

“MASKED DEPRIVATION” IN INFANTS AND YOUNG CHILDREN

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It is the purpose of this chapter to give appropriate emphasis to certain factors in the mother-child relationship which are often crucial in determining the course of the child's personality development. More specifically, it is proposed to discuss the effects of various sorts of covert, subtle, or “masked” emotional deprivation which may result for the child in otherwise intact parent-child relationships, as opposed to those effects seen as a result of flagrant and gross physical separation of mother and child during the early years.

HISTORICAL REVIEW

Since the turn of the century, scientific awareness has existed regarding the possible adverse effects upon the emotional development of children institutionalized at an early age. Intuitive popular knowledge of these possibilities, however, has been available for a much longer period, as expressed, for example, in the works of such perceptive writers as Charlotte Brontë.¹⁷ The paediatric literature was the first systematically to reflect this awareness, with the publication, in 1908, of Chapin's²¹ observations on “atrophic” infants who had been in institutional settings for long periods of time. Later works in the fields of social welfare and education contributed significantly to knowledge in this area, as exemplified by the published studies of Theis²⁰ in 1924 and Aichhorn¹ in 1925. It was not until the late 1930's, however, that reports in the psychiatric and psychological literature began to appear. Such investigators as Powdermaker⁶¹ and Levy,⁴⁷ followed by Lowrey,⁵⁴ Bowlby,¹⁰ Bender,⁵ Goldfarb,³⁶ and others, moved towards more careful description of the effects of early institutionalization, all being struck with the consequent disruption of

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the capacity to form warm and lasting relationships on the part of children undergoing such experience. Goldfarb's work included controlled studies of the long-term effects of early institutional as opposed to foster-home care, indicating that the children reared in institutions were most disturbed. These and other investigations derived impetus from Sigmund Freud's earlier conclusions³² regarding the important influence of early experiences upon later personality development.

During the early 1940's, a number of significant studies were undertaken in this area. Burlingham & Freud¹⁹ studied the frequently disturbing effects, as did Edelston,²⁷ of the separation of young children from their mothers, arising from the dislocations occasioned by the war events. The careful work of Spitz & Wolf⁷⁹ contributed more direct, systematic, and rigorous documentation of the sweeping and at times apparently irreversible psychological consequences of an unhealthy nature, arising from institutional placements with inadequate mother-substitute care during the first year of life. Blunting or serious distortion in intellectual, emotional, social, and physical aspects of growth and development appeared in such infants continually deprived, with serious depression appearing in others separated from their mothers during the latter part of the second half-year of life. During this period also, a number of workers, especially Bowlby¹⁰ and Bender,⁵ recognized the frequent later appearance of deep and pervasive character disorders with delinquent behavioural manifestations in children so severely deprived. The more recent observations of Roudinesco and her associates⁷² and Fischer,³¹ carried out upon young infants awaiting adoption, support the likelihood of the development of pathological reactions of a continuing nature.

From the field of paediatrics, Bakwin's observations,³ extending earlier findings of Chapin²¹ and Brenneman,¹⁵ pointed up during this period the potentially detrimental effects of such virtually complete emotional deprivation upon physical as well as psychological development. He emphasized the possibility of the development of "marasmus", a condition resembling starvation, as well as heightened morbidity and mortality from infectious disease, in young infants hospitalized for long periods of time. His work, like that of Beverly,⁹ thus dealt with infants and young children with chronic physical disease, in contrast to the physically healthy children, institutionalized because of lack of home facilities, who were studied by the other investigators mentioned. Similar effects upon physical development were observed, however, in such healthy institutionalized infants, as reported by Spitz & Wolf,⁷⁹ echoing earlier reports in the European literature.⁴

In addition to these observations upon the results of gross and prolonged or repeated deprivation of maternal care in institutional or

hospital settings, more recent work has been carried out in regard to the impact of briefer separation from the mother, principally involved in hospitalization for physical illness or operation. Among others, Levy,⁴⁹ Senn,⁷⁶ Langford,⁴⁶ J. C. Spence,* Jackson,⁴¹ Bowlby and associates,¹² Jessner, Blom & Waldfogel,⁴³ Moncrieff,⁵⁷ Faust and co-workers,³⁰ Wallace & Feinauer,⁸¹ Prugh and his associates,⁶⁵ Schaffer,⁷³ and Robertson,^{70, 71} have added to our knowledge of the effects of experiences of this nature for infants and young children, drawing upon points of view and methods of study derived from the fields of psychiatry, psychology, social work, paediatrics, and nursing. In general, studies in this area have indicated the universality of significant reactions of a depressive, regressive, or anxiety-provoking nature in children undergoing such experience. In most instances these reactions to brief separation in a medical setting appear to be short-lived. Children under four years of age and previously disturbed older children with unsatisfying parent-child relationships, however, may suffer more lasting interference with emotional development.

EVALUATION OF BOWLBY'S WORK

Of the studies mentioned, the most influential, perhaps, has been that of Bowlby. His monograph, *Maternal Care and Mental Health*,¹¹ contained an exhaustive review of world literature up to that time, as well as reports of his own studies and certain conclusions drawn from all these sources. The evidence marshalled by Bowlby appeared impressively in support of the likelihood of serious personality disturbance, manifested by shallow relationships, difficulties in impulse control, and at times limitations in cognitive and perceptual functions, arising from prolonged institutionalization or frequent foster-home placement in early childhood. Bowlby states,

“ Prolonged breaks [in the mother-child relationship] during the first three years of life leave a characteristic impression on the child's personality. Clinically such children appear emotionally withdrawn and isolated. They fail to develop libidinal ties with other children or with adults and consequently have no friendships worth the name ” (p. 32).¹¹

He sums up his conclusions by advancing the hypothesis that “ there is a specific connexion between prolonged deprivation in the early years and the development of an affectionless psychopathic character given to persistent delinquent conduct and extremely difficult to treat ” (p. 34).¹¹

* “ The care of children in hospitals ” (The Charles West Lecture, Royal College of Physicians, London, November 1946).

The importance of Bowlby's contributions is unquestioned. As a result of his report, the dangers of gross maternal deprivation have become clear to workers in many professional fields and in all parts of the world. Significant efforts have been initiated in certain quarters and renewed in others in order to do away with the conditions leading to such results. Unfortunately, however, some of the implications of Bowlby's statements in his monograph have been accepted so completely and uncritically by certain professional workers that emphasis has been diverted at times from questions which remain unanswered and from other considerations which deserve equal attention.

Although Bowlby himself recognized that such was not the case, the interpretation has been made from his work that any separation of the infant or young child from the mother necessarily results in serious emotional deprivation. Some of the investigations cited earlier, dealing with reactions to brief hospitalization, refute sweeping mis-statements of this kind and indicate that multiple factors play a role in the development of pathological reactions to experience of this nature.

The additional conclusion has been drawn, by many professional workers, that all children undergoing early institutionalization or other sorts of gross maternal deprivation develop the picture of the "affectionless character", sketched by Bowlby, on the basis of his own work and the other studies cited earlier. Furthermore, the inference has been loosely made by some that only children experiencing this type of extreme deprivation will exhibit this particular personality picture.

Reports are meagre in this area and control or comparison studies are difficult to undertake on a long-term basis. The careful investigation of Heinecke,⁴⁰ involving a controlled study of very young children in residential and day nurseries, appears to support the position that separation does leave a demonstrable effect on the child's immediate adjustment, but this study does not deal with the long-term consequences of such experiences. The earlier work of Dennis,²⁸ the recent critique of Bowlby's work by O'Connor,⁵⁸ and the studies of changes in intellectual functioning over time by Clarke & Clarke²² would seem, however, to cast some doubt upon both the universality and the enduring nature of such personality pictures in relation to early experience of the type described. Moreover, the work of Theis⁸⁰ and of Beres & Obers,⁷ cited by Bowlby, and the investigations of Lewis,⁵⁰ Goldfarb,³⁷ and Fischer,³¹ suggest that some children may escape such deep personality scars, again appearing to confirm intuitive perceptions of creative writers such as Dickens²⁵ and others.

Although the answer to this question remains to be clarified more fully, the later work of Bowlby, Ainsworth, Boston & Rosenbluth¹⁴

provides some pertinent data. In a study which has not yet received as full attention as Bowlby's earlier monograph, they investigated systematically the long-term effects of separation from the mother, over periods of months or years before the fourth birthday, in a group of children who had been patients in a tuberculosis sanatorium. Using a group of healthy children as controls, they found that, although the sanatorium children were significantly less well adjusted than the controls, the differences between the two groups were not as great as had been expected in terms of their hypothesis. In addition, they found that few of the sanatorium children appeared to be delinquent and that at least half of them were able to make some satisfying social relationships. Although the maternal deprivation suffered by these children was not as intense as in Goldfarb's study, Bowlby and his co-workers came, on the basis of these findings, to the conclusion that, “Statements implying that children who experience institutionalization and similar forms of severe privation in early life *commonly* develop psychopathic or affectionless characters are incorrect”. The further conclusion was made that the retrospective follow-up method of investigation contained inherent disadvantages which limited its use in this area of research.

The reasons for this seeming “immunity” from marked psychological disorders in some children undergoing experience of this nature are not clearly understood. Factors relating to genetic endowment may be involved, as well as special environmental circumstances—e.g., the child's attractiveness or personal appeal to one or more institutional workers may lead them to give the child special care or attention. Nevertheless, sweeping conclusions regarding the outcome of such experience do not appear to be justified, although, as Bowlby and his co-workers indicated, their later study offered no grounds for complacency as to the effects of gross maternal deprivation.

In regard to the related question whether “affectionless characters” develop only as a result of gross maternal deprivation, clinical observations at least would lend ample support to the thesis that such is not the case. The work of Aichhorn,¹ Lippman,⁵¹ and others (including the present writers) provides a number of case examples of children exhibiting such characterological patterns and experiencing chronic difficulty with the authorities, with the parents always available to plead the child's case for him, in spite of their ambivalent or hostile feelings towards him in other respects. In summary, then, it would seem that early institutionalization or prolonged separation from parents does not *necessarily* lead to specific effects upon personality in later life, and that these personality patterns, when they are observed, are not *always* due to a particular set of early experiences.

A further conclusion that has sometimes been drawn is that any home setting is better than any institutional placement. Case studies by Du Pan & Roth ²⁶ and by many other workers, including the present writers, attest to the fact that the physical presence of a parent or a foster-parent does not guarantee emotional satisfaction to the child, especially if that parent is unable to tolerate any disturbance in behaviour on the part of the child. If a foster-home setting is involved, a train of events leading to repetitive shifts in home settings, with serious emotional consequences for the child, may be set in motion in the absence of careful selection of foster-parents and of much work by the placement agency.

Finally, misplaced emphasis given to Bowlby's earlier statements can lead to the facile conclusion that any child at any age is better off in his own home than in a foster-home, hospital, or other institutional setting. It is true that most children are happier with their own parents, no matter how disturbed or unsatisfying the parent-child relationships may be. However, recent experiences in nurseries and residential treatment centres, which have admitted disturbed children from physically intact but seriously disturbed families, have indicated that the home may not always be the most favourable environment for a child's development. On the contrary, it is sometimes seen that only when the child is removed from the home is he able to begin to mature and develop.

" MASKED DEPRIVATION "

Although Bowlby recognized the existence of what he called " partial deprivation " in children involved in an unsatisfying relationship with the mother, he purposely chose not to include studies of this nature in his monograph, rather emphasizing the " complete deprivation " in cases of the type mentioned. (He also designedly excluded father-child relationships from scrutiny, again for purposes of emphasis.) It is the position of the writers, in agreement with the views of Bakwin ⁴ and Glaser & Eisenberg, ²⁵ that the subtle effects of less obvious disruptions or distortions in the parent-child relationship may have as devastating effects upon emotional development as the more gross maternal deprivations highlighted by Bowlby. Further, it is to be emphasized that instances of " masked " or covert deprivation, of a virtually " complete " nature, may occur frequently in intact families, giving rise to clinical pictures in children which may equal in pathological intensity those derived from overt deprivations. Spitz's studies ⁷⁸ of the so-called psychogenic disorders of infancy support this conclusion in regard to the influence of what he termed a " deficiency " of maternal warmth and affection upon emotional development in infancy and early childhood

and the associated appearance of certain psychophysiological disorders. The more recent observations by Provence & Coleman²³ indicate that the syndrome of "environmental retardation", described earlier by Gesell & Amatruda²⁴ can occur in infants living in intact homes. This syndrome, aptly described by Clarke & Clarke,²⁵ appears to involve the particular effects of insufficient maternal warmth and stimulation upon the intellectual development of certain infants, producing a picture resembling mental retardation without associated brain damage or other cause. With the provision of satisfying mother-substitute relationships or with the use of direct psychotherapeutic work with the mother, such retardation appears to be reversible. This more subtle, but apparently equally potent, psychological "separation" or deprivation seems to deserve re-emphasis at this time and to require more careful description and dynamic formulation.

CLINICAL OBSERVATIONS

We shall now consider some clinical examples from our own experience of parent-child relationships which involve no actual or physical separation but which may be said to involve emotional separation or deprivation. What follows is not meant to be an exhaustive analysis, nor is it intended to imply that the emotional deprivation is necessarily the sole factor determining the symptom picture observed. In this regard, the case histories have been purposely condensed and simplified, and factors not directly relevant to the point at issue have been omitted. A few clinical illustrations will be presented, however, which suggest the marked effect of intense but subtle and covert deprivation upon personality development. The common factor in all these instances is the physical intactness of the family unit.

In the presentation of such clinical material, no effort will be made to erect an elaborate classification of parent-child relationships. No such satisfactory classification as yet exists, and a variety of descriptive terms have been employed. The available terminology is somewhat loose and overlapping, dealing variably with the affect experienced by the parent towards the child, such as hostility, or with the behavioural aspects of the parent-child interaction, as in over-protective or rejecting situations. In dealing phenomenologically with the problem of the adequacy of emotional supplies given to the infant by the mother, the nature and degree of relatedness will be considered. At least two major ways of perceiving and relating to the child appear to exist. The first involves the situation in which the child has a specific but distorted meaning for the parent; hence a relationship develops in which the child is not viewed as an individual with integrity in his own right, but rather, in some way,

as a being responding to the needs, wishes, and feelings of the parent, with the result that his emotional needs are not met adequately. This situation will be termed "distorted relatedness." The second way in which the child may be perceived by his parents, leading to pathological development, is one in which the child does not have any such specific meaning to the parent; the parent, however, is so involved in his own concerns, whether of a transient or of an enduring nature, that he is unable to provide adequate emotional supplies or, more broadly, adequate parenting for the infant. This situation we shall call "insufficient relatedness." We shall attempt to provide, subsumed under each of these categories, examples of different sorts of reaction in the parent — i.e., the varying affects experienced by the parent figures, the different ways in which these affects are expressed, and what seems to be the answering response in the behaviour patterns of the children.

Distorted relatedness

(1) The mother (or father) may be unable to perceive the child as an individual separate from herself (or himself) and may handle the child accordingly, with little or no regard for the child's own needs.

(a) In extreme examples the parent may be completely confused as to the identity of the child and the child essentially undifferentiated from the parent.

Example: A chronically psychotic woman, living at home with her husband, gave birth to a female infant who she said was the incarnation of her mother. She had previously been confused as to whether she was herself or her mother. This confusion was revived and, instead of feeding her infant, she often lay down beside the infant, opening her mouth and saying, "Feed me". In spite of the urgings of her husband, an ineffectual person, she was unable to feed the infant more than occasionally but refused frequently to permit her husband to feed her. Although the husband managed to give the infant some surreptitious feedings, her nutritional state became precarious over the course of several months. The mother could not accept either medical care for the infant or psychiatric hospitalization for herself. Finally the neighbours, seeing the infant's marasmic state, forced the husband to steal the baby away from the mother and take her to a hospital.

(b) Less extreme, but still deeply pathological, examples involve situations in which a relationship is established wherein either the parents' or the child's needs can only be gratified through the other's response. Hence each is dependent upon the other's actions for his or her own satisfactions. This represents the so-called symbiotic or complementary relationship.

Example: A markedly obese girl had been constantly fed large amounts of food by the mother, who had adopted her in early infancy. Here the mother's need to offer this child nutritional supplies appeared to operate in part as a substitute for her incapacity to provide emotional supplies of a satisfying nature, because of her own

conflicts in the role of woman and mother. Her associated need to keep the girl, whom she called “ Baby ”, in a state of infantile dependence upon her appeared to derive in part from her unsatisfying and unsuccessful marital relationship with an immature, alcoholic husband. At a deeper level, she regarded the girl as a part of herself which needed gratification, but was also dependent upon the girl’s clinging response to her. In spite of the mother’s constant feeding, over-protective and controlling behaviour towards the girl, she readily permitted her to be placed in a convalescent hospital for nearly a year, and her underlying hostility towards the girl showed in her reluctance to have her return to the home. The girl at the age of 12 presents the picture of a firmly entrenched passive-aggressive personality disorder, with markedly unsatisfied emotional needs and the tendency to over-eat as a substitute for healthier gratifications.

(2) In other instances, while the child may be perceived as a separate person, the parent may still respond in terms of his or her own needs.

(a) In some instances, the significant parent may identify the child with certain aspects of himself or of other persons; the interaction with the child may then take place in terms of these projected personality attributes or partial identifications.

Example: A mother had experienced deep anger at her own father for his coolness towards her. She permitted her infant daughter’s rebellion towards her husband, identifying the daughter with herself and her husband with her father. When the little girl stole objects from her father, the mother laughed and thought her behaviour “ cute ”, while superficially criticizing her. She could only relate warmly to the girl when she acted out towards her husband, at other times pushing her off, saying she was “ too busy ” to talk to her. The girl became delinquent, stealing from boys and becoming involved sexually with a series of men, without any real gratification in such relationships.

Example: An essentially normally endowed boy was brought up by a mother whose social aspirations kept her constantly preoccupied, although physically present in the home. The early care of the child was completely in the hands of a succession of maids and governesses, none of whom remained for more than a few months because of the mother’s critical attitude towards them. The father, a large and athletic man who had achieved business success by his driving ambition, tried to pattern his son upon his own ideals, forcing him to perform rigorous and exhausting exercises daily and to read widely in esoteric fields in order to gain a fund of knowledge which would equip him for any emergency. Beginning with the pre-school period, the boy became exceedingly anxious and inhibited, with strong phobic trends and a marked stammer, thus accentuating his failure to achieve the father’s unrealistic goals and losing the one dimension of contact and interest with his father, the only parent who had any real involvement with him.

Example: A woman gave birth to a male infant who greatly resembled her husband, with whom she had a close relationship. He died when the boy was six months of age, and the mother spent most of her time for the next several years dressing the boy to “ look like his father ”. It was clear that she had not worked through her depressed feelings over her husband’s death, partly because her own father had died when she was a young girl. She could not relate to the boy except through her identification of him with her husband, and even then without adequate warmth, and he became rebellious towards her handling of him, constantly running away and eventually becoming involved with a group of delinquent boys.

Example: A woman gave birth to her first child, a boy, in a setting of considerable marital conflict. She had made a neurotic choice in her marriage and could neither accept nor leave her husband, being bound to him in a hostile-dependent relationship. From the first she seemingly projected the hostility she felt towards the father on to this infant. She said that she could not accept him and paid him little attention except during feeding. When he refused food, she became openly angry and would take his plate away, expressing openly her dislike of him. The child ate very poorly, developing a picture of extreme undernourishment, with the result that he weighed only 19 lb. at 4½ years and was the size of a two-year-old. Gradually his state of nutrition and hydration became precarious, necessitating medical treatment. With psychiatric help, the mother was finally able to place him in another setting, whereupon he gained 15 lb. within a few weeks.

(b) Parents may, in addition, possess irrational and distorted perceptions of their children, arising not from identification but from basic attitudes, acquired values and standards, or other aspects of their previous experience.

Example: A male infant was born with a mis-shapen head and experienced significant brain damage during the birth process. The mother, a woman with intense needs for perfection in the mother role, felt deeply ambivalent towards this boy from the first, finding herself unable to look at him without feeling that she had failed as a woman in producing a damaged child. In order to compensate for her feelings of disgust and guilt in her relationship to this boy, she had appeared to repress and deny such anxiety-provoking affects, attempting to handle him as a completely normal child. Her intense stimulation of this boy beyond his limited capacities and her over-protective and strongly controlling behaviour towards him resulted in adequate physical care, but a serious lack of warmth and affection between them. Over the first three years of life, the boy developed an extremely withdrawn state, isolating himself from the mother and failing to respond to her stimulations, thus increasing her unconscious hostility towards him and diminishing even further the limited emotional supplies which she could give to him.

Example: A boy was regarded from infancy as mentally retarded by the mother because of his initial lack of responsiveness to her. Although she hovered constantly around him in a protective fashion, she remained emotionally isolated and withdrawn from him and looked on him as a family disgrace. The boy in turn became increasingly withdrawn, with shallow relationships. Gradually he conformed to the mother's perception of him as retarded, by his complete lack of scholastic achievement despite high average to superior intellectual endowment.

Insufficient relatedness

(1) The parent may, because of unhealthy characterological or deeply neurotic or psychotic trends, quite independent of the child, be unable to relate warmly to the infant.

(a) The mother may be a cold and isolated personality, with little or no ability to "give" emotionally to her child.

Example: A mother, an attractive but seriously inhibited and cold young woman, felt completely unable to respond to her first-born infant, a boy. She went through the motions of his care, but was consciously aware that she felt no

warmth towards him and took no pleasure in him at any time. Although she remained close to him physically, she let him play alone for many hours in his playpen during the first year of life, withdrawing into herself or reading and paying only occasional attention to his safety. During the latter part of the boy's second year, the father became alarmed at the child's lack of responsiveness or interest in the environment, and upon psychiatric study an autistic psychotic picture was apparent.

(b) The parents may be so involved in their own narcissistic needs or pleasures that any emotional warmth for the child is precluded, even though physical care is provided.

Example: In a particular family, the father was an expert bowler, who spent all his spare time in this activity. As a result of his need to prove himself in competition, he took no interest in his eldest son, even when the boy grew old enough to imitate his father, leaving his care completely to the mother. The mother was a helpless and dependent person, who was frightened of the boy's healthy aggression as an infant and of his growing masculinity. She could set no limits on his aggressive behaviour, "washing her hands" of him in early childhood, although she continued to care for his physical needs. The boy became an impulsive and antisocial personality, with inability to control his hostile and destructive impulses and with no adequate identification with a father figure.

(2) In other instances, situational factors involving current reality problems may produce psychological disorders in the parent which may affect detrimentally the developmental processes of the infant.

Example: A young mother experienced the death of her own mother during the latter part of her pregnancy with her second child. Although still able to minister to the physical needs of the infant, she felt that she had "nothing left to give" to him. During the first eight months of the infant's life, the father was able to offer significant emotional support to the mother, although she remained definitely depressed, without a feeling of warmth for the infant. The father became ill suddenly, however, and temporarily lost his job, so that he also became depressed and apathetic and could no longer offer support to the mother. At this point, the infant developed marked diarrhoea of a non-infectious nature, showing an associated refusal of food, without underlying physical abnormalities. The combined loss of body fluids and the lack of nutritional intake produced a picture resembling that of marasmus. Strenuous medical therapy was of no avail, but the infant responded, with a cessation of diarrhoea and a resumption of feeding, to the assignment in the hospital of one warm and "giving" nurse to his principal care. Supportive psychotherapy for the parents enabled the mother to lose her depression and the father to conquer his apathy and secure a job. Upon returning home under these circumstances, the infant resumed normal development with no subsequent difficulties over a number of years.

DISCUSSION

It is recognized that multiple etiological forces are at work in the cases cited and that "masked deprivation" may not represent the sole cause of the symptom pictures observed. These examples, however, clearly suggest the markedly adverse effects of a faulty parent-child rela-

tionship, even under circumstances where the physical needs of the child are met. It is also evident that "masked deprivation" can be involved in the production of a variety of symptomatic pictures or personality disorders in the child, including examples of the so-called "affectionless character" described by Bowlby. No one symptom complex or personality pattern appears to predominate in persons whose early life was characterized by "masked deprivation". These conclusions, when taken in conjunction with the studies cited earlier, cast further doubt upon the specificity of the development of any personality configuration in response to any specific antecedent event.

It is proposed now to discuss some of the variables which may be important in determining the child's reaction to traumatic events during his early development. Because of the intensely unique quality of each parent-child diad (occurring as it does in an interlocking network of marital and family interpersonal relationships at a particular point in time, and involving persons with idiosyncratic personality attributes), any event, whether it be actual separation, psychological estrangement from the parents, or some other significant happening, may have greatly varying effects on both parent and child.

During the past twenty-five years much attention has been devoted to the basic needs of the human infant. In addition to his physiological needs, equally essential for the infant is the receiving of affective warmth and stimulation from a maternal figure, as underscored by Ribble,⁶⁸ Spitz,⁷⁷ and others. Concepts such as "stimulus hunger" and "affect hunger", to use Levy's term,⁴⁷ suggest that the physical presence of a maternal figure alone is not sufficient to ensure for the infant the gratification of needs of this nature. The function of the mother in providing emotional supplies to the infant in its helpless state, and the answering "confidence" of the infant in her availability, have been emphasized.⁶ Current conceptualizations also point up the importance to the mother of the infant's capacity to respond pleasurably to her ministrations. Some mothers have extreme difficulty in adjusting to a role in which they "give" but in which there tends to be little "return" for this giving — e.g., the infant who fails to smile responsively or who refuses to accept the breast or bottle. This maternal reaction to the child's lack of response, or "feedback", as Brody¹⁶ and others have indicated, "feeds back" to the child, and a cycle of resentment and frustration in the mother-infant relationship tends to be established.

Variations in the capacity of the mother to satisfy the infant's affective needs may arise from her own neurotic problems, reflecting earlier unsolved conflicts, or from current difficulties in carrying out her maternal functions — e.g., disturbances in the marital relationship or in the balance of interpersonal forces within the family unit. On the infant's

part, individual inborn or acquired differences in responsiveness may exist, as demonstrated by Bergmann & Escalona⁸ and Fries,³³ thus affecting the quality of the “ feedback ” of satisfactions to the mother. The more recent writings of Bowlby¹³ and others, drawing upon studies by ethologists such as Lorenz,⁵² suggest the possibility also of innate patterns of response to the external environment, which in turn affect, and may be affected by, the mother’s reaction to the behaviour of the infant or young child. Studies of the vicissitudes in the mother-infant relationship, as emphasized by Benedek,⁶ Jacobsen⁴² and others, as well as surveys of existing research by such workers as Orlansky,⁵⁹ suggest that the quality of these early reciprocal relationships, or the “ emotional climate ”, as Rank⁶⁷ has termed it, is more important for healthy emotional development than the effect of any single child-rearing technique.

In regard to separation, actual or psychological, it is already apparent that the effects of such experience upon the infant will vary according to its nature and length of duration, as well as to the quality of substitute maternal relationships available. (In some instances of “ masked deprivation,” arising particularly from insufficient relatedness between mother and infant, another female member of the family, or even occasionally the father, may provide adequate substitute relationships.)

An additional variable is represented by the age or stage of development of the infant or young child when separation or equivalent emotional trauma occurs. Most studies indicate that actual or symbolic separation from the mother during the first two or three months of life rarely disturbs the infant seriously if an adequate mother-substitute figure is provided. Separation after this time, when the infant has at hand the developmental capacities to begin to develop a definite object relationship with the mother, may be more disturbing, with disturbances appearing during the second quarter of the first year, as Fischer has indicated,³¹ and involving “ anaclitic depression ”, described by Spitz & Wolf.⁷⁹ A particular point of vulnerability seems to be the period during the second half of the first year of life when the infant begins to be involved in differentiating himself from the mother and in developing a primitive body image, albeit in the context of an extremely dependent relationship. Some studies have suggested retardation of both physical and mental development, the impairment of the capacity to form close object relationships, and the failure to achieve ego differentiation, as a consequence of seriously impaired mother child relationships during this period.^{24, 27} Separations taking place during the period from one to four years or so may still produce pathological effects, principally in regard to the capacity to form warm object relationships, and marked regression, difficulties in impulse control, and blunting or distortion of ego development can occur under deeply unhealthy circumstances.

Separations experienced after the first four years ordinarily seem to be less disturbing, since the child is less dependent, his reality testing is more adequate, and his capacities for object relationships are more solidly established. If markedly intense Oedipal conflicts are in process, however, difficulties in sexual identifications or other problems still may result.

As a parallel to human experience, many animal studies, including those by Seitz,⁷⁴ Allee,³ and Harlow,³⁰ as well as experiments currently being conducted by R. Ader,^{*} very strikingly indicate detrimental effects upon the organism's later functioning as a consequence of the controlled varying of its very early environment, whether this involves actual separation from the mother or various manipulations within the mother-infant relationship.

In addition to the development stage of the infant or young child at the time of occurrence of emotional trauma, the particular and unique conflicts with which the young child is dealing during that stage may influence his immediate response, the type of resulting symptomatology, and later personality development. Deutsch,³⁴ in particular, has stressed the effects, principally in terms of psychosomatic disorders, of the occurrence of a psychic trauma contiguous with the existence of significant conflicts at a time prior to the full development of the instinctive life. He feels, and cites numerous case examples, that in later life, when the "old" psychic conflict becomes active, specific and individually unique symptomatology develops. The same conceptual thinking is lucidly expressed by Eissler,³⁸ who considered the possibility that the child might be unable to reach higher developmental levels as a consequence of a marked trauma at a time when his early feelings of omnipotence constituted one of his main techniques for dealing with reality.

The prior nature of the mother-infant relationship would appear to represent an additional variable in the determination of the infant's response to separation or equivalent trauma. In this connexion, Spitz⁷⁰ has suggested that the infant who has, in general, a closer and more intensely satisfying relationship with his mother may suffer more from separation, actual or psychological, and may find a substitute more difficult to accept, at least immediately, than the infant who has received more limited gratification from his mother. The quality of the maternal relationship, or of its substitute following the separation, must also be recognized as an important factor.

A further variable which must be considered concerns the meaning of the child's trauma to the mother. Because of the extreme closeness of the parent-child unit, the mother's conflicts concerning and reaction

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to events may determine, in part, particularly for the older infant and young child, the way in which the child accepts, deals with, and reacts to such things as separation, injuries, or the introduction of siblings into the family. Numerous cases in the literature and in the authors' experience, for example, suggest that the parent's reaction to the child's hospitalization for an operation is a factor of great importance in determining the response of the child to this situation, even though other variables are, of course, involved.

In summary, it would seem that the child's response to separation, as a representative potential trauma, is a complex process, influenced by its nature and duration, the quality of mothering before and after the experience, the age and stage of development of the child, and the emotional conflicts with which he is principally dealing. Also important are such factors as the child's physical health, his integrative or other ego capacities, the reaction of salient figures around him to the experience, and the nature of important later events. The influence of other variables such as the inborn or acquired biological capacities of the child are more difficult to assess but must also be considered.

In regard to distorted or insufficient relatedness between parent and child as one of the most important variables in this equation, the general literature provides many cases similar to those described in this chapter. Distorted relatedness would appear to predominate in the cases of "symbiotic psychosis" in childhood discussed by Mahler,⁶⁶ and in some of the examples of "atypical ego development" furnished by Rank and her co-workers.⁶⁶ In another symptomatic framework, certain of the parent-child relationships existing in cases of ulcerative colitis presented by Sperling⁷⁶ and Prugh⁶² would appear to involve such distorted relatedness, as would some of the examples of clinging behaviour and obesity given by Levy⁴⁸ and Bruch.¹⁸ Of particular relevance is the work with leukaemic patients by Greene,³⁸ who has described instances of the unconscious use of the child by the parent as a "vicarious object" in an attempt to adjust to separation from another significant person in the parent's life. In addition, Aichhorn¹ and Johnson⁴⁴ have given examples of apparently similar aberrations in parent-child relatedness, based on unconsciously distorted parental perceptions, in cases of delinquency.

In the area of insufficient relatedness, abundant examples can be cited from the infant studies of such workers as Richmond,⁶⁹ regarding rumination, Lourie,⁶³ in relation to malnutrition or vomiting, Prugh⁶⁴ and Prugh & Shwachman,* dealing with cases of coeliac disease and of diarrhoea

* Prugh, D. G. & Shwachman, H. "Observations on chronic unexplained diarrhea in infants and young children" (Paper given at a joint meeting of the British Paediatric Society, the Canadian Pediatric Society, and the Society for Pediatric Research, Quebec, Canada, June 1955).

of psychophysiological origin, and Spitz,⁷⁹ involving depression and marasmus. The case studied by Engel, Reichsman & Segal,⁸⁹ involving an infant with a gastric fistula, is particularly pertinent. The mother in this instance felt virtually unable to relate warmly to the child because of her conflicts over the abnormal feeding situation, and the infant developed depression associated with severe marasmus during the second half-year of life. The marasmus and depression responded to the provision of substitute-parent relationships in the hospital, with a later re-establishment of relatedness between mother and infant when the fistula had been repaired and a normal feeding situation made possible. Lourie⁸⁸ has described the treatment of similar cases in hospitals with such mother-substitute arrangements, together with psychotherapeutic help for the parents, particularly the mother. Finally, Kanner's studies⁴⁶ of "autistic" children reveal numerous examples of cold, detached mothers, unable, because of their own conflicts, to provide these particular children with emotional supplies from early infancy onwards.

Because of the complexity of the interaction among the multitude of variables which may vitally affect subsequent development, prediction of symptom formation even under conditions of very extreme emotional trauma would seem to possess, at present, a low level of confidence. While in a gross way we may foresee that some event will be likely to have a marked effect upon an individual personality, the complicated forces which determine the precise nature of this effect are still best seen in retrospect. Predictive studies in a life setting in which the salient events or variables are stated before the fact and are carefully controlled, in which there is an adequate measure of effects, and in which there are identical measurements of a comparable group which did not experience these events, are vitally needed. The investigations of Heinecke,⁴⁰ mentioned earlier, fulfil these conditions in large measure but do not involve long-term follow-up studies. Pease & Gardner⁶⁰ have recently set up such a predictive study on the effects of non-continuous mothering in early infancy. Follow-up data are as yet limited, however.

It seems important to emphasize that the state of our knowledge is such, at this time, that conclusions regarding the effects of early experience can be drawn only tentatively and then in quite general terms. No one symptom complex seems to eventuate consistently from one set of prior experiences, nor does any particular early event necessarily mark all those who experience it similarly. Significant trauma to the child may occur as a function of physical separation from the mother. This does not always occur, however, as the telling examples cited by Caplan²⁰ and J. Mann* of the *Kibbutzim* in Israel demonstrate, nor

* In a paper presented at the American Orthopsychiatric Meetings, 1957.

is this trauma always more severe in its effects than " psychological " separation with its consequent " masked deprivation ".

It would follow, then, that only with extreme care and close examination of the factors involved can one arrive at the best disposition of any given case. The conclusion, for example, that the child should continue to stay in its own home, or in a foster-home, under all conditions, does not seem warranted. Maenchen's statement is relevant here: " A child may never have been separated from his mother and yet have been deprived of much more than if he had been placed in an institution with small groups under good nurses ".³⁶ Under certain conditions of " masked deprivation ", then, proper institutional placement may therefore be the disposition of choice, if planned for wisely and with adequate preparation of the child and parents. A discussion of the types of institutional placement which can be arranged constructively is beyond the scope of this paper. The thoughtful review of Glaser & Eisenberg³⁶ deals with this topic, and the discussion by Du Pan & Roth³⁶ indicates methods of rendering the atmosphere in small institutions more emotionally healthy and satisfying for the children placed there.

It is important, then, to maintain a vigilant eye for the subtle and covert factors, as well as for the more gross, which may be affecting the home situation, and not until all the facts concerning any individual case have been evaluated should a particular disposition be recommended. Only with continued open-minded and thoughtful research, however, shall we be able to distinguish more clearly the significant factors involved in the relationship between early experience and subsequent development and, as a result, to delineate more fully and in greater detail the logical steps toward adequate prevention and treatment of consequent emotional disorders.

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