

The Person-centred approach to breaking the trans-generational cycle of parental rejection

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Underlying many issues that clients present with is a lack of self-worth, often stemming from childhood, and a deep-seated sense of feeling rejected by one or both parents. This belief may be based on explicit parental behaviour, condemned as 'abusive' by society, or it may be based on more subtle, implicit behaviour, which only the child was able to perceive. The experience of feeling rejected in childhood spans a continuum, but the documented effects are cross culturally universal. (1) Perceiving parental rejection in childhood typically presents as a constellation of negative effects throughout the lifespan. (1) An absence, or lack of parental warmth, is frequently at heart of a client's depression and anxiety, and often, although not always, takes a substantial amount of time in therapy to resolve to a satisfactory degree. (2)

Assuming the role of parent, whilst carrying the burden of unprocessed trauma from perceived parental rejection (PPR), can create a disorganised attachment style in relationship with his or her own children, perpetrating a trans-generation cycle of perceived rejection in offspring. (3) The inflicting of rejection on their own children is often the biggest, and most private fear of clients, who felt rejected by their own parents in childhood. Presentation can be complex, as clients strive to make sense of their own childhood experience, often in the context of chaotic relationships with their own offspring. Consciously facing these feelings, can however, break this painful cycle. (4)

A psychodynamic approach has traditionally been the 'treatment' of choice in unearthing childhood issues, and establishing an awareness, and thus, enlightenment, in 'here and now' relationships. Contemporary research widely acknowledges, however, that 'the relationship is the therapy'. My own core model of therapy is the person-centred approach, and in my own experience, as both a client and a practitioner, engagement with this therapeutic model enables the facing and the processing of such experience, reducing the risk of perpetrating the trans-generational cycle.

Acceptance of a client's inner experience is at the core of person centred therapy. This translates in practice to the acknowledgement of the perceived experience of parental rejection, and, crucially, to an acceptance of that experience in its totality. This can be difficult for all sorts of reasons. Perhaps the main barrier to offering total acceptance in a Judaeo-Christian dominant society is the commandment of 'honouring thy father and mother'. (5) Culturally, we tend to feel shamed at 'disrespecting' our parents. It is therefore not only clients whom sometimes struggle to bring into awareness repressed feelings towards their parents, but therapists too, whom often harbour 'blind spots' in this sensitive arena. To

work therapeutically in a person centred model, it then requires acuity of 'self', to facilitate the state of being fully open to client experience, without any hint of either implicit or explicit denial.

Based on ingrained cultural values esteeming parents, we as therapists, then find we are often working with feelings of rejection, complicated by secondary feelings of shame and guilt. Shame and guilt mask 'chronic sorrow', a grief for the parental acceptance, which sadly, never was. (6) Excavating the secondary emotional experience is the key to processing the primary emotion. In person centred therapy, the client sets the pace of therapy, meaning that the 'gatekeeper' emotions are often the ones necessitating initial working through. This can present as slow, methodical, and repetitive work, as a client attempts to come to terms with their 'betrayal' of silence. Unpacking the layers, however, is often a vital part of the process, as a client 'dares' to 'speak the unspeakable', giving true voice to their innermost terror of emotional abandonment in childhood. A case study is perhaps the best vehicle to study this process, constructed around my phenomenological experience as a counsellor with such a client, whom for this purpose, I will call Lucy.

Lucy was a middle aged, white woman, married with 3 children. She had grown up in a home characterised by alcohol dependency, and domestic violence. She was the eldest of 4 children, and had felt responsible for the care of her 3 siblings throughout her childhood. She had also felt responsible for protecting both her parents against the violent behaviour of the other. Her experience of being a child in her home was exemplified by the message 'children are seen, but not heard'. She felt that her mother used her as a sounding board about every element of her own life, which included petty crime, and affairs with other men, complete with sexual details. She recognised, however, that her mother had no interest in her, and was privy to maternal criticism and humiliation at every available opportunity, where there was an audience which guaranteed her mother the attention she craved. She grew up feeling ashamed of not only her family, but shamed to the very core of herself. Neither of her parents ever discussed her future with her, or paid any attention to how she performed in school. When she left home at 16, neither parent expressed any interest in maintaining contact with her.

Lucy moved in with a boyfriend who was much older than her, and who drank heavily. He would often bring other girls back to their flat and have sex with them. Lucy reported that she felt in a constant state of despair and self-loathing, but felt that she had nowhere to go, and fundamentally, she didn't believe she deserved any better.

Eventually, her boyfriend got another girl pregnant and Lucy decided to move out. A boy that she knew offered her his couch to sleep on, while she 'sorted herself out'. Lucy ended up in a relationship with this boy, and again experienced a partnership much like her first. Lucy told me that this boyfriend also 'dumped' her when he found someone 'better'. This time Lucy moved in with a friend from work, and had an arrangement whereby she paid rent for her own room. She determined not to enter into a new relationship, but to focus on a promotion at

work. She got the promotion, and a year later began a relationship with her manager. She told me that she was not ‘completely happy’ with the relationship, but it was the ‘best’ she could expect, and agreed to marry him. She gave up her job when she had her first baby, and then in quick succession, gave birth to two more. She described feeling ‘very depressed’ and ‘trapped’ when her children were young. She said that her husband left the entirety of childcare and housework to her, while he worked, and spent his evenings ‘in the pub with his mates’.

When she came to me for counselling, her children were young teenagers, and she related that her ‘whole world’ revolved around them. She had a diagnosis of ‘anxiety and depression’, and was concordant with a prescription for anti-depressant medication. Her conditions of worth meant that she felt compelled to put the needs of others before her own. In our initial sessions, she was able to articulate that she constantly worried about her relationship with regard to her husband and children, and described feeling inadequate and worthless, in comparison to other wives and mothers she knew. Lucy struggled to look at her life from her own frame of reference, and appeared stuck in measuring herself from her perceived standpoint of how others must view her. It was evident that she did not relate to herself with self-compassion, and was highly critical of the shortcomings she told me she possessed. Even though she could speak of the rejection she had experienced in childhood, she told me that she knew that I must think she was ‘awful’ to betray her parents, and say ‘bad’ things about them. She freely used the labels her parents had given her in childhood to describe herself, with no notion of feeling ‘bad’ in regard to saying such things about herself. Their words had clearly become internalised, and morphed into self-rejection. She spoke of a terror of rejecting her own children, and was already racked with guilt about the times she had lost her temper with them. She had not come to counselling out of self-care, but rather out of concern for the emotional wellbeing of her children.

It was important during our sessions to provide unconditional positive regard towards Lucy, and how she felt about herself. To challenge her ingrained beliefs early in the relationship would have been another rejection for her. In endeavouring to understand her attitude with regard to her own life, it became increasingly transparent to Lucy also. She would often verbalise the belief, ‘I’m not important, but my children are’. I would try to fully grasp the enormity of that statement by mirroring that back to her, ‘You really have no importance as a person, but you strongly feel that your children do’. At first Lucy would not flinch at hearing me say this, but as the sessions progressed, I saw some hesitancy in her continuation of speech. I responded by saying, ‘I notice that you hesitate when you hear me say that’. She remarked that it sounded harsh to say she had no importance. I asked her if she felt if it was true. She told me that she had always felt, and still felt, that she ‘didn’t matter’ to anybody, not even her husband or children. She continued by saying that, ‘if I died they wouldn’t even miss me’. Her bottom lip began to tremble when she had finished saying that, and tears slipped down her face. I softly said, ‘You don’t matter, and your family wouldn’t miss you if you were dead’. I then witnessed a wave of emotion that rippled through Lucy’s body, and a rasping sound preceded a sob that physically shook her. Her body began to rhythmically move in time with the breathless sobbing that was unleashed. I sat in silence as Lucy wailed,

witnessing her grief. Shortly, her breathing resumed a more normal pattern, and I could see her physically recompose herself. She then said 'I never cry – I hate feeling sorry for myself'. This appeared, however, to mark the beginning of a journey of self-compassion, where Lucy was able to actually get in touch with some sense of sadness for the unloved child, she perceived herself to have been.

My commitment to both understanding her, and offering her the core conditions of empathy, unconditional positive regard and congruency, encouraged Lucy to get to know herself better, and promoted the identification of her own inner voice. (7) Slowly, Lucy began to challenge the idea that she did not matter, and demonstratively grew in her ability to think about herself as a person with needs, in contrast to a person whose only role was to fulfil the needs of others. In addition, she learned that she had the ability to express her most shameful emotions, and to self-soothe when her emotions became overwhelming.

As our sessions continued Lucy began to report an increase in arguments with her husband, and this became increasingly worrying for her. She told me 'I am terrified that he might leave me, and I know that I can't live without him'. She then began to notice that the escalation of arguments was in direct proportion to her willingness to voice her needs in the relationship. She discussed this with him, and he agreed that he was not used to this 'new and assertive' version of his wife. Talking through these trigger points in their relationship curtailed the frequency of their arguments.

Lucy began to notice that she began to enjoy moments of 'happiness' and more 'peacefulness' when spending time in her own company, and depended less on spending time with her husband. She told me that this feeling was 'liberating', and that she no longer felt that she 'needed' her husband quite as much. This appeared to have the knock-on effect of enjoying her time with her children, without feeling resentment towards her husband when he chose not to be them. She told me 'I am beginning to like myself, and I think my children like me more too'. When her husband went away for a golfing weekend, she chose to take the children on a horse-riding holiday. On her return, she appeared invigorated. 'I was so nervous', she said, 'and was petrified of one of them hurting themselves, but they said it was the best holiday they had ever had. I feel like I can do anything now'. Lucy told me that they had spent the evenings playing games and watching films and that they had all grown much closer. She had been touched when they all gave her homemade cards telling her she was 'the best mum in the world'. She told me that she thought they really meant it.

In on-going sessions of therapy, she related that she continued to feel closer to her children, and was often able to calmly tell them when she felt upset, rather than trying to hide it, and it later manifesting as an angry outburst. She told me in one session. 'I'm nothing like either of my parents. I love my children, and I would never reject them the way that my parents rejected me'. Her disclosure sounded heartfelt, as if she had come to know that part of herself

who was a mother, rather than being lost in a confusion of enmeshment with her own parents. Her sense of her own integrity was emerging.

At the cessation of our sessions Lucy was able to report that she felt like she was a 'very good', if not 'excellent' mother. She knew that she was not fully happy in her relationship with her husband, and knew that she had to pay close attention to her own needs in that regard. She no longer hated herself for marrying a man she did not really love, and could accept that she knew no better at the time. She felt far more accepting of all the mistakes she said she had made, but rather than blame herself, now understood the 'powerlessness' that had engulfed her throughout her lifespan, and dictated most of the decisions she had made. Her main learning from our sessions was 'I'm not cut from the same cookie cutter as my parents. I have a choice, and I choose to be different'.

Lucy came to counselling expecting that I could tell her how to be a better mother. Engagement in a non-directive therapeutic journey enabled the exploration of her difficult relationship with her parents. Facing her introjected conditions of worth led to the processing of the disenfranchised grief that had dogged her during the course of her turbulent lifespan.

Naming, voicing and experiencing the trauma of perceived parental rejection in childhood, in a person-centred therapeutic relationship, where the therapist is an 'exquisite witness', facilitates the processing and integration of that experience (8, 9). Relinquishing the previously unacknowledged grief of perceived parental rejection would appear to catalyse the actualising tendency, and nurture the flourishing of psychological growth (2). The phenomenological effect of this is a transformative relationship with self, and the shift necessary in breaking the cycle of trans-generational behaviour experienced as rejection by offspring. In coming to know the self that one truly is, a client is able to then reject the overshadowing of ancestral behavioural patterns, and embrace the integrity of their own organismic valuing.

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