

The Prenatal Trauma in Families of Children with Anorexia Nervosa and Bronchial Asthma

Katarzyna Schier

University of Warsaw, Warsaw, Poland

Keywords: prenatal trauma, psychosomatic disorders in children, anorexia nervosa, bronchial asthma

Abstract: The author develops a concept of a specific transgenerational emotional transmission in families of children with two following forms of psychosomatic illnesses: anorexia nervosa and bronchial asthma. With reference to the ideas of Joyce McDougall, Donald Winnicott and Peter Fonagy the author proposes to understand the role of those children in their families as a transitional object for their parents. Children help their parents to regulate their own emotional states. Parents use their children as a transitional object, because they themselves suffered from traumatic emotional experiences in their childhood (Henry Krystal), and could not learn to regulate their affects themselves. The author analyses this intrapsychic mechanism in children in terms of a concept of a prenatal trauma (Suzanne Maiello). The main thesis of this paper is illustrated with a clinical material of a 18-year old girl with anorexia nervosa and bronchial asthma. The mythological figures of Zeus and Hera, the most powerful and dangerous gods of Olymp are chosen as a framework for the dynamics of the analysed family.

Zusammenfassung: *Das pränatale Trauma in Familien bei Kindern mit Magersucht und Asthma.* Die Autorin entwickelt ein Konzept von einer spezifischen transgenerationalen emotionalen Weitergabe in den Familien bei Kindern mit zwei der folgenden Formen von psychosomatischen Erkrankungen: Magersucht und Asthma. Unter Bezug auf die Ideen von Joyce McDougall, Donald Winnicott und Peter Fonagy schlägt die Autorin vor, die Rolle dieser Kinder in ihren Familien als ein Übergangsobjekt für ihre Eltern zu beschreiben. Die Kinder helfen ihren Eltern dabei, ihre eigenen Gefühlszustände zu regulieren. Die Eltern verwenden ihre Kinder als Übergangsobjekt, weil sie selbst traumatische emotionale Erfahrungen in ihrer Kindheit erlitten haben (Henry Krystal), und nicht lernen konnten, ihre Gefühle selbst zu regulieren. Die Autorin analysiert die intrapsychischen Mechanismen bei den Kindern unter Bezug eines Konzeptes von einem pränatalen Trauma (Suzanne Maiello). Die Hauptthese dieses Beitrags wird durch das klinische Material eines 18jährigen Mädchens mit Magersucht und Asthma illustriert. Die mythologischen Figuren von Zeus und Hera, den mächtigsten und gefährlichsten Göttern des Olymps, werden als ein Bezugsrahmen für die Dynamik in der analysierten Familie verwendet.

Correspondence to: Dr. Katarzyna Schier, Faculty of Psychology, University of Warsaw, ul. Stawki 5/7, 00-183 Warszawa, e-mail: kas@engram.psych.uw.edu.pl

Zeus and Hera

Zeus and Hera (Grant and Hazel 1980) are the most powerful Gods of Olymp. Zeus, the ruler of heaven was responsible for everything on the earth, also for the weather. It was up to him: whether it rained, a thunderstorm came or whether there was sunshine. Zeus was the son of Rhea and Kronos. Kronos swallowed most of his children, because he was afraid of their potential power. Rhea was able to protect Zeus by hiding him in a cave. The beginning of Zeus's life was marked then by traumatic experiences. From the point of view of the psychoanalytic trauma theory (Krystal 2000) we can say that in the early childhood Zeus could have been confronted with the most primitive and basic anxieties, among them, the annihilation anxiety.

Hera was rescued from the stomach of their father Kronos. She was both the sister and wife of Zeus. Therefore Zeus stayed in an incestuous relationship with his wife. He had many love affairs with various Gods and nymphs, but in his opinion only Hera was big and strong enough to catch up with him and to be his wife. Hera was seen by the Greeks as the patroness of marriage and women. In her case, we can also speak, about early traumatic experiences. As she was swallowed and later spitted out by her own father, she could have developed fears of being damaged (Schier 2000a) – anxieties which are typical, among others, for children suffering from bronchial asthma.

If we treated mythological transmission verbatim, we would have to say that Zeus and Hera were victims of maltreatment and physical abuse, and that they could have developed symptoms of post-traumatic stress disorder (PTSD). I understand the drama of Zeus and Hera more as an intrapsychic drama, in that, the suffering is not connected to a direct threat of life or health of a person. But because of the chronic character of these traumatic experiences this drama could even be more dangerous for the psyche. Gisèle Harrus-Révidi (2001) in her book "Parents immatures et enfants-adultes" writes about children of Zeus and Hera as those, who "were not lucky enough to be orphans". According to this author by being orphans those children could have had the chance to search in their lives for "good objects", could have felt as victims and wait for reparation from the outside world. They could have developed specific narcissistic features, serving as a guarantee for a continuous care and attention from other people. The family story of Zeus and Hera is a story about being psychically "devoured" and about psychic death.

The Prenatal Trauma in Families of Children Suffering from Psychosomatic Illness

The contemporary psychosomatic medicine is a holistic system that, according to Fava and Sonino (2000) takes into consideration:

- the role of psychological and social factors in affecting individual vulnerability to all types of diseases,
- the interaction between psychosocial and biological factors in the course and outcome of disease,

- the application of psychological therapies in prevention, treatment and rehabilitation of physical illnesses.

The actual research on the genesis of psychosomatic disorders concentrates, to a large extent, on problems of regulation of emotions. The research has, historically speaking, two main sources: the first direction is connected to the concept of alexithymia¹, the second direction of investigation is linked to the question of specific unconscious conflicts or specific personality traits in various psychosomatic disorders. Many authors (Krystal 1997, 2000; Taylor, Bagby and Parker 1997) claim that all psychosomatic diseases are characterized by a special way of affect regulation. Henry Krystal (1997, 2000) understands it in terms of blocking of the developmental process of “desomatisation”. Krystal (1997) states that the developmental lines of affect are: affect differentiation and simultaneously – affect verbalization and desomatisation. He makes a distinction between two types of trauma: the first one is an infantile trauma, where there is a lack of “emphatic attentiveness of the mothering parent and instant comforting response whenever possible” (Krystal 1997, p. 131)². In such situations the baby is overwhelmed with excitation. As a consequence of baby’s fearful avoidance of this kind of condition, development of emotions come to an arrest, which makes the differentiation, verbalization and desomatisation of emotions more difficult. The second type of trauma is the trauma where a violent, external, short-lasting event is experienced by the child or an adult. When emotions can not be worked through on the mental level, regression occurs, which leads to the process of “resomatisation”. The infantile trauma, which has more significance for the process of emotions’ regulation, cannot be remembered. It is not accessible to the narrative memory, the references can only be fragmentary and it is quite often accompanied by the dissociative phenomena (Krystal 2000; Steele 2002). A big risk exists that the unresolved infantile trauma in the mothering person can be passed through to his or her child via transgenerational transmission of emotions. This phenomenon is connected very closely to the attachment pattern of a caregiver. Peter Fonagy (1996, 2002) and Steele and Steele (1994) in connection with the attachment theory of John Bowlby (1969, 1973, 1980) state that there exists a continuity of attachment’s patterns, which means – that the patterns of attachment are intergenerational. The quality of childhood relationships with a caregiver results in the development of internal representations of self and other in the child, which provide prototypes for later social relations (Fonagy et al. 1993). If a parent is not able to think or “metabolize” – as Fonagy describes it – about the child’s inner world, the child will not be able to think about him or herself and these “unthinkable thoughts are passed from one generation to the next” (Fonagy 1996, p. 230). A full-fledged mentalising

¹ Alexithymia characterises people who can not find words for describing their own feelings. They are either unconscious of their emotions or could not differentiate one emotion from the other. They can not make a distinction between their somatic states and emotional arousal, e.g. they cannot perceive a difference between an anxiety and a state of depression, between arousal and tiredness or between anger and hunger (Taylor, Bagby and Parker 1997).

² In the normal development they create the foundation of affect tolerance and of secure attachment, they build the “basic trust” and future “self-reliance” of a person.

ability or, in other words, the development of “reflective function” in the child is achieved towards the end of age four (Fonagy 2000). Parents’ capacity to observe their child’s mind can facilitate the general understanding of minds and hence his or her self-organization, through the mediation of secure attachment. “We think of others in psychological terms, because, and to the extent that we were thought of as intentional beings” (Fonagy 2000, p. 11).

Summarizing we can say, that children whose caregivers did not possess reflective capacity are, in a sense, victims of a specific form of trauma, they “inherit” from their parents their way of affects’ regulation. Suzanne Maiello (2001) is analyzing the link discovered by Frances Tustin between the prenatal trauma and autism. “Tustin stated that traumatic events during the pregnancy or around delivery in the lives of the future autistic children’s mother could have an impact on the child’s psychic development and reported that all mothers of her autistic patients had been clinically depressed before or after the birth of their babies” (Maiello 2001, p. 108). So, if there is a connection between the occurrence of the maternal depression and the development of psychotic mechanisms in children, we can presume the existence of analogous links in case of psychosomatic disorders. Many authors (e.g. McDougall 1989) see a similarity in the intrapsychic organization of psychotic and psychosomatic states.

Following the conceptualizations of Henry Krystal and Peter Fonagy we can then formulate a hypothesis stating that the disturbances in the parent’s reflective function and his or her deficiencies in the desomatization’s process can create for children a prenatal trauma.

There are a few contemporary opinions (e.g. Dornes 1998) that suggest that the attachment theory and the research done in accordance to it, is nowadays not sufficiently valued by psychoanalysts. This theory, which explains the genesis of the emotional development of a human being, combines the perspective of intrapsychic processes (thereby, unconscious processes) with the role of the real experiences of a person.

In this paper I will analyze the function that the psychosomatic child plays in his or her family, mostly from the point of view of interpersonal relationships. I have chosen two groups of patients – children suffering from bronchial asthma and children with anorexia nervosa. An objective danger of death exists in both groups of patients.

Anorexia Nervosa

Families of patients with anorexia nervosa are often characterized in the literature as those with intense “bonds of suffering and grief” (Ruszkowska and Siewierska 1997). It can be, among others, connected to the unresolved mourning processes after important losses in previous generations. The situation where the affects cannot be not worked through and are regulated by being transmitted to the next generations is responsible for the difficulties in family members (most of all – in patients with anorexia) in developing their autonomy and self-identity. The strongest anxieties that are transmitted are the separations anxieties. The separation and the individuation tendencies in children with anorexia nervosa – could mean for their parents a kind of repetition of the past experiences connected to loss, so they

try to do everything to avoid it. The intensive bond linking the adolescent anorectic girls with their mothers leads very often to the patients' fantasy that they have one body with their mothers (McDougall 1980). Inge Seiffge-Krenke (1997) in her analysis of relationships of over 100 chronically ill adolescents with their mothers discovered that the failures of separation – individuation make for the difficulties of these patients in developing the capacities to integrate the body, the emotions and the thoughts and to identify them as belonging to the self. Some authors (McDougall 1986; Żechowski 1996) propose to see the relationship between the children with psychosomatic diseases and their parents in terms of “transitional phenomena”. The anorectic patient can “carry” the role of a “transitional object”³ for their parents. The patient does not have his or her own impulses, desires or wishes. She or he feels empty inside and has to be filled up with someone else's wishes and desires. McDougall speaks of mothers using their children as transitional objects as such who “use their children as parts of their own bodies or selves. They may project upon the child some of their own conflicts and then attempt to control these conflicts through the child's somatic functioning” (McDougall 1986, p. 86). The author gives a dramatic example of a mother who was giving enemas to her three small children, not because they seemed physiologically necessary, but in order to “get rid” of an intolerably feeling that she herself was dirty.

It is quite possible that these mothers were themselves transitional objects for their own parents and that they tried to experience important developmental phase of transition using their children. Consequences of prenatal trauma, understood in such a way, are enormous for the child. Anorectic patients cannot formulate their wishes, they do not feel secure, they often affirm experiencing themselves as inanimate objects, e.g. dolls (Żechowski 1996). Similarly to the transitional objects, who according to Winnicott (1983) have to contain love, hate and aggression – the patient with anorexia has to store inside of him or her very strong, sometimes extreme emotions of other people. If a child experiences him – or herself only as a libidinal or narcissistic extension of the mother it could mean for the child a psychic death (McDougall 2001). The danger of death is a real threat for the anorectic patients. Sometimes the child's whole environment is oriented towards protecting him or her from dying and the fact, that the patient has a “starving self”, as Hilde Bruch calls it (Bruch, 1990), is denied. High ambitions, often unrealistic expectations of parents are internalized by patients. Pseudo-achievements and, connected with them, praise and recognition are main regulators of the self-esteem of a child. The starving body and mind – using primitive defensive strategies – are main characteristics of patients with anorexia nervosa.

³ Transitional objects were described by Donald Woods Winnicott in 1951 (Winnicott 1951). These objects could be both the parts of the child's body (a thumb, or a fist), the things from the external world (a toy or a piece of cloth) and the – so called – transitional phenomena (voice or music). These objects belong at the same time to the internal and the external world of the child. Their function is to help the child in coping with his or her separation anxiety. When the mother is absent they could “calm” the child down and serve him or her as a kind of consolation. Winnicott says that the transitional object “stands for the breast or for the object of the primary relationship” (Winnicott 1951, p. 311).

Bronchial Asthma

A similar mechanism concerning the role of the child in the family could be observed in families of children with bronchial asthma (Schier 2002). A conflict also dominates in those families: symbiosis versus autonomy (Sperling 1978). Melitta Sperling (1978) calls the link between a mother and the asthmatic child a “psychosomatic relation”. In such a relationship the child is rejected by the mother when he or she is healthy and shows tendencies of separation. The child is, on the other hand, emotionally “reinforced” when ill and dependent. This unconscious desire to keep the child in a state of dependency is connected to the emotional immaturity of the mother, who by controlling her child gratifies her own childlike primary needs and gains an omnipotent power over life and death. Thus she regulates her inner state using her child. Having such a mother means to be a victim of an infantile, prenatal trauma. The symbiotic dimension in the relationship between mother and child contributes to the fact, that the child cannot develop, among others, his or hers body-self (Alexander 1952; Overbeck 1985). The mother appears to know the inner states of the child, she describes the needs and the feelings of a child, not by observing him or her, but according to her own internal states. Asthmatic child also has another important function in the family: he or she serves as a mediator between parents, when they are in conflict (Overbeck and Overbeck 1978). The mother apparently dominates in the family, but behind this attitude, her need to obtain care and support from both her husband and child, can be hidden. The mother does not feel secure in her maternal function and expects sort of “maternal” care from her asthmatic child. This dynamics is called the mechanism of “parentification” (Schier 2000a, 2002) and is very often observed in families of asthmatic children. Mothers of such children are sometimes seen as overprotective (Overbeck and Overbeck 1978). It is only a superficial contradiction. It seems that, the exaggerated care for the children is a way in which these mothers deal with their own aggressive impulses. Behavior of a sick child is very often oriented towards freeing his or her parents from anxiety and tension. He or she does it by gratifying parents’ unresolved conflicts and impulses (Monsour 1960). The patient is confronted then with death in two ways – not only is he or she sometimes close to death by suffocating in an asthmatic attack, but also tries “not to deprive his or her parents of the air” (Anzieu 1991). Children with bronchial asthma like children with anorexia nervosa leave also too much place in their internal world for the affects, needs and impulses of other people.

The Daughter of Zeus and Hera

I got to know X. when she was eighteen. Parents brought her to a psychologist, because they were very “surprised”, as they described it, by her behavior before high school final exams. X. was always the best student in the class, she received honors and awards. Few months before the exam X. started to panic, she called herself “dumb” and a person without any value. During the first meeting the mother spoke a lot about her daughter’s achievements and said she could not understand her anxieties, because she had the best grades in school. The mother was talking continuously in such a way, that I could not make any comment or pose a question. The father was sitting on a small chair for children (he had a choice of a comfort-

able chair) and was repeating from time to time that he would do everything he could for the girl, “even if he had do disembowel himself”. During this consultation the patient did not say a single word. In accordance to my countertransference feelings I thought that the patient must feel in contact with her parents, as I did, during this family encounter – she must experience a state of not having enough place to live. As a sort of confirmation of my hypothesis I learned that X. suffered from a severe childhood asthma, which she has, as the parents put it, “grown out”. The patient’s parents did not have any thoughts about the illness of their daughter, the mother said: “I do not want to think about unpleasant things, I want to forget them as quickly as possible”. At this point I also discovered that both parents had very traumatic experiences in their childhood as they were small children during the war. They never talked to anyone about that. When I asked the mother about the development of her daughter I was very surprised to hear only one sentence. She said: “When X. was one year old, she gave us a big present for Christmas: she started to walk and walked on her own to the Christmas tree”. The mother could not give any information about the infantile development of her daughter; she did not know why she could not nurse the baby, she did not remember what the child’s favorite toy looked like. I got the impression that X. had to fulfill an important function in the family. Her developmental achievements should have been presents for her parents, as if her development had to take place “for them”. Looking at the silent girl I said that she was very slim. Both parents seemed to be angry with my comment. They confirmed that X. lost about 10 kilograms during last three months, but they did not see any problem. The psychiatrist, whom they met, talked about anorexia nervosa, but parents did not believe him. The father said: “This dieting is so silly, it has something to do with the pre-menstrual tension”. I was astonished by this announcement. The father was not taking into account the presence of the 18-years old daughter during this conversation, he was also breaking the social barrier of some restraint in the dialogue about intimate themes between a father and an adolescent girl. The X.’s mother started anew and intensively to describe the achievements of her and her husband’s daughter. She said: “I am the wife and the mother of geniuses”. It was obvious to me that X. had to be a genius and must fulfill the expectations of her parents. This way she was filling up their internal emptiness. The increased anxieties before the final exams were signs of more primitive and elementary internal states – the fears of abandonment, solitude and psychic annihilation.

When I asked parents about the choice of the name for the girl – the basic element in creation of sense of self – they replied that they had chosen a name which can be easily translated in different languages. I understood that the patient could become any name, for example – X., as long as it was internationally known and popular. The girl’s parents had high social positions and the future career of their daughter was of big importance to them. The patient’s mother added that her daughter speaks three languages fluently and that she herself neither had talent nor patience to learn them. The daughter should in some way stand in for her. After a few encounters with the family I proposed psychoanalytically oriented psychotherapy for the patient.

I saw the girl only a few times. During these meetings she was talking openly, mostly about her body-self. Being young and very attractive she often felt like a

Frankenstein. She explained that Frankenstein was extremely ugly, being created – sewn together from small pieces of different bodies. “Dead-people bodies”, I added. The patient was also able to talk about her fears at night. She said that she had to wake up almost every night between 3 a.m. and 5 a.m. and was horrified. “One surgeon told me that this is a time when most people die in the hospital – the time of death”, she said. She spoke about her mother who never watches crime stories on TV and yells when she sees someone being killed on the screen, who never talks about the future and in some way lives more in the past than in the present, by sometimes putting on dresses, which would be suitable for a 5-year old girl. The patient was, as I thought, in some way “infected” with the problem of death, which her mother totally denied, acting as a little omnipotent child, hidden behind an illusion of having a total control over life and death.

Unfortunately, her parents terminated psychotherapy quite quickly. They reported big improvements in their daughter’s behavior and expressed some false gratitude to me. I thought about an enormous God – like the power of parents over their children. The parents of X., like Zeus and Hera, were huge, strong and destructive. In their dramatic attempt not to get any conscious knowledge about themselves, they defended the realization of memories of their own childhood and in this way – protected their own parents. They transmitted onto X. their way of coping with emotions, dangerous desires and fears – not to think and not to talk. This transmission did work as a prenatal trauma for the child. A trauma, which is understood as such experiences with primary attachment figures, that the child cannot influence. The X.’s parents similarly to Hera and Zeus were unconsciously handing over to the world their own unresolved conflicts and problems. The girl had to become a support and a mainstay for them. But she must have paid a big price for it. She could not develop reflective functioning (Fonagy, 1996) and she learned to solve her internal tensions mostly through somatisation. A part of her psyche – connected to her own desires, wishes and impulses – had to die.

References

- Alexander F (1952) *Psychosomatic medicine. Its principle and applications.* Georg Allen and Unwin, London
- Anzieu D (1991) *Das Haut-Ich.* Suhrkamp, Frankfurt
- Bowlby J (1969) *Attachment and loss. Vol. 1.* Hogarth Press, London, and the Institute of Psycho-Analysis
- Bowlby J (1973) *Attachment and loss. Vol. 2.* Hogarth Press, London, and the Institute of Psycho-Analysis
- Bowlby J (1980) *Attachment and loss. Vol. 3.* Hogarth Press, London, and the Institute of Psycho-Analysis
- Bruch H (1990) *Das verhungerte Selbst. Gespräche mit Magersüchtigen.* Fischer, Frankfurt
- Dornes M (1998) *Bindungstheorie und Psychoanalyse.* *Psyche* 4: 299–348
- Fava GA, Sonino (2000) *Psychosomatic medicine: emerging trends and perspectives.* *Psychotherapy and Psychosomatics* 69: 184–197
- Fonagy P (1996) *The Significance of the Development of Metacognitive Control Over Mental Representations in Parenting and Infant Development.* *Journal of Clinical Psychoanalysis* 1(5): 67–86

- Fonagy P (2000) Attachment in infancy and the problem of conduct disorders in adolescence: the role of the reflective function. Plenary address to the International Association of Adolescent Psychiatry. San Francisco, January 2000
- Fonagy P (2002) Multiple voices versus meta-cognition: an attachment theory perspective. In: Sinason V (ed.) Attachment, trauma and multiplicity. Working with Dissociative Identity Disorder. Brunner-Routledge, London New York
- Fonagy P, Moran GS, Edgcombe R, Kennedy H, Target M (1993) The roles of mental representations and mental processes in therapeutic action. *Psychoanalytic Study of the Child* 48: 9–48
- Grant M, Hazel J, (1987) *Lexikon der antiken Mythen und Gestalten*. dtv, München
- Harrus-Révidi G (2001) *Parents immature et enfants-adultes*. Edition Payot et Rivages, Paris
- Krystal H (1997) Desomatization and the Consequences of Infantile Psychic Trauma. *Psychoanalytic Inquiry* 17: 136–150
- Krystal H (2000) Trauma und Affekte – Posttraumatische Folgeerscheinungen und ihre Konsequenzen für die psychoanalytische Behandlungstechnik. Lecture during the DPV Tagung: Gegenwart der Psychoanalyse / Psychoanalyse der Gegenwart. Frankfurt am Main, 22.–26. November 2000
- Laplanche J, Pontalis J-B (1996) *Słownik psychoanalizy*. Wydawnictwa Szkolne i Pedagogiczne, Warszawa
- Maiello S (2001) Prenatal trauma and autism. *Journal of Child Psychotherapy* 27(2): 107–124
- McDougall J (1980) A Child is being Eaten. I: Psychosomatic States, Anxiety Neurosis and Hysteria – a Theoretical Approach. II: The Abysmal Mother and the Cork Child – a Clinical Illustration. *Contemporary Psychoanalysis* 16: 417–459
- McDougall J (1986) *Theatres of the mind. Illusion and truth on the psychoanalytic stage*. Free Association Books, London
- McDougall J (1989) *Theatres of the body. A psychoanalytic approach to psychosomatic illness*. Norton and Co, New York London
- McDougall J (2001) *Addiction: A Psychosomatic Solution*. Lecture during the XVI World Congress on Psychosomatic Medicine. Götteborg, 24–29 August, 2001
- Monsour KJ (1960) Asthma and the Fear of Death. *Psychoanalytic Quarterly* 29: 56–71
- Overbeck G (1985) *Familien mit psychosomatisch kranken Kindern*. Verlag für Medizinische Psychologie, Göttingen
- Overbeck A, Overbeck G (1978) Das Asthma bronchiale im Zusammenhang familiendynamischer Vorgänge. *Psyche* 10: 929–955
- Ruszkowska E, Siewierska A (1997) Problem śmierci i separacji w terapii rodzinnej pacjentek w wieku dorastania hospitalizowanych z powodu zaburzeń odżywiania się. *Nowiny psychologiczne* 3: 49–56
- Schier K (2000a) Geneza i formy leczenia astmy oskrzelowej: perspektywa psychoanalityczna. *Psychoterapia* 1: 61–71
- Schier K (2000b) Przeciwpżeniesienie w terapii psychoanalitycznej dzieci i młodzieży. *Nowiny psychologiczne* 4: 63–69
- Schier K (2002) Bez słowa i bez tchu: Zaburzenia psychosomatyczne w świetle teorii psychoanalitycznej. Lecture. 25. 7. 2002 from WWW: <http://www.psychoterapia-psychoanalityczna.edu.pl/>
- Seiffge-Krenke I (1997) “One Body for Two” The Problem of Boundaries between Chronically ill Adolescents and Their Mothers. *Psychoanalytic Study of the Child* 52: 340–355
- Sperling M (1978) *Psychosomatic disorders in Childhood*. Jason Aronson, New York London

- Steele H, Steele M (1994) Intergenerational patterns of attachment. *Advances in Personal Relationships* 5: 93–120
- Steele H (2002) Multiple dissociation in the context of the Adult Attachment Interview: observations from interviewing individuals with Dissociative Identity Disorder. In: Sinason V (ed.) *Attachment, trauma and multiplicity. Working with Dissociative Identity Disorder*. Brunner-Routledge, London, New York
- Taylor GJ, Bagby RM, Parker JDA (1997) *Disorders of affect regulation. Alexithymia in medical and psychiatric illness*. Cambridge University Press, Cambridge
- Winnicott DW (1951) Übergangsobjekte und Übergangsphänomene. In: Winnicott DW. *Von der Kinderheilkunde zur Psychoanalyse*. Fischer, Frankfurt 1988
- Winnicott DW (1983) *Von der Kinderheilkunde zur Psychoanalyse*. Fischer, Frankfurt
- Żechowski C (1996) Obiekty pośredniczące w terapii anorexia nervosa. *Dialogi* 4: 35–40