

**THE CONJOINT SESSION AS A TOOL FOR THE
RESOLUTION OF SEPARATION-INDIVIDUATION IN
THE ADULT MOTHER-DAUGHTER RELATIONSHIP**

Roberta Kabat, Ph.D.

ABSTRACT: In the present article, two case reports are used to examine the adult mother-daughter relationship from the point of view of the mother. The two mothers, in midlife, looked to their adult daughters to perform selfobject functions. The daughters of these patients felt threatened by their mother's desire for emotional dependence and had emotionally distanced themselves from their mothers. Emotional estrangement from their daughters had caused these patients to experience feelings of depression severe enough to seek treatment. The article describes the use of a conjoint mother-daughter session within the context of the mother's individual treatment to help these mothers to recognize the unresolved separation-individuation in their relationships with their daughters and to promote a healthier connection in the mother-daughter relationship.

KEY WORDS: mother-daughter; separation-individuation; conjoint therapy.

The psychoanalytic literature on the mother-daughter relationship has focused primarily on the relationship as it evolves in early life (Freud, 1931, 1933; Klein, 1945; Mahler & LaPerriere, 1965; Mahler, Pine & Bergman, 1970, 1975; Mahler, 1981). Much less has been written about this relationship as it develops in later life when mother and daughter approach each other from the equal status of adulthood. This lack of attention may be a reflection of the relatively recent recognition by the mental health profession of continued psychological development into midlife and, in particular, of the unique midlife development of women. What is known about the mother-daughter relationship is that it remains a complicated one throughout the lifespan and can be fraught with conflict. Given a reasonable resolution of separation-individuation between mother and daughter, the relationship can be a source of great

support and gratification for both parties. If there is a healthy mutuality between mother and daughter, the relationship allows both parties to grow and develop throughout the lifespan. However, in the absence of this resolution, the conflict between mother and daughter can impede the daughter's ability to separate and function in adulthood and can deprive the mother of an important source of emotional gratification in her later years.

In the present article, two case reports will be used to examine the mother-daughter relationship from the point of view of the mother. I believe that this is a somewhat unique perspective, since most of the literature views this relationship from the point of view of the daughter. The two mothers described here, in midlife, looked to their adult daughters to perform selfobject functions. While in healthy adult mother-daughter relationships both parties may provide these functions for the other, these mothers seemed to have depended on their daughters to an inordinate degree. In addition, there was little mutuality, with the daughter's needs and feelings subordinated to those of the mother. The daughters of these patients, while having been able to establish lives of their own successfully, felt threatened by their mothers' desire for emotional dependence and fearful of the loss of their own sense of self if they complied. As a result of these feelings, both daughters had emotionally distanced themselves from their mothers. This behavior on the part of their daughters had caused the patients to experience feelings of depression severe enough to seek treatment, a reaction to losing what they perceived as their primary source of emotional support. They expressed feelings of anger and bewilderment, describing the loss of their daughters as emotionally devastating.

I plan to describe a specific intervention, in which conjoint mother-daughter sessions were utilized within the context of a primarily individual treatment to help the patients to recognize the unresolved separation-individuation issues in their relationships with their daughters. I believed that this would help these mothers to appreciate their daughters' need for greater emotional reciprocity in the mother-daughter relationship, and would thus promote a healthier, more satisfying relationship for both members of the dyad. In addition, I believed that mother-daughter sessions might aid the patients in recognizing the need to establish other sources of emotional support outside of their relationships with their daughters and would serve to strengthen the therapeutic relationship. I will then discuss the impact that these sessions had on the patient's view of her relationship with her daughter, the way in which this affected her ideas about her life outside of the treatment, and the impact of the mother-daughter sessions on the therapeutic relationship. Although there is a longstanding tradition of using conjoint sessions for families and couples, the possible use of conjoint sessions for

ROBERTA KABAT

adult mother-daughter dyads has not, to my knowledge, been explored. The benefit of this approach, I believe, will become apparent through a review of the literature on the mother-daughter relationship which points to the fact that separation-individuation is not resolved for mothers and daughters during adolescence but, in fact, remains an important issue throughout the lifespan.

LITERATURE REVIEW

In a previous paper I described a mother-daughter dynamic in which during childhood a role-reversal had occurred between mother and daughter. In these relationships the daughter had provided selfobject functions for the mother, a situation which had impeded the daughter's self-development (Kabat, 1996). In that paper two case studies were presented of daughters who, as a result of having to perform these functions for their mothers, had failed to develop their own life goals or to achieve intimacy in relationships. It was proposed that this mother-daughter dynamic had contributed to a negative transference in these patients' treatment in which they feared having to provide selfobject functions for the therapist. While the dynamic of having to meet the selfobject needs of the parent had been described by a number of psychoanalytic thinkers (Kohut, 1971, 1977; Miller, 1981; Stolorow, Brandchaft & Atwood, 1987; Winnicott, 1971), this idea was not presented in relation to the gender of the child. The paper suggested that the dynamic of having to meet maternal selfobject needs was more prevalent in daughters than in sons because of the special relational dynamics between mothers and daughters (Benjamin, 1984, 1986, 1988; Chodorow, 1978, 1986; Dinnerstein, 1976; Jordan, 1991a, 1991b, 1991c; Miller, 1976, 1991; Surrey, 1991a, 1991b).

Interestingly, the literature on the adult mother-daughter relationship points to many of the same issues noted in the literature on early mother-daughter dynamics. Specifically, the bond between mother and daughter is characterized by a particular intensity, with mothers continuing to expect and encourage greater emotional responsiveness from their daughters than from their sons. The daughter in adulthood frequently remains conflicted in her relationship to her mother, desiring closeness while struggling to maintain a sense of autonomy.

The research that has been done on the adult mother-daughter relationship notes that in later life mothers depend on their daughters in a way that they do not on sons, expecting more from them emotionally. Wood, Traupmann & Hay (1984) found, for example, that "Women express virtually no resentment toward sons regardless of how they are treated. However, resentment is expressed toward daughters who have

given their mothers less than they feel they deserve" (p. 240). Johnson's research yielded a similar result, specifically that as mothers enter middle and old age, they count on understanding and support from their daughters in a way that is "unparalleled" in the case of other parent-child pairs (1978, p. 302). Fischer (1981), in her study of the transition to marriage and motherhood of daughters and its effect on the mother-daughter relationship, notes that mothers expect and daughters provide caretaking for their mothers. This in spite of the fact that these daughters have taken on substantial caretaking responsibilities for their own families. The results of studies on daughters in adulthood indicate that daughters continue to grapple with issues of separation-individuation into adulthood often precipitated by the daughter's becoming a mother herself, when earlier identifications with her mother precipitate the emergence of unresolved separation-individuation issues (Baruch & Barnett, 1983; Fischer, 1981; Mercer, Nichols & Doyle, 1989; Stueve & O'Donnell, 1984; Wood, Traupmann & Hay, 1984).

Writings in the area of psychoanalysis regarding the midlife relationship between mothers and daughters are sparse. However, the theoretical ideas emerging from clinical work also indicate that separation-individuation continues for daughters into adulthood. Lebe (1982), for example, believes that the ages between 30 and 40 may be the normal period for women to resolve their individuation. By this time, a woman has had numerous opportunities to experience her mother as weak as well as strong, with the result that her original internal object representation of the omnipotent mother has been modified. She believes, however, that this is contingent upon the assumption that a given woman's psychosexual life has progressed normally, without any serious traumatic events or frustrations. Factors that might serve to delay or prevent this normal development include an omnipotent, domineering mother who maintained a close involvement with her daughter, marriage to a man very much like the omnipotent mother, and/or a relationship with a man or men whom the woman feels she castrated.

Jean Baker Miller and her colleagues (Jordan, 1991a, 1991b, 1991c; Miller, 1976, 1991; Surrey, 1991a, 1991b) see "growth-within-connection" rather than autonomy as the hallmark of healthy psychological development. Miller rejects the idea of the development of the self as a series of essential separations from others. She believes that from the moment of birth the internal representation is of a self that is in active interchange with other selves and that this is the basis for all continuing psychological growth. When psychological development is conceptualized in this way, the connection between mother and daughter is seen as a vital source of connection for both parties throughout the lifespan. This bond is seen as enhancing rather than inhibiting the daughter's development of a healthy sense of self.

ROBERTA KABAT

Friedman (1980) believes that the establishment of a loving bond between mother and daughter is essential to the successful development of the adult woman. In agreement with Miller and her colleagues, Friedman sees the mother-daughter bond as a necessary and vital connection that is different from dependency and hence not something to be severed, but rather fostered and consolidated. She believes that young women who struggle for autonomy are also grappling with how to maintain a bond and connection with their past and particularly with their mothers. Mothers, similarly, are struggling with how not to feel rejected and with the problem of developing new links with the newly emerging identities of their daughters. When a loving bond between mother and daughter exists, it acts as a buffer against the pain and hurt the mother feels in letting go. For the daughter, this bond permits separation and allows potential differences to be expressed against a backdrop of security and acceptance.

For the mother-daughter pairs that I am about to present, the mother's excessive demands on her daughter for emotional attunement and support impeded a successful resolution of earlier stages of separation-individuation. The daughters, although able to establish a reasonably successful independent life, ie. to develop a career, get married, and have children, remained fearful of becoming too close to their mothers, experiencing their mothers' emotional needs as a threat to their individuation and autonomy. However, these daughters also continued to desire closeness with their mothers. This was particularly true in the case of one daughter who was expecting her first child. Unresolved issues of separation had deprived both mother and daughter of the kind of healthy psychological connection described by Miller, in which mother and daughter would be able to provide emotional support for the other.

The mothers I will describe, due to the death of their own mothers in early childhood and the subsequent difficulties they experienced in establishing intimate relationships, continued to rely solely on their daughters for emotional support and comfort. Both mothers had been married, had seen their marriages dissolve, and for some time had been without a relationship. One mother had been able to establish relationships with other women, while the other remained somewhat isolated. Both were pessimistic about establishing a positive relationship with a man. These mothers presented with an inability to see their daughters as separate individuals with lives of their own. They unconsciously perceived their daughters as the all-comforting object, and reacted with anger, depression, and desperation when their daughters displayed an unwillingness to continue to provide these functions.

Earlier in the mother-daughter relationship when both mothers had been younger, their daughters' separation and individuation efforts, while emotionally upsetting, had been defended against by work which

both women were engaged in and by relationships with men. In midlife, one woman had retired from her job while the other found her work unsatisfying. Most importantly, their perception of themselves as no longer young and their dissatisfaction with their appearance in middle-age robbed them of the hope of finding a loving relationship with a man and made them more desperate for the emotional support of their daughters. Their increased narcissistic vulnerability caused their daughters to experience a resurgence of fears of engulfment by the emotional needs of their mothers. Their daughters' rejection and clear message of refusal to function as their sole source of emotional support precipitated depression in both women and the seeking of treatment.

In both cases I perceived the transference toward me as being a desired but feared replacement for their daughter/mother. In both cases the patients sought to maintain an emotional distance by requesting bi-weekly rather than weekly sessions. However, within these limits, the patients attended their sessions regularly and developed an early positive transference. My understanding of these developments was that while the patients held out some hope for emotional connection in the therapy they experienced me, in fantasy, as the potentially abandoning mother as well as a good object rejected as a threat to the internal daughter/mother whom they still longed to possess. I also believed that these patients feared that I would prove inadequate in replacing this daughter/mother, since neither patient had been fortunate enough to develop a relationship with a replacement mother to compensate for the loss of her biological mother. I hope to show in the following case illustrations the way in which my own countertransference and my understanding of the transference alerted me to the dynamic at work in these mother-daughter pairs and to the subsequent use of mother-daughter sessions. My goal within the treatment became to help the mothers to establish additional sources of emotional support, to recognize their daughters' need for more autonomy and mutuality in the mother-daughter relationship, and in this way to help foster a healthy, growth-enhancing connection between mother and daughter.

CASE ILLUSTRATIONS

Evelyn

Evelyn is a 64-year-old African-American woman born and raised in the South. Slightly overweight but pleasant-looking, Evelyn gave the appearance of someone raised to be "proper" and always to look "presentable." Evelyn's complaint was one of depression which she attributed to her retirement from her job of seventeen years and to the death of a brother in an automobile accident, both events having taken place three years before she presented for treatment. Al-

ROBERTA KABAT

though she reported having been mildly depressed in the past, she was unable to identify any more recent event that could have caused the current exacerbation of her depression.

In her first few sessions, Evelyn revealed that her mother had died when she was six years old and that she had been separated from her four brothers and sent to live with a maternal aunt and uncle. She had been sexually molested by her uncle, activity which included fondling but did not escalate to penetration, and was sent to live with her father and stepmother at age twelve when her aunt discovered this activity. Evelyn never revealed what had happened to her to other family members. She described her father as a "hard" man who did not show her love and affection. She was close to her stepmother who was affectionate toward her, but under the domination of her father was unable to intervene when her father treated her harshly and unreasonably. Evelyn was able to express the feeling that she was raised in very loveless environments where she was physically cared for but emotionally neglected and abused.

In spite of these experiences, Evelyn was able to marry, move to New York with her husband, and find a job. She was pregnant with her daughter, now 46, when she and her husband married. She went on to have a son, now age 43. Her husband eventually became abusive toward her and began using drugs. She separated from him when the children were quite young. Evelyn worked very hard, first in a factory and then for a government agency for many years. She was able to acknowledge that when her children were young, she was frequently tired and depressed, often going to sleep when she returned home from work. She relied heavily on her daughter for emotional support and understanding and for caretaking help, since her daughter was required to take care of her younger brother after school as well as when Evelyn went to sleep. While the oldest child in an African-American family is sometimes asked to function as a parent for younger siblings, this is not a dysfunctional situation as long as the parent does not abdicate parental responsibilities or overburden this child in an inappropriate way (Boyd-Franklin; 1989). Evelyn seemed to have relied more heavily on her daughter than was appropriate for a young child, and her desire now for care from her daughter seemed an extension of this earlier expectation. At various times in their relationship, Evelyn seemed to have believed that her daughter should abandon her own small children in order to care for her. Evelyn's daughter was very conscientious. She did well in school, went on to college, and eventually found a job and married, having two children of her own. Evelyn's son became involved in drugs, was in jail when the patient presented for treatment, and was scheduled to be released to a nearby drug program.

When the session content shifted to her current relationship with her daughter, Evelyn expressed great sadness and disappointment with the relationship. She felt that she was being ignored by her daughter who she said rarely called her. She was quite direct in expressing her expectation that her daughter should be there to take care of her and expressed anger and resentment that she was not receiving from her daughter what she felt she deserved. She was able at this point to acknowledge that her current bout with depression was related to this rejection by her daughter and her feelings that if her daughter was unwilling to care for her that she would be all alone.

In the therapeutic relationship Evelyn was friendly and cooperative, but the relationship seemed superficial, with Evelyn resisting any great emotional investment. I frequently felt unimportant and interchangeable with the many doctors she had been to for her various medical ailments. I was, in fact, treated as if I were a friendly family doctor with whom she maintained a cordial relationship

but one lacking in depth. This distance was maintained by Evelyn's request for a therapy session once every other week, her explanation for which was simply that this felt more comfortable than the once-a-week sessions I had proposed. It was clear to me that Evelyn hoped to maintain this emotional distance, holding out it seemed for the possibility that she would not have to risk any greater emotional involvement with me. I believed that she maintained the fantasy that her daughter would provide her with the emotional attention she needed, much as she had done during her childhood. While I believed that our relationship was viewed as a threat to this fantasy, I also felt that she feared that I would prove to be inadequate to the task of providing nurturing and protection, much as her aunt had proved inadequate in protecting her against sexual abuse and her stepmother unable to provide protection against the harshness of her father.

After several months of sessions, as Evelyn's feelings about her daughter gained greater prominence, I suggested a mother-daughter session. She was quite positive about the session and felt that her daughter would be willing to attend. My hypothesis was that the apparent role-reversal in the daughter's early life had impeded successful resolution of separation-individuation from her mother, engendering the current fear of having to meet her mother's needs as she had in childhood. I hoped that a mother-daughter session might help to clarify the problem for both mother and daughter. In addition, I had the sense that the anger between mother and daughter was tempered by loving feelings and felt that, if the issue of separation was dealt with more successfully now in adult life, their relationship might improve.

Evelyn's daughter Justine is a 46-year-old, attractive, articulate woman. In the mother-daughter session, she spoke easily, seemed eager for the opportunity to speak about her relationship with her mother, and in fact dominated the session. While Evelyn seemed to be receptive to what her daughter had to say, there was a quality of bewilderment in her responses. When she volunteered her own feelings, she primarily spoke about her pain and frustration at the fact that her daughter seemed to be avoiding her and about her feeling that she was being denied any emotional support from her.

Justine spoke freely about her childhood and expressed her feelings of resentment at having been called upon to provide emotional support for her mother and caretaking functions for her brother at a time when she needed attention and caretaking herself. While she did not seem uncomfortable speaking about this, she did seem conscious of her mother's feelings, at times reaching out to touch her shoulder as she spoke. Although she clearly felt a continued sense of deprivation in relation to her early childhood experiences, there was a tempered quality to her feelings of anger. There seemed to be some recognition or understanding of her mother's situation during her childhood and the lack of outside support that her mother had experienced. However, she felt and repeatedly stated that while her mother had provided a strong role model for self-reliance and industry she had failed to provide emotional attunement and nurturing.

When the session turned to the present state of affairs, Justine talked about her mother's current state of depression, her emotional neediness, and her own unwillingness to provide for her mother's emotional needs. She believed that her mother's insatiable needs were a threat to her own well-being and stated that, "I'm afraid that my mother's needs will completely take me over, and my own self will be completely overwhelmed by hers." These feelings seemed a recapitulation of much earlier struggles for Justine in her childhood and later in life, as

ROBERTA KABAT

she tried to establish a life freed from having to meet the demands for help and attention from her mother. However, what was quite striking in Justine's presentation was the discrepancy between her words and her behavior toward her mother. While she seemed to be saying that she needed to guard her autonomy, her frequent reaching out to touch her mother revealed a yearning for a closer relationship with her. When I pointed out to Justine the possibility that greater distance was not what she wanted, but rather a closeness with her mother that did not preclude her maintaining her own emotional space, she agreed that this might well be the case.

Evelyn was quite controlled during the session making an obvious effort to listen to what her daughter had to say. Although she clearly was hurt and bewildered by her daughter's feelings, she nevertheless was eager to open communication between them and seemed resolved not to appear to be unresponsive to Justine's feelings. She listened quietly, at times acknowledged the possibility that Justine's complaints might have some validity, and stressed her desire to have more of a relationship with Justine now. She seemed willing to hear anything that Justine had to say and grateful that Justine had been willing to attend the session and express her feelings. I pointed out to Evelyn that Justine seemed to want a less distanced relationship with her and, while Evelyn seemed relieved to hear this, she also expressed some concerns about her own ability to undo the past. I suggested to Evelyn that while one could not undo the past, there was always a possibility for change in the present. The session ended with the possibility of mother and daughter having another session together again some time in the future.

In Evelyn's individual session following the mother-daughter meeting, while Evelyn continued to express her sadness at Justine's continued unwillingness to provide for her emotionally, the mother-daughter session seemed to have facilitated an increased awareness that she could no longer look to Justine as the sole provider of emotional support and nurturing. The greater acceptance of the fact that she would have to relinquish this expectation helped Evelyn to begin to recognize the depth of her need and to begin to articulate the fear she had in beginning to deal with this in her treatment. After the mother-daughter session, as we prepared to take a break for my vacation, I brought up with Evelyn her treatment schedule. She was now able to say that she suspected that she had limited sessions in order to avoid the intensity of feeling that she feared might break through with me and because she felt reluctant to reveal these inner-most feelings to me. We discussed the possibility of increasing her sessions to once a week, a change that Evelyn now seemed if not eager at least willing to contemplate.

When we resumed our treatment after my vacation, there was a marked increase in Evelyn's emotional investment in our relationship, and she spoke in greater depth about her own feelings. I no longer felt kept at a distance, and there was a warmth in the relationship that previously had been lacking. Evelyn began for the first time to talk about the loss of her mother and her lifelong questioning about whether her life would have been happier and better had her mother survived. She also began to wonder about the possibility that she might be angry at her mother for abandoning her. For the first time, she began to explore the emotional impact of having been sexually abused and its effect on her sense of self. I believed that the mother-daughter session had made it more difficult for Evelyn to maintain the fantasy of Justine's providing the perfect mothering that she had lacked in her childhood. With this fantasy dispelled, Evelyn began to look toward me and to her therapy to provide the help and

CLINICAL SOCIAL WORK JOURNAL

support that she needed. We were also able to discuss the possibility that Evelyn might be able to establish other sources of support, possibly even a relationship with a man. In fact, Evelyn repeated a recent conversation she had had with a woman friend in which she had acknowledged the need for "a man in my life." In a somewhat parallel process, I became aware of what had been my own bias and identification with Justine and my own frustration with Evelyn's insistence on emotional care from her daughter. I found that as Evelyn became less demanding with her daughter, I became more empathic toward Evelyn and more aware of her pain at not being close to her only daughter. I believe that this shift in my attunement to Evelyn's feelings was an important factor in her willingness to invest more emotionally in the therapeutic relationship.

Although Justine had made it clear that she wanted to keep her distance from her mother, in the weeks following the session, Evelyn noted that she was calling somewhat more frequently and that they had met to take a walk together, Evelyn promising that she would not make emotional demands on Justine when they got together. As the treatment progressed, Evelyn began to report an increase in her daughter's willingness to spend time with her. She also described her desire to provide help and assistance to her daughter and seemed obviously delighted that her daughter was appreciative and accepting of her efforts. She began to describe a lifting of her depression and a sense of hope that things in her life might improve.

Miriam

Miriam is a 51-year-old Puerto Rican woman who presented for treatment because of feelings of depression and because of angry outbursts both at work with her supervisor and with her younger daughter Jennifer, age 28. She has two other children, another daughter, age 32, and a son, age 34. When Miriam came for treatment, she stated clearly that she was attending therapy at the suggestion of her younger daughter, who was a mental health practitioner, in order to improve their relationship. Miriam admitted that she called her daughter almost daily to complain about her difficulties at work and relied upon her very heavily for emotional support. Her daughter had begun to tell her that she felt burdened by her constant emotional demands, but Miriam admitted that she was unable to stop herself from calling her daughter when she felt overwhelmed with her feelings. In spite of her avowed understanding that she should not be relying so heavily on her daughter, she nevertheless seemed to maintain the conviction that her daughter should be willing to provide for her emotionally and felt hurt and rejected by her daughter's attempts to limit their contact. She described her distress at the fact that her daughter called her infrequently and did not return the messages that she left on her answering machine.

In addition to feeling emotionally overburdened by her mother, Miriam's daughter complained about her mother's critical and judgmental attitude toward her. She apparently felt that Miriam expected her to accept her opinions and judgements as her own. Miriam denied that this was the case, insisting that it was a mother's right to tell her daughter what she thought and to correct her when she was wrong.

The childhood described by Miriam bore some resemblance to the childhood described by Evelyn. She had also lost her mother when she was a young child but had continued living with her father and brothers after her mother's death. Since Miriam described her younger daughter in an idealized way and as looking very much like her own mother, I began to feel that this younger daughter was

ROBERTA KABAT

experienced in fantasy as her idealized, lost mother and hence held a unique place in the patient's internal world. Miriam also revealed having been sexually molested by an uncle as a child and described several relationships with men as a young girl that had involved forced sexual relations. As far as I could tell, many of her relationships with men had been characterized by some form of emotional or physical abuse. At the time she presented for treatment, she had given up on having a good relationship and in fact had been alone for some time. She had few relationships outside of those with her family and described various betrayals by women friends in the past that had made her resolve simply to stay by herself. She had difficulties at work, had disagreements with her supervisor, and did not get along well with co-workers although she was clearly a hard worker. She had worked at various jobs as a young woman in order to support her children and had finally secured a job working for the city, which although low-level provided her with some job security and health benefits. In spite of a lack of formal education, Miriam was intelligent and articulate.

The transference to me took two forms. At times Miriam was very deferential, addressing me as the idealized authority. When the transference took this form, she would listen attentively to every word I said and clearly expected me to provide the key to unlock all of her difficulties. At other times, she lectured me as if I were her not very knowledgeable daughter, a tone which made me very uncomfortable and left me feeling that I needed to assert my authority. My countertransference feelings helped me to understand Miriam's daughter's rejection of her mother's idealization, which I believed she experienced as a burden, as well as her anger at her mother's critical way of undermining her feelings of competence and autonomy. I believed that her daughter felt that her own individuation was threatened, since her mother seemed unable to see her as a unique person with her own legitimate needs and desires. At the same time, there was a warmth to Miriam and a zest for life in the face of adversity that called forth positive feelings in me and, from what Miriam described, in Jennifer as well. Miriam also displayed a clear ambivalence to becoming emotionally involved in a relationship with me. On the one hand, she would call me between sessions when she became overwhelmed with her feelings but, as with Evelyn, she insisted on limiting our contact to bi-weekly rather than weekly sessions. This seemed to give her the opportunity to call upon me for emotional support when she felt the need, but allowed her to control the amount and intensity of our contact. As with Evelyn, I interpreted her ambivalence as reflecting both her continued fantasy that her daughter would provide her with the emotional support she needed and her fear that I would not prove adequate to the task of filling what I believe felt like an overwhelming emotional need.

I recognized that many of Miriam's feelings were supported by Puerto Rican cultural values which place a great emphasis on family relations and which require adult children to provide caretaking for parents (Garcia-Preto, 1996). In addition, her unwillingness to listen to her daughter's opinions, her belief that she was entitled to tell her daughter what to do, and her reluctance to turn to me in place of family support also seemed to be beliefs that Miriam had been raised with. However, I believed that Miriam's current lack of support from extended family, her lack of any other external support networks, and her early losses were the major contributors to her current feelings of emotional deprivation. Her dependence on her daughter and her jealousy of her daughter's outside relationships, while rationalized by cultural beliefs, were clearly driven by deeper emotional needs.

As her treatment progressed over the first half year, Miriam's life outside of

the treatment improved. She reported better relations at work, a result of her greater ability to control her outbursts of temper. She seemed to experience the treatment situation as a holding environment, and an internalization of my calming demeanor had allowed her to calm herself in situations in which she had previously lost control. This included her relationship with her younger daughter, who she also used to scream at in anger. She reported with pride her new ability to deal with angry feelings and her expectation that her new self-control would lead to improvement in her relationship with her daughter. However, her daughter remained distanced from her, a situation which became exacerbated when her daughter announced her plans to marry and subsequently announced that she was pregnant. Miriam expected to have a large role in the planning of the wedding and was devastated when this did not materialize. She described the Puerto Rican cultural tradition of seating the mother of the bride in a position of prominence at the wedding table, and she was humiliated when at the wedding she was seated far from her daughter. Just prior to her daughter's giving birth to her first child, the situation between mother and daughter became intensified with Miriam presenting as extremely distraught in her sessions. I suggested at this point that Miriam and Jennifer meet together to discuss their relationship, since Jennifer herself was clearly having difficulty with the fact that she was about to become a mother and seemed to be seeking support from her own mother, even as she became angry whenever Miriam offered an opinion about the future care of her baby. Jennifer agreed to attend, and the mother-daughter session was held a month before she gave birth.

While Miriam arrived ten minutes early for the mother-daughter session, Jennifer arrived ten minutes late. While we waited for Jennifer to arrive, Miriam expressed her anger at her daughter's pattern of lateness and her frustration at her unwillingness to modify her behavior. She expressed her feeling that Jennifer seemed to have no ability to see how her behavior was affecting others. When Jennifer finally arrived, Miriam refrained from mentioning the lateness but proceeded to dominate the session, telling Jennifer how hurt she felt by the distance that she was keeping from her while Jennifer listened quietly. While Jennifer was trying hard to control herself, it was quite clear that she was harboring very intense feelings of anger, feelings which I believed served the function of maintaining her autonomy. She responded calmly, did not raise her voice, and was clearly attempting to keep from getting upset at her mother's accusations.

After Miriam finished speaking, Jennifer struggled to explain to her mother how she had always before "jumped when her mother said jump," had always adopted her point of view, and reminded her mother of how they had slept together in the same bed even when she was an adolescent. Jennifer tried to explain to her mother that she felt that her mother still had the expectation that they should be merged and did not seem to respect any of Jennifer's decisions or opinions. This theme was repeated by Jennifer a number of times throughout the session, with Miriam remaining resistant to attempting to understand Jennifer's feelings. Rather, she seemed to feel vindicated that her perception that Jennifer was pushing her away was now confirmed. As the session progressed, Jennifer, appearing to feel that making her mother understand her feelings was a hopeless endeavor, broke down and cried. What was quite striking in Miriam's response was her impassivity and lack of facial expression. Her anger and resentment toward her daughter clearly made her unable to respond to her daughter's obvious distress, while Jennifer's fear of her mother's power made her unable to recognize her mother's love for her.

ROBERTA KABAT

My attempts to move the session forward were unsuccessful, and I began to feel as discouraged about the possibility of resolving the impasse between mother and daughter as Jennifer did. The session did not progress much beyond each person's statement of their hurts and resentments, with Jennifer feeling that her mother was unable to hear her point of view, and Miriam remaining adamant that she was being treated badly and disrespectfully by Jennifer. To her credit, however, Miriam did not lose control in the session and she managed to remain calm. By the end of the session, I felt that I understood Jennifer better and had a clearer picture of the impasse in the relationship, but found myself feeling discouraged since Miriam clearly continued to feel that a merger between mother and daughter was appropriate, and I did not feel that she would be receptive to interpretations aimed at helping her to understand the role that her daughter played in her inner world.

As with Evelyn, I initially found myself identifying with Jennifer and experienced frustration at Miriam's intractability. However, after this session Miriam continued to complain about her daughter, but subtle changes in her behavior began to occur. She no longer called Jennifer when things upset her, but stated to me that she now understood that she had to give Jennifer some space. As with Evelyn, she began to talk about the possibility of finding a "good" man who she could have as a companion, and she made plans to go away alone on a vacation, something she had never done in the past. She jokingly said that maybe she would meet a nice man on her vacation. Regretfully, she began to talk about her need to accept her daughter's desires, even if they conflicted with her own, and even if this did not come about through a complete understanding of her daughter's fears, Miriam began to develop some acceptance of her daughter's decision.

Her relationship with me became one of greater intimacy and, as with Evelyn, she began to look to our relationship as a means of getting the emotional support she felt she needed. Although she did not suggest more frequent contact, her sessions were characterized by a greater willingness to look at her own childhood experiences and the way in which they had affected her ability to choose an appropriate relationship. The need to do this work became more important to her as the recognition that she would need to look beyond her daughter for emotional support and comfort became more apparent.

As with Evelyn, Miriam's ability to change her behavior put into relief Jennifer's own need to maintain her anger with her mother. Clearly, Jennifer felt that she needed to be angry at her mother in order to maintain her own sense of self, but her anger became less justified as Miriam's demands began to moderate. Unlike Justine, Jennifer's anger did not seem tempered with empathy for her mother. Whether because Jennifer felt less secure in her own life or more vulnerable because of her new motherhood, Miriam and Jennifer's relationship, although less fraught with angry outbursts after the mother-daughter session, remained conflicted. However, as with Evelyn, I became more balanced in my appraisal of the relationship and better able to identify with Miriam as Jennifer's anger seemed more rooted in the past than a result of Miriam's behavior in the present.

CONCLUSION

In the cases just presented a mother-daughter dynamic is described in which the mother presents for treatment suffering from depression.

This depression seems to have been caused, or at least exacerbated, by her daughter's refusal to continue to perform selfobject functions. Both Miriam and Evelyn had lost their mothers in early childhood and had been raised in unnurturing, abusive environments. They had come to depend on their daughters to provide the emotional attunement and support lacking in their lives and now, in their daughters' adulthood, could not accept the loss of this support. In both cases, a mother-daughter session was utilized as a treatment approach with the idea of helping the patient to hear her daughter's point-of-view. In both instances the daughters were able to express their fear of having to provide emotional support for their mothers. The patients were able to listen to what their daughters had to say, and, if they were not yet able to understand their daughter's unwillingness to meet their emotional needs, they were at least able to hear their daughter's need for emotional space. The ability to hear this communication resulted in the patient's recognition of the need to look beyond their daughters for nurturing.

Additionally, I found that a change in my countertransference reaction was highly significant in the progress of the treatment. While my earlier identifications were with the daughters, as the mothers began to change, I became more empathic toward their pain at losing their daughters. I began to feel that their daughters' resentments became less and less justified by their mothers' behavior in the present. I think that it is important when working conjointly with mothers and daughters to recognize this possible bias. It may be easier to identify with the daughters' need for autonomy and less easy to identify with the emotional dependence of the mothers. However, it seems important to recognize that in the present both parties make a contribution to perpetuating the estrangement, a fact which became more apparent as the mothers began to change. The daughters' reluctance to see their mothers in a new light became quite striking as their picture of their mothers was challenged.

I believe that when treating depression in women in midlife who report conflict in their relationships with an adult daughter, the identification of unresolved separation-individuation issues in the dyad, as a result of a role-reversal between the mother and daughter, may be crucial in understanding the patient's current presentation for treatment. Particularly in cases where it is not possible to interpret the role of the daughter in the patient's internal world, the use of conjoint sessions may help the patient to recognize her daughter's desire for autonomy and may help to promote a firmer psychic boundary between mother and daughter. This may result in the patient's willingness to risk a greater emotional involvement in the therapeutic relationship, a reflection of the patient's greater appreciation of the need to look beyond her daughter for emotional support.

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CLINICAL SOCIAL WORK JOURNAL

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Roberta Kabat, Ph.D.
16 Bon Air Avenue
New Rochelle, NY 10804