

## Ongoing Recovery for the ACA Therapist

### Introduction

This article is written with therapists, whose clients report parental alcohol misuse, in mind. In particular, it is written with therapists, who themselves were raised by parents who misused alcohol, in mind. I write it because I know from my own experience that where there is a lingering residue of being raised in a home where there was alcohol misuse, this residue impedes my working effectively with clients. Along with all well-trained therapists, I know that to revisit the psychodynamic process of personality formation again and again allows me to put to rest more and more of the trouble created for me in this original crucible. Trouble that I have carried throughout my life and which continues to limit my ability to function in all relationships, personal and professional. Therefore, I will visit each of the subphases of Margaret Mahler's separation-individuation process and, following a short presentation of the dynamics of each phase, invite the reader to reflect on their own original experience of each phase and to apply this to how current functioning and relationships are limited by this original experience. From this I hope the reader will feel encouraged to continue the lifelong process of their own separation-individuation process, thus unfolding their capacity to provide a more substantial holding space for clients who need to explore this crucible for the sake of their own personal development.

Tian Dayton names this dilemma as the ACoA Trauma Syndrome. She defines it as follows

*The ACoA trauma syndrome is a post-traumatic stress syndrome in which suppressed pain from childhood reemerges and is experienced, re-created and lived out in adulthood. [The](#)*  
(Tian Dayton 2012: 20)

I plan to present the material in two editions of Inside Out in 2022.

### The 'Separation Individuation' Process of Personality Development

Outlining these development stages according to Margaret Mahler we find there are 4 main subphases. These are symbiosis, differentiation, practicing, rapprochement and the child emerges from this development with a more or less cohesive sense of self. This article will reflect on the first two of these subphases.

#### Symbiosis Subphase

Mahler referred this subphase as a 'dual unity'.

*"normal symbiotic phase marks the all-important phylogenetic capacity of the human being to invest the mother within a vague dual unity that forms the primal soil from which all subsequent human relationships form. (Mahler, Pine and Bergman 2000: )*

This is the phase directly following birth. It is as if the new born infant continues to exist in the same way it did before birth. It sleeps most of the time. It is preconceptual. It cannot move. There is an inward automatic movement of biological functions, but muscular development does not allow movement. It can suck from birth. It can cry as an expression of discomfort. Soon it can move its eyes. The child is totally helpless and dependent. It cannot survive without full care from another. The main discomforts are coldness, heat, wetness, soiling itself and hunger. This phase can last for up to 3 months. The infant shows no awareness of there being an 'other' distinct from itself.

If the discomforts are not attended to efficiently and if the child's cries are not responded to and comfort restored this can impact the infant's development of 'basic trust' in its safety. If there is not

a swift response the child will cry all the louder and more vehemently. It will 'give it all its got' to get the other to attend to its discomforts and restore its sense of all being okay. If this delay is prolonged the child experiences frustration. The infant cannot restore its own regulation or homeostasis. It needs the carer to do this for it. A caring, attentive mother who is empathic of the child's discomfort and wants to ease the infant's distress as soon as possible communicates itself to the infant. The mother is anxious to find the source of the discomfort and address it; change the baby's nappy, feed the baby, wrap the infant more snugly, remove a layer. The mother holds the infant lovingly, stops all she is doing to give attention to the baby, gaze at the baby lovingly, whisper sweet nothings to the baby, sing lullabies to the baby. Soon the baby is restored to safety, sleepiness, comfort and contentment.

From the reliable restoring to homeostasis by a caring other, the baby will develop the basic building blocks of personality and its sense of its value and worth. It will also develop a belief in the trustworthiness of its environment, others and reality in general. The edifice of its personality will be built upon these fundamental foundations.

The child lies helplessly in the family at this time. It can look around and take in its environment through its eyes. Where am I? Is it safe? Am I wanted? Does anybody care about me and my needs? Am I making things worse? Some faces are friendly and seem to be delighted with me but some look worried or distant and don't seem to be as mad about me as others or sometimes they are and other times they are not. What am I to make of all this?

The baby's need for soothing is satisfied by the mother who is responsive to the baby's need, is grounded in herself and is supported by her partner. The baby has the ability to appeal to the mother. This may be through its cries, its smiles, its gazing at the mother, its cooing sounds all melt the mother's heart and she wants to respond to the baby's appeal.

*Of all the appeals made to the mother, the infant's smile is probably the one that gives her the most pleasure. Its bolsters her confidence in mothering and makes her feel needed in a special way. (Kaplan 1978:74)*

With parental alcoholism this is less the case. The mother doesn't sooth the baby as effectively. The mother is not available to feel how the baby is appealing to her for care. The mother gets anxious and stressed at the baby's distress. She may become angry at the baby. The distress escalates and the baby is overwhelmed. The mother is overwhelmed too. The baby has to dampen down its needs, its natural inclination to cry to let its mother know it needs care must be suppressed. The baby learns to do this to itself. According to Brown (pages 33-36) alcohol is the central organising principle in the family where there is alcohol addiction. Where there is alcohol addiction the baby's needs are not primary. The alcohol is. The baby must learn to hold back. The baby learns that dad's need is the priority here not me. The baby does this to itself. The baby brings this tendency with it for its whole life.

If the primary caregiver does not have a problem with alcohol but their partner does, then their anxieties or stresses and their own sense of being uncared for and unsupported may bring preoccupations that result in the care for the infant being more functional rather than loving and devoted. There is a negativity in the relating. The baby picks this up and it characterises the relational style going forward into other relationships.

If the carer is preoccupied by an out-of-control use of alcohol by themselves or a partner this caregiving may be substandard and the child emerges from this phase of development with an

insecure sense of itself, its value and worth, its safety in the world, its trust in others and the friendliness of reality. A negativity characterises its experience of the relational field.

AH Almaas in his study of the development of what he calls the 'personal essence' in his book Pearl Beyond Price The Integration of Personality into Being (1988) addresses how these developmental subphases impacts the emergence development of personality

*When the mother is happy the infant will feel happy, even if she is not directly interacting with him. When the mother is suffering, the infant will suffer, even if the mother is not expressing her inner state in her interaction with him. For instance, the mother may be angry with her husband. She knows this and is not directing her anger towards the baby. She holds the baby gently. However, the baby feels the anger completely, and the resulting experience is negative merging. \*(Almaas 1988:248)*

These circumstances are formative for us all. We grow up to 'be good', 'don't cry', 'don't want', 'don't need'.

The impacts of this stage of our development remains with us all our life.

It manifests in terms of our self-esteem, our sense of being wanted, feeling worthwhile. It manifests in our sense of the trustworthiness of reality. Who do we choose as friends, lovers, partners? What are our beliefs about how others in our life see us? What am I entitled to? What have I a right to? How do I go into new situations which might trigger the latent effects of this time in our life? Do I avoid new situations, challenges, relationships? Do I breeze into them or approach with reluctance and caution unsure of how I will be received or welcomed?

### **The Impact of the Symbiosis Subphase on Current Functioning and Relationships**

Can you track with how the effects of your experience of this time in your life impacts your relational style today? For instance, take you partner, spouse or most significant relationships. How does this manifest today in your life? How tolerant are you of your partner's neediness? Do you get overwhelmed? Do you get resentful and impatient? What role does fear play in your most important relationships? What if your partner is mad at you and criticises you? Do you get scared? Do you get back in line? Don't rock the boat! What's it like when your neediness arises? Can you bring it out or do you suppress it? How do you cope when there are a lot of emotions in a relationship? Is it stressful, provoke anxiety, intolerance, impatience, resentment, anger? What feelings are you ok with and which not? Are there 'no go' areas in relationships?

What about parenting? What do you remember of when your children were born? Did some of this material from when you were born get provoked? How are you when your children are needy? Can you respond? Does it provoke unease in you? Overwhelm? Dissociation? Desolation? Do needs = danger= fear=anger?

What about you as a Therapist? Are you attuned to clients presenting for therapy and how this phase might be provoked? Can you exhibit the core conditions and practice them, or do you get lost and overwhelmed? Do your own needs get triggered? Can you bring this to your clinical supervision? Does your clinical supervisor provide holding for you so that you can let down and be nourished by being in her presence and be fed by her appreciation of you?

## How does recovery from this look?

Stephanie Brown in her book, Treating Adult Children of Alcoholics a Developmental Perspective (1988) reports on her work with this client group over many years in addressing the impacts of parental alcohol misuse on the personality development of children in great detail. She knows what is involved in substantially assisting people towards recovery;

*Individuals are bound by the attachments, beliefs, and defences constructed to maintain and survive a pathological family system. The process of recovery is a developmental one of challenge and separations from these pathological bonds. Initially, the promise of reconstruction, developmental repair, and ultimately emotional separation is experienced much more as a threat because it too is all-or-none. (Brown 1988:291)*

## Differentiation Subphase

The second phase Mahler called 'differentiation' and generally it goes from about four to twelve months. The symbiotic stage is characterised by a 'dual unity'. The mother and infant are so united in the baby's consciousness that there is only one. This does not remain the case for long. The natural process of the development of the identity of the baby as an individual requires separation from the mother. For the baby this requires the realisation of a duality, the mother and me. In the dual unity the baby perceives what Kornberg termed a 'self-object'. The phase toward individual identity requires the distinction between the self and the object being discriminated. This process continues with this differentiation phase. The baby realises it is 'different'. There is not just one. There is two. One is the 'other' with an *M*; the '*mother*'. The other is me. I am different. The gradual awareness of the mother as other helps to discriminate in the baby's awareness that mother is distinct, different. The child is developing muscles and the hands can press against the mother's face and push away. The mother's face come into focus as its eyes are growing a capacity to focus and discriminate objects that are distinct. It's not all just one thing.

The baby starts to get interested, curious about its surroundings. It has now developed a capacity for awareness. Mahler noticed "The infant is more awake with more sustained attention". She referred to this phase as 'hatching', 'the psychological birth of the human infant'.

The wellness of the mother is crucial to the natural move to the differentiation phase. The smoothness of the separation is determined by the bond of attachment between the two. When the baby begins to see the mother as distinct he is seeing that she is looking back at him. The admiration is mutual. This fuels the baby's excitability and whets the appetite for further curiosity. The child likes the differentness that is mirrored by the mother. Something in the loving gaze of the mother mirrors something to the child that wakes up something inside him that really turns him on and gets him interested in himself and in being in the world. This is not just communicated through the mother's eyes but through everything about her and the ways she cares for her baby.

The mother is the 'secure base' that the baby will go out from. If the mother is tired, depressed or emotionally unavailable to the child then the child's drive to separate is slowed and hindered.

The child enjoys the period of Lapsdom (Kaplan page 128).

*The invisible bond that gives the baby rein to discover his place in the world also brings the creeping baby back to home base. Home base is his reference point. (Kaplan 1978:128)*

This is the secure base from which he can survey his domain. He is the prince. The lap is where he returns for refuelling. Mother is the mother ship from which the child goes voyaging out into the unknown, on explorations and adventures. Enjoying this differentiation depends on the mother being there when he returns. If she is not, his confidence in his emerging sense of self and spirit of adventure wilts. His sense of his self is still emerging and is not yet constant. So, the mother plays 'peek a boo'. 'I'm gone..., now I'm back'. Frequent repetitions reinforce the child's sense of trust that mother is nearby. The object constancy of the mother is establishing itself. Slowly the child realises there is difference; there is a 'you' and a 'me'. Mother is a crucial part of this difference. From this difference also will emerge his own sense of identity. If the constancy of the mother is not established physically and emotionally there and available then the child's development is hampered. This will impact the process and its outcomes and the effects will linger and the child will take them into his life, relationships, identity, beliefs, esteem, attitudes, ability to regulate, to have a spirit of adventure in life, to be confident.

*The theory is that through the processes of ego development the accumulation of self-representations ultimately leads to a sense of self. The individuality attains not only a sense of separateness, but also a sense of identity, a feeling of self. There results at some point a relatively unchanging feeling of self. One recognises a certain flavour or sense that one feels as identifying oneself. (Almaas 1988:262)*

Alcoholism and co-dependency will impact on the mother's constancy. Both the alcoholism of the mother or her co-dependency will hamper her ability to be present to the child. The preoccupation, anxiety, obsession will be experienced by the child as an absence, an absentmindedness, a vacancy. Symbolically the bottle of alcohol is in the centre of the table. (Brown) When the child looks out at the mother and there is no one looking back the child does not feel seen. This impairs that sense of hatching and leaves it incomplete. The mother's loving gaze is the child's fuel for exploration and adventure. It's what fuels his growth and development, his curiosity about the world and also himself. He depends on the mother for the sense of being different but it is being different in the sense of being valuable, prized, worthwhile, real, existing, lovable, delightful, special, a source of joy, a source of happiness. What is the effect on the child if the communication of this specialness is dulled down and sporadic?

*the earlier the occurrence of traumata and the more unfavorable the earliest phases of extrauterine existence—the symbiotic phase, the differentiation subphase and the practicing subphase, that is, the first 14 to 15 months of life—the greater the proclivity to later, severe personality difficulties, borderline pathology, or even psychosis. This appears to be true only if (1) the infant's innate endowment is greatly abnormal, and/or if (2) the experiential circumstances are stressful and consistently counteract subphase-specific progress far beyond the "average expectable. (Mahler, Pine and Bergman 2000:)*

It is at this time that the bonds of attachment are formed and in this bond is set down the pattern for connection to others that will be formative of relationships for the lifetime. If the mother is anxious and distracted her availability is impaired and this impacts the helpless baby in many ways. Primary among these is the baby's ability to regulate emotions. When it can't do so, some emotions can be intolerable. The baby has no option but to disallow these emotions. These patterns are set down and will be formative of relationships. If the child has not learned to regulate emotions at this time due to the parent not being available for connection and secure attachment then this pattern will activate in intimate relationships later in life. (Dayton pages 235-246) Intimacy will be a threat not an invitation to melt and surrender into the loving embrace of a beloved other. It will be avoided as it threatens to reawaken early pain. Isolation and loneliness will be expected.

A co-dependent pattern of relating is to be expected. Vigilant attention will be paid to the other to make sure of safety. There will be an 'overreading' of the signs and cues for how the other is and if there is calm. Triggers of fight or flight reactions will be frequent, and the person will not read the signs accurately. There is excessive focus on the other and much effort to mood manage the other is expended. There is a merging into the other and sometimes an inability to know where the boundary between the self and the other is. There is safety in merging and is a form of intimacy and unity. There is no disagreement or argument. But there is also limited autonomy or individuation. X,

### **The Impact of Differentiation Subphase on Current Functioning and Relationships**

If this was your early environment or is the early environment of your client how does this present in current day living?

What is your current sense of your own worthwhileness and value? Is it determined by what is reflected back to you by those closest relationships in your life. In what way do you keep your sense of your own differentness hidden and in what ways do you see this sense of your differentness something to prize about yourself and display. Consider your sense of fashion, style, appearance, self-expression, points of view and willingness to express publicly. Do you draw attention to yourself? Do you want to be in the public eye or do you hold back?

As a parent or carer for a young person do you know this experience of love for a child, your own or a nephew or niece? The unconditional love! The happiness it brings to be in their presence. The sense of completeness and 'all is well with the world'. The joy that the child's existence brings to your life. What is it like to communicate this to the child? Do you become aware of memories of being on the receiving end of such appreciation as a child? Are there memories of the absence of this? What does that evoke in you, emptiness, a vacancy, a void? How does that feel?

In therapeutic relationships, do you know this feeling of being prized by your therapist or supervisor? Is this a free-flowing exchange in the relationship or in short supply? Do you feel seen in this relationship, appreciated, respected, admired, encouraged, loved? Can you bring this to your client and feed them with this sense of esteem? With some clients but not others? Do you know what makes the difference? Have your clients had the experience of this hatching and the birth of their own uniqueness or not?

### **How does recovery from this look?**

The tentative sense of self, the self identity, that emerges from the differentiation subphase stays with us for our lifetime. We will be more or less content with ourselves and more or less effective in the key areas of our lives, especially relationships. Is it possible to address this identity and to change our sense of self so that we can recover a sense of self that brings greater satisfaction in our lives and an increased capacity to support others in this work? Again, Stephanie Brown provides insight worth considering;

*Deep changes usually do not occur in a vacuum. They do not come as a 'fix' from someone else and they are not the result of finding the right formula, manual or how-to-guide. Deep change comes from within. For ACAs (adult children of alcoholics), the most significant change begins with the acquisition of the identity ACA. It proceeds with the reconstruction process of 'making the past real' and development of an autonomous sense of self from this new base. (Brown 1988:291)*

## References

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