

Chapter 3

Abandonment

To *abandon* someone is to leave, to desert, to no longer want to take care of that person. Many of us confuse *rejection* with *abandonment*. Let's look at the difference using a couple as our example. In a relationship, those who *reject* their partners push them away, no longer wanting them at their sides. Those who *abandon* their partners leave; they go away to distance themselves temporarily or permanently.

The wound inflicted with *abandonment* is more at the level of *having* and *doing* than at the level of *being* as is the case with the wound of *rejection*. Here are some situations that may awaken the wound of *abandonment* in a young child:

Small children may feel abandoned...

... if their mothers are suddenly very busy with a new baby. The feeling of *abandonment* will be even greater if that baby needs more care because of an illness or handicap. Children in this situation feel that their mother is continually leaving (abandoning) them to take care of the baby, and they begin to believe that their relationship with their mother will never be the same.

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... if their parents go to work every day and have very little time for them.

... if they are taken to hospital and have to stay. They don't understand what's happening to them, and if they feel they have been the least bit unpleasant prior to arriving at the hospital (and if they think their parents were fed up with them), the feeling of *abandonment* could be even stronger. At the hospital they may decide to believe that their parents have abandoned them forever. Even if their parents visit every day, the pain experienced at the moment they felt abandoned will have the upper hand. This pain prompts them to begin to create a mask, believing this mask will protect them from experiencing the pain again.

... if their parents take them to be looked after for a few days, perhaps during the holidays, even if they are to stay with their grandma while the parents are away.

... if their mother is always ill and their father too busy or absent to look after them so they have to manage by themselves.

I knew a woman who was incredibly frightened when her father died when she was 18. She felt that he had abandoned her. His death had a great impact on her because, for several years, her mother had continually told her that she would have to leave home as soon as she was 21. This woman, who already felt rejected by her mother, was afraid because her only thought was: "*What's going to happen to me when I have to leave home all alone, now that Daddy's not there to look after me?*"

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Many people suffering from the wound of *abandonment* have declared that when they were young, their fathers or mothers (the parent of the opposite sex) didn't communicate with them. They found that parent too withdrawn, and often resented them for letting the other parent take up all the space. Many were convinced that their parent just wasn't interested in them.

According to my observations, the wound of *abandonment* is experienced with the parent of the opposite sex. I have, however, noticed that people suffering from *abandonment* often suffer from *rejection* as well. When these children were young, they felt rejected by their parent of the *same* sex and abandoned by the parent of the *opposite* sex who, in their opinion, should have looked after them better, and above all, protected them from the other parent's *rejection*. The example of the woman who lost her father when she was 18 clearly illustrates the double wound of *rejection* and *abandonment*.

Children can feel abandoned by their parent of the same sex but, in fact, it's more likely to be the wound of *rejection* they experience with this parent. Why? Because parents who don't nurture their same-sex children act this way because they reject *themselves*, and that's what their children feel deep down. When parents reject themselves and have a child of the same sex, it's absolutely normal and human to unconsciously reject this child, because she or he constantly reminds them of the selves they have rejected.

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As you go deeper into this character study, you'll realize that most people have several wounds. However, all wounds don't carry the same degree of pain.

Those who suffer from *abandonment* don't feel sufficiently nourished with affection. The lack of physical nourishment can also cause the wound of *abandonment*, which generally appears before the age of two. The mask that we create to try to hide this wound from ourselves is the DEPENDENT mask. I will therefore use *dependent* as the word to describe someone who suffers from *abandonment*.

This mask is characterized by a body that lacks muscle tone. A long, slim body that tends to droop shows a deeper wound of *abandonment*. The muscular system is underdeveloped and doesn't seem able to hold the body upright, as if it needed help to stand; the legs are weak. The body expresses exactly what is going on inside the person. *Dependents* believe that they'll never be able to make it alone and that they need someone to lean on. In this person, we can easily see the little child who needs help.

Big, sad eyes also indicate a wound of *abandonment*, eyes that seem to want to draw other people to them. We often have the impression that the *dependent's* arms are too long, that they hang too close to the body. These are people who don't seem to know what to do with their arms when they're standing up, especially when others are looking at them. Another characteristic of the *dependent* mask is that some parts of the body, such as the shoulders, bust, buttocks, cheeks, stomach, scrotum for men, etc.

hang, or are flabby. Some parts might be lower than normal. Their backs may also be rounded, as if the spine can't completely support them.

As you can see, the *dependent's* most striking physical characteristic is the lack of flesh tone. When we see a part of the body that droops, we can assume that person is wearing the *dependent* mask to hide a wound of *abandonment*.

Don't forget that the size of the mask is relative to the depth of the wound. A very dependent person will have all of the above characteristics. If you see only a few, the wound is not so deep. It's important to know that if a person is both fat and lacking muscle tone in parts of the body, the lack of tone indicates the wound of *abandonment*, whereas the excess weight indicates a different wound that we'll see later in the book.

It is important to learn to see the difference between the *withdrawer* mask (the wound of *rejection*) and the *dependent* mask. There may be two very slim people next to you; one is withdrawn and the other dependent. Both may have small ankles and wrists. The difference mainly lies in their tone. *Withdrawers* will stand straight despite the fact that they're slim or small, whereas the posture of the *dependent* will be more slumped. We also have the impression that *withdrawers'* skin is stuck to their bones but that underneath there is a solid muscular system, whereas *dependents* have more skin but less tone. We may find some physical characteristics of the *withdrawer* and some physical characteristics of the *dependent* in someone who suffers both from the wound of *rejection* and the wound of

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abandonment. The wound that is the most obvious is the one causing the most suffering.

Because the body tells everything about ourselves, more and more of us try to change our physical appearance through plastic surgery or overdeveloping our muscles through weight lifting. When we try to hide our body from others, it means we're trying to hide the wounds that correspond to the altered parts.

The only way to discover these altered parts in others is to use our intuition. Once, while observing a woman during a consultation, I noticed she had a nice firm bust; however, my first impression had been that her bust sagged. It was just a "flash" of intuition. As I have learned to trust my intuition, I said: *"It's strange, I can see that you have a nice firm bust, but when I first saw you I could have sworn that your bust sagged. Did you by any chance have an operation?"* She confirmed that she had undergone plastic surgery because she didn't like her breasts.

Some details, like flesh tone, are harder to see in a woman than in a man because a woman's bra, shoulder pads, and other accessories can mislead us. In any case, if you look in the mirror you can't lie to yourself. I therefore recommend that you follow your intuition and go with your first impression when observing another person.

I know men who have been lifting weights for years and yet, in spite of their big beautiful muscles, we can sense a lack of tone. That explains why, when these men stop working out, they end up with a flabby body. This occurs only in dependent men. We cannot heal a wound by

hiding it. Let me come back to my example of the wounded hand, mentioned in the first chapter. We can hide our wound in a glove or a bandage, that doesn't mean that it's healed.

Out of the five types mentioned in this book, *dependents* are most apt to become victims. There's a strong possibility that one or even both of their parents are also victims. Victims often create all types of problems in their lives, especially physical problems, to attract attention. This meets the *dependent's* need for attention - they can never get enough of it. When it seems they're doing everything possible to attract attention, they are in fact trying to feel important enough to receive support. They believe that if they don't manage to get another's attention, they'll never be able to count on that person. This phenomenon can be seen in *dependents* when they are very young. *dependent* children need to feel that if they stumble, they'll be able to count on someone to set them back on their feet.

Dependents often blow things out of proportion; the slightest incident becomes a major problem. If, for example, their partner doesn't phone to say they'll be late, a *dependent* will think the worst and won't understand why their partner made them suffer so much when they could have phoned. When we see a person behaving like a victim, we often wonder how they manage to attract so many problems. *Dependents* don't see these events as problems because through their problems they receive attention, and for them, that's a big gift. They therefore don't feel abandoned, and being abandoned is more painful for them than all the problems they attract. Only other *dependents*

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can really understand that. The more they act the victim, the deeper their wound of *abandonment*.

I've noticed that very often victims like to play the role of savior. For example, *dependents* will play the role of parent with their brothers and sisters or will try to save someone they love who is in a difficult situation. These are subtle means to receive attention. On the other hand, when *dependents* do a lot for someone else, it's because they want to be complimented, to feel important. These people often end up with backache, because they carry responsibilities that don't belong to them.

Dependents most need the support of others. Whether or not they find it difficult to make decisions by themselves, *dependents* will generally ask for the opinion or the approval of others before deciding. They need to feel supported in their decisions. That's why they often appear to find it difficult to make decisions, but in fact they only have problems making up their minds when they don't feel backed up by others. Their expectations from others are relative to what the others can do for them. They are not, however, necessarily seeking physical help; they just need to feel supported by someone in what they're doing or in what they want to do. When they feel supported, they feel loved. It is true that, in general, they don't like activities or physical work that must be done alone; they need the presence of someone else to support them.

Although they need support, it's interesting to note that *dependents* often use the expression "*I can't stand...*" This shows to what extent we do to others, without realiz-

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ing it, what we accuse them of doing or what we fear they'll do to us.

When *dependents* do something for someone else, they expect affection in return. When they receive the desired affection while doing something pleasant with that person, they want it to last. When it ends they'll say: "*What a pity that it's already over.*" The end of something pleasant is experienced, of course, as *abandonment*.

Dependent women who are in their victim role will have a small childlike voice and ask a lot of questions. We can see that they have great difficulty accepting refusal when they ask for help, and they tend to insist. The more they suffer when someone says no, the more they'll be prepared to use everything in their power to obtain what they want; manipulation, sulking, or even blackmail.

Dependents often ask for advice because they don't feel able to manage alone (but they don't necessarily follow the advice they receive). They'll end up doing what they want because they weren't really seeking help, just support. When walking, they often let others go in front because they're happier when others are guiding them. They believe that if they manage too well on their own, nobody will take care of them in the future, which will result in the isolation they're seeking so desperately to avoid.

Dependents often have ups and downs. For a while, they are happy and everything's fine, then suddenly, they feel unhappy and sad. They even wonder why - because very often, there's no apparent reason for this change in