

DAUGHTER OF A DON JUAN--A SYNDROME*

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Promiscuous behavior has attracted a great deal of literary and psychological attention, and such behavior on the part of the male has been conceptualized under the name of Don Juan.

Studies about this particular behavior concern themselves with the specific psychodynamics of the promiscuous person and his relation to women in general. Fenichel summarized these investigations in the following words: "Don Juan's behavior is, no doubt, due to his Oedipus complex. He seeks his mother in all women and cannot find her. But the analysis of Don Juan types shows that this Oedipus complex is of a particular kind. It is dominated by the pregenital aim of incorporation, pervaded by narcissistic needs and tinged with sadistic impulses. In other words, the striving for sexual satisfaction is still condensed with the striving for getting narcissistic supplies in order to maintain self esteem. There is a readiness to develop sadistic reactions if this need is not immediately satisfied."**

Such a psychodynamic constellation can be expected to exert great influence on the psychological development of a child growing up in its shadow. To the author's knowledge, no interest was demonstrated in this aspect of the Don Juan problem.

Given the kind of father described by Fenichel and the kind of marital situation in which such behavior can be openly indulged in, what psychological developments can one predict in a girl child of such family? Other things being equal, one can hypothesize that the particular combination of a promiscuous father and an acquiescing mother would result in an intensification of the Oedipus situation. The girl would experience intense feelings of arousal and rejection, would be unable to build a viable psychosexual identity because of a lack of an adequate ego-ideal, and ultimately might develop a male identity as a last effort to gain her father's love.

In the following pages, the writer wishes to report the results of intensive psychoanalytically oriented psychotherapy with three

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**Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. Norton. New York. 1945.

women who have had fathers of a Don Juan type. The findings will be offered in support of the hypothesis outlined.

Three cases of young women are presented. Their ages range from 27 to 35; two are married and have children; the third is unmarried. All three were self-referred patients; the presenting symptom in each case was depression, the clinical diagnosis, supported by psychological tests, was in all the cases anxiety hysteria. Treatment was conducted on a twice-a-week basis for about two years in two cases. The third patient discontinued treatment before its termination. No complete histories or treatment reviews are offered in the description of the cases. Only details that will highlight the particular parental constellation will be emphasized.

The first case concerns Mrs. A B, a 34-year-old married woman of Central-European origin, the oldest of three siblings. She married at 19 and has two children, a girl of 15 and a boy of 10. She is a tall, blond woman with white strands in her hair. She dresses in a quiet way, showing good taste, and she wears almost no make-up. She looks depressed and very tense. The moment she relaxes a little, however, she is able to produce a warm, friendly smile. Her complaints are depression, fears, despair, forgetfulness, lack of interest in people, lack of contact with people. She is under great tension, feels that she is unable to handle her problems alone, and holds on desperately to the treatment situation and the therapist as if he were her last hope.

Mrs. A B was born in a small town to a strife-torn family. She describes her father as a very masculine, good-looking man, who has had "great success with the ladies." The mother, on the other hand, is described as an uninteresting, plain-looking, unpleasant woman, whom the father married only for her money. The parents were said to have had frequent quarrels, to have had no respect for each other, and no regard for the children. The quarrels were mainly initiated by the mother, and their chief content was the unfaithfulness of the husband.

The unfaithfulness of the father and his escapades, were a constant subject of talk and dispute in the house. The patient's attitude toward his behavior was extremely understanding and permissive. There was only one thing that caused her discomfort, and that was the attention her father's behavior aroused in the small town, the bad publicity he received. She knew that everybody was aware of her father's doings, that everybody was

talking; and this made her feel ashamed of, and consequently withdrawn in, the company of adults.

When she was 17, the Germans occupied her native country, and she was shipped with her mother and her younger siblings, to the ill-famed extermination camp in Auschwitz.

After much suffering, the downfall of Nazi Germany found her alive, and she returned to her home town. She found her father—the only other survivor of the family—already married to his former mistress. The girl went about in a daze, “confused,” in her words. She felt neglected and abandoned by her father; she had the impression she was in everyone’s way; and on the spur of the moment, she joined a group of young people preparing to emigrate to what was then Palestine. In this group she met a young man, who was very handsome and also very uneducated, almost illiterate, and she married him. With her newly acquired husband she set out for Palestine, settled in a small town, where she lives to this day.

Mrs. A B was in treatment for two years, on a two-sessions-per-week basis. The author continued to see her, always upon her request—three or four times in the course of a third year. The treatment process itself was a tiring and constantly demanding situation for the therapist. To help her establish a corrective emotional experience, the therapist had to withstand the rigors of a new test every session, to be able to handle her extreme demandingness. Finally transference was established, and the treatment could thus sail in more hospitable waters.

At the onset of the treatment, a remarkable ambivalence toward the father was observed. She was ambivalent only toward her father, and not at all toward her mother. She had nothing good to say for her mother, she had a very bad opinion of her, and this was as unequivocal as could be.

The ambivalence she had experienced toward her father, which was faithfully reproduced in the transference situation, had a strong, inflexible and violent character. All her life she had wanted to gain her father’s love, to have him for herself, but he rejected her consistently. He lavished his love on every woman but his daughter. He had no regard for her, no particular concern about her, and even in the supreme and tragic moment of their lives, when they were united as the only survivors of the family, he went after another woman. Even after her marriage, when she

was in Israel, and her father in their home country, she persisted in her efforts to gain her father's love; but he was not interested in her. Under these conditions, she was unable to establish meaningful and rewarding relations with another man, and her marriage has been a failure.

Treatment helped her clarify her feelings toward her father, freed her of her dependence on him, removed the unreasonable expectations, and liberated her from her tremendous ambivalence. It finally enabled her to establish a new, more realistic relation with him. Consequently she has made a new evaluation of her life situation, and has accepted herself and her reality.

Mrs. C D was a 32-year-old married woman of South-European origin, the older of two girls. She herself is married and has two girls. She is an overweight, blond, young woman. She is generally in tears, hardly able to talk. She is desperate, sees no way out, wants to commit suicide.

Mrs. C D was born to parents who led a traditional life, according to the cultural pattern of their country. This meant that the mother spent most of her life confined to the house, while the father spent most of his life outside the house. The mother is given to constant self-pity and had frequent recourse to histrionic blackmailing to get her way. She is strongly attached to her daughters, but this attachment is egocentric in nature. She is not willing to give them up, to let them live their own lives. The patient's father is described as a very unsavory character, as having all the vices, being a gambler, a Don Juan and a "what not."

Mrs. C D spent her first 17 years in her home under the watchful eyes of both of her parents. Her mother had her under her constant supervision because she could not part with her for a minute, and her father watched her steps, because "he knew what men wanted of a young girl." He judged everybody by his own standards, commented Mrs. C D.

She describes herself as one who was born a girl by mistake. All through her childhood and adolescence, she acted like a boy, played boys' games, and competed with them. Whatever they could do, she could do better. At the age of 17, she left home, went to Israel and joined a communal settlement.

In the *kibbutz* (the communal settlement) she had a wonderful time. Free of her parents' supervision, despising her own culture,

discarding the values of her parents and her country, she identified herself completely with what she thought was genuine Israeli culture. She adopted the ways of her new environment and, if anything, exaggerated them in doing this. She wore shorts, rode horses, drove tractors, and did jobs usually assigned to men. Looking back, she considers this period to have been the most beautiful experience of her life. She was very popular with the boys, and this made her very happy. All she wanted was popularity and attention, no emotional commitments and certainly no sexual demands.

After some time, she met a young man, a quiet, dependable, passive person, who courted her without let-up until finally she married him.

Some time after her marriage, her parents decided to join her in Israel, and with their arrival the old conflicts came to life again, and became the major vehicle of their relations.

The attitude she now adopted toward her father, a gambler and a Don Juan, was that of overt hatred. She despised him, was ashamed of him, wanted to "get free" of him, did not want to be his daughter. These feelings, on the surface at least, were without ambivalence. Toward her mother, she had markedly ambivalent feelings; she felt drawn to, and repelled by, her—and this with great emotional intensity, and always accompanied by guilt feelings. The core of her feelings toward her mother was verbalized in the following terms: "I love her and she loves me; she is a poor woman, because my father made her miserable just as he has made me miserable." Notwithstanding this, her encounters with the mother always ended in great emotional outbursts.

The mother constantly interferes with her life, tries to win over the children, tries to run her life. Mrs. C D resents this deeply, but is unable to stand up to her mother. She reacts with crying spells, that can be better described as crying attacks with depressive undertones. It was during one of these attacks, more intense than usual, that she came to ask for help.

The author would like to dwell at some length on the transference situation, because it was the key to the whole treatment process. In the beginning, Mrs. C D developed a very strong negative transference, and this period coincided with reviling her father. Here one had, at full length, all that was summarized in the foregoing in connection with the father. It was at this

time also that she told about the love and concern she had for her mother.

Slowly a change was felt in her relation to the therapist. She did not hate him any more, no hostility was expressed, no derogatory comments were made; on the contrary, the first awakenings of a positive transference could be discerned.

With the change in transference situation, dramatic developments took place. Mrs. C D realized suddenly that her mother was not the martyr she had always thought her to be, and that she was not sacrificing herself for her husband and daughters. It dawned upon her, that her mother was an extremely demanding person, and consequently, she was able to stand up to her for the first time in her life. This was followed by a long period of open hostility toward her mother, freely expressed and discussed in therapy. Her attitude toward her father remained unchanged. He was still the old reprobate, and she wanted to have nothing to do with him. But as the treatment situation developed into a strong positive transference, this attitude toward her father underwent a singular change. She was surprised to find out that she did not really hate him, that he was really the victim in the family, that her mother made life miserable for him and not vice versa, and that he was not to be reproached for his behavior.

During the intensive exploration of this new relation to her father, an interesting episode took place. She got herself involved in an extramarital affair, with a person very much like her father. As the significance of this was understood by her, she realized the futility and meaninglessness of the affair and terminated it. Treatment enabled her to gain meaningful insights. She realized that her real identification was with her father and she was able to connect this identification with her adolescent behavior and male strivings. She also understood that her strong identification with her father, and the resulting envy of male rights and liberties, was connected with her rejection of her mother and, by extension, of the female role. She further realized that her equivocal relation to motherhood and womanhood, and also her choice of a husband, was closely related to her identification with her father. She understood that her *conscious* rejection of him and her adulation of her mother stemmed from her efforts to fight this identification.

Treatment was terminated with the feelings on her part that

she had had a most valuable experience and that new vistas were opened up for her.

The third case is the most dramatic and least complete of all. As a result of an error of judgment on the author's part, the patient discontinued treatment after a few weeks only. But, as in the course of these weeks, clinical material of great richness was presented, the writer decided to include this case, too, in the presentation, with all the reservations inherent in the incomplete nature of the treatment.

Miss E F was a 27-year-old, unmarried woman of Eastern European origin, the second of three siblings; she is small, roly-poly, with an intelligent face and is very articulate. She smiles and cries in turn. Miss E F tells the following story: She has come for help because she has gotten entangled in an affair from which she cannot extricate herself. She formed an attachment for a man many years her senior and it did not work out well. The man has sexual difficulties, that is, he suffers from partial impotence. At the same time he does not treat her nicely, is rude to her, above all is excessively jealous. She is not clear herself about her feelings toward him. She vacillates between wanting and not wanting him. Her family is very much opposed to him, on account of his age, but she is unable to break away from him. At the same time, she is unable to decide whether she wants to marry him or not, and the man is pressing her for marriage. In short, she is in a terrible mess, and upon the advice of her boyfriend, seeks psychological help.

Miss E F was born a few years before the outbreak of World War II, to a prosperous middle-class family. Her father was a successful lawyer. Ever since she can remember, relations between her father and mother were bad. He was unfaithful to her mother all the time, and as a matter of fact, kept two homes. During the war, all through their wanderings, his mistress went along. Even under the most trying circumstances, he refused to part with her and continued to live with her with utter disregard for his family's feelings or for the social implications of his acts. After the war, all settled in a small town where he set up two homes. The home where his wife and children lived served him as an office, where he conducted his business; and, after office hours, he went over to his mistress' house. Thus E F grew up, together with her brothers, in this atmosphere of insolent unfaithfulness on the

part of the father and of strange acquiescence on the part of the mother. Miss E F recalls that she was never attracted to men of her own age, and as a matter of fact, only older men appealed to her. Pretty soon the possibility of unconscious identification of her father and her lover became acceptable to her and on the basis of this insight, her sexual relations to him appeared in a new light. The man says that he is impotent only with her; she suffers from this situation, but in probing deeper it becomes evident, that she derives great satisfaction from this very situation. She realizes that she is castrating him all the time, and that she is not willing to renounce this satisfaction.

It was at this moment that a mistake the author made earlier backfired with crippling effect. When she first came to see the writer, he was deeply impressed by the suffering her boyfriend inflicted on her. She suffered from him, but was unable to leave him. The author felt that he and the patient were up against a vicious circle, and that the therapist had to make a decision for her, then and there, to pave the way for treatment. He asked her to break the relationship with the man as a prerequisite for treatment. She consented, but after a few weeks, on some pretext, interrupted treatment. In retrospect, this intervention can be seen as a therapeutic mistake, because it was probably interpreted by her as if the therapist was competing with her boyfriend for her loyalty and love.

As a result, it was impossible to probe deeper into the meaning of her castrating the man who obviously stood for her father. However, her inability to form meaningful psychosexual relations stands out clearly.

SUMMARY

This study reports clinical observations concerning a specific kind of parental attitude and its crippling effects, as revealed in intensive, psychoanalytically oriented psychotherapy.

Three cases of young women are presented. Their ages range from 27 to 35; two of them are married and have children, the third is unmarried. All three of them were self-referred patients; the presenting symptom in each of the cases was depression, and they all were diagnosed as suffering from anxiety hysteria. Treatment was conducted on a twice-a-week basis for about two years in two cases; the third patient discontinued treatment before its termination.

Common to these three patients was a particular parental situation. In each of the cases the father was blatantly unfaithful to his wife. The most important feature in the father's behavior was his utter disregard for accepted social values or for his family's feelings. In other words all his extramarital activities were carried on out in the open, defying custom and disapproval. Wives and children were aware of these situations and they were discussed openly. The mothers of all the author's patients displayed a strange acquiescence, put up with their husbands' behavior and took no action except verbal protest. None of the mothers emerged as an identifiable female image; none of them could serve as an ego ideal.

The reaction of all the patients was primarily that of shame. They were ashamed of their fathers; they were even ashamed to walk the streets because of the notoriety of their fathers. Each wanted to dissociate herself from her father, not to be known as his daughter. Underlying this, was a basic ambivalence concerning the parental situation as a whole.

This particular combination of a promiscuous father *and* a strangely acquiescent, colorless mother results in an intensification of the Oedipal situation, without any possibility of spontaneously resolving it. The girl is exposed to constant sexual stimuli and fantasies; her feelings of rejection are manifold and are experienced anew with every new affair of the father. The absence of a female ego ideal and the girl's desperate wish to be accepted and loved by the father culminates in a male sexual identification, thus barring the road to meaningful womanhood and motherhood.

This pattern of development has been brought to light in the treatment process of these patients and found to be treatable, in spite of the potential danger to ego development inherent in this kind of parental situation.

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