



UNDERVALUED PERSONALITY

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DELUSIONS OF INADEQUACY

What happens to a personality when it's undervalued as a child?

Over the last 35 years of clinical practice, the author has worked with a sizable group of individuals whose presenting complaints and symptoms more nearly fit a meta-diagnostic category that will be described here as the undervalued personality. Unlike the classic personality disorders, the undervalued personality doesn't deviate from the norms of their family or culture. Rather, these individuals seem to embody the devaluating dynamics of their families—a family environment that may also be associated with the incubation of the classic personality disorders, if and when they occur. Unlike most diagnostic nomenclature, “undervalued personality” is a clinically useful description and a concept that can be easily conveyed and employed in treatment.

Family Structure

An overview of the structure of families that undervalue their members does not usually reveal any one unique,

standout characteristic, such as the “pseudo mutuality” a clinician would expect to find between the parents of psychosomatic children. Undervaluing families tend to be more covertly organized around parental needs; where a child's value is clearly conditional on what role or function they provide to their parents. Within these emotionally self-centered families, children do not experience being innately valued even through many believe they are because of the pseudo value their parents give them. It is outside their families where they often display a kind of anxious introversion in their quest for value, particularly with friends, schoolmates and later with spouses and adult friendships. Not surprisingly, their efforts to secure innate value is complicated if not deterred by their idealized and romanticized concept of value and love. Consequently, their ineffectual value seeking behaviors tend to remain immature and arrested in time, persisting long into adulthood.

While it might be safely assumed that the etiology of undervaluing family dynamics is a multi-generational phenomenon, the unique manner in which each subsequent generation spins the family-syntonic



themes of shame, loyalty, self-reproach, obedience, favoritism, and secrecy, deserves individual clinical study. For the purpose of effective treatment strategies, it is important to understand the manner in which these themes are unreflectively absorbed by a client and how these themes play out when the undervalued personality interacts with the larger society- a society that places an enormous emphasis on avoiding or insulting the honor of another or another's family. With a heightened sensitivity to insult, rejection and ingenuousness, undervalued personalities often feel compelled to deny and defend their families, even when they feel it may be deserved. In general, they tend to respond in an undifferentiated manner regarding their family problems. They have great difficulty in thinking objectively or speculating constructively about their own situation as well as that of other family members. Instead of rejecting their family context, (and its dysfunction) and "starting over"(as is often suggested by well meaning friends and associates), they seem compelled to continue seeking value and recognition from their emotionally bankrupt families long into their adulthood.

Learning Problem:

The author has found it useful for treatment purposes, to conceptualize the undervalued condition as a contextual learning problem. Bateson (1972) defines context as a collective term for all those events, (words, behaviors, ideas, values, etc.) which inform the organism among

what set of alternatives he must make his next choice. Associated with contexts, Bateson (1972) continues, are context markers; the information the individual uses to differentiate contexts. When context markers are consistently misread, the subsequent choice making is maladaptive. For the undervalued population their choices appear to be made from a fixed set of cognitive/ behavioral alternatives akin to their family of origin context. This emotionally charged learning set functions like a habit formation, which, over time, has acquired an economy of thought process. The consequence is a perpetuation of their undervalued experience outside the family. In other words, the undervalued person will try to shape his interactions with others according to the premises of his family of origin. As a result, these personalities fail to make more adaptive responses in non-family relationships, which would in time, (if properly differentiated), promote experiences of being genuinely valued. It may go without saying that the habits of gestalt perception appear to function automatically outside of conscious awareness and therefore, self-inspection. Clinical experience has taught that undervalued personalities have a difficult time unlearning their undervalued learnings.

Faulty gauge

The undervalued personality not only has great difficulty in recognizing and assessing their own value but, more fundamentally, they can't see their undervalued condition and the cost to their relationships-a *faulty*



gauge problem. For some, their self-value gauges are reading no more than half of what they should. For most, it's a more fundamental problem: they don't have a viable gauge to assess their own value much less a strategy for accumulating self-worth. It's like they are using a measuring cup to measure the distance they've traveled. Consequently, they continually come up empty and can't register or accumulate any self-value despite having possibly earned a good amount. They are left to focus on external sources for their value, i.e. 'what do you think of my looks, car, job, clothes, house, money?' It's an ongoing existential problem, which can be triggered off by any perceived rejection, slight or discount coming from the environment. While they may be aware that they are overreacting to a rejection, etc., invariably, they end up feeling worse about themselves because they don't understand their "undervalued-ness". Their symptoms, are perpetuated because of their reactivity to negative stimuli (i.e. rejection, slighting, or outright aggression). Not understanding their problem, they only feel their reaction (to a slight, etc.) and then react to their own reaction with a lowered self-esteem -a downward spiraling. Their own reactivity reminds them, once again, of their lack of progress in correcting their symptoms, (i.e. depression, anxiety, insecurity, "a bad feeling", etc.). Interpersonally, they make little progress undoing their undervalued condition. Never having been valued, they don't know how to recognize the value others offer them and thus, they further perpetuate their undervalued-ness by not reciprocating.

This tends to perpetuate the *cycle of disconfirmations*, which is the hallmark of the undervalued experience.

Presenting symptoms

When viewed in this manner, *undervalued-ness* may be the most common condition affecting a large segment of the U.S. population. In the psychotherapist's office, undervalued adults report symptoms that seem to remain intractable and frozen in time. Their presenting complaints range from issues of low self-esteem, self-contempt and self-pity, to grandiose ideas about their negative importance (undervalued-ness), sometimes in the form of self-blame but more often the blame is externalize. They often report feeling anxious, obsessive or depressed. In addition, many unknowingly have psychosomatic symptoms that have plagued them for years and they often complain of being let down by medical professionals. They often describe how they don't have the ability to be liked or hold onto jobs. Often they report being estranged from certain family members and former friends. They report feeling a familiar "bad feeling" arising on a regular basis which they vaguely understand dates back to their early childhood.

Abuse defense

In cases where the undervalued condition includes physical and/or sexual abuse, there is a tendency for these individuals to emotionally and intellectually defend and protect their abusers, especially in the cases where the



abuser was a parent. Their defense of their parents is, in effect, a form of self-defense, in so far as they dare not know their own feelings of hatred and aggression towards their parent(s). This is especially problematic in a society which holds strongly to the Judeo-Christian-Muslim ethic of honoring father and mother. Their fear is that, if the society within which they seek a secure membership found out how they really felt about their parents, they'd be excluded or, worse, punished. These abused clients usually present themselves in one of two ways: internalizers (intimidated, timid, shy, self-effacing) or externalizers (abusive and aggressive). In the case of externalizers who have been physically abused, there is a tendency to defend their abuser's actions by depicting themselves as "deserving every beating they got". Unconsciously they may carry hostile and even homicidal thoughts and feelings towards their abusers from their childhood long into adulthood. In their minds, every time they are abusive, they make their abuser (father, mother, etc.) correct-even loving.

Treatment approaches

There is nothing inherent in the premises governing how the undervalued personality shapes his interactions with others that can be tested against reality. It has neither correctness nor incorrectness and, while, subjectively there might be a vague circumscribed awareness of being undervalued, this population, like most, is unable to say clearly how their life patterns were constructed or what conditions lead to the creation of

their problems. If it were somehow possible to merely replace faulty premises via rote learning, psychotherapy could take place by memorizing a new list of operating premises. For most therapies to be successful however, the client must somehow throw his unexamined and faulty premises open to question and change. He must somehow see his contextual mistakes.

Trial and error has led the author to employ hypnotherapy and, in particular, the therapeutic use of certain mental mechanisms, (i.e. dissociation, amnesia and projection), to create an objective learning experience for the undervalued client. Using hypnotic approaches developed by Milton H. Erickson M.D.(2002), hypnotized subjects can be disoriented as to time, place, and personal identity and then directed to hallucinate a series of screens and scenes in which they unknowingly project themselves at various critical stages of the development of their undervalued situation. For example, the hypnotized client can be directed to compare, side-by-side, a series of scenes or "contexts": (a) in which a hallucinated character is behaving towards significant others (other than family) as if they were his family members and (b), where the hallucinated character has differentiated significant others from their family members. They can be induced to witness a young child, a slightly older child, an adolescent and a young adult having a particular "bad feeling" and speculating about the cause. All of this can be done while engaging them as purely objective intellects so they are free to speculate on the causes and



outcomes of these and many other scenarios. In this way they can gradually build up a new set of understandings about their problem without yet recognizing that they have been looking at themselves and thereby eliminating resistance and neurotic defenses. They can also be encouraged to develop and discuss new operating premises and then projecting them into yet another set of future oriented scenarios depicting more successful interactions and outcomes. A critical stage of this approach involves the building up an understanding of the concept of personal value and the effective gauges and strategies needed to sustain genuine self-worth. In the final phase of the hypnotherapy, these newly obtained understandings can be strategically shared with consciousness so that the conscious patterns governing their undervalued situation can be altered in a gradual, step-by-step, ego-syntonic manner. Once they understand their problem and begin to correct it, many will often need ongoing, consciously oriented supportive therapy as they repeatedly come in to contact with family members who remain stuck in the old undervaluing family dynamic.

References

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Walter Kerr: “He had delusions of inadequacy”