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The realities of separation are part of all social relationships, including the earliest mother–infant bond. The newborn depends on the mother’s nurturing presence, but, being out of the womb and in the world, he is bound also to experience normal gaps in her care. The first separations in life might take the form of the baby coming to the end of a breastfeed, being put in his cot to sleep, or being handed over to another adult. O’Shaughnessy notes that: “The feeding infant does not have an association with the breast, like a strictly business association. He has a relationship to it, which spans absence and presence, which goes beyond the physical presence of the breast to the breast in its absence” (O’Shaughnessy, 1964, p. 34).

As the baby develops into a toddler, he becomes much more aware of the many small gaps in his care routine. The mother attends not only to him, but to his father and siblings. In an ordinary day, his parents concern themselves with their other children, with each other, with members of their extended family, and, more generally, with their lives.

When the small child is feeling resilient, he can negotiate gaps in care and attention, awaiting his turn with a sense of hope that, sooner or later, his needs will be met. However, at times when the child feels
more fragile, he tends to regard small inattentions with anxiety or anger, experiencing them as insults to his person or even as fundamental threats to his existence. Is he being deliberately humiliated when parents turn their attention away? Or, worse, will he cease to exist when he is not held in the parental gaze, when the mother leaves the room or the father goes out?

Such anxieties surface periodically in all small children. In the long term, they may underpin their response to more obvious physical separations, such as going to nursery school or childcare. When a child shows intense anxiety on parting from parents the clinician may be tempted to jump to conclusions and cast the behaviour as pathological. However, some anxious clinging is both normal and universally expressed. Its full significance can therefore only be evaluated in relation to contextual factors. Of crucial importance is the child’s ability to be hopeful that his needs will be met after periods of inevitable waiting and frustration. Such hope depends partly on a parental emotional provision that is reliable, rather than continuously and flawlessly available.

This chapter addresses the manifestation of separation anxieties in three small children from different families, all referred to the Tavistock Under Fives Service. As described elsewhere in this book, this service offers brief interventions to families. The model is informed by psychoanalytic theory and by the use of here-and-now countertransference in the sessions. The clinician draws on her own experience to make emotional contact with the family, contain its distress, and, through offering insight, facilitate shifts in the family dynamics.

The anxiety that prompted these three families to refer themselves to the Under Fives Service was their child’s fear of being alone, especially, but not exclusively, before going to sleep at night. In one family, anxious clinging was used as a piece of communication, with the child trying to let her parents know about a temporary distress in her life. In another family the child’s separation distress represented more serious developmental difficulties. Instead of being used as a temporary means of working over normal childhood issues, it was becoming established as part of a malfunctioning system and contributing to this system.

The three sets of parents who referred themselves to the service all had single children. Exploration revealed that precisely the same symptom was expressed in differing family contexts. What also differed drastically in the cases was the degree of hope for change held
by each child. Where there was very little hope in the child, and little corresponding environmental reliability, the symptom began to act as a powerful independent force, drawing the family into a vortex of complications. I conclude that in a child under the age of 5 years, separation anxiety needs to be evaluated in relation to the family context and the degree of hopefulness that this enables the child to develop. At an optimal level, the child needs to feel that his family is sufficiently intact to contain his separation anxieties while he struggles to work through them.

Where a two-parent family is involved, the child’s hope is that between them, the parents will offer a supportive framework for her emotional life. Obviously this unconscious hope is also part of a conflicted oedipal system that challenges the parents’ strength as a couple. Childhood symptoms can indicate that the parental structure is under strain and that the child has become anxious about his basic security.

Mina

Mina, an only child, was 3 years and 2 months old at the time of referral. Her parents, Mr and Mrs T, were concerned because Mina was afraid to go into her room alone, and refused to be left there at night to go to sleep, claiming that there was a roaring lion in her bedroom. Careful questioning by the parents failed to reveal where this notion had come from.

All this was reported to me in the first meeting, to which the whole family was invited. Yet Mr and Mrs T had chosen to come without Mina and were sitting opposite me, father in the armchair and mother on the couch, their demeanour and body language conveying a strong sense of estrangement from each other. They told me at once, and with guilty anxiety, that Mina’s fears may be their fault. Their marriage was not a good one, and Mina was witnessing loud arguments between them. In fact, they were actively thinking of a divorce, and lawyers had been contacted. They explained that the trouble between them started only after Mina was born. Mr T was so besotted with her that he gave in to her every wish. Mrs T resented it, as she was left with Mina all day and so had to cope with the consequences. This argument between them escalated and soon brought to the surface other fundamental difficulties, revealing how much they felt like strangers to each other. At this point Mrs T looked at me and explained to me that they had come from very different cultures.
Mr T explained that he was Turkish and had come to England in his childhood. His background was poor and struggling, and he remembered having to help in his father’s failing small business after school. He was the eldest of four, and was expected to do the most. When he was 13 his mother became ill with multiple sclerosis. The relationship between his mother and father deteriorated, and his father left home. Mr T became a young carer, the only one to live with his mother. From time to time he also helped in his father’s still struggling business.

When he was 19 his father died suddenly, as did his mother, two months later. He had thought before of going into higher education, but now he was left very anxious. He decided to continue to run his father’s small business and did so with the help of his third brother. They managed to turn the business round by doing much of what the father had been disinclined to do when he was running it. The business grew and expanded and they bought more outlets, finally selling all of them for a substantial profit. Mr T was now economically comfortable and had branched out into new business ventures. It was at this time that he met his wife. She was French and had come to England to learn English. She explained how her background differed from his. She was the first child of a comfortable Parisian couple and had one sister. They were brought up in luxury, but also with a lot of coldness. Her mother in particular was very critical and remote, and both of her parents had been fixated on social status.

I wondered about Mina’s parents as a couple. I said it seemed to me that in spite of their differences, they had something common, in that they both brought needy aspects of themselves into their relationship. Mrs T agreed at once, and with tears in her eyes she told me that she fell in love with Mr T because he was so passionate and so capable of intimacy. She said she still wanted the marriage to work. She looked at me with a pleading expression. Mr T did not respond to this, and finally I remarked on his silence. He said coldly that there was no point to this. He no longer loved his wife. She was much too harsh with his daughter and spoiled the atmosphere at home. Why was it always he who had to carry the burden of everything?

Time was running out. I pointed this out and also suggested that if indeed they were contemplating a separation, we should give careful consideration to the aim of our sessions. I linked this suggestion to the “roaring” that they did in front of Mina when they rowed loudly in her presence. They agreed that it was understandable that she reacted with anxiety. They asked to bring her to the next session.
First session with Mina

When I picked them up, I found Mina on her mother’s lap in the waiting room. I was struck by her good looks, with dark eyes and curly hair and very obviously resembling her father. Mrs T urged her to get off her lap in order to go to the room, and Mina grumbled incoherently and weepily. I said to her, “You must be Mina”, and introduced myself.

In the room Mina immediately demanded to sit on mother’s lap and put her thumb in her mouth, staring at me with a hostile expression. The parents began to talk. Father said that they had thought over what I had said and decided to make an effort to sort things out in relation to Mina. They also thought they might give the marriage another try. He seemed genuinely emotional, and I felt some surprise but did not say anything. Mother nodded agreement. Mina began to wriggle on mother’s lap, and after a while mother put her on the floor. She stood uncertainly in the middle of the room. I pointed to the box and said that these were things for her to play with when she came here with her Mummy and Daddy. She turned her back to me with obvious hostility and seemed to want to get back onto mother’s lap.

I said that Mina was not happy to be here in this room which she doesn’t know with a lady whom she doesn’t know. She half turned her face to me, and this time, she had a flirtatious smile. I smiled back, and she walked to the box and picked it up. With some difficulty she carried it to the couch where her father was sitting. As soon as she was close to him she tipped the box upside down and all the toys scattered noisily on the floor. Mother protested, “No, don’t do that Mina, it is not nice, you will break the lady’s toys.” Mina looked defiantly at mother, then at father. Father said that there was no reason for mother to make such a fuss. Mother burst out angrily, “It is all very well for you. I am the one who is left alone with her all day and have to cope with the consequences of your spoiling.” An argument ensued, in which mother accused father of taking too soft a line. Each parent maintained that their position was completely right. They were loud and uncompromising.

Mina began to cry. Mother said to father: “See what you have done?” Father said, “I didn’t do this, you did, you started it.” I began to talk but was immediately interrupted by the continuing row. I felt as though my words had been swept aside quite violently. A feeling of helplessness descended on me. Mother picked up the crying Mina and tried to settle her on her lap while still arguing.
I intervened with more deliberation, saying that perhaps they were showing me what it was like at home when they argued. And now I could witness how bitter their rows can be. Both parents calmed down for a bit and listened. Then father agreed with me. I added that something had sparked the fight in here. It seemed that when Mina tipped the box it made them nervous and they were not sure how to react, whether to scold her or not. There was a silence. Mina stopped crying and began to suck her thumb. She was looking at me. Father began to say that I was right, that he was confused about discipline. He did not trust himself and so often wanted to be guided by his wife, but he tended to feel that she was completely wrong, and she felt the same about him. She seemed to require so much harshness from him. And he looked at Mina and said, “She is so small and so vulnerable.”

I wondered what it meant to the parents that Mina had tipped over a box of toys. Perhaps it was like spilling out all the family problems in my room. They were both listening, and mother nodded. I then said that this appeared to not only generate anxiety about what might be spilled out and how I would cope, it also raised discipline issues. I added that parents often learn ideas about discipline from their own parents. They had told me about their respective backgrounds. It seemed that there was a connection. When Mina had tipped the box, perhaps mother had in her mind her own background and how such an action would have been viewed within her family. Father was very preoccupied with the thought of Mina’s vulnerability, and vulnerability had played a big part in his own life. He had himself been a vulnerable child, a young carer who had also witnessed vulnerability in his mother when she had become ill. They were thoughtful.

Then father said that he did not agree and did not see what his past had to do with anything. Mother felt differently. She felt I was right, and acknowledged that she felt she had a harsh voice inside telling her that her daughter needed to behave well the entire time. I pointed out that they had both drawn my attention to how the past only mattered if it was still present, inside their minds, like the critical voice that mother was describing and the great pity for Mina that father was describing.

Mina picked up the large baby-doll and asked me: “Where is the bed?” I noted that there was no toy bed for the doll. I also said that Mummy and Daddy had been telling me that Mina did not like to go
to her bed at night. Perhaps she wanted to play a bed game and could show me things about bedtime? Mina looked dissatisfied, dropped the baby-doll, and went back to sit on her mother’s lap. She was sucking her thumb again. Father then explained that each time they put her to bed at night she cried and mother had to stay with her in her room. She often did not fall asleep until eleven or twelve at night. This meant that she was exhausted in the daytime and weepy. I pointed out that it also did not leave them much of an evening together. They both nodded vigorously, and mother said that ideally Mina should go to sleep at seven and leave them a bit of an evening. She was speaking in lowered tones and was very watchful of Mina.

I said that they both seemed to agree on this but also seemed to feel guilty for wanting time together. Father said: “It is all our fault—if we didn’t row so much, she would not be so disturbed.” I questioned whether not wanting to go to sleep on time was a sign of being disturbed. Mother said lots of children probably did not want to go to bed when told. She felt mystified about how to persuade Mina. She felt her husband should be firm, and she claimed that, without this, she could not be firm. I pointed out that this did not appear to leave much space for both of them to discuss the problem together and then cooperate over a solution. They looked thoughtful.

I then pointed out that they seemed to be feeling very guilty about Mina, especially because they rowed in front of her. They seemed to be worried that they had already damaged her. Might this be a reason for their inability to put her to sleep at a reasonable time, and their inclination to give in to her every whim in the evenings? Both parents nodded and said that they would try to work out something before next time.

Discussion

The most worrying aspect of this session was the almost complete inability of the parents to hear one another, or anyone else, when arguing. The content of the arguments might be described as unremarkable. However, the parents obliterated each other when making their point, and I, too, felt obliterated when trying to enter the discussion. While arguing, Mrs T was trying to settle Mina on her lap in a way that was highly disturbing for the child. Mina’s response to me was initially grumpy and hostile. I felt that she was rather moody and depressed, with a very avoidant attitude to a new object, as if reaching
out to others was pointless. I would describe Mina as feeling relatively hopeless about the family situation and describe the parents as conveying a sense of hopelessness about their own relationship, in spite of their desire to try again.

This led me to wonder what Mina was using her anxious clinging to express. In the session she cried when the parental quarrel began, as if trying to stop the quarrel with her crying. Was she also using her separation anxiety at night to check the intact presence of both parents?

And yet there was a complex oedipal dimension to the situation, because Mina also used her symptom to separate the parents. Their own personalities complicated the situation. Father seemed angry about his background, in which his parents were experienced as needing support prematurely. He had been a “parentified” child who had taken the partner role with his mother when she became ill. I felt that resentment had simmered in him ever since, and while he was made to work too hard and grow too fast, he seemed to want his daughter to have the opposite, an ideal, protected childhood. He paired himself with his vulnerable-seeming daughter, projected a tough, demanding parent figure onto his wife, and hated her as such. Mina was exploiting this situation to gain his attention and so reinforce the split between the parents. But in parallel, she was also trying to influence the parents to stop quarrelling.

Subsequent sessions

*Looking for the bed: the work develops.* In our second meeting Mina seemed a lot more pleased to see me. She ran ahead of us to the room and began to inspect the toy box. She had abandoned her position on mother’s knees and was playing actively. She played a game in which she undressed the baby-doll, sat her on the potty, and gave her a bath and a drink in preparation for bed-time. However, when it came to actually putting the doll to bed she seemed lost, asking again, “Where is the bed?” I noted again the absence of a toy bed.

The parents, meanwhile, reported that they had put her to bed early and that they had been firm; to their surprise, she had settled and was now going to sleep at seven, giving them more of an evening. They seemed happier together and were now sitting side by side on the couch. They were able to tell me much more about their backgrounds. Both parental grandparent couples had had very poor relationships, and mother and father had both witnessed a lot of arguing.
In the third session I provided Mina with a large toy cot, borrowed from a colleague. Mina reacted to this by trying to get into the cot herself and then realized that she was too big and abandoned the effort. I said to her that perhaps she was not sure at that moment who the toy bed was for, the dolly or Mina. However, she did not use the cot symbolically in her play. Again she undressed the doll, bathed her, put her on the potty, and then stood looking lost. She soon moved to play with other toys.

Two sessions after this I found to my dismay that my colleague’s room was locked, and I could not get hold of the toy cot. I started the session with some trepidation, but, to my utter surprise, Mina emptied the toy box just as she had done in the first session, declared it to be a bed, and then climbed into it, sitting down and grinning. Moments later she got out, played at preparing the doll for bed, and put the doll to sleep in the box. After this she took the lion and crocodile and raced around the “bed” with them, making them roar. I suggested that the doll in the bed was like Mina in her room at night, and maybe she was having bad dreams about fighting and cross feelings.

At this point Mrs T reported how, the day before, when she had argued with Mr T in front of Mina, Mina turned around and said to her, “Mummy, don’t fight.” I took up how the lion and crocodile were like a Mummy and a Daddy fighting and making Mina very frightened and cross. I then wondered what the fight had been about. As usual, they had quarrelled about how to handle Mina. Father came home from work and asked Mina for a hug. She was absorbed in a game and did not respond. He was very offended and began to nag Mina in what mother perceived as quite an aggressive manner, telling Mina off about not being nice to him. Mother intervened and said “don’t bully her” and a row ensued. I commented on how the roles were a bit reversed—this time it was father who was angry with Mina, and mother who was protecting her. Both of them expressed their confusion about how to communicate effectively with each other about their parenting of Mina. I pointed out that neither had a model in their minds of a couple communicating. This time, both agreed with me.

In the remaining sessions Mr and Mrs T reported greatly improved communication over Mina. Each listened to the other more, and they were able to weigh up pros and cons of behaviour. However, their overall relationship still felt shaky, and they were resolved to seek marital therapy. They also reported that Mina’s symptom had subsided. She was now fine in her room alone and was able to go to sleep at a reasonable time.
Discussion

Hope and hopelessness were almost equally balanced in this family. The child was able to use a symptom to communicate distress over the parental situation, yet when she sensed the improvements of which her parents were capable, she was then able to relinquish her symptom. The parental rift had initially led Mina to try to break the parents’ evening together, and she had succeeded. This in turn had heightened her anxiety about separating the parents and breaking the security of the home. She was left with aggression and fears of retaliation for her hostility and damaging behaviour. I assumed that this unresolved aggression invaded her dreams at night and made her fear being in her room alone. When this happened, she did not have a safe parental couple in her mind to which she could turn for help. Yet when the parents actually acted jointly to create a space for themselves, she responded. Some degree of hope had to be experienced before the terrified clinging could be relinquished.

Although it did not seem so at first, there was even more hope in the next case that I describe.

Rajeev

Rajeev was the 16-month-old only son of an Asian couple. He was still in nappies and had not begun to talk as yet, although he had recently started using single words and a range of sounds to make himself understood. Rajeev was referred because he screamed if put in his bedroom on his own. The health visitor thought that the mother, Mrs A, would benefit from counselling. Mrs A’s other worry was that Rajeev had a phobia of people other than his parents touching him. He went rigid and screamed if anyone so much as approached him. Mother mentioned an incident when she was talking to a friend in the street and the friend addressed Rajeev with a friendly smile and leant over the buggy to greet him. Rajeev burst into screams and could not be consoled for hours. Rajeev was described as following Mum around the house and even to the toilet. Mrs A felt exhausted. I also gathered that father worked very long hours as a solicitor and was often not at home to support mother.

I learnt all this in the first meeting with the family. Mr and Mrs A were sitting on the couch opposite me, with Rajeev seated between them, looking apprehensively at me. I asked the parents when they first noticed his behaviour. They said that they could remember the moment well. Rajeev had initially been a very contented baby, a real
delight. He fed and slept well and seemed to respond to others happily. He had been a planned baby and was conceived in the context of a good marital relationship. The marriage was an arranged one, but they fell in love almost as soon as they were introduced. All the grandparents were alive, and there was a positive relationship with all of them. However, Mrs A’s parents were in her country of origin, and although she visited them, she missed them when in London. Mr A’s father was described as a warm man but too old to help with Rajeev. Mr A’s mother was much younger than his father. She was struggling to be helpful to the young couple but had never been very practical with children. Mr A and his two brothers had been brought up with the help of a nanny, and although his mother was not a remote type of person, the nanny had dealt with the practicalities.

A year earlier, when Rajeev was only 6 months old, Mrs A suddenly contracted a severe viral illness and needed to be hospitalized urgently. From one moment to the next she was taken to hospital, and Mr A urgently called his own mother to come and look after Rajeev. Grandmother agreed to come over at once. Yet when Mr A returned home from hospital that evening, he found Rajeev crying inconsolably and his grandmother looking quite lost. It turned out that when she tried to feed him from a bottle, she prepared it in the wrong way, not realizing that the teat was blocked and that Rajeev was sucking forcefully but getting no milk. Rajeev’s fears seemed to start from that time. From being a contented baby he became fearful and cried each time he lost sight of his father. He transferred this behaviour to his mother when she returned from hospital two weeks later, and this developed into the kind of clinging that they now described to me.

As they were talking Rajeev looked at me intently. There were some toys on a small coffee table in front of the couch, and I pointed to them and said that he could play with them. He reached towards the little table and tried to lean forward to get hold of one. However, he was clearly too scared to do so, since it meant moving fractionally closer to me. I told the parents that I could see what they meant about his stranger anxiety. Rajeev continued to stretch out his arm towards the toys and began to grunt. Mr A picked up a handful of little wooden bricks from the table, which he put down on the couch beside Rajeev, who looked delighted. He took the bricks one by one and threw each on the floor, saying “dow” emphatically. I noticed that he swung his arm upwards before throwing each brick, as if about to hurl it forcibly. In fact, he then dropped his arm limply and let the brick drop onto the floor, saying “dow” in an incongruously enthusiastic way.
I said to Rajeev, “I think you are saying down, and showing me that the bricks are falling down.” Rajeev looked at me mischievously and, half smiling, picked up another little brick and swung his arm dramatically upwards. This time when he lowered his arm and let go of the brick, I said “down” together with him. He was clearly enjoying this, and we repeated the game until all the bricks had been dropped. At one point I shifted in my chair and moved slightly forwards. Rajeev stopped his game at once and froze. I said Rajeev did not like me to come too near him. He did not appear to grasp what I said. I realized that while he was able to grasp single words (such as “down”), and probably also short phrases, fluent speech was still somewhat beyond him. Rajeev turned to his mother and said “Mamama” tearfully, and mother took him onto her lap. He looked at me anxiously. I said emphatically “Look, I am moving back,” and I sat right back in my chair. He relaxed a little. I again said to the parents that I could now see what they meant about his fears. They seemed relieved. It was time to finish and we made another appointment.

**Discussion**

There was much that seemed optimal in the circumstances of this family, good relationships all round, a good marital bond, comfortable circumstances and a wanted baby who was initially contented. I did wonder at how uncomplaining the parents seemed. There was a faint echo of a complaint against a kind but remote and useless internal object, hinted at by the mention of the unpractical grandmother, the too-old grandfather, and the faraway maternal grandparents. Rajeev also betrayed anxiety about aggression when throwing the bricks. His intention, signalled by a dramatic swing of the arm upwards, was to hurl the brick with great aggression and signal real threat to me. However, the execution of each throw was very timid. I nevertheless felt that I was in the presence of a “good-enough” setting. The parents communicated with Rajeev in a warm and kind manner and were obviously fond of each other. I felt that they would have never consulted our service had their lives not been disrupted by a trauma that had upset the family equilibrium and brought to the surface great anxieties.

Talking about things that are “Gone”

In our next session only mother and Rajeev were able to attend. They sat together on the couch opposite me, and Rajeev immediately reached out for the bricks. Yet again he threw them and we said
“down” together. I noticed that he became slightly more animated in his throwing. He stopped making large swinging gestures but threw the bricks more forcefully, shouting “down” excitedly in time with me. He grew increasingly boisterous in his throwing. I noted that Daddy was not with us today. Mother was telling me that Rajeev had been slightly better. Although he had been following her around the house as usual, when he lost sight of her he did not burst into tears quite so quickly, nor cry in such a broken-hearted way.

While we were talking, Rajeev had finished discarding the bricks and was now sitting looking perplexed. Suddenly he heard sounds coming from the direction of the window and looked intently at it. We all listened quietly. It was the sound of a car coming into the car park. I said, “Shall we go and see the car from the window?” Rajeev immediately began to get off the couch but then realized that he was closer to me and froze. He turned to mother tearfully. I suggested to Mrs A that she should take him to the window, and I told Rajeev that I would come too but would keep a long way away from him. Once again he did not seem to grasp my sentence fully until I showed him how I was keeping myself at a distance. Mrs A held Rajeev up at the window, and I stood further along the window ledge. At first Rajeev looked at me with trepidation, but then he gradually seemed more reassured and turned his attention to the car park outside.

Rajeev inspected the cars that were coming into the car park and looked at length at cars that were leaving, sometimes looking in their direction for a while after they had gone. I began to say “Gone” each time a car left the car park. After a while Rajeev joined me, and we said “Gone” together as we looked after departing cars. I then began to point to cars when they came into the car park, saying: “Here it comes,” and later when they left we said “Gone” together. The session drew to a close, and we made a further appointment.

On the third session father, mother, and Rajeev attended, the parents reporting more improvements. Rajeev now let mother leave the room without crying, although only for short periods. We went to the window again, and this time I suggested that Mr A might take Rajeev, as he had missed out on doing so in the previous session. Rajeev looked after disappearing cars and said “Gone” emphatically and with glee. Mr A looked mildly amused at first, but then he joined in with Rajeev saying “Gone” when cars left the car park. After a while Rajeev fidgeted to indicate that he wanted to be put down. Mr A lowered him to the floor, and Rajeev immediately clung forcibly to his father’s knees. Father picked him up, and they sat down on the couch next to
mother. Rajeev indicated that he wanted the bricks, which his father got for him again, and Rajeev threw them one by one on the floor as before, yet again saying “Down” excitedly. I noticed that his throwing was much more forceful. Mother related to me how he had been better, except for one occasion. On Tuesday mother had had a hospital appointment for herself. She got into the car, and father came out with Rajeev to wave goodbye. When mother waved, Rajeev again got into a panic and cried inconsolably.

Rajeev was looking at me with an alert expression. I said Mummy was telling me how he cried when she went away in her car. Rajeev continued to look at me slightly blankly. At this point I made a decision to accompany my verbal interpretation with a demonstration with the small toys. I took a toy car from the table and sat the mother-doll in it. I made the doll wave to Rajeev and said: “Bye bye.” I then made the car “travel” and disappear behind my back, saying: “Gone.” I said Mummy was telling me that when she was gone with her car, Rajeev cried. Rajeev looked at my demonstration in alarm, pushed his two middle fingers into his mouth, sucked anxiously, burst into tears, and demanded to go on mother’s lap. I brought the mother-doll and the car back into view and said: “Here she comes.” Rajeev settled for a bit, sighing tearfully. He looked very anxious. I held up a boy-doll, saying: “This is like Rajeev, and Rajeev is worried. He thinks that when Mummy was gone, something bad happened to her. Maybe she fell down like the little bricks and so would not come back any more.” Rajeev sucked his fingers anxiously and continued to watch. We were getting towards the end of the session. Mrs A began to put Rajeev’s coat on. To our surprise, he turned around and hit her. I said Rajeev was cross with Mummy, because she left him to go to hospital and he was so frightened when she was gone. We made a further appointment. When Rajeev left with his parents, he looked more relaxed than I had expected.

In our next session Rajeev picked up the toy car and mother doll from the little table. He gave them to his father and grunted urgently. His father looked puzzled, asking: “What is it Rajeev, what do you want?” I suggested that maybe Rajeev wanted me to go back to what we were doing last time. I repeated the mother-doll-in-the-car sequence, saying “Gone” when the car was behind my back. This time, Rajeev did not climb on mother’s lap. Instead, while pushing his two middle fingers into his mouth, he reached out and grabbed his mother’s breast and held it anxiously. Mrs A giggled gently, and Mr A laughed a little. I pointed out that they both recognized how the breast
meant comfort to him, and they both nodded smiling. I made the toy car come back several times saying: “Here it comes” and “Hello”. Soon Rajeev joined me with a “Gone” each time the car disappeared behind my back.

I pointed out to the parents how scared Rajeev was of losing mother, as they could plainly see. Mr A responded by telling me much more about his own feelings during the time his wife had been in hospital. He had been in such disarray and had really feared that he would lose his wife. At this point there were tears in father’s eyes, and Mrs A held his hand. She joined in and spoke about how helpless she had felt when in hospital, and how weak she had been when she came home. Mr A said that he worried and really struggled to help Rajeev. He was also sometimes angry about fate. I commented that maybe he was even angry at how helpless the women seemed, his wife who was ill and his mother who was not practical. After some hesitation, he agreed with me. I suggested that the mother’s sudden illness had been a trauma for the whole family and had scared Rajeev. It had also, understandably, aroused some anger in all of them.

Mrs A admitted that she had been angry with everyone, especially when she came back from hospital and felt very weak. She kept wishing that people around her—her husband and mother-in-law—would respond to Rajeev in a less clumsy and more observant way. It was typical, for example, that her husband would keep Rajeev waiting for his bottle longer than she thought appropriate, and would talk to him while preparing it in a rather slow, clumsy way. Mother thought the talking was useless when a baby was hungry. We discussed the unique tie of mother and baby, and Mrs A said she wondered if it was possible for anyone to be as much in tune with Rajeev as she was. Mr A responded, defensively, that he did the best that he could. Mrs A continued that her husband’s different way of responding to Rajeev when she was convalescing made her worry that he was damaging Rajeev through inappropriate interventions. It was frightening to see father not in tune with Rajeev when she was so weak and could do little herself.

Mother and father looked at each other in some surprise, and father said, in a hurt voice, “But I had no idea that you felt this way.” I pointed out that maybe Mr A felt a little attacked right now. I wondered if Mrs A needed to blame him, but that somewhere in herself she was really blaming herself because she felt that it was as a result of her hospitalization that the problem had started. Mrs A was now
tearful, but she nodded assent. She said she felt that deep down she had betrayed her child by becoming ill. Mr A held her hand.

In our fifth, and last, session all the family attended. Rajeev signalled a desire to go to the window. I asked “Will Rajeev come with me?” and to my surprise he agreed and allowed me to hold his hand. Later in the session, both parents told me that the problem had now subsided considerably. The clinging had decreased, but, most spectacularly, there no longer seemed to be a stranger phobia. Rajeev was happily approaching and touching other people and allowing them to approach him. We decided together that the counselling could be concluded.

Discussion

While this family had some difficulties, on the whole they presented a very hopeful environment for Rajeev. His good start in life also meant that he had some internal resources, a good early object relationship on which to draw. The trauma of the mother’s hospitalization when he was only 6 months old led to the distress that created a set of alarming-seeming symptoms. However, the alarming appearance of his stranger anxiety was not an indication of severe, long-term pathology. In the course of our work, it became apparent how much it was used to communicate Rajeev’s own alarm, and how the degree of fear that was communicated was in direct proportion to what the environment was willing to bear.

Rajeev’s phantasies were readily expressed in the first session. He not only felt traumatically abandoned, but very angry. His game with the bricks indicated his phantasy desire to reverse what had happened to him. Instead of feeling dropped by the mother, he played at an aggressive throwing away of a maternal object. However, the degree of anger experienced by him led to anxiety about the omnipotent power of his throwing. He struggled to curb his anger, hence the limp kind of “throwing” that I witnessed at first. As Rajeev became more able to express aggression, he became better able to separate.

The parents had the capacity to provide a good environment, but this environment was shattered when the mother became ill. Her illness traumatized both parents, stirred their anger, and led each to want to blame the other. There was thus mutual anger and accusation—an unconscious parental row that deprived Rajeev of the safe environment that he had known in the first six months of his life.
George

The situation of George was much more complicated and less hopeful. George was nearly 4 years old at the time of referral. He was afraid to be alone in his room altogether, claiming that he worried about “burglars”. The symptom had started when he was 2, but the parents did not seek advice, hoping that it would pass. Over time George learnt to make less of a fuss at bedtime, but he found all sorts of manoeuvres and excuses to take him out of the bedroom and into his mother’s company. Mother felt that he was hiding the extent of his panic at being alone. He usually fell asleep in the sitting room late each night when he had become totally exhausted, and he was then carried to his bedroom. Mrs S mentioned incidentally that there was another aspect of his behaviour that puzzled her. George said he did not want to be a boy but preferred to be what he called a “girl-boy”. In the dressing-up corner in his nursery, he preferred to dress as a fairy or nurse, never as a policeman or superman. He spent more time with girls and talked about wanting to be a bride when he grew up and got married. He often sneaked into mother’s bedroom in her absence to try on her clothes, and once he stole her skirt. I noticed that while reporting all this to me, mother looked extremely concerned about George’s fear of being alone but only vaguely perturbed by George’s desire to be a “girl-boy”.

George and both his parents had come to the first meeting. The parents were sitting together on the couch while George seated himself in the child’s chair next to the little table, busying himself with drawing. The parental couple had a rather contrasting appearance. Father, a man with a formal, reserved demeanour, avoided eye contact to an unusual degree and seemed very lacking in affect. Mother, who explained that it was with great difficulty that she had persuaded him to come, was emotional and rather loud. Both parents kept an almost invisible boundary between them, sitting next to each other in unrelassed, guarded postures. George looked very like his mother.

In response to my enquiry, Mrs S explained that George was their only child. Before George was born, a daughter had died a cot death soon after birth. When telling me this, Mrs S became emotional and tearful, and Mr S shifted uncomfortably in his seat, looking around the room. I discovered that Mr S was a university academic and that mother was a housewife. She complained that her husband was a remote person who lived in a world of his own. She could not enlist him to help with the care of George. And George needed a firm hand
because he was too rough. I asked what mother meant, and she explained that George was noisy around the house, used rude words at times, liked watching cartoons that had violence in them, and often asked for a toy gun. She worked hard to stop these tendencies. She felt that her husband should help, but he was absorbed in his academic work and spent most of his time on it, continuing his research at home. She did not want to allow rough play and toy guns. I referred to her earlier report that George wanted to be a “girl-boy” and wondered what she made of the rough play and desire for toy guns. She said that she did think these were boyish, but not the aspect of maleness that should be encouraged. She felt that everyone could be taught to be peaceful.

I asked George if he was listening to what we were talking about. George looked at me and said, “Yes, she is telling you that I want to be a girl-boy.” He looked uncomfortable, turned away from me, and held up his drawing for all of us to see. He had drawn a large aeroplane that took up almost the entire page. He then addressed his father with a somewhat precious lisp: “Look, I’ve drawn a 747.” I noted that George had just heard us talk about his wish to be a “girl-boy”, but he had drawn a boy sort of picture, which he wanted his daddy to like. Mr S looked a little rigidly at the picture and commented that certain 747 features were missing from it. George looked crestfallen for an instant, but he quickly sat down, tilted the little chair precariously onto its hind legs, and began to swing back and forth on it.

I pointed out that father was interested in the outside of the aeroplane, but that George had also drawn an inside. The aeroplane was full of people, all looking out of the window, and three of them were smiling and waving. Maybe these three were like George and his parents, and George drew them looking happy to be in this place. Again Mr S shifted uncomfortably and surveyed the room. His eyes rested on some books on a shelf. He seemed to be trying to read the titles. I said it looked as though he wondered where I got such ideas from. He smiled dryly and made very brief eye contact with me.

George smiled at me, stood up, tilted his head shyly to one side, and with a slightly effeminate ballet twirl turned back to his chair and sat down with his picture. I said that it seemed that George was showing some pleasure at being here with his two parents. Mother said that George needed both of them, and there were tears in her eyes again. She looked at Mr S for a moment, as if checking something, and then proceeded to tell me that things were rather difficult between the two
of them. She told me that Mr S did not spend all his time at home but went back to stay with his widowed mother outside London a great deal of the time.

Mr S responded formally, saying he meant to spend more time at home with her and George, but it was difficult. He did not elaborate on this and seemed devoid of feelings about it. Mrs S said that the situation had gone on for ten years. I commented that they had only now found themselves seeking help. Perhaps they only now felt that it was possible to think of changing things? Mrs S looked strangely at me and asked with some surprise what I meant by “changing”. She seemed to have little notion that she could expect something different. Yet she clearly knew she did not like things as they were. She complained that Mr S spent about half a week with his mother and, furthermore, that his comings and goings were not predictable. When he was with them, he was, in any case, cut off a lot of the time. Mrs S now looked heated and agitated. I commented on how angry this seemed to make her. She denied that she was angry and said she thought I would agree that the situation was bad for George. Her husband responded that he did not see why that should be so. He added a little sardonically that no doubt I would attach importance to what his wife said, but he was not sure about my ideas, and, in any case, psychoanalytic ideas were not proven.

I said he seemed worried that I might attack him with psychoanalytic ideas, but maybe he really wanted me to take on board the realities of their predicament. Something made both of them unable to change a situation that apparently bothered them. I also wondered about the painful aspects of their parenthood—the cot death of their firstborn, and George’s current fears. Mr S softened a little for the first time and said quietly, with his gaze lowered, that I “had a point.”

Sometime during this exchange George began to scribble on his aeroplane drawing with a pencil, at first lightly, and then with increasing intensity, gnashing his teeth and grasping the pencil tightly with his fist. He proceeded systematically, and with some satisfaction, to scratch out the faces of the people in his picture, making holes on the page and leaving intact only a single face at the centre of the picture. Some pencil marks were transferred to the table, and Mrs S protested in obvious dismay, saying to me, “You see what I mean, he is so rough.” Mr S looked at her but made no comment. George ignored her and then said with relish, in an artificial, high-pitched feminine voice, “Look, I’ve made holes.”
I pointed out that the holes had scratched out all the people in the aeroplane except for one person. Perhaps George had been listening to what we were saying and now showed me how the happy family that he had drawn was not safe and happy any more. I also pointed out that one person was left alone in the picture in the middle of a lot of holes. Maybe this was how George felt when he was asked to be alone in his room at night. George again tilted his head shyly to one side. I said to him that he might have been worried by all the things he heard us talking about. Mrs S said impatiently, “Oh, he knows.” I established that mother meant that she had often complained to George about his father’s stays with his own mother. George stood up with some urgency and, interrupting our conversation, said loudly, “Yes, and he goes to his Mummy.” I said that George now felt that he and his Mummy were angry together with Daddy and his Mummy, like a fight in the family. I spoke again about George’s fear of being alone in his room. Maybe he sometimes felt full of angry feelings, and was afraid to be alone in his room with such feelings. And if the angry feelings got even worse, they made him want not just to be with his mummy, but also to become like her, a girl-boy with a hole in his body. Mrs S was listening to this, and she again became tearful. Mr S was very still and very attentive. George sighed a little and then announced that he was going to draw a new aeroplane on a new page, which he began to do.

Mrs S began to talk about her own background. Both her parents had died when she was 4 years old, and she was fostered long-term by a couple who had a permanently shifting population of short-term foster children. Mrs S disliked her foster-father in particular and said that he did things to her that should not be mentioned in front of George. She felt very “semi-detached” in her foster home, because her foster-mother was always busy with other children. I wondered if her experience of her foster-father made her worry about aggression and boyishness in George. Once more her eyes filled with tears. She said that she loved George greatly but always worried that he will end up disliking her or being angry with her. If that were to happen, she would feel devastated and completely alone in the world.

It was time to end. The couple agreed readily to come to further appointments, and I explained to George that we needed to meet again, because there was a lot to think about. I told him that I wanted to think not just about him and his worries, but also about his parents, because they too had worries, and I felt that he noticed this.
Discussion

The situation in this family was too complicated for a brief counselling intervention alone. The parental couple found it very difficult to think, either together or apart, about ways to remedy their situation, and the nature of their contact was particularly complicated. I experienced Mr S as emotionally avoidant to the point of conveying an autistic quality. Mrs S seemed to be colluding with a difficult situation, repeating the abusive and “semi-detached” deprivation of her childhood. There was intense but hidden aggression between the couple, and, in addition, I did not feel that they had dealt sufficiently with the cot death of their first baby. While Mr S was too emotionally remote from George, Mrs S was rather swamping, burdening George with the sadness, anger, and neediness of her otherwise “semi-detached” life. There was a great deal of pressure on George to engage in an ideal, unaggressive relationship with his mother from which his father deliberately excluded himself. Separation and individuation under these conditions seemed an almost impossible task.

Although George was clearly pleased and grateful for the contact offered in our session, I felt that at a deeper level he did not hold out much hope for improvement in the family relationships. The parental inability to unite in caring for George had its roots in highly complicated factors and overwhelmed George’s hope of protesting and being heard. His fear of separation was no longer a simple cry for help and betrayed self-destructive tendencies, seen in the relish with which he isolated himself in the midst of holes in his picture. I also wondered how Mrs S’s need to stifle George’s aggression played a part in his gender-identity issues. In the session I witnessed barely disguised aggression, seen in George’s ignoring of his mother’s plea to stop scribbling on his picture and his cynical, high-pitched caricaturing of female “holes”.

George thus reacted to the stress between his parents with a hopelessness that became embedded in his identity, influencing his entire way of experiencing himself. Failing to reach his remote father or separate from his emotional mother, George aggressively scratched a hole in his being and, in phantasy, turned himself into a “girl-boy”. With this gesture he also stole into his mother’s identity, much as he stole her actual skirt. His fear of “burglars” in his room made sense as his phantasy fear of retaliation. George’s distress was no longer in a communicable state—it took on a perverse quality, as if he had nothing left
to do except turn on himself and his good objects and enjoy scratching out any sustaining relationship between them.

With such a situation it was clearly impossible to resolve difficulties in five or even ten sessions (as a second set of five sessions is often agreed upon with some families), and while the family did attend all the sessions that were offered and some relief was felt, further referrals became necessary.

**Conclusion**

I have shown how, in three cases of separation anxiety, the permutations of the child’s symptoms varied greatly and were closely related to the degree of hope experienced by the child. Rajeev showed an acute and painful separation anxiety because he sensed that his parents were able to tolerate it. In spite of their temporary difficulties, they had a strong bond, and Rajeev was thus able to sustain a hope that his expression of distress would be picked up. Unlike him, George stifled his fear of being alone in his room, struggled to hide his anxieties and aggression, and used stealth as a means of seeking proximity with his mother. But this kind of proximity provided no relief and containment for his distress. His mother noticed George’s fear of being alone, but she had too many needs of her own to have the space to respond to him. George thus had little hope of his distress being picked up in a direct way by two communicating parents. Mina’s situation was in between such two extremes. She had some hope that her parents could stop fighting, to the point that she even asked them to do so, and she partly used her anxious clinging in a provocative way, to obtain a united reaction from them.

A number of factors contribute to the child’s capacity to retain a hopeful outlook in childhood. I have tried to show that one crucial factor is the reliability of the parents and the child’s experience that his needs will be met in spite of frustrations. The child’s trust partly grows from the level of tolerance and containment offered in the family, and this, in its turn, depends on the psychic structure provided by the bonded minds of the two parents. It is within the safety of this structure that the small child can begin to face many small doses of ordinary loss. She can thus build up the confidence to endure more extended separations and, while doing so, retain the hopeful conviction that she has not been abandoned.