

Behavior Disorders Stemming from Disturbed Mother-Baby Experience and their Repair through Joint Work with the Mother and Her Young Child

Martin Silverman

Andy's first grade teachers were worried. He hardly participated in classroom activities and he barely interacted with the teachers or with other students. He preferred to look out the window and daydream. He came for evaluation quite readily, although he insisted that nothing was wrong with him. I shared his teachers' distress about his sitting and daydreaming instead of joining in with his classmates in the wonderful activities the teachers provided for them. He replied that he didn't want to cause trouble. It was just that he liked to sit and think about things. I told Andy that I was interested in hearing what he thought about while he was sitting in school and looking out the window. "I think about my mother," he said. "What's wrong with that?" "What about your mother?" I asked. "Oh," he said, "I wonder what she's doing at work. And I think about what we're going to do together after school—whether we'll go to the park or play a game, what kind of snack she'll have for me—things like that."

Although he thought I could make better use of my time if I were to help children who *really* needed my assistance, he agreed to come regularly to talk and play with me. We had very pleasant times together, and I found it somewhat puzzling that (on the surface) there didn't seem to be anything wrong with the very bright, charming youngster whose company I enjoyed on a couple of occasions each week. On the other hand, his teachers' consternation over Andy's disinclination to involve himself with them and the curriculum they provided for him deserved respect. His willingness to come for treatment sessions, furthermore, suggested that, despite his seeming equanimity, there might actually be something troubling him.

Since his parents were mathematicians and scientists, it was not surprising that Andy's play tended to drift in the direction of what struck me as scientific experiments. One day, we were at the kitchen sink that was available to us where, at that time, I had my office. Andy and I were engaged together in trying to find out which of the paper boats we designed were likely to stay afloat longer than others before they became water logged and sank. We chatted as we worked. He said something to me, about an activity in which his family had engaged, that puzzled me. "That's odd," I said. "Your parents told me something different from what you just said." He replied to me in a casual, matter-of-fact tone of voice: "Those aren't my parents. My parents died. Those people who say they're my parents came from Mars and took their place. Now let's try making this type of boat a little wider. It might float better that way."

Andy agreed to my seeking further clarification from his parents. When Andy's mother and I met together a week or so later, I gingerly brought up what Andy had said to me. She had always been very calm and composed when she spoke with me, but this time she dissolved in tears. After sobbing for a while, she pulled herself together and said: "There's something I didn't tell you. I see that I should have. When Andy was born, I developed a hot, red swelling in one breast. It turned out to be tuberculosis. For the first six months after his birth, we could only relate to each other through a glass *window*. I couldn't hold him. I couldn't touch him. I couldn't kiss him. I couldn't smell him. *We never bonded!*" I worked with Andy and his mother, separately and together, to address the impact of the early interference with togetherness and attunement which they had experienced. It had prevented the development of the kind of bonding and secure attachment for which they both yearned but which had been denied to them. I helped them bond with one another, albeit years after it *should have* happened. He became a healthy, happy, academically successful youngster who no longer needed to stare out through a window searching for his mother!

This is an unusually extreme example of disturbance in the development of solidly secure attachment between a mother and her baby. Six months is a very long time for a mother and her newborn baby to be separated from one another by a glass window! Can a much briefer,

albeit dramatic, disruption of mother-baby togetherness lead to significant emotional difficulties?

Ten-year-old Bobby came to me so that I might help him overcome the terror he was experiencing at the prospect of going away to camp for the first time. His fear was extremely puzzling not only to Bobby but to his parents as well. Except for a tendency to be irritable with his parents, especially his mother, when they didn't seem to him to understand his needs and wants, he appeared to be a pretty well-balanced, well-functioning, reasonably independent young man.

Bobby and I searched together to uncover the roots of the anxiety he was feeling about leaving home to go away to camp. He very much wanted to go, but he was terrified even to think about it. The key to solving the mystery turned out to be a recurrent nightmare which Bobby had been having for some time. In the dream, his mother approached him, waving her arms menacingly, with a wild look on her face and a large number of thick wires sticking out of her head that made her look like the Medusa of Ancient Greek mythology. It took a good deal of work, but we finally figured it out. When Bobby summoned up the courage to look at the dream image of his mother more closely, it became apparent that at least some of the "wires" were tubes. With assistance from his mother, we learned that when Bobby was about eight months of age, he developed pneumonia, together with severe dehydration, and had to be hospitalized for a number of weeks. The hospital at that time allowed parental visitation only once a day and for a very limited period of time. Each time his mother visited him, she found that he was tied to his bed and totally immobilized to restrict his range of motion, in order to prevent the intravenous tube through which he was being hydrated and given antibiotics from being pulled out from a vein in his arm or head. Sometimes, there were multiple tubes sticking out of him and he was covered with black and blue marks from all the needles that had been stuck into him.

She was so horrified by the dazed, horrible look she saw on his face each time she visited him that, after a while, she refused to leave. She insisted on being allowed to stay with him, twenty-four hours a day, until he was able to return home. The hue and cry Bobby's parents put

up, in fact, played a significant role in getting the hospital to change its policy about parental visitation with children who were hospitalized there. It took Bobby a very long time to get over the effect upon him of his hospitalization, his parents told me. He was irritable, jumpy, and easily angered for a very long time before he seemed to settle down again.

Bobby reacted to what we had learned from his recurrent nightmare by feeling as though he had been released from bondage. He became able to assert himself in a way that had not been possible before. He also became extremely impatient with, angry at, and hostile toward his mother. As we worked together to understand what was going on, Bobby increasingly zeroed in on the rage he harbored at his mother for allowing him to be subjected to all the painful and terrifying things he had experienced during his hospitalization, as a helpless infant who was unable to protect himself. With my encouragement, Bobby's mother expressed deep regret and sorrow to him for not having helped him more effectively and for its having taken as long as it did before she *insisted* on being allowed to stay with him all the time while he was in the hospital. In her own defense, she did point out that there was no way hospitalization could have been avoided and that battling with the hospital administration had been no easy task. She reminded Bobby that she did succeed in staying with him twenty-four hours a day for the remainder of his stay there.

Bobby's fury at his mother gradually subsided, and his relationship with her improved steadily. He was able to go to camp when school ended for the year—and he sent me a wonderful letter from camp! In it, he told me how much he was enjoying camp, and he thanked me warmly for helping him become able to leave home to attend it. His newly acquired strength and feistiness were epitomized in the way he ended the letter: “But don't you take too much of the credit! I did most of the work!”

This too is a rather dramatic example of the effects of an unfortunate experience of traumatic interference with optimal mother-child interaction early in life. Those of us who work with young children and their families more often encounter seemingly ordinary, relatively garden

variety interferences with optimal interaction—but at times they can exert an equally or even more severely damaging impact on the child’s emotional functioning and on the relationship between the child and its parents. I have worked with a good number of families who have had to contend with such experiences. A treatment modality which has emerged out of that experience involves working simultaneously with a young child and his or her mother (and often with the father as well). I should like to share my experience with three such families in some detail. In each case, the children’s parents were so pleased with what treatment accomplished that they gladly agreed to my sharing my experience working with them and their children with other people who might benefit from hearing about it.

JOINT TREATMENT OF A MOTHER AND A CHILD WHO HAVE HAD A TROUBLED EARLY RELATIONSHIP

Charlie’s parents looked drained and beleaguered. They were at the end of their rope. Could I *possibly* help them, they asked? Charlie was only four years old, but he already was more than his thoroughly exhausted mother could handle. There was no way she could cope with the constant, unrelenting demands he made upon her and with the explosive rages into which he flew when she couldn’t satisfy his needs. It drained her energies, and she was worried. She couldn’t devote herself exclusively to him. His twin sister and almost eleven month old baby brother *also* required her attention. It pained her sorely that she could not calm him down and that she found herself getting angry at him instead of helping him. He was beginning to get angry at himself as well. “You don’t love me!” he would cry out—and he was beginning to hit not only her but *himself* as well! He was beating on himself with his fists! He had started to call himself “bad” and to say that he did not want to live. It broke her heart!

His twin sister Allison was as easy as Charlie was difficult. It had *always* been that way, in fact. Thank goodness *one* of them was easy! They were born after a prolonged, difficult labor that left their mother feeling wiped out, totally drained, and completely overwhelmed. A lengthy,

stress-filled fertility struggle had preceded the pregnancy. During most of the third trimester Charlie's mother had been confined to bed because of premature dilatation of the cervix at twenty-one weeks of gestation. This was extremely difficult for such a very active person. She went into labor at thirty-two weeks, and the babies were born at weights so low that Charlie had to spend three weeks in the NICU and Allison had to spend an additional week there before they could go home. There also was a terrifying instance when they stopped breathing—apnea—because of which they were sent home wearing heart monitors. As his mother put it to me: "It was very frightening and *horrific*—a very difficult, rough start, after a difficult fertility issue and then a difficult pregnancy!"

The two babies were as different from one another as they could be. Unlike his sister, who was relatively quiet and undemanding, although she did have esophageal reflux, Charlie was a very needy baby who screamed and thrashed when he was hungry and was an extremely vigorous sucker during his feedings. He also was restless, fretful, and in need of much more attention than his beleaguered mother could provide for him. She was not the kind of person, furthermore, who does well with loud demandingness, his mother said to me—"so it was a tough fit." In fact, it was a nightmare—for both of them!

Charlie was very competitive with his sister: "*She has more!*" Paradoxically, at least on the surface, he also worried about and protected Allison. If Mommy told her that she couldn't have dessert because she hadn't finished her dinner, for example, Charlie would cry out plaintively: "Give her dessert! She ate enough! She'll be unhappy!" For a while, beginning after he started nursery school, at the age of three, and gave up napping every afternoon, Charlie also would have night terrors whenever he hadn't napped that day. He also went through considerable separation anxiety after the birth of his baby brother ten months before I met Charlie (and he had missed his mother terribly while he was at school while she was pregnant). His reaction to his brother's birth was first to irritably ignore him, then to dislike him, then to fake being nice to him, and finally to truly adore him and be wonderful with him. It did not surprise me to hear this, as Charlie was described to me as very affectionate and loving with his parents—and vice versa.

Charlie anxiously ignored me during his first session in the playroom, although he listened as I told him about his parents informing me about his unhappiness. I offered to help him and his family. He leaned against and into his mother's body while I spoke with Charlie and his Mommy. He clung to her, and he rejected her encouragement to him to play with the toys. When she persisted in urging him to do so, he effected a clever compromise between his need to be in contact with his mother and her desire that he leave her side and "play in the playroom." He looking at the toys on the shelves and then opened the cabinet that was next to them to see what was in it. He took out a ball he found in it, and he played catch with his mommy for the remainder of the session.

After a while, he allowed me to be of help to them, by retrieving an errantly tossed ball now and then. He even was able to exchange a few words with me. I called his mother a bit later in the day. She expressed disappointment and anxiousness about Charlie's not having engaged with me in playing with the toys. How could I help him if he wouldn't play with me? She was relieved when I indicated that it was a sign of emotional strength that Charlie was cautious about interacting with a grownup whom he had met for only the very first time. She was even more relieved when I noted that, after I had been patient, he did let me "help" and he did speak with me. I also pointed out that he had not thrown the ball *at her* the way he threw things at her at home but tossed it back and forth *with her*. I reminded her that, at home, they had happy times as well as difficult ones. She seemed to get my point, namely, that Charlie seemed to understand and subscribe to therapy to assist him and his mother to be "in control and happy together rather than being out of control and unhappy together."

What occurred during our second session in the playroom was dramatic indeed! Charlie's mother brought some of *his* toys, and she encouraged him to play with them. He did so, but only after returning to the game of tossing a ball back and forth with his mother which had filled most of his first session with me. I put into words how much Charlie seemed to like bashing his Ninja Turtles with a weapon and what a good job he did when he fought with the Transformer. He responded by (hesitantly) shooting his mother with a plastic gun he'd seen

lying on one of the shelves. I nodded to her, and she restrained herself from voicing an objection. Charlie reacted to her tacit acceptance of his expression of aggression toward her by picking up a toy “sword” and *erupting into a full scale attack upon her!* He cut off her head! He stabbed her all over her body, including “in the butt!” He gave her “poison jelly” to eat. His mother said that Charlie doesn’t like it when she puts “gel” in his hair to control wisps sticking up in the air when he wakes up in the morning. I wondered out loud if he might be getting back at her for that. I also made it clear to Charlie that he could think, feel, say, and pretend anything in my playroom but that there *could be no hurting for real!*

Charlie had us make it “dark” in the room. He went out, and returned quickly, as a “doctor” who promptly chopped Mommy in half! “Charlie,” I said, “If you cut Mommy in two, then *she’ll* know what it’s like to be a twin—and to have to share Mommy.” Mommy nodded understandingly. He smiled, stuck the knife (gently) under her blouse, and then shot her with the gun (but this time with a smile on his face). I said: “Charlie seems to be saying that he likes and loves Mommy but gets sad and mad at her sometimes.” He responded by going into a corner of the room and doing “magic.” He put a little plastic plate behind his rear end and asked me to guess where it was. “In your butt?” I asked. “No,” he replied. He indicated that it was a “mystery.” A little later, I said to Mommy, “I’m realizing that a big mystery to a four-year-old is what kind of magic makes a baby.” “And we have one at home!” she replied.

For some time thereafter, Charlie would start out each session by attacking his Mommy with swords, to “cut her butt off,” to “cut her boob off,” and to “cut her in half.” He then would switch to playing catch with her with a ball, pleurably but also very competitively, and under his control so that he always would win. He expanded the play to include a dodge-ball-like game in which he *asked* his mother to try to hit him. I wondered out loud whether he was afraid of getting punished for his behavior. At times, he set soldiers up in front of each of them, at first to shoot their weapons but then to be members of the soccer teams. I noted his changing things “from battle to play,” and I said that he didn’t seem to like fighting with Mommy, even though he felt like he *had to* do that to get what he needed. I wondered out loud from time to time

whether fighting with Mommy might be the *only* way he knew of getting to her. We were to return to this repeatedly as time went on.

Charlie threw himself into the treatment process with vim and vigor. He played out his ambivalent feelings toward his mother and siblings; his need to figure out and control the baby-making process that took his mother away from him, on top of his having had to share her from birth with a twin sister; and, especially, the dilemma in which he found himself in which he *had to* fight to connect with and gain possession of his mother, in competition with three family member rivals, to obtain her love and attention, but was doing it so intensely that he was alienating her and pushing her away. In the playroom, we worked together at promoting mutual understanding between Charlie and his mother of these issues as well as at facilitating increasing self-control and expression of his feelings in words rather than in action. Over the telephone, during Charlie's bathroom breaks (which after a while he became able to take by himself rather than requiring Mommy to accompany him), and briefly toward the end of some of the sessions, Charlie's mother and I were able to think together—about how *she* could restrain herself from becoming anxious, frantic, and angry when Charlie swooped in on her, like the Barbarians invading Rome, to sack it of its wonderful treasures, and instead *calmly* help him *say* what he wanted and needed. She was an understanding and eager learner, and she and I rapidly became effective co-workers in the therapeutic enterprise. Increasingly, it was Mommy who perceptively put into words what Charlie was expressing in action, and she joined with me in helping Charlie to stop, think, and control himself instead of erupting in volcanic behavior outbursts. It was *she* who came up with the idea that it might be good to meet more often.

Charlie's father made a major contribution in two ways. He helped Mommy gain perspective about boys being different from girls behaviorally, and he helped her appreciate the fact that she and Charlie were *two* strong-willed, *determined* people who butted heads together. When Mommy and I thought that the time was ripe, Daddy began to come in with Charlie for some of his new, Saturday sessions. At first, Charlie was unable to bear being away from his Mommy while she was lavishing love and attention upon his two sibling rivals. He screamed, kicked,

threw things, and insisted on going back home! Daddy sensitively tolerated it up to a point and then, with back-up assistance from me, physically restrained Charlie when he needed to do so and sternly spoke sense to him. Charlie eventually pulled himself out of his fight-and-flight terror. He quieted down, and then politely requested a drink of water. I obtained some for him, and then I congratulated him on the “victory” he had achieved over his terror and over his loss of self-control. During subsequent Saturday visits to which his father accompanied him, we were able to *talk* about his yearning to be with his Mommy and about his distress over not having access to her when he felt he needed it. Charlie began to play out triangular, pre-oedipal and oedipal themes in board games, not only with Daddy and me but also, in other sessions, with Mommy and me. Charlie’s struggles over the “rules” afforded an opportunity to put into words his *need* to win, his *fear of* losing, and his *need* to be in control (both in competing with rivals for his Mommy’s love and over his anxious eruptions of anger when he couldn’t win the battle). Both parents were perceptive and sensitive in their understanding of and in their appreciation of Charlie’s (increasingly healthy, appropriate, and better controlled) macho competitiveness.

When his baby brother’s first birthday arrived, it was *Mommy* who skillfully connected the growing irritation and anger Charlie was expressing toward her in the playroom with his recollection of her pregnancy and the birth of his baby brother (she reminded him that she had been unable to be a witch for Halloween, the previous year, as he had wanted her to do, *because she had a baby in her tummy*). I was able to work together with her toward increasingly transforming Charlie’s expression of his feelings through action into verbal expression in its place. I translated *into words* his throwing a little ball *at her*, excitedly playing at pushing a penis-shaped baby bottle “into her butt” and pushing pretend food into her mouth, and then filling a large truck with little, plastic animals: “Mommy has one baby; you have lots of them! I think *you* want to be the one having babies with Mommy, so *you* can control the baby-making!” He verbally confirmed it, and he calmed down. I set firm rules against his hurting me or Mommy and against breaking things or putting his feet on the walls. Mommy in turn firmly

stopped him from throwing the ball so hard that it hurt her. She made it clear to him that, although he enjoyed the privilege of being able to say anything he wanted in my playroom, he could not say “bad words” at school and should not have showed his teacher *how big* his daddy’s “tush” and his daddy’s penis were. (Charlie’s mother was very pleased by our ability to collaborate effectively in helping him not only to learn to speak rather than act but also to regulate what he says when it is socially appropriate for him to do that.)

After a while, Charlie brought his struggles directly into his relationship with me. When we were prevented from meeting during one week, he punished *me* for not being there for him. He cut *me* in half with a sword, so that there would be two of me, and he put *me* in jail for being bad, as he had done with Mommy in previous sessions. He provided verbal confirmation when I interpreted these expressions as reflecting distress and anger at my not being there for him when he needed me and the guilty fear that I had not seen him because I was punishing him for being demanding, rude (“bad words”), and aggressive with me. In subsequent sessions, we were able to talk together about his feeling those same things toward his mother. (Young children do develop transference reactions to their therapists!) At another time, when I made Charlie feel a bit uncomfortable by verbalizing something which it turned out he had not been quite ready to hear, he expressed negative feelings about coming to see me. This worried his mother, but she was relieved to hear me say that Charlie *truly* needed to be able to express all sorts of feelings in relation to me, including negative ones. She sounded even more relieved when she called me the next day. After she had put Charlie to bed the previous night, he suddenly said, “I forgot to tell something!” “To me?” she asked. “No,” he replied, “to Martin! I forgot to tell Martin he’s a very good friend!”

As the therapy has continued, Charlie’s parents and I have continued to work together to help him contain his behavioral expression of fear, worry, anger, and guilt and to become self-observant enough to recognize those feelings as signals for him to take more *effective* action—including using his growing skill with words (he began to proudly share things he was learning at school during treatment sessions and to dis-

play his growing mastery of the ability to write and spell words). Charlie began to turn the Candyland figures into “Power Rangers,” and to show me and Mommy, as well as Daddy on the occasions on which he brought him for his sessions, that he could do special things with them with the aid of rubber bands. This provided the opportunity to speak with Charlie about his increasing, *big boy* powers, in contrast with the relative powerlessness he had experienced as a baby and then as a *little boy*, who couldn’t always know how to get what he needed, was forced to wear casts on his feet for a while to correct his toeing in, and had a couple of experiences when he fell off things and injured himself.

Rome, of course, was not built in a day, as the saying goes. Charlie has continued to have tantrums and meltdowns in my playroom and at home when he feels lost or threatened. They have become far less frequent, however, and to last for a shorter period of time—and he has completely stopped hitting himself and saying that he is bad and that no one loves him.

A SECOND CLINICAL ILLUSTRATION OF JOINT MOTHER-CHILD THERAPY

David was the four-and-a-half year old son of a loving but exasperated couple who had adopted him after a frustrating, very unpleasant, unsuccessful attempt at fertility treatments. He was born six or seven weeks early and had to spend a week and a half in a NICU before he was able to leave the hospital. The doctors had predicted a stay of *several weeks* in the NICU, which worried his parents very much, especially since he was born two thousand miles from where they lived! The adoption agency strongly urged that his parents speak and sing to David, repeatedly and often, how wonderful it is to be adopted, and that they do so right from the very beginning—and David’s parents trustingly followed their well-meaning but misguided advice.

The first year was unremarkable. David seemed to be a healthy, happy, active, and assertive baby, and his developmental milestones were well within normal limits, although, as a premie, he had to catch up with himself a bit in walking and talking. At the time David’s pediatricians

referred the family to me for assistance, David was an affectionate and affection-loving youngster, but who was a lot like the little nursery rhyme girl who had a curl right in the middle of her forehead. When he was good, he was a wonderfully likeable and loveable, bright and creative, cheerful child who was a delight to be around (although he squirmed and wriggled anxiously when he was very hungry or very tired). When he was bad, on the other hand, he could be a handful. When he was placed in day care, beginning when he was between one and one-and-a-half years of age, he was a biter. His parents were told that he would outgrow it, but he was still a biter when he was enrolled in the summer program that would prepare him for pre-school. He also was defiantly disrespectful to the teachers, and he hit and kicked them. Soon he began to act that way with his parents as well—pushing, hitting, kicking, and biting them after even minor disappointments and frustrations. Guidance from a behavioral therapist seemed to help somewhat, especially with regard to his behavior in school, but it clearly was not enough.

Another bit of relevant historical information was that when he was transitioned from a crib to a bed, at about twenty months of age, it went well. A few days later, however, a huge storm swept through the area. They lost electrical power and had to relocate for a while. When they returned home, David would not stay in his bed at night but *fought* to stay with his parents in their room. They had to put a lock on his door to keep him in his room.

He was enrolled in a summer camp session at his pre-school, following his first year there, and things seemed to be going well. Two weeks before David's parents came to me for assistance, however, it was as though a volcano had erupted. He began to hit, kick, spit at, and bite other children at camp—and he pushed one of them into the swimming pool. Then he began acting that way with his parents as well, including pushing his parents out of his room and barricading the door so that they couldn't come in. They were nonplussed and dumbfounded by what was going on. When we explored the circumstances in which all this misbehavior had broken out, it became evident that two things had happened that triggered this wild behavior. One was that his best friend left camp after the first session,

after which some new children joined the program for the second session. The other was that, the day before the outbreak of the “terrible reign of terror” which he launched against his parents, his father, continuing to follow the advice given by the adoption agency, read a book to David, the title of which was “Place in My Heart.” It was about a family of squirrels that adopted a chipmunk, who then became worried whether there would be enough room in his heart to love his adopted parents as well as his birth parents. The squirrel parents *insisted* that there was—but I had to wonder whether *David* was convinced!

David went right into my “toy room” after I introduced myself as someone his parents had engaged to help him with the apparent unhappiness he was going through. He said “yes” when his mother asked him if she could stay, but then he started playing with toys (airplanes, and then cars, trucks, and soldiers) *with his back to her and to me*. I exchanged a few words with his mother about how bright and inquisitive he was, and about how capable he was in figuring out how to do things. Suddenly, he asked his mother to leave. She asked me if that would be okay and, in response to my “Maybe,” she left and returned to the waiting room. David explained his asking his mother to leave by saying that he could not talk and play at the same time—but that is precisely what he then did with me! I wondered to myself if he had sent her away the way he had been sent away—by his birth mother. We chatted back and forth about the toys and other playthings in my “toy room” and at his camp. He asked for my assistance in connecting things to one another (e.g., a cannon to a jeep and a tow truck to a dump truck.). When he showed me how fast the airplanes and cars could go, I said: “like how fast your temper flares up and how much it takes to turn it off.” He replied that he very much wanted to go to camp and school but he was afraid of not “being wanted” there because of his behavior. He began to line up the cars and trucks rather obsessively, apparently as a reflection of his desire to get things under control. He also, unlike most boys his age who come into my playroom for the first time, fed a bottle to one of the dolls on top of the toy shelves and a bit later explored the dollhouse corner—where he misplaced the baby figure somewhere else instead of putting it back with the rest of the family.

When I called his mother the next morning on the telephone, she said that she hadn't been surprised by David asking her to leave the playroom (although I had found it quite unusual), because he was so "independent." I shared my idea that perhaps he *had to be* independent. I told her that I had learned from David that he worried that his behavior was going to get him thrown out of camp and out of school and that he wanted to control it. I shared my hypothesis, based on other experiences I had had, that he was so afraid of being sent away that he was compelled to keep testing whether he could *make it* happen.

David's mother stayed with us during the next session. (She has continued to do so ever since and, for many months, we spoke for a while on the telephone some time during the morning following each session). The session began with David, in response to his mother's encouragement, telling me that he had gotten his camp counselor mad at him earlier in the day by throwing her ball over the fence. He later connected this with his recently having gotten his Mom mad at him by throwing his bottle of water over a fence into the "river" (actually a creek.) He could not say anything further about either incident, but, when he noticed that a little, plastic car had lost its wheels, he told me how "sad" (and "mad," I added) he was about having lost the teddy bear he had had "since (he) was a baby." In subsequent sessions, he was to alternate between blaming himself and blaming his mother for its having gotten lost. He (and his Mommy) allowed me to put into words how sad and mad he seemed to be about his having lost "Pookie," his teddy bear from when he was a baby, and how he just couldn't get rid of those "sad and mad" feelings, even though, as Mommy pointed out, he now "had five new teddy bears." David went over to the dollhouse corner, examined the child figures, and wondered about the differences between the ones with solid heads and the ones with "squishy (i.e., hollow) heads. (He was calling attention to their belonging to two different sets of figures.) Then he picked up a little plastic alligator and had it bite his mother's chin, shoulder, and chest, and it bit so hard that it hurt. When she objected, I said "Mommy doesn't want David to get hurt or for Mommy to get hurt." I offered to help the two of them figure out what was behind the painful interaction they were having, so that they could be happy together instead

of hurting together. They both accepted the offer. We had drawn up and signed a therapeutic contract.

Early in the treatment, David turned Mommy into an aircraft carrier for the airplanes he zoomed around the playroom. When being covered with little, scratchy, metal airplanes proved to be too uncomfortable for her, he switched to playing the game Battleship with her. They both quickly recognized that he was too young for the game as it is designed to be played. David cleverly devised a novel way to play it. He used the pegs to surround and protect his ships, and he had his Mommy do the same thing. He then used the red and (mostly) white pegs to make a “pattern,” and he insisted that his mother make the pattern identical to his *rather than making one of her own*. His mother had difficulty at first recognizing that his need for her to be a haven of safety for his airplanes and his need for them to be *the same* in the patterns they made related in part to his adoptive status (in an open adoption in which somebody he didn’t know periodically was sending him pictures or little presents from far away). She said that having adoptive parents who provided a secure, caring, loving family for him should have more than made up for all of that! She thought about what I said to her during our regular talks, however; and she quickly understood what I was getting at when I spoke during the next session about how much I missed a ship that had gotten lost from my Battleship game and how much I missed the driver of the toy jeep, who also had gotten lost (by chance, we found both of them later on) the same way he missed Pookie, his teddy bear from when he was a baby. She sensitively understood and sensitively *helped* David when he went on to wrestle with whether it was he or his Mommy who had been responsible for Pookie getting lost. (When I expressed admiration for her sensitive attunement with David, as indicated by her saying just the right things to him, she was surprised and said, “I thought I’m *not* attuned to him!”)

Very soon thereafter, during one of his sessions, David picked up a sheriff’s badge he had noticed on one of the shelves. He had difficulty pinning it on, and Mommy helped him do it. When she asked him why he wanted to wear it, he replied: “to catch bad guys.” David turned to me and asked, “Do you ever have bad guys in here?” I thought for a moment

and then I said: “I’ve never had bad guys in here, but I have had guys in here who *thought* they were bad guys.” He looked thoughtful, so I asked: “Have *you* ever thought you were a bad guy?” (I paused briefly.) “Like when you threw the counsellor’s ball over the fence?” David looked away and said: “I *didn’t* throw the ball over the fence.” Mommy looked surprised. “But you *did*, David!” she declared. “You did do that.” “And we still don’t know *how come* David did that,” I added.

David recruited his mother to join with him in building roads. He had her build one road while he built another one—and then he had her join her road to his. “I can see that it’s important to you,” I said to David, “for you and your Mommy to work *together* here.” She nodded to me understandingly. When he then asked her to play chess with him but quickly made up his own rules after he found himself utterly bewildered by the actual rules, she began to argue with him about his changing the rules (and later about his setting things up so that only he could win), but she quickly caught herself each time and shifted to playing according to *his* rules—and they both seemed to have great fun as they did it. I said that it was good to see them enjoying what they were doing together.

A number of play themes emerged during the next few months. One involved races between two airplanes or between two cars. This seemed to have something to do with the way in which David and his mother emotionally were chasing after each other to connect up and be united even as they banged heads together about which of them would be in charge and in control. (Doesn’t this take place, to a greater or lesser extent between *all* children and their parents?) As two strong-willed people, they clashed repeatedly as to which would be the dominant force and which would have to submit. They longed to tenderly melt into one another, but they repeatedly butted heads and pushed each other away. I made periodic, verbal comments about the struggles they were experiencing together around Mommy not wanting David to be behaviorally out of control (and he didn’t like being out of control either) at the same time that they vied with each other as to which one of them was the boss, which one was in control.

Another, related theme involved fear of alienation, punishment, and abandonment. Two airplanes oscillated between flying together and

either competing against one another or shooting each other down. Two little penguins either huddled together against a common enemy or were separated from each other by hostile forces, who at times threw one into the back of a garbage truck for disposal or locked one of them up in a closet that then was barricaded. The latter segued at times into talking about someone being put in jail or playing at either David or his Mommy being jailed.

David and his mother struggled together to create a common language. Since David was not only bright and verbal but also tall for his age, his Mommy (and his teachers) expected him to understand words which actually were too sophisticated for him. On his part, David tended to guess at the meanings rather than asking for clarification. The word “jail” was one of the words about which there was confusion. After a while, David’s mother realized that his conceptualization of jail was not at all the same as that of a grownup. When she asked him what he thought a jail was and why people are put into one, he could only grope in a puzzled way. “It’s a building,” he said. On another occasion, he said, “It’s a room” (as in “Go to your room!” perhaps?). As to why someone might be shut up in one, he said, “So they won’t get out.” (Was this related to his having been locked in his room to keep him from barging into his parents’ room when he was younger? Did he *need* to be locked in to prevent him from being angrily thrown away for bad behavior, or might it have been to guard him from being taken away from his adoptive parents? Can a two and three and four-year-old child understand what it means to be adopted, or even what the word means?) The three of us worked slowly and steadily on this, in the interest of facilitating David and his mother becoming better able to understand each other.

The three of us joined together in looking at David’s periodic misbehavior. His behavior had very much improved by now, but there still were periodic episodes of objectionable behavior at home and elsewhere. I was able to help David recognize that his “bad” behavior came from feelings inside him which he didn’t yet have the ability to recognize. I also helped his Mommy become clearer about the difference between ordinary boy stuff and socially objectionable acts. She agreed readily to unite with me in helping David put his feelings (especially

anxiety and insecurity) into words instead of expressing them in action. David readily agreed that “sad and mad” feelings generated his objectionable behavior. I said, to him at one point, after he made some allusions to it, “and when you’re scared.” His response was: “I never get scared!” “What?!?” his Mommy said. “How about at night? What about your fear of ghosts!” He not only admitted that she was right, but at a later point in time he even drew them for me—vague, shadowy, shapeless figures with what looked to me like a large mouth.

David began to ask his Mommy to sit with him on the floor instead of on a chair, so that she could help him build things with the wooden blocks. From having them repeatedly build separate roads which then became connected with one another, he progressed to asking her to help him build a fortress, with “two stories,” in which his airplanes and her airplanes could be safe from the “bad guys.” He continued to do this with her every session for months. He proved to be unable to ever feel safe enough from the “bad guys,” and he asked her to ring the fortress with more and more soldiers and cannons for their protection. Mommy, now a more or less accomplished psychological investigator, with my assistance, uncovered a number of significant components of David’s fear of the bad guys. It became clear, for example, that it was not always evident who the good guys were and who the bad guys were. Sometimes the danger seemed to come from the good guys themselves.

It also emerged that the most dangerous hostile elements of all were the *dinosaurs*. Mommy reminded David, who was extremely knowledgeable about them, that they existed a long time ago and now were extinct. David, in turn, informed her that it is impossible to be sure that they *won’t come back!* I was able to link the dinosaurs with the ghosts that frightened David. They too, as David had told me, were beings that came back from having been dead and gone (like a four-year-old’s idea of birth parents?). This led to his introducing into his play an interest in babies and in childbirth (including the idea that baby sharks get born by biting a hole in their mother’s belly and swimming out), together with unmistakable references to his having been adopted. When I later referred back to his idea that baby sharks get born by biting a hole in their mother’s tummy, he said: “I didn’t say that. They come out through

their mother's mouth." For the very first (and, so far, only) time, David mentioned that he had two mommies, one who took care of him inside her tummy before he was born and the current one who takes care of him now.

At this point, David had become one with his Mommy to a far greater extent than I had seen in the past, and an age-appropriate, sensual interest in her body crept into his play. He seemed more and more truly and safely in love with her. This is not to say that he is a totally changed person or that sad and mad, anxious and angry eruptions of aggressiveness have totally disappeared (especially in response to loss and the threat of loss), but he and his Mommy have come a long, long way indeed. The three of us still have work to do, but it is true indeed that Rome was not built in a day.

AN EXAMPLE OF A MORE COMPLICATED PARENT-CHILD SITUATION

Eight-year-old Ellen's mother brought her for assistance because she was "acting out" (which made me wonder *what* in the family dynamic she was enacting). She did well at school, and behaved well there, but at home she was tense and on edge, highly emotional, would cry without knowing why she was crying, could not handle even slight disappointments, and could get "violent" toward her parents and her five-year-old sister, throwing things and hitting and kicking them. Her mother felt "terrorized." Ellen refused to speak with her about her meltdowns, but when Mommy told her, "It must be scary to you to be like that," she replied, "That's true!"

Ellen's mother wondered if her condition might be "genetic." Both parents were in psychotherapy and on medication for anxiety and depression. There was "a lot of stress in the household," since both parents worked full time and both were "pretty anxious." Ellen's worrisome behavior got worse after a nanny was hired to spend the days with the girls three months earlier. Ellen's parents handled her "animalistic" meltdowns well at times but not very well at other times, they told me. Mom was at her wit's end, and Dad often got home very late, after a

stressful work day, so frazzled that he could have “outbursts” of unhappiness and anger that scared the girls and sometimes frightened Mommy. At times, when Ellen had had a blowup, he would get irate, grab her, and “drag her upstairs to her room.” A period of family therapy had helped only “a little bit.” Ellen’s parents pleaded for assistance not only for Ellen but for them as well.

Ellen’s start in life had been far from ideal. Five months before Ellen’s mother became pregnant, Ellen’s paternal grandmother, who struggled with a bipolar disorder, was hospitalized for a bad back and, when oxycodone for her pain was combined with the Haldol she was on, she lapsed into a coma and almost died. Ellen’s mother, an only child, was depressed during the pregnancy and worried constantly about her father to whom she had always been extremely close. Her father was in a nursing home in Florida, suffering from severe cardiac problems and a serious bacterial infection, because of which he was losing his will to live. She could not sleep during the first trimester, and she slept poorly during the rest of her pregnancy. Her father died just two weeks after Ellen was born! She became even more depressed. Neither her mother nor her husband’s mother was sympathetic or helpful to her and, in fact, they made life more difficult for her rather than less so. She could hardly be a relaxed, focused, happy mother with Ellen after she was born. Her second pregnancy also was a time of struggling with depression. After Jill was born, it was hard for her to keep up with the demands involved in caring for a new baby, and she could not be available for two-and-a-half-year-old Ellen the way Ellen needed her to be and the way Mommy wanted to be.

I have been working with Ellen together with one of her parents (with her mother more often than with her father) for about three quarters of a year. During the first session, she leaned closely against and into her mother’s body. She would not play with the toys, and she said next to nothing. She nodded in agreement when I offered to help her and parents deal with her “sad and mad” feelings and her “hurt and angry” behavior. The second time she came, her mother was not sure whether or not to go into the toy room with Ellen and me. Ellen seemed pleased when I said that unlike other places, where grownups rule, in

my office the child is the boss, and if Ellen invites her mother to join with us that would be okay. She signaled to her mother to come in with us, and then she climbed on to her mother's lap and stayed there, burrowing into her Mommy, for the entire session. Mommy wanted us to talk about Ellen's getting out of control at home. I replied that children, and in fact all people, do *not* like being out of control, and I shared a somewhat dramatic experience I once had had that illustrated that.

Ellen's mother deftly followed my lead by shifting to talking about Ellen's little sister, whom I'll call Jill, having gotten out of control that morning, when she didn't get something she wanted. Ellen told me that Jill *put herself* into time out to help her calm down. Mommy periodically asked Ellen to stop sitting on her leg because it was hurting her. Then she thought of asking her to shift to the other leg, and Ellen promptly complied with her request. I asked what the recent Thanksgiving holiday had been like for them. Ellen's mommy replied that it was good—although she and Daddy were exhausted afterward. I went on record as being in favor of the family having good times together. I said that I hoped I'd be able to help them do more of that.

The third time I met Ellen, her daddy came with her. She leaned against him and then snuggled into his lap during the session—lovingly, but also in such a way that now and then she hurt him. He expressed regret that he had been away a lot working recently but was glad to have been able to chaperone Ellen's class's field trip to a bird sanctuary two days earlier. The three of us chatted about the experience. Ellen told me that the barn owl was her favorite bird and that the vulture was "creepy." I repeated the offer I had made to Ellen and her mother to help them have a happier family interaction and less of the sad and mad, angry and unhappy, out of control blowups that were interfering with their all being happy together. Once again, Ellen gladly endorsed this, and Daddy climbed aboard as well.

We have been working together ever since then to achieve that goal. At first, Mommy would call me before each session to tell me about Ellen's latest infraction of the behavioral rules. She listened intently when I suggested a change from reacting with frustration, anger, and fear when Ellen misbehaved to remaining calm and empathizing with

what Ellen was feeling that might have triggered the reaction. She told me how her younger sister would annoy Ellen, or vice-versa, and then one of the children would get mad, following which Ellen would explode into a major tantrum. Mommy would get exasperated and Daddy would get angrier and angrier—so that the originally minor dispute would escalate into a very ugly scene. I helped her recognize that Ellen exploded into rages when something made her troubled or anxious. I also observed that a mommy or daddy getting *very angry* can be extremely frightening to children, who then act angrily in order to obtain an illusion of strength. She thought of instances in which Ellen had said things along that very line. I suggested that they might construct a three-color, virtual, emotional traffic light in the house. She liked that metaphor.

During one of our telephone conversations, I observed to Ellen's mother that fighting with parents and being swooped up and carried off by an irate daddy can also be very exciting to a child. That too might be contributing to what was taking place in the household. This was met with a bit of skepticism until five-year-old *Jill* commented to Mommy that *she* could see that Ellen was getting a charge out of Daddy doing that with her. We worked together, during the sessions and in our frequent, brief telephone conversations, on how to tone down the spiraling, agitated excitement that had been swirling repeatedly through the family. We spoke about pausing and thinking about what was happening before springing into punitive action. We spoke about becoming pro-active rather than reactive, and about focusing on and commenting on Ellen's good behavior more than on her bad behavior. Mommy spoke with Daddy about not having so many temper outbursts; and *Ellen* eventually came up with the idea, during one of our sessions, of their agreeing that *both* of them would work on controlling their anger. When her Daddy has joined us in the playroom, Ellen has been very affectionate with him—sitting on his lap, snuggling close to him, reaching into his pockets, and exploring the contents of his wallet. At first, he was somewhat hesitant to do so, but then he relaxed and enjoyed bantering with her as the three of us *talked about* Ellen's behavior and especially about her *feelings*.

A couple of months into the treatment, Ellen began to protest about being singled out as the bad one in the family, by asking why Jill was not coming to see me. After I indicated that she had a very good point, her younger sister did join us for some of our sessions. Jill, just as her father had predicted, made straight for the wooden blocks (and the plastic soldiers). Ellen, who had never before played with any of my toys, joined in with her in parallel building projects. Mommy was impressed with this—and she quickly grasped the significance of it being *Jill* who was the one who demolished *Ellen's* construction with a deftly placed, only *seemingly* errant toe, when I nodded in her direction. In subsequent sessions, when I spoke about the way in which people in a family often arbitrarily become labeled as the “easy one” or the “difficult one,” etc., she stated that that was what was taking place in *their* family. She agreed with me that it would be good for everyone if they made some changes in that regard.

In later sessions, Jill began subtly annoying Ellen by reading Dr. Seuss books out loud in the playroom while Ellen, her Mommy, and I conversed. Mommy spoke critically to Jill about what she was doing. Recalling what she had said to me a few weeks earlier about Daddy “modelling” angry behavior to Ellen, I did some modelling. I expressed appreciation of Jill’s exhibiting pride in rapidly learning to read, and I not only assisted her with words she couldn’t make out but I advised her to “slow down” and figure out what some of the difficult words might be—and I matter-of-factly segued from that into the value of slowing down and thinking about what was presenting a challenge as something that can be useful for controlling a person’s behavior. A couple of months later, when I commented to Daddy that Jill was rapidly becoming a good reader, he said “That’s because she has a good teacher.” *Ellen* had been, calmly and effectively, helping her sister learn to read!

Ellen began to bring pleasantly aromatic magic markers and some coloring books to the playroom with her. I expressed admiration of her good eye for color and of how very well she was able to stay within the lines. The next time I spoke with Mommy on the telephone, I remarked on how well Ellen was able to be in control and stay within the lines while she was coloring, and we renewed our agreement that paying

more attention to Ellen's good behavior rather than to her bad behavior might be a very worthwhile experiment. She carried out the experiment both in my playroom and at home. Ellen began to bring in her Rainbow Loom and other craft projects to work on while we spoke (and to garner positive reactions from Mommy and me?).

There was a bit of a breakthrough when Mommy brought up a puzzling occurrence at home in which Ellen had a meltdown for what seemed to be no apparent reason. When the three of us, calmly and uncritically, thought about it together, it became clear that what had precipitated the meltdown was the prospect of beginning to take state-wide proficiency tests the following week. Her teacher had put pressure on the children, stating that they *had to do well on them!* I informed Ellen that the pressure actually was on the teacher, because it was *the school* that was being evaluated rather than the children. The teacher was passing on to the children the pressure *she* was feeling. The children weren't being judged, and Ellen didn't even have to take the tests. She could opt out of them if she preferred. It had been in the newspapers. Mommy immediately joined in with me in empathizing with and attempting to relieve Ellen's anxiety.

This led to a *major* breakthrough. Ellen became able to have a few sessions alone with me, during the week rather than on Saturday. She told me that pressure makes her anxious in general. And she let me know that there were some huge pressures that were frightening her. I learned, for the first time, that through genetic inheritance, like her mother and her mother's mother, she was born with fingers that were not straight but were bent in various directions, with some of them overlapping others. She already had undergone multiple operations on them, and, despite Mommy's assurance that the surgeon, whom they saw periodically, said that there would be no more surgery, she was terrified that he was going to change his mind. She *still* was having problems with her fingers! She was going for occupational therapy to stretch and straighten them out, in order to improve her handwriting. In addition, she had been having frequent strep throats every year, and the pediatrician had said that if she had one more strep throat this year her tonsils would have to be taken out! When Ellen, Mommy and I subsequently

spoke together about all of this, it was *very* clear to us that the majority of Ellen's angry outbursts were triggered not only by pressure but, even more so, by Ellen feeling *anxious*.

It also emerged that inability to hide the unusual appearance of her fingers was a source of distress for her. Other children repeatedly asked her about them, looking disturbed and disturbing *her*. We soon became able to link this with another, *major* source of anxious insecurity. Ellen's guidance counselor called Mommy to say that Ellen's teachers were becoming concerned about her. Although she was a smart girl, she was having difficulty concentrating on and doing her work in school because she continually had to keep track of and make contact with a couple of girls with whom she had a vitally important relationship. We subsequently learned that Ellen was *terrified* because her best friend seemed to be turning away from her toward another girl. History was repeating itself.

In the (few) sessions Ellen and I have had alone with each other, and especially in the sessions we have had together with Mommy, we were able to reach back to the interferences, during her first few years after her birth, with the establishment of a firm, solid, secure, *relaxed and reliable* sense of togetherness with her mother. Mommy told me, in Ellen's presence, that, during the brief attempt they had made at doing family therapy, an observation was made that, because Mommy was so sick during her pregnancy with Jill and so overwhelmed with caring for the baby after the birth, it was difficult for her to pay enough attention to Ellen. *It was during her pregnancy with Jill that Ellen's wild outbursts of anger had begun!* Mommy expressed sincere regret about this. We were able, over time, to connect the early interferences with the development of solid, secure bonding between Ellen and her mother with a number of meltdown phenomena that until then had been difficult to understand: an unusual incident in which the anger spilled over beyond the family confines during a birthday party, involving her best friends, at which Ellen had felt marginalized; a birthday party for her younger sister during which Ellen was incensed at receiving only a few token gifts while Jill was being showered with them; beating up on her little sister after only minor provocations; the hard time she gave to the new

nanny who replaced the one who had been with them but then suddenly left for health reasons; and so on. A number of things were beginning to make sense—and we are working on them!

DISCUSSION

The importance of early mother-child interaction has been a major focus of attention for some time now. Sigmund Freud (1940) emphasized that the relationship between a baby and its mother is extremely important and that it serves as the model for all subsequent relationships. What happens early sets the tone for later relationships. Erik Erikson (1959) expanded upon this in his examination of the epigenetic evolution of identity and of relationships with others throughout the life cycle. Freud conceptualized the interaction in terms of the baby becoming attached to the source of its oral nourishment and then extending that attachment to the mother as a whole. Melanie Klein expanded upon this with her ideas about ambivalent, good breast/bad breast and good self/bad self, split images; establishment of self/other internal representations via projective and introjective identification; gratitude for what the mother provides as well as envy of her powers; and oscillation (not only early but throughout life) between what she termed schizoid-paranoid (part object) and depressive (whole object) emotional positions (see Klein, M., (1948); Spillius, E. & O'Shaughnessy, E., 2012; Silverman, M. A., 2014).

W.R. D. Fairbairn (1952) observed that human beings are internally programmed to reach toward others, beginning at or before birth, and are other-directed and relational right from the start (also see Bittles, E. F. & Scharff, D. E., 1994; Clarke, G. S. & Scharff, D. E., 2014). Michael Balint (1949 [1937]), Enid Balint (1949 [1939]), Harry Guntrip (1961, 1969), Edith Jacobson (1964), and others confirmed and elaborated on his observations. Donald Winnicott (1950, 1953, 1958, and 1969), who was a pediatrician before he was a psychoanalyst, made seminal contributions to our understanding of the complex interaction that takes place between mother and baby as they negotiate the passage between mother as developmental facilitator and baby as elaborator of a benign illusion

of omnipotent possession of, control over, and ambivalent attachment to its mother as an at first undifferentiated extension of itself. In fortunate circumstances, he emphasized, the child is only very slowly, although never completely, disabused of that illusion.

John Bowlby (1973, 1979) made landmark observations about the powerful impact which early mother-child interaction exerts upon life-long patterns of behavior and life-long ways of perceiving and relating to self and others. His ideas about the importance of secure attachment and the deleterious effects of disturbed attachment have achieved prominence in recent times. At present, we are being inundated with contributions from investigators that assist us in understanding the significance of secure versus insecure attachment in shaping emotional development (see, for example, Ainsworth, M. D.S., et al, 1978; Fonagy, P. & Target, M., 1996; Fonagy, P., Gergely, G., Jurist, E., & Target, M., 2002; Slade, A., 1999; and Stern, D. N., 1985).

Charlie, David, and Ellen are fundamentally sound, constitutionally well-endowed youngsters who have been fortunate enough to have very loving, caring, also fundamentally sound parents who are extremely devoted to them. Each of them, however, has been encumbered by the effects upon them of early and ongoing interferences with the establishment of a sense of safe and secure connection with their mother (and father). The interferences have contributed, furthermore, to a pattern of behavioral expression in which they anxiously fight to obtain possession of her and effect a loving connection with her—which, paradoxically, distresses her and pushes her away! Charlie started out in extra-uterine life as an intense, vigorous youngster who had to fight to get what he needed from his largely depleted and exhausted mother, in competition with his much more placid and less demanding twin sister. He and his mother quickly developed an ongoing relationship in which they interacted with one another by fighting with each other—to the satisfaction of neither of them. Ellen too had to fight to get rid of the little sister who had taken her depressed, worn out, and overwhelmed mother away from her and *force* her mother to be involved with her, even though both of them were relegated by the seismic behavioral eruptions, leading to family tsunamis, to swimming together in a sea of unhappiness and

anger. David and his mother started out together in a bonding process that was battered and bruised by the impact of prematurity, nine days in a NICU two thousand miles from home (and the threat of David having to remain there much longer), and the effects of terrible advice from an adoption agency that magnified the degree of relative insecurity generated by an open adoption many fold! Each of these mother-child pairs wanted nothing more than a cheerful, happy, close relationship, but each became mired in fear, unhappiness, and anger together instead.

Working with mother and child together made sense in all three instances, and it proved to be quite effective. This was so partly because with each of the child-and-mommy duos, both members were basically well constructed psychologically, both wanted help, and both were able to make good use of it. Things had happened that compromised the natural bonding process between mother and baby that lies within our brains as a result of millions (if not billions) of years. They only needed the right kind of assistance to get on track. Each child was unhappy with the way things were going and wanted things to change. Each mother was open to learning and adept at implementing what she learned. Each of them was emotionally flexible enough to make fortuitous parenting changes. Each of them quickly became a co-therapist in the treatment process. Each child caught on quickly to the treatment process and made good use of it. Each of the duos also had the support and assistance of a wonderful husband/father. Each time, we jelled rather quickly into an effective team. It is not a treatment process in which all children and parents (or therapists) are able to engage, but when it does work it can lead to important developmental progress, as Arietta Slade(1999) has observed .

This is not to say that this kind of treatment modality is an easy one to carry out. For one thing, neither time nor the developmental process stand still. No one has a time machine. It is not possible to simply reach back and repair damage that took place years ago. Much has happened and has been continuing to happen since the crucial events occurred during and after the child's birth. The impact of those events cannot be addressed immediately or in isolation from all the developmental and other life changes which have been occurring since then in the child, the

mother, or the family—and the work cannot be done hastily. A staircase can only be built one step at a time, and there are no short cuts. It takes patience, persistence and perseverance.

THE CONTRIBUTIONS OF CURRENT NEUROSCIENCE INVESTIGATORS

Exciting information has been coming to us in recent times from the neuroscience laboratories. The advances which have been made in imaging techniques, in particular, have enabled those who work in them to learn things about how the nervous system works that would not have been available to them just a little while ago. A number of recent findings are relevant to the topic addressed in this communication. Antonio Damasio (2010) has concluded from his many years of research that the human brain has evolved as an instrument for testing strategies for interacting with our animate and inanimate environment in such a way as to obtain satisfaction of our needs and wants as effectively and safely as possible. It does this by mapping out the results of our interactions with our surround, estimating from past and ongoing experience which strategies are better than others, and then firming up the ones that seem to work best—in such a way that it then becomes difficult to give up employing those strategies and switching to new ones. Behavior at this point becomes difficult to change. He has concluded that our ability to think has evolved out of our ability to feel, and that, at the same time that our thinking exerts control over our feelings and, therefore, over our actions, it also is controlled by our feelings and our urges, since its basic function is that of serving them (Roelke, D., Goldschmidt, H., & Silverman, M. A. (2013). Communication between the most ancient and primitive component of our brain, our brain stem, and our frontal cortex takes place along a two-way street.

Our Self, furthermore, as Damasio understands it to be constructed by the mindbrain, consists of concentric layers. Around our purely somatic “protoself,” a somato-psychic “core self” emerges, beginning at birth, *out of our interaction with the environment*. Around that, over time, we elaborate a truly psychological “autobiographical self” which

continues to evolve over the course of a lifetime. We truly are complex, bio-psycho-social creatures. We are basically very similar to other animals, although with a remarkable capacity for thinking and for communicating, both within ourselves and together with other people.

Jaak Panksepp (2012) tells us that our brain stem, which we have inherited in part from distant reptilian ancestors and in part from (less) distant mammalian ancestors, contains seven basic emotion-generating and action-generating neurological centers (Fear, Rage, Lust, Care [especially for our young], Play, Panic/Grief [reaction to separation or loss], and Seeking [curiosity]). These centers produce, in conjunction with one another and in conjunction with our neuro-endocrine systems, both self-gratifying behavior and social behavior. Of significance is that he informs us that the “Fear” center and the “Rage” center are very close to one another in the brain stem. When one of them is activated, the other tends to be activated as well. Fear and rage generally operate in unison with one another, in response to the perception of danger. What

might this say about the behavior exhibited by Charlie, David, and Emma? All three of them were brought for treatment mainly because they were exhibiting wildly angry behavior that turned out to be largely connected with anxiety (i.e., perceived danger). The treatment process that was employed, and which has been very helpful for them, is organized around: (a) facilitating reduction of the intense fear that, because of faulty development of a secure and reliable relationship between them and their mother, the most important other in their lives, their basic needs will not be met when they need them to be met; and (b) facilitating improvement in the ability to use higher order, executive functions, especially the ability to think and to communicate verbally, to tame the frantic, impulsive, knee-jerk explosions of anxious rage that paradoxically irk and push away the very need-fulfilling mother with whom the child is trying to establish contact.

Stephen Porges (2011) has been studying how our tenth cranial nerve, the vagus nerve, operates. The vagus communicates back and forth between our brain and our internal organs in order to regulate their functioning. The connection between vegetative functioning and emotion (our “gut feelings”) has long been apparent. His decades of

research have led him to the conclusion that what is at work is not a single system but a dual, “polyvagal” system. One part of the vagus is unmyelinated. It originates from the dorsal motor nucleus of the brain stem. By far the older one phylogenetically, it has come down to us from our distant, cold-blooded, reptilian ancestors, who were largely sessile hunters who waited for prey to approach the vicinity rather than chasing after them. It produces, in response to danger, an immediate, reflexive reaction of freezing to avoid the motion detection alertness of a predator or ducking under water (figuratively in humans—holding one’s breath and fainting— rather than literally, the way reptiles do) in order to escape.

The second part, which is myelinated, is the mammalian part. It originates not from the dorsal motor nucleus, but from the nucleus ambiguus, whose cells migrated away from the reptilian dorsal motor nucleus millions of years ago. It appears to serve two functions. One is that of shutting down the activity of our internal, digestive system and shifts glucose and oxygen to our musculoskeletal system during vigorous activity. Together with the hormone oxytocin, it also places a “vagal brake” upon the sympathetic nervous and neuro-endocrine system-mediated bursts of vigorous activity that, in our own, warm-blooded predator-like activities, consume such huge amounts of fuel and oxygen that their intensity needs to be modulated and they cannot be allowed to progress too long. The vagal brake, Porges concludes, also plays a vitally important role in promoting human socialization by dampening down the frantic, vigorous, agitated excitation that hunger brings and the intense focus on vigorous sucking and chewing that dominate the experience of newborns, so that calm, attentive, interpersonal, attachment-promoting interaction can take place with the baby’s mother in a state of “alert inactivity” (P. H. Wolff, 1966).

The development of the myelinated, mammalian part of our parasympathetic, polyvagal system develops later than the unmyelinated, reptilian part, however. It barely matures in time for the baby to be born—and at times it is still developing after birth. (Babies also vary in their activity levels and in their other, biologically determined temperamental givens, as do their mothers.) Newborns who do not yet have mature enough mammalian

vagal functioning need to be fortunate enough to have unusually capable, calm, well focused mothers in order to compensate for the immaturity of their own neurological control systems. What might happen if there is a combination of delayed maturation of the mammalian, myelinated vagus in a newborn together with an overwhelmed, anxious, and/or depressed mother? What happened after Charlie was born sounds a good deal like this, and it is very likely that Ellen's early experience was similar. As Sybille Escalona (1963) demonstrated, the fit between the temperamental characteristics of the mother and those of the baby, in interaction with one another, is enormously influential in shaping emotional and behavioral patterns in the child.

When Ellen got to my office on the morning after she had had a huge, angry outburst which had embarrassed her to the point of not wanting to come, I thanked her for coming. I told her: "I'm glad you came, because I already knew you when you were an adorable pussycat. I very much wanted to also meet you when you were the fierce tiger you have to become at times." We were able to talk about what had set her off, about the advantage of being able to be in control of the transformation between pussycat and tiger, and about *the value of having the strength and toughness to become a tiger when it seems necessary*. The last is something which has been addressed with Charlie, David, and *their* mothers as well. After all, being able to fight for what is right and for what you need *is* valuable in the world in which we live, isn't it?

REFERENCES

- Ainsworth, M. D. S., Blebar, M., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Balint, E. (1949 [1939]). Love for the mother and mother-love. *Int. J. Psycho-Anal.*, 30:251-259.
- Balint, M. (1949 [1937]). Early developmental states of the ego. *Int. J. Psycho-Anal.*, 30:265-273.
- Bittles, E.F., & Scharff, D. E. (1994). *From Instinct to Self*. Northvale, NJ: Jason Aronson.

- Bowlby, J. (1973). *Attachment and Loss: Vol. 2. Separation, Anxiety, and Anger*. New York: Basic Books.
- (1979). *The Making and Breaking of Affectional Bonds*. London: Tavistock.
- Damasio, A. (2010). *Self Comes to Mind: Constructing the Conscious Brain*. New York: Pantheon.
- Erikson, E. H. (1959). *Identity and the Life Cycle. Selected Papers. Psychol. Issues, Vol. I, No.1*, New York: Int. Univ. Press.
- Escalona, S. K. (1963). Infantile experience and the developmental process. *Psychoanal. Study Child*, 18: 197-244.
- Fonagy, P., & Target, M. (1996). Playing with reality: I. Theory of mind and the normal development of psychic reality. *Int. J. Psycho-Anal.*, 77:217-233.
- P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.
- Freud, S. (1940 [1938]). An Outline of Psychoanalysis. *Standard Edition, Vol. 23*. Guntrip, H. (1961). *Personality Structure and Human Interaction*. New York: Int. Univ. Press.
- (1969). *Schizoid Phenomena, Object Relations, and the Self*. New York: Int. Univ. Press.
- Jacobson, E. (1964). *The Self and the Object World*. New York: Int. Univ. Press.
- Klein, M. (1948). *Contributions in Psycho-Analysis 1921-1945*. London: Hogarth.
- Panksepp, J. & Biven, L. (2012). *The Archaeology of Mind: Neuroevolutionary Origins of Human Emotions*. New York/London: Norton.
- Porges, S. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Human Emotions, Attachment, Communication, and Self-Regulation*. New York: Norton.
- Roelke, D., Goldschmidt, H., and Silverman, M. A. (2013). *Sentio ergo cogito: Damasio on the role of emotion in the evolution of the brain. Psychoanal. Q.*, 82:193-202.
- Silverman, M. A. (2014). When theory meets practice: The value and limitations of the concept of projective identification. *Psychoanal. Q.*, 83:691-717.

- Slade, A. (1999). Representation, symbolization, and affect regulation in concomitant treatment of a mother and child: attachment theory and child psychotherapy. *Psychoanal. Inquiry*, 19:797-830.
- Spillius, E., & O'Shaughnessy, E., eds. (2012). *Projective Identification: The Fate of a Concept*. London: Routledge.
- Stern, D. N. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Winnicott, D. N. (1950). The theory of the parent-infant relationship. *Int. J. Psycho-Anal.*, 50:711-717.
- (1953). Transitional objects and transitional phenomena. In: *Playing and Reality*. New York: Basic Books, 1971, pp. 1-25.
- (1958). The capacity to be alone. In: *The Maturation Processes and the Facilitating Environment*. New York: Int. Univ. Press, pp. 29-36.
- (1969). The use of an object and relating through identifications. In: *Playing and Reality*. New York: Basic Books.
- Wolff, P.H. (1966). *The Causes, Controls, and Organization of Behavior in the Neonate*. *Psychol. Issues*, Vol. V, No. 1. New York: Int. Univ. Press.