## Mini Review

# Stranger Anxiety: When Children Face Strangers

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#### **ABSTRACT**

Till about seven months, the baby mostly flees from contact with strangers, often avoiding eye-contact without the parent's awareness. A reaction of resistance and anxiety when approached by a stranger is commonly seen around eight months. In this paper I explore this emotional responding in the context of a novel re-conceptualization of healthy narcissism processing as an emotional immune system. Whereas recent discussions in the literature have focused on the anxiety reaction, I propose that key to understanding this commonplace phenomenon is the understanding of how healthy narcissism works to safeguard that which is familiar and resist that which is strange. The operation of these psychic processes may be likened to those of the biological immune system, which safeguard the familiar codes of the body and repel alien invaders. In safeguarding that which is familiar and repelling the alien, healthy narcissism operates as an emotional immune system. It is promoted by good-enough attachments (object relations) characterized by our being loved the way we are (true self), in separateness and not according to someone else's blueprint (false self), one that risks invading our familiar self. The more we are loved for who we truly are, our self-integrity is more immune to invaders, and throughout our lifespan, we are more immune to alien influences, and to the incursions of others' hurtful words and deeds. Healthy narcissism is thus understood as providing,

from birth, emotional immunity to our sense of self-familiarity. We come to recognize ourselves and the partners of our various relationships via continually being alerted to and subsequently resisting or rejecting strangers/strangeness (i.e., invaders), and by gradually tolerating and even befriending the otherness. Befriending is possible when we are able to discover some familiarity embedded within the stranger.

The appearance of eight-month resistance/anxiety, a normal alertness to strangers, signals that the baby has a rudimentary sense of both self and object constancy and is able to differentiate between his familiar "not-I," such as the parent/caregiver whom he experiences as familiar and is attached to, and the unfamiliar "not-I" stranger. The parent/caregiver is then experienced as a bridge between that which is familiar and that which is strange and anxiety-provoking/overwhelming. Parents' reactions to the "not-I" (of their baby) can help the infant differentiate between a "not-I" he might befriend, and one that is best avoided. The normal emotional immune reaction reflects a good-enough balance between preserving the familiar and true self, and befriending the otherness, to which one remains appropriately but not excessively alert.

**MeSH Headings/Keywords:** Healthy Narcissism; Emotional immune system; Child development; Jointness

#### Introduction

In this paper I wish to explore the reasons for the emotional reaction babies manifest toward an approaching stranger, one that continues, in attenuated form, throughout the lifespan. It is well known to most of us, whether as parents, observers and/or mental health professionals, that infants resist the unfamiliar. This is commonly referred to as "eight-month anxiety." The baby might react to the stranger's face (and presence) with apprehension or else show distress and withdraw, resist making contact, especially with the eyes. He or she may cry or even scream. This emotional reaction is generally accepted as a normal one, part of the baby's development.

In many papers [1-3] the main discussion of stranger anxiety revolves around the extent to which the baby's emotional reaction is one of anxiety. Others have focused on how infants discriminate among strangers [4] or on the infant's reactions to strangers as "an entree into the study of relationships among cognitive, social and affective development." [5]

My paper will focus on a novel theoretical approach that may illuminate this phenomenon, accounting for the emotional immune reasons for our attraction to the familiar and resistance to strangeness and otherness.

### **Healthy Narcissism**

The psychoanalytic literature includes widespread references to various situations in which there is a mental need for a

"protective shield against stimuli" [6,7] or a "psychic protective envelope" [8,9]. I assume that the processing of narcissism serves as a protective shield for preserving the self against alien stimuli that might invade and endanger it. This processing reveals a narcissistic sensitivity to differentiating characteristics that emanate from any non-self [10,11] from those experienced as self. Freud [12] described the sensitivity to these alien stimuli as the "undisguised antipathies and aversions" that people feel toward strangers with whom they must interact. The above helped to consolidate my idea of inborn healthy narcissism as a preserver of a separate self-familiarity and self-continuity and as a defense against alien stimulation, essentially, against otherness [13]. This narcissism as a self-preserving force is irritated by "minor or major differences" from the familiar [14], and is triggered "to get rid of the unpleasant awareness" [15] and of acute mental pain [11,16].

Hence, narcissism is tasked with regulating and restoring the "coherence of the self" [17,18]. The outcome would be the retention of self-cohesiveness as a separate self from the non-self and from the object [19-23], the strengthening of self-integrity [24,25], the "restoration of primary blissful narcissism" [26], and the maintenance of the "emotional balance" [11,15].

Utilizing these ideas to think about what I see clinically, time and again I am impressed to discover how much we are attracted, from birth, to the familiar. I understand this phenomenon as reflecting a survival mode of immunization, one that, in making

us more resilient and immune to various potential threats (both internal and external), allows us to survive. One such threat, to which we gradually become more immune, is that of separation anxiety and its impending dangers. It is mitigated by the grounding or anchoring provided by the familiar, including the familiarity inherent in both self and object constancy. Another set of challenges where we must cope with strangeness is that of our changing body, whether due to sexual development, pregnancy, illness, or aging, and the narcissistic threats this may pose.

Over the past few years, I have described and reconceptualized the psychic functions of the attraction to and seeking of familiarity, and the concomitant resisting and rejecting of strangeness, as the hallmarks of the operation of healthy narcissism [11,27,28]. I have proposed that healthy narcissism constitutes an innate emotional immune system [27] that protects our sense of a familiar self, our "true self" [29] and maintains a sense of self-security and self-esteem.

While resemblance between biological and psychic processing was already recognized by Freud in the late nineteenth century [30], I wish to draw attention to the similarity of function I have found between biological immune processes [11,31,32] and the emotional immune system (including biological and emotional autoimmunity symptoms), both of which process incoming data via the attraction to the familiar and the resisting of strangeness [27]. Moreover, I have suggested that healthy narcissism fulfills both adaptive and defensive functions [11]. For example, when we defensively resist the unfamiliar, we are protecting ourselves from it and what it may bring in its wake. When we are able to be curious about and befriend it, we are adapting to change and we may better tolerate the otherness. It is beyond the scope of this paper to elaborate these ideas further.

Immunologists describe the biological immune system as a network of cells and tissues throughout the body, an innate network that functions together to defend the body from stranger invasion and infection at the molecular and cellular levels [33] Similarly, I wish to illuminate here why the baby's emotional reaction to that which is strange (i.e., strangers, strangeness) is normal, protects the sense of familiar self, and constitutes a healthy emotional reaction. Hence, with appropriate psychoeducation, parents will be able to cope better with their offsprings' emotional responses.

I would like to provide a real life example that illustrates both the baby's resistance to a stranger, and how the caretaker can help the baby befriend the unfamiliar, so he is able to feel secure enough with this stranger, who gradually becomes more familiar.

Benjamin is eleven months old. He attends a daycare center and is usually cared for by the same nursery worker each day, a woman called Sarah. One morning, Sarah has a medical appointment and needs to leave early, and another employee arrives to take over the remainder of her shift. Sarah places the favorite elephant (his transitional object) in the hands of Benjamin and then introduces him to Alice, her replacement and he reacts by crying and resisting. Now Sara attempts to hand him over to Alice. Sarah initiates a game – she and Alice gently take turns playing a clapping game with Benjamin. This gradually

allows him to feel more at ease in Alice's company, and within a few minutes he is able to accept that Sarah is leaving. Sarah's actions may be understood as providing Benjamin with a space in which to transition from strangeness and worry to a new familiarity as she and his transitional object are bridging between strangeness and familiarity.

As mentioned above, the emotional reaction to strangers and otherness starts at birth. It reflects a healthy archaic need to defend the self against alien stimulation, as well as the primal differentiation of the new born baby between me – my Self" and not-me – non Self." [11,27]

Freud [30] was preoccupied with questions of the permeability and impermeability of stimuli in the nervous system and their relation to perception and memory. He coined the concept of a "protective shield against stimuli" [6,7] and recognized its objective of filtering stimuli in the service of the instinct of self-preservation [34]. After Freud, many psychoanalysts proposed various terms to express this need for self-protection [\*].

I support Anzieu's [8,9] conceptualization of the psychic protective envelopes and ego-skin, a formulation similar to what I have re-conceptualized as the operation of "healthy narcissism" [27] that produces a sensory map that serves as a frame of reference for differentiating the outside from the inside, and the familiar from the alien. The ego-skin or the healthy narcissism thus contributes to the secure boundaries of the self. Furthermore, the concept of ego-skin as a sensory map of memory traces of stimuli [8,35-37], led me to consider narcissism as a familiar sensory map or network of accumulated memory traces of our emotional experiences, most of them interlinked, providing continuity and cohesiveness [27]. A few years later, Britton [10] also put forward the hypothesis of a similarity between the mental system and the immunological system. He did not consider the similarity with regard to narcissistic features. However, I obtain support for my assumption in view of Britton's remarks: "I suggest that there may be an allergy to the products of other minds, analogous to the body's immune system—a kind of psychic atopia .... The not-me or not-like-me recognition and response might fulfill a psychic function similar to that in the somatic ... and whenever we encounter foreign psychic material, a xenocidal impulse is stimulated [10].

Gabbard [38] suggests that Freud's [14] concept of narcissism of minor differences "can be extended by recognizing the fundamental narcissistic need to preserve a sense of oneself as an autonomous individual". Freud's remarks may also reflect, in my view, a sense of alienation due to narcissistic sensitivity facing an unfamiliar person, a stranger that initiates resistance against these alien stimulations [11,27,28,39].

Till the age of eight months the baby reacts to strangers mostly by flight into sleep. At about eight months the baby can already perceive his self as constant (self-constancy) and each of his parents and the people around him also as constant (object constancy), although this will be further consolidated later on. In this regard I join my predecessors [40-44], who proposed that stranger anxiety appears following the formation of object constancy. This is why when a stranger approaches the baby; the baby resists, and may become anxious and burst

into tears. Sometimes he is able to look at his parent's face to discern whether this stranger is a "not-me" who is nonetheless familiar to his parents, in which case the baby may calm down, or a stranger also unto them, which can elicit crying. I imagine that almost all parents have noticed this type of baby reaction. Since it is such a frequent occurrence, I thought it important to highlight this normal emotional reaction. Furthermore, I thought that if parents could acknowledge that this reaction is normal, their reaction to their child's crying would be more tolerable. Moreover, very often the baby, just like the adult, regulates his unpleasant feelings by projecting these "bad" feelings onto a stranger. Based on the narcissistic resistance to strangeness, projection (a defense mechanism) is activated by the ego to expel oppressing inner sensations of strangeness or of aggression outward, in order to defend the self against the anxiety of object loss or of abandonment". [11] "Hence, the unfamiliar is now experienced as an evil stranger, while the parent is cathected as a good object (despite the frustrations) who might protect the baby from the threatening evil enemy."(ibid). Aggression is often displaced and projected (ego defense mechanisms) on to strangers and animals. If the baby/ adult in these situations doesn't feel protected by the beloved parent, this "evil stranger" might trigger flooding of stranger anxiety, hate, suspicion, demonization, xenophobia and racism, and also phobic or hysteric reactions. In subsequent stages of development, however, the displacement and projection on to imaginary monsters or cruel people often triggers nightmares.

We may also inquire as to the aim of our psychological immune system. Is it to always reject the stranger? Quite the contrary. The normal emotional immune reaction should reflect a good balance between preserving the familiar and true self, befriending [\*\*] the otherness, and remaining appropriately cognizant/alerted to that which is strange.

Here is another example of a toddler that I observed in a family party and how she befriended her strangeness feelings:

Twelve-month-old Joanna holds onto her mother's pants at a family party, only to suddenly realize that the woman in question is actually her aunt Michele. She feels embarrassed and immediately turns to find her mother. Upon finding her, she enjoys the feeling of safety and of being "at home." Joanna then returns to her aunt and once again clings onto her clothing.

This simple game expresses Joanna's enjoyment in overcoming feelings of embarrassment that arise from the sensation of strangeness contained within the familiar coined by Freud as "Uncanny" [45]. It also allows her to experience the transition from one emotional state to another, in which the familiar remains constant. In this way, Joanna befriends and integrates strangeness with familiarity.

I'll add another example that my patient shared with me and how we elaborated his feelings:

During a therapy session, Carl reported being anxious about his son's behavior, feeling he was too nice to everyone, even on the street. He relays that, "When my son was seven months of age, he used to be in a real panic when a stranger in the park tried to relate to him. I had difficulties to calm him down and last week he completely changed and I don't like it either. I don't want him to be nice to strangers - it might be dangerous

for him, although he is a boy and not a girl." After a silence, Carl suddenly associated to the following:

"When my parents came over for a visit last weekend, they went to pick up my son, Stephen (aged eight months), who started to cry. My parents felt upset and handed him straight back to me. I was very uncomfortable, and felt a sense of shame. Personally, I couldn't and wouldn't spurn their affection like that ... I couldn't help but feel as though Stephen was not in fact my son but in a way, a different, unknown infant .... Automatically, I put Stephen back in my father's hold, only for him to start bawling. My actions were not motivated by affection for my father but rather rooted in a sense of frustration and even rage towards my child."

I would like to use the theoretical underpinnings of this article to propose an understanding of the above event, bearing in mind that additional aspects of the therapy work remain beyond the scope of this vignette. The boundaries between adult, mature Carl and baby Stephen became momentarily merged and Carl perceived himself to be rejecting his own parents, when Stephen demonstrated normal stranger anxiety. In this instance Carl was not able to perceive his baby as a separate entity, a person allowed to register a sense of strangeness toward his grandparents, who were after all still largely unknown to him.

Carl was cross with Stephen for daring to act in this way towards his grandparents and therefore causing him to feel humiliated. At that moment in time, Carl's anxiety about losing his parents' love took center stage over his relationship with his child as a father. He did not show the appropriate skills in being able to contain his son's stranger anxiety. He therefore felt the need for his infant to be well-behaved or even "nice" towards the unfamiliar grandparents, who were effectively strangers, from Stephen's perspective. At the same time, Stephen's anxiety at the thought of somehow losing his dad starts to grow. He is receiving a clear signal, specifically that it is not acceptable to adhere to what he finds familiar. Neither is it acceptable, Stephen learns, to reject the strange, unexpected response he finds in his own father. Stephen now finds himself in a place of turmoil and inner conflict. He finds himself giving in, lessening his organic resistance to being passed over to people he does not know. He is forced to "put on a brave face," expressing himself in an inauthentic manner. We may surmise that Stephen is not reacting from his true self but rather from his false self [29].

The above example touches upon a common occurrence - I've often heard parents facing such an inevitable conflict. On one hand, we as parents must contend with the needs of our baby, which include vigilance towards, and rejection of, strangers. However, we must also confront our needs (often shared by other relatives) to be recognized by our infant as familiar, recognizing that they may be in opposition to the baby's needs. The greater the emotional closeness between the parents and the "strangers," the harder it is to fully accept the alienation and the strangeness felt by the infant. We may feel positive affection and a sense of familiarity with either parent (or both) and wish to preserve our self-familiarity. At the same time, one of our children may sense strangeness and resistance toward their grandparent, given his own need to preserve his self-familiarity, and we may respond with intolerance toward his reaction. Alternatively, we may sense a lack of proximity

and affection with either or both of our parents while he/she finds affectionate communication with one of our children.

#### Conclusion

All of the above led me to realize that we need to be aware of this parent-child dilemma and acknowledge the emotional need of our child to resist that which is strange to him. If we wish that this stranger be welcomed by our child (e.g., a grandparent), it is up to us to enable a process of gradual befriending, perhaps via shared play. In this way, we strengthen the child's healthy immunization of his familiar sense of himself. Thinking to the future, this may extend our child's skills in better tolerating and befriending the otherness and separateness of his partners. At the same time, he should be sufficiently alert towards strangers who might threaten his self-security. A sense of balance is crucial.

Understanding the resistance to strangers and to that which appears strange in the light of the healthy narcissism processing as constituting an emotional immune system, has helped me in my psychotherapeutic work with people who suffer from narcissistic personality or narcissistic disorder, or any narcissistic vulnerability. As the elaboration of the concept of healthy narcissism is beyond the scope of this paper, I cannot illustrate how my new technique shortens the length of these psychotherapies. However, I can emphasize that I am very attentive to any association that may strengthen the self-esteem and the true self of the patient, which proves to the patient that he/she has this familiar sense of his/her self even though unused as destructive experiences take over and gain priority over the positive ones. Unfortunately, it is always easier to destroy relations due to intolerance of the otherness than to maintain them, and it is very difficult to rebuild the relations while respecting the other's separateness, and enjoying the jointness, despite injuries and frustrations.

Throughout our emotional development from birth onwards, we constantly search for familiar persons with whom we might feel secure and able to communicate with, sharing a sense of communion or belonging. This is true not only for love relationships, but for other, less intimate ones. At the same time we reject strangers (who may also be perceived as potential competitors, not just alien), keeping them far outside our shared space with our loved ones. Meanwhile, during our lifespan, we are forced to confront and manage the narcissistic injuries we may incur not only at the hands of strangers and in strange environments ("not-I") but upon facing the otherness of our beloved one/s, and often, also the strangeness that we feel inside our own sense of familiar self (such as during sexual development, pregnancy, illness, stress.) It behooves us to find ways to befriend the otherness and to tolerate it, perhaps even to celebrate and enjoy it, in what becomes an "art of couplehood"

Healthy immunity of the familiar sense of the self requires being able to differentiate the familiar from the strange, and the ability to develop a balanced, healthy alertness, together with an increasing tolerance for the otherness emanating from another person. This balance is important from childhood and throughout life. A failure to demonstrate a healthy alertness to strangers may lead to excessive friendliness with them. Along this continuum, there may be a lack of alertness to potentially dangerous situations, such as may be seen in certain clinical syndromes. For example, in some cases of post-traumatic stress disorder (PTSD), the compulsion to repeat a pattern in the (unconscious) hope of a better outcome may put the person at risk. An excessive and uncontrolled alertness may lead to a sense of repulsion, paranoia, anxiety and panic, coupled with rejection and a hatred of strangers, and possibly even racism. In contrast, the balanced and adjusted alertness may take the form of curiosity, with the baby choosing to investigate whether the stranger is a friend or an enemy. This curiosity enables the infant to befriend otherness and strangeness, to try and master the unknown, and to develop a sense of security, self-esteem, and enjoyment in exploring his environment.

\*These included the "container object" [46], the "mother as a protective shield" [47], the "holding mother" [29], "psychic skin and second skin" [48], "ego-skin" and "psychic envelopes" [8,9], the "protective shell" [49].

\*\*Anne-Marie Sandler [50] described this psychic movement, from the avoidance of the stranger anxiety towards the familiar, as a defensive or adaptive motivation, in order to replace the experience of dissonance (regarded as an overwhelming experience) with a sense of consonance: "to gain the security of the experience of the dialogue with what is known and recognized."

#### References

- 1. Bird H. Stranger reaction versus stranger anxiety. *J Amer Acad Psychoanalysis*. 1980; 8: 555-563.
- 2. Schecter DE. Early developmental roots of anxiety, J. Am. Acad. Psychoanal. Dyn. *Psychiatr.* 1980; 8: 539-554.
- 3. Scarr S, Salapatek P. Patterns of fear development during infancy. *Behav Dev.* 1970; 16: 53-90.
- 4. Brooks J, Lewis M. Infants' Responses to Strangers: Midget, Adult, and Child. *Child Develop.* 1976; 47: 323-332.
- Waters E, Matas L, Sroufe LA. Infants' Reactions to an Approaching Stranger: Description, Validation, and Functional Significance of Wariness. *Child Develop.* 1975; 46: 348-356.
- 6. Freud S. Beyond the Pleasure Principle. S. E., 1920; 18: 7-64.
- 7. Freud S. Inhibitions, Symptoms and Anxiety. S. E., 1926, 20: 77-174.
- 8. Anzieu D. Le Moi-Peau. Paris. 1985.
- 9. Anzieu D. Formal signifiers and the ego-skin. 1987. In: Anzieu, D, editor. Psychic envelopes. London: Karnac, 1990; 11-16.
- 10. Britton R. Subjectivity, objectivity and triangular space. *Psychoanalytic Q.* 2004; 73: 47-61.
- 11. Solan R. The Enigma of Childhood The Profound Impact of the First Years of Life on Adults as Couples and Parents. London: Karnac; 2015.
- 12. Freud S. Further problems and lines of work. In: Group Psychology and the Analysis of the Ego. S. E., 1921, 18: 100-104.

- 13. Levinas E. Totality and infinity (A. Linguis, Trans.). Pennsylvania: Duquesne University Press; 1969.
- 14. Freud S. The taboo of virginity (contributions to the psychology of love III). S. E., 1918; 11: 193-208.
- Mahler MS. On human symbiosis and the vicissitudes of individuation. In: P. Buckley, editor. Essential papers on object relations New York. 1968; 200-227.
- 16. Symington N. Narcissism: A New Theory. London. 1993.
- 17. Reich A. Pathologic forms of self-esteem regulation. *Psychoanal Study Child.* 1960; 15: 215-232.
- 18. Stolorow RD. Toward a functional definition of narcissism. *Int J Psychoanal.* 1975; 56: 179-185
- Emde RN. Development terminable and interminable:
   I. Innate and motivational factors from infancy. *Intl J PsychoAnalysis*. 1988; 69: 23-42.
- 20. Emde RN. Development terminable and interminable: II. Recent psychoanalytic theory and therapeutic considerations. *Int J Psycho-Analysis*. 1988; 69: 283-296.
- 21. Fonagy P, Target M. Attachment and reflective function: Their role in self-organization. *Dev Psychopathol.* 1997; 9: 679-700.
- 22. Fonagy P, Target M. Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*. 2002; 22: 307-335.
- Stern DN. The interpersonal world of the infant. New York. 1985.
- 24. Kernberg OF. Borderline conditions and pathological narcissism. New York. 1975.
- Kernberg OF. Internal world and external reality. New York. 1980.
- 26. Duruz N. The psychoanalytic concept of narcissism. Part II: Toward a structural definition. *Psychoanalytic Contemporary Thought*. 1981; 4: 35-67
- 27. Solan R. Narcissistic fragility in the process of befriending the unfamiliar. *Am J Psychoanal*. 1998; 58: 163-186.
- 28. Solan R. The interaction between self and others: A different perspective on narcissism. *Psychoanal Study Child.* 1999; 54: 193-215.
- 29. Winnicott DW. The maturational processes and the facilitating environment. New York. 1965; 37-55.
- 30. Freud S. A Project for a Scientific Psychology. S. E. 1887-1902.

- 31. Dannenberg GHD, Shoenfeld, Y. Stress reaction and the immune system. Harefuah, 1991; 120: 455-459.
- Samer El-Kaissi, Lahooti H, Wall J. Stress & Organ Specific Autoimmunity: A Complex Interrelationship. BI Brain Immune Trends, 2013.
- 33. Fisher P. Immunology Module: Prologue. 2011.
- 34. Freud S. On narcissism: an introduction. S. E. 1914; 14: 69-101.
- 35. Pally R. How the brain actively constructs perceptions. *Int J of Psycho-Analysis*. 1997; 78: 587-593.
- 36. Pally R. How the brain actively constructs perceptions. *Int J Psycho-Analysis*. 1997; 78: 1021-1030.
- 37. Pally R. Memory: Brain systems that link past, present and future. *Int J Psycho-Analysis*. 1997; 78: 1223-1234.
- 38. Gabbard GO. On hate in love relationships: The narcissism of minor differences revisited. *Psychoanalytic Q.* 1993; 62: 229-238.
- 39. Solan R. "Jointness" as integration of merging and separateness in object relations and narcissism. *Psychoanal Study Child.* 1991; 46: 337-352.
- 40. Piaget J. The origins of intelligence in children. 1936. New York. 1952.
- 41. Spitz R. Anxiety in infancy: A study of its manifestation in the first year of life. *Int J PsychoAnal*. 1950; 31: 138-143.
- 42. Spitz R. The first year of life. New York. 1965.
- 43. Schaffer HF, Emerson PE. The development of social attachment in infancy. *Soc Res Child Dev.* 1964; 29: 1-77.
- 44. Bowlby J. A secure base: parent-child attachment and healthy human development. New York. 1988.
- 45. Freud S. The Uncanny. S. E. 1919; 17: 219-253.
- 46. Bion WR. Learning from experience. London. 1962.
- 47. Khan MR. The concept of cumulative trauma. *Psychoanal Study Child*. 1963, 18: 286-306.
- 48. Bick E. The experience of the skin in early object relations. *Int J Psycho-Analysis*. 1968; 49: 484-486.
- 49. Tustin F. The protective shell in children and adults. London. 1990.
- 50. Sandler AM. Beyond eight-month anxiety. *Int J of Psycho-Analysis*. 1977; 58: 195-207.

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