

American Handbook of Psychiatry

Attachment Theory, Separation Anxiety, and Mourning



John Bowlby

Attachment Theory, Separation Anxiety, and Mourning

John Bowlby

e-Book 2015 International Psychotherapy Institute

From *American Handbook of Psychiatry: Volume 6* edited by Silvano Arieti

Copyright © 1975 by Basic Books

All Rights Reserved

Created in the United States of America

Table of Contents

ATTACHMENT THEORY, SEPARATION ANXIETY, AND MOURNING

[History of the Concept of Attachment](#)

[Main Features of Attachment Theory](#)

[Reasons for Discarding Concepts of Dependence, Dependency Need, and Object Cathexis](#)

[Separation Anxiety](#)

[Behavior Indicative of Fear](#)

[Personality Development and Family Experience](#)

[Anxious Attachment \(Over-dependency\)](#)

[Anger and Attachment: Detachment](#)

[Phobias](#)

[Mourning: Healthy and Pathological](#)

[Extension of Theory](#)

[Application of Theory](#)

[Bibliography](#)

ATTACHMENT THEORY, SEPARATION ANXIETY, AND MOURNING

Attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and the many forms of emotional distress and disturbance, which include anxiety, anger, and depression, to which unwilling separation and loss give rise. As a body of theory it is concerned with the same range of phenomena as psychoanalytic object-relations theory, and it incorporates much psychoanalytic thinking. It differs from traditional psychoanalysis in adopting a number of principles that derive from the relatively new disciplines of ethology and control theory; by so doing it is enabled to dispense with concepts of psychic energy and drive and also to forge close links with cognitive psychology. In addition, the theory draws freely on data regarding human behavior and development obtained by a broad range of methods and, when appropriate, compares the findings with similar findings from studies of animals, notably nonhuman primates.

Attachment behavior is conceived as any form of behavior that results in a person attaining or retaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser. As such the behavior includes following, clinging, crying, calling, greeting, smiling, and other more sophisticated forms. It is developing during the second trimester

of life and is evident from six months onward when an infant shows by his behavior that he discriminates sharply between his mother-figure,¹ a few other familiar people, and everyone else. In the company of his mother he is cheerful, relaxed, and inclined to explore and play. When alone with strangers he is apt to become acutely distressed: he protests his mother's absence and strives to regain contact with her. These responses are at a maximum during the second and third years of life and then diminish slowly. Thenceforward, although attachment behavior is less evident in both the frequency of its occurrence and its intensity, it none-the-less persists as an important part of man's behavioral equipment, not only during later childhood but during adolescence and adult life as well. In adults it is especially evident when a person is distressed, ill, or afraid.

Attachment behavior is conceived as a class of behavior that is distinct from feeding behavior and sexual behavior and of at least an equal significance in human life. Many forms of psychiatric disturbance are attributed either to deviations that have occurred in the development of attachment behavior or, more rarely, to a failure of its development.

History of the Concept of Attachment

For many years the phenomena to which attachment theory addresses itself have been dealt with in terms either of "dependency need" or of "object

relations.” Until the mid-fifties only one view of the nature and origin of affectional bonds was prevalent, and in this matter there was agreement between psychoanalysts and learning theorists. Bonds between individuals develop, it was held, because an individual discovers that, in order to reduce certain drives, e.g., for food in infancy and for sex in adult life, another human being is necessary. This type of theory postulates two kinds of drive, primary and secondary; it categorizes food and sex as primary and “dependency” as secondary. As a result the variables postulated as relevant to an understanding of variations in the development of affectional bonds have been concerned with methods by which a child is fed and his body cared for. A practical corollary of this type of theorizing is that once a child is old enough to feed himself and control his sphincters, he is expected to become independent.

Studies of the ill effects on personality development of deprivation of maternal care, which were first published during the thirties and forties (see review by Bowlby and subsequent reviews by Ainsworth and Rutter), led the present writer to question the adequacy of the traditional model and to seek a new one. Early in the fifties Konrad Lorenz’s work on imprinting, which had first appeared in 1935, became more generally known and offered an alternative approach. At least in some species of bird, he had found, strong bonds to a mother-figure develop during the early days of life without any reference to food and simply through the young being exposed to and

becoming familiar with the figure in question. Arguing that the empirical data on the development of a human child's tie to his mother can be understood better in terms of a model derived from ethology, Bowlby in 1958 sketched the outline of a theory of attachment and introduced the term. Simultaneously and independently, Harlow in the same year published the results of his first studies of infant rhesus monkeys reared on dummy mothers. A young monkey, he found, will cling to a dummy that does not feed it, provided the dummy is soft and is comfortable to cling to.

During the past fifteen years the results of a number of empirical studies of human children have been published," theory has been greatly amplified,' and the relationship of attachment theory to dependency theory examined. New formulations regarding pathological anxiety and phobia have been advanced by Bowlby and regarding mourning and its psychiatric complications by Bowlby, Parkes, and by Bowlby and Parkes. Parkes has also extended the theory to cover the range of responses seen whenever a person encounters a major change in his life situation.

In applying attachment theory to the elucidation of psychiatric syndromes, its advocates adopt an approach very different from that usually adopted by psychopathologists. Traditionally, psychoanalysts and others have selected for study patients diagnosed as suffering from the syndrome being investigated and have attempted thence to both reconstruct the phases of

development that may have preceded the condition and to infer the causal agents that may have been responsible for it. The approach adopted by attachment theorists is the opposite.

Using as primary data how young children behave in certain defined situations, an attempt is made to describe certain early phases of personality functioning and, from them, to extrapolate forwards. In particular, the aim is to describe certain patterns of response that occur regularly in early childhood and, thence, to trace out how similar patterns of response are to be discerned in the functioning of later personality. The change in perspective is radical. It entails taking as our starting-point, not this or that symptom or syndrome that is giving trouble, but an event or experience deemed to be potentially pathogenic to the developing personality, [p. 4]

Although a shift in approach of this kind is still unusual in psychiatry, it occurred long ago in physiological medicine, e.g., the study of the healthy and pathological consequences of a specified infective agent.

Main Features of Attachment Theory

The main features of attachment theory, in contrast to dependency theory, are as follows:

1. *Specificity* Attachment behavior is directed toward one or a few specific individuals, usually in clear order of preference. For the great majority of children the mother is the most preferred with the father, or perhaps the grandmother, next in order.

2. *Duration* An attachment endures, usually for a large part of the life cycle. Although during adolescence early attachments may attenuate and become supplemented by new ones—and in some cases are replaced by them—early attachments are not easily abandoned and they commonly persist.
3. *Engagement of emotion* Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships; hence the term, affectional bonds. In the language of subjective experience, the formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow; whilst each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy. Because intense emotion is commonly a reflection of the state of a person's affectional bonds, the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds.
4. *Ontogeny* In the great majority of human infants attachment behavior to a preferred figure develops during the first nine months of life. Initially, social responses are elicited by a wide array of stimuli; during the second trimester their elicitation becomes confined to stimuli arising from one or a few familiar individuals. The more experience of social interaction an infant has with a person the more likely he is to become attached to that person, and thenceforward he

prefers that figure to all others. Because from six months onward, and especially after nine months, an infant is likely to respond to a stranger with fear, the development of attachment to a new figure becomes increasingly difficult, especially after the end of the first year. If no opportunity has been given for an attachment to develop before a child's second birthday, it may never do so. Preference for the familiar and fear of the strange, two basic responses hitherto given scant attention in human psychology, play a major part in the development of attachment. The threshold for activation of attachment behavior remains low until near the end of the third year; in healthy development it rises gradually thereafter.

5. *Learning* Whereas learning to distinguish the familiar from the strange is a key process in the development of attachment, the conventional rewards and punishments used by experimental psychologists play only a small part. Indeed, an attachment can develop despite repeated punishment from the attachment figure.
6. *Organization* Initially attachment behavior is mediated by responses organized on fairly simple lines. From the end of the first year, it becomes mediated by increasingly sophisticated behavioral systems, organized cybernetically and incorporating representational models of the environment and self. These systems are activated by certain conditions and terminated by others. Among activating conditions are strangeness, hunger, fatigue, and anything that frightens a child. Terminating conditions include sight

or sound of mother: when attachment behavior is strongly aroused, termination may require touching or clinging to her and/or being cuddled by her. Conversely, when the mother is present or her whereabouts well-known, a child ceases to show attachment behavior and, instead, explores his environment.

7. *Parental Behavior* Complementary to attachment behavior is the caretaking behavior of parents. Not only do most parents respond to a child's approaches, but when a child strays, one of his parents usually takes action to restore mutual proximity. By so doing a parent induces a sense of security and is providing the child with a "secure" base from which he can explore. When, by contrast, a parent does not play his or her part, a child becomes distressed and sometimes angry.

8. *Biological function* Attachment behavior occurs in the young of almost all species of bird and mammal, and in a number of species it persists into and throughout adult life. Although there are many differences of detail between species, maintenance of proximity by an immature animal to a preferred adult, almost always the mother, is the rule. Since it is most unlikely that such behavior has no survival value, the question arises what that may be. Bowlby argues that by far the most likely function of attachment behavior is protection, mainly from predators. He bases this view on three classes of evidence: (1) observations of many species of bird and mammal show that an isolated individual is much more likely to be seized by a predator than is one that stays

bunched together with others of its kind; and what knowledge there is of hunting and gathering tribes suggests that the same is true of humans, their principal predators being leopards, wolves, and hyenas; (2) attachment behavior is elicited particularly easily and intensely in animals that, by reason of age, size, or condition, are especially vulnerable to predators; for example, the young, pregnant females, the sick; (3) attachment behavior is always elicited at high intensity in situations of alarm that are commonly stimulus situations of the kind which would occur on the approach of a possible predator. No other existing theory fits these facts.

Reasons for Discarding Concepts of Dependence, Dependency Need, and Object Cathexis

Learning theorists are now agreed that the concept of dependence is distinct from that of attachment. Dependence is not specifically related to maintenance of proximity; it is not directed toward a specific individual; it does not imply an enduring bond, nor is it necessarily associated with strong feeling. No biological function is attributed to it.

In addition to these reasons, there are value implications in the concept of dependence that are the exact opposite of those which the concept of attachment not only conveys but is intended to convey. Whereas to refer to someone as dependent tends always to be disparaging, to describe him as attached to someone can well be an expression of approval. Conversely, for a

person to be detached in his personal relations is usually regarded as less than admirable. The disparaging element in the concept of dependence is held to be a fatal weakness to its clinical use.

The defects of the term “dependence” as applied to what is here termed attachment are confounded when it is combined with “need,” to make “dependency need.” The term “need” is ambiguous. Sometimes it refers to a psychological state, often best described as a desire; at other times it refers to what is required for individual or species survival. Since what is desired and what is required do not always match, indeed are sometimes entirely incompatible, the word can easily create confusion.

The term “object-cathexis” derives from Freud’s energy theory and is inappropriate to a control-systems theory.

Separation Anxiety

Although it has long been evident that unwilling separation or threat of separation from an attachment figure is a very common cause of anxiety, there has been the greatest reluctance to accept the evidence at its face value. The reasoning has been as follows. Realistic anxiety, it is supposed, is elicited only in conditions that are truly dangerous. Since mere separation from an attachment figure cannot be regarded as truly dangerous, anxiety over separation cannot be regarded as realistic. Hence its occurrence has to be

explained in some other way. A common explanation is that anxiety over separation is a manifestation, in disguise, of anxiety that is elicited by some other situation, usually conceived as intrapsychic; and as such it is deemed neurotic.

This argument, stems from Freud's earliest work and led him to advance a succession of theories and runs through all later psychoanalytic theorizing. It is held to be based on a false assumption; namely that, to be healthy, fear should be elicited only in conditions that are truly dangerous. Empirical observation shows a different state of affairs. It is therefore necessary to consider the matter afresh.

When approached empirically separation from an attachment figure is found to be one of a class of situations, each of which is likely to elicit fear but none of which can be regarded as intrinsically dangerous. These situations comprise, among others, darkness, sudden large changes of stimulus level including loud noises, sudden movement, strange people, and strange things. Evidence shows that animals of many species are alarmed by such situations, and that this is true of human children and also of adults. Furthermore, fear is especially likely to be elicited when two or more of these conditions are present simultaneously, for example, hearing a loud noise when alone in the dark.

The explanation of why individuals should so regularly respond to these situations with fear is held to be that, whilst none of the situations is intrinsically dangerous, each carries with it an *increased risk* of danger. Noise, strangeness, isolation, and for many species darkness, all these are conditions statistically associated with an increased risk of danger. Noise may presage a natural disaster—fire, flood, a landslide. To a young animal a predator is strange, it moves, and it often strikes at night; and it is far more likely to do so when the potential victim is alone.

Because to behave so promotes both survival and breeding success, the theory runs, the young of species that have survived, including man, are found to be genetically biased so to develop that they respond to the properties of noise, strangeness, sudden approach, and darkness by taking avoiding action or running away—they behave in fact as though danger were actually present. In a comparable way they respond to isolation by seeking company. Fear responses elicited by such naturally occurring clues to danger are a part of man's basic behavioral equipment, [p. 85]

Seen in this light anxiety over unwilling separation from an attachment figure resembles the anxiety that the general of an expeditionary force feels when communications with his base are cut or threatened.

Thus, anxiety over an unwilling separation is regarded as a normal and healthy reaction. At what intensity the reaction is to be expected turns on a very large number of variables, both organismic (e.g., age, sex, health of the individual) and environmental (e.g., presence of other fear-arousing situations, behavior of attachment figure). A great deal of normative work is

required to fill out this picture before we can be confident of the limits of healthy variation. Meanwhile, a clinician is constantly confronted with patients who are exhibiting chronic anxiety over separation from an attachment figure at an intensity that appears inappropriate for the individual's age and situation. Though clinicians might agree in judging such anxiety as neurotic, they are likely to disagree about how it is to be explained.

Behavior Indicative of Fear

There are three quite distinct forms of behavior commonly classified as indicative of fear. They are: (a) withdrawal from a situation; (b) freezing immobile; and (c) turning or retreating toward an attachment figure. The first is so well-known as to require no comment. The second is well-known in other species and may perhaps play a larger part in humans than is generally conceded. The third is also well-known but in almost all theorizing about fear in humans tends to be overlooked.

Which of these forms of fear behavior is elicited in an animal turns on its species, age, and sex and also on the situation. In the presence of a predator animals of certain species, e.g., plover and deer, habitually clump together; others, e.g., arboreal monkeys, tend to scatter; others again, e.g., opossum, freeze. In very many species of mammal, the young seek their mother and remain in close proximity to her. In all the species of nonhuman

primate, the young cling tightly to the mother; though in their earliest weeks of life the young of a few primate species, e.g., gorilla, need assistance from the mother in doing so.

In the case of the human baby, because it is born so immature, proximity keeping when afraid is not possible until after the age of six months. As soon as motor equipment has matured, however, it becomes the usual response and remains so for many years. In adult humans proximity keeping is also common, and it is present at high intensity whenever a situation is especially alarming, as in disasters.

In animals of species that habitually seek the company of others in a fear-arousing situation, the intensity with which fear is aroused is influenced in great degree by the presence or absence of a trusted companion. This has been shown experimentally for rhesus monkeys by Rowell and Hinde, for human infants after the age of nine months by Morgan and Ricciuti, and for children between their second and sixth birthdays by Jersild. In every case the presence of a familiar companion who can be turned to greatly reduces fear responses. Common experience leaves little doubt that the same is true of older children, adolescents, and adults. Nevertheless, in a society that lays great emphasis on the development of independence, this common human tendency tends to be either overlooked or disparaged.

Personality Development and Family Experience

On the basis of these findings regarding the role of trusted companions, particularly parents, in reducing the intensity of fear responses, it can be postulated that a human child who is confident that a parent will be accessible and helpful when called upon will be less prone to respond with fear to a potentially alarming situation than will one who for any reason does not have that confidence. This, together with observations made during the practice of family psychiatry, has led the present writer to advance three complementary propositions. The first is that, when an individual is confident that an attachment figure will be available when called upon, that person will be much less prone to either intense or chronic fear than will an individual who has no such confidence. The second postulates that confidence in the availability of attachment figures, or a lack of it, is built up slowly during the years of immaturity—infancy, childhood, and adolescence—and that whatever expectations are developed during those years tend to persist relatively unchanged throughout the rest of life. The third postulates that the varied expectations that different individuals develop during the years of immaturity are tolerably accurate reflections of the experiences those individuals have actually had.

The first proposition is in keeping with psychoanalytic object relations theory in which a person's confidence, or lack of it, in the availability of an

attachment figure is expressed in terms of his having either introjected, or failed to introject, a good object,' The third proposition attaches far more importance to the role of actual experience than has been common in traditional psychoanalytic theorizing; and the second proposition extends the sensitive period during which personality is conceived as undergoing major change and development from the first three or four years of life to include the next ten years or more.

The theoretical position adopted is held to be supported by evidence of several different kinds. One class of evidence derives from the many studies published during the past decade or so which seek to relate variations in the personality development of children and adolescents, found in fairly representative samples drawn from schools and colleges, to the experiences the children have had in their families. The findings are consistent in showing that children and adolescents who are developing a healthy self-reliance, coupled with a capacity to cooperate with others and to seek advice and support when in difficulty, are those who are growing up in stable homes in which they are given much encouragement and support by their parents and are subjected to predictable and moderate discipline. The findings are consistent, too, in showing that, conversely, those who grow up lacking in self-confidence and self-esteem and who are prone to depression, anxiety, and psychosomatic symptoms, or are given to aggressive destructive behavior, are likely to come from homes that are unstable or broken, or else

from those in which there is either over-severe and arbitrary discipline or neglect and indifference. Studies of samples of preschool children and of one-year-olds yield findings that point to the same conclusions.

Anxious Attachment (Over-dependency)

Perhaps no terms are used more frequently in clinical discussion than “dependent” and “over-dependent.” A child who tends to be clinging, an adolescent chary of leaving home, a wife or husband in constant contact with mother, an invalid who demands attention, all these are likely to be dubbed dependent or over-dependent and always in the use of these words there is an aura of disapproval. To avoid that aura, and to draw attention to what is believed to be the true nature of the condition, the term anxious attachment is introduced.

In examining the condition, we are faced with two main problems:

- a) what are the criteria that lead us to judge the behavior to lie outside healthy limits?
- b) for those cases that it is agreed lie outside normal limits, how do we account for the development of the condition?

To answer the first question requires extensive normative study of the development of attachment behavior through every phase of the life cycle,

taking into account not only age and sex but the particular conditions of life to which an individual is exposed. Ignorance of normal development among medical, educational, and psychological personnel leads at present to frequent misjudgment. Individuals in danger of being criticized wrongly as “over-dependent” are children who look older than they are, who are ill or fatigued, or who have to share mother with a new baby, and also adults who are occupied with young children, are ill or are recently bereaved. In all such cases attachment behavior is likely to be shown more frequently and/or more urgently than would otherwise be the case.

Answers to the second question, how do we account for the development of anxious attachment of pathological degree, are of four main kinds:

1. theories that invoke genetic factors
2. theories that inculcate traumata occurring during pregnancy, birth, or the early weeks of life which are held to increase the (organic) anxiety response
3. theories that postulate that such individuals have been “spoiled” during childhood by having been given excessive gratification
4. theories that postulate that such people have been made especially sensitive to the possibility of separation or loss of love through experiencing either actual separations or threats of

abandonment during childhood.

In evaluating these theories we may note that (1) the possible role of genetic factors cannot at present be tested; (2) there is evidence that mishaps during pregnancy or birth can make some children especially sensitive to environmental change during their first five years of life; (3) that the theory of spoiling, although repeatedly favored by Freud and still frequently invoked, has received no empirical support; (4) that, by contrast, there is extensive support for the view that anxious attachment is a common consequence of a child having experienced actual separation, threats of abandonment, or combinations of the two.

Evidence in support of the theory that anxious attachment is a result of a child experiencing either actual separation or threats of separation is of two main sorts: (a) retrospective studies of samples of older individuals who are judged to be over-dependent; (b) current studies of children who have recently experienced either a separation or a serious threat of abandonment.

Retrospective studies of individuals who are deemed to be over-dependent show that cases fall into two unequally sized groups. The majority group comprises individuals who are constantly apprehensive about the whereabouts of attachment figures. They come from unsettled homes in which they have been (and perhaps still are) subjected to one or more of the following—irritable scolding, disparaging comparisons with others,

quarreling parents, threats of abandonment or loss of love, changes from one mother figure to another, periods of separation with strange people in strange places. The minority group comprises individuals who do not show anxious attachment but who, in comparison to others of the same age, are less able to do things for themselves. They are found to come from stable homes but to have a mother² who tends to discourage her child from learning to do things for himself. Such a mother is commonly found to be suffering from anxious attachment herself and to be demanding, either overtly or covertly, that the child act as a care-taker to her; thereby she is inverting the normal parent-child roles. The immediate source of the trouble is found usually to lie in mother's relationship with her own mother. In such cases the child himself is not showing anxious attachment and he often welcomes release from the demands by his mother that he should mother her.

Findings from current studies strongly support those from retrospective ones.

Evidence that a young child shows intense anxiety after returning home from a period in a strange place with strange people, usually a residential nursery or hospital ward, is now well documented. After an initial period of detachment, during which he fails to exhibit attachment behavior toward his mother, he commonly becomes extremely clinging and insists on accompanying his mother everywhere. Even months after his return home, by

which time he may appear to have regained confidence, he may be thrown into acute anxiety by a reminder of the separation, e.g., the visit to his home of someone he knew in the separation environment or being left briefly in a place that resembles that environment. There-upon he again becomes intensely clinging and cannot bear to let mother out of his sight.

Threats to abandon a child, either used deliberately as a disciplinary measure or exclaimed impulsively in a fit of anger, can have a similar effect. Newson and Newson give a number of examples of four-year-old children whose parents have used threats to abandon them as a means of enforcing their wishes. In some cases the threat was made convincing by the parents packing the child's clothes and walking him round the block as though they were really going to take him to a "bad boys home." In other cases anxiety can be aroused by a parent threatening not to love a child unless he is good, especially when the threat is given substance by the parent refusing to talk or have anything to do with the child for a day or more. Evidence presented by the Newsons for a sample drawn from the English midlands and by Sears, Maccoby, and Levin for a sample from New England suggests that a substantial minority of young children are subjected to these threats.

Other experiences that can lead a child or adolescent to become intensely, and perhaps chronically, anxious about the availability and support he can expect from his attachment figures are when parents quarrel, threaten

suicide, or attempt it. When parents quarrel, there is plainly some risk of one of them deserting the family; and not infrequently explicit threats of that kind are made. Threats by a parent to commit suicide are even more frightening. Finally, when a parent actually makes a suicide attempt, a child inevitably becomes intensely anxious. Figures from Edinburgh suggest that about 5 percent of the children growing up in the city today are exposed to attempts at suicide by one of their parents (usually the mother) by the time they reach the age of twenty.³

It is strange to find how little attention has been given to such family experiences by theorists seeking to explain the origin of intense and pathological anxiety. The reasons appear to be, first, that patients and their families often omit to give such information, or even suppress or falsify it, and, secondly, that the theoretical position of many clinicians leads

them to overlook or discount such information if it is offered. As described later, situations known to cause anxious attachment are found very frequently in the families of patients diagnosed as “phobic.”

Anger and Attachment: Detachment

Anxious attachment is only one of several possible responses to unwilling separation and threats of separation. Another common response is anger. It has been observed in young children during a period in a strange

place with strange people” and also after a child’s return home. Although observation shows that such anger can be directed toward many targets, evidence suggests that it is elicited by and aimed mainly against the mother. As a result, it is typical for a child to show more or less intensely ambivalent behavior toward his mother after returning from a stay away from her. Records of how bereaved adults respond to loss of a loved relative show that outbursts of anger are very common in them also.

In the past, anger as a common and typical response to unwilling separation from the mother has been given little recognition. Because of that the origin of such anger has proved puzzling. Attempts to explain it have led to much speculative theorizing, for example, that the anger is genetically determined or is a manifestation of oral sadism or of the action of a death instinct. Once it is seen as a reaction to separation or loss, and as potentially healthy, it can be understood. Bowlby, argues that its functions are, first, to overcome obstacles to reunion with the mother and, secondly, when directed against the mother after reunion, to discourage her from permitting another separation to occur. In other words, anger during and after an unwilling separation is a healthy component of attachment behavior.

Nevertheless, not all anger elicited in such circumstances is functional. On the contrary, when intense and prolonged it can readily lead to unfavorable consequences for the child. Those responsible for his care during

the separation become irritable that their attentions are not appreciated, while after reunion his mother, who may not understand what has elicited her child's hostility, may become intolerant and punitive. In this way vicious circles develop. The more separations that occur the more the balance of ambivalence in the child's relation to his mother shifts from predominantly positive to predominantly negative. Unless the circular process is checked, the child or adolescent comes to develop a persistently hostile attitude not only to his parents but to other parental figures.

Although less well documented, it is very probable that similar and perhaps worse vicious circles can be set up when a parent repeatedly utters threats to abandon a child. Whereas some children conform anxiously to such threats, others, mainly boys, retaliate. After studying some hundred adolescent boys in a residential school for delinquents, Stott reached the conclusion that in a fairly large proportion of cases parents' threats to abandon their children had played a major role in the development of a delinquent pattern of behavior.

Whenever a child who has been threatened with abandonment has to be away from his parents for any reason, e.g., hospitalization, he inevitably interprets the experience as a punishment. It is probable that combinations of threats with actual separations have especially damaging and long-lasting effects on personality development.

One of the most adverse disturbances of attachment behavior yet known is when a child has no opportunity to develop a stable attachment during the first two or three years of his life. This can occur when a child is reared in an impersonal institution, when he is moved repeatedly from one mother-figure to another, and when he is subjected to some combination of these regimes. Cases are also on record that have developed when a child who is in course of making a normal attachment to his mother has been removed to a long stay hospital at the age of eighteen months.

Such children grow up in a condition of pathological detachment and are more or less totally incapable of making stable affectional bonds with anyone. Although some are asocial, others are superficially sociable and may become plausible frauds. Such individuals are not amenable to discipline or any of the other controls to which healthy persons are sensitive, and in due course are likely to be diagnosed as psychopathic or sociopathic.

Phobias

Persons to whom the label “phobic” is attached fall into two main groups: (a) those who respond with unusually intense fear to a specified situation, e.g., to animals of a certain species, but who in all other ways are stable and healthy personalities; (b) those who exhibit unusually intense fear in a number of situations, often difficult to specify, and who are prone also to

develop bouts of fairly acute anxiety and depression that may last weeks or months. Persons in the former group are unlikely to be referred to a psychiatrist. Those in the latter, which includes cases diagnosed as school phobia and agoraphobia, belong within the broad group of psychoneuroses.

Many studies have been reported of the syndrome traditionally termed *school phobia* and nowadays more often referred to as school refusal. Such children not only refuse to attend school but express much anxiety when pressed to do so. Their nonattendance is well known to their parents, and a majority of the children remain at home during school hours. Not infrequently the condition is accompanied by, or masked by, psychosomatic symptoms of one kind or another—for example, anorexia, nausea, abdominal pain, feeling faint. Fears of many kinds are expressed—of animals, of the dark, of being bullied, of mother coming to harm, of being deserted. Occasionally a child seems to panic. Tearfulness and general misery are common. As a rule, the children are well behaved, anxious, and inhibited. Most come from intact families, have not experienced long or frequent separations from home, and have parents who express great concern about their child and his refusal to attend school. Relations between child and parents are close, sometimes to the point of suffocation. In all these respects the condition differs from truancy.

With only a few exceptions workers are now agreed that the condition

is to be understood, not as fear of going to school, but as anxiety about leaving home.’ Reviewing the literature and his own experience Bowlby concludes that a large majority of cases of school refusal can be understood as the products of four main patterns of family interaction:

Pattern A—mother, or more rarely father, is a sufferer from chronic anxiety regarding attachment figures and retains the child at home to be a companion

Pattern B—the child fears that something dreadful may happen to mother, or possibly father, while he is at school and so remains at home to prevent its happening

Pattern C—the child fears that something dreadful may happen to himself if he is away from home and so remains at home to prevent that happening

Pattern D—mother, or more rarely father, fears that something dreadful will happen to the child while he is at school and so keeps him at home.

Pattern A is the commonest and can be combined with any of the other three.

Pattern A

A mother (or father) who retains her child at home may do so deliberately and consciously or may be unaware of what she is doing and

why. In all such cases the parent is found to have grown up intensely anxious about the availability of attachment figures and to be inverting the normal parent-child relationship. In effect she requires her child to act as parent whilst she herself adopts the role of child. Investigation shows that during their childhoods such mothers have been subjected to one or other of the experiences now known to lead to anxious attachment.

When, as is common, a mother is unaware that she is inverting the relationship, it may appear to a clinician inexperienced in family psychiatry that the child is being “spoiled.” Closer examination shows, however, that the reverse is the case. In seeking belated satisfaction for the loving care the mother either never had as a child or perhaps lost, she is placing a heavy burden on her child and preventing his engaging in school and play with peers.⁴ Not only so, but it is sometimes found that a mother’s relationship to her child is in fact intensely ambivalent and that she swings from genuine concern for his welfare to hostility and threats. A mother’s hostile behavior toward her school-refusing child can be understood—in terms of her own psychopathology and childhood experience—as a product of one or more of at least three closely related processes:

- a) redirecting (displacing) anger, engendered initially by own mother, against the child
- b) misattributing to child the rejecting characteristics and/or the

demanding characteristics of own mother, and being angry with the child accordingly

- c) modeling angry behavior toward child on the angry behavior exhibited by own mother.

Pattern B

Both Talbot and Hersov report that, in their series of twenty-four and fifty cases respectively, fear of some harm befalling the mother was the commonest single explanation given by the children of why they did not attend school. This finding is corroborated by many other workers. There is, however, no agreement as to how such fear arises. Among psychoanalysts it is usual to attribute it to the child's harboring unconscious hostile wishes toward his parent and being afraid lest his wishes come true. An alternative explanation is that the fear arises from the child's actual experiences within his family. These can be of two kinds: (a) events such as mother's illness or the deaths of relatives or neighbors (see especially studies by Hersov and Davidson); (b) threats by the mother to desert or commit suicide (see especially studies by Talbot and Weiss & Cain). Of the main alternative explanations the one that invokes the child's real experiences is held by the present writer to account for an overwhelming proportion of cases. Nevertheless, in some of them a child's fears are exacerbated by the hostility he feels toward his parent. Even so, not infrequently this hostility is itself a

product of the way his parent has treated him.

An examination of Freud's case of Little Hans, which has been the paradigm for the psychoanalytic theory of phobia, shows that Hans's earliest symptoms were fear that his mother might vanish and fear of going out of the house with his nursemaid. Only later did he express fear that, if he went out, a horse might bite him. The case history shows that mother used various threats to discipline her small boy and that these included threats that, if he were naughty, she would go away and never return (pp. 44-45). The pattern of family interaction can therefore be regarded as conforming to Pattern B.

Patterns C and D

Patterns C and D are less common than Patterns A and B. When the patterns of interaction prevailing in the family become known, the child's unwillingness to leave home becomes easy to understand.

There is much evidence that the real events that have been going on within a patient's family, and that are frequently still going on, are often not reported either by the patient or by members of the family and that they are sometimes deliberately suppressed or falsified. Unless a clinician has a clear grasp of what patterns are likely to lie behind the symptoms, and is patient and skilled in his investigations, he can easily be misled.

When the syndrome of *agoraphobia* is examined in the light of attachment theory and family interaction it is apparent that it has much in common with school phobia. In both types of case the patient is alleged to be afraid of going into a place filled with other people; in both the patient is apt to be afraid of various other situations as well; in both the patient is prone to anxiety attacks, depression, and psychosomatic symptoms; in both the condition is precipitated often by an illness or death; in both the patient is found to be over-dependent, to be the child of parents one or both of whom suffer from long-standing neurosis, and frequently also to be under the domination of an overprotective mother. Finally, a significant number of agoraphobic patients were school refusers as children.

Often an agoraphobic patient is intensely anxious, apt to panic when unable to get home quickly, and to be afraid of an extraordinarily broad range of situations. Among all the situations that may be feared, two can be identified that are feared in virtually every case and are also the most feared. These situations are, first, leaving familiar surroundings and, second, being alone, especially when out of the house. Snaith agrees and reports that the more anxious an agoraphobic patient becomes the more intense grows his fear of leaving home and also that when a patient becomes more anxious, his fear of leaving home is magnified in intensity by a factor many times greater than is his fear of anything else.

Although scrutiny of the literature (see Bowlby) reveals strong presumptive evidence that behind the symptoms of patients diagnosed as agoraphobic lie patterns of family interaction similar to those found in cases labeled school phobic, so far no research study appears to have made the necessary inquiries. It is of interest, however, that Webster, who draws on material obtained during the psychotherapy of a series of twenty-five female patients, concludes that in all but one case the patients' feelings of insecurity could be understood as being due in all likelihood to the way they had been and were being treated by their mothers. Of twenty-five mothers, twenty-four were believed to be dominant and overprotective. They were described as being "most solicitous of the daughter's welfare, rewarding her often without good reason and rejecting or threatening to reject her or actually telling her she would not love her any more if she did not behave."

Studies in which firsthand observations are made of patients interacting with their families are urgently required. The days of relying on hearsay evidence are past.

Mourning: Healthy and Pathological

A large number of investigators have reported a raised incidence of loss of a parent by death or desertion during the childhoods of patients suffering from anxiety and depression or who have attempted suicide (see review by

Hill). In addition, there is evidence that similar symptoms can be reactions to bereavements that have occurred in the more recent past.' These studies point to the need for an accurate understanding of the responses to bereavement typical at different ages, of the forms characteristic of pathological responses, and of the factors that may result in mourning taking a pathological course.

Studies of responses to bereavement in fairly typical samples of adults are reported by Lindemann, Marris, and Parkes. Studies of responses to temporary loss of mother are reported by Robertson, and Heinicke and Westheimer. Generalizations in terms derived from attachment theory have been attempted by Bowlby and by Parkes who have worked together on the problem.

Four main phases of response can be recognized:

1. phase of numbness that, in adults, usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger;
2. phase of yearning and searching for the lost figure, often lasting for months and sometimes for years;
3. phase of disorganization and despair;
4. phase of greater or less degree of reorganization.

While in the long term a bereaved person tends to move progressively through these phases, during the short term there is much oscillation back and forth from one phase to another.

Studies of widows show that following the first phase, during which she may feel stunned, there follows a phase during which, on the one hand, she begins to register the reality of her loss while, on the other, she shows evidence of disbelief that it has really occurred. This leads to inconsistent perceptions and reactions that are as baffling to the widow herself as to those trying to help her. Whenever she is recognizing the reality of the loss, she is likely to be seized by pangs of intense distress and tearfulness. Yet, only moments later, she may be preoccupied with thoughts of her husband, often combined with a sense of his actual presence. In the latter mood she is liable to interpret sights and sounds as indicative of his imminent return. Footsteps at 5:00 p.m. are perceived as her husband coming home from work; a man in the street is taken for him. Of 227 widows and 66 widowers, Rees reports 39 percent as having these experiences; while 14 percent of the sample experienced hallucinations or illusions of the spouse's presence.

Attitudes to material reminders of the dead person can vacillate between aversion to anything that may precipitate renewed pangs of grief and treasuring all such reminders. Cultures differ in their evaluation of these contradictory responses. Whereas Western cultures tend to regard dwelling

on the past with disfavor, Yamomoto and his colleagues describe how in Japan a widow is encouraged to maintain a constant sense of her dead husband's presence.

There is much other evidence to support the view that during the second phase of mourning not only yearning but searching for the lost figure is the rule. The anger commonly expressed by bereaved people is regarded as a component of the struggle to recover the lost person. It usually takes the form of blaming someone for having contributed to the loss as though, by identifying the agent responsible, the loss can be reversed. Such anger is directed at any or all of three targets—the self, the dead person, and third parties. Often it is recognized by the bereaved as unfair and misplaced. In other cases it becomes an obsession. Because to blame the dead person may be unthinkable, blame may become directed persistently against the self and so give rise to pathological self-reproach.

It is believed that attachment theory enables these responses to be understood. Because in the case of spouses, and also of children and parents, attachment behavior has been long directed toward the other, and has continued so during temporary separations, the behavior persists in being thus directed even when the separation is one that cannot be reversed. As a result a bereaved person lives in two incompatible worlds—a world in which the lost figure is believed recoverable and a world in which the figure is

believed to be gone forever. Given time and the company of some other person who understands the dilemma, the bereaved is likely to move slowly, if unsteadily, toward the new and dreaded view. In other circumstances a part of mental life may continue to be organized on the assumption that the dead person is still recoverable. In some cases the bereaved is aware that he entertains that expectation; in others he is wholly unaware of it. The former condition is one that appears to be common in children who have lost a parent, especially when they have had no opportunity to verify or talk about the loss, and was termed by Freud a split in the ego. When a bereaved person is unaware that some part of himself is still searching for the lost figure, the process responsible is usually termed repression. In either case the individual is prone to inexplicable moods of anxiety and depression and is liable to have great difficulties in his personal relationships.

A great many variables appear to influence the course of mourning, and much further work is required before their influence is accurately known. The more numerous the roles—emotional, social, and economic—that the lost person filled in the life of the bereaved, the heavier the blow. The same is true of a loss that occurs suddenly and unexpectedly.

Both these conditions hold when a parent is lost by a child and when a husband is lost by a woman with a young family. They may also hold after the death of one of a couple who have been living isolated from others.

The more secure the attachment has been to the lost figure the more likely is the bereaved in due course to recover from the loss and also to retain a comforting sense of the lost one's presence. Conversely, the more anxious and ambivalent the attachment the more likely is mourning to become disturbed and/or pathological and for memories to be guilt-ridden. It is likely that many of the most disturbed responses to loss occur in those who during their childhoods have been subjected to periods away from their mother with strange people, to threats of being abandoned, and to combinations of these experiences.

Mourning is more likely to lead to psychiatric disturbance in those who, after the loss, have no one to care for and sympathize with them than in those who are cared for and listened to. This has long been suspected in the case of children and is supported by the recent findings of Caplan and Douglas and of Birtchnell. In a study of widows Maddison and Walker found that those who showed a relatively good outcome at the end of twelve months reported how they had received support from people who had made it easy for them to cry and to talk freely about their husband and his death, whereas those who showed a relatively poor outcome described how they had met with people who were intolerant of the expression of grief and anger and who insisted, instead, that the widow pull herself together. Much other evidence, including that from psychotherapy, shows that when affectional bonds are strong they can be relinquished only gradually and after the expression of much yearning,

anger, and sadness.

Extension of Theory

The theory outlined has still to be extended to other areas of personality organization and psychopathology. A major deficiency is an account of defensive processes. These, it is believed, can be approached in terms of multiple, and often incompatible, representational models of both self and environment. Since representational models act as part determinants of feeling state and behavior, the postulated presence of incompatible models can help explain conflict of feeling and also behavior that has inconsistent or maladaptive consequences. Some of the more influential but less conscious of these models are believed to have been built up on the basis of past experience but, because of changes in environment and/or self, to be no longer relevant to the current situation. The model of a dead person as still alive, which often governs a large part of the feeling and behavior of someone bereaved, is a particularly clear example.

How successful attachment theory will be in providing a revised paradigm for understanding personality development and psychopathology can be discovered only by attempting to apply it to data already available and by testing predictions derived from it in new research.

Application of Theory

The theory can provide a systematic basis for preventive and therapeutic measures, including many of those at present practiced which derive from one or other of the existing traditions of psychoanalytic theorizing.

In the preventive field the theory lays stress on measures that provide people of all ages with a familiar and trustworthy base from which they can operate. In the case of children and adolescents that means encouraging parents to provide them with unfailing support, especially when a child of any age is anxious or distressed. In the case of parents it means encouraging members of the community, and especially professional personnel, to recognize the indispensable and onerous role of parents, to respect that role, and to provide parents with the support necessary for them, in turn, to support their children. Other preventive measures stem from recognition that, whenever a person is subjected to a major change in his life situation, stress is inevitable and support is required to assist him to negotiate the change (see chapters in Volume 2 of this *Handbook*).

In the clinical field, the application of attachment theory requires diagnosis to take full account of the family situation both as it is and, so far as possible, as it has been in the past. Special attention is given to psychosocial transitions to which members are being or have been subjected and to the

results of any failure to negotiate them. The extent to which the symptoms of the designated patient (of whatever age) may be reflections of disturbances that occurred in the development of the attachment behavior of one or both of his parents, and that may from his birth onward have influenced the way they treat him, is considered.

When symptomatology appears intelligible in terms of the factors mentioned, treatment is directed whenever possible to all members of the family who appear to be playing a role. When treating an individual, it is borne in mind that sometimes his thoughts, mood, and behavior are more appropriate to the situation in which he finds himself than the clinician at first supposes; and, further, that when, on careful examination, thoughts, mood, and behavior are found inappropriate to the current situation, they may be found far from inappropriate to the situations to which the patient has been exposed during his childhood. Since the account that a patient is able to give during the early phases of treatment is often seriously incomplete and distorted, it is usually a skilled task to help him explore the family situations that he has found himself in, especially when they have proved painful or have, perhaps, shown his parents in a light either much less favorable or more favorable than he had supposed. The role of the psychiatrist is seen as providing the patient with a temporary attachment figure. The way the patient perceives him casts light on the representational models of attachment figures that govern the patient's perceptions and behavior. By

calling the patient's attention to these models (by transference interpretations) the psychotherapist is attempting to help the patient understand those models more clearly and reconsider the extent to which they are appropriate to the person of the therapist.

Bibliography

- Ainsworth, M. D. S. "The Effects of Maternal Deprivation: A Review of Findings and Controversy in the Context of Research Strategy," in *Deprivation of Maternal Care: A Reassessment of Its Ill Effects*, pp. 97-165. Public Health Papers: No. 14. Geneva: WHO, 1962.
- . *Infancy in Uganda: Infant Care and the Growth of Attachment*. Baltimore: The Johns Hopkins Press, 1967.
- . "Object Relations, Dependency and Attachment: A Theoretical Review of the Infant-Mother Relationship," *Child Dev.*, 40 (1969), 969-1027.
- Ainsworth, M. D. S., S. M. V. Bell, and J. Stayton. "Individual Differences in Strange-Situation Behavior of One-Year-Olds," in H. R. Schaffer, ed., *The Origins of Human Social Relations*, pp. 17-52. New York: Academic Press, 1971.
- . "Infant-Mother Attachment and Social Development: 'Socialization' as a Product of Reciprocal Responsiveness to Signals," in M. P. M. Richards, ed., *The Integration of a Child into a Social World*, pp. 99-135. Cambridge: Cambridge University Press, 1974.
- Baumrind, D. "Child Care Practices Antecedent Three Patterns of Preschool Behavior," *Genet. Psychol. Monogr.*, 75 (1967), 43-88.
- Birtchnell, J. "Case-Register Study of Bereavement," *Proc. R. Soc. Med.*, 64 (1971), 279-282.
- Blurton-Jones, N., ed. *Ethological Studies of Child Behavior*. Cambridge: Cambridge University Press, 1972.

- Bowlby, J. "The Influence of Early Environment in the Development of Neurosis and Neurotic Character," *Int. J. Psychoanal.*, 21 (1940), 154-178.
- . "Forty-four Juvenile Thieves: Their Characters and Home Life," *Int. J. Psychoanal.*, 25 (1944), 15-52, 107-127.
- . *Maternal Care and Mental Health*. Geneva: WHO Monograph No. 2, 1951-Reprint. New York: Schocken, 1966.
- . "The Nature of the Child's Tie to His Mother," *Int. J. Psychoanal.*, 39 (1958), 350-373.
- . "Separation Anxiety," *Int. J. Psychoanal.*, 41 (1960), 89-113.
- . "Grief and Mourning in Infancy and Early Childhood," in *The Psychoanalytic Study of the Child*, Vol. 15, pp. 9-52. New York: International Universities Press, 1960.
- . "Processes of Mourning," *Int. J. Psychoanal.*, 42 (1961), 317-340.
- . "Pathological Mourning and Childhood Mourning," *J. Am. Psychoanal. Assoc.*, 11 (1963), 500-541.
- . *Attachment and Loss*, Vol. 1, Attachment. New York: Basic Books, 1969.
- . *Attachment and Loss*, Vol. 2, Separation: Anxiety and Anger. New York: Basic Books, 1973.
- Bowlby, J. and C. M. Parkes. "Separation and Loss Within the Family," in E. J. Anthony and C. Koupernik, eds., *The Child in His Family*, pp. 197-216. New York: Wiley, 1970.
- Bunch, J. "Recent Bereavement in Relation to Suicide," *J. Psychosom. Res.*, 16 (1972), 361-366.
- Burlingham, D. and A. Freud. The Writings of Anna Freud, Vol. 3, *Infants Without Families: Reports on the Hampstead Nurseries, 1935-1945*. New York: International Universities Press, 1973.
- Caplan, M. G. and V. I. Douglas. "Incidence of Parent Loss in Children with Depressed Mood," *J. Child Psychol. Psychiatry*, 10 (1969), 225-232.

- Clyne, M. B. *Absent: School Refusal as an Expression of Disturbed Family Relationships*. London: Tavistock, 1966.
- Davidson, S. "School Phobia as a Manifestation of Family Disturbance: Its Structure and Treatment," *J. Child Psychol. Psychiatry*, 1 (1961), 270-287.
- Deutsch, H. "Absence of Grief," *Psychoanal. Q.*, 6 (1937), 12-22.
- Earle, A. M. and B. V. Earle. "Early Maternal Deprivation and Later Psychiatric Illness," *Am. J. Orthopsychiatry*, 31 (1961), 181-186.
- Fairbairn, W. R. D. *Psychoanalytic Studies of the Personality*. London: Tavistock, 1952.
- Freud, S. (1925) "Analysis of a Phobia in a Five-Year-Old Boy," in J. Strachey, ed., *Standard Edition*, Vol. 10, pp. 5-147. London: Hogarth Press, 1955.
- . (1917) "Introductory Lectures on Psycho-Analysis," Part 3, in J. Strachey, ed., *Standard Edition*, Vol. 16, p. 408. London: Hogarth Press, 1959.
- . (1926) "Inhibitions, Symptoms and Anxiety," in J. Strachey, ed., *Standard Edition*, Vol. 20, pp. 77-175. London: Hogarth Press, 1959.
- . (1940) "Splitting of the Ego in the Process of Defense," in J. Strachey, ed., *Standard Edition*, Vol. 23, pp. 275-278. London: Hogarth Press, 1959.
- Gewirtz, J. L., ed. *Attachment and Dependency*. Washington: V. H. Winston, 1972.
- Goldfarb, W. "Infant Rearing and Problem Behavior," *Am. J. Orthopsychiatry*, 13 (1943), 249-265.
- . "Emotional and Intellectual Consequences of Psychologic Deprivation in Infancy: A Reevaluation," in P. H. Hoch and J. Zubin, eds., *Psychopathology of Childhood*, pp. 105-119. New York: Grune & Stratton, 1955.
- Greer, S. "Study of Parental Loss in Neurotics and Psychopaths," *Arch. Gen. Psychiatry*, 11 (1964), 177-180.

- . "The Relationship Between Parental Loss and Attempted Suicide: A Control Study," *Br. J. Psychiatry*, 110 (1964), 698-705.
- Grinker, R. R., Sr. " 'Mentally Healthy' Young Males (Homoclitcs)," *Arch. Gen. Psychiatry*, 6 (1962), 405-453.
- Hansburg, H. G. *Adolescent Separation Anxiety: A Method for the Study of Adolescent Separation Problems*. Springfield, Ill.: C. C. Thomas, 1972.
- Harlow, H. F. "The Nature of Love," *Am. Psychol.*, 13 (1958), 673-685.
- Harlow, H. F. and M. K. Harlow. "The Affectional Systems," in A. M. Schrier, H. F. Harlow, and F. Stollnitz, eds., *Behavior of Non-Human Primates*, Vol. 2, pp. 287-334. New York: Academic, 1965.
- Heinicke, C. "Some Effects of Separating Two-Year-Old Children from Their Parents: A Comparative Study," *Hum. Rel.*, 9 (1956), 105-176.
- Heinicke, C. and I. Westheimer. *Brief Separations*. New York: International Universities Press, 1966.
- Hersov, L. A. "Persistent Non-Attendance at School," *J. Child Psychol. Psychiatry*, 1 (1960), 130-136.
- . "Refusal To Go to School," *J. Child Psychol. Psychiatry*, 1 (1960), 137-145.
- Hill, O. "Childhood Bereavement and Adult Psychiatric Disturbance," *J. Psychosom. Res.*, 16 (1972), 357-36i.
- Hill, R. and D. A. Hansen. "Families in Disaster," in G. W. Baker and D. W. Chapman, eds., *Man and Society in Disaster*, pp. 185-221. New York: Basic Books, 1962.
- Hinde, R. A. *Animal Behavior: A Synthesis of Ethology and Comparative Psychology*, 2nd ed. New York: McGraw-Hill, 1970.
- Jersild, A. T. *Child Psychology*, 3rd ed. London: Staples Press, 1947.

Johnson, A. M., E. I. Falstein, S. A. Szurek et al. "School Phobia," *Am. J. Orthopsychiatry*, 11 (1941), 702-711.

Klein, M. *Contributions to Psychoanalysis—1921-1945*. New York: Hillary, 1950.

Levy, D. "Primary Affect Hunger," *Am. J. Psychiatry*, 94 (1937), 643-652.

Lindemann, E. "Symptomatology and Management of Acute Grief," *Am. J. Psychiatry*, 101 (1944), 141-149.

Maddison, D. and W. L. Walker. "Factors Affecting the Outcome of Conjugal Bereavement," *Br. J. Psychiatry*, 113 (1967), 1057-1067.

Marks, I. M. *Fears and Phobias*. London: Heinemann Medical, 1969.

Marris, P. *Widows and Their Families*. London: Routledge & Kegan Paul, 1958.

McCord, W., J. McCord, and P. Verden. "Familial and Behavioral Correlates of Dependency in Male Children," *Child Dev.*, 33 (1962), 313-326.

Morgan, G. and H. N. Ricciuti. "Infants' Responses to Strangers During the First Year," in B. M. Foss, ed., *Determinants of Infant Behavior*, Vol. 4, pp. 253-272. London: Methuen, 1969.

Newson, J. and E. Newson. *Four-Years Old in an Urban Community*. Chicago: Aldine, 1968.

Offer, D. *The Psychological World of the Teen-Ager: A Study of Normal Adolescent Boys*. New York: Basic Books, 1969.

Parkes, C. M. "Recent Bereavement as a Cause of Mental Illness," *Br. J. Psychiatry*, 110 (1964), 198-204.

----. "Bereavement and Mental Illness," *Br. J. Med. Psychol.*, 38 (1965), 1-26.

----. "Separation Anxiety: An Aspect of the Search for a Lost Object," in M. H. Lader, ed., *Studies of Anxiety*, pp. 87-92. *Br. J. Psychiatry Spec. Pub.* 3, 1969.

- . "Psycho-Social Transitions: A Field of Study," *Soc. Sci. Med.*, 5 (1971), 101-115.
- . "The First Year of Bereavement: A Longitudinal Study of the Reactions of London Widows to the Death of Their Husbands," *Psychiatry*, 33 (1971), 444-467.
- . *Bereavement: Studies of Grief in Adult Life*. New York: International Universities Press, 1972.
- Peck, R. F. and R. J. Havighurst. *The Psychology of Character Development*. New York: Wiley, 1960.
- Rees, W. D. "The Hallucinations of Widowhood," *Br. Med. J.*, 4 (1971), 37-4.
- Robertson, J. *Young Children in Hospital*, 2nd ed. London: Tavistock, 1970.
- Robertson, J. and J. Robertson. *Young Children in Brief Separation*. Film series. London: Tavistock Inst. Hum. Rel., 1967-1972.
- Rosenberg, M. *Society and the Adolescent Self-Image*. Princeton: Princeton University Press, 1965.
- Roth, M. "The Phobic Anxiety Depersonalization Syndrome," *Proc. R. Soc. Med.*, 52 (1959), 587-595.
- Rowell, T. E. and R. A. Hinde. "Responses of Rhesus Monkeys to Mildly Stressful Situations," *Anim. Behav.*, 11 (1963), 235-243.
- Rutter, M. *Maternal Deprivation Reassessed*. Harmondsworth: Penguin, 1972.
- Sears, R. R., E. E. Maccoby, and H. Levin. *Patterns of Child Rearing*. Evanston: Row, Peterson, 1957.
- Snaith, R. P. "A Clinical Investigation of Phobias," *Br. J. Psychiatry*, 114 (1968), 673-698.
- Stendler, C. B. "Possible Causes of Over-dependency in Young Children," *Child Dev.*, 25 (1954), 125-146.
- Stott, D. H. *Delinquency and Human Nature*. Dunfermline, Fife: Carnegie U. K. Trust, 1950.
- Strachey, J. "Introduction" to Freud's "Inhibitions, Symptoms and Anxiety," in J. Strachey, ed.,

Standard Edition, Vol. 20, pp. 77-86. London: Hogarth Press, 1959.

Talbot, M. "Panic in School Phobia," *Am. J. Orthopsychiatry*, 27 (1957), 286-295.

Ucko, L. E. "A Comparative Study of Asphyxiated and Non-Asphyxiated Boys from Birth to Five Years," *Dev. Med. Child Neurol.*, 7 (1965), 643-657.

Webster, A. S. "The Development of Phobias in Married Women," *Psychol. Monog.*, 67 (1953). NO. 17.

Weiss, M. and A. Burke. "A 5-to 10-year Follow-up of Hospitalized School Phobic Children and Adolescents," *Am. J. Orthopsychiatry*, 40 (1970), 672-676.

Weiss, M. and B. Cain. "The Residential Treatment of Children and Adolescents with School Phobia," *Am. J. Orthopsychiatry*, 34 (1964), 103-114.

Winnicott, D. W. *The Maturation Process and the Facilitating Environment*. New York: International Universities Press, 1965.

Wolfenstein, M. "How Is Mourning Possible?" in *The Psychoanalytic Study of the Child*, Vol. 21, pp. 93-123. New York: International Universities Press, 1966.

Yamamoto, J., K. Okonogi, T. Iwasaki et al. "Mourning in Japan," *Am. J. Psychiatry*, 125 (1969). 1660-1665.

Notes

- 1 Although the text often refers to "mother" and not "mother-figure," reference is always to the person who mothers the child. For most children this is also the child's natural mother.
- 2 In some cases pathogenic patterns of relationship involve a father or grandfather but these appear to be much less common than those involving a mother and grandmother.
- 3 This estimate is made by the present writer on the basis of figures made available by Norman Kreitman, Director of the M.R.C. Unit for Epidemiological Studies in Psychiatry.

4 Sometimes the term “symbiosis” is used to describe these suffocatingly close relationships between mother and child. The term is not happily chosen, however, since in biology it is used to denote an adaptive partnership between two organisms in which each contributes to the other’s survival; whereas the relationship with which we are concerned here is certainly not to the child’s advantage and often is not to the parent’s either.