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**Insecure Attachment: A Case Study of the Relationship between a
Mother and her Daughter**

**A description of the competitive and tyrannical nature of an
ambivalently attached girl**

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ABSTRACT

This research is focused on an ambivalently attached girl who also seems to be presenting with adversarial and tyrannical behaviour. I saw her for long-term psychotherapy at the child Guidance Clinic during 2009. She was brought in by her mother because of difficulties separating from her. She also had tyrannical outbursts when her needs were not met. The sessions focused on assisting Jane to be able to separate from her mother without feeling anxious. The case took a shift when it emerged that Jane's behaviour was becoming tyrannical and adversarial during our play sessions. Due to her demanding and sometimes difficult behaviour her mother gave into her demandingness. This however was not beneficial as it promoted a sense of inadequacy and incompetence in her. The anxious attachment to her mother was about lack of confidence in her own ability and sense of self without her mother.

To understand her dynamics a self psychology lens was used as well as attachment theory. To view her tyranny as a compensatory structure or a defence was difficult as it might be viewed as performing both tasks. A qualitative method was used in this research which focuses on a single case study. To avoid the effects of subjectivity the illustrative material was discussed during supervision with both clinical supervision and research supervisor. The research ends with a discussion about the findings and how therapy has helped Jane to overcome her fears. I also mention theoretically how this research has confirmed what theory says. I also mention the limitations embedded in a qualitative research making use of a single case study. Since this was a qualitative research, the material cannot be generalized to the general public therefore I give suggestions for further research in this area especially because other contributing factors arose during the research of this thesis that need their own attention.

Chapter 1

INTRODUCTION

Separation Anxiety can be described as the fear that children have at the anticipation of separating from their parents or being left in an unfamiliar place. This fear can be excessive and overwhelm the child so that adaptive functioning is compromised. Anxiety at separation from primary care-givers is normal at particular developmental phases and manifests in affects and behaviours such as crying, clinginess, fear or distress. Separation anxiety usually resolves itself around 2 years of age. The intensity and duration of the anxiety depends on the parent-child relationship. However, in some children the anxiety does not remit at the appropriate age and may become so intense that it interferes with the child's activities like going to school or establishing peer relationships, and may take the form of refusing to go to school, clinging to the parent or throwing tantrums in unpredictable situations, insisting on sleeping with the parent and fear of possible harm befalling one of the parents. Children with such anxiety also have frequent nightmares about the parent dying or them being kidnapped (Mash & Wolfe, 2002).

However, having said that about separation anxiety and how it manifests in children, ambivalently attached children seem to also present with separation anxiety. Parent-child relationships also play a role in facilitating the child's separation anxiety. The parent's own anxiety about separating from the child is one of them. It also became evident that children born from parents who tend to be lenient with them and yield to their children's demands tend to develop anxiety, insecurity and inadequacy as this thesis will attempt to demonstrate this with Jane's case. These children also develop tyrannical tendencies towards their parents and become adversarial (Barcai & Rosenthal, 1974).

Attachment can be defined as a sense of connectedness that a mother and her child establish at the beginning of infancy and that will last for a life-time. It

is a learned ability, the result of ongoing reciprocal interactions characterized by protection, need fulfilment, love and trust (Bowlby, 1969; Levy and Orlans, 1998; Watson, 1997, as cited in Levy, 2000). However, insecurely attached children have care givers who are emotionally and psychologically distant, distressed or hostile towards their children. Care giving that has been neglectful, rejecting, inconsistent or repeatedly interrupted will greatly increase the risk of children developing an insecure attachment pattern, which will in turn increase the risk of later developmental disturbances (Howe, Brandon, Hinings & Schofield, 1999).

This study aims to look at the development, manifestation and treatment outcome of separation anxiety in a single case of a client who was referred to the Child Guidance Clinic for this problem. Jane* presented at the clinic with a difficulty to separate from her mother, which would cause her mother distress as she would also display this behaviour even in inappropriate places. What prompted my interest in this case is that though Jane was struggling to separate from her mother, her symptoms were not meeting the criteria for Separation Anxiety. What became even more puzzling for me was that at the commencement of our sessions she was more than pleased to leave her mother at the waiting area to be in a session for an hour with a total stranger. This behaviour is contradictory to what the literature says about individuals with Separation Anxiety.

With all these contradictions, I knew that therapy with Jane was going to be challenging. At the same time it was going to be an interesting journey to discover what could be the cause of her behaviour. According to the literature children with Separation Anxiety are prone to fear and anxiety that is excessive and inappropriate. This behaviour can manifest itself in play therapy when children act out scenes of the toy dolls being afraid to separate from parents. It can also be evident in their speech or drawings. This was not the case with Jane as from the first session she was not showing any of the distressing symptoms of anxiety.

I found myself having countertransference issues about my expectations of her behaviour. I was irritated and frustrated with her at the beginning of therapy as she was not meeting my expectations of what anxious clients are meant to do. My preconceived theories and prospects were disrupted and my focus of therapy had to change. This also influenced my interpretations and how I analysed the data.

A brief review of the literature will be presented in the next section, followed by a description of the case study methodology to be employed. This study aims to explore factors that contribute to the child's difficulty with separation from her mother as well as evaluating the impact of the therapeutic intervention being implemented at the Child Guidance Clinic (CGC).

This dissertation consists of seven chapters. In the following chapter I review relevant literature and the theoretical basis of this thesis. In chapter 3 I present the methodology of the research which in this case is the qualitative methodology. Chapter 4 consists of Jane's case history and background. Chapter 5 is the analysis of the material from the play sessions with Jane. In this chapter I demonstrate how Jane's different dynamics are played out in the room and interpret these dynamics in relation to self psychology theory. Chapter 6 is about the case formulation and conceptualization where I demonstrate my understanding of the case based on attachment theory and self psychology. Chapter 7 focuses on the discussion of the findings theoretically, what has the case suggested about intervention, suggestion for further research and limitations of the research.

*Not her real name, which has been disguised to protect the client.

CHAPTER 2

RELEVANT LITERATURE

Attachment theory in context

One of the first proponents of attachment theory, John Bowlby formalized his view on attachment theory by studying a group of maladjusted boys. After his study he came to the conclusion that the disruption of the early mother-child relationship should be seen as a precursor of mental disorder. He later made another contribution to attachment theory by focusing on the infant's need for an unbroken secure early attachment to the mother. He thought that the child who does not have such a secure base was likely to show signs of partial deprivation (excessive need for love) or complete deprivation (retardation of development).

According to Ainsworth (1973) attachment refers to affectional ties that one person forms to another person. The attachment bond develops in early childhood with the primary care giver, most often the mother, and endures over time. The quality of attachment in children is inferred from consistent behaviours that promote proximity to a particular figure, such as looking for the care giver or following them around, which serve to initiate and maintain interaction while avoiding separation from attachment figures.

Four predominant patterns of attachment have been identified in the literature, namely secure and autonomous; avoidant, defended and dismissing; ambivalent, dependant and preoccupied; and disorganized, controlling and unresolved (Howe, Brandon, Hinings & Schofield, 1999). In secure and autonomous attachment the infant is able to separate from the care giver without feeling distressed in order to engage and explore the environment thereby exercising their autonomy. These infants easily separate to explore the environment, seek proximity with care givers upon reunion and are affiliative to strangers in caregiver's presence (Ainsworth, 1973 as cited in Howe, Brandon, Hinings & Schofield, 1999). This type of attachment develops in situations where the care giver is present both physically and

psychologically and contributes to the development of secure attachment relationships in later life. Attachment figures that are emotionally unavailable and unresponsive are just as likely to cause anxiety and distress as those who are physically absent. However, if there is no consistent and responsive care-giving, the attachment patterns that develop may be dysfunctional ones characterised by excessive anxiety.

From the self psychology perspective, the first year of an infant's life needs to be characterized by the establishment of a secure attachment relationship with the care giver (Papousek & Papousek, 1997, as cited in Schore, 2002). From this type of relationship the infant is able use the mother as a secure base for exploring the environment. Mothers who are securely attached themselves tend to have secure attachment patterns with their infants. They tend to be sensitive, accepting, available, and accessible and are able to accurately understand their children's signals (Howe, Brandon, Hinings & Schofield, 1999). According to Schore and Schore (2008) it is particularly important for the caregiver to be attuned to the infant's emotional states so that she can respond in a more positive way. When the care giver is tuned in to her infant's attempts of engagement, she will also be aware of her child's distress and therefore be able to comfort and sooth the child and hence be aware of the child's attempts at re-engaging with her. This type of interaction creates an emotional language between the infant and the care giver that enables the care giver to function as good selfobject. In this context of primary intersubjectivity (Trevarthen, 1993 as cited in Schore & Schore, 2008) a secure attachment develops which contributes to the infant developing the ability to mentalize, self regulate and have a theory of mind (Schore & Schore, 2008).

However insecure attachment develops within the context of daily interactions in which the child experiences the caregiver as unavailable, unresponsive, unreliable, intrusive or coercive. If the child does not learn to use the care giver as a secure base for exploring the environment, the child is at a higher risk of developing difficulties with social relationships, emotional development and behavioural control. In instances where the attachment relationship is

inadequate, the literature indicates that different patterns of dysfunctional attachment patterns may develop. These could include avoidant, defended and dismissing patterns, ambivalent, dependent and preoccupied patterns and disorganised, controlling and unresolved patterns (Howe, Brandon, Hinings & Schofield, 1999).

Avoidant dismissing attachment in childhood is characterised by children not seeking emotional support from their caregivers. Their attachment style is detached and cold. The literature further mentions that achievements and accomplishments are valued more than emotional closeness (Howe, Brandon, Hinings & Schofield, 1999). These children grow up to be adults who are somewhat uncomfortable with emotional closeness and who are likely to find relationships difficult as they will not easily trust or rely on others. (Hazan & Shaver, 1987, as cited in Cassidy & Shaver, 1999).

Disorganised, controlling and unresolved patterns are characterized by failure to resolve losses and traumas. This type of attachment can also be referred to as a lack of a consistent or organized strategy to respond to the need for comfort and security when under stress (Main and Solomon, 1990, as cited in Levy, 2000). These individuals can be difficult to understand and even more difficult to help. The underlying experience of all disorganized children is one of fear, distress and anxiety in the care giving relationship (Lyons-Ruth, 1996, 76, as cited in Howe, Brandon, Hinings & Schofield, 1999). These children are at the risk of developing severe problems, including aggression.

Children classified as ambivalent with dependent and preoccupied patterns of attachment have deep anxieties about the lovability and value of the self and a preoccupation with whether or not other people have an interest in being emotionally present during their times of need. These individuals normally have low self-esteem with a tendency to become emotionally entangled in close relationships. The general uncertainty felt by those classified as ambivalent makes them prone to separation anxiety (Howe, Brandon, Hinings & Schofield, 1999).

These children may also physically follow their carers around or make verbal demands for their parents to pay attention and become involved. They may complain about being ignored and treated unfairly. When separated from their mothers they appear anxious, agitated and even tearful. They also tend to cling to the primary carer in an unfamiliar environment and are less willing to explore on their own (Levy, 2000). The result can be an increase in attention-seeking behaviour and dependence (Howe, Brandon, Hinings & Schofield, 1999).

Children classified as ambivalent are dominated by strong affects and they find it difficult to regulate their emotions. They depend entirely upon attachment figures to regulate their affect. Their constant demands for attention can be a source of frustration to the care givers, leading to abandonment. Although parents cope well with them as dependent babies, they become increasingly frustrated as their children become older. Family life becomes difficult and it is characterized by little structure, few rules and much disorder.

This research will pay particular attention to this type of attachment (ambivalent, dependent and preoccupied attachment) as it seems to be the type of attachment style that the client presented with. According to the Cassidy and Marvin (1987, 1990, 1991 & 1992) system, children classified as ambivalent protest separation strongly and reunion is characterized by strong proximity-seeking babyish behaviour.

The protest against separation can interfere with their day to day functioning and sometimes results in refusal to go to school or engage in social activities (March & Wolfe, 2002). However the DSM-IV- TR (APA, 2000) does mention that children showing signs of separation anxiety come from close-knit families. When separation from home or major attachment figures is anticipated they may be socially withdrawn, apathetic, sad or have a difficult time concentrating on work or play. Bearing in mind what the literature says concerning separation anxiety, this case study was chosen because the client is not presenting with the full criteria that warrants a Separation Anxiety

Disorder diagnosis according to the DSM-IV-TR (APA, 2000), which prompted the current research project as a way of understanding what else could be contributing to and maintaining the separation anxiety.

Research done by Barcai & Rosenthal (1974) postulates that children that experience anxiety tend to be fearful and are often tyrannical at home. This could be explained by the fact that certain interactions at home between both the parent and the child could lead to the genesis of tyrannical behaviour in a child. The communication patterns between the parent and the child are characterized by constant yielding to the child's demands. This type of interaction serves to lengthen the child's dependence on her parents in terms of needing to be in close proximity with the parent and needing to be reassured by them.

The research further mentions that certain family dynamics contribute to the emergence of a tyrannical behaviour in a child. This consistent yielding to the child's wishes leads to a tyrannical behaviour that is age inappropriate and that is related to an immature dependence on others. The yielding results in the child's inability to delay gratification and leads to low frustration tolerance. It contributes to the lack of development in competence in dealing with fears and frustrations. This keeps the child dependent on her caregivers. The parents find it difficult to see their child in pain and discomfort or to tolerate their anxiety when withdrawing to let her explore the environment. With little competence in dealing with daily living situations, these children become even more dependent on their parents. They also tend cognitively to underachieve and hence their academic failure. Doing homework can be a power struggle between parents and child as the child is faced with academic demands that are frustrating. When forced to do school work they might retaliate with aggression and frustration which feeds and increases the tyrannical behaviour.

Families that have tyrannical children are sometimes characterized by overindulgent parents who continuously yield to the child's demands. Examples of such families include single child homes and children born to

ageing parents. The children are constantly yielded to by their parents who perceive them as 'special' or 'miracle babies'. Another type of family is the one where parents cannot fulfil their own needs and therefore turn to the child for comfort and support as opposed to dealing with their own marital discord. In both instances the parents are yielding and spoiling the child which could lead both a tyrannical behaviour and fear.

Self – Psychology in Context

Self Psychology's developmental principles postulate that parents serve as selfobjects that carry out important selfobject experiences that regulate the infant's immature psychological structures. The child is then provided with selfobject experiences that impact on her development, ability to thrive and form a coherent positive self structure (Schorer, 2002). Self psychology further proposes that the presence of others, described as objects, are required to assist in the materializing and maintenance of the self (Wolf, 1988).

The Self

Self psychology postulates that the self is that part of the individual's character which imparts a sense of self or of being and which is maintained by the self object's consistent supply of responsiveness. Therefore we can think of the self as a structure that can easily change. This allows us to view the self as made up of parts that either fit together or that can fall apart easily. A self structure might be cohesive, that is put together well, or be fragile and prone to fragmentation (Wolf, 1988).

The selfobject consists of two theoretical parts. The mother-infant dyad as a self-selfobject unit accentuates that early development is perceived as interdependence between the self and object in a system. Schorer, 2002 further mentions a second concept, which is regulation. Kohut (1971, 1977 as cited in Schorer, 2002) postulates that the infant's dyadic reciprocal regulatory transactions with selfobjects allows for the maintenance of her internal homeostatic equilibrium. These regulating selfobject experiences provide the particular intersubjective affective experiences that evoke the emergence and maintenance of the self.

Selfobjects

The selfobject fulfils the function of meeting psychologically essential selfobject needs. Objects that provide the selfobject needs are experienced by the child in terms of their need fulfilling function rather than as entities in their own right (Siegel, 1996). Wolf, (1998) further postulates that the most fundamental finding of self psychology is that the emergence of the self requires more than the inborn tendency to organize experience. He further mentions that what is also required is the presence of others, designated as objects who provide certain types of experiences that will evoke the emergence and maintenance of the self. These selfobjects are experienced by the child as part of the self. The functions that the selfobjects perform are named *selfobject experiences*. Selfobject experiences favour the structural cohesion and energetic vigour of the self. However, faulty selfobject experiences facilitate the fragmentation and emptiness of the self.

Selfobject needs include *mirroring, idealizing and twinship*. They are described as essential psychological experiences originating in childhood that continue in varying forms throughout life. A true object is psychologically separate from the self. It can be loved and hated by a psyche that has separated itself from the archaic objects, has acquired autonomous structures, has accepted the independent motivations and responses of others and has grasped the notion of mutuality (Kohut, 1971).

Selfobject Experiences

Kohut postulates that self-selfobject experiences which were performed by the caregiver can be internalized by the child so that the child can perform these functions which were done by the external object (Schore, 2002). This is the time the child starts to develop an individual self apart from the external object. If a person is to feel good about herself with a secure sense of self and smooth functioning without undue anxiety, she must experience herself consciously or unconsciously as surrounded by the responsiveness of others. Responsiveness is as important for psychological health as oxygen is important for physical health (Wolf, 1988).

The three main types of selfobject experiences which are important for a healthy development of the self are mirroring, idealization and twinship. Mirroring can be described as the desire to be affirmed and accepted by a significant other in the child's life. This serves to confirm the child's grandiosity and omnipotence. Idealizing is the need to feel part of an admired selfobject. Furthermore, it is the need to feel accepted by a powerful selfobject that is perceived as flawless and perfect. Twinship is the need to experience the essential likeness of the self-object (Wolf, 1988).

For a cohesive sense of self to develop there has to be a dyadic experience of affect synchrony. This cohesive sense of self is as a result of each member of the dyad learns the behaviour of the other and adapts his or her behaviour to fit in with the other partner's behaviour. (Lester, Hoffman & Brazelton, 1985 as cited in Schore, 2002). The more the mother is attuned to her child's emotional and social engagement during periods of play, the more she will be aware of the child's distress and therefore adapt her rhythm to fit in with the child's thereby allowing the child to recover. These shared interactions between the mother and child are important if the child is to develop a healthy cohesive sense of self.

We can further define the functions of the selfobject as providing those experiences for the self that evoke and maintain the self's cohesion, that is the mirroring and idealizing experiences. These psychological structures are the internalizations of the soothing, the tension-regulating and adaptive functions that have previously been performed by the selfobjects (Siege, 1996). Absent or faulty selfobject experiences are followed by impairment or loss of self structure (Wolf, 1988).

However, the primary care giver may be misattuned to the child's affects and therefore not mirror effectively. These moments of misattunement may cause ruptures in the attachment bond. The child then feels dysregulated and in a state of disequilibrium. The affectively attuned mother is therefore able to respond and repair disequilibrium in the attachment bond to allow the child to feel regulated and soothed (Beebe & Lachmann, 1994 as cited in Schore,

2002). Therefore the processes that regulate feelings and emotions between the mother and child that facilitate positive arousal are important building blocks of attachment. Selfobjects are therefore external affect regulators that encourage the regulation of affective experiences to co-create states of maximal cohesion (Schoore, 2002).

The Development of Narcissism

In this framework, in order to understand psychic functioning, it is important to grapple with the nature and qualities of narcissistic organization. The construction of a grandiose self emerges from the child perceiving herself as perfect. The grandiose self contains elements of greatness, power, omnipotence and unlimited abilities. The child views herself as all powerful with unrestricted accomplishments. When this configuration is met with effective mirroring, the grandiosity and omnipotence mature to form a healthy self-structure. The grandiosity is further turned into a healthy self-esteem and later into ambition. The idealized parental imago contains elements of power and perfection that are vested in the idealized parent. The child then seeks to be part of the idealized selfobject. Merging with an idealized selfobject brings about feelings of safety, security and power. The child feels part of an object that possesses wisdom and that can therefore sooth and regulate them in times of distress (Siegel, 1996).

Developmental Arrest of Narcissism

The developmental arrest of narcissism is a direct consequence of trauma induced in a developing narcissistic trajectory. If the child experiences trauma to the developing grandiose self, the grandiosity is retained in its archaic form and it does not mature to become part of a self-structure with a healthy self-esteem and ambition. Trauma that is experienced as disappointment in the idealized selfobject is also not internalized but it is retained in its immature form. It does not become part of a cohesive self-structure in order to form a set of positive ideals (Siegel, 1996).

Fragmentation

Fragmentation is explained as a self that regresses from a state of cohesion to one of partial or total loss of structure. She experiences this as a loss of self-esteem, feeling of emptiness, depression, worthlessness or anxiety. Fragmentation occurs in varying degrees and it does not imply complete dissolution of the self. The experience of regressing or fragmenting is so painful in loss of self-esteem and anxiety that emergency measures are instituted to reverse the process. In order to boost self-esteem, the individual may provoke or manipulate the environment to supply the needed self-object experiences to maintain some structural cohesion of one's self (Wolf, 1988).

Intervention

Some intervention strategies that are useful include working with the child as well as with the family as a unit. Treatment with the child includes addressing the attachment disorder, negative belief systems and the facilitation of pro-social coping skills like problem solving. The parent-child relationship intervention focuses on enhancing secure attachment patterns through the development of trust, affection and intimacy as well as reducing anger and negative patterns of relating. Working with parents will include addressing past or current issues that are preventing effective functioning, unresolved attachment difficulties and marital or relationship problems (Levy, 2000). The primary goal of therapy is to facilitate a secure attachment between the mother and child. To accomplish this it is necessary to build the elements of secure attachment which were absent during the child's early stages of development (Levy, 2000). In this case therapy aims to provide the client with an environment where she can gain a sense of autonomy, confidence and also a sense of self.

The literature will be helpful in assisting with comparing the findings with the existing literature. Further the literature will augment in understanding the case on a deeper and more objective level considering the nature of case studies in being subjective.

Chapter 3

Methodology

Qualitative Data

This study aims to use a qualitative approach to collect and analyse data from a single case study in order to explore and document the impact of psychodynamic psychotherapy on the attachment relationship between mother and child, as well as behavioural changes that result from the intervention. According to Stake (1995) we do not study a case primarily to understand other cases but to understand one case. A qualitative approach, which is distinguished by its emphasis on holistic treatment of phenomena (Schwandt, 1994 as cited in Stake 1995), is best suited for this purpose.

Although this kind of research allows the researcher to observe and immerse herself in the research, which allows for a better understanding of the research question, there are disadvantages in using qualitative research, particularly on a current client. Qualitative research does not allow for the information derived from the research to be generalized to the general population as sampling is not representative. The researcher is likely to be biased in the data collection and interpretation because of the intimate relationship between the researcher and the participant. The researcher is also more likely to be subjective rather than objective because of the feelings and emotions that are likely to emerge towards the participant.

However, to guard against these issues biasing the research, clinical supervision as well as research supervision is put in place. Recorded videos of our play sessions with Jane, session notes and clinical impressions will be discussed. Furthermore, theoretical readings will also be used in interpreting and understanding the dynamics that are emerging from the sessions.

The data will be further analysed in terms of comparing it with other research done on this topic and also using attachment theory from different analytic view points including those of Kohut and Bowlby.

Data Collection

The data for the study will be derived from two sources linked to the therapy process with the client. Firstly, all play therapy sessions were video-recorded and transcribed after each session, providing information about what was said and done during the therapy. Secondly all feedback sessions with the child's mother were recorded and transcribed. The feedback sessions, during which progress in the play therapy were discussed with the mother, were also used to get feedback from the parent on the child's behaviour outside the therapy room. This was done by tracking particular symptoms through a checklist.

Data analysis

According to Stake (1995), there are two ways that researchers derive new meanings about cases, and that is through direct interpretation of the

individual instances and through aggregation of instances until something can be said about them as a class. He further mentions that the search for meaning is a search for patterns, for consistency within certain conditions, which is called 'correspondence'. This method will be employed in understanding the client's separation anxiety, an understanding that will be enhanced through further exploration of the material during clinical supervision. Stake (1995) further mentions that in a case study we are trying to understand behaviour, issues and contexts from a particular perspective. In this study a psychodynamic lens, primarily attachment theory, will be used to analyse the clinical material.

When analysing data, the material from the sessions was compared to attachment theory and in this case ambivalent attachment type as Jane seems to manifest this attachment style. The material was further analysed in terms of Jane's background and history, to explain why Jane is displaying ambivalent attachment.

Ethical Considerations

Patients and their families at the beginning of intake sessions are told that the Child Guidance Clinic is part of the University of Cape Town. It is a learning institution and therefore they sign a consent form that gives the clinic permission to use material arising from the session for learning and research purposes. The names and demographic data will be disguised for confidentiality purposes as well as to preserve the privacy of the clients and their families. In addition to this careful consideration was also given in terms of going back to the client and her mother and obtaining consent for using the material arising from the session for research purposes. After explaining to the mother about the intended research that would be conducted using the material that would arise from play sessions with Jane, she gave consent for the material to be used.

Chapter 4

Case History

Jane, who was 8 years old at the time of referral, was brought to the Child Guidance Clinic because she could not separate from her mother. She was brought in by her father (38), her mother (37) and her brother (3). According to her mother, Jane seemed to be insecure and clinged to her most of the time. This behaviour started when Jane's mother was pregnant with Jane's brother. On many occasions she would want to sleep with her mother or bathe with her. She would also display this clinginess to her mother in the morning before going to school. She tended to be clingy to her mother at school as well, and during break she would want to be with her mother. She also exhibited this behaviour on those rare occasions when the children were left in the care of relatives. This would be followed by her asking her parents if they will come fetch them, as if she was afraid that they will forget about them. Mother also mentioned that Jane did not get along with her brother as they

argued and fought most of the time. This could be caused by the fact that her brother was demanding and domineering and always wanted to have his way.

Family History

Jane's mother reported that she comes from a family of three children and that she is the middle child. She mentioned that growing up she was very overprotective towards her siblings and this has continued ever since. She described her family as close-knit and this has continued to dominate her own family as well. Though her father has passed away, she still maintains a close relationship with her mother who has recently moved in with them.

Her husband comes from a family of four and is the second child. His father passed away when he was eighteen years old, however his mother is still alive and in constant contact with them. He also described his family as close and he still keeps in contact with his brother and sisters.

Jane's mother met her husband in 1988 at church and then started dating in 1992. They got married in July of 1994. She struggled to fall pregnant and this was followed by medical procedures in order to fall pregnant. At the time she was unemployed and they were travelling frequently because of her husband's job. She eventually fell pregnant unexpectedly in 1999. Both her husband and herself were very happy about the news and call both of her children "miracle babies". She did not have any complications during pregnancy and she had a caesarean section with both pregnancies. She reported that at six months Jane had a bladder infection that caused her to be hospitalized for about two to three days. She stayed with her at the hospital until she was discharged.

Jane's brother presented as demanding and domineering. During the intake session, he interrupted my conversation with his parents on a number of occasions and made messy use of the play room. What was interesting was his parent's lack of control over him and failure to discipline him. They appeared as passive in terms of rules, boundaries and discipline. They

mentioned that this is how he is at home and no matter what they say to him he does not listen or obey rules.

Personal History

Jane was born in 2000. Her mother struggled to have her and she was very much planned. Her mother was very happy about the news of her pregnancy. She had gone for a routine physical check-up when she received the news that she was expecting her first child. She called her child a "miracle baby". She delivered by caesarean section and had no complications. She stayed in hospital for about four days. At six months Jane had a bladder infection which meant that she had to be hospitalised for three to four days. She recovered from this and had no further illnesses. Jane's mother breast fed her for four years until she decided to wean her by bribing her with a new bicycle as Jane did not want to stop breast feeding.

She achieved her developmental milestones normally and there were no delays. She started Grade R in 2004 and in 2006 when mother was pregnant with her brother and this was when the presenting problem began. Her mother mentioned that this behaviour does not interfere with her social or academic functioning. Jane's mother thought this attachment to her by her daughter would subside as she grew older but it did not and that is why they decided to seek help for her at the Child Guidance Clinic.

Clinical Observations

When walking towards the interview room from the waiting room, Jane walked almost behind her mother and held on to her. When we sat down to start the interview she sat next to her mother and still holding on to her and looking like she was about to cry. Her brother on the other hand was already exploring the place and playing. When she was offered the opportunity to play she did not want to but after a few minutes she did go and play with her brother. During the interview she would come and cling to her mother or hide behind her mother when I asked her a question. At one point she even started crying.

She agreed to stay with me for the individual interview which was surprising given the anxiety that she had previously displayed. She did not look anxious when I asked her to stay with me; she showed me what she was doing while we were engaging in a conversation. During the interview I observed that her gross and fine motor co-ordination was intact through her drawings and that she was quite active during play. She seemed to be functioning well cognitively as shown by her focused attention, her level of conversation and memory. She was able to tell me about the different activities that they engage in throughout the day at school, about the different subjects that she does at school and most of her friend's names. She was able to express herself verbally and we were able to have a conversation about her daily activities and what she does with her friends and family on weekends.

Intervention

After the first intake session with the whole family, and taking into consideration the nature of the presenting problem my supervisor and I decided to work with Jane on an individual level. It was difficult coming to this conclusion as from the intake session it was quite evident that the family could benefit from family therapy. However this would have been problematic as the father expressed that he would not be part of a family intervention. He saw his daughter as being the problem and not the whole family and he stated that she would need individual sessions. During the intake session, he impressed as passive and not willing to be involved. This was evident when I asked him a question he would then look to his wife for a response or reiterate his wife's response. He appeared to be critical about the interview process, hence his response of not wanting to be involved. This could be indicative of his involvement at home with his family as well and would partly explain the children's behaviour.

Working with Jane alone was challenging as she is part of a system that continue to influence her behaviour. Changing one part of the system only can slow the process of therapeutic change. To avoid this, Jane's mother was given feedback with regards to therapy and progress that her daughter was

making. This gave her the opportunity to also give feedback about Jane and the changes that she saw at home. Advice was given to Jane's mother about parenting and how to respond to Jane's demands and tyrannical behaviour.

No self is totally free of areas where its development was arrested. For some patients, the accepting environment of being in the presence of a non-judgemental person who is empathically interested in the patient's world may be the first such experience in their life. The selves of such patients may finally recover from the early trauma that resulted from faulty selfobject experiences (Wolf, 1988). Therapy therefore focused on equipping Jane to be able to build her own sense of self and autonomy so that she could thrive despite her circumstances.

Her mother was informed of her progress in therapy by receiving feedback after every three sessions. The feedback session with her mother was used to gather information about how she was doing outside of therapy.

Chapter 5

ANALYSIS OF RESULTS

The early sessions

The therapy sessions were set up so that Jane would be provided with a safe place in which to explore her difficulties. The sessions were non-directive so that she could feel free to engage with the play session in whichever way she wanted to. It was hoped that this would build her sense of self and autonomy. The following case vignette serves to illustrate the first play therapy session with Jane.

After introducing Jane to the play therapy room and showing her where the toys were and telling her that she could play with whatever she wanted, she sat on the floor with me and did not play or engage with the play room. She also did not volunteer much information

except for answering my questions. There were a few moments of silence during which she looked a bit uncomfortable. She then proceeded to engage in "grown up" conversation where she asked me personal questions like, "are you married?" Or "do you have any children"? This caught me by surprise as I was wondering why she was not playing. I then proceeded to take the toys from the toy chest. Again she did not play but sat passively on the floor.

This vignette served to confirm my hypothesis that Jane lacked the autonomy and confidence that would enable her to separate from her mother and be herself. Barcai and Rosenthal (1974) mention that children who are fearful and tyrannical tend to lack competence to deal with frustrating and novel situations which will require tolerance and patience. Since they are used to being with their parents who perpetuate their behaviour by constant yielding, they find it difficult to perform certain tasks, especially if they are difficult. They therefore feel incompetent and inadequate and give up. This further increases their anxiety in separating from the parent and hence they become clingy. From this session it was evident that she wanted to be directed as to how to engage with the play session and be told what to do. It is possible that she lacked confidence and autonomy to engage in play which is indicative of fearful children. There was passivity and reluctance to play in this session. I went into this session hoping she would engage with the toys and start enacting some of the themes that would indicate fear and anxiety but this was not the case.

After this session her mother reported that Jane was able to sleep away from home for the first time and she adjusted well as she did not want to come back home, which was a surprise to her mother. This surprising shift could have been brought about by the security that she experienced during the play session which also provided her with the confidence that she needed to be able to separate from her mother and be on her own.

The second session with her was rather different from the first one. In this session she was more engaging and more vocal. She seemed to be more relaxed and confident.

This session began with Jane once more not knowing what to do. We sat on the floor for a few minutes just talking about how school was that day. As a result of my own discomfort I found myself wanting to direct the play by showing her again where the toys were and what to do. However, I did not do this but let her direct the play session. She eventually decided that we should play "Hang Man". We played this game most of the play session. She then asked if she could draw on the board, which she then decided to change into a mathematics competition. She came up with sums that I had to do and she wanted me to produce sums for her as well. This game went on until the end of the session.

With this session, competitiveness as an issue and possible area of conflict became apparent. I viewed her need to compete with me as a way for her to show me that she can be competent, although insecurity or lack of capacity to manage on her own has brought her in for therapy. Though she appeared to be fragile, she needed to feel effective in order to have a sense of self-worth and confidence. While playing Hang Man she mentioned that I gave her easy words and that I should give her difficult words so that it could be more fun. I was surprised by this as I had decided not to compete with her and to let her win. This came from a sense of caution about her fragile self and not wanting to cause any disruptions that might compromise that. The same scenario happened when playing the mathematics competition. Once again Jane mentioned that I give her easy tasks. I could sense that she was getting annoyed by this and she proceeded to give me difficult tasks.

According to Schore (1997), caregivers may be misattuned to the child's affect and therefore not mirror their needs effectively. These moments of misattunement may cause ruptures in the attachment bond which leads to a regulatory failure. This could be indicative of a repeat of Jane's relationship

with her mother where her mother is not attuned to Jane's needs. Ambivalently attached children tend to be anxious about the availability of their care giver during times of distress. Their anxiety is reduced by increasing their attachment behaviour thereby creating a felt security. This behaviour is organised in such a way as to keep an inconsistent care giver available (Howe, Brandon, Hinings & Schofield, 1999). In giving me difficult sums to do, Jane was trying to keep me engaged and involved in order for her to feel soothed and self-regulated. I proceeded to give her difficult sums like she requested which brought a secondary dynamic of her proving to me that she can do the tasks correctly. What seemed to be emerging mostly during this session was our competitiveness to prove to the other that we are capable. To avoid subjective interpretation of material emerging during our sessions, my own need to compete with her was taken to supervision to help me remain objective.

This third session is more or less similar to the previous one. It serves to illustrate how Jane's play sessions continued to play out the same themes and patterns that seemed inconsistent with overt separation anxiety.

The session started with her not knowing what to do. She sat on the floor with me while we talked about how school was that day. I had received feedback from her mother telling me that she had since stopped wanting to sleep with her in the evening. She had also stopped coming to her classroom during break at school and she would play with her friends. However, her mother had told me that she was planning to transfer her to another school next year, so that she could be more secure and more independent. I asked Jane about going to another school next year and she said "I'm fine with it; I can't wait to go to another school". When I asked her how it was, not sleeping with her mother, she said it was fine.

Her responses and behaviour continued to puzzle me as I thought she would react with fear and anxiety with the thought of separating from her mother. She was also calm and relaxed during play sessions with no anxiety or fear

that came across in her play. Children with ambivalent attachment find it difficult to deal with both happy and unhappy events simultaneously. These children split the emotions associated with attachment-related issues so that the anxiety-provoking elements are kept out of play. Anxiety is handled by separating positive and negative affect, allowing only one to come to the forefront. Negative feelings resulting from separation are acknowledged but kept separate as the child focuses on the positive events (Howe, Brandon, Hinings & Schofield, 1999). This is what seemed to be happening with Jane during play as she displayed a more coherent sense of self without fear. She tended to be angry and aggressive towards her mother at home when things did not go her way yet during play sessions this behaviour is not evident. This is indicative of children who are fearful and tyrannical. When parents, who are used to yielding to the child's every demand and wish suddenly withdraw from yielding, the child displays tyrannical behaviour coupled with fear (Barcai & Rosenthal, 1974).

We proceeded to play another game of hang man and had another round of maths competition. This time around I found myself wanting to compete with her and play to win. She took this very well without any anger or disappointment. I did this with the hope of maybe eliciting some of the anger or frustration that she has towards her mother when she does not get her way. This however did not happen as she seemed to be fine with losing some of the games.

This vignette is yet another example of how Jane was defended against negative emotions. I say defended because according to Jane's mother she becomes angry and throws a tantrum when she does not get her way. This behaviour was not evident as she impressed as a happy child and it was difficult to believe that she had temper outbursts towards her mother. However, it is possible that Jane may not have felt safe enough or trust that I will not reject her once she shows her true self, hence the contradictory behaviour.

Before this intervention her mother reported that at times she would threaten to commit suicide if she does not get her way. Her mother mentioned that she did this when one day Jane demanded her attention and when she expressed that she was busy; she went to her room and said to her mother that she would commit suicide. These children tend to get angry and this can escalate into questioning their value as a person or questioning their lovability (Howe, Brandon, Hinings & Schofield, 1999). They are constantly preoccupied with how much others love or care about them and this is what Jane seemed to be doing with her mother. Jane's demands on her mother to sleep with her and spend time with her even at school could be indicative of her preoccupation with how loveable she is. Jane's mother could be paying much attention to her son, who is quite demanding and therefore Jane could feel neglected and left out.

The next case vignette was slightly different from the others.

This session started with us playing hang man on the board for about thirty minutes. I had to come up with difficult words as she had asked previously. We were not keeping the score for this game as we had done before. She started looking around and she asked about the sand in the sand box, where it came from and if the sand could be used for building something. I responded with 'maybe' and she asked if we could play with the sand. We started making sand bridges and sand slides. While playing she asked about the water in the jug, how come it was always there. I responded with "it's there for her to drink if she wants to".

This session was characterized by her asking more questions than she has ever done. She also changed from her usual choice of play activities. Instead of playing maths competition we played in the sand box. This change of play felt like she was feeling relaxed enough to engage with the play room without fear of being judged or rejected. This had been an issue that came up during the fourth session where she had asked permission to open one of the toy chests. She then mentioned that she does not want to 'scratch', which is to

open the chest without permission. She then asked me to open the chest even though I had orientated her to room, to feel free to play with whatever toys she wanted. After this change in play, in the countertransference there was relief as I had wondered if we would continue playing hang man in every session. I had also felt frustrated with her as she was not exploring the play room. The questioning was also an interesting dynamic since she had not done it before. She may have been trying to make herself feel safe in order for her to explore without feeling threatened. I view her change of play and being open to asking questions and exploring the play room as an attempt on her part to move from her seemingly fragile infantile position to a place where she gains confidence to overcome her anxieties and defences that are protecting her from new injuries that could cause regression. Overcoming her anxieties will help her to gain more confidence and thereby begin to be autonomous and independent from her mother without separation anxiety.

I had received feedback from her mother that Jane had been very angry with her two weeks before. Jane's mother had promised to buy her a puppy and when that time came she could not as they had arrived at the place late and it was closed. I tried to talk to Jane about this during play session and she would not talk about it. She refused to talk about that and wanted to go on with the play session. However, ambivalent children are likely to behave in socially acceptable and dependant behaviours in order not to anger their selfobjects. This is also contradictory to what she does with her mother where she becomes tyrannical and angry towards her. This could be an indication that she is still not feeling safe to show her true feelings in-case she is rejected. This serves the purpose of maintaining a sense of security and attachment to the attachment figure.

Themes and activities

From these initial sessions, some of the themes that emerged included Jane being passive and being reluctant to engage in play in the first play session. She also seemed to want to be directed and be guided as to how to play with the toys. It is possible that this was reflecting her lack of confidence and esteem to take control of the play room. However, as the sessions

progressed she became competitive in the play sessions and adversarial. This would emerge when playing such games as maths competitions perhaps as a way of establishing her esteem once she has felt that it is safe to take risks.

Defensive and compensatory structures

Two kinds of self structures that Kohut (1997) speaks about are defensive structures and compensatory structures. The one that is most prevalent in Jane is use of defensive structures. She uses this self structure by portraying a cohesive sense of self at the expense of her true feelings and emotions. During play sessions she enjoyed drawing on the board. She mostly drew pictures of flowers, the sun and the beach in different colours. She did not want to talk about her anger feelings as her mother mentioned that she got very angry with her after she could not buy her a puppy. She then quickly changed the topic. By this time I had realized that she did this quite often. She did not want to talk about her negative feelings and hence changed the subject. With her, everything during therapy was positive and pleasant.

This refusal to engage with her negative feelings might present as a fear of regression. Her resistance can be viewed in the light of a fear to regress to an infantile position thereby risking that her already dysregulated sense of self might further disintegrate. Resistances protect against new injuries. She might have built enough esteem and confidence to feel regulated and therefore fear rupturing that sense of cohesion. Therefore, to defend against fragmentation she focuses only on positive feelings and feeling cohesive.

Self-object needs

In this phase Jane seemed to be needing to gain her independence, confidence, esteem and autonomy. Though this might have been her area of conflict evident when she was not able to engage with play room and needing direction she was able to demonstrate that she needed to gain these by being adversarial and competing with me in the games that she chose. Each game that she won she would show satisfaction and needing to play more in order to win, even if she cheated sometimes.

Outside therapy

Jane's mother had reported that there were some improvements in Jane's behaviour such as her not being so clingy anymore and being able to sleep away from home. However, she had reported that there was one incident where Jane had been angry with her for not buying her a puppy like she promised. She further refused to talk about this in therapy just like she does when it comes to talking about her negative feelings.

The middle sessions

This vignette is slightly different from the others:

This session Jane did not play her usual competitive games instead she played with the doll's house. However, that game soon changed without much happening. She then decided to play with the animals and built a barn. While building a barn she decided also to have a forest where there are wild animals with soldiers trying to kill them. This game also did not seem to have direction or theme and hence it was also abandoned. We then played treasure hunt in the sand box where we hid some of the animals in the sand and try to find them.

With this session what was interesting was that she seemed to start a game but then she would abandon it without much happening. It might be that the game she played with the animals was an indication of her inner world of fears and anxieties and needing someone to get rid of her worries. I struggled to find a link with the games that we played that day especially when there was nothing meaningful that came out of the games.

The next case vignette serves to demonstrate how she compensated for feelings of being intruded upon by the presence of her brother at the Clinic because there was no one to look after him after school and so he came along to the clinic with their mother.

During this play session Jane suggested that we play a treasure hunt where she hid an object anywhere in the room and I had to go find it. We took turns in this game. During this session she was a bit happier than usual. We then proceeded to playing a maths competition, her favourite game so far. We then played "On-On". This is a game where one person has to try and touch the other opponent so that they can be "On" and run and try to touch the other so that they can be "On". We played this game towards the end of the session and after we finished this game she started to tickle me, which she has never done before.

What stood out during this session, especially when playing On-On and her tickling me at the end of the session was how this session was more physical in terms of her making physical contact with me. Before we started with the play session I had to give feedback to her mother. She seemed to be clinging to her mother at this time which might be an indication of her trying to bring her mother's attention back to her as her brother is very demanding and disruptive. The presence of the brother at the clinic might have brought about feelings of insecurity and hence needing to attach to her mother. She might have felt intruded upon in her space at the clinic and with her mother hence the need to hold on to her. I view her clinginess as an attempt on her part to be seen and recognised by her mother. Perhaps when seeing her brother there, felt intrusive on her space and a betrayal on the part of her mother. I saw her being more physical in the play room as a way for her to regain ownership of the space and of myself, and through this gaining cohesion. Her space was being intruded upon and with an already fragile and fragmented self; she could only try to regain a sense of cohesiveness through increasing her attachment level by being more physical with me. It might have been an attempt on her part to keep me focused on her; to remind me that this is her space and therefore the focus should be on her.

She initially presented as being quite fragile, with her becoming angry and tyrannical when her needs are not met. Her sense of fragility might also be exacerbated by the seemingly lack of discipline and control in her family that might be caused by the way her parents view them as 'miracle babies'.

The person whose self regresses from a state of cohesion to one of partial or total loss of structure experiences this as a loss of self-esteem, or as a feeling of emptiness, worthlessness or anxiety (Wolf, 1988). I hypothesise that this could partially explain what Jane experienced during the play session. She might have been very angry with the presence of her brother at the clinic hence her need to be more physical with me which could serve as a way for her to keep her self structure from fragmenting because of the presence of her brother at the clinic that she could have perceived as intrusive on her space. She experienced fragmentation when she felt betrayed by her mother and hence needed to restore an internal equilibrium by engaging in more physical activity that served as a reminder for me to focus on her.

The next vignette that will be discussed illustrates more of Jane's competitiveness that came out in the play room, while playing two different games that she came up with.

Jane decided that we should play a game called "Girls and Boys". This game is played by taking turns to select a letter of the alphabet while closing your eyes. We then come up with names of boys, girls, fruit, vegetables and animals that start with that letter. This game went on until she decided we should play another game.

With this game, which happened two weeks after the brother came to CGC, what I realized is that we were both playing competitively whereas other times I would let her win most of the games. She wanted to win so much that she even started to cheat and make up some rules as we played along so that she could be in the lead. I found myself being irritated and annoyed by this behaviour. I tried to talk to her about cheating but this did not help as she continued doing this. I even found myself being bossed around by her, telling me what to do and to hurry up with coming up with names. The more she did this, the more I resisted. It felt like we were engaged in some power struggle, where we were both trying to prove our competence to the other. This was an

interesting dynamic as it triggered some of my own issues around being controlled and told what to do.

This dynamic could have served to build Jane's self-image and confidence around being competent. I hypothesize that this competitive nature is necessary to exercise her will to do and gain mastery over her own worries and anxieties. This also allowed her not to take a passive role in her life and be active which is what she is not doing currently. This was likely to bring about maturity and growth that she needs to separate from her mother and start being independent.

With tyrannical children, they can appear very controlling and demanding (Barcai & Rosenthal, 1974). The constant giving in to their demands and wishes further increases their tyrannical behaviour and controlling of others in their lives. In Jane's case, her mother mentioned that Jane can be demanding and sometimes she does give in into her demands just so she would stop whining.

In most of the games that we played, she seemed to be competing to win and if she did not she became tyrannical. I view this competitive behaviour as a dynamic that might be happening between Jane and her mother. Jane was not given an opportunity to internalize some of the selfobject functions that her mother performed that would enable her to perform these functions on her own. She was 'babied' until she was 4 years old. This was the time when her brother was born and hence her mother's attention would now be divided between the two of them. Jane might have experienced this as traumatic and disappointing as well. She therefore had to compete for her mother's attention that was unexpectedly shifted from her to her brother. With the limited internal resources that she has, she might have experienced this change as unbearable and therefore needed to cling to her mother. She might have felt her relationship with her mother as being threatened by the arrival of her brother so that she finds it necessary to fight for it. This may account for the competition themes that have been evident in her play sessions.

We then moved to playing another game she called "Exes and Zeros".

With this game we had to write an X or O within a grid and whoever was able to write an X or O in one line got a point. She became even more competitive with this game so much that she started to cheat again. She did not look pleased with losing one game so that when she won the next one, she told me that she was not stupid and that she could also win. She then proceeded to win all the games after that and was very pleased with herself.

This game once again was characterized with both of us wanting to win. Her cheating irritated me so that I fought back and beat her at her own game. This countertransference enactment brought out her anger mentioned by her mother. I had not seen this anger since I started play sessions with her. When she won games this made her feel good about herself and she would look at me and smile whenever she won a point. I was surprised at how I reacted to her gestures, especially as she is a child and I was the adult in this situation.

I viewed her cheating and competitiveness in these games as a defensive structure that she used to gain a sense of self and autonomy. Jane's mother had been so involved with her that she might have felt incompetent or insecure in doing things on her own. I therefore view this competitiveness in this light; she is regaining her autonomy which would in turn assist her in being able to separate from her mother without being anxious. This could also be used as a way to restore her self-esteem as an individual separate from her mother. Children who are ambivalently attached lack self-esteem and hence she used whatever means necessary to accomplish that. Lack of self-esteem is also prevalent in children who are controlling and tyrannical. Parents yielding to their unreasonable behaviour and demands produce a sense of incompetence and inadequacy in them. This incompetence makes them too dependent on their parents and hence they become clingy.

Themes and activities

From these middle sessions Jane seemed to be more engaging with the play sessions. She seemed to be more autonomous and confident to play any game that she wanted. She was taking more risks without the fear of being rejected. This was evident when she cheated in a few games that we played. She seemed to have gained the trust in order for her to be more herself. What also emerged in these sessions was how she became more controlling and bossy while playing games. She became more competitive in these games that she even mentioned that she is '*not stupid and she could also win*'. She also volunteered much information than she would normally do about her school and some activities that she did at home during the weekend.

Defensive and compensatory structures

In a session where her brother had come to the clinic Jane became more physical with me in the play room. She might have defended against fragmenting to feeling upset, angry and intruded upon by being more physical with me, as a reminder to me that this is her space and the focus is on her. In all these games Jane's compensatory structure which is competitiveness came forth in her trying to prove to herself and to me that she is capable and competent. Most importantly she was using this compensatory structure as a way to self-soothe and regulate her injured self. This could be seen when she smiles and feels pleased about herself whenever she won a game. Competitive aggressiveness disappears when the frustration has been overcome (Wolf, 1988).

Fear of Regression

Regression-enhanced transferences make interpretation and working through possible. However, the patient's fear of the regressive pull of the analytic situation makes for powerful resistances, particularly early in the analytic process (Wolf, 1988). Wolf (1988) further mentions that patients fear regressing to earlier more archaic and therefore more fragile self states. They dislike experiencing themselves as infantile in their demandingness and hate to experience the utter frustration and helplessness that comes with not being responded to fully particularly because this may induce shame. Jane's resistance can be viewed in the light of a fear to regress to an infantile

position thereby risking that her already dysregulated sense of self might further disintegrate. Resistances protect against new injuries. Overcoming these resistances means that the injured self dares open itself up to a potential experience of being injured again. Therefore it is not easy to trust a stranger when past experiences with significant figures in one's life have been full of misunderstanding (Wolf, 1988).

Self-object needs

What was prevalent in these sessions was how much Jane demonstrated the need to feel confident with self-esteem that will assist her to be secure enough to be independent perhaps from her mother. Her competitiveness was a healthy way of showing this and being able to take risks. While trying to build her self-esteem she could be encouraged to continue to do this in order for her to gain mastery over her fears and insecurities.

Adversarial self object

Wolf, (1998) mentions that competition can involve a connection between the client and the therapist. It can also assist in establishing the development of a healthy self-image. Furthermore, someone who engages in competition engages their will to do. Competition also relieves anxiety that can arise around idealization. Though idealization is an important selfobject function, it can bring about the risk of the ideal other making you feel small in comparison (Wolf, 1998).

Outside of therapy

Jane's mother had continued to mention that she is improving in-terms of separating from her however she still gets angry and tyrannical with her when she does not get her way. Though she has tried to talk to Jane about this behaviour, it seems to continue. She therefore tends to yield to her tyranny and this perpetuates Jane's behaviour.

Termination session

This next vignette was a session in which I was to prepare her for termination.

We started this session with catching up on the previous two weeks as she had not come for therapy. We talked about the school break and what she did during that time. We then proceeded to playing 'Grapes'. This game is played by taking turns to cancel grapes that she drew in a triangular shape to complete a row. If all the grapes have been cancelled out she or I gets a point depending on who completed the row first. It started off slowly with both of us not really competing to win. As it progressed she then became competitive. She asked me to skip a turn so that she could play in order for her to win. I decided to stop the game and talk about her wanting to be in the lead. She mentioned that she wanted to win because losing is not nice. I suggested that perhaps she wants me to lose so that I could feel bad and she could feel good. She shied away and did not respond. Her mood changed, she became a bit withdrawn and I think angry with me. She started making a paper box and when I asked her what she was doing she said I should wait and see. This was a game that she wanted us to play and after playing that game, she gave me the box and said 'this is for you'.

Though I felt that I took charge of the session by asking her to explore the cheating and what it meant, I felt uncomfortable while doing that. Afterwards my own issues also came into play when I wanted to repair our relationship quickly so that we could continue with our cohesive and regulated relationship. I thought of my own likeability towards her at that moment and I wanted to fix things so that I could still feel liked by her. Why I felt the need to be liked by her remains to be explored. I also think she felt dysregulated and her gesture of giving me the paper box was either repairing the relationship thereby maintaining her sense of being liked or she was disavowing her bad negative feelings and projecting them on to me so that she could feel good. I hypothesise that she could have felt angry with me as a compensation for being shamed and made to feel guilty by what happened during that game. This was an interesting dynamic to explore as up until that point there had

never been any disruptions or ruptures in our relationship. Ambivalent children need to feel good about themselves in order to still feel a sense of being liked. They tend to be preoccupied with whether they are liked by others hence their relationships are characterized by clinginess towards significant figures in their lives.

Jane was brought for therapy by her mother because she could not separate from her. Wherever her mother was she wanted to be there as well. When anticipating separation from her, Jane became upset and demanding. What also emerged during therapy was how Jane seemed to lack confidence in engaging with the sessions. This was evident during the beginning of therapy where she would not explore the play room and would sit passively on the floor. When she did this I would proceed to take out toys from the chest and start a game then she would join in. I then decided to stop doing this and gave her the opportunity to do what she wanted and that is when she started playing games that I have discussed earlier in this chapter. Giving her this chance to come up with games that she wanted to play gave her the confidence and esteem she needed to do things on her own without her mother. I hypothesise that the clinginess to her mother came as a result of her lacking the confidence to explore on her own and the lack of belief in herself that she can do anything on her own. This is a typical characteristic in tyrannical children where they seem incompetent and inadequate. This is maintained by their parents through continual yielding to their demands hence producing dependency on them.

Themes and activities

In this termination session it was evident to me that we both did not want to cause any ruptures in our relationship. This was evident when during the beginning of our session we were playing a game that we were both not competing at. However, later on she started to compete again and even wanting me to give her an opportunity to win the game. This might have been her reaction to our sessions coming to an end, perhaps her being angry with me. Though this was the case, we both tried to repair our relationship before

the end of the session out of our own dynamics. Perhaps we both feared regressing therefore the need to repair our relationship.

Outside therapy

Therapy was able to help Jane in sustaining this behaviour as her mother gave feedback that she has improved in terms of separating from her and having sleepovers at her friend's places. She had also become less demanding and had stopped coming to her classroom at school during break and has started playing with other children.

Chapter 6

CASE FORMULATION

Jane is a child who is having difficulties separating from her mother. She is clingy and she becomes anxious when separated from her mother. She becomes angry and aggressive towards her mother or herself whenever she feels unheard and unattended to. During this time she also makes demands on her mother in order to get the attention that she feels she is not receiving. As a result of her behaviour, her mother also responds with anger and frustration and this only exacerbates Jane's behaviour as she becomes more clingy and anxious.

Jane seems to be presenting with Ambivalent, dependent and preoccupied attachment pattern. Children classified with this attachment pattern seem to

be prone to separation anxiety. Jane started being anxious about separation from her mother when her brother was born. At this time she had already formed a close relationship with her mother who seemed to be anxiously attached to her as well at the time. Ambivalently attached children tend to become stressed and anxious whenever close relationships appear to be threatened or there is pressure to separate from the primary attachment figure. The arrival of her brother was a possible threat to her relationship with her mother as her mother would now have to divide her attention between both of them. As a result she became clingy in order to maintain a close relationship with her mother.

Individuals classified with this attachment pattern also tend to have deep anxiety about their sense of worth, acceptability, lovability and value who they are. They seem to be occupied with thoughts of whether or not other people have interest in them to be emotionally available in times of need or distress. This is seen when Jane worries whether her mother will remember to fetch her when left in the care of other people. As a result of this worry she seldom visits friends and other relatives and prefers to be with her family. These children tend to have low self-esteem with poor confidence in themselves and they tend to be in emotionally entangled close relationships. I view this tendency to be in emotionally close relationships as a way for the children or later as adults, to gain validation and a sense of worth to affirm them as valuable human beings. This emotional closeness can be seen in her own family where they seldom go anywhere without the whole family. Her mother described their family as close – knit and hardly go anywhere without the children. Jane's own anxiety of whether she is lovable and valued as a person comes forth when she questions her mother's love towards her when her needs are not met. She seems to associate any negative response from her mother as an attack on her already fragile sense of self and therefore retaliates by being abusive towards her or turns it inwards. This behaviour can be understood in light of their preoccupation with whether they are worth the love of others.

These children are classified or perceived as angry which can lead to being aggressive, needy or demanding of attention especially from their parents. She tends to get angry when her needs are not met and she sometimes expresses this anger through being abusive towards her mother or turning it inwards by making threats that she would rather commit suicide. She is likely to perceive her mother's refusal to yield to her demands as her mother expressing her lack of love towards her and therefore not validating her as a person. She might also view this as rejection from her mother and with an already compromised sense of self, she retaliates in this way to get the attention and appreciation she needs. Although the home environment of these children seem to be chaotic in terms of attention seeking behaviours and emotional outbursts, parents of ambivalent children tend to cope well with their demanding children but become increasingly frustrated as they become older children. Her mother mentioned that she sometimes becomes angry and frustrated with her as she becomes more demanding of her. She also reported that she is currently studying and working and as a result of this she is constantly exhausted. Her lack of energy causes her to yield more towards meeting Jane's demands as she does not want to get into arguments or fights with her. This behaviour on her part exacerbates Jane's behaviour and it ends up becoming a self perpetuating cycle. These families are also characterized by high levels of disorder, little structure and few rules. This kind of disorder was observed during the intake session with the family. Both parents passively intervened as Jane's younger brother was being very disruptive during the intake session. Both parents do not seem to have consistent disciplining styles and this could be confusing to Jane, hence maintain her separation anxiety. Her mother mentioned that the home environment was similar to what I was observing during the intake session, that the brother is disruptive and demands lots of attention from her as he can be uncontrollable. She reported that she gives into their behaviour to avoid conflict with them.

Her tyranny at home might be explained by her overindulgent parents who give into her demands and wishes. During our first intake session her mother reported that Jane was her miracle child as she struggled to fall pregnant. Jane also became ill a few months after she was born. Her mother might

have worried about her so much that she ended up giving into her demands as a way of comforting Jane and herself. Parents often cannot bear to see their child in a frustrating situation therefore they yield to their demands to ease their own discomfort as well. This yielding further increases their attachment to their parents as they seem not to be able to cope without their parents being present. This also seems to affect their sense of self and as a result they lack self-esteem. Jane's apparent need to want to be with her mother is indicative of this. This lack of self-esteem and confidence was evident from the beginning of play sessions where Jane seemed not to be able to engage with the play room. She was reluctant to explore the room and play with the toys. When she did play with the doll's house she did not know what to do or how to play except to put the furniture and the dolls where they belonged in the house. After this activity she would move to the school house where again she would arrange the furniture and then move to something else. This reluctance and seeming lack of interest with the toys was replaced by games that she came up with which we would both participate. These games started off by being repetitive and we played the same games in every session. Her favourites were hang man and maths competitions. She enjoyed playing maths competition because this was her favourite subject at school. She also enjoyed winning while playing this game. However, as our sessions progressed she changed these two games and we began playing treasure hunts and other games such as grapes, exes and zeros and drawing pictures on the board. At about this time Jane seemed to have relaxed and was more engaging and volunteered much information about school and activities that she does at home during weekends.

Self-Psychology Formulation

I also view Jane as a narcissistically injured girl whose selfobject needs were not met appropriately by the significant figure in her life. Her mother struggled to conceive during the first few years of her marriage. When she eventually fell pregnant she was ecstatic so much that she called her daughter a "miracle baby". Because of her reaction to her child, I hypothesize that Jane's mother may have been so excited that she became preoccupied with her daughter that she would have been misattuned to her age appropriate needs, hence

continuing to breast feed her for four years. Parents who are over-involved in their children's upbringing might promote a feeling of dependency in their children. This could lead to their failure in developing appropriate self-esteem that could allow them to approach tasks with confidence. Due to her mother's preoccupation with her, Jane's grandiosity might have been retained and not incorporated to become healthy self-esteem. This is evident when Jane became sick and needed to be hospitalized. This led to her mother becoming anxious and hence became preoccupied and over-involved with her. She further failed to wean Jane at an appropriate age and she subsequently volunteered at Jane's school when she started Grade R. She could have been so anxious about her daughter that Jane's selfobject needs, particularly of mirroring were not adequately met. Selfobjects who are able to mirror effectively sustain the self by meeting the need to be accepted and confirmed thereby maintaining the self's grandness, goodness and wholeness. Mirroring activity on the part of the selfobject is essential for the immature and growing infant because such mirroring is needed for a healthy self structure and its experience of selfhood (Wolf, 1988). Without such selfobject experience Jane can only view herself as less acceptable and lovable as a human being. Her narcissism has not been recognized, affirmed and allowed to mature into a healthy self-esteem necessary for daily functioning. This is what characterizes most ambivalently attached individuals as they are preoccupied with whether the significant other in their lives loves and appreciates them.

Lack of mirroring could also contribute to her lack of self-esteem and confidence. For her to feel confident and competent as an individual requires that her mirroring needs are adequately met and confirmed to feel validated and accepted. Due to her mother's preoccupation with her, she may have over-stimulated her and this manifest itself in separation anxiety. Excessive or inappropriate selfobject responses may lead to an over-stimulated state of the self. Jane was breast-fed by her mother until she was 4 years old and she had to bribe her in order to wean her. Age appropriate selfobject needs are normally required selfobject experiences that fit the age dependent requirements to sustain self cohesion (Wolf, 1988). This lack of attunement by her mother in terms of her age appropriate selfobject needs may have

predisposed her to developing a fragile sense of self that fragments in the presence of stressful situations, and in her case separation from her mother. She seems to need the presence of her mother in order to maintain a sense of self and regulate her affect.

Lack of internalization of idealized parental imago results in the child requiring the presence of an object to feel cohesive. According to Siegel, 1996 the child places power in the idealized object with which the child seeks constant union in an effort to feel whole and alive. However, in order for the child to grow and mature she must reclaim the idealization to create ideals otherwise she will forever require an attachment to an idealized figure to feel intact. Her father's seemingly passivity could cause Jane to lack an idealizing figure and as a result not have ideals. She could continue searching for an idealizable figure to identify with and idealize and hence develop ideals and values to live by.

Chapter 7

Discussion

Jane was brought to the clinic because of her inability to separate from her mother. Her mother reported that she did this even at school where she would bring her friends along to sit with her mother during school breaks. At home Jane would want to sleep with her mother and not in her own bed. Jane's mother reported that this behaviour caused her distress as she was unable to go anywhere without Jane. If they were able to live her with relatives, her mother would receive a phone call later that she had been crying, wanting to be with her. This behaviour did not interfere with Jane's school work as she seemed to have been doing well at school. Her parents brought her to the clinic because her behaviour was age inappropriate and seemed not to improve as she grew older.

During our play sessions, while playing the games that I had discussed, her competitiveness coupled with the need to control became apparent. She seemed to want to win all the games that we played and if she did not win she quickly changed the game. During this time I felt controlled by her and almost unable to refuse or challenge her commands. Although the sessions were set up in a non-directive way, I ended up feeling controlled and not being able to refuse her. One of the characteristics of ambivalent children is that they can be demanding and controlling. Their parents, because they do not know how to handle their demands or controlling behaviour, out of their frustration, succumb under pressure and yield to their demands. This however maintains their behaviour and it becomes a self-perpetuating cycle.

Jane's tyrannical side would sometimes come to the fore during our play sessions and she would want to dictate how the game should be played and what game we should play. I would sometimes challenge this behaviour and refuse to be controlled by her. She would react to this with subtle anger or challenge me back. If she did not get her way she would whine or change the game. This happened in most of the play sessions.

I view Jane's ambivalent insecure attachment as a result of her relationship with her mother. Jane was a very wanted baby; this is evident with the procedures that her mother endured while trying to get pregnant. I hypothesise that Jane's birth might have not met her mother's needs or Jane was not what she had expected. She therefore became under-involved with Jane emotionally. With a mother with low levels of sensitivity Jane had to increase her attachment behaviour in order to gain some attention from her mother. Mother can be physically present but emotionally absent which can lead to high levels of attachment behaviour (Howe, Brandon, Hinings & Schofield, 1999). Children with ambivalent attachment are therefore prone to separation anxiety with clingy demanding behaviour because of the felt emotional unavailability of their carers.

Furthermore, when children with ambivalent attachment show signs of independence and autonomy, their parents show signs of discomfort. This was evident when Jane's mother expressed discomfort when she took her to the beach. Parents who exhibit discomfort during the exploration phase of their children might attribute this to a lack of love and need of them as carers. (Howe, Brandon, Hinings & Schofield, 1999).

Jane's competitive nature might be explained by her having to compete for her mother's attention and emotional engagement. She does this to feel loved and validated as this might not always come forth in her relationship with her mother due to the type of their attachment style.

I also view Jane as a tyrannical child. Children who are tyrannical sometimes come from families where they are viewed as a 'special' or a 'miracle' child. In Jane's case her mother mentioned that she is her miracle child and hence she found it difficult to separate with her. Not only was she unable to separate from Jane, she appeared to have been unable to set rules and boundaries for her. As a result of this Jane became demanding and controlling. Her mother met this behaviour by being lenient and giving into her demands. When this leniency was threatened by her mother refusing to yield, she would get angry and attack her mother physically. Out of her own frustration and discomfort she would acquiesce and let her have her way.

Relief from pain and discomfort in this way results in the child not having the necessary competency to deal with frustrating and intolerable situations. They therefore learn that frustrations are removed when expressed. Jane's incapacity to deal with frustrating and intolerable situations is visible when she is unable to cope with losing games during play sessions. To remove this discomfort she finds ways of cheating in order to win and hence feel better.

Although her mother brought her for therapy because Jane could not separate from her, it seems that her mother was likewise unable to separate. This is evident in Jane's mother working at the same school as Jane was attending. She later mentioned that she finds it difficult to let her go as she is

worried about what happens to children in the absence of their parents in terms of being abused. She mentioned that she checks up on her when left in the care of other people and if she is feeling distressed she leaves whatever she is doing and goes to fetch her. In light of this history, Jane's mother could have also contributed to Jane not wanting to separate from her and her mother also not wanting to separate from her.

Self-psychology perspective

Intervention

Jane's mother brought her for therapy because she could not separate from her. She mentioned that she seemed insecure and lacked the confidence to engage in independent activities. She was not performing well academically as well and this could be related to her emotional difficulties which would tend to affect her confidence level at school. Therefore the aim of therapy was to encourage and assist Jane in separating from her mother. She had worries and fears around being away from her mother and therapy would help her work with her underlying fears that would make it easier for her to separate. The intervention had a dual effect in that it helped build her confidence and self-esteem.

Play sessions with Jane were structured in a non directive way where she would play in the way she wanted and then we would work with whatever theme comes up from the play. She came up with competitive games where we would play together and keep a score of who wins. She was reluctant at the beginning to do this but as our sessions progressed she became more engaging and played more during our sessions. At the beginning of our play therapy we used to play one particular game the whole session and it seemed as if she did not know what else to play. However this changed later in our sessions as she became more relaxed and familiar with the play environment. This was perhaps also indicative of her improving self-esteem and confidence. This kind of approach to therapy seemed to have been effective as she became more engaging. She refused to talk about any of her worries or fears around separating from her mother and therapy had to be tailored in

such a way that it would not be threatening so that she could improve at her own pace. As therapy progressed her mother mentioned that she had improved as she was now able to sleep on her own and visit friends and relatives on weekends, which is something that she was not able to do on her own. Jane was able to separate from her mother at school as well, where she used to spend breaks at school sitting in her mother's class with her friends. There has also been improvement in Jane's academics where she has been scoring high marks in almost all her school subjects. Although there was no direct intervention with regards to her academic work, the confidence that she might have build during therapy could have contributed to the improvement that is now seen in her academic work.

In Retrospect

As I have illustrated at the beginning of this research, this case was chosen because Jane did not meet the criteria for separation anxiety yet she was presenting with difficulty separating from her mother. This made it difficult to diagnose her. I explored this further to investigate what could be the cause of this. After discussing this case during supervision, it was decided that Jane seems to be presenting with ambivalent attachment style. Children classified under this attachment style are prone to developing separation anxiety caused by the insecurity they feel towards their attachment figures. They have parents who seem preoccupied with them. These children become emotionally entangled with their attachment figures and they normally have low self-esteem. They physically follow their parents around and often complain of being ignored or being treated unfairly.

This is what Jane seemed to present with. She became anxious when she was away from her mother and when she was with her she clings to her and does not want to leave her. This was inappropriate as she used to do this even at school where her mother was expecting her to play with other children on her own. She made demands on her mother to sleep with her at night and her mother found this stressful. These children can also be controlling and tyrannical. Their parents, most of the time give in to their demands as their parents find it difficult to watch them being in distress. They

make demands on their parents and when these demands are not met they throw tantrums and become angry. Jane was tyrannical towards her mother where she used to make demands on her mother and when her mother refuses she would sulk and become angry. At this time her mother would yield to her demands and give her what she wanted. These children also come from families where they are regarded as special children or born to ageing parents who struggled to have children. Jane's mother struggled to fall pregnant after she got married. When she eventually did, she labelled her child as a miracle baby and proceeded to treat her likewise. This is evident when she only weaned Jane when she was four years old and she would give her whatever she wanted.

This case might have added a new dimension to what we know as separation anxiety. Jane's symptoms did not meet the DSM-IV criteria for separation anxiety yet she was having difficulty with separating from her mother. These concepts, separation anxiety, ambivalent attachment and tyrannical behaviour would need to be investigated further as the scope and nature of this research did not allow for further and deeper exploration of the seemingly different concepts yet similar in some of their symptoms and presentation. It is possible that the parent-child relationship could have contributed to Jane's development of separation anxiety and her tyrannical behaviour.

The case has assisted me in understanding that separation anxiety can present its self in diverse ways. Instead of Jane refusing to separate from her mother for our sessions, she was able to separate and did not show any distress. I was also expecting her to play out themes around separation anxiety during our play sessions but this did not happen. Therefore after supervision the focus of intervention had to change as other dynamics had materialized. These were her lack of confidence, tyrannical behaviour during sessions and her adversarial tendencies. Therapy was more focused on these dynamics and investigating their link to separation anxiety. Therapy had to focus on building her confidence, sense of competency and esteem that would enable her to feel safe enough to separate from her mother without feeling anxious.

Chapter 8

CONCLUSION

Summary of findings

This research aimed to explore the causes and manifestation of separation anxiety in an 8 year old girl. The mother had showed distress in her daughter's clinging behaviour that was becoming inappropriate for her age. As the play sessions progressed other dynamics came to the forth such as her tyranny and her adversarial tendencies. From the analysis of the sessions, transcripts and feedback from her mother, it became apparent that the parent-child relationship contributed to the development of Jane's separation anxiety and her tyrannical behaviour perhaps after the anxiety had lifted. Her mother struggled to conceive which indicates that she was a very wanted child. Upon her arrival Jane was then treated like a 'miracle baby'. Her mother was unable to set boundaries for her or discipline her and proceeded to yielding to her

every demand. This further suggests that this kind of treatment from Jane's mother incapacitated her to feel insecure and inadequate to the point of Jane needing to be with her mother most of the time to feel safe.

Limitations of this research would be the ones inherent in a case study research where there is no generalisation to the general population. There seems to be a limited amount of data collected as case studies only have data from a single case. Interpretation of data was also subjective because of the relationship that was formed between us during play sessions where my own subjectivity came into play. I found the time that I spent with Jane limited and not enough to explore deeper her underlying difficulties.

Recommendations

Ambivalent attachment, parent's own anxiety that could lead to leniency in treatment of their children and tyrannical behaviour seem to be linked to the development of anxiety and in Jane's case, separation anxiety. Further research could focus on these concepts and elaborate more on their link with separation anxiety as the scope of this dissertation does not allow for further exploration.

Last concluding comment

On face value, this case study seemed to be fairly easy and straight forward considering Jane's initial presentation of separation anxiety. It however became more complex and interesting as the therapy sessions unfolded. She seemed to have managed to separate from her mother after a few sessions and other dynamics between herself and her mother emerged which might have been the source of her difficulties. These dynamics allowed for further exploration of Jane's difficulties which emerged as Tyranny and perhaps leading to her adversarial behaviour observed during play sessions.

However complex the case study proved to be, it was interesting for me to learn more about Tyrannical children, how this develops, how it can present

it's self and how parents can continue to encourage this behaviour in their children. I would like to thank Jane and her family for allowing me to use her case to further my understanding about her emotional struggles and for trusting me with their personal and private information that enabled me to gain more knowledge and hence be in a better position to assist Jane.

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