understand the client's experience. Stolorow and Atwood (1992) suggest that hurt and even trauma are far less destructive when the person causing the pain recognizes and acknowledges the other's feelings, even if he or she has a different perspective of the situation. This process of understanding the client's point of view is one way in which therapists help clients become self-reflective.

As is often true with clients who have been traumatized in childhood, Janie's history was sometimes extremely difficult to listen to, and there were moments when I found myself agreeing with her old therapist that she should have nothing to do with her parents. Yet Janie had many strengths and endearing qualities which suggested to me that her parents were probably not all-bad. Negative experiences helped Janie organize her sense of herself and others and, paradoxically, helped her cope with the disappointment and rejection she expected to occur at any moment. We began to see that she often used one of her mother's phrases on herself: "just wait till ___ finds out what you're really like," she would think just as she began to feel safe with me or anyone else in her life. She and her previous therapist had put this fear into words, but had blamed all of the difficulty on her mother's rigid and critical character and eventually on her father's hidden sadism. This formulation, and the solution of breaking off all relations with her parents, made it almost impossible for the two of them to do anything else when the dynamics began to fire up in the therapeutic space. Janie was left with the belief that her mother knew something that her previous therapist had finally discovered and that I would soon find out.

Exploration, Explanation and Integration

My experience with children in foster care taught me not only that there is often a deep attachment bond between children and abusing parents, but also that paradoxically that bond also sustains these youngsters in the face of abuse. I occasionally shared with Janie my sadness and anger at her experiences and empathized with her long term struggles to come to grips with it. I suggested that her eating behaviors, which had begun very early, were probably actually (and paradoxically) adaptive ways that she had developed for coping with intolerable feelings. In order to change those behaviors, she would have to learn new ways of coping with the emotions, including both talking about the experiences and using concrete and cognitive techniques for self-soothing. I began to reflect back my image of her as a cute, spunky, but vulnerable little girl. We talked about why her parents had not been able to love that little girl, and why they seemed to have focused on her so-called badness. At first she insisted that it was either because she really was bad or because they were cruel and sadistic; but gradually we put together some other stories that she had always known, but had not integrated into the story of her own life. Her mother, not surprisingly, had been cruelly treated by her own parents. Her father had not been abused so much as neglected and left on his own at a very early age. I wondered aloud with her if their treatment of her had more to do with their feelings about themselves than with her. From time to time, I also shared my belief in the existence of good qualities in both of her parents. She had so many strengths, I said, that I imagined her parents had had some hand in developing. When I first said this, Janie was silent. At one point she talked about some positive experiences with both parents, then said that she did not know how to think about that without feeling that she was falling back into idealization. I have found that when a client begins to talk about difficulties integrating conflicting memories, beliefs and feelings, it is often an indication that they are in the process of moving towards a more complex and integrated view of self and other.

Sometime in the second year of our work, Janie told me that she suspected that her husband had stolen her only possession of value, a ring inherited from her great grandmother, and pawned it. She quickly started blaming herself: she should not be in such an abusive relationship,

something was wrong with her, she should just leave him. I pointed out that she was becoming critical of herself instead of angry at him. She replied that she was also critical of him, which was why she should leave him. After we had talked about whether she wanted to leave him or thought I believed she should, I pointed out, as I had many times, that if she really wanted to leave it might help her to understand some of the needs he met. I added that understanding would make it easier to refrain from ending up with another partner with similar qualities. It was sometimes hard to sit through this process with her, but I reminded myself and her that as we understood why she stayed, she would probably find it easier to decide whether or not to leave. Janie was silent, then commented that she thought I was mad at her.

This comment on her part took a great deal of courage, and led to a period of extremely productive work. However, I believe it could not have happened without the long period of groundwork she had done with both her first therapist and me, gradually learning to reflect on and find ways to manage some of her unbearable emotions. In this instance, I asked her to try to reflect on what it was she saw in me that made her come to the conclusion that I was angry. I acknowledged, as both her previous therapist and I had done repeatedly, that she was extremely perceptive. We all agreed that it was an adaptive skill that had helped her protect herself from potentially dangerous situations with her parents. I wanted to affirm her perceptiveness, but I also wanted to help her recognize that she often read signs of mild irritation and even confusion in others as danger signals. Yet it was also true that I *did* want her to leave her husband, and that I was sometimes irritated with her for having such difficulties living up to her potential for a much healthier relationship. Like our clients, therapists do not always know what we are thinking or feeling until we put it into words with another person. Renik (1993) and Bridges (2005) both point out that a therapist can model the process of self-reflection without revealing all of our inner workings. I think this is part of what Schore and Schore (2008) refer to when they note that a therapist's self-reflectiveness is also a crucial tool in the work of helping a client develop this capacity. I therefore told her that I was going to try to put my feelings into words, but that I was not sure that I would get them exactly right the first time.

I asked if that would be alright with her. She nodded, and I said that while I did not think it would be accurate to say I was angry, I did feel frustrated, or perhaps irritated would be more accurate. We had spoken about differences in emotional intensity many times before this, and it did not always "compute," as she said. She said that to her that sounded like I was mad, but trying to hide it. Trying to explain our feelings to clients can often be complex and can sometimes be counterproductive, but I thought it might

be important to confirm that Janie's perception of my irritation, while accurate on one level, was leaving out many of the complicated feelings that went along with it—including other positive and protective feelings I was also experiencing. My efforts were not totally successful, but Janie seemed to appreciate my attempt to put into words a more complicated picture than she had been able to attribute to me.

She used this episode as a model for attempting to articulate her own more complicated and often contradictory feelings and to try to tease out the complexity of feelings she saw in others. It was hard for her to find motivations for the behaviors of others that did not have to do with her, but over time she began to show evidence that she could not only tolerate both positive and negative feelings, but also that she did not have to take every communication personally. In other words, she began to see that other people's behavior was often motivated not simply by a reaction to interactions with her, but also by their own experience in life, unrelated to her. Her eating symptoms diminished, although they would sometimes re-emerge in times of stress.

At one point she reached out tentatively to her parents. After initial emails, she spoke to them on the phone and eventually visited them, talking about her feelings and thoughts, and her need to set boundaries and remember that their behaviors were not reflective of her goodness or badness. One day she came into a session and started talking almost before she sat down. She had been visiting her parents and had pulled out some of her old diaries to read. She had been taken by surprise by some of the things she had written about her mother, which she described as "sweet and touching." She read that they had made curtains and bedspreads for her room, something she had completely forgotten. Not only had her mother helped her decide on colors and pick out patterns, but she had not imposed her own ideas on Janie. "She helped me figure out what *I* liked." As we began to talk about this moment, we realized that Janie's mother was far more perceptive than Janie liked to give her credit for being. One problem was that Janie felt that as soon as she began to expect her mother to be perceptive, she disappointed her. Another was that her mother used her perceptiveness to get too close, "to get under my skin," as Janie put it. This conflict over boundaries and consistency had also made Janie distrust her own perceptiveness; yet our discussion led Janie to the surprising conclusion that she was more like her mother than she had realized. And that the qualities they had in common were not all bad.

Both idealization and denigration of parents can perform defensive functions. Bergmann (1980) describes idealization as an effort to avoid conflicts related to separation. Kernberg (1975) sees it as a defense against aggression, and Bloch (1978) considers it a way of defending against

awareness of a parent's aggression. Janie's criticism and anger towards her parents was better than directing her aggression at herself. But as Bollas (1989) has pointed out, hostility can also be a defense. Janie's anger also protected her from overwhelming feelings of vulnerability and neediness in her relationship with her parents. Her defenses simultaneously helped her cope with painful emotions and made it difficult for her to genuinely separate from her parents and move into healthier, more productive relationships with others. As she began to be able to reflect on a more complex understanding of her parents, and was able to integrate not only her anger, but also feelings of sadness, pain, and love for them, she also began to move into a period of mourning. Harris (1996) writes that a significant part of the work of therapy is mourning—both what was and what was not in our lives. This is what was happening with Janie. As her pain and frustration were opened up and acknowledged in the therapy, we gradually also made space for the split off, unacceptable loving feelings she had for her parents. This work is never simple, and involves processing not only the pain their parents have caused them, but also their parents' humanness; and the love they feel for these imperfect beings.

When clients successfully manage the complexity of this process, "organizing stories" (Lichtenberg et al. 1992; Stern 1985) which have helped them manage their interpersonal world often begin to shift. As in Janie's experience, other stories begin to emerge. As the process unfolded, Janie first cast herself as the villain, then saw her parents and later me as bad, and eventually began to integrate a mix of human qualities into her images of herself, her parents, and me. As a result, she began to connect to other people, despite their flaws, and without immediately assuming that they would only see her own failings and inadequacies.

Conclusion

Whether they occur in a linear progression or, as is more common, in a less direct trajectory, idealization of and disappointment in parents are both part of normal development. Many clients come into therapy having failed to negotiate the task of recognizing parental imperfections and integrating the knowledge of failures and successes into their image of their parents or their self-image. Such failures impact both self-esteem and regulation of affect. They also color an individual's ability to engage in and maintain intimate relationships with others. Early in the work, therapists often need to witness and validate negative, confused and painful feelings about parents. Yet finding fault with parents, including acknowledging their failure to help their children with these feelings, can

ultimately become a way of avoiding other feelings, including vulnerability, warmth, affection and love. It is not always easy for clients or therapists to bear these contradictory emotions; yet if therapy does not open space for positive emotions where there are negative ones, and negative ones where there are positive, there will be little room for exploring this material when it emerges in a therapeutic relationship. The process is often ongoing. As Loewald (1980) writes, with work and luck "some sort of balance, equality, or transcending conciliation" can be reached between parent and child; but "it is not established once and for all, but requires continued…activity." (p. 395). The possibility of what Loewald calls a "mutually rewarding relationship" can only occur when adult children can bear the multiple, complex emotions that they feel about their parents and themselves. Psychotherapy offers a client an opportunity to develop this richer sense of self and other, partly through reflecting on and thereby both broadening and deepening the emotions a client can bear. Parent-blaming is often a step along the way; but it is not the end of the work.

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