5 Valid and Invalid Claims

In most instances a good dictionary is best when it comes to defining a term. However, in the case of the concept "claim," as Horney employs it, synonyms are most suitable to portray all the nuances of her theoretical view. The following are an array of synonyms for the term "claim" (Rodale, 1978, p. 171): right, request, demand, challenge, appeal, plea, and pretension. And so it is with the meaning of Horney's "claims," which can range from a relatively mild request to a demand and even a supplication or plea. As Horney (1950a) uses the concept of claims to elucidate character pathology, she focuses more on the patient's invalid demand for special treatment by the world. But in a sense, as we shall see, a patient's claim can embody all the symptoms above, some obvious, others less so. Claims serve at times to defend, protect, or obtain gratification of needs on demand. The defensive and/or protective value of a claim becomes similar to a "cage" that can also be thought of by the "caged one" as a safe refuge. To the patient, abandoning her cage (Connelly, 2002, p. 262) can be a terrifying experience. The therapist's challenging task is helping the patient dare to leave her prison to discover a better life.

What is a claim in Horney's schema? It is the righteous expectation that a wish or desire deemed valid be gratified immediately or later. Claims can be valid, realistic, and healthy or unrealistic and unhealthy. Examples of healthy claims are the expectations that traffic lights function properly, that police appropriately enforce the laws, that people make some attempt to understand us, and that a significant other consider us a priority in his or her life.

Unhealthy claims or entitlements are the following: Expecting one's suffering to justify for inappropriate, manipulative control; expecting that emotional and/or physical pain can be inflicted on another and he or she should endure the mistreatment; expecting not to age; expecting that one could eat vast amounts of food, not exercise, and not get obese; expecting that one's health will always be excellent; expecting not to ever lose a loved one; expecting that one will invariably be liked and admired; expecting that one will always be free of conflicts, doubts, anxieties and sadness; assuming that one's life will be forever joyful; and feeling entitled to a spouse who never gets upset.

Claims or entitlements emerge as a pervasive and significant aspect of our daily activities. Horney (1950a) focuses on the consequences of an excess and misuse of claims.

Probably, entitlements originate as a function of childhood suffering. An individual may believe that he or she is special or different from others. Narcissistically, an individual may assume that he or she has the right to treat or be treated by others in a privileged manner because of the way he or she once was suffering or indulged, the way he or she still is suffering or pampered, or the way he or she will be suffering or tormented. Claims are not always pathological. In relation to his parents, for example, a child has the valid right, short of perfection, to have his physical and emotional needs optimally met.

The significance of claims is illustrated in the following segment of a therapy session:

Harold and Shirley entered the room and immediately sat far apart from each other. In his usual obsessional, systematic fashion, he said that he had taken some notes concerning events that had recently annoyed him in their marital relationship. Becoming angry, Shirley countered by denouncing him for being self-centered and ungiving. She added that she wanted another house as their present one was too cramped and embarrassingly small. Harold felt that this was not the best time to purchase a home since their marriage was "rocky." Again, Shirley saw his hesitation as another sign of his unwillingness to give to her. Harold in turn perceived his wife as never being satisfied and not registering all the positive moves he had made, such as taking her into the city on her birthday. Previously he had dreaded and phobically avoided any trips into the city.

What are the claims in this confusing array of accusations, counter-accusations, and mutual discontents? Harold felt entitled to a total forgiveness that would erase all his past sins of self-centeredness. He also felt entitled to be complimented for those moments when he had shown some growth. Shirley felt entitled to attack him because "one swallow does not make a summer." She also felt entitled to lash out at him because, by not buying a larger house, he demonstrated to her his lack of change and his lack of commitment to her needs. During the session Shirley manifested the entitlement of not having to look at her own responsibility for the rift between them, such as holding on to her anger. She merely repeated her grievances, seeing them as totally justified.

Further illustrations of the role of entitlements in therapy are in the following segments:

At 28 years of age, Robert came into treatment because of marital difficulties. As he put it, "My bubble burst, and I discovered I really didn't have the good marriage I thought I had." Strengthened by therapy, he began to challenge his wife's persistent coldness toward him and her need to intimidate and manipulate him. As his own self-esteem increased and as he felt more "manly," he felt a wish to end his marriage to his erratically warm spouse. Robert yearned to be the carefree bachelor. There was only one hitch: he still had considerable doubt that a divorce would bring him superb joy. If he stayed in his marriage, he reasoned, perhaps it could become better.

His claim to safety, no matter what choice he made, was revealed by his use of a metaphor: "If only I knew that at the end of the tunnel of my marriage there would be light." My response was, "Unlike the usual tunnel, Robert, finding light depends upon the attitude with which you enter the tunnel."

His entitlement of prescience stemmed from his being reared in a dictatorial, Prussian-like atmosphere where no dissent was permitted. In such a home everything was ordered, and the future was a smooth extension of the past and present.

His use of "tunnel" describes aptly how claims are like "mind tunnels" or "cages". They enclose our thinking and feeling sometimes, as in the case of valid claims, leading to light and increased positive options or,

as in the case of Robert, directing us toward darkness or restricted, negative, self-destructive consequences.

The following vignette exemplifies the virulent, destructive power of pervasive self-hate and claims and how the patient, Vincent, through therapy won release from his imprisoning entitlements.

When I first met Vincent at the community mental health clinic I was reminded of the chronic, "picked off the street," burnt-out alcoholics.

He was living with his widowed mother who wanted him to leave. He had nowhere to go, having lived in his car for a month before his mother relented and allowed him to stay with her. Every day, he claimed, his mother taunted and insulted him, calling him "lazy, a good-for-nothing and a defective."

The patient experienced a wide range of feelings in response to his mother's bitter accusations and persistent scolding. A predominant feeling was murderous rage: "I would like to choke her."

Vincent related to me in an obsequious, self-effacing manner. He would nod agreeably as I offered him my understanding of his self-destructive claims, particularly the entitlement to have others magically take care of his needs without him doing anything other than bathing in self-pity. He felt that he had been abandoned and placed in his perilous financial position when he lost a lucrative job obtained through his father. This loss of job and death of his fearsome, ambivalently protective father buttressed his claim that the world should somehow recompense him for this traumatic, unfair loss.

It seemed that his father had been a middle management Mafia enforcer, a gorilla type who thought nothing of lunging at a man whom he thought offended him and punching him in the face. Like the patient's mother, the father openly devalued the patient and would challenge him repeatedly to be a "man" like himself. This meant coming at the father physically and subduing him. The patient never challenged his father on this score.

As a young child, Vincent frequently witnessed his father reach across the dinner table and smack his mother across the face because she dared to ask him why he was out with his latest whore the night before. As a child the patient never could understand why his mother risked questioning or arguing with his father when the result was always the same—a quick, brutal blow across her face.

What confused him even more was his mother's fawning behavior toward his father at other times. He concluded and still believed that she was and is a "phony," a sly woman who venerated just one thing—money.

Vincent's father both despised and was frightened by the timid passivity existing in his son and controlled his fear by abusing the patient. Evidently, the father's unverbalized claim was that the patient had to be an even more intimidating creature than he was and rise to the top of the Mafia food chain since he, himself, would never make it to the Godfather status.

Excessive eating and general neglect of his health led to the father having a fatal, massive heart attack. The patient's fearsome and powerful protector was now gone and the "sharks" moved in. One day four Mafia "soldiers" entered his office and quietly and firmly suggested that he resign from his lucrative, cushy post or else.

Vincent would frequent bars and would easily succeed in convincing a woman to invite him to live with her. Ultimately, the woman would become frustrated, tired of supporting him, and ask him to get a job. He would fail to find employment and would be asked to leave. He would then feel entitled to rage at the woman, accusing her of betraying him and, on occasion, physically abusing her. He would, of course, be thrown out on the street and back he would go to his mother. She, in turn, would not welcome him but continue her tirade against him, and his own disappointment in himself and his self-hate would reemerge in full force.

He then usually halted his drinking and substituted a familiar refrain instead: the claim that he had a right to self-pity because his father was no longer around to protect him and hand him a good job.

It was very difficult to like Vincent. I particularly felt an aversion toward him when he described how he had smacked a woman because she dared to "mouth off" at him. He was proud of his forceful and "manly" way of showing her who was boss. I linked this entitlement to his father's physical mistreatment of his mother and him. He did not care that his mother was hit, saying "She deserved it," but he was able to finally relinquish this entitlement when he thought again of how terrified he felt when his father went after him. He still saw women as mere objects to be used, was verbally abusive to them, but no longer wanted to physically assault them.

He revealed that he had tried many times to initiate some truly innovative, creative social programs in a union, but they were squelched by his father. The father, we perceived, had been threatened by the possibility that the patient was superior to him in creativity and organizational

ability. Once Vincent realized this he was able to challenge his destructive, necessary demand that his father had to be invincible and superior to him (i.e., he needed this perception of his father as "superman" to suppress his desire to compete with him. Competition might result in a devastating reprisal by his father). He could give up his magical dream of glory and launch a realistic program of constructive progress. He enrolled in a city college and was able to graduate and obtain a job. He had also met a very intelligent woman, Martha, who financially supported him, evidently seeing the patient as a "diamond in the rough." He admired her great capability and was able for the first time to care about and give to another human being. Where once he had adamantly told me he would never marry, he did marry Martha.

I realized that the description of Vincent's therapy may sound like a fairy tale that went along quite smoothly. Such was not the case. There were many blockages, many derailments. First, there was the claim of self-pity, already mentioned, to overcome. Second, there was his running away from responsibility for changing his life. Then there was his entitlement to treat women as his father had dealt with his mother. Later, there was also his transferential distrust of me where he suspected and accused me of despising him. There was his own self-hating externalization of his self-hate, defining him in an image of uselessness, inadequacy, and hopeless dependency. At first he also did not dare to express any anger toward me until he was able to trust that I would not excoriate or physically abuse him the way his father did.

Vincent had another unappetizing trait. He was bigoted and would pridefully express his prejudices, particularly against Afro-Americans. Paradoxically, he saw them as violent, even as he imagined explosive, preventive, threatening scenarios with himself as the indomitable hero. I presented this contradiction to him and asked him to consider that what he hated and wished to subdue or annihilate existed within himself. In other words, Vincent relished persecutory fantasies from minorities, distracted himself, and defended against his own self-hate. This intervention gave him pause and caused him to wonder seriously how much he saw the world in general in a highly personalized and distorted fashion.

According to Horney (1950a, p. 41), claims require that "Everyone ought to cater to his illusions. Everything short of this is unfair. He is

entitled to a better deal." Every claim is the result of an egocentric justification. Vincent, for example, was not fully aware that his claim and entitlement, the right to strike women, was really striking at his rejecting mother. He was aware of his claim to be taken care of by a woman, but he justified it and his self-pity based on his childhood suffering and present financial privation. He at first expressed his bigotry claim and justification for it based on some threatening experience he had endured in a slum where minorities resided. His illusions were: all women were like his mother and he could strike at them and reject them; and all minorities were a physical threat to him. Horney (1950a) emphasizes the basis of claims. The claim embodies the disparity between the reality of being an individual with the expected human frailties and the wish to be a superhuman being. The claim becomes a demand that this disparity no longer should exist. It is as if the patient is saying, "I want this to be, therefore it is." Grandiosity plays a role here, asserting the steadfast conviction and proud question put to others: "Do you know whom you are talking to?" The response that is expected is, "You are a very special person entitled by destiny and superiority to be treated with special consideration, attention, understanding, and respect." One patient, for example, wondered why a teacher was annoyed with him when he asked her to start the class 15 minutes later because he had a hard time getting to the class on time. He was angry at the teacher, whom he saw as not considerate of his needs. This patient illustrates the finding that, if the claim fueled by a wish is not fulfilled or is denied by others, the frustration of that wish and claim is not acceptable and is unjustified. The offender deserves to be punished.

Horney (1950a) gives examples of patients voicing a range of common claims: the woman who expects that her doubts about herself would be erased by a loving and doting man; patients who are convinced that they are never wrong and how dare anyone criticize them or offer a different viewpoint. Then there are those patients who feel entitled to con others and cheat them, such as the patient, Tyronne. Finally, there are those patients who claim that their bodies never age or suffer an illness, that entertainment always be first class, and that no test ever be given to them. Once claims come into being, arrogance enters the arena. With arrogance comes fragility and distrust in the possibility that anyone could

possibly like them, love them, or think they are adequate. A common saying of the patient is, "There must be something wrong with any club that would have me as a member."

The following segment depicts how a claim of unlovableness prevents letting in love.

Jim could not believe that his wife loved him despite her repeated declarations of love for him. He could not let in her love because he claimed not to be very lovable. The more his wife proclaimed her love for him, the more he distrusted her. He also did not want to be ruled by the necessity of what he saw as an unfair claim to return her love. He saw this as a dictatorial entitlement of his wife and he was determined to fight her on this just as strongly as he fought his father's truly unjust claims on him. She wanted him to change and he felt entitled not to change, a defiance of a basic demand of the universe that nothing ever remains the same.

Another component of claims is envy. Envy at bottom is an outcome of a claim, the entitlement not to be who one is but to take away an admired possession or trait of another. The therapist is often tasked with an assumed pact, "You, the therapist, are to help me attain what I envy most, a perfection."

Claims also mean exceptions, such as, "Others have to work, not I," or "If I am in financial difficulty, I must be given money to bail me out," or "I can be successful without making any effort," or "I can be fuzzy about what I want and it will not matter," or finally, "I can be passive and the good things in life should somehow come to me."

In therapy, the patient, Horney (1950a) notes, presents a list of demands that the therapist must fulfill. This becomes a one-sided contract, as the following segment depicts:

Ivan emphatically stated when asked by me to enter a group, "Why should I? You are supposed to change me. That's why I come to you." Told that the group might help him recognize more clearly his rigidity and immense anger, he responded with a counterclaim allocating to himself a greater mental health stability than members of any group. This claim entitled him not to listen to them or respect their possibly valid feedback, such as, "They are more likely sicker than me. Why should I listen to them?"

A common claim is one where the patient may minimize the role of his blockages in determining how successful therapy can ultimately be in releasing him from his defensive, self-created "cage," such as, "You are the therapist. You should be able to get past my defenses. There must be something wrong with you. Just how competent are you?" The patient then feels quite comfortable in further expressing discontent and irritability toward the therapist. The patient may vindictively demand a sacrifice or payback from the therapist to right the scales of his or her neurotically defined concept of justice. On the part of the patient this amounts to the following, "I do not take any responsibility for change. You, the therapist, should succeed anyway. Since you failed, I am owed special compensation."

Horney (1950a) stresses that vindictiveness is always present along with claims in character disorders. The justification for the existence of entitlement is the patient's past and present conviction of special suffering and the general unfairness of life. Vindictive claims are actively and aggressively asserted. They are seldom expressed timidly to others as well as to the therapist. When the patient, for example, shows impatience, he displays an unwillingness to tolerate suffering. By frequently disagreeing with opposing viewpoints or the therapist's interventions, the character disorder asserts the entitlement to have the world ordered exclusively to his needs. If he is foolhardy, he reinterprets his behavior as brave, epitomizing solid self-esteem.

To support the validity of a claim, the patient exaggerates his contribution to the therapeutic process. This may be merely bringing his body to the session, braving inclement weather, being a loving person with good intentions, or paying the therapist's fee. Horney (1950a) suggests that rejecting the patient's claims only works when the individual himself is demonstrating some authentic signs of assuming responsibility for himself.

The character disorder may idealize any good he possesses, perhaps referring to having given at some time to others, to substantiate the validity of his claims. It is a tilted bookkeeping schema always in favor of the patient as creditor and the therapist as debtor.

The idealized image, "shoulds," pride, the solutions all serve to keep the character disorder going. By "solution" Horney (1950a, p. 186) means character trends that have an encompassing, pervasive effect throughout the self. She states further that

> They give form and direction to the whole personality. They determine the kinds of satisfactions which are attainable, the factors to be avoided, the hierarchy of values, the relation to others. They also determine the kind of general integrating measures employed. In short, they are a *modus vivendi,* a way of life.

Claims, part of the solution, can be forcefully presented as an obligation to be fulfilled, a mandate based on justice, suffering, pity, compassion, love, and self-sacrifice, or they can be supported by irritability, harsh confrontations, and guilt-producing statements.

Sometimes a claim can be based on a promise, as the following vignette shows.

With respect to promises as a supporting determinate of claims, Bill would promise to be more loving to his wife. The promise would then be converted into a claim, an obligation that she would in turn be more loving and forgiving of his infuriating passive-aggressivity. Once his wife forgave him, he would then revert back to sulking and irritability. She would become angry again, confront him, and Bill would rear up in righteous indignation, saying, "How dare you become upset with me. Didn't I promise that I would be more loving?"

My attempts to have him see how he was "gas lighting" her, a process used unconsciously to drive a spouse "crazy," met at first with little success. My efforts ran up against another powerful claim and blockage, such as, "I'm such a nice guy. I wouldn't do that to her." I retorted, "But you yourself told me that sometimes you like to get even. Is that nice?"

Claims that are all-encompassing cause chronic pessimism and discontent. Character disorders only notice what is lacking or differences, not the good that is there. They become easily disgruntled with any unfamiliar, new situation. Trivial upsets are converted into monumental distress. They do not, in common parlance, "go with the flow," "take the unforeseen in stride," or "roll with the punches." As one patient once recalled, "I had had it. Getting a ticket was the last straw." He had parked in a clearly marked illegal parking space, an action stemming from his claim to be above the law. He said, "I looked up at the sky when I saw that ticket and I screamed 'God! Why are you pissing on me?' I didn't care who heard me."

The patient who indicted "God" is expressing envy, according to Horney (1950a, p. 59). He is convinced that bad luck is his lot alone. He is being especially singled out to be persecuted and he envies everyone who to him lives a life singularly free of any problem such as loneliness, panic, or cramping limitations, including receiving a ticket.

Given the character disorder's premise, that is, "I'm entitled to anything I wish," he may be puzzled as to what in truth he really deserves. He lacks that reliable conviction as to what is right or wrong and muddles along, giving vent to sometimes outrageous claims.

The following is an example of an outrageous claim:

Roger, the patient, and his friends had finished lunch. His friends had left tips for the waitress next to their plate. Roger discovered that he lacked a dollar so he reached across the table in a nonchalant manner and removed a dollar from a friend's tip. His action was noticed by a friend who had remained behind. He confronted Roger with his inappropriate action, saying that the waitress would wrongly think that she had not been tipped properly by the friend whose dollar was now in Roger's hands. He could not accept that he was doing anything wrong. His claim was quite simply, "I don't have the required amount. My friend does so I have the right to take from him." He complied with his friend's rebuke and put the dollar back.

It took many, many sessions and many incidents before the patient finally got it. He was able grudgingly, with great reluctance, to experience how his self-righteous, narcissistic claims offended others. Roger always felt it was right to express claims with certainty. If a thousand people told him he was wrong, he would still charge ahead with invalid entitlements. I had to repeatedly recite to him a Persian proverb, "If two people tell you you are a horse, get a saddle," to puncture his arrogant self-centeredness and bold proclamation of his unhealthy claims.

Since claims are often not backed up with the requisite effort to make them real, the character disorder is frequently unhappy, depressed, and fatigued. It takes a lot more energy to keep asserting unhealthy claims that will never be fulfilled than to exert the required effort to make the goals of valid claims realizable.

When claims are not met, the character disorder blames everyone but himself. He says "If only I had been helped." But more than being helped, what he wants is to be fixed. And why not? He would have to challenge the whole array of claims he lived by, if he initiated effort. His whole *modus vivendi* would have to be given up. Horney (1950a, pp. 60–61) points out that the character disorder may go through a series of intricate, defensive maneuvers, such as, "I don't have any claims," "What are you talking about?" "Okay, I do but they make sense." Finally, "Big deal! Let's talk about something more important."

Magic is always the court of last resort. There is the conviction that willpower will conquer all. Employing magical thinking, the character disorder stays on course, convinced that ultimately his claims, no matter how unrealistic, will definitely be gratified. He believes he has a secret deal with fate and sings to himself the refrain "wishing will make it so."

One patient, Tyronne, used to make up lists of claims and after each one he would carefully inscribe "And so it will be done." To him this inscription insured that his entitlement would absolutely come true. He believed that his specialness endowed him with supernatural power or, should we say, he had a desperate need to validate the inordinate demands of his idealized self.

The character disorder is engaged in a lifelong "lottery" and his claims are his lottery tickets. He lives as if he will ultimately grab hold of the "gold ring," and then fame and glory will be his. Why work or deal with temporary frustration to build a realistic future. So what if realistically life has become more narrow, devoid of true attainments; his entitlements will continue to endorse his grandiose illusions about himself. In the meantime, he wants the world to conform to his righteous demands. He does not want to recognize that his entitlements are really a plea for fulfillment of magical glory and, if he can attain some insight into the unrealistic trap he has labored to create, he will then truly become a "prince" (i.e., a "prince of a fellow") rather than remain a "frog." (i.e., a mediocrity).