WHAT IS SEPARATION ANXIETY?

Attachment, separation and loss are universal phenomena present throughout our lives and thus are part of normal human psychical development. From birth the infant has to negotiate the path to separation and individuation and deal with the associated losses both real and fantastical. How these losses are negotiated and what support the infant receives are of vital importance for the formation of relationships in adult life. The crucial early developmental years will have huge impact on how the adult deals with issues relating to attachment and loss. Research has shown that patterns of attachment once formed tend to endure. In early life children develop inner representational models of the self and others. These models become unconscious and they guide feelings and expectations about self and others and also behaviour in relationships with others. Separation anxiety is concerned then with feelings of pain or anguish at the thought of being alone. This loneliness can be overwhelming in some people. There is an acknowledged human need for closeness, for relationship formation. Problems arise if the individual is ego-weak and the distinction between self and other is unclear. There is a movement from dependency towards independence or interdependence. A sense of self is realized through the meeting of needs for primary narcissism and the internalizing of the love of the caregiver.

Separation anxiety is therefore about painful emotions associated with the fluctuations of human relationships. Severe anxiety can lead to serious reactions such as depression, delusion or even suicide. The capacity to contain anxiety varies from individual to individual and often the capacity is exceeded for reasons which are unconscious and therefore not within the realm of observation.
Of major importance in debates on separation anxiety is the question of whether or not we are born into an undifferentiated state. From birth are we a separate entity from the other? Melanie Klein believed that we were born into a differentiated state but Freud, Winnicott and Mahler did not. For them there was some element of fusion, symbiosis or narcissism present at birth. Freud called the primitive stage in development “primary narcissism”, a phase in which ego and object are indistinguishable from each other. For Freud, primitive feelings of goodness were related to “primary narcissism”. This was the necessary state of self-love which we all need in order to survive. Freud saw self-love as developmentally prior to object-love. The beginning of the infant’s life is thus characterized as a state of helplessness and dependence. Early object relations are first perceived by the ego because of the pain their perception engenders. In “Mourning and Melancholia”, which was published in 1917, Freud began to conceive of anxiety as an adaptive response of the ego. There was a fundamental conflict between the need for the object and the fear of losing the object with which the ego has become identified. Later in “Inhibitions, Symptoms and Anxiety” (1926), Freud saw anxiety arising from phantasies of fear of separation and object-loss. Anxiety, then, is triggered by the fear at perceived loss of the loved one. In this view, the absence of the other necessitates the realization of the existence of the other as non-ego and the fears surrounding the fragility of the ego which is not yet strong enough or “separate” from the object. “Melancholia” or depression arises because there is a perceived loss of ego due to loss of object. Consequently, the ego will erect defences in order to avoid perceiving anxiety around separation and object-loss.

Initially the fear is of annihilation of the as yet undifferentiated ego, later anxiety involves fear of the loss of the loved one/object and thirdly, castration anxiety is characteristic of the Oedipus complex and involves a triadic relationship, not as formerly, a dyadic one.
In classical analysis, it was considered of great importance to work with the resistance. Resistance resided in the unconscious defences of the ego which produced powerful affects of which the client was unaware. It was the task of analysis to bring these to the fore and work them through to their painful resolution.

MELANIE KLEIN

In contrast to Freud, Melanie Klein believed that the infant was born into a differentiated state; that is, the perception of ego and of object exists from birth. Klein’s greatest contributions to theory are seen as the recognition of the importance of the early pre-Oedipal years, the two positions, the paranoid-schizoid and the depressive, and the defence mechanisms of introjection and projective identification. The first infantile anxiety for Klein is the fear of annihilation by the death instinct. This anxiety can take two forms: a persecutory anxiety which belongs to the paranoid-schizoid position, and a depressive anxiety which belongs to the depressive position.

The term “position” refers really to all the combined phantasies, defences and anxieties which are employed to protect the individual from internal destructiveness. In the earlier, paranoid-schizoid position, the focus is on threats of annihilation and disintegration and the infant attempts to organize these experiences by the use of splitting and projection. It is “paranoid” because the infant experiences the bad object (usually breast), as persecutory. It is “schizoid” because the infant succeeds in splitting the good from the bad. This is a vital defence strategy. By “splitting,” I mean the division of the object/mother into “good” and “bad”. In the child’s mind, then, the mother will be two separate persons: the good, idealized mother whom he loves and the bad, frustrating mother whom he hates. Internally, the good and bad are kept separate or split. Splitting is necessary if the infant is to cope with his fears that his destructive hatred of the bad could result in destruction of the good as well. If this occurs, he will then be exposed to the double threat of abandonment and annihilation. The defence of splitting thus ensures that conflict arising over ambivalence about loving and hating a mother who is both good and bad can be avoided.
In the depressive position, anxieties arise because the infant fears that hate and destructive instincts may annihilate the good object whom he loves and on whom he depends. The infant can now conceive of whole objects which are sometimes good and sometimes bad. Good and bad breasts are no longer understood as independent of one another but as different aspects of the same object, the mother. Now it is the whole mother who fails or disappoints and becomes the object of vengeful fantasies. The infant then becomes tormented by guilt at the thought of destroying the person who is good and nurturing. The paranoid anxiety gives way to a guilty relationship to the loved and hated object. This is linked to the oral phase of development and consequently there are phantasies of devouring or consuming the good object. The object is perceived as separate and this intensifies the need to possess the object and introject it so as never to be without it.

Later, Klein added the manic defence to fears of separation and loss. The manic defence entails denying the psychical reality of depressive pain. The object is controlled omnipotently so that loss of the object is not really acknowledged thus avoiding feelings of pain or guilt. The person can turn inward to the comfort of the internalized, idealized object or simply deny any feelings of loss or destruction. While these defences are seen as part of normal development, it is when they are excessive or prolonged that development of a relationship with a good whole object is denied. This denial or disavowal of feelings around the subject of separation or loss is a defence which will surface again and again in later experiences in adult life. These defences are often awakened at the prospect of a break in the therapeutic relationship, for example, when there is a holiday looming. Practitioners often witness at this stage a number of reactions aimed at denying any feelings associated with the perceived potential loss. One frequent defence is the tendency to act out; to miss sessions or to arrive late to a session. This will be done without the client acknowledging any connection between these actions and the upcoming break in the analytic encounter.

Children are continually experiencing losses both in reality and in phantasy. Birth and weaning constitute the two most important losses for Klein. Later, the losses are experienced more in depressive terms rather than in persecutory terms. There is the real fear of the loss of the internalized good object and the security and comfort it
affords. Klein placed great importance on the role of the internal world and of phantasy in her writings on separation and loss. She believed strongly that the psychoanalytic approach in the form of the transference and the here and now, enabled the analyst to investigate the conscious and unconscious reactions to separation and loss. Whether the losses have a base in reality or are totally phantasy-based, they can be relived in the transference relationship with the analyst. It is hoped that they can then be worked through and some clarity or resolution achieved. It is of great importance to Klein and her followers in practice, that emphasis is placed on the defences as reawakened in the therapeutic relationship whenever there is a break. The fear of abandonment will manifest in different defence strategies being employed depending on the client’s real and psychical history. These defence strategies can then be interpreted to see how they are used to ward off anxieties and fears around being abandoned, or separate, or of losing the object.

WINNICOTT

In terms of analytic training, Winnicott had experience of both the Freudian and the Kleinian traditions. He had been in analysis with James Strachey, Freud’s translator, for ten years and with Joan Riviere, a leading Kleinian (who also analysed Bowlby), for five years. Winnicott differed however from both traditions but rather than openly rebel, he quietly continued his observations of children in relation with their mothers, noting how the kind of mothering received by a child appeared to correlate with healthy or unhealthy development. Winnicott differed from Freud in believing that relationships were more important than instinctual drives. He believed, unlike Klein, that environment was every bit as important as inner constructs and unconscious fantasies. Of critical importance to Winnicott was the mother’s responsiveness to the infants needs. A mother who is loving and appropriately responsive, Winnicott termed a “good-enough” mother. This mother then provides the “holding environment” within which the baby is able to discover its own self and emerge with a sense of its own reality and meaning. In the early stages the mother’s “primary maternal preoccupation” allows the infant the illusion of “subjective omnipotence.” Every need of the child is perceived and gratified by the mother. The baby feels hungry and as if by magic the need for food is met by the presence of a breast or
bottle. The infant believes that he has caused the object to appear thus leading to the feeling of omnipotence. Good-enough” mothering, thus, requires dedication. This dedicated maternal care in the early stages of development is vital and decisive for the rest of the individual’s life. The infant is entirely dependent on this care and it is out of this crucial dyad that the “true self” will emerge. If negotiated successfully, then the transition from primary narcissism to object relations will lead to the infant having a sense of existing as a separate and different object from his mother. The mother will gradually fail her child in order to facilitate this move from “subjective omnipotence” to “objective reality.” The transition needs to be gradual and not too sudden if a sense of false self is to be avoided. The child may become attached to an object such as a teddy or blanket. This “transitional object” allows the child to cope with anxieties at being separate and alone. The mother is symbolically present when she is in fact absent. In time the transitional object becomes less important and the child can reconcile attachment with autonomy. This transitional state between omnipotence and reality, between connection and separateness, persist throughout life.

If circumstances are not favourable, the infant will react with excessive anxiety. If the mother, for whatever reason, is unable to provide the ”good-enough” environment, necessary for the establishment of the “true self,” the infant will experience himself as being at risk of annihilation. He will struggle to survive in a hostile world and employ defence strategies to protect himself. He will be forced to come to terms with reality before he is ready to and development of the true self will be arrested. The threatening demands of reality have presented themselves prematurely and the infant has to cope in order to survive. Winnicott believed that this led to mental disturbance and the true self when supplanted by a false one, was continually striving to cope. When this pretence was no longer tenable, there would inevitably be a breakdown.

The task of analysis then, as seen by Winnicott, was for the analyst to compensate for the “not good-enough” mother by providing the necessary “holding environment.” In this way, contact with the “true self” could be re-established”. Separation anxiety is therefore closely linked with disruptions in early development of the infant. The crucial developmental period is from birth-6months. Regression plays a big part in
the analytic situation where the client can return to early infantile dependence, the therapist can provide the necessary maternal provisions and the true self can emerge.

A crucial aim of analysis for Winnicott is something I referred to briefly at the beginning of the paper; the capacity to “be alone in the presence of someone” (Winnicott, 1958). For this to happen, the infant will have successfully introjected the ego-supportive mother. The presence of the absent mother is internalized and the fear that the loss of the good object in external reality will mean the parallel loss of the internal good object, will have been successfully worked through during repeated experiences of separation and reunion.

**MAHLER**

We have looked at three theorists so far and their ideas on individuation and separation, or, in other words, how we become “me,” an individual, a differentiated human being with a solid sense of self and of other. Of the three theorists, only Klein believed that we came into the world in a differentiated state, that is, with a sense of ego and object already in existence. The others (Freud and Winnicott), believed that we were born into an undifferentiated state and the crucial work of development was to negotiate separateness whether through successful resolution of the Oedipus complex, or the emergence of the “true self,” through gradual failure on the part of the mother. Mahler starts from a point of mother-child symbiotic fusion and works towards a gradual emergence from that fusion into independent selfhood. Mahler began her career in Vienna as a paediatrician. She based her work on observations of the normal and pathological behaviour of children. The movement from this fusion with mother to separateness, Mahler termed “separation-individuation.” It is hoped that if successfully negotiated, the outcome of completion of this separation will be the attainment of a sense of a feeling of being separate and related.

Initially the infant appears relatively oblivious to all stimulation, sleeping most of the time. This is termed the “normal autistic” phase and the infant is functioning as a closed system. The newborn is not aware of and does not relate to external objects.

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His experience is limited to frustration and gratification of his needs. Next we have the “normal symbiotic” phase in which the infant shows increased sensitivity to external stimulation. This occurs at the age of three to four weeks. Accompanying the increased responsiveness is an awareness of the mother as an external object. The smiling response to the human face appears at this stage. From the infant’s perspective, there is no differentiation between the two individuals comprising the symbiotic unit. He behaves as if he and mother are a unitary, omnipotent system. It is at this stage that the infant begins to organize experience. Initially this is seen as “good” where perceived as pleasurable and “bad” equivalent to painful. It is now that we can speak of the infant in psychological terms according to Mahler. The symbiotic phase is crucial in establishing the beginnings of a sense of self and other.

There follows the “differentiation subphase” with the process known as “hatching”. This is the first of the separation-individuation phases and lasts from four to five months to ten months. The infant is awake more and alert when awake. The infant begins to explore, starting with mother, pulling her hair, glasses and/or nose. Later the infant moves beyond the mother to explore things at a distance. A pattern of exploring and checking back to mother is established reinforcing the idea of mother and other. There will be a movement from mother’s lap to a place near her on the floor. Alongside these behavioural developments are the evolving capacities of the ego. The ability to distinguish mother from other allows consistent discrimination among external objects. A sure sign of this is the arrival around 6 months of anxiety with strangers.

The “practicing subphase” follows and consists of two distinct periods- early practicing and the practicing subphase proper. Each phase coincides with developments in locomotion on the infant’s part. The baby can now physically move away from the mother although she is still treated as a “home base.” There is evidence of interest in inanimate objects not just the mother. Mahler sees this early practicing period as the setting for three developments on the road to separation and individuation. The ability to distance from mother allows for an increase in body differentiation permitting a physical distancing. The “home base” function of mother means she is seen as providing “emotional refueling” and this leads to a bonding
based on emotional availability. Thirdly, there is a dramatic growth in ego functions at this stage, a growth occurring in close physical proximity to the mother.

The practicing subphase proper coincides with the child’s ability to walk. As Mahler sees it, this is the real period of “psychological birth.” The child exhibits pleasure in his own body and acceptance of adults other than mother. There is great excitement at exploring and the child is exhilarated at his increasing abilities, but, also, Mahler speculates, with his escape from embeddedness with mother. She offers as evidence of this the fact that the child’s first steps are nearly always in a direction away from mother.

This development is not concerned solely with the child however, and the mother needs to be willing to relinquish her possession of the child’s body if he is to achieve real “psychological birth”. This entails a sensitivity on the mother’s part to the developmental needs of her particular child and not an adherence to what she perceives he should be like.

The “rapprochement subphase” at usually around 15-18 months, is one where the child will experience what seems as a set-back. The child who has increasingly been independent will realise that rather than the omnipotence which he thought pertained, he is indeed a very small person in a very big world. This realization brings with it a sense of both loss of the previously enjoyed ideal sense of self and the reappearance of a kind of separation anxiety. Consequently, frustration is more readily experienced and the sense of immunity from failure diminishes. A recognition of the fact that mother is actually a separate being leads to an attempt to get her back. The child will attempt to engage mother and get her to share in his world which it is recognized is an “outside” world. This is a painful and difficult time for the child but it crucially determines many features of later personality development. It may be characterized by alternating periods of clingingness and neediness and equally intense battling and negativity. Mahler describes this behaviour as “ambivalent” because the child exhibits conflicting reactions of real neediness and real desire for separateness. The child fears loss of mother’s love on the one hand and regression into the symbiosis on the other. The successful negotiation of the rapprochement crisis is for Mahler the
central developmental requirement for the avoidance of later severe psychopathology. How the mother handles the rapprochement crisis is vital to the child’s psychical development. This can be problematic because to the mother this appears to be a set-back in development. The child who had previously appeared so independent is now anxious and needy. Normally mothers will react in one of two ways either embracing the chance to”baby” their toddler or in reprimanding him for becoming a baby when he’s supposed to be a “big boy.” The mother’s reaction is decisive in determining the outcome of the rapprochement crisis.

MAHLER

By the age of three the child will have reached a stage of “libidinal object constancy’. The two principal tasks of this period are the achievement of a stable concept of the self and a stable concept of the other. The child must have a sense of self alongside an internalized sense of the other as a positive presence. With this introjected sense of the other, goes an ability to function in the absence of the other person. This leads to the achievement of intrapsychic separateness. If this is achieved then the hope is that stable self-other relationships can be formed.

Central to Mahler’s theory of separation-individuation, is the intrinsic relation between the child’s changing needs and the responsiveness of the mother. In this sense, Mahler’s theory of development is dyadic. Her demands on the mother are similar to those required of Winnicott’s “good-enough” mother. Mahler stressed the importance of conscious and unconscious parental attitudes toward the child as forces in both normal and pathological development. The normal development of ego and the early expression of affect are described as results of the interaction between the needs of the child and the personalities of his parents, particularly his mother. Finally for Mahler, the infant becomes a person by way of initial submersion within and finally emergence from the personality of the mother.
One of the most eminent theorists of attachment theory is John Bowlby. Bowlby developed his theory as a reaction against much of the psychoanalytic writings on separation and loss in early development. He concentrated on direct observation of young children and alongside John Robertson and Mary Ainsworth, provided much of the visual evidence to support his view that attachment is an instinctive behaviour in infants. One criticism of Bowlby’s theory is that it appears to ignore the part played by defences, phantasy and other psychical phenomena concentrating instead on the observable in human interactions. There may seem to be little place then for psychoanalysis in Bowlby’s theory but I will address this criticism after looking at what his theory of attachment involves. Inge Bretherton argues that Bowlby’s writings on “internal working models,” show that he is “concerned with some of the same issues that have long been the focus of psychoanalytic theories of (love) object relations.”

Much of what Bowlby wrote was inspired by his work with children at the London Child Guidance Clinic. He observed directly how separated infants showed intense feelings of pain and anguish. These were manifested as misery, despair, anger, protest, apathy or withdrawal. Bowlby also illustrated the long-term effects of these separations on the behaviour of adolescents and adults. The separation of parent and child broke some bond leading to the development of defence mechanisms and Bowlby aimed to look at this bond and the resulting consequences of any break. Bowlby did indeed emphasise the biological thrust of attachment behaviour as exhibited in infants. It was, as he saw it, a need in the infant for protection. Thus, to feel attached is to feel secure. There are degrees of quality of attachment and they can be divided into what are referred to as secure and insecure attachment. These terms derive from observations of infant behaviour when separated and then reunited with their mothers or other primary care-givers. Attachment behaviour, as thus seen, is triggered by separation or threatened separation from the attachment figure. It is lessened by nearness or proximity of that figure. Consequently this behaviour is

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2 Bretherton, Inge, New Perspectives on Attachment Relations: Security, Communication and Internal Working Models
internalized and a pattern develops based on the internal model of self and other which has been created over time and with experience.

For Bowlby, newborn babies were highly responsive to human contact especially to the human face and its responses such as smiling. The corresponding response in the mother, the “mirroring” was a key factor in the development of attachment in the infant. This is closely related to the Winnicottian notion of maternal preoccupation and reflecting or “mirroring” which then became equally important in the therapeutic relationship. The presence of a mother who responds with smiles and cooing and is consistent in these responses, is of great importance to the establishment of the early sense of self in the developing infant. Her mirroring response is the first sign of the existence of self and other. The reliability and consistency of responsiveness at this early stage is essential to the developing attachment patterns. Later, the infant is able to discriminate and respond differently to his mother’s voice, to her leaving, to her return. A mutual system of interaction is developed. In the second half of the first year, the baby begins to move and new issues for attachment arise. There needs to be a “secure base” from which the infant can explore but which will be there when he returns. At this stage the infant’s proximity and interaction behaviours become organized and directed at a preferential figure who represents the secure base.

INTERNAL WORKING MODELS

As Bowlby saw it the developing child had gradually through its interactions, built up a number of models of itself and others. These models were based on repeated experiences in his relationships with others. For example, an insecurely attached child will have internalized models of inconsistent or unresponsive caregivers and of a self that is unworthy or useless. These models result from childhood patterns of attachment but are carried through into adult relationships and even from one generation to the next. These distortions in internal representations of self were described by Bowlby as “anxious” and “avoidant” attachment. The avoidant child
will try to deny his own needs in order to avoid rejection. The ambivalent will either cling excessively to the care-giver or try to look after or care for the care-giver in a type of role-reversal.

What Bowlby presented was a view that said that basically, love, nurturing, and emotionally responsive care are essential for healthy development. The defining characteristics of the care-giving relationship are incorporated into the child’s sense of self as an internal working model. This is then referenced for all subsequent relationships. A standard test for the quality of attachment has been Mary Ainsworth’s “The Strange Situation.” This is a separation and reunion procedure that is meant to be moderately stressful for the infant. The observations reveal how the infant uses the caregiver to help him cope with stress. The premise of the Strange Situation is that the stress will reveal individual differences in the expectations the infants have built up over time about the availability of caregivers at times of need. A basic tenet of Bowlby’s theory is that the infant seeks comfort and reassurance from the caregiver during times of distress and at other times uses the caregiver as a secure base from which to explore. Securely attached infants are confident about the availability of their caregivers as a source of comfort in times of distress. Prior experience has led them to introject a model of a sensitive and responsive caregiver and a corresponding sense of a confident self.

If there is a history of insensitive or inconsistent care then the resulting attachment will be anxious. Bowlby saw the early caregiver-infant relationship as a prototype of later relationships. From the earliest relationship, the infant develops a representational model of self and of self in relationship with a significant other. The child builds a cognitive model which best fits the reality experienced. These models are largely unconscious but nevertheless provide the child and later adult with a set of expectations about self and relationships. For example, if a child has been physically and emotionally neglected then there will be an expectation that others in different relationships will be rejecting or unavailable. There will also be behaviour that encourages others to treat them in the ways in which they expect to be treated. This can be seen in children’s homes where an abused or neglected child appears to push away or deliberately alienate the caregiver.
Once established, these internal working models are difficult to change. Defence strategies are employed to exclude information that does not sit well with the existing model. Bowlby emphasized this defensive exclusion where the attachment figure responded by rejecting the child’s security-seeking behaviours, for “the child’s own good”, the kind of cruel to be kind attitude. In cases like these, it is common for the child to exclude the “bad” parent and maintain conscious access only to the loving or “good” parent. This defence means that the model is idealized and does not correspond to reality. Its defensive purpose is the immediate avoidance of pain but in future it will interfere with effective establishment of relationships.

Bowlby saw three stages in separation anxiety and these he termed, protest, despair and detachment. These stages are strikingly present in the short film made with John Robertson where an 18 month boy is separated from his mother for a week while she goes in to hospital to have a baby. These three phases of response to separation reappear in the analytic setting where we see protest at thoughts of breaks or separation, despair around grief and mourning and detachment around defences.

CONSEQUENCES FOR PRACTICE

What do all these different theories about separation and loss mean for the therapist in practice today? The manner in which separation is managed in early development will influence the psychological development of an individual and what we will find in practice will be the adult fallout from the insecurely attached infant. The reactions to breaks in the therapeutic encounter will usually provide pointers to how the client handles issues around separation or perceived loss. Stalker\(^3\) mentions three types of insecure behaviour which are evident in adult attachment. These are “anxious,” “compulsive self-reliance,” and “compulsive caregiving.” The anxiously attached adult will cling to an attachment figure and constantly seek proximity. As infants, they will have had interruptions in care by the primary caregiver, perhaps a sick mother who is hospitalised frequently or a depressed mother. Substitute care will have been erratic and piecemeal with no one primary caregiver. There may also have

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been threats of abandonment. In these cases introjects of self and others will have been installed which are based on the type of attachment experienced both in reality and fantasy. In a compulsively self-reliant adult, there will be a tendency to act as if they do not need others. This may be seen in the therapeutic situation by a refusal to engage in the process and a disavowal of feelings around separation. The parenting style here will have been one of repeated rejection leading to the consequent belief that attachment behaviours are dangerous. This is often seen in children who have been placed in care and who have felt rejected by their parents. There is an internal working model which says I must be self-sufficient and that others are not to be depended on.

CASE STUDIES

Malan\(^4\) speaks of a case where a small girl Roberta has been hospitalized for a tonsillectomy. She has been separated from her mother and when the mother visits appears unresponsive to her presence. The mother in turn joins some other visitors chatting and moves away from her daughter. The girl lies in a seemingly frozen state on the bed. This scenario is witnessed by a fellow patient, an older physicist who approaches Roberta and gently says, “I know how awful it is to be in hospital without your mother.” At this point, Roberta began to sob uncontrollably prompting the mother’s reappearance and her immediate reprimand of the physicist. He responded by declaring through clenched teeth that he had suffered from the worst stammer for years because of a similar situation where he had been hospitalised when young. Roberta’s mother then comforted her daughter and walked and played with her for quite a while. Malan acknowledges the work of Bowlby and Robertson in their work on children separated from their mothers. The first stage is that of protest. The child tries to create a situation where the mother will feel forced to remain or at least return. When this fails the child sinks into a state of despair. The first two stages of adult

grief are much the same. When the individual is not strong enough to cope with the feelings involved, they may bury them and remove them from consciousness so as not to experience the pain. This third stage involves the defence mechanism of denial or detachment. Things may appear “normal” on the surface; the screaming child may now be quiet, the upset client may insist that all is under control. We can see two defensive functions here, the first being the avoidance of pain, the second being the disavowal of anger associated with loss. In the case of Roberta, there was an attempt to defend against pain by rejecting the mother. She was trying to bury any feelings of grief but the physicist’s intervention showed that they were not only present but close to the surface.

In another case, Malan looks at a social worker whose father left when she was eleven. There has been some contact since and she is now practicing as a social worker in London. Her father calls one evening to say that he is in London and would like to get together the following day. The social worker is feeling a bit lonely and asks if they can get together the same evening to which her father responds that he has other plans. They do meet the next day but when the father attempts to put his arms around her the social worker rejects him and moves away. Later in therapy, she says how she realized then that she did not after all love her father but disliked him. In earlier sessions, she had always spoken of her father as the perfection of what a man should be. Alongside this had gone intense criticism of all other men in her life. Malan postulates that she is using three related defence mechanisms to protect herself against the intolerable pain of recognizing that she was abandoned by her father. First was the defence of idealization, secondly splitting, and thirdly displacement. This would fit a Kleinian analysis of the situation. The social worker is trying to avoid having the incompatible feelings of love and hate for the same person. This was the same as the anxieties which arose in the depressive position where there was ambivalence around feelings of love and hate for the same object, the mother. In further keeping with Klein, Malan interpreted these feelings to the client (despite their links to unconscious), in the here and now of the therapeutic interaction. The client, however, refused to see the validity of this hypothesis but did acknowledge her anger with her father which could then be examined and worked through.
The case of the Social Worker also illustrates another aspect of divergent views between theorists around timing of interpretations. Klein advocated the importance of interpreting the negative transference using the triggering events in the therapy as they arose in the here and now. Winnicott, Bowlby and Mahler advocated the importance of relationship building and the creation of a safe or “holding” environment prior to any interpretation. A therapeutic climate was considered as a part of the “cure” alongside the offering of verbal interpretations.

Other issues arising in therapy involve the opportunity to work through reactions to holidays, breaks or termination. Everything which is experienced in relation to the losses in counseling and of the counsellor reactivates old wounds. In many ways, the therapist is repeating the failures of the parents and in such a way, disappointments and losses that have led to negative feelings can be re-experienced. As Michael Jacobs states, “psychodynamic counseling concentrates also on anger and hate, and other negative feelings which arise from separation and loss.”

Jean-Michel Quinodoz compares different theories and practices. He advocates the importance of interpretations of separation anxiety as and when they arise in the treatment because he feels that they may prove a block to real communication if not dealt with. He elaborates: “I therefore consider manifestations of separation anxiety to be particularly favoured moments for interpretation of the transference.” In his view, weekend and holiday breaks disturb the therapeutic working through because they give way to anxiety reactions and regressive defences. Quinodoz discusses the various reactions of clients to breaks in analysis. One client, Tom had reacted to a weekend break by quarrelling with his partner but then had realized that he was in fact angry with his analyst and not his partner. He had displaced his anger towards him onto her. Another client, Olivia, exhibited many and varied reactions to breaks. She often arrived late or missed sessions as a break approached. At other times, reactions would be affective such as fits of anxiety, rage or anger directed at the analyst. These were often accompanied by accusations of abandonment, some direct, others indirect. Her anxiety also showed itself in somatic symptoms such as headaches and stomach aches. As therapy progressed, however, Quinodoz noticed a lessening in the reactions

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as Olivia was made aware of the significance of them and was able to accept interpretations and work through issues with her therapist.

Anxious feelings around separation and loss occur also for the analyst and often the behaviour of a client can reawaken these feelings for him. It is important for the counselor to be aware of how he is getting stirred in the interaction and to “park” his reactions and feelings for later scrutiny with his supervisor. When we look at the nature of the analytic relationship we can see how easy it is for the therapist to become an attachment figure for the client. The therapist will establish himself as a secure base by being there at the same time each week, being reliable and acting as a trusted person in the client’s life. The interactions between the therapist and client in the here and now will show how internal working models from the past have been transferred to the therapeutic situation. Perceptions and expectations from working models based on experiences with caregivers will be directed at the new attachment figure of the therapist. The therapist’s goal then is to help clients recognize where their internal models are inappropriate and to encourage them to let go of these old, maladaptive perceptions and expectations. A client needs to be brought to a place where he can think, feel and act in new ways based on new models compatible with adult life.

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