Dr. Bowlby's paper on "Grief and Mourning in Infancy" offers to analysts a number of controversial points for discussion, amplification or refutation. The following comments apply partly to the wider issues raised by his article, partly to those specific points in it where he makes direct reference to Dorothy Burlingham's and my account (1942) of the observations collected in the Hampstead Nurseries.

**IDENTITY OF OBSERVATIONS**

There is little difference in the observed material collected during the war by the Hampstead Nursery team with regard to separated children and the observations made later in connection with Dr. Bowlby's study of separation anxiety by a Tavistock Clinic team with regard to hospitalized children. Actually, James Robertson on whose observational studies Dr. Bowlby relies predominantly, was, and is, a valued and important member of both teams. With this identity of material, and partly of observers, in mind, explanation is needed not only why the theoretical interpretations of the data on our two sides are divergent but also why misunderstandings in the discussion of the divergencies are persistent.

**DIFFERENCE IN THEORETICAL ORIENTATION**

Referring back also to Dr. Bowlby's earlier papers on "Separation Anxiety" (1960a), and "The Nature of the Child's Tie to His Mother" (1958), it becomes possible to point to a basic difference in orientation between his and our theoretical approach. Dr. Bowlby is concerned on the one hand with a biological theory in which an inborn urge is assumed which ties an infant to the mother, on the other hand with the behavior resulting from this tie ("attachment behavior") or from the untimely disruption of the tie (separation anxiety, grief, mourning). The gap between biological urge and manifest affect and behavior is bridged for him by certain actions and events occurring in the external world which activate inherited responses.

If this description of Dr. Bowlby's position can be accepted as correct, it may serve to explain some of our dissatisfaction when following his line of argumentation. Not that, as analysts, we do not share Dr. Bowlby's regard for biological and behavioral considerations. But taken by themselves, not in conjunction with metapsychological thinking, these two types of data do not fulfill the analyst's requirements. As analysts we do not deal with drive activity as such but with the mental representations of the drives. In the case of the biological tie of infant to mother this representation has to be recognized, I believe, in the infant's inborn readiness to cathect objects with libido. Equally, we do not deal with the happenings in the external world as such but with their repercussions in the mind, i.e., with the form in which they are registered by the child. In the case of the activating events it seems to me that they are experienced as events in the pleasure-pain series. It is true that this translation into psychological terms interferes with the simplicity and straightforwardness of Dr. Bowlby's scheme and introduces numberless complications. But these complications seem to me no more than a true reflection of the complexity of mental life, built, as we know it to be, on the drive derivatives and the dynamic interplay between them; on the sensations and perceptions arriving from the internal and external world; on the pleasure-pain experiences; on mental imagery and fantasies. Since Dr. Bowlby in his present paper extends his material on separated children far beyond the first year of life, we have to add as complicating factors to the enumerated primary manifestations all the later elaborations which are known as secondary mental processes, such as verbal and logical thinking and the structural conflicts with their specific anxieties, guilt reactions and defensive activities.

**THEORETICAL MISCONCEPTIONS**

There are two points in Dr. Bowlby's paper which I find more suited than any others to highlight the misconceptions which arise due to the described difference in viewpoint.
(i) Mother Attachment versus Pleasure Principle

When discussing the problem of need satisfaction in the first year of life, Dr. Bowlby queries the role which we ascribe to this factor. He sets up a controversy between the tie to the mother and the action of the pleasure principle in terms of "primary and secondary drive" and criticizes us for reversing their order of importance, i.e., for regarding the tie to the mother as a secondary, the search for pleasure as a primary instinctual urge. To my mind, this objection of his is based on a theoretical misunderstanding. We agree with Dr. Bowlby that the infant's attachment to the mother is the result of primary biological urges and ensures survival. But although the search for gratification is a tendency inherent in all drive activity, in our view the pleasure principle as such is not a drive representation at all, neither a primary nor a secondary one. In its metapsychological sense it is conceived as a principle which governs all mental activity in the immature and insufficiently structured personality. Since it embraces all mental processes, the tie to the mother is governed by it as well. But to assume a struggle for priority or first place between mother attachment and pleasure principle as if they were mental phenomena of the same order does not seem to me to apply.

Once this particular misunderstanding is removed, Dr. Bowlby's and our treatment of this subject are nearer to each other than appears at first glance. As suggested above, his conception of a biological tie resulting in certain patterns of behavior when activated by nursing care is paralleled in our way of thinking by the conception of an inborn readiness to cathex with libido a person who provides pleasurable experiences. It becomes evident that this latter theory is no more nor less than the classical psychoanalytic assumption of a first "anaclitic" relationship to the mother, i.e., a phase in which the pleasurable sensations derived from the gratification of major needs are instrumental in determining which person in the external world is selected for libidinal cathexis.

Moreover, in both theories, in Dr. Bowlby's as well as in the classical one, the mother is not chosen for attachment by virtue of her having given birth to the infant but by virtue of her ministering to the infant's needs.

(ii) Infantile Narcissism

A second area where controversy seems to be based on misconceptions is the problem of infantile narcissism. Dr. Bowlby denies that narcissism can exist or does exist in infancy, i.e., at the period when he sees the child as wholly attached to the mother. Argumentation concerning this point is made difficult by the fact that Dr. Bowlby's use of the term differs from ours in important respects. He understands narcissism in the descriptive sense, as a state in which the infant is supposed to be withdrawn, self-sufficient, and independent of the object world, and he maintains that no normal infant displays behavior of this kind. While agreeing with this last assertion, we disagree on our side with his definition of the term. Metapsychologically speaking, the concept of infantile narcissism refers not to behavior but to an early phase of libido distribution and organization. There exists in this phase, according to this assumption, a state of libidinal equilibrium, similar to the equilibrium obtaining during intrauterine existence. The infant himself is unable to maintain this state and dependent for its upkeep on the presence and nursing care of the mother who becomes the first object in the external world. It is characteristic for this phase that there is no libidinal exchange with the object as there will be in the later stages of true object love (loving and being loved). Instead, one-sided use is made of the mother for purpose of satisfaction. The object—to use an expression introduced by W. Hoffer—is drawn wholly into the internal narcissistic milieu and treated as part of it to the extent that self and object merge into one.

There is no other point where the clash between metapsychological and descriptive thinking becomes as obvious as it is here. It leads to the apparently paradoxical result that what in terms of the libido theory is the apex of infantile narcissism, appears in Dr. Bowlby's descriptive terms as the height of "attachment behavior." But we agree with him, of course, that never again in his life will the child be found to be more clinging to the mother or more dependent on her presence.

- 55 -

DISAGREEMENT ON CLINICAL POINTS

With the above-named major differences in theoretical outlook in mind, it becomes easier to discuss minor disagreements in clinical observations, their description, and their interpretation.

(i) The Three Phases of Behavior after Separation from the Mother

In his exposition of the child's reaction after separation, Dr. Bowlby isolates three main phases which can be easily distinguished from each other by observation: a first phase of loud, angry, tearful behavior which he calls Protest; a second one of acute pain, misery, and diminishing hope which he calls Despair; and a third one in which the child behaves as if he had ceased to care, which he calls Denial. As regards the description of this sequence, there is no disagreement between observers such as the Tavistock or Hampstead teams or René Spitz. As regards the interpretation of the observed data, argumentation centers around the third and last phase. The question arises in which sense Dr. Bowlby uses the term denial. If
it is purely descriptive, it might imply no more than absence of manifest bereavement behavior; if used in the analytic
dynamic sense, it would imply a defensive process directed either against the recognition of external reality (i.e., the absence
of the mother), or against the affect itself (i.e., an intolerably painful sense of bereavement). In neither case does it include
the purely libidinal aspect which seems of the greatest importance to us. If we see the trauma of separation from the mother
in terms of what happens to the libidinal cathexis of her image, we take the phases of protest and despair as manifestations of
the child's attempt to maintain the libidinal tie with the absent object, the third phase as a sign that cathexis is not denied but
actually withdrawn from the object.

I suggest therefore the use of the term "withdrawal" for Dr. Bowlby's third phase of bereavement behavior. It has the
advantage of covering the manifest withdrawn behavior of the child as well as the internal process of libido withdrawal by
which we believe this behavior to be caused.

---

1 This discussion was prepared before Dr. Bowlby, in the final version of the present paper, adopted the term "Detachment" in favor of
"Denial."

(ii) Duration of Bereavement Reactions

In his paper Dr. Bowlby emphasizes the identity of the young child's grief and mourning with the reactions shown by the
normal adult after object loss. While taking a similar view so far as the overt manifestations are concerned, we have been
reluctant to assume a corresponding identity of the underlying processes in infants and adults. The process of mourning
(Trauerarbeit) taken in its analytic sense means to us the individual's effort to accept a fact in the external world (the loss of
the cathected object) and to effect corresponding changes in the inner world (withdrawal of libido from the lost object,
identification with the lost object). At least the former half of this task presupposes certain capacities of the reality principle,
partial control of id tendencies by the ego, etc., i.e., capacities which are still undeveloped in the infant according to all other
evidence. We have hesitated therefore to apply the term mourning in its technical sense to the bereavement reactions of the
infant. Before the mental apparatus has matured and before, on the libidinal side, the stage of object constancy has been
reached, the child's reactions to loss seem to us to be governed by the more primitive and direct dictates of the pleasure-pain
principle.

Considerations such as these were significant for our attempts to understand the most outstanding difference between the
bereavement reactions of young children and adults. While the term of mourning traditionally assumed for normal adults is
one year, such loyalty to the lost object would be considered abnormal in a young child. We stated, on the basis of what we
saw in the Hampstead Nurseries, that we expected bereavement behavior to last any length of time "from a few hours to
several weeks or even a few months." On the basis of more systematic observations undertaken by James Robertson and
Chris. Heinecke, Dr. Bowlby queries the possibility of the "few hours" or similarly short periods and endorses the validity of
the longer periods. But he agrees with us, seemingly, that the child's grief reactions do not normally approximate the duration
usual for the adult.

In our minds we linked the time needed to adjust to a substitute object less with the chronological age of the child, and
more with

---

2 Homesickness of older children is not included in this category. We reserve this term for a neurotic symptom to be found in latency
children who cannot bear separation from their oedipal objects owing to a highly ambivalent attitude toward them. With them the repressed
negative side of the ambivalent relationship is responsible in separation for guilt reactions, fear of death of the parents, intolerable longing,
etc.

- 58 -

the level of object relationship and ego maturity reached by him before separation: the nearer to object constancy, the longer
the duration of grief reactions with corresponding approximation to the adult internal processes of mourning.2

There is a further point which seems to me worth nothing. Neither the Hampstead Nurseries nor hospitals and other
residential homes have offered ideal conditions for studying the length of time needed by young children to displace
attachment from one person to another. We, as well as Dr. Bowlby, used data collected under circumstances where the
children had to adapt not only to the loss of the mother but also to the change from family to group life, a transition very
difficult to achieve for any young child. Whereas the mother herself had been the undisputed possession of the child in many
cases, the nurse as substitute mother had to be shared inevitably with a number of contemporaries; also, inevitably, it is never
one single nurse who substitutes for the all-day and all-night care of the mother.

If we wish to determine how long an infant needs to transfer cathexis from one mother figure to a substitute mother in
the full sense of the word, we need to supplement our observations, excluding group or ward conditions. For all we know,
duration of grief might then be found to be either shorter or longer. Also, in the circumstances which we studied, the infants were separated not only from their mothers but from their home background which included separation from the other parent, possible siblings, all the inanimate familiar objects, sights, sounds, etc. From direct observation we know little or nothing about the duration of grief in those instances where the mother has to leave temporarily or permanently while the child remains at home.

(iii) Pathological Aftereffects of Separation

As regards the pathology following on early separations, Dr. Bowlby remarks quite rightly that we made no attempts to link these with later states of depressive or melancholic illness. Actually,

at the time of writing our study we had no access to material of this kind. Since then, observational and analytic contact with a group of young concentration-camp victims has provided additional data of some relevance. These children who had undergone repeated traumatic separations from birth or infancy onward achieved comparatively stable relationships during their latency period; but from preadolescence onward they displayed almost without exception withdrawn, depressive, self-accusatory or hostile mood swings. We expect that those among them who are now undergoing therapeutic analyses will supply us in time with more detailed information concerning the links between their early losses and their later pathology. Meanwhile, to avoid the impression that we underestimated the pathogenic potentialities inherent in the separation trauma, I summarize in what follows some of our earlier findings.

Our wartime efforts concerning this subject did not go beyond a rough division between immediate and delayed, transitory and permanent consequences. Among the permanent damage done to the child we emphasized above all the impairment in the capacity for and quality of object relationships which can be observed in cases where repeated changes of mother figure have taken place. Under such circumstances the child either becomes withdrawn (disinclined to cathect objects) or shallow and superficial in his object relations (i.e., never reaches or recaptures object constancy). On this point agreement between Dr. Bowlby and us is complete.

As regards some of the immediate pathological effects of separation, we were inclined to group them under headings such as the following:

Psychosomatic Conditions: These were frequent especially with the youngest children in the form of sleeping disturbances, feeding troubles, digestive upsets especially constipation, an increased readiness to develop sore throats or succumb to respiratory infections.

Regression in Instinct Development: On the libidinal side this consisted of a return to earlier levels, the more primitive manifestations being displayed toward the new objects (clinging, domineering, querulous anal or greedy, insatiable, dependent oral behavior) and in autoerotic activities (sucking, rocking). On the aggressive side it resulted in the earlier, cruder forms of aggression coming to the fore (biting, spitting, hitting) or, worse still, in a diffusion of libidinal

and aggressive elements which allowed the latter to dominate the picture.

Regression in Ego Development: One of the most impressive and unexpected consequences of separation was undoubtedly the loss of ego functions such as speech, bowel and bladder control, and of the beginning of social adaptation. According to our observations, the functions most endangered in this respect were those that had been most recently acquired.

Upsets in Libido Distribution: We have always considered the interval between loss of contact with the mother ("withdrawal," see above) and attachment to a substitute mother as the period most productive of pathology, especially if this interval is prolonged either for external reasons (lack of suitable substitute mother) or for internal reasons (inability to transfer cathexis). For the form of the pathological outcome it is decisive what happens during the interval to the libido withdrawn from the mother. It may be used to cathect (or recathect) the child's own body, resulting in disturbances of a psychosomatic or hypochondriacal nature; or it may be used for cathexis of the self-image where it may cause a variety of disturbances such as increased self-love, omnipotence, ideas of grandeur, all due to narcissistic imbalance; or it may be employed to overcathect a crude inner fantasy world with the result that the child may become autistic, cut off from the environment, and wholly immersed in himself. The longer the interval lasts, the more difficult will it be to reverse these pathological developments.

Any assessment of the eventual pathological consequences of a separation trauma is inseparable, in our belief, from the assessment of the level of libido development at the time of its occurrence. Results vary according to the fact whether at the moment of separation the tie to the mother was still of a narcissistic nature, dominated by the search for instincual satisfactions; or whether in the relationship to the mother the personal and affectionate elements had begun to predominate, transforming the attachment into object love; or whether the child had attained the level of so-called object constancy. In this
last instance the image of a cathected person can be maintained internally for longer periods of time, irrespective of the real object's presence or absence in the external world, and much internal effort will be needed before the libido is withdrawn. Such withdrawal happens gradually by means of the painful disengagement process known to us as mourning.

**CONCLUSION**

One more concluding remark: in a last section of his paper on "The Occurrence of Mourning Behaviour in Animals" (1960b), Dr. Bowlby suggests tentatively that there are three main features which are specific to human as distinct from animal behavior: the long-drawn-out persistence of reactions oriented toward the lost object; the presence of hostility toward the self (which, I suppose, includes the guilt reactions); and the tendency to identify with the lost object. I should like to offer the suggestion that this useful distinction lends itself also to a sharper differentiation between the bereavement reactions of the youngest infants on the one hand and, on the other hand, the reactions to the separation trauma of young children with more highly developed and, accordingly, more complex mental processes and personality structures.

**REFERENCES**

Bowlby, J. 1958 The Nature of the Child's Tie to His Mother Int. J. Psychoanal. XXXIX

Bowlby, J. 1960a Separation Anxiety Int. J. Psychoanal. XLI

Bowlby, J. 1960b The Occurrence of Mourning Behaviour in Animals No press.


- 62 -

**Article Citation [Who Cited This?]**