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GRIEF AND MOURNING IN INFANCY AND EARLY CHILDHOOD[1]

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INTRODUCTION

In a previous paper, that on "Separation Anxiety" (1960), I sketched briefly the sequence of responses to be observed when young children are removed from their mothers and placed with strangers. After delineating the three phases—Protest, Despair, Detachment[3]—I pointed out that "the phase of Protest raises the problem of separation anxiety; Despair that of grief and mourning; Detachment that of defense. The thesis to be advanced is that the three responses—separation anxiety, grief and mourning, and defense—are phases of a single process and that when treated as such each illumines the other two." The hypothesis advanced there to account for separation anxiety was a corollary of the one advanced in an earlier paper to account for the child's tie to his mother (Bowlby, 1958b). In that paper it was suggested that the child's tie is best conceived as the outcome of a number of instinctual response systems, mostly nonoral in character, which are a part of the inherited behavior repertoire of man; when they are activated and the mother figure is available, attachment behavior results. In the paper on separation anxiety I suggested that, when they are activated and the mother figure is temporarily unavailable, separation anxiety and protest behavior follow. In this and the succeeding papers I shall advance the view that grief and mourning occur in infancy whenever the responses

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[3] In earlier papers and the first drafts both of this paper and the previous one the term "Denial" had been used for the third phase. It gave rise to many difficulties, however, and is now abandoned in favor of the more purely descriptive term "detachment." It is used to indicate "lack of attachment."

mediating attachment behavior are activated and the mother figure continues to be unavailable. It is by now widely recognized that loss of the mother figure in the period between about six months and three or four or more years is an event of high pathogenic potential. The reason for this, I postulate, is that the processes of mourning to which it habitually gives rise all too readily at this age take a course unfavorable to future personality development.

This thesis does not seem to have been advanced in quite this form before. Naturally many analysts have advanced views which have features in common with it. Those, however, who have been concerned with disturbances in the child's relations with whole objects during the first few years of life, e.g., Abraham, Edith Jacobson, Spitz, Sullivan, have tended not to identify as mourning the processes set in train by disappointment and loss of love; while those who have recognized the reality of grief and mourning occurring in infancy have tended to concentrate on part objects—especially loss of breast at weaning—and events of the first year of life. Melanie Klein and her school are the outstanding example of the latter tendency. Fairbairn, Winnicott, and Erikson veer in the same direction, though, as we shall see, each is inclined to extend the vulnerable period beyond the first year. Anna Freud and Dorothy Burlingham have recorded the responses of young children to loss of mother and have recognized them as grief, but have not related their findings to the theory of mourning and melancholia.

Since the issues raised are far reaching and controversial and also have a long history in the psychoanalytic literature, five papers are required to do them justice. In this, the first, my principal aim will be to demonstrate that the responses to be observed in young children on loss of the mother figure differ in no material respect (apart probably from certain consequences) from those observed in adults on loss of a loved object. Since this is an empirical matter, I shall begin by comparing the data relevant to each age group. Only after this will the literature be reviewed; and here I shall consider among other themes the evidence on the basis of which much weight has been laid on the significance for personality development of loss of breast at weaning. In the second paper, "Processes of Mourning" it will be my aim to consider afresh the nature of the processes evoked by the loss of a loved object, and to this end attention will

be paid to the responses to be observed when members of lower species are bereaved. In later papers, it will be my aim to discern what light the approach I am exploring sheds on the complex and difficult problems of psychopathology. In particular I shall give attention to the evidence that the experience of loss of mother in the early years is an antecedent of relevance in the development of personalities prone to depressive and other psychiatric illnesses and that these conditions are best understood as sequelae of pathological mourning.

Before going further it is well to define the sense in which terms will be used. "Mourning" will be used to denote the psychological processes that are set in train by the loss of a loved object and which commonly lead to the relinquishing of the object. "Grief" will denote the sequence of subjective states that follow loss and accompany mourning. Some analysts, for example, Winnicott (1954), have advocated that the term "mourning" should be restricted to those processes which have a favorable outcome. This I believe to be unsatisfactory. One of the major contributions of psychoanalysis has been to integrate psychopathology with general personality theory. To use different terms for a process or processes according to whether outcome is favorable or unfavorable seems to me to endanger this integration. Accordingly, the term "mourning" will be used to denote a fairly wide array of psychological processes set in train by the loss of a loved object irrespective of their outcome. This will enable us to discuss the different courses that mourning may take, healthy and pathological, and to relate them to each other. It is recognized, nevertheless, that there are certain responses to loss, for example, caring for a vicarious object and manic excitement, which are so unlike mourning as we ordinarily think of it that it might be confusing to include them under the term. For this reason there are times when the all-inclusive term "responses to loss" is required. In the next paper this aspect will be discussed in more detail.

The term "depression" will be used in a way which carries with it no necessary implication of pathology: this needs explanation. A normal part of the process of mourning is that the individual becomes depressed. This is both seen by others in his curtailed and disorganized behavior and experienced by himself in his own sense of inertia and purposelessness. This condition, however, although an

essential part of mourning, is not confined to the bereaved. It occurs also following other losses and in many other circumstances. Furthermore, healthy personalities as well as sick ones are subject to it. Since both in colloquial speech and clinical discussion the word "depression" is habitually used to describe this condition, it is in this sense that the word will be used here. By contrast, the clinical syndrome of which a pathological degree of depression is the main presenting symptom will be referred to as "depressive illness" or "melancholia." This terminology is in line with that used by Elizabeth Zetzel (1960), in which she distinguishes between depression as "an affect integral to psychic life," and thus comparable to anxiety, and the clinical syndrome of which intense depression is a main presenting symptom and which she terms "depressive illness." It differs, however, from that of a number of psychoanalytic authors who do not make the distinction and who use the term "depression" to denote both the common affective state and the illness.

The terms "childhood," "early childhood," and "infancy" are used in a progressively more limiting way. "Childhood" refers to the whole span of life from birth to adolescence; "early childhood" to the first three or four years, but especially to the second and third, namely, the toddler period; "infancy" to the first twelve or fifteen months.

In studying the literature of our subject, perhaps the most striking feature is the absence from the indexes of many standard psychoanalytic texts of both the words "grief" and "mourning." This is true of the collected papers of Ferenczi (1916, 1926), Jones (1948), Balint (1952), and Fairbairn (1952), of Anna Freud's *Ego and the Mechanisms of Defence* (1936), and even of a recent symposium on depression edited by Phyllis Greenacre (1953). That this is so suggests that, despite the early work of Freud and Abraham and the constant insistence of Melanie Klein, the significance for psychopathology of grief and mourning, especially when they occur in infancy and early childhood, has been and still is too little recognized. A reason for this I believe to be the loyalty to the theory of infantile narcissism which remains a feature of the work of many leading analysts. It seems to me that the term "narcissism" is apt to call to mind the picture of a self-centered egoistic individual whose demands are exorbitant and unreasonable so that when the infant is described as

narcissistic it is easy to lack appreciation of both his expectations and his disappointments. Indeed, to describe the loss of his mother or loss of her love as "a severe injury to infantile narcissism," as Abraham and many others do, is to miss its true significance. I fear it is no accident that the reality and pathogenic implications of grief in early childhood have so frequently been overlooked.

This mistake is not made by Melanie Klein and her associates, nor by Balint, Fairbairn, Winnicott, and the many others who hold that it is in the nature of the infant's instinctual responses to be object-seeking from the first and who construct their psychopathology on this assumption. Owing, however, to the widespread tendency to identify the dynamic which binds infant to mother with orality, most of these analysts tend to see loss of breast at weaning as not only the first but by far the most pathologically significant loss suffered by the child. Furthermore, because in Western cultures weaning commonly takes place during the first year, the crucial phase during which the capacity for tolerating loss either matures or fails to mature is placed firmly in the early months of life. This is especially true of Melanie Klein.

It is my thesis that the significance of loss of breast has been exaggerated, that when it appears to be of consequence it is often because it occurs contemporaneously with separation or loss of close contact with mother, and that in consequence Melanie Klein's insistence that the processes described by her under the term "depressive position" all occur during the early months is mistaken. My view is that a principal trauma which is potentially present in the life of a young child is loss of mother, or loss of her love, and that the processes connected with the depressive position, which I conceive analogously but rather differently from Melanie Klein, are spread out over a long period, beginning at about the sixth month[4] and continuing into and beyond the fourth year. Throughout this period, I believe, there is a danger that the child may be subjected to experiences which can give rise both to separation anxiety and to grief and mourning of an intensity which can dislocate the development of his personality.

[4] As I have made clear in earlier papers, I believe there is insufficient evidence to enable us to theorize with confidence about development before about six months of age.

In my view this hypothesis accounts more satisfactorily than do others for the clinical facts as we glean them in retrospect and darkly from our older patients, and their parents, and is more consonant with our present knowledge of the long phase of attachment of young child to mother and his intense distress at her loss or threatened loss. Indeed, I believe that the hypothesis now advanced would have been advocated earlier had it not happened that the phase of attachment to a mother figure was so late in being recognized and had not theory become preoccupied instead on the one hand with primary narcissism and on the other with orality.

Though in this matter I find myself differing from Melanie Klein, Fairbairn, and Winnicott, I must nonetheless express my deep indebtedness to them. In my view, in their theorizing they, more than any other living analysts except perhaps Balint and Therese Benedek, have been grappling with the crucial problems of personality development—the development of object relations and of responses, favorable or otherwise, to loss of object.

That the thesis has not been advanced in the same form hitherto may also be due to so little weight having been given in theory construction to direct observations of young children—despite Freud's having shown in one of his earliest publications[5] that they are an indispensable complement of reconstructional inferences based on data derived from older patients. In regard to this problem, as to so many others, there has been a notable failure to bring together data stemming from the two sources and to advance a unified theory as he advised should be done.

It must be emphasized that, because the purpose of this and the subsequent papers is to consider the theoretical implications of observations of grief and mourning in young children, the understanding of depression as an affect integral to psychic life and of melancholia will not be our main concern. Nevertheless, just as the discussion of separation anxiety inevitably required some consideration of the whole problem of anxiety, so in these papers we cannot escape some consideration of the wider problems. Moreover, like very many analysts from Freud and Abraham onward, I doubt if it is fruitful to consider any aspect of depression, whether normal or

[5] See Freud (1905, p. 201). See also the view of Hartmann (1939).

pathological, without taking into account the experience of loss and the processes of mourning.

Comparison of Responses in Adults and Young Children

From the previous paper it will be recalled that when a healthy child of over six months is removed from the mother figure to whom he is attached and placed with strangers his initial response is to cry and seek to regain her: "He will often cry loudly, shake his cot, throw himself about, and look eagerly towards any sight or sound which might prove to be his missing mother." This, the phase of Protest, may with ups and downs continue for as long as a week or more. Throughout it the child seems buoyed up in his efforts by the hope and expectation that his mother will return.

Sooner or later, however, despair sets in. The longing for mother's return does not diminish, but the hope of its being realized fades. Ultimately the restless noisy demands cease; he becomes apathetic and withdrawn, a despair broken only perhaps by an intermittent and monotonous wail. He is in a state of unutterable misery.

Although this picture must have been known for centuries, it is only in the past two decades that it has been described in the psychological literature and called by its right name—grief.[6] This is the term used by Anna Freud and Dorothy Burlingham (1942), by Spitz (1947) in titling his film *Grief: A Peril in Infancy*, and by Robertson (1953) who during the past ten years has made a special study of its practical implications. Of the child aged from eighteen to twenty-four months Robertson writes:

> If a child is taken from his mother's care at this age, when he is so possessively and passionately attached to her, it is indeed as if his world has been shattered. His intense need of her is unsatisfied, and the frustration and longing may send him frantic with grief. It takes an exercise of imagination to sense the intensity of this distress. He is as overwhelmed as any adult who has lost

[6] In the psychoanalytic literature the term "grief" is sometimes used to cover both the subjective experiences following loss and also, as in this case, the psychological processes set in train by it. Although when presenting my own ideas I shall restrict the term to the subjective experience, when describing the work of others it is often clumsy not to use it in the same way as does the author under discussion. Hence the usage in this paragraph.

> a beloved person by death. To the child of two with his lack of understanding and complete inability to tolerate frustration it is really as if his mother had died. He does not know death, but only absence; and if the only person who can satisfy his imperative need is absent, she might as well be dead, so overwhelming is his sense of loss.

Despite these observations and conclusions by workers of repute, doubt has nonetheless been expressed whether we are right to equate this experience with that suffered by an adult in bereavement. Is this true grief, it is asked, and is it followed by true mourning? For instance, some years ago, before Anna Freud and Dorothy Burlingham reported their wartime observations, Helene Deutsch (1937) suggested that what in the more mature ego is experienced as grief is experienced in early childhood only as separation anxiety.[7] It is more surprising that Spitz himself, who has done so much to draw attention to these problems, in his paper on "Anaclitic Depression" (1946) rejected the view that what he was observing is a process of mourning. Furthermore, Anna Freud, while identifying the affect as grief, has recorded her belief that during the first and second years its duration extends for not more than a few days in cases where a suitable substitute is available. Because of the existence of these doubts regarding both the occurrence of grief and mourning in early childhood and its duration, it will be best, before we consider further the opinions of others, to examine the evidence. When records of the responses to loss of object by adults and young children are placed side by side, it is believed, the essential similarity of the responses will be clearly recognized.

Let us consider first descriptions of grief and mourning as they occur in adults following bereavements. One of the most comprehensive is that by Lindemann (1944) who, by a detailed clinical study of 100 cases, has been able to confirm and extend the knowledge of the usual course of events which is contained in the earlier psychoanalytic literature. Some of his cases were already under treat-

[7] Very recently a translation of an early paper by Helene Deutsch (1919) has appeared, in which she records in some detail the responses of a two-year-old boy to the departure of his nanny, and in which she refers both to "his despair" and to "the sixth day of his mourning" ("*am sechsten Tage seines Kummers*"). In view of the debate regarding length of mourning at this age it is to be noted that, despite his having familiar substitutes (including his mother) immediately available, the boy's distress lasted eight days and led to a noticeable change of personality.

ment for psychoneurotic difficulties when they were bereaved; others were ordinary people who had recently lost a relative. His method of study gave him opportunity for the first-hand observation and recording of acute grief. Another valuable study is that of Marris (1958), an investigator who combines sociological skill with clinical sensitivity. Marris interviewed a fairly representative group of seventy-two widows, aged between twenty-five and fifty-six years, at some point during the two years after they had lost their husbands. Although his initial interest had been in their social and economic circumstances, he realized that his inquiry would be worthless unless he took account of the grief and mourning from which all but a handful of his subjects were still suffering. The great merit of the descriptions of Lindemann and Marris is that they are based on observations of larger numbers and more representative samples of sufferers than is usual in the clinical literature. In regard to the common patterns of response and their usual sequence in time there is close agreement between them; there is close agreement, too, with the findings of other studies, both those by psychoanalysts and those by academic and social psychologists (e.g., Shand, 1920; Waller, 1951; Eliot, 1955). The main facts indeed are not in question.

I propose to group the psychological responses described by these different workers under five main heads:

(a) Thought and behavior still directed toward the lost object;
(b) Hostility, to whomsoever directed;
(c) Appeals for help;
(d) Despair, withdrawal, regression, and disorganization;
(e) Reorganization of behavior directed toward a new object.

In addition to these psychological responses, there are those of a more physiological type, including insomnia, which was present in about four fifths of Marris's cases. Lindemann has described these responses in some detail and, like Engel (1954) and others, has seen in them the origin of much psychosomatic illness. Since, however, such sequelae lie outside the scope of this paper, they will not be discussed here further.

All accounts dwell on the insistence with which behavior, thought, and feeling tend to remain oriented toward the lost person. Despite the knowledge that he will not return, there is a continuing sense that nonetheless he is present. The observations of Lindemann

and Marris fully confirm Freud's well-known formulation in "Mourning and Melancholia" (1917):

> Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them. This opposition can be so intense that a turning away from reality takes place and a clinging to the object through the medium of a hallucinatory wishful psychosis [p. 244].

Marris (1958) found that as many as half the widows interviewed had experienced after their husband's death a sense of his continuing presence, and a quarter confessed that they had been or were actually behaving as though he still lived:

> "I used to put the kettle on and make tea for him. Or when I'd come home and find him not there, I'd think he had just gone out." [A number] talked to his photograph and imagined that he advised them, clung to all his possessions and returned to places that they had frequented together [p. 15].

In these respects Queen Victoria's behavior was not unusual, even though she persisted in it unusually long.

All accounts dwell, too, on the frequency of resentment at the loss and of hostility aimed either at the lost object, others, or the self. Lindemann refers to "feelings of hostility, surprising and quite inexplicable to the patients," which appeared sometimes to be "spread out over all relationships" and, at others, to be channeled into "furious hostility against specific persons; the doctor or the surgeon are accused bitterly for neglect of duty. . . ." Marris describes one woman who "admitted ruefully that, in the first frenzy of her grief, she had assaulted the doctor for no reason whatever, and apologized to him afterwards. 'I just went berserk. Poor Dr. Roberts got a good hiding.' She added, 'afterwards depression set in and I lost interest.' " Marris comments: it was "as if her rage while it lasted had given her courage." As is well known, often these criticisms and hostile feelings are also directed against the self and manifest themselves in a profound sense of guilt and unworthiness. At other times

they are directed toward the lost figure and take the form of complaints.

The tendency of the bereaved to seek consolation and help from others has been remarked upon especially by Shand (1920). "When we can resist," he remarks, "we may become angry, when we cannot there is room only for sorrow. . . . Sorrow appears to have one principal impulse—the cry for help or assistance." A great difficulty with such appeals, however, is that the bereaved either makes unreasonable demands or else seems hardly to know what he wants, and often becomes irritable and ungrateful to those who try to respond.

In the ordinary person neither appeals for help, rage at others, nor self-reproach continue indefinitely; nor does the illusion, whether accepted and encouraged or resented and discouraged, that the lost figure is still present. Sooner or later the reality of loss takes hold and with it comes an appalling "sense of the futility and emptiness of life." It was expressed to Marris in such phrases as these:

> "I had nothing to live for."
>
> "I didn't even cook myself a bit of food. I wouldn't care if I died tomorrow."
>
> "The interest is gone, I would never have stood the house looking like this when my husband was alive. I wouldn't care if a bomb fell on the house tomorrow."

Perhaps as clinicians we sometimes fail to realize that responses of this gravity are the rule in bereavement: Marris reports them as present in no less than two thirds of his cases.

Coupled with this apathy is

> . . . a tendency to withdraw from people and to reject consolation . . . Commonly it was rejected either from indifference—"I just could not be bothered with people"—or because it revived distress, or from a generalized resentment: "I hated everybody." And sometimes [because] to be in company, especially the company of married couples, only made them more than ever aware of their loneliness [Marris, 1958, pp. 20-21].

Perhaps the greatest difficulty of all for the bereaved person is the unaccountable oscillation in his feelings from one moment to the next. Eliot (1955) describes

> . . . overt paroxysms of weeping, protest and . . . seizures of grief or rage [which may be followed by] temporary episodes variously

> described as blank, mute despair, stolidity, inability to act or even move. . . . Bereavement is full of the ambivalent conflict of despair and craving, [he remarks,] "that incomprehensible contradiction of memory and non-existence."[8]

The most striking feature about the phase of apathy is the loss of the normal organized patterns of activity. This is well described by Lindemann:

> There is restlessness, inability to sit still, moving about in an aimless fashion, continually searching for something to do . . . . What is done is done with lack of zest, as though one were going through the motions. The bereaved clings to the daily routine of prescribed activities; but these activities do not proceed in the automatic, self-sustaining fashion which characterizes normal work but have to be carried on with effort, as though each fragment of the activity became a special task. The bereaved is surprised to find how large a part of his customary activity was done in some meaningful relationship to the deceased and has now lost its significance. Especially the habits of social interaction—meeting friends, making conversation, sharing enterprises with others —seem to have been lost.

Though the concept of regression is in varying degrees appropriate to explain it, I believe the more valuable concept is that of disorganization: in Lindemann's words, "there is . . . a painful lack of capacity to initiate and maintain organized patterns of activity." This is a way of conceptualizing the data in keeping with the theory advanced to account for the child's tie to his mother and one to which we shall be turning in the next paper when we come to discuss the theory of grief and mourning.

Following this phase of despair and disorganization there occurs a phase of recovery during which reorganization takes place partly in connection with the image of the lost object and partly in connection with a new object or objects. This is a transitional phase. In so far as a restructured relationship with the image of the lost object is achieved it is the final phase of mourning: in so far as a new object is found it is the first phase of a new object relationship. Being less dramatic, descriptions of this phase are less clear. One feature which is fairly common in both men and women and which is relevant to our theme is a period of promiscuity intervening between the

[8] Quoted by Eliot from Proust, *Cities of the Plain*.

relinquishment of the lost object and orientation to a new one (Waller, 1951; Eliot, 1955).

Now let us compare this picture of grief and mourning in adults with what is seen in young children who have lost their mother. In making this comparison much of the evidence presented concerns the behavior of young children removed not only from their mothers but also from the whole environment with which they are familiar. In such conditions loss of mother is certainly not the only variable; and the question is sometimes asked whether it is even the main one. Are we justified, in fact, in drawing on such observations? A word of explanation is called for.

As the account given by Helene Deutsch (1919) so graphically illustrates, young children, even when they remain in their own homes and have familiar substitutes immediately available, nonetheless respond to loss of a loved figure with despair and mourning. This finding, and the fact that if left in a residential nursery or hospital ward their constant and persistent response is to scream and cry for mother, suggests that loss of mother is in fact the main variable in the situation. Nevertheless, it is clear that the fear evoked by the strangeness of the new environment greatly intensifies their responses to her loss. From comparisons such as these Robertson and I (1952) have concluded that the behavior observed in the hospital and residential nursery is not different in kind but is an intensified version of what occurs when loss of mother is the only variable. While a recognition of this warns us not to generalize too broadly, for certain purposes a magnification of what is to be studied has advantages. We believe that this is so here.

What then are young children's responses to loss of the mother figure? Typically they show a set and sequence of responses almost identical to those of adults. After the initial protest and demand for his mother's return, which often lasts many days, the child becomes quieter. It would be a mistake, however, to suppose that this means that the child has "forgotten" his parents. On the contrary, all the evidence is that as in the case of the adult he remains highly oriented toward the lost love object. Robertson has recorded many cases of young children whose longing for the absent mother was clearly apparent, even though at times so muted that it tended to be overlooked. Of Laura, the subject of his film *A Two-Year-Old Goes to*

Hospital (1952), he writes: "She would interpolate without emotion and as if irrelevantly the words 'I want my Mummy, where has my Mummy gone?' into remarks about something quite different; and when no one took up the intruded remark she would not repeat the 'irrelevance.' " The same child would sometimes let concealed feelings come through in songs and, unknown to herself, substitute the name of "Mummy" for that of a nursery-rhyme character. On one occasion she expressed an urgent wish to see the steam-roller which had just gone from the roadway below the ward in which she was confined. She cried, "I want to see the steam-roller, I want to see the steam-roller. I want to see my *Mummy*. I want to see the steam-roller."

Another child, aged three years, who had been in the hospital for ten days, was pointed out by the ward sister as being "happy." He seemed to be amusing himself with a droll game of bowing repeatedly and twisting his head. When the observer stood near, however, it was clear that, almost compulsively, the child was making the motions of looking toward a closed door and whispering, "My mummy coming soon"—though in fact his mother would not be allowed to visit for another two days (Robertson and Bowlby, 1952).

To the perceptive observer, such persistent orientation to the lost mother is apparent even in much younger children. Thus Robertson also records the case of Philip who was aged only thirteen months when placed in a residential nursery. Although he was too young to verbalize any wish for his mother, the staff reported that during the days of fretting and later, whenever frustrated or upset, he would make the motions associated with the rhyme "Round and round the garden" with which his mother used to humor him when he was out of temper at home.

Anna Freud and Dorothy Burlingham recorded many cases of persistent but muted longing for the absent mother. On a previous occasion (see Bowlby, Robertson, and Rosenbluth, 1952) we have quoted a record made in the Hampstead Nursery of a boy aged three years and two months. On being left in the nursery he had been admonished to be a good boy and not to cry—otherwise his mother would not visit him.

> [On the first day] Patrick tried to keep his promise and was not seen crying. Instead he would nod his head whenever anyone

looked at him and assured himself and anybody who cared to listen that his mother would come for him, she would put on his overcoat and would take him home with her again. Whenever a listener seemed to believe him he was satisfied; whenever anybody contradicted him, he would burst into violent tears.

This same state of affairs continued through the next two or three days with several additions. The nodding took on a more compulsive and automatic character: "My mother will put on my overcoat and take me home again."

Later an ever-growing list of clothes that his mother was supposed to put on him was added: "She will put on my overcoat and my leggings, she will zip up the zipper, she will put on my pixie hat."

When the repetitions of this formula became monotonous and endless, somebody asked him whether he could not stop saying it all over again. Again Patrick tried to be the good boy that his mother wanted him to be. He stopped repeating the formula aloud but his moving lips showed that he was saying it over and over to himself.

At the same time he substituted for the spoken words gestures that showed the position of his pixie hat, the putting on of an imaginary coat, the zipping of the zipper, etc. What showed as an expressive movement one day, was reduced the next to a mere abortive flicker of his fingers. While the other children were mostly busy with their toys, playing games, making music, etc., Patrick, totally uninterested, would stand somewhere in a corner, moving his hands and lips with an absolutely tragic expression on his face [p. 89].

Reading these accounts we are inevitably reminded of Freud's comment: "It is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them."

Again as in the case of adults, the persistent longing of the young child for his lost loved object is often suffused with intense generalized hostility. This has been reported by several workers, e.g., Robertson (1953), and was one of the most striking findings in Heinicke's systematic study. Heinicke (1956) compared the behavior of two groups of children, both aged between sixteen and twenty-six months;[9] one group was in a residential nursery, the other in a day

[9] Although the criterion for the sample was fifteen to thirty months, the age range for the children actually studied was narrower.

nursery. Not only did the children in the residential nursery cry for their mothers more than did the day-nursery children, but they exhibited much violent hostility of a kind hardly seen at all in those in the day nursery. The targets of this hostility were so varied that it was difficult to discern to whom it was principally directed: as in the adults whom Lindemann described, it was "spread out over all relationships."

Sometimes, however, it is evident that it is directed to the lost love object itself. Anna Freud and Dorothy Burlingham (1944) give a striking example:

> Reggie, who had come to our house as a baby of five months, went home to his mother when he was one year eight months, and has been with us ever since his return to the nursery two months later. While with us, he formed two passionate relationships to two young nurses who took care of him at different periods. The second attachment was suddenly broken at two years eight months when his "own" nurse married. He was completely lost and desperate after her departure, and refused to look at her when she visited him a fortnight later. He turned his head to the other side when she spoke to him, but stared at the door, which had closed behind her, after she had left the room. In the evening in bed he sat up and said: "My very own Mary-Ann! But I don't like her" [pp. 62-63].

As I have recorded frequently before (Bowlby, 1944, 1951, 1958a), it is my belief that there is no experience to which a young child can be subjected more prone to elicit intense and violent hatred for the mother figure than that of separation. Although often mentioned in psychoanalytic literature, I believe its significance is still gravely underestimated.

As in the case of the adult who longs for and misses a particular person and so cannot find comfort in other companions, however kind they may be, so does the separated child at first reject the ministrations of those caring for him. Although his appeals for help are clamant, often his behavior is as contradictory and frustrating to the would-be comforter as is that of the recently bereaved adult. Sometimes he rejects them. At others he combines clinging to a nurse with sobs for his lost mother. Anna Freud and Dorothy Burlingham have recorded the case of a little girl of seventeen months

who said nothing but "Mum, Mum, Mum" for three days, and who, although liking to sit on the nurse's knee and to have the nurse put her arm around her, insisted throughout on having her back to the nurse so as not to see her.

Nevertheless the complete or partial rejection of the strange adult does not continue forever. After a phase of withdrawal and apathy, already described, the child begins to seek new relationships. How these develop turns on the situation in which he finds himself. Provided there is one particular mother figure to whom he can relate he will in time take to her and treat her in some respects as though she were his mother. In those situations where the child has no single person to whom he can relate, on the other hand, or where there is a succession of persons to whom he makes brief attachments, the outcome is of course different. As a rule he becomes increasingly self-centered and prone to make transient and shallow relationships with all and sundry. This condition, reminiscent of the transient sexual promiscuity of bereaved adults, bodes ill for his development if it becomes an established pattern.

There has been some debate regarding the length of the period during which young children mourn. For instance, Anna Freud and Dorothy Burlingham (1942) have expressed the view that it is "short-lived," especially in children between one and two years, and that in this respect it differs greatly from mourning in adults. This view is not supported by the observations of Robertson, made in a variety of hospitals and residential-nursery settings, including a nursery in which serious attempts were made to provide a stable mother substitute from the beginning of separation. Nor is it supported by such other evidence as is available, including that reported in the various publications deriving from work in the Hampstead Nurseries during the war.

Apart from the report by Helene Deutsch (1919), which shows that even in the most favorable conditions overt distress may continue for eight days, the most relevant study I know of so far is the one, already referred to, undertaken by Heinicke (1956). He studied six children aged between sixteen and twenty-six months who were undergoing a short stay in one of three residential nurseries. Of these, four were aged twenty months or under. In the nursery "each child belonged to a definite group of children and was cared for by a

limited number of nurses. It was thus possible for each child to form attachments both to the nurses and to the children in his own particular group." This means that Heinicke was studying children of about the age with which the debate is concerned and in residential nurseries in which an attempt was made to provide for the children's need for attachment. The children were observed for a period of about one hour on one or other of each pair of days' stay (at week ends one of three days). The results are presented in statistical form.

What Heinicke's observations show is that there was a great deal of crying for mother and father during the whole of the first twelve days. During the third, fourth, and fifth days almost 17 per cent of the recorded behavior was crying, almost all of it directed toward the absent mother and father. During the tenth, eleventh, and twelfth days the children still cried, and at this period it comprised 12 per cent of the behavior recorded; again all but a small fraction was directed toward the absent parents. Autoerotic behavior and pronounced hostility, present during the first week, rose in incidence during the second; during the tenth, eleventh, and twelfth days they together comprised over 18 per cent of the behavior recorded. Thus during the middle of the second week nearly one third of the recorded behavior of these children consisted of one of three activities, all indicative of emotional disturbance, namely, crying for absent parents, autoerotic activity, and intense aggression. Even in the middle of the third week the total was still nearly one quarter of recorded behavior.

In view of the small number of children and the possible errors due to time sampling, too great weight must not be set on these figures. Moreover, studying a second sample Heinicke (personal communication) found that in the second week crying for absent parents made up a smaller proportion of recorded behavior. Nevertheless, since the general tenor of Heinicke's observations confirms the more extensive but less systematic observations of Robertson, they can be taken as demonstrating that in children of this age group mourning not uncommonly continues into the third week.

The discrepancy between these conclusions and those of Anna Freud may be due in part to the different conditions in which observations are made. Some of the differences, however, I believe to be due to the criterion which she posits for when mourning ceases.

She has suggested[10] that mourning is confined to the transient time from losing the mother to when the child is ready to accept food and comfort from a new person. In my view this criterion is likely to give a misleading impression. Children of this age, I believe, accept food and a measure of comfort from a new person long before the other signs of grief have disappeared. In other words, the duration of grief is much longer than this criterion would indicate.

There is, I believe, a further reason for the discrepancy. This lies in the expectations that Anna Freud has derived from her theoretical position regarding early ego development and which have led her to be skeptical of the view that the processes underlying the grief responses of infants and young children are similar in character to the processes underlying such responses in adults—that in fact they constitute true mourning. This is an issue which will be discussed more fully in the next section. Meanwhile, since the evidence makes it clear that at a descriptive level the responses are similar in the two age groups, I believe it to be wiser methodologically to assume that the underlying processes are similar also, and to postulate differences only when there is clear evidence for them. That certain differences between age groups exist I have little doubt, since in infants and small children the outcome of experiences of loss seem more frequently to take forms which lead to an adverse psychological outcome. In my judgment, however, these differences are best understood as being due to special variants of the mourning process itself, and not to processes of a qualitatively different kind. When so conceived, I believe, we are enabled both to see how data regarding the responses of young children to a separation experience relate to the general body of psychoanalytic theory and also to reformulate that theory in simpler terms.

Review of Literature

A reading of the psychoanalytic literature on the occurrence of grief and mourning in infancy and early childhood shows that there have been two main points of controversy. The first has already been referred to. It is the crucial question whether or not, when the infant

[10] Anna Freud advanced this criterion when a draft of this paper was discussed at a meeting of the British Psycho-Analytical Society.

or young child experiences loss of love object, he experiences grief and goes through a period of mourning. The second is contingent on the first: in so far as he does experience grief, what is the nature of the loved object, loss of which most readily evokes it? In the first half of this review, in considering the work among others of Anna Freud, Spitz, and Abraham, we shall be principally concerned with the first of these questions. In the second half, where the work of Melanie Klein, Winnicott, Fairbairn, and Erikson is discussed, we shall be mainly concerned with the second: in particular it will be necessary to review the evidence on the basis of which key significance has been attributed to weaning and the first year of life. Before embarking on these controversies, however, it is interesting to see where Freud stands.

Despite his early recognition of the role played by grief and mourning in mental illness, to which reference is made in subsequent papers, it seems that it was only toward the end of his life that Freud came within reach of appreciating the reality and significance of grief and mourning occurring in infancy and early childhood. In the final pages of *Inhibitions, Symptoms and Anxiety*, having by this time a clearer grasp of the place of the child's attachment to his mother and of separation anxiety, he takes a fresh look at the problem of mourning. Prior to this re-examination, he tells us, he had been clear that "the affective reactions to a separation . . . are pain and mourning, not anxiety" (1926, p. 131). Now, however, he discovers that after all, anxiety *is* such a reaction and he confesses himself puzzled. In a final addendum, therefore, he addresses himself to the question "When does loss of object lead to anxiety and when to mourning?" His reply, as we have seen, is that anxiety is the reaction to a danger of loss of object, pain that to actual loss of object. Mourning, therefore, has "the task of carrying out [a] retreat from the object" (p. 172).

Throughout the discussion in that book, one center of Freud's attention is the responses which young children exhibit when their mothers depart or are absent. Referring to the infant's anxiety and distress at her loss, he reflects: "That it does have anxiety there can be no doubt; but the expression of its face and its reaction of crying indicate that it is feeling pain as well." This must be, Freud thinks, because "it cannot as yet distinguish between temporary absence and

permanent loss. As soon as it loses sight of its mother it behaves as if it were never going to see her again" (p. 169). From here it is but a short step to the realization that, when in fact the infant or young child does not see her again over a period of days or weeks, as we know can occur, the pain of grief becomes intense and inevitably he passes into a state of mourning. But this crucial step Freud did not take: there is no reason to think he ever fully realized the depth and gravity of grief in the very young, nor its potential pathogenic effects. Since he was already seventy at the time and had presumably never been a witness of such happenings, this need not surprise us.[11]

Among analysts Bernfeld (1925) was one of the first to recognize the reality of sadness and sorrow in infancy. Basing his views mainly on the direct observations of infants recorded in the literature he describes these emotions as common following loss of breast at weaning. His evaluation of weaning as an experience, however, seems contradictory since, although on the one hand he attaches much significance to it for future personality development, on the other he describes the response to it as "a short and mild form of sorrow" (p. 259). Nevertheless, he holds that after loss of breast the same work of mourning has to be accomplished as in all later sorrows (p. 299).

Although Bernfeld thus recognizes clearly the reality of grief and mourning in early childhood, it is to be noted that he confines his considerations to loss of breast. Although this may be partly due to the fact that his monograph is limited to development occurring during the first twelve months of the child's life, there is internal evidence suggesting that he was unaware of the long period during which the child is attached to his mother[12] and that he had given little thought to the possibility that some of the personality disturbances which he attributes to loss of breast at weaning may in fact be explained by experience of loss of mother or of her love

[11] It is, however, not unlikely that Freud himself had an experience of this kind. In the biography Jones tells us that, when Freud was two and a half years old, not only was his mother preoccupied by the birth of a new baby but his Nanny was summarily dismissed after being caught stealing (Jones, 1953, p. 10).

[12] For instance, Bernfeld suggests that walking is a "symbol of attained independence" and he seems to attach much importance to the achievements of walking, chewing, and speaking, which, he claims, "are acquired in a relatively short time during the end of the first year" (p. 227).

either in the first year or in a later phase. This is an issue to which we shall be returning.

It is possible that, had he made direct observations himself, Bernfeld might also have recognized grief and mourning following loss of mother. As it was it appears to have been Anna Freud, in her work with Dorothy Burlingham during the war, who was the first both to record the common responses to loss of mother as a whole object and also to have termed it grief. Spitz, whose studies were published shortly afterwards, was a close second. Nevertheless, despite their recognition of its reality, I do not find the way they have related observation to theory satisfactory. What they did was to squeeze the new observations within the framework of existing theories, especially those of primary narcissism and of the primacy of bodily needs and, in Spitz's case, of theories elaborated to account for pathological states such as melancholia. In my view it would have been better had they sought to revise theory in the light of their new observation.

First let us review the contribution of Anna Freud and Dorothy Burlingham (1942, 1944). In their experience, they state, during the phase of development starting at about six months of age and continuing until the third birthday reactions to loss of mother are

> . . . particularly violent. The child feels suddenly deserted by all the known persons in its world to whom it has learned to attach importance. Its new ability to love finds itself deprived of the accustomed objects, and its greed for affection remains unsatisfied. Its longing for its mother becomes intolerable and throws it into states of despair which are very similar to the despair and distress shown by babies who are hungry and whose food does not appear at the accustomed time. For several hours, or even for a day or two, this psychological craving of the child, the "hunger" for its mother, may over-ride all bodily sensations.
>
> There are some children of this age who will refuse to eat or to sleep. Very many of them will refuse to be handled or comforted by strangers. The children cling to some object or to some form of expression which means to them, at that moment, memory of the material presence of the mother. Some will cling to a toy which the mother has put into their hands at the moment of parting; others to some item of bedding or clothing which they have brought from home.
>
> Some will monotonously repeat the word by which they are

> used to call their mothers, as, for instance, Christine, seventeen months, who said: "Mum, mum, mum, mum, mum, . . ." . . . continually in a deep voice for at least three days [1942, pp. 51-52].

In commenting on these observations, which as we have seen have subsequently been confirmed by Robertson and others, Anna Freud and Dorothy Burlingham emphasize, I believe rightly, both "the depth and seriousness of this grief of a small child" and their belief that "Mourning of equal intensity in an adult person would have to run its course throughout a year" (p. 51). Nevertheless, they also record a belief, which is at variance with their own reports, namely: "This childish grief is short-lived. . . . in the child between one and two years [it] will normally be over in thirty-six to forty-eight hours" (1942, p. 52). Furthermore, neither in this publication nor in later ones have they related an adverse development of the capacity for object relations specifically to the experience of bereavement and mourning occurring in infancy and early childhood.

In the previous section I discussed the evidence bearing on the difference of view between us regarding the length of time that responses to loss in early childhood continue and also touched upon the differences in regard to theory. Whereas the evidence points unmistakably to such responses continuing at least for a week and usually for much longer, Anna Freud has concluded that they are short-lived. However, the main reason she gives for not linking her observations of grief in infancy and early childhood to the psychology and psychopathology of mourning is because her views of ego development have led her to the belief that, before well into the second year, the infant and young child are not yet capable of mourning in its true sense. This conclusion is based on her belief that before this age the individual is unable either to accept the reality principle or to effect appropriate changes in the internal world by controlling id tendencies.[13] Up to this point, she holds, his responses to loss are governed by the pleasure-pain principle and are therefore of a much simpler kind.

What I believe to be the adverse effects of this theoretical standpoint are illustrated in the accounts, part theoretical and part empirical, that Anna Freud and Dorothy Burlingham have given of the

[13] These are the reasons given by Anna Freud in her contribution to the discussion of an earlier draft of this paper.

processes which they hold underlie the way in which a child of under three years relinquishes a loved object and adopts a new one:

> The child's life is still entirely governed by the principle which demands that it should seek pleasure and avoid pain and discomfort. A love object who does not give it immediate satisfaction is no good to it. Its memories of the past are spoilt by the disappointment which it feels at the present moment. It has no outlook into the future, and it would be of no help to it if it had. Its needs are so urgent that they [require] immediate gratification; promises of pleasure are no help.
>
> The little child will therefore, after a short while, turn away from the mother image in its mind and, though at first unwillingly, will accept the comfort which is offered [1942, pp. 52-53].

I do not think this account fits the facts as we know them. Even for children in the second half of their first year the evidence of Schaffer and Callender (1959) shows it is mistaken to suppose that the mother image is so quickly forsaken; and it is certainly so for those in their second and third year of life.

Incompatibility between a theoretical expectation and observed data inevitably calls the theory in question. How well proven, it must therefore be asked, is the theory of early ego development that Anna Freud favors? Although to discuss this thoroughly would take us too far afield, such evidence as is available hardly seems to support it. Even in the early months of life there is regulation of id demands in the light of experience and, although in the second year control is often spasmodic and unreliable, it is certainly not absent. Bearing in mind the work of Piaget (1937) and others, I believe it is safe to conclude that ego development, namely, perceptual and cognitive organization and with it the regulation of impulse, starts during the first year. For these reasons, therefore, I cannot accept as valid the objections that Anna Freud raises to the view that the processes underlying bereavement responses of infants and young children are examples of true mourning.

Because there is disagreement in regard to the psychological processes that are at work in infants and young children who have temporarily or permanently lost their mothers, it would be unfortunate if the substantial agreement between us in regard to practical implications were overlooked. Both of us hold that experiences of

deprivation in the early years have adverse effects on subsequent personality development. Naturally, the way Anna Freud describes the relevant situations and the psychological processes at work is in keeping with her theoretical standpoint; in particular it is much influenced by her belief that in these years a mother's task is to provide for the satisfaction of her infant's bodily needs. The deprivation experience she specifies is that of the mother who fails to be a steady source of satisfaction to her child. The explanation she offers of the character defects that follow is that they arise from a failure in the transformation of narcissistic libido into object libido (A. Freud, 1949).

Another analyst who has recorded first-hand observations of grief and mourning in infancy following loss of mother but who, I believe, has been handicapped in his theorizing by inappropriate models is Spitz. Although he entitled his well-known film *Grief: A Peril in Infancy*, he does not use the word "grief" in the paper to which it refers ("Anaclitic Depression," 1946) and in this paper (though not in a later one) he seems to reject the view that the clinical phenomena he is describing are to be understood as due to mourning, normal or pathological. He does so on the grounds that "the process was in no way self-limiting."[14] It is because it is "a syndrome of a progressive nature which after having reached a critical point of development appears to become irreversible," he tells us, that he "call[s] the picture depression[15] and not mourning" (p. 331).

This is not a good argument. It is based on the assumption that at all ages mourning must be a self-limiting process; because the infant fails to get over it, Spitz seems to reason, it cannot be mourning. This is a mirror image of the argument once heard in regard to another diagnosis: because the patient recovered, it could not have been schizophrenia.

An examination of Spitz's clinical data makes it clear beyond reasonable doubt that what he is describing is, in fact, the process

[14] The relevant passage reads: "The main reason why . . . we feel justified in speaking of an anaclitic depression going far beyond mourning and even beyond pathological mourning is that we have observed a number of cases in which no intervention occurred and where it became only too evident that the process was in no way self-limiting" (1946, pp. 330-331).

[15] Spitz is here using the term "depression" to mean a form of pathological depression.

of mourning occurring in infants soon after the age when they have consolidated their attachment to a particular mother figure. The condition, which Spitz states is not seen in infants younger than six months, occurs only after they have lost their mothers and only when the previous mother-child relationship has been good. It is characterized by all the outward signs of grief and mourning—sadness, weepiness, lack of contact, withdrawal, dejection, loss of appetite, insomnia. Provided it does not persist too long, when mother is restored there is complete recovery.[16] It is to be noted that in a later paper (1953) Spitz himself adopts this interpretation of his observations. The children, he states there, respond "to the loss of their love object by a progressive mourning reaction." Even so by adding "if no adequate substitute is provided," he seems to suggest that if a substitute were provided the condition would not be mourning, a view that I believe would be wrong.

The views advanced in these two papers of Spitz diverge in another respect. In both papers, explicitly in 1946 and implicitly in 1953, Spitz posits that the condition present in these infants is a special form of pathological depression. This leads him to strive to frame a hypothesis which will bring it within the theoretical framework that Freud has sketched for melancholia. To do this requires him to suppose that aggression directed toward the self plays a major role, and it becomes necessary for him in consequence to explain how this comes about. Two different, though not incompatible, theories are advanced.

In 1946 he suggests that the inhibition of the infants' locomotion by confinement in their cots is the clue.

> . . . locomotion and motility [he suggests] fulfill the important task of offering a necessary channel of release for the aggressive drive. When motor activity is inhibited in infancy, all normal outlets of the aggressive drive are blocked. In this case only one alternative remains for dealing with the aggressive drive; that is,

[16] That when she is not restored it may persist and become permanent is presumably to be attributed either to the age of the children or to the conditions in which the particular infants observed by Spitz were living. Since infants of the same age observed by Schaffer and Callender (1959) undergoing a stay in a Scottish hospital, in which they received little substitute mothering, do not respond in the same way, and similar behavior has not yet been recorded by others, the particular conditions necessary to produce the Spitz syndrome remain unclear.

> to direct it against the self. The resulting dynamic picture [he concludes] is identical to the one we have previously described for melancholia. The only difference is that whereas in melancholia it was the superego which made use of the aggressive drive against the ego, in the case of inhibited motor activity in infancy the intervention of the superego is unnecessary [1946, pp. 334-335].

In his 1953 paper, the topic of which is aggression, he advances another and more general explanation. He notes that at first (during what we have termed the phase of Protest) "attempts are made by these infants to regain the lost object with the help of their aggressive drive." Subsequently, however, those manifestations of aggression that are common in the normal child after the eighth month Spitz finds to be "conspicuously absent"; this leads him to the belief that there must have been a redirection of aggression inward. He therefore advances the view that "when the infant is deprived of [his] love object, the libidinal and the aggressive drives are denied the opportunity to discharge. They are dammed up and turned against the self."

There are several points of difficulty here. Some are empirical. As regards Spitz's first explanation, although Robertson and I have no first-hand experience of the conditions necessary to precipitate intense grief and despair in infants during the second half of their first year, there is no reason to suppose that confinement in a cot is one of them. It is certainly not so during the second year, though a restriction of other interests and activities seems often greatly to exacerbate the condition. The second explanation, which turns on the absence of externally directed aggression, though it may be consistent with the behavior of infants of less than twelve months, is not so with behavior in the second and later years; at this age externally directed aggression in separated children is common and often intense.

A weightier difficulty, however, lies in Spitz's assumption that the syndrome he describes can be explained only on the supposition that an essential in its dynamics is aggression directed against the self. Could it not be due simply and solely to the rupture of a key relationship and the consequent intense pain of yearning occurring in a young child? This is the view I shall be advancing when in the

next paper I come to consider the nature of grief and mourning. The error into which I believe Spitz falls is that of underestimating the pain, and the disturbance of personality, to which normal mourning gives rise. Freud does not make this mistake:

> . . . mourning involves grave departures from the normal attitude to life . . . An exclusive devotion to mourning . . . leaves nothing over for other purposes or other interests. It is really only because we know so well how to explain it that this attitude does not seem to us pathological [1917, pp. 243-244].

Once we know how to explain it, even when it occurs in very young children, I believe it will not then seem pathological either. In my judgment, the responses described by Spitz are not in themselves pathological, or at least are not so in their earlier phases; that they may become so and can lead to grave personality disorder is, however, the burden of my thesis.

It must be noted, however, that two other child analysts concerned with problems of object loss, though of very different theoretical orientations, endorse Spitz's view that what he observed is not grief or mourning. Both argue the case from a theoretical not an empirical standpoint. Rochlin (1953) recognizes that the disturbance following loss of object in the young child resembles grief in some characteristics but, like Spitz, holds that because there is failure to recover it cannot be true grief. His thinking, moreover, is strongly influenced by the theory of primary narcissism which leads him to suppose there must be major differences in the response to loss according to whether it occurs in the preoedipal or the oedipal phases. Winnicott (1954) also appears to limit his concepts of grief and mourning to examples which have a favorable outcome, and also sets a theoretical limit before which grief and mourning are not experienced. Only "if in an individual the depressive position has been achieved and fully established [is] the reaction to loss *grief*, or *sadness*." Prior to this phase, which he puts at between nine and eighteen months, it is different. This leads him to conclude that "the babies Spitz describes are depersonalized and hopeless about external contacts," and thus apparently neither grieving nor in a state of mourning. This conclusion stems, I suspect, from a confusion between two distinct stages of mental development: (a) the stage after which grief is experienced and mourning processes set in train, and

(b) the stage after which mourning processes are likely to have a favorable outcome. The time elapsing between the two I believe to be a matter of years. It is an issue to which we shall be returning in a later paper.

Apart from Engel and Reichsman (1956), no other analyst appears to have recorded and theorized from the data of direct observation. Many other analysts besides Rochlin and Winnicott, however, using data derived from therapeutic sessions with older patients, have postulated that experiences of loss in early childhood are of major consequence for personality development. Nevertheless there is no agreement among them in regard to the age nor to the nature of the events which are crucial. The initiator of this immensely fruitful though inconclusive theme in psychoanalytic theorizing was Abraham.

In the years immediately before his death and before Freud's promising approach in *Inhibitions, Symptoms and Anxiety,* Abraham has given a most important role, in his theorizing about factors which need to be present if melancholia is to develop, to disappointments and deprivations occurring in the early years. In his "Short Study of the Development of the Libido" (1924) he defines one such factor as "a severe injury to infantile narcissism brought about by successive disappointments in love." After recording that "several of my melancholic cases disclosed a remarkable similarity in the scheme of significant events," he continues (evidently referring to a particular patient):

> The child had felt that he was his mother's favourite and had been secure of her love. He had then suffered a disappointment at her hands and had with difficulty recovered from its shattering effect. Later on, he had had fresh experiences of the same sort which had made him feel that his loss was an irreparable one, especially as there had been no suitable female person on to whom he could carry over his libido. Furthermore, his attempt to direct it towards his father had failed, either straight away or after some time. Thus as a child he had got the impression of being completely deserted. And it was this feeling that had given rise to his first attacks of depression [Abraham, 1924, p. 458].

An examination of this material, he tells us, led him to the conclusion that "in the last resort melancholic depression is derived from

disagreeable experiences in the childhood of the patient" (p. 464). He therefore postulates that, during their childhood, melancholics have suffered from what he terms a "primal parathymia." One class of experience to which he attributes it is the oedipal situation. Referring to his findings in a particular case, he emphasizes

> . . . how much the child longed to gain his mother as an ally in his struggle against his father, and his disappointment at having his own advances repulsed combined with the violent emotions aroused in him by what he had observed going on in his parents' bedroom . . . Unable either to achieve a complete love or an unyielding hatred, he succumbed to a feeling of hopelessness [p. 469].

However, in addition to the oedipal situation, Abraham also attributes a similar significance to the child's loss of his mother following the birth of a new baby. This conclusion is reached from his analysis of another patient:

> His analysis showed that his mother had been "unfaithful" to him and had transferred her "favours" to his younger brother —*i.e.* she had nursed him at the breast. This brother occupied for him the position of father in his Oedipus complex. In each symptom of his various depressive periods he faithfully repeated all those feelings of hatred, rage, and resignation, of being abandoned and without hope, which had gone to colour the primal parathymia of his early childhood [p. 470].

In view of his pioneering work on the relation of melancholia to grief it comes as a surprise to find that in these passages Abraham never uses the words grief and mourning; nor is it clear that he recognized that for the young child the experience of losing mother (or of losing her love) is in very truth a bereavement. This failure, which I believe to have had serious and long-lasting effects on psychoanalytic theorizing, needs explanation. It is difficult not to find it in Abraham's inadequate grasp of the significance of the phase during which children are normally attached to their mothers and his postulate instead that the earliest phase is one of narcissism and egocentrism. This led him to vacillate in his theorizing and even to advance views of a contradictory kind.[17]

[17] In reading Abraham's work, as that of other analysts, one frequently gets the impression that, in his view, the young child's demands for love and affection are un-

It is paradoxical that most of those who, like Abraham, have postulated as pathogenic the disruption in early childhood of a *whole object* relationship have failed to identify the process set in train as that of mourning; whereas those who, like Melanie Klein and her school, have recognized mourning as central have concentrated so much attention on *part objects*, particularly the breast, and on weaning that the disruption of the whole object relationship has often been neglected. The tendency to concentrate attention on oral relationships and the breast is already present in Abraham's work and, though less so, also in that of Freud. The first suggestion that weaning is of importance seems to have been made by Stärcke (1921) (though it should be noted that he did not regard it as the first loss of a love object: instead he postulated it as a "primal castration"). Others who in the twenties came to attach crucial significance to the feeding relationship and to weaning were Bernfeld (1925), Melanie Klein (1926), and Rado (1928). It is Melanie Klein who has carried these ideas furthest.

As is well known, elaborating Abraham's views on primal parathymia, Melanie Klein has laid great emphasis on depression and mourning in infancy: "My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life" (1940, p. 311). Furthermore, she has recognized that Abraham, in attributing such states to experiences of loss of mother occurring in the oedipal phase, had overlooked earlier experiences. Melanie Klein, however, due I believe to her tendency to identify the dynamics of the child's tie with orality, is concerned with the loss not so much of mother as of breast.

> . . . the baby experiences depressive feelings which reach a climax just before, during and after weaning. This is the state of mind in the baby which I termed the "depressive position," and I

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fortunate aspects of human nature to be got rid of as soon and as completely as possible. In one of his last papers (1925) he tells us that "on the earlier levels of character-development the interests of the individual and those of the community ran counter to one another" (p. 410) and that "It is only by degrees that [the child] overcomes to some extent its egoistic impulses and its narcissism and takes the step towards object-love . . . The first function of [the genital] stage in the formation of character is of course *to get rid of* the remaining traces of the more primitive stages of development" (p. 408, my italics).

> suggested that it is a melancholia in *statu nascendi*. The object which is being mourned is the mother's breast . . . [p. 312].

Although at times she extends the meaning of breast to become almost coterminous with that of mother, as she does in the final phrase of the sentence quoted above,[18] and also lays much store on the period when the infant is discovering that the loved and hated mother are one and the same person, throughout much of her theorizing on the depressive position in infancy the object conceived as lost and mourned is the breast. Since she believes that weaning usually takes place in the first year and that (for reasons which are not stated) the middle of it is the optimum time to undertake it (Klein et al., 1952, pp. 266-269), the whole of her theorizing about grief and mourning in infancy and early childhood concentrates attention on the first months of life.

Because of the immense importance for the child's future development that Melanie Klein and other analysts attach to weaning, and the profound effect this has had on theorizing and to a less extent on technique, it is necessary to examine the issue in some detail. First we will scrutinize the evidence on which Melanie Klein has based her view. To do so we must return to her early papers, the two most important of which are "An Obsessional Neurosis in a Six-year-old Girl," read at Würzburg in 1924, and "The Psychological Principles of Infant Analysis," dated two years later. Rewritten and expanded they form Chapters 3 and 1 respectively in her book *The Psycho-Analysis of Children* (1932).

Her first paper describes the case of Erna, who suffered from sleeplessness, phobias of burglars, head banging, rocking, obsessional thumb sucking, excessive masturbation, and depressions. Although "in her relations to her mother she was over-affectionate," it soon became clear that this was in part a defense and that she nurtured strongly hostile feelings against her. This resulted among other things in "excessive fear of her parents, especially her mother," based on "an unusual prominence of the mechanism of projection" (Klein, 1932, pp. 77, 79). The analytic material contained abundant evidence of oral and anal sadism, and Erna's anxieties were clearly connected

[18] Given in full this reads: "The object which is lost is the mother's breast and all that the breast and the milk have come to stand for in the infant's mind: namely, love, goodness and security" (p. 312).

with this. Improvement in the clinical condition followed the analysis of the anxiety and the underlying sadism.

It is an indication of the contribution that Melanie Klein has made that such clinical findings are now taken as a matter of course. As I emphasized in an earlier paper, no one has done more to call attention to the immense role of aggression in the genesis of morbid anxiety. It is when she seeks to account for Erna's intense sadism that many are more skeptical. On the basis solely of analytic material derived from a child of six she attributes it to constitutional factors and to the frustration experienced at weaning. She refers first to a "constitutionally strong anal-sadistic disposition" and proceeds: "Besides this, analysis showed that another critical phase in Erna's development had been passed through with only apparent success. She had never got over her weaning" (p. 82). This, she makes clear in a discussion in the theoretical part of her book, was due in her view to "an abnormally increased oral sadism" (p. 180).

It cannot be said that the analytic evidence points unequivocally to this conclusion. Moreover, the alternative hypothesis, that Erna's troubles stem from her experiences in relation to her mother during the second and third years as well as the first, is neither entertained nor explored. Case history material is meager, dispersed, and often relegated to footnotes. We learn that Erna had been a slow feeder and "had repeatedly injured her mother's breast by biting" (1932, p. 180 note), that her toilet-training was "accomplished without any sort of harshness and so easily that at the age of one year she was perfectly clean in her habits" (Klein, 1940, p. 148 note), and that "by the time she was between two and three years old her upbringing had become an insoluble problem, her character was already abnormal, and she was suffering from a definite obsessional neurosis" (Klein, 1932, p. 81). We are told nothing of the sources or trustworthiness of this information; nor are we given any account of Erna's mother. Although Melanie Klein claims that Erna was the subject of "excessive attention bestowed on her in her infancy" (1940, p. 149), there is a reference elsewhere to "her nurse and the other people who brought her up" (1932, p. 83). From the clinical picture and these fragments of history there must be many analytically trained child psychiatrists who, like myself, would suspect that the condition had been due in large part or wholly to lack of affection,

changes of mother figure, unwise discipline, or a combination of such experiences. The main point I wish to make, however, is that the data given do not enable the reader to reach a reasoned judgment.

Similar difficulties beset us when we try to assess others of Melanie Klein's cases. Nevertheless it is on data from these cases, she states, that her theories rest. For instance, her view that a failure to obtain gratification from sucking is due to "an abnormally increased oral sadism" (1932, p. 180) seems to be attributable to the case of Erna. Similarly her view that "oral sadism reaches its climax during and after weaning" (1932, p. 185) is derived from the cases of Trude and Rita, who are first reported in 1926 (pp. 140-142).

The key place of Trude and Rita in the formulation of Melanie Klein's views on weaning is testified by the numerous references back to her 1926 paper. Yet when we come to study the evidence it is fragmentary. Trude was three and a quarter when she was brought for her first analytic session, which immediately preceded a journey abroad with her mother lasting six months. When analysis was resumed Trude recounted a dream in which she was with her mother in Italy and the waitress gave her no raspberry syrup because there was none left. "The interpretation of this dream," we are told, "showed, amongst other things, that the child was still suffering from the deprivation of the mother's breast when she was weaned." No evidence is given for this conclusion. Nor do we find any account of the child's family relationships except that a sister was born when she was two.

There is almost the same dearth of information in the case of Rita, although she is discussed further in a number of subsequent papers. At two years and nine months Rita was brought for analytic treatment as "a very neurotic child with fears of all kinds, and most difficult to bring up; her quite unchildlike depressions and feelings of guilt were very striking. She was very much tied to her mother displaying at times an exaggerated love and at others antagonism" (1936, p. 41).

In discussing this case Melanie Klein gives some weight to environmental factors, among which were that Rita's "mother suffered from a severe obsessional neurosis and had had an ambivalent attitude towards the child from the first" (1932, p. 24 note) and that a

younger brother had been born nine months earlier. Despite this, however, finding both oral and sadistic material in the analysis, she concludes that the child's strong oral-sadistic impulses and low capacity to tolerate tension "were some of the *constitutional* characteristics" determining the child's relation to her mother (1945, p. 370, my italics).

Neither Trude nor Rita seem better than Erna as cases on which to base a far-reaching theory regarding the crucial roles of weaning and constitutionally excessive aggression or of the primacy of persecutory anxiety. Indeed in examining the grounds on which Melanie Klein bases her theories, we cannot help being struck by the inadequacy of the clinical data as presented and by the strong influence which her theoretical expectations played. In the years when these children were being analyzed Melanie Klein was still in Berlin and much influenced by Abraham, who was then engaged in publishing his papers on oral erotism and other aspects of the development of the libido. It is evident that, because of this, she approached her patients keenly alerted to orality, and especially to oral sadism. These she found—as we have now discovered we do in patients of every kind. Furthermore, this was a period before the publication of *Inhibitions, Symptoms and Anxiety* and when, as we have already seen, there was little understanding of the long phase during which the child is intensely attached to his mother. That Melanie Klein was herself unaware that it is usual for the child to be closely attached during his second and third years is suggested both by the absence of any reference to it and also in the way she refers to the strong attachment to their mothers of children of two as though it were itself pathological. For example, Rita, during her second year, is described as having "developed an excessive fixation to her mother" (1926, p. 142), despite the mother's ambivalent attitude and the new baby. Similarly, Trude is described as having a "fixation to her mother which, at the age of two years, was becoming particularly strong" (1926, p. 143). In place of the attachment to a real mother only the oral relationship during the first year is recognized.

As a result of this theoretical background there was evidently a strong tendency at this time to attribute all oral symptoms to disturbances *originating in the oral relationship itself*; and, since orality was thought to cease after the first year and weaning to be natural

at about nine months, to the experiences of the first twelve months. This is an instance, I believe, of the pitfalls attending attempts to reconstruct phases of development from the analytic material of older patients, pitfalls to which, among others, Rickman (1951) and Kris (1956) have drawn attention. Nevertheless in the light of then-existing theory and accepted procedure her conclusions were not unreasonable. Today there is an obvious alternative. Most analysts know that oral behavior, such as thumb sucking or excessive greed, are common sequelae to an experience, short or long, of missing maternal affection. When relations between child and mother are impaired, satisfaction is sought in autoerotism: sucking, rocking, or masturbation are common alternatives. Their presence therefore tells us nothing about the age of the patient when a disappointment or a more serious deprivation may have occurred, nor does sucking point to its having been an oral deprivation in particular. Today this conclusion is not strange—indeed it has become a commonplace of the psychoanalytic literature (e.g., Fairbairn, 1941; Winnicott, 1945; Anna Freud and Sophie Dann, 1951), and is supported by observations on lower primates.[19] Yet in the early 1920's the position was different, and it is not difficult to see how Melanie Klein came to draw the conclusions she did.

Though I believe the psychological relevance of weaning to have been much exaggerated, we need not conclude that it is of no consequence. There is indeed good evidence that for some infants weaning is a distressing experience, especially when it is either premature or abrupt. However, as in the case of so much in child development that is of concern to psychoanalysis, systematic first-hand observations are scarce. "The literature on this question," wrote Albino and Thompson (1956), "is more or less restricted to reports of individual cases and lacks systematic studies." Unfortunately there is great difficulty in interpreting even such reports

[19] Rhesus monkeys brought up on the bottle and without a mother to cling to develop many autoerotic activities, including compulsive sucking of fingers and other parts, for example, nipple and penis. These activities are virtually never observed in infant monkeys cared for by a mother monkey. Similar observations have been made with chimpanzees (personal communications from Dr. William Mason and Dr. Henry Nissen). The observations of Anna Freud and Sophie Dann (1951) on the oral activities of young children who had been deprived of a mother figure bear a strong resemblance to those on infrahuman primates.

as there are: this lies in distinguishing how much of the observed behavior is a response to loss of breast and how much to loss of or rejection by mother.

It is my impression that, when the mother's attitude remains unchanged and weaning is gradual, responses to weaning are as a rule fairly mild. I am not alone in this. Bernfeld expressed surprise that there was not more disturbance. Melanie Klein herself, in discussing the histories of some of her patients, concedes that direct observation had often failed to confirm any difficulties at the time. Her explanation of the discrepancy is that "what may seem to be a success is not necessarily a complete one. Although some children appear to have gone through the weaning quite well and even for some time progress satisfactorily, deep down they have been unable to deal with the difficulties arising out of this situation; only an outward adaptation has taken place" (1936, p. 41). Nowhere does she consider the alternative hypothesis—that weaning was in fact satisfactory and that the loss which the child had failed to surmount was of another and perhaps later kind.

The difficulty of distinguishing between responses to loss of breast and to loss of mother holds for two of the most detailed studies of weaning available in the literature—that on Navaho infants by Kluckhohn (1947) and that on Zulu infants by Albino and Thompson (1956). In these two tribes, as for almost all peoples untouched by the West (see Bernfeld 1925, pp. 247-251), weaning usually occurs in the second or third years of life. In the case of the Navaho the sixty-three children studied ranged in age from eight months to over four years (average two years four months). About one third of the children weaned themselves, and the remainder were weaned by their mothers. This means that the experience of different children varies enormously, a point to which we shall be returning when considering experiences predisposing to depression. In those actively weaned the responses reported are pronounced. Temper tantrums and other signs of hostility are frequent and are commonly vented on an older sibling; attempts to find affection with another woman are also made. Is not this, it may be asked, a clear sign that weaning has traumatic effects? Unfortunately for such a thesis a main reason for weaning is the advent of a new baby and common custom is for the mother to "go off alone for a visit of some days or a week with

relatives." As Kluckhohn remarks, "Deprivation of the breast is merely one visible sign of a general loss . . . weaning means less and less of the mother's attention and much sharper demands for responsible behavior."

The same difficulties occur when we come to evaluate the much fuller data of Albino and Thompson. The sixteen Zulu children that they studied were all abruptly weaned in their second year—an age range from fifteen to twenty-four months, average nineteen months. Once again, however, as the authors point out, "in addition to the weaning there is a rejection of the child by its mother" and this "may be the source of the observed effects." The behavior recorded is similar to that of Navaho children. Although the children varied greatly, without exception all sixteen showed immediate and persistent aggression. At first this was directed against the mother: "in seven children these attacks took the form of incessant fighting in which they screamed, bit, scratched and kicked their mothers and demanded the breast." Later "The child's aggression gradually extends to the whole family [and] the whole environment is attacked." Once again siblings become a favorite target. Attempts to attach himself to another woman were common but not universal. Albino and Thompson describe the successive phases of response in some detail, and it is of great interest to note how remarkably similar they are to those described for young children undergoing a separation experience without weaning. Protest and despair are both evident; later, they report, there is an increasing independence and maturity. We shall return to a consideration of this phase in a later paper.

The truth is we are still singularly ignorant of the effects on infants and young children of weaning per se. Its dispassionate evaluation has not been made easier by overconfident claims based on reconstructive theorizing. In this respect, unfortunately, Rado's 1928 paper did not set a good example. Although in fact a speculative account of events in early childhood, his conclusions are formulated more as facts than as hypotheses. The infant's need for love he describes as "narcissistic craving"; being loved is identified as oral gratification; fear of loss of love, with dread of starvation; guilt, atonement, and forgiveness are traced back to rage, hunger, and drinking at the mother's breast. That a whole object relation

is present at least from the second half of the first year and that grief and mourning can result from its rupture are not recognized. Instead he suggests that the infant's feeding experience so clearly determines future development that "we surely need no further proofs." As is well known, there are many analysts who nonetheless have remained unconvinced. Some, like Winnicott and Fairbairn, go some but not all the way with Melanie Klein and Rado; others, like Balint and Edith Jacobson, frankly dissent.

Winnicott, who as we have seen is inclined to limit the term grief to what occurs after a child can mourn successfully, attaches much importance to "the careful management of weaning." In doing so, however, he extends in significant degree both the conception and the age of weaning. He explains that he uses the term weaning "in the very broad sense of the management of infants of roughly speaking 9-18 months" (Winnicott, 1952). By extending the conception of weaning in this way Winnicott takes account not only of all aspects of infant management and relations with mother but also of events up to at least eighteen months of age. Whether, however, it is wise to use the term "mother's breast" to "include the whole technique of mothering" (Winnicott, 1951), and "weaning" to cover all aspects of management may be doubted. There is a real danger not only of misunderstanding resulting from such usage but of the broader considerations with which Winnicott is so rightly concerned being overlooked.

Since Fairbairn bases the whole of his psychopathology on object relations and attaches the utmost importance to the psychological sequelae of loss of object, it is surprising that he hardly ever invokes explicitly the concepts of grief and mourning. Nevertheless his thinking bears much in common with that of Melanie Klein and Winnicott and, apart from the nature of the object lost and the age scale, with that advanced here. At least until recently, for Fairbairn "infantile dependence is equivalent to oral dependence," and he is therefore led to place the most crucial phases of development in the first year of life. Nevertheless he has concluded from clinical experience that it is "when object-relationships continue to be unsatisfactory during the succeeding years of early childhood" that ill effects are likely to result. This finding he seeks to account for by postulat-

ing that during later childhood there may be "a regressive reactivation . . . of situations arising respectively during the early and late oral phases" (1941, pp. 47, 55). It is to be noted, however, that such a postulate is unnecessary if we see infantile dependence as more than oral dependence and, instead of being confined to the first year, as stretching over a number of the early years of life.

Erikson's position is not unlike that of Melanie Klein and Fairbairn: he too sees the child's tie to his mother in terms of orality and regards weaning as of much importance. Nevertheless, like Winnicott, he recognizes that there is more to a mother than a pair of breasts and advises that "weaning, therefore, should not mean sudden loss of the breast and loss of the mother's reassuring presence too." He continues, with reference to Spitz's work on anaclitic depression, "A drastic loss of accustomed mother love without proper substitution at this time can lead (under otherwise aggravating conditions) to acute infantile depression or to a mild but chronic state of mourning which may give a depressive undertone to the whole remainder of life" (Erikson, 1950, p. 75). To what extent he recognizes that loss of mother occurring after the first year of life can lead to the same result is unclear.

Two analysts who have attributed major significance in psychosis to events occurring *after* the first year of life are Edith Jacobson (1946) and Searles (1958). Like Fairbairn, however, neither has invoked explicitly the concepts of bereavement and mourning; instead both use the terms "disappointment" and "disillusionment" to describe experiences which they believe can be pathogenic for a child. Edith Jacobson criticizes Melanie Klein's reconstructions on grounds similar to those advanced here. She believes that "Klein loses sight of the realistic conflict history throughout later infantile phases" and that her focus "seems unduly shifted onto the pathogenic significance of the first year of life."

This completes our review of the literature as it relates to the occurrence in infancy of grief and mourning. Very many analysts, it will be seen, recognize either explicitly or implicitly both their reality and their significance for personality development. This conclusion is in many ways more striking than that there is still much controversy both over the nature of the relevant losses and the period of life which is most crucial.

Conclusion

In writing this paper I have had in view two main objectives. The first has been to demonstrate the reality and duration of grief and of the psychological processes of mourning in even very young children, certainly from six months of age onward, and the intimate relationship that grief has to separation anxiety. This part of the paper is in many respects an expansion and elaboration of the viewpoint reached by Freud in the final pages of *Inhibitions, Symptoms and Anxiety*.

The second objective has been to call in question the common assumption that in regard to future capacity to make object relations loss of breast at weaning is the most significant loss sustained by the infant and young child. On scrutiny the evidence advanced to support this view is found to be unconvincing. In contrast, evidence that loss of mother in the three or four years from about six months of age onward can be of consequence is seen to be weighty. This does not mean that loss of breast at weaning is never of importance. What it does mean is that the role of weaning needs to be evaluated afresh in the light of more systematic evidence and that, in the meantime, the hypothetical significance of loss of breast during the early months should not be allowed to obscure the much clearer significance of loss of the mother figure during a number of the early years.

So far the issues raised in the discussion are largely empirical; that is to say, the correctness or otherwise of most of the conclusions reached can in principle be tested by further empirical studies. At the same time, however, they touch on a number of theoretical questions concerning responses to loss of object that have long been regarded as central to psychopathology. What, for instance, are the processes comprising mourning, and how do we conceptualize them? In what ways do such processes vary with the age of the individual and with his previous experiences? What are the criteria that lead us to judge that certain forms of mourning are pathological? And are there responses to loss which deviate so far from mourning as we ordinarily think of it that they seem to fall outside the range even of pathological mourning? What are the conditions which influence the selection and course of responses to loss; and, in particular,

what do we know of those that lead them to take a pathological turn? Finally, to what sorts of personality disturbance and psychiatric symptom does an experience of loss in childhood commonly lead? It is to these and related problems that the following papers will be directed.

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