CHILDHOOD MOURNING: A CRITICAL EVALUATION OF PSYCHOANALYTIC VIEWS

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ABSTRACT

There is dissention among psychoanalysts about mourning in childhood, including the criteria appropriate to define mourning, the intrapsychic processes of mourning, the ways these manifest in grief and the factors affecting the outcome of childhood bereavement. In order to place the controversies in context, research on adult mourning, both psychoanalytic and empirical, is first reviewed. Psychoanalytic contributions on childhood mourning, with particular reference to parent loss, are then examined, and it is contended that Klein's theoretical formulations have been under utilised in illuminating childhood bereavement reactions. Questions raised but unanswered by the psychoanalytic literature on childhood parent loss are considered to be whether the loss of a primary love object has specific repercussions, either in affecting mourning or the child's ongoing development in the parent's absence; whether the therapeutic relationship has been necessary to facilitate mourning in the case reports discussed; whether generalisations are being made from an unrepresentative sample; and what role cognitive conceptions of death have in affecting bereavement reactions. Both analytic and normative research are drawn on to discuss these questions and to point to areas requiring further research. Next, the criteria used by analysts to define childhood mourning are discussed and recommendations are made for their redefinition, and guidelines are given for the management of the bereaved child. Finally, a case illustration is appended to demonstrate some of the conclusions reached.

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CHAPTER 1

INTRODUCTION

1.1. AIMS AND RATIONALE

There is much dissention among psychoanalysts about childhood mourning. Psychoanalysts are divided over whether children are able to mourn at all, and if so, what developmental achievements are required before they can do so. There is controversy over the criteria appropriate to define mourning in childhood including the intrapsychic processes used, the ways in which grief is manifested and the relationship between the two, and the factors affecting the child's prognosis after bereavement.

The general aims of this dissertation are:

1) To examine psychoanalytic concepts of mourning in childhood, with a view to assessing the status of research and theoretical formulations in this area.

2) To explore the questions about childhood mourning that are raised but unanswered by the psychoanalytic investigations on childhood parent loss.

3) To make recommendations for future research; for the reassessment of the criteria used to define childhood mourning, and for the management of the bereaved child.

This dissertation is a theoretical piece of research. This considered to be the appropriate approach to assess this field and place it in the perspective necessary to generate future research.

The major theoretical focus is on psychoanalytic approaches for several reasons. Firstly, the majority of contributions to the question of childhood mourning have been generated within the psychoanalytic framework. Secondly, the psychology of grief and mourning over all age groups has been most consistently dealt with by researchers using this framework (Averill, 1968). Thirdly, this is the theoretical framework that the author prefers for the understanding of childhood development and pathology.

A dissertation in this field is considered valuable in the light of the ongoing controversy over how children deal with the stress of bereavement, combined with the ongoing nature of the problem - whether the numbers are catastrophic as in war, or not. Clarification is essential before a rational approach to the management of the bereaved child can be formulated. In addition, an elucidation of the effects of parental death - which is the major interest within the psychoanalytic field, and the major focus of this dissertation - may illuminate some of the factors necessary for normal development in childhood.

Interest in childhood mourning stemmed during World War Two from dealings with the war bereaved children in the Hampstead

Nurseries (Freud and Burlingham, 1942). Interest in the controversy was most marked in the 1960s, subsequent to which psychoanalytic contributions to this field have provided only minimal further elucidation of the points of view already elaborated. The breadth of this dissertation is an attempt to overcome the impasse to which the controversy on childhood mourning has come.

To this end, research on mourning in adulthood is first explored, to place the research on childhood mourning in context. This includes both psychoanalytic formulations of adult mourning, on which the child analysts draw heavily when assessing childhood mourning, and empirical studies of adult grief, which have some bearing on the validity of the criteria used for assessing childhood mourning.

Subsequent to this, dimensions of the controversy on childhood mourning are elucidated, and the major theoretical positions are assessed. Selected clinical reports are included, since they form the data base from which the theoretical conclusions are drawn. An examination of Klein's theoretical contribution is also included, since it is contended that the potential contribution of her objects relations theory to this field has been largely overlooked. This section ends with a discussion of the concept of object constancy, since the majority of child analysts invoke this concept when discussing the development of the ability to mourn.

Next, questions raised by the review of psychoanalytic research are discussed. These questions comprise whether the reactions observed after parent loss are due to the child's inability to mourn the loss or due to the effects on his development of the ongoing absence of the parent; whether the therapeutic relationship has been necessary to facilitate mourning where this is observed; whether the clinical samples from which generalisations about bereavement reactions have been drawn are unrepresentative and what part the cognitive ability to understand death plays in affecting bereavement reactions. These questions are not answerable within the context of current psychoanalytic research on childhood mourning. In order to examine these unresolved areas, evidence that has bearing on them - both psychoanalytic and normative - is reviewed. The elucidation of these questions and the inclusion of these differing lines of research is hoped to point to new, corroboratory areas of investigation which may provide a means for overcoming the impasse in the controversy and to provide a more coherent and complete picture of the process and outcome of childhood bereavement. There has been no previous systematic attempt to relate the various lines of research, and there has scarcely been any cross-fertilization of ideas. Examples of these additional areas are empirical research on non-referred bereaved children, psychiatric research on the sequaelae in adulthood of childhood parent loss, cognitive developmental theory and normative studies on the development of cognitive concepts of death.

Subsequent to this the criteria used by child analysts in assessing children's intrapsychic ability to mourn at different developmental stages are critically assessed, and guidelines for the development of more appropriate criteria and for the management of the bereaved child are outlined. In conclusion, an assessment of the siblings in a paternally bereaved family is appended, to illustrate certain of the issues discussed and conclusions reached.

1.2 THE MOURNING PROCESS IN ADULTHOOD

1.2.1. RATIONALE:

A comprehensive picture of adults' reactions to loss is required before considering the controversial issues of children's bereavement reactions. This is because adult mourning processes are set up as the norm against which childhood responses to loss are assessed. In order to establish what is accepted about adult mourning, classical psychoanalytic theorising about adult mourning will be examined since this is the theoretical basis to which writers on childhood bereavement reactions refer. Then the major findings from prospective studies of bereaved adults will be summarised in order to give a descriptive account of grief as it is observed in adults, both when it leads to adaptive outcomes and to pathological resolutions.

1.2.2. DEFINITIONS:

Definitional clarity is an essential precursor to any discussion of responses to loss. This is because different terms have been used synonomously, such as 'acute grief reaction', 'normal depression', and 'simple depression' (Lindemann, 1944; Fenichel, 1945; Bibring, 1953) to denote mourning as it is defined below. In other instances, the same term has been assigned different meanings, such as "mourning" being used to denote the culturally determined aspects of bereavement reactions (Averill, 1968) or to include the psychodynamic process of object decathexis (Freud, 1913), or reactions with both healthy and pathological outcomes (Bowlby, 1981).

For our purposes, mourning will be defined as, "the psychological processes set in train by the loss of a loved object and which commonly lead to the relinquishing of the object" (Bowlby, 1960:11).This is in line with the analytic current of thinking of mourning as an intrapsychic redistribution of libidinal cathexes. Bowlby's (1960) criticisms of such a restricted usage are noted, and it will be shown later that the relinquishing of the object is no longer expected to be complete (Bowlby, 1981). However, this is the most appropriate definition in terms of the analytic data base to be discussed since it accords with the terminology of the authors reviewed. Were an alternative definition used, criticism might be levelled that theoretical issues such as

whether children can mourn were being dealt with only by broadening or altering the definitional criteria.

Freud (1917) points out that mourning can occur after varying losses, ranging from the loss of a loved person to "the loss of some abstraction that has taken the place of one" (1917:153). In this thesis the major focus will be where the aetiological factor in mourning is the loss by death of a primary love object. In childhood, this is normally a parent or substitute object. (Reactions to the loss of secondary love objects will be considered for the purpose of clarification).

Grief is defined as "the sequence of subjective states that follow loss and accompany mourning" (Bowlby 1960:11). It is thus a descriptive term, denoting experiential phenomena on the level of affect and physiological reactions such as anorexia, that will be interpreted experientially by the bereaved (Parkes, 1965; Averill, 1968). It makes no reference to psychodynamics or an intrapsychic process.

Bereavement behaviour or bereavement reaction is defined as "the total response pattern, psychological and physiological, displayed by an individual following the loss of a loved object" (Averill, 1968:721). It is thus a more general term than the preceding two, without normative implications and inclusive of all intra-psychic processes, subjective states and overt behavioural responses following loss (Parkes, 1965).

1.2.3. PSYCHOANALYTIC VIEWS ON NORMAL ADULT MOURNING

Freud's (1917) paper on Mourning and Melancholia contains the still definitive description of the analytic view of the work of mourning. As such it deserves quotation.

> "The testing of reality, having shown that the loved object no longer exists, requires forthwith that all the libido shall be withdrawn from its attachments to this object. Against this demand a struggle of course arises - it may be universally observed that man never willingly abandons a libido position, not even when a substitute is already beckoning to him. This struggle can be so intense that a turning away from reality ensues, the object being clung to through the medium of a hallucinatory wish-psychosis. The normal outcome is that deference for reality gains the day. Nevertheless its behest cannot be at once obeyed. The task is carried through bit by bit, under great expense of time and energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hypercathected, and the detachment of the libido from it accomplished" (1917 : 154).

The lost object is thus gradually decathected by a process of remembering and reality testing, in which memory is separated from hope (Wolfenstein, 1966). The piecemeal nature of the decathexis and working through of affect is considered to have the important defensive function of protecting the ego from too sudden an influx of freed libido (Tahka, 1974) or as Fenichel (1945) terms it, from the overwhelming force of primitive affect. The adaptive function of mourning is in freeing the libido bound to the lost object so it can be utilised for other relationships and activities (Pollock, 1961).

In Mourning and Melancholia the presence of ambivalence in ⇒ relation to the object and the ego's identification with the

object are cited as factors distinguishing melancholia, with its lowered self-esteem and self-deprecation, from mourning. However, several authors point out that the 1917 paper is not a complete account of Freud's view of mourning (Perman, 1979). He was here setting up an ideal situation, where the relationship consisted only of love, for the purposes of comparison (Siggins, 1966). In other works (Freud, 1913,1915) he points out that ambivalence is present in all normal love relations. Abraham (1924) and Krupp (1965) support this view, appending that a lowering of self-esteem proportional to the degree of ambivalence is always manifested in mourning. Fenichel (1945) adds that ambivalence results as a consequence of bereavement, since the apparent fulfilment of a death wish results in a fear of revenge, remorse and so ambivalence.

The distinction between mourning and melancholic depression is then thought to be that when the positive feelings outweigh the negative ones, normal mourning results (Abraham, 1911, 1924). This is because aggression is not turned against the ego as in depression, so introjection can thereby preserve the relationship with the lost object while the decathexis of libidinal ties proceeds (Fenichel, 1945; Abraham, 1924; Averill, 1968). Melancholia is also considered not to occur without a psychopathological predisposition, in the form of a prior oral fixation and originally narcissistic object choice. The loss then results in regression to the point of fixation, in retention of the object by oral incorporation of it and in secondary narcissism due to libidinal cathexis of the ego

(Peck, 1939). The regression seen in normal mourning is not considered to be as profound, but is qualitatively the same, since the subjective perception of identification with a lost object is always oral incorporation (Fenichel, 1945).

There is a large body of literature on depression and its relation to mourning (Bowlby, 1963; Stenbach, 1965; Averill, 1968). It is not further reviewed in the present discussion since to do so would entail moving too far from the explication of adult mourning for the purposes of comparison with childhood bereavement reactions.

The role of identification, which Freud (1917) initially considered a distinguishing feature of melancholia, deserves more detailed attention and will be discussed in the next section.

Freud (1917,1926) on several occasions notes the psychic pain arising from the separation from the loved object by its death, and states that he has no immediate answer to why such pain should be involved but suggests it may be due to an increasing and unsatisfiable cathexis of longing for the object during reproduction of the situations in which the mourner must undo his bonds to the object. There is, therefore, a damming up of libido in the ego, resulting in increased tension, and pain (Freud, 1914). Pollock (1961) suggests in addition that the reality loss results in ego regression to the stage where the pleasure-pain principle is paramount, and the capacity to wait

for discharge of the heightened 'energic cathexis' (p.347) and find alternative ways of handling it, is greatly diminished. In addition to this "swelling hypothesis", Pollock (1961) offers as a plausible alternative Federn's "avulsion hypothesis" (ibid:347) where temporarily libido is 'avulsed' along with the lost object, resulting in ego impoverishment and an inability to bind stimuli so withdrawal occurs to conserve libido by avoiding further taxing the ego with more stimuli. In contrast, Klein (1935) emphasises guilt and a fear of retaliation in promoting distress. Bowlby (1981) notes that evidence appears to favour the Freudian emphasis on longing.

The process of mourning has been amplified by other analysts (Abraham, 1924; Fenichel, 1945). Clarity has been added by the stress on the two-fold nature of mourning. A. Freud (1960) defines this as, "the individual's efforts 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)" (p.58). She therefore highlights the necessity for maintaining reality testing in the face of reality's being undesirable (Freud, 1917), which requires a certain level of ego maturity (See Section 2.5.2.). Fenichel (1945) places his emphasis on the second aspect of A.Freud's (1960) definition when he writes, "Mourning consists of two acts, the first being the establishment of an introjection, the second the loosening of the binding to the introjection" (p.394).

The processes of introjection and identification are so crucial to the work of mourning that their role in it demands amplification.

1.2.4. INTROJECTION AND IDENTIFICATION IN MOURNING

It will be noted that A. Freud's (1960) and Abraham's (1924) emphases on introjection and identification in mourning are in sharp contradistinction to Freud's (1917) thesis that it is the melancholic who effects an identification of the ego with the lost object. However, he later came to regard it as a salient feature of all mourning, stating, "It may be that this identification is the sole condition under which the id can give up its objects" (Freud, 1923:29).

It was Abraham (1924) who systematised this idea by adding the concept of the temporary introjection of the lost object in mourning, the main purpose of which is "to preserve the person's relationship to the lost object" (p.438) and so to permit piecemeal decathexis (see Section 1.2.3.).

Introjection is defined by Laplanche and Pontalis (1973) as an unconscious process by which objects and their inherent qualities are transposed in phantasy* "from the 'outside' to the 'inside' of the psychical apparatus" (p.229). The term has no reference to real body boundaries, as does 'incorporation'.

It is also often used synonymously with the term 'internalisation' but Laplanche and Pontalis (1973) suggest that the former be used for objects and the latter for relations - although in fact the relation and the object embodying it are indistinguishable.

A standard use of 'internalisation' is as a general term for the processes of transformation by which relationships between the psyche and environment are changed into intra-psychic interactions (Loewald, 1962). It therefore covers incorporation, introjection and identification among other mechanisms.

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* Isaacs (1948) points to the distinction between 'phantasy' denoting unconscious mental processes and 'fantasy' denoting conscious day-dreams. However the authors reviewed do not all follow this usage (e.g. Wolfenstein, 1966), and so the spelling adopted by each author is adhered to.

With introjection, the individual develops observable qualities and characteristics of the object introjected (Krupp, 1965). However, the object-related quality of the introject is present or remains readily available, so that introjection is a mechanism by which the relationship with the object is preserved, although it is with an internalised object that is substituted, by introjection, for th e external one (Meissner, 1975). There is therefore no significant corresponding change in the organisation of the psychic structure (Krupp, 1965) and an image of the object is created by introjection and maintained. In addition, introjection is thought to occur when a relationship is characterised by anxiety and ambivalence, so having a defensive motivation, and to occur in a more primitive or immature relationship than that which gives rise to identification (Meissner, 1975).

Identification, in contrast, is thought to occur in more mature, less conflictual relations, which implies the possession of a relatively secure sense of identity, and clear self-object differentiation. It entails both introjection plus assimilation of thé introject into the tripartiate psychic structure, and so it entails an alteration in that structure. (Pollock, 1961; Meissner, 1975). Identification can then be defined as the, "psychical process whereby the subject assimilates an aspect, property or attribute of the other, and is transformed, wholly or partially, after the model the other provides "(Laplanche and Pontalis, 1973:205). The ego thus becomes like the object, with actions taking place without

reference to an internal object (Pollock, 1961). Meissner (1975) further extends the concept of identification by stating that it does not entail a taking in from the object, but rather operates as a modelling process in which nothing is taken from the object but in which the positive attachment the individual has to the external object leads him to model his behaviour and internal dispositions according to what he sees and admires in that object. While this is not the classical psychoanalytic definition, as can be seen from the above discussion, it is a definition which has gained ground among American ego psychologists (McDevitt, 1975) and has entered the literature on bereavement, as in Krupp's (1965) discussion of the types of identification seen in mourning, which is discussed later.

Identification is a developmentally important mechanism, since the personality is constituted by means of a series of identifications (Laplanche and Pontalis, 1973; Brenner, 1974). Freud (1921) discussed the relation of identification to object cathexes with reference to the Oedipus complex where libidinal cathexes of the parent are replaced by introjection of the object into the ego and development of the super-ego.

There is a large body of work on the role of identification in the development of the self and object relations (Hartmann, 1950; McDevitt, 1975). Most of it is by ego psychologists and American object relations theorists. Many of their definitions of internalisation and identification differ from the ones given above. A discussion of their views is, unfortunately,

beyond the scope of the present work, which for clarity and parsimony must be restricted to a review of those who address themselves directly to the role of identification in mourning, and who use a theoretical framework reconcilable with that of the authors on childhood bereavement.

Two modes of identification delineated by psychoanalysts are relevant to our purposes. The first is that identification is assumed to be the earliest and original type of emotional tie with the object. The second is identification as the regressive substitute for a lost object (Laplanche and Pontalis, 1973). The regression is "from love to incorporation, from object relation to identification "(Fenichel, 1945:395), from object cathexis to narcissistic cathexis (Loewald, 1962).

With the loss of the cathected object, Pollock (1961) considers identification or a greater dependence on previously internalised relations necessary to master the separation anxiety or pain activated by the loss (Loewald, 1962). It alleviates these by providing an internal substitute for the relationship, so reducing the sense of external deprivation and permitting the gradual decathexis of the internal representation.

Loewald (1962) suggests that there is a mobility of introjected objects within the ego. The internalised aspects of the lost object, set up in the ego, are related to other aspects of the

ego, and may shift within the ego/super-ego structure over time and may be modified by greater degrees of internalisation. An example is the introjection of aspects of the lost object in the form of ego-ideal elements and inner demands, that progressively become elements of the ego proper and are realised as ego traits rather than internal demands. Loewald (1962) gives the instance of a boy who increasingly became like his father after the latter's death. Loewald (1962) sees this process as paralleling the Oedipal intake of objects into the super-ego and further differentiation of the psychic structure. As such, identification with a lost object both deals with the pain of loss and resumes early boundary-setting processes by which a greater differentiation of the ego and external world takes place. It thus promotes emancipation and individuation from the object.

Loewald's (1962) emphasis is on the positive aspects of identification. Krupp (1965) delineates four types of mechanisms of internalisation that he considers can be differentiated in mourners. These are:

i) Depression - the presence of a depressive introjection.

This manifests similarly to clinical depression, and is integral to mourning. It includes aggression related to anger at the perceived desertion and a loss of self-esteem. The object cathexes are redirected to the internal representation of the object, earlier frustrations are activated and the

internal object is hypercathected. If the ego is well integrated there is a "transfer of interest from the object to reality" (Krupp, 1965:310-311). His description here parallels Freud's (1917) except for the use of "transfer". Most analysts would emphasise the necessity for the decathexis and recathexis of a new object, and consider a "transfer" of cathexes to denote a lack of mourning (Wolfenstein, 1966; E.Furman, 1974).

ii) Symptomatic identifications.

These symptoms are similar to those involved in the lost object's death, and are seen as conversion reactions representing the unconscious gain of bringing the lost object back, and punishment of the self for death wishes about the object.

iii) Personality identifications.

These consist of adopting the lost object's mannerisms, traits and characteristics, and represent unconscious attempts to bring back the person.

iv) Constructive identifications.

These occur when after the depressive period the mourner takes up the activities and interests of the lost object, so enriching the personality.

Krupp (1965) stresses that identification in mourning is not haphazard. The content and extent of identification depend on factors such as the previous relationship, including the degree of ambivalence, areas of conflict, the affects, needs and drives involved and the pathology of the model, among others.

Fenichel (1945) addresses the role of strong ambivalence in loss, as a result of which the introject acquires a sadistic significance, so that incorporation represents an attempt to preserve the loved object and destroy the hated object. The hostile significance of the introjection creates new guilt feelings, thus leading to a pathological reaction to the loss.

Ego maturity is also thought to affect the quality of identifications. Where ego integration is poor and self-object differentiation is ill-defined, the internal object representations tend to result in a pathological identification. Where the ego has developed successfully through a series of identifications with concomitant neutralising of aggression, identifications will be constructive. Jacobson (1954) approaches this issue developmentally. Pre-Oedipal identifications are achieved by primitive mechanisms of introjection or projection, based on instinctual fantasies of incorporation. They correspond to fusions of the object and self-images, disregarding the realistic differences between the two. As such they are characterised by total rather than partial identification, by magic rather than real alteration of the ego. With

bereavement, identifications from these early levels of development tend to lead to pathology. The more advanced partial, integrated identifications commence around two years of age with the first reaction formations and are based on the ability to perceive single characteristics of the object and effect appropriate changes in the ego in accordance with objective reality. With bereavement, such identifications tend to contribute to a healthy outcome (Pollock, 1961; Krupp, 1965; E.Furman, 1974).

E. Furman (1974) points out that differing degrees of identification are appropriate for different types of loss. When an adult loses a parent, for example, a considerable degree of identification might be appropriate. This would not be the case when a parent lost a young child.

Pollock (1961) and E. Furman (1974) address more directly than Krupp (1965) the role identification plays in leading to pathological bereavement reactions. If the object has been introjected without identification - which Pollock (1961) puts down to great ambivalence - it exists without assimilation in the ego, retaining characteristics of the original object and so leading to a pathological bereavement reaction. One mode is the denial of the death, where the introjection is used to maintain the illusion that the person is not dead (Siggins, 1966) and, "the object is perpetuated externally by means of secret internal communications with the object" (Pollock, 1961:350).

Related to Krupp's (1965) classification, a pathological reaction may result from the depressive introjection when the hypercathexis of the introject is retained. Bowlby (1963) cites four mechanisms by which this occurs. These are an unconscious yearning for the lost object, an unconscious reproach against the object, a denial of the permanence of the loss, and a care of vicarious figures (projective identification). Krupp's (1965) second category will always lead to a pathological outcome, and his third category may, depending on the nature of the personality characteristics with which the mourner identifies. Thus the very process by which the work of mourning is done - hypercathexis of memories, introjection (Abraham, 1924), and identification (Loewald, 1962) - are those which can be used to hold on to the illusion that the dead person is not dead and so can become ends in themselves, preventing the decathexis of the internal representation of the object.

In conclusion, the major components of the mourning process in adults as it is viewed by psychoanalysts have been discussed. They have been seen to comprise libidinal hypercathexis and decathexis of the internal image of the lost object, internalisation through introjection or identification of differing types, some degree of ambivalence and to be accompanied by psychic pain. The manifestations of these components of adult mourning have been examined on a more descriptive level by normative studies of bereaved adults, and

this work is therefore examined next.

1.2.5 EMPIRICAL STUDIES OF GRIEF IN ADULTHOOD.

Several prospective studies of bereaved adults have yielded a fairly reliable picture of grief in adults (Lindemann, 1944; Marris, 1958; Parkes, 1965, 1972; Maddison and Viola, 1968). These studies have been critically reviewed by Parkes (1972) and Bowlby (1981) and the intention here is not to repeat work done elsewhere, but to present those well substantiated findings which have bearing on the psychoanalytic description of reactions such as denial and anger in mourning and which therefore have relevance to a discussion of children's ability to mourn.

It must be noted that these studies do not contribute to an understanding of the intra-psychic processes of mourning since the interview and questionnaire methods used do not permit an analysis of unconscious motivation (Parkes, 1972). They describe the overt manifestations of grief in emotionally healthy adults and in psychiatric patients.

Lindemann (1944) published an anecdotal account of grief reactions in 101 subjects, all of whom were clinic attenders and the relations of people killed in a fire. Despite the unrepresentativeness of his sample his findings have been confirmed by many subsequent investigators (Mendelson, 1974).

He describes grief as a definite syndrome, including:

i) Somatic distress occurring in waves lasting up to an hour, with choking, shortness of breath, sighing, lack of muscular power, an empty feeling in the abdomen and an intense subjective distress described as tension.

ii) Preoccupation with the image of the deceased, including yearning for him and identification with aspects of him.

iii) Guilt, including self-accusation, for acts of omission or commission.

iv) Hostile reactions to others.

v) Loss of patterns of conduct, such as an inability to maintain organised patterns of behaviour and a marked aimless restlessness. There was no retardation of action or speech, but rather a continual searching for something to do and a rush of speech.

Lindemann (1944) listed certain "morbid grief reactions", where grief was either distorted or delayed. Included are overactivity without a sense of loss, acquisition of symptoms of the deceased's last illness, psychosomatic symptoms, an alteration in relations to friends with progressive social isolation, furious anger against certain individuals, especially doctors, hidden hostility leading to wooden and formal behaviour appearing almost schizophreniform, agitated depression and self-destructive behaviour.

Prognostically, he confirmed the pathogenicity of an obsessive personality and of marked ambivalence, but found much more hostility and guilt in mourning than Freud (1917) described.

Marris (1958) interviewed 72 working-class English widows who had been bereaved 11 months to three years earlier. He also described physical symptoms, difficulty in accepting the loss, a preoccupation with the deceased, a tendency to withdraw socially and a strong element of hostility. One half had a sense of the dead spouse's continuing presence, with one quarter behaving as though he were still alive.

Parkes (1964a, 1964b, 1965, 1970, 1972, 1975) has conducted the most extensive series of empirical studies on adult bereavement. The focus here will be on his London study of 22 widows, obtained through general practitioners, to ascertain the features of "normal" grief among an unselected group of under 65-year olds. The widows were interviewed at five intervals, the last being 13 months after the bereavement.

Parkes (1972) describes grief as, "not a set of symptoms which start after a loss and then gradually fade away. It involves a succession of clinical pictures which blend into and replace one another" (p.21). As such, it comprises the three stages of numbness, pining and depression, followed by recovery but with much individual variation in presentation. A description of these stages follows. (There are other descriptions e.g. Hardt (1979), but these are not as well substantiated).

i) Numbness: This was reported by half of the London widows and entailed a lack of overt emotion with a sense of impending

disaster, physical symptomatology and an inability to think about what had happened. An outright disbelief was rare, but most tried to convince themselves there had been a mistake and for many it was viewing the husband's body or the funeral that brought home the reality of the loss (Parkes 1970, 1972).

ii) Pining: This stage is equivalent to Bowlby's (1981) 'yearning', and is considered the "characteristic feature of grief" (Parkes, 1972:21). It entails acute, episodic 'pangs' of anxiety and psychological pain, with intense longing for the deceased, a rejection of substitutes and sobbing. It begins within days of the loss and reaches a peak within five to 14 days. This acute grief reaction also includes a dry mouth, loss of weight, deep sighing, sleep disturbance, muscular aches, heart palpitations, a restless but aimless hyperactivity, a loss of interest in people and things normally giving pleasure and a preoccupation with thoughts of the loss. Tearfulness was closely associated with such preoccupation, and 16 of the widows cried when discussing the loss.

iii) Depression: As the year passed, anger and intense pangs of grief diminished and alternated with periods of withdrawal, apathy and loss of aggression. There was no clear onset of this phase of 'despair' (Bowlby, 1981), and pangs of grief could be re-evoked years after the bereavement (Parkes, 1972). Apathy and depression appeared to recur in different contexts as the inappropriateness of certain roles or actions was realised and before adjustment to that new situation had taken

place, but over the course of time appeared to become more frequent than the periods of pining and anger (Parkes, 1970), the extent of each depending in part on the individual differences in the expression of aggression (Parkes, 1972).

To return to the stage of pining, Parkes (1972) considers its features to be accountable for by the hypothesis that the bereaved is searching for the deceased, though only some are consciously aware of this need to search for him. Pining is viewed as the subjective and emotional component of the urge to search, the entire components of which are:

i) Alarm, tension and a state of arousal.

ii) Restless movement.

iii) Preoccupation with thoughts of the deceased. Memories were remarkable for their clarity, which facilitated the search. Usually the lost person would be 'seen', e.g. in his usual chair, and the memory would be so intense as to almost amount to a perception. Memories were not uniformly painful, and with time the painful ones were replaced by happier memories.

iv) The development of a perceptual set for the deceased. Sensations are matched to the internal picture of the object, and if a fit is made, however approximate, the object seen is 'recognised' and further evidence is sought to confirm the initial impression, until the mistake of misperception is corrected. The London widows frequently described illusions of having seen or heard the dead husband, usually involving the misinterpretation of a

sight or sound, and these are considered normal reactions (Parkes, 1972).

v) Loss of interest in personal appearance and other matters which usually occupy attention. An interest in the world and future is considered a sign of recovery.

vi) Direction of attention towards those parts of the environment in which the deceased is likely to be. This combines with restless activity to result in moving to possible locations of the lost person.

vii) Calling for the lost person.

Searching can only occur if the bereaved disregards the permanence of the loss. Reality testing tells him that regaining the lost object is impossible, but immediate acceptance of this would necessitate numerous changes in his identity which require time for completion. To buy time, the individual must defend himself against a full realisation of the loss. A complete denial of the loss would be maladaptive, since it would preclude the onset of the adjustment to the loss, and in healthy grief denial appears to be partial, and to coexist or alternate with painful realisation of the loss.

Searching behaviour is thus not a defence, but is the product of the defence of partial denial of the loss (Parkes, 1972). Provided the balance of facilitative defence is right, grief work and adjustment will proceed, and without the ego's being overwhelmed by the situation.

Closely linked to the components of searching behaviour are

several methods used to mitigate the pain of grief. Parkes (1972) notes that these defences may be consciously, in terms of a "willing suspension of disbelief" (Parkes, 1972:77) or unconsciously employed.

The primary one is by maintaining a feeling that the deceased is nearby, although he may not be seen or heard. Fifteen out of twenty-two widows reported a comforting sense of their husband's persisting presence. Many pretended that he could hear their prayers or stated that they could hear and see him although they knew it was only their imagination, and by the end of the first year of bereavement most have a strong sense of the deceased's continuing presence, without the turmoil of the earlier phases. This finding is corroborated by Glick, Weiss and Parkes' (1974) Harvard study of 49 Boston widows. They found that a sense of the deceased's continuing presence may take a few weeks to establish. However, it persists thereafter at its original intensity a year after the loss, with the spouse being experienced either as a companion accompanying the bereaved everywhere, or as being in a specific place (such as in a chair or in the grave). They further found that grief work was facilitated by inner conversations with the husband's presence. Rees (1971) found in his study of 343 Welsh widows and widowers, interviewed some years after the bereavement, that 39% had a sense of the presence of the dead spouse, and 14% intermittently experienced hallucinations or illusions of the deceased's presence. The incidence increased with the length of marriage and was particularly associated

with a happy marriage and parenthood. All these researchers found these phenomena consistent with a healthy resolution of the bereavement, and Parkes (1972) suggests that this may be because these widows were prepared for a continuing sense of attachment to the deceased and so preserved more of their own identity.

A second method to mitigate the pain of grief is by believing in the impermanence of the loss and the possibility of reunion. Half of the London widows one year after the bereavement still intermittently did not believe what had happened, and others felt that they were waiting for their husbands to return after a temporary absence (Parkes, 1972).

A third method to allay the pain was to avoid all thoughts of the deceased, and to avoid all people and situations that served as reminders e.g. by jettisoning the deceased's possessions. Two-thirds of the London widows evinced such avoidance in the first month of bereavement and six out of 22 still did one year later as did a quarter of the Boston bereaved (Glick, Weiss and Parkes, 1974). As the intensity of the grief diminished over time so did the need for avoidance and preoccupation with the deceased. Many found turning points were in rearranging furniture, or sorting out the deceased's belongings (Parkes, 1970, 1972).

A final method used to deal with the pain of grief was more consistently involuntary and comprised selective forgetting.

It was more difficult to recall the husband the harder the widow tried, and his image increased in clarity in the course of a year. Parkes (1972) proposes that it took time to order the multiple memories of the husband and to cohese them into an image of him as a whole person. More common than loss of memory was loss of memories of negative aspects of the deceased, and idealisation both of him and of the relationship. Parkes (1972) states that, "idealisation is carried out by most bereaved people and encouraged by society" (p.91). However, no validating data were obtainable from others so no reliable estimate of the degree of idealisation usual could be made. Parkes (1972) does, however, give case vignettes illustrating gross degrees of idealisation occurring between the first and subsequent interviews.

Anger and guilt were also features of the yearning phase of grief. They were at their height in the first month but were reported by 18 out of the 22 London widows as occurring intermittently throughout the first year of bereavement. Hostility to comforters was common, since the comforter focused on acceptance of the loss and so was resented by the bereaved, who wanted help in regaining the deceased. Like Lindemann (1944), Parkes (1970) also found a general increase in irritability and bitterness, which tended to increase social isolation. Parkes (1972) hypothesises that anger is part of a general reaction to the stress and danger of loss, since the loss is not fully accepted.

Anger was directed at the self or at others, and 13 out of the 22 London widows expressed guilt, primarily about acts of omission or commission. Only one appeared to feel guilty because of ambivalence to the deceased (Parkes 1972).

Parkes (1972) discusses identification as a 'mystifying' (p.112) phenomenon partly because of the difficulty interpreting phenomenologically statements such as, "My husband is in me, right through and through" (1972:112). He considers identification to have been described by psychoanalysts (Freud, 1923; Krupp, 1965) but not explained by them.

In the London study (Parkes, 1970), most widows admitted having become more like their husbands since the marriage, but denied that this resemblance had increased since the death. Two widows showed a clearly increased tendency to resemble the deceased, and in a further eight there was inconclusive evidence of such a tendency at some time during the year. At no time did more than four out of the 22 widows admit to such identification with the deceased. When it occurred, identification appeared to be in the service of regaining the husband in some sense, or of taking over the roles he had vacated. Parkes (1972) concludes that there was no evidence that identification is a necessary part of the process of recovery, nor did it promote a more rapid resolution of grief, and he views identification as but one method to avoid the reality of the loss.

In comparison with these unselected widows, the pathological grief of bereaved psychiatric patients included markedly more guilt, and to a lesser extent more anger (Parkes, 1965), especially when displaced (Bowlby, 1981). Clear comparisons are difficult to draw due to differing symptom criteria and the time elapsed after bereavement in the different studies (Parkes, 1972). However, taking into account the intensity and duration of symptoms, two forms of abnormal grief are described (Siggins, 1966; Parkes, 1972) :

i) Chronic grief. Here there is a prolongation and intensification of the typical features of grief, particularly of the stages of pining and despair, by which the bereaved appears overwhelmed. Anger, guilt and symptoms of the deceased's illness are common, and depression is paramount.

ii) Delayed grief. Here pangs of grief are delayed for any time from two weeks to years. In some this appeared to be an extension of the initial numbness, but others behaved as though nothing had happened. Most eventually develop depression, with a precipitant such as another loss or an anniversary of the death, and this may become indistinguishable from chronic grief.

Non-specific reactions are also noted (Parkes, 1965) such as phobias and euphoria, the latter being rare (Bowlby, 1981).

In the Harvard study of 68 widows and widowers, to predict who

would develop normal grief and who pathological grief (Glick, Weiss and Parkes, 1974) it was found that the high-risk case would be a young widow with children living alone with no close relatives living nearby. She would be a timid, clinging person with a previous history of depression, and an over-reliant or ambivalent relationship with a husband whose death was unexpected and untimely. Cultural and familial factors would prevent the expression of feelings and concurrent stresses would increase her difficulties (Parkes, 1965; 1975) (See Table I, below).

These findings point to <u>situational factors</u> as being as important as intra-psychic ones in determining the outcome of bereavement (Parkes, 1975). This is supported by Maddison and Viola's (1968) study of recently bereaved widows. They found pathological grief developed when there was a high level of perceived non-supportiveness in practical matters or for their self-esteem, when the death was untimely, traumatic or guilt-provoking in nature and when the bereaved was subject to other concurrent stresses. An extremely ambivalent or dependent relationship with the deceased also promoted pathological grief reactions.

The individual circumstances of the bereavement are therefore highlighted as important. An overall framework within which to view their import is considered useful. An attempt to tabulate them is therefore made, bearing in mind that these factors are complex, both in their nature and their interaction, and that

TABLE I

FACTORS DETERMINING THE COURSE OF GRIEF:

FACTORS		COMMENT
ANTECEDENT		
CHILDHOOD EXPERIENCES	++	Losses of significant people; parental rejection of attachment behaviour.
LATER EXPERIENCES	++	Especially losses of significant people.
PREVIOUS MENTAL ILLNESS	++	Especially depressive illness
LIFE CRISES PRIOR TO BEREAVEMENT	++	Especially in prior two years
RELATIONSHIP WITH DECEASED		
Close kinship and prominent role	++	Cannot assess retrospectively because of distortion and idealisation.
Strength of attachment	+++	Not assessed separately in any studies
Security of attachment	--	to date.
Degree of reliance	++	Difficulty separating, not lack of bonding, is implicated.
Intensity of ambivalence	++	
CIRCUMSTANCES OF DEATH		
Untimely	++	
Sudden	+	More numbness and sense of deceased presence; not more overall maladjustment.
No preparation for bereavement	+	Role not clear, probably more emotional disturbance; less remarriage.
Need to hide feelings	+	e.g. to protect other family members
Prolonged nursing	+	Increases feelings of guilt and inadequacy and so ambivalence
Mutilation of body	+	

any tabulation will inevitably detract to some extent from the complexity of the situation.

The following table is a synopsis of discussions of factors determining grief, by Rutter (1966, 1971), Parkes (1972, 1975) and Bowlby (1981). Comment on each factor is given only where the direction of its relationship to pathological grief is not evident from the preceding discussion.

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Strength of attachment	+++	Not assessed separately in any studies
Security of attachment	--	to date.
Degree of reliance	++	Difficulty separating, not lack of bonding, is implicated.
Intensity of ambivalence	++	
CIRCUMSTANCES OF DEATH		
Untimely	++	
Sudden	+	More numbness and sense of deceased presence; not more overall maladjustment.
No preparation for bereavement	+	Role not clear, probably more emotional disturbance; less remarriage.
Need to hide feelings	+	e.g. to protect other family members
Prolonged nursing	+	Increases feelings of guilt and inadequacy and so ambivalence
Mutilation of body	+	

COGNITIVE BIAS (PHANTASY)

Construction of deceased's role in loss - If construed as responsible.	++	eg. increased anger
Construction of his role in loss and how deceased would regard it - If construed as responsible	++	eg. increased guilt
Expectations of helpers - Ability to expect and receive help	--	
Ability to revise old constructions and expectations	--	
Awareness of his constructions of past events and their influence on current expectations	--	

CODE:

\- negative correlation with pathological grief

\+ Positive correlation with pathological grief

? Relationship unclear

The above evidence is from studies focusing on the loss of a spouse. Parkes (1972) reviewed evidence on the loss of a limb and on the loss of a home and found similarities in response, apparently limited only by differences in the role of what was lost. For example, the functions of the lost limb and not the limb itself were missed. Bowlby (1981) also reports similarities in responses to the loss of a child, with the grief process beginning at the time of diagnosis but without concomitant loneliness. Parkes (1972) points out that there have been few attempts to compare in detail reactions to different types of loss and studies lack a clear frame of reference which would permit a point by point comparison. Although the loss of a parent cannot necessarily be equated with other losses (E.Furman, 1974) the trend for different losses in adulthood to produce similar grief responses enhances the reliability of the findings.

1.2.6. DISCUSSION OF THE IMPLICATIONS OF THE EMPIRICAL STUDIES OF ADULT GRIEF

The empirical studies of adult grief do not address the psychodynamics underlying the various manifestations of grief. They do, however, describe the ways grief is evinced in relation to the long-term outcome or resolution of the loss. On this basis, conclusions are drawn about the normal components of grief, using many of the same categories as used by the psychoanalysts. Parkes (1972), for example,

discusses the features of denial, longing, psychic pain, guilt and identification following bereavement, as do the analysts (see Section 1.2.3.).

The findings of the empirical studies therefore have bearing on the validity of the conclusions drawn by the psychoanalysts where these entail inferences from the phenomenology of grief. An example is the frequency and type of identification in normal mourning. They do not have bearing on deeper analytic explanations, such as identification being ultimately based on oral mechanisms (Fenichel, 1945) since they do not address this level of psychodynamic elucidation. Bearing this limitation in mind, it is of value to discuss the findings from the empirical studies of grief in adulthood (Parkes, 1972) in comparison, and where relevant, to the views held by the psychoanalysts on adult mourning, and to the views held by those traditional analysts who address the question of childhood mourning (see Sections 2.2 and 2.3).

In discussing the findings of researchers such as Parkes (1975) in relation to the conclusions about childhood mourning drawn by the traditional Freudian child analysts, it is not being assumed that the means of grieving seen in adults are necessarily applicable to children. Rather, the following discussion is predicated on the implications for the criteria these child analysts have chosen for assessing childhood mourning. Since the empirical studies on adults

have bearing on the analytic view of mourning in adults, and since the traditional child analysts use as their criteria for mourning in childhood those derived by psychoanalysts for adults (Section 1.2.3.), the empirical studies on adult grief have relevance for these child analysts' conclusions about mourning in childhood.

In discussing the defences against the pain of grief in adults, Bowlby (1981) and Parkes (1972) note that they may be consciously employed, in terms of a "willing suspension of disbelief" (1972:77), or unconsciously employed. All are manifestations of attempts at denial of the permanence of the loss, and Parkes (1972) notes that disbelief is seldom complete and describes a "splitting off" (1972:83) of the unpleasant knowledge with an opposing tendency promoting the realistic acceptance of the loss. The similarity of his description of these processes to that of authors such as Wolfenstein (1966) in discussing childhood mourning is remarkable, (see Section 2.3), the differences appearing to reside only in the conclusions drawn and this calls into question Nagera's (1970) conclusion that only children have a low tolerance for pain and mourning. Parkes (1972) describes the bereaved as moving between the tendencies of denial and acceptance, so that pining alternates with conscious or unconscious avoidance of pining. He also considers the use of such defences to be necessary to the mastery of such a major life crisis. Wolfenstein (1966), Nagera (1970) and Shambaugh (1961) in contrast take denial of the loss,

fantasies of the parent's return and idealisation of him as evidence that pre-adolescents are unable to mourn. Further, they do not describe intermittent pining as alternating with denial, in part because they do not view behaviour such as misperceptions as part of pining, as does Parkes (1972), but as evidence of maladaptive denial of the loss. These differing interpretations of similar data give rise to several questions.

The first is whether the denial evinced by children is seen as unconscious and fundamental because children are not able to draw the fine distinctions verbally that Parkes (1972) relies on when concluding that adults invoke "unwilling suspension of disbelief" (1972:77).

The second question arises over the differing time periods sampled in the different studies. Parkes (1972) sampled behaviour in the first year of mourning whereas Wolfenstein's (1966) subjects were seen within one to 14 years after the loss. The stage of pining is described by Parkes (1972) as peaking within 14 days of the loss and occurring intermittently thereafter for the first year. The behaviour described as comprising this stage would therefore not be expected to be apparent in Wolfenstein's (1966) patients.

A related question arises over the constitution of the samples. Parkes (1972) included a representative sample of widows. Wolfenstein (1966) and those supporting her view

(Fleming and Altschul, 1963; Nagera, 1970) studied children and adults referred for treatment because of difficulties subsequent to the loss. This may constitute an unrepresentative group suffering from the type of pathological grief that Parkes (1972) described as delayed grief, as Fleming and Altschul (1963) appear to suggest. The nature of the sample would then not permit generalisations about the capacity for or mode of mourning in children in general.

The question of whether all bereaved children react with maladaptive degrees of denial is thus unanswerable on the basis of evidence reviewed up to Section 2.4. However the empirical studies of adult grief point to features such as restless hyperactivity, difficulty in accepting the loss's reality and finality, the use of denial and related illusions and misperceptions of the deceased and idealisation of him as components of normal grief reactions. This is so to the extent that Parkes (1972) predicates his searching hypothesis, which is his book's major thesis and contribution, on denial of the loss. The traditional Freudian child analysts, in contrast, consider children exhibiting such features to be incapable of mourning (Wolfenstein, 1966).

Further, the empirical studies do not support Freud's (1917) view, adhered to by later analysts, that the function of mourning is to detach the survivor's libido from the dead so

that it can be transferred elsewhere. For example, a persistent sense of a dead spouse's presence was considered facilitative of a healthy resolution to the loss (Parkes, 1972).

The simple presence of denial and the related features described above cannot then be taken at face-value as evidence that the child is not mourning, as Wolfenstein (1966) and her proponents appear to do, if these features are accepted components of the adult grief process that these child analysts use as their criteria. These features must be assessed for intensity and duration in order to determine whether they form part of normal or pathological grief and so whether the reality principle eventually will triumph or not.

However it remains that children are not commonly described by many analysts as exhibiting the other features seen in adults' "pining" stage of grief - namely pangs of grief with sobbing, a loss of interest in normal activities and a preoccupation with thoughts of the loss - nor are they described as evincing later periods of withdrawal, apathy and loss of aggression.

It is also not possible to assess as yet whether children's "searching behaviour", to use Parkes' (1972) formulation, takes different forms to that of adults' in terms of the concomitant loss of interest in the environment and preoccupation with thoughts of the loss, and whether any

emotional pain they may feel is expressed in forms other than pangs of grief and sobbing and later apathy and withdrawal. Parkes (1972) states that the optimal level of grieving differs between people, that some will show feelings in ways other than crying and that what is important is the emergence of feelings into consciousness rather than their mode of expression. Unfortunately he does not give examples of these other ways and nor do the analysts discussed here. Evidence from other sources is required to assess whether children not requiring treatment express these features of grief, or use any alternative modes of expression, or fail to grieve.

With reference to anger and guilt and the related lowering of self-esteem, the empirical studies support the later psychoanalytic formulation of their being present in normal adult mourning and of greater intensity in pathological grief. The specific role of ambivalence in producing these features cannot be assessed since although Parkes (1972) reports only one case of overt ambivalence, his methods were not suitable for assessing more subtle manifestations, and other empirical studies do not address this question. In a like manner it is not possible to assess the child analysts' description of the splitting off of the negative components of the ambivalence and displacement of them (Wolfenstein, 1966; Nagera, 1970). Investigators of adult grief describe similar irritability and hostility to comforters but their aetiology is not explored.

The empirical studies do not support Freud's (1917) view of identification as a pathological phenomenon but neither do they support his and others' (A.Freud, 1960 ; Rochlin, 1961) later suggestion that it is a necessary component of grief. If Parkes (1972) is correct in his view of the diverse mechanisms used to alleviate the pain of grief, identification as a method to master this pain of separation anxiety (Loewald, 1962) becomes but one mechanism among many.

However, these studies support the analytic view of the painfulness of mourning and of the difficulty in accepting the loss.

Finally, the empirical studies point to the benefit of milestones such as funerals and rearranging furniture for promoting reality testing and acceptance of the loss at different stages in the mourning process. However children are, for the most part, deprived of such facilitative experiences (Palgi, 1973). Marris (1958) found that only about one in ten of the children of the widows he studied had attended the funeral, many had never seen their father's grave, and some widows went to the extent of avoiding telling their children that their father had died. The effect of such a lack of external milestones has not been studied systematically in children.

CHAPTER 2.

PSYCHOANALYTIC VIEWS ON CHILDREN'S REACTIONS TO THE DEATH OF A PARENT

2.1 INTRODUCTION

The major concern of writers on childhood bereavement has been the age, or developmental stage, at which human beings are capable of a mourning process and the nature of the psychic processes entailed in mourning. Although this would appear to be an empirical question, there is marked controversy.

There are a number of view points to consider. These vary firstly in the stages to which they assign the ability to mourn, which range from the toddler period (e.g. E. Furman, 1974) to after the resolution of adolescence (Wolfenstein, 1966). They vary secondly in their theoretical accounts for their conclusions, emphasising, for example, the structuralisation of the psyche (Wolfenstein, 1966; Nagera, 1970) or object relations (Mahler, 1961). They vary thirdly in their emphasis on different aspects of the mourning process. A nosology of psychoanalytic schools is always a complex undertaking (Robbins, 1980) and the approach here is a pragmatic one, with authors of similar views on childhood mourning being classified together, for clarity of explication. Thus, for example, Nagera (1970) is classified

as a Later Freudian (Section 2.3.2) since in this case he aligns himself with the views of other authors in that section, rather than with the Hampstead School, with whom he in fact has conducted much of his work.

To place these view points in historical perspective, the views on childhood mourning expressed by early analytic writers are discussed first.

2.2. EARLY ANALYSTS: DEUTSCH, FREUD AND FENICHEL

Deutsch (1937) laid down the outlines of the position that children cannot mourn, in a presentation of four cases of parental loss, whose most notable feature was the lack of appropriate emotion, or 'omission of affect' (1937:14) at the time of the loss. This was followed by pathological consequences in adulthood, in the form of apparently unmotivated depression, identification with the somatic symptomatology of the lost parent or the emotional distress of others, denial of the entire emotional life and idealisation of the lost parent. She speculates that the absence of grief was a defensive manoeuvre to protect the child's ego, which was, 'not sufficiently developed to bear the strain of the work of mourning and ... it therefore uses some mechanism of self protection to circumvent the process' (1937:13). She adds that the same reaction might be found in adults, not due to an inherent weakness of the ego, but because of its exhaustion due to an intense cathexis on some

other account, especially through a narcissistic cathexis - as in one of her cases - or because of strong ambivalence about the lost object. She emphasises that every unresolved grief finds some form of expression, and that the process of mourning - which she defines as does Freud (1917) - 'must be carried to completion' (1937: 21).

However, the nature of her data must be noted. Three of the four cases were in treatment precisely for the pathological behaviour she traces back to the object loss. Two were adult men who lost their mothers at five years, but one was a 30-year-old man who 'was already grown up' (1937: 16) when his mother died, had no prior losses and whose difficulties were traced to unresolved infantile complexes. The other was a middle-aged woman whose 'loss' was in her parent's divorce. In addition, historical data on any patient is scanty, and her evidence on the childhood reactions is based on retrospective self reports.

Fenichel (1945), in discussing adult mourning, states that when a child loses a love object, his libidinal ties, no longer attached to the object, may overwhelm him and create panic. He sees adult mourning as 'a defense against being overwhelmed by this primitive affect' (1945:395) but does not give clinical evidence for his views on children's reactions.

Freud did not address himself in detail to the question of the child's capacity to mourn, but much has been made by

later authors (Wolfenstein, 1973) of Freud's reference to a ten-year-old boy who said, 'I know father's dead, but what I can't understand is why he doesn't come home to supper' (1900: 254) and his reference in Fetishism (1927) to two male patients whose fathers died when one was two years old and the other ten years old, and in whom while, 'one current in their mental life ... had not recognised their fathers' death, there was another current which took full account of that fact. The attitude which fitted in with the wish and the attitude which fitted in with reality existed side by side' (1927: 155f). E. Furman (1974) points out that Freud's observations are only anecdotal, that authors omit to note that he prefaced his account of the former ten-year-old with 'I was astonished to hear' (Freud, 1900:254), and later added an observation of a four-year-old who fully grasped the finality of death (Freud, 1900: 255).

He thus cannot be said to have held a definite opinion on children's understanding of death. However, the quotation from Fetishism (1927) introduces the concept of a defensive splitting of the ego in the service of the denial of the emotionally painful realities of the death - a concept that is used by other authors (Wolfenstein, 1973). As Freud (1940) expressed it in An Outline, "the ego fends off a demand from the external world which it finds distressing, by a disavowal of the perceptions which bring to knowledge this demand from reality ... Disavowals ... turn out to be half-measures, incomplete attempts at detachment from reality. The

disavowal is always supplemented by an acknowledgement; two contrary and independent attitudes always arise and result in the situation of there being a splitting of the ego". (Freud, 1940: 203-204).

These early analysts, then, tend to refute the possibility of children undergoing a mourning process. The analysts discussed in the next section are those who closely follow and expand the views of these early contributors to the field of childhood mourning.

2.3. LATER FREUDIANS

2.3.1. WOLFENSTEIN

Wolfenstein (1966, 1969, 1973) is one of the authors who uses Freud's observations as confirmatory evidence for her own. In addition, she is a main exponent of the view that mourning, as defined by Freud (1917) and Fenichel (1945), does not occur in pre-adolescent children.

Wolfenstein's (1966) major paper is a general theoretical and clinical discussion of 42 children and adolescents who had lost a parent (sex unspecified) by death. All were in psychoanalytic treatment, but reasons for their referral are not given. They ranged in age from three and a half to 19 years, one being under six years, 11 between six and 11 years, 18 between 12 and 15 years, and 12 between 16 and 19

years of age. Varying lengths of time had elapsed between the date of the loss and the beginning of treatment. Sixteen were observed within one year of the parent's death, eight within two to three years, and 18 between four and 14 years after the loss.

Wolfenstein's (1966) observations on this sample were that mourning did not occur. She noted:

i) little weeping, with curtailment of sad feelings i.e. a 'short sadness span' (1966: 101).

ii) continuing immersion in daily activities.

iii) no withdrawal into a preoccupation with thoughts of the dead parent.

iv) that where depressed moods occurred, especially in adolescence, they were unconnected with thoughts of the dead parent, 'to which reality testing was not yet applied' (1966: 97).

v) 'more or less conscious' (1966:96) fantasies of the dead parent's return e.g. fleetingly mistaking a stranger in the street for the parent.

vi) idealisation of the dead parent, with

vii) splitting off of the negative components of the ambivalence previously felt towards the dead parent, and displacement of them onto others, especially the surviving parent.

She concludes from this firstly, that 'gradually the fact emerged that overtly or covertly the child was denying the finality of the loss ' (Wolfenstein, 1966: 96). Secondly she

concludes that there was a concurrent hypercathexis, rather than decathexis, of the internal representation of the dead parent, so that it increased in emotional significance. She here invokes Freud's (1940) concept of a split in the ego, hypothesising that the denial of the death was unconscious, and that there was a concurrent conscious acceptance of reality. Thus, all her cases were able to state that the parent was dead and to remember the circumstances related to the death (Wolfenstein, 1966, 1969, 1973). The unconscious denial was, in her view, evidenced by the expectations of the parent's return. However, although focusing in her second conclusion on unconscious denial, she fails to explore the psychodynamic significance of whether the denial is overt or covert, or to account for the use of different levels of denial in different patients. Her conclusions are thus descriptive, not explanatory.

She then postulates that there is a developmental unreadiness to mourn in pre-adolescents, due to a predisposition to denial of which she considers the aetiological factors to be:

i) an inability to gradually decathect the lost object, so there is a fear of being overwhelmed by objectless libido. Wolfenstein (1966) does not offer a theoretical rationale for this, so it becomes meaningless as an aetiological factor.

ii) a fear of disintegration of the psychic structure without the parent as the external source of narcissistic supplies,or as the external ego and

super-ego support.

iii) feeling deeply ashamed of having lost a parent, who is perceived as a part of oneself. This is an observation not noted by any other author, and requires empirical investigation (Mendelson, 1974).

iv) fear of regression, as shown in an inhibition of crying, extending from late infancy well into adolescence. Whether this is in part determined by a social prohibition on mourning in the culture her patients come from or whether this inhibition is widely seen and its psychodynamics are theoretically explicable, is not discussed.

She finally hypothesises that adolescence is a necessary precursor to the ability to mourn. At this stage, the individual is forced by developmental exigencies to give up the parents as major love objects in order to seek a sexual love object. The painful, gradual decathexis this entails is viewed by Wolfenstein (1966) as a 'trial mourning', and the major adaptive task of adolescence. As confirmation, she points to other authors who express the view that the major task of adolescence often requires the initiation and completion of a mourning-like process (A.Freud, 1958; Lampl-de Groot, 1960; Jacobson, 1961), and refers to the often observed sadness or depression of adolescents. However, there are differences between internal and external losses, for example in the former the object is given up, not taken away, and other authors do not consider the processes of mourning and adolescent object removal to be identical

(E.Furman, 1974). Further, she does not specify when in the adolescent years she considers this process likely to be completed. In her 1966 study she includes 30 patients of 12 to 19 years of age, but others quoting her argument, such as Compton (in Wolfenstein, 1976) state that mourning is seen after 12 years of age.

In a subsequent paper, Wolfenstein (1969) presents case vignettes to illustrate several different adaptations to loss, both maladaptive and constructive. She considers adaptive responses to childhood loss to be possible if there is a surrogate parent available, preferably someone already loved by the child, onto whom the child can immediately transfer his libido. She contrasts this to adults, who need to decathect the lost object before they can recathect a new one. A second route is by identifying with constructive aspects of the lost parent, so that the child himself replaces the lost parent. In this way, the parent is incorporated into the child's ego-ideal, so giving increased impetus to striving for achievement. In order for such adaptive outcomes to be possible, she, like A.Freud (1960), suggests that the level of development in object relations attained at the time of the loss is a crucial factor. It must be beyond the need-satisfying stage, so that the child feels able to assume the parent's role and does not demand to be taken care of, and so that the loss does not inflict narcissistic injury or anxiety about body integrity (Neubauer, in Wolfenstein, 1976). She also considers a low

level of ambivalence towards the lost parent to be a relevant factor, as is a good prior relationship with the lost parent (Wolfenstein, 1969). She sees the outcome for the child who does not have these beneficial internal and external circumstances, to be a reaction of rage, vindictive determination to prove no one can help, a persistent quest for the lost parent and a repetition of the disappointment in other relationships.

An assessment of Wolfenstein's (1960, 1969, 1973) observations and conclusions is not possible, in view of the generalised nature of her data and poor theoretical elucidation. However, questions arise. For example, as discussed in Section 1.2.6., the adult period of mourning is considered to last from eight months (Parkes, 1972) to a year (Pollock, 1972) and so one would not expect to find overt grief or preoccupation with thoughts of the dead parent in patients who had lost the parent more than one year previously - and such cases comprise the majority of her data. Her data base is better suited to a discussion of the long-term effects of the bereavement, such as the idealisation and hypercathexis that she notes - but here one would ideally want some data on the circumstances surrounding and following the loss. Relevant factors might be the quality of the antecedent relation, the developmental level, which parent is lost, cognitive confusion, availability of substitute parents and preparedness for the loss, that she among others (Wolfenstein, 1969; E.Furman, 1974; Compton, in

Wolfenstein, 1976; Greenson, in Wolfenstein, 1976) considers important. As Wolfenstein (1976) herself notes, observations are required on non-patients as well, and she appears to include here only one boy, who she claims adapted successfully by becoming attached to his grandmother (Wolfenstein, 1969).

2.3.2. NAGERA

Nagera (1970) aligns himself with Wolfenstein's (1966) position. He considers the differences between childhood and adult bereavement reactions to stem from the diverse psycho-sexual and ego developmental processes to which the former are subject. In his view, these processes require the presence of the object for their 'natural unfolding' (1970: 363) and so prevent its complete decathexis, and prevent the withdrawal into mourning seen in adults. The developmental need for the object results in the child's recreation of the relationship in fantasy or by enacting it with a figure in the environment, often with idealisation of the lost object and often as a reaction to disappointment with the remaining parent. He considers the frustrations inherent in reality relationships to facilitate the splitting of the ambivalence as described by Wolfenstein (1966). This affects the nature of the ongoing reality relationship, and so carries its own implications for the child's development. In addition, Nagera (1970) states that he sees childhood bereavement as resulting in diverse symptomatology, e.g. anxiety, multiple

forms of drive regression and relinquishment of ego achievements, because of the developmental stress the loss precipitates. No further psychodynamic explanations for this are given, although he later states that a use of denial and a 'disarray of object cathexes' (1970:381) result in such disturbances and underlie the latency child's overt lack of grief. Nagera's (1970) account is thus more theoretically sophisticated than Wolfenstein's (1966) but still leaves room for diverse interpretations.

He, however, agrees with A.Freud (1952) that in terms of the development of object relations, it is only afer the stage of object constancy has been reached, at about 12 months, that the child has the capacity to cathect the object in a way comparable to the adult's cathexis, so that one can 'observe some aspects of mourning in children as the psychological response to the psychologically meaningful loss of an object' (Nagera, 1970: 370). He considers these to be behaviourally exhibited as Bowlby (1960) has described in the three stages of protest, despair and detachment, but does not enter the debate about whether such behavioural manifestations indicate an intrapsychic process of mourning.

He goes into greater detail about factors he considers to contribute to the divergence between childhood and adult mourning, despite the ability for object cathexes. These are firstly, children's low tolerance for pain, which he hypothesises is due to a greater mobility of attention and

interests due to their 'intense curiosity and the momentum enforced by their developmental processes' (Nagera, 1970:371). He gives no metapsychological rationale, but states that his and Wolfenstein's observations of this phenomenon are evidence that children cannot sustain prolonged mourning. Secondly, he cites separation from familiar objects and surroundings which often accompanies object loss for children. Thirdly, he cites recourse to primitive defenses, such as denial, which he considers to be a typical response to stress in pre-latency children, but sees as a secondary reaction to their inability to tolerate pain. Fourthly, he cites incomplete development of reality testing, reality awareness and reality adaptation. Here, the reader is left perplexed as to his meaning, since his evidence is the difficulty children under one year have in distinguishing between dreams and reality, and that the child's (no age range given) belief in the omnipotence of his parents interferes with his ability to understand their annihilation. He also states that some children have difficulty understanding the full significance of death and gives a case vignette illustrating primarily that adults' explanations in such terms as 'going to heaven' are forms of denial that confuse the child. Both these latter points seem more suited to his fifth point, that the child's concrete thought processes, and if more abstract, his reverting to concrete thinking under stress - which includes his ego-centricity - influences his understanding of and reaction to death. Finally, he includes children's generally strong

ambivalence to objects, which in adults leads to an intense and excessive or delayed mourning process. However, he feels too little is known about the influence of this factor on the child's mourning process.

At adolescence, Nagera (1970) feels that the preconditions for mourning are established, in terms of cognitive development and adaptation to reality, but that emotionally the adolescent is not ready to mourn since he has not completed object removal (A.Katan, 1937). He thus agrees with Wolfenstein (1966) that the adolescent tends to hypercathect the lost object and shows more clearly than at earlier phases, fantasies of the parent's return.

Nagera (1970) appends two case illustrations. The first case is of a six-and-a-half year old who was in analysis for a year prior to his mother's death, because of oral fixations, mood disturbances, fears of attack and difficulties with social-emotional responsiveness. He exhibited mood swings, sadness, denial and reversal of affect, concerns about his own safety, and often appeared helpless and lost, rather than sad. However, he is evidence only for the reactions of a previously very disturbed child. His second case is a 16 year old who lost his mother at ten years, who was said to have cried briefly, missed her and then forgotten her, and who identified with her. The case discussion centres on how the mother's death interacted at puberty with his phallic-Oedipal anxieties, and although Nagera (1970)

hypothesises that the boy's pathology prior to his mother's death was probably within normal limits, factors from it emerge as important. In addition, his father was incapable of mourning and he had no support for his own mourning process.

Nagera's (1970) paper is somewhat disappointing, since it lacks evidence for or explanation of the developmental interference caused by mourning. It points to factors other than the actual death being important, his main contribution being the need for the parent for further healthy development, but his evidence tends to be a recapitulation of Wolfenstein's (1966) arguments, and in terms of his own thesis, is inconclusive. He is, however, one of the few analysts who takes note of the cognitive development of the bereaved child and includes this as an important factor.

Other researchers have given evidence in support of Nagera's (1970) idea of developmental interference, and this is reviewed in Section 3.2.2.

2.3.3. ANALYTIC WORK WITH CHILDHOOD BEREAVED ADULTS

Similar views to Wolfenstein's (1966) and Nagera's (1970) have been expressed by a group of analysts who studied the effects of childhood parent loss by death in their adult analytic patients (Fleming and Altschul, 1963; Altschul, in Levin, 1966; Altschul, 1968; Fleming, 1972). Their data are

thus retrospective, and ultimately included 60 patients, 31 - males and 29 females, who had lost a parent between six months and 20 years of age, and who entered analysis at between 19 and 54 years of age. The mothers of 26 died, and the fathers of 29 - but this includes an unspecified number who lost both parents (Fleming, 1972). Some clinical vignettes and one full case report are given, but insufficient data are presented to assess the conclusions of these researchers.

They found a reported lack of experienced grief at the time of the loss, and on assessment they noted an immaturity in self-image, super-ego and ego-ideal structures and in the level of object relations, indicating an 'arrest' in ego development corresponding to the levels achieved at the time of the loss. The term 'arrest' is said to imply a stoppage of the ego-functions involved in developing self-image and self-object representations, which can be resumed later. It is thus the outcome of intrasystemic ego interactions to maintain denial, not a fixation of libidinal drives due to intersystemic conflict (Altschul, 1968). Unlike Wolfenstein (1966), they did not find regression to earlier pre-loss phases of development, and suggest that this may be due to more primitive self-object representations in Wolfenstein's (1966) cases (Fleming, 1972) - a conclusion not strongly supported by her case material.

On the basis of their findings, they hypothesised that the

loss was experienced as an ego threat, engendering massive separation anxiety, and that this was defended against by denial of the affectual meaningfulness of the loss. Such denial was maintained by the reproduction of the relationship in fantasy, with hypercathexis of the pre-loss self and self-object representations, or by 'acting out' aspects of the lost relationship with a substitute object - findings which are identical to Wolfenstein's (1966). The use of these mechanisms was thought to prevent the completion of mourning, constituting a prolongation of the early stages of a normal mourning process and to result in a resistance to the development of an interpretable transference, since there were attempts to deny the meaningfulness of the analytic relationship or to establish the pre-loss relationship in analysis (Fleming and Altschul, 1963; Fleming, 1972).

In addition, all presented for treatment because of depression or anxiety when a higher level of developmental organisation was required or had just occurred, e.g. finishing university; getting married (Altschul, 1968) and which implied a separation, in that it required more independence (Fleming, 1972). Using Mahler's (1968) concepts, they hypothesised that the ongoing presence of the object was required for continuing separation-individuation, and this too was reflected in the analytic process, where once grief was activated, the analyst became the new object to interact with (Fleming and Altschul, 1963).

In summary, they point to denial, incomplete mourning and the absence of a suitable object for interaction as factors hampering the further development of their patients. Fleming (1972) also cites as important determinants of outcome, the age at which the loss occurs, the character of the pre-loss relationship, the availability of a good substitute and the type of relationship maintained with the surviving parent. Clearly, the first three factors determine, respectively, the level of object-relations attained and 'arrested' at, and the possibility of ongoing development being resumed. The fourth factor is not explored at all. Finally, their conclusions must be viewed as valid findings - or at least well-grounded hypotheses - of the long-term effects in people who do not adapt to parental loss, but as they mention (Altschul, 1968), those who adapt successfully do not present for psychoanalysis.

2.4. AMERICAN OBJECT RELATIONS THEORY

2.4.1. INTRODUCTION

The American object relations theorists are discussed next, since although their theoretical emphasis and conception of the stages of early childhood development are different to those of the Freudian child analysts discussed previously, they too point to the child's ongoing need for the object for normal development, and his (in their view resultant) use of ego defenses to deal with an external loss.

2.4.2. MAHLER

Mahler (1961) posits sadness and grief as integral to the development of the infant. She has formulated a developmental theory which, while rooted in psychoanalysis, departs from it significantly in its emphasis on the use of naturalistic, observational data on the dyadic mother-child interaction (McDevitt, 1975), in the stress placed on object relations and on the psychology of the ego, and in the developmental stages postulated.

The first stage posited is that of 'normal autism', which spans about the first three months of life. It is characterised by the infant's functioning in an undifferentiated way in a world of inner stimuli, prior to the cathexis of the perceptual conscious system (Mahler, 1961).

It gradually gives way to the stage of 'normal symbiosis' which lasts until the fifth or sixth month (McDevitt, 1975). Here, the ministering parts of the mother (hands, face and breasts) are perceived and libidinised, but self-object boundaries are undifferentiated so that, "the infant .... functions as though he and his mother were an omnipotent system (a dual entity) within one common boundary (a symbiotic membrane, as it were)" (Mahler, 1961:334). A need-satisfying relationship with the mother is thus

essential at this stage for normal growth. Its importance, in Mahler's (1961) view, includes the mother's conscious and unconscious needs organising the baby's behaviour and experiences through mutual cueing and through selective responding, with the infant altering his behaviour in relation to the mother's responses and in accordance with his innate endowment.

This stage paves the way for the 'separation-individuation' phase, which marks the beginning of self-object differentiation and of the beginning of object relations (McDevitt, 1975; Robbins, 1980). It is in the transition from symbiosis to differentiation - once the infant is able to cathect the object, maintain a mental representation of it and delay tension-discharge (Mahler, 1961) - that grief and longing prevail. They constitute the reaction to the realisation of separateness from the mother, and are evoked during her brief absences, which Mahler (1961) concurs with Freud (1928) in viewing as indistinguishable for the infant from her permanent loss.

Under normal circumstances, the reappearance of the mother, and her participation in games such as 'peek-a-boo' (Maurer, 1967) enhance the infant's awareness of self and sense of mastery over, and confidence in, the object.

Should the mother remain unavailable, and need-frustration continue, Mahler (1961) considers feelings of helplessness,

exhaustion and mourning to be aroused, the picture evinced being that of 'anaclitic depression' (Spitz and Wolf, 1946).

However, whether the aetiology is separation or bereavement, Mahler (1961) holds that, "the child's grief is remarkably short-lived because his ego cannot sustain itself without taking prompt defensive actions against object loss. It cannot survive in an objectless state for any length of time" (p.342). Defence mechanisms of substitution, denial, repression (Mahler, 1961) or narcissistic regression to the symbiotic phase (McDevitt, 1975) are utilised.

The outcome for the child is considered to depend upon the types and combinations of defence mechanisms used, and on the child's constitutional ability to retain a confident expectation of need satisfaction and extract whatever remains available from the environment, including the use of auto-erotic and transitional objects. Clearly, the availability of a good substitute object would be of great benefit.

In order to assess Mahler's (1961) contribution, the further developmental stages she postulates need to be briefly examined with reference to the development of object relations.

After the differentiation subphase of the separation-individuation phase, comes the practising subphase, from

about ten to 15 months. In these two subphases, the infant imitates his love objects in their presence, as for example in "Peek-a-boo". From about 16 to 24 months, the rapprochement subphase is predominant. Here there is more active imitation with the use of mental representations of behaviours of the love object. Such symbolic play, based on deferred imitation, heralds the transfer of the mother-child relationship to the child's internal world, and permits the continuation of the love-relationship with the object in its absence. Psycho-sexually, anal-sadistic and genital trends take prominence, and ambivalence due to them and to the toddler's conflict over attachment and separation results in the rapprochement crisis (McDevitt, 1975).

If conditions are unfavourable, as when the love object remains emotionally unavailable, the rapprochement crisis results in intense ambivalence, with splitting of the object and the persistance of behaviours characteristic of the rapprochement phase. These include envy, possessiveness, coerciveness, demandingness, and helplessness, passivity and separation anxiety (McDevitt, 1975).

The healthy resolution of the rapprochement crisis leads to selective identification with the object, the integration of the good and bad aspects of the mother, and the development of object constancy. In definition, Mahler and Furer (1963) state, "By object constancy we mean that the maternal image has become intrapsychically available to the child in the

same way that the actual mother had been libidinally available - for sustenance, comfort and love" (p.222).

Therefore, in terms of her own theory, one can question whether the shortness of grief noted by Mahler (1961) might not reflect the infant's germinal ability to form and maintain mental object representations at the beginning of the differentiation subphase, and if the defensiveness described might not be in part due to the poorly integrated, readily split nature of the object representation. Further, as is discussed in relation to Bowlby (1981), the child's expression of longing for the mother during brief absences cannot necessarily be equated with the intrapsychic work of mourning. Mahler (1961) uses the terms grief, mourning, sadness and longing somewhat loosely and interchangeably. She notes at one point that longing is an affective precursor to the more ego-filtered affect of grief, but later describes grief and mourning in the symbiotic phase as precipitating infantile autism in some children.

It is perhaps her focus on delineating the aetiology of infantile psychosis that accounts for Mahler's (1961) lack of clarity on grief and mourning in childhood. Others, who broadly espouse her developmental framework, have explored reactions to childhood bereavement in greater depth. Their research is, accordingly, reviewed next.

2.4.3. ROCHLIN

Miller (1971) in commenting on Rochlin's (1953, 1961) work states that he argues that clinical depression and mourning do not occur in childhood since the child's ego is insufficiently differentiated for the complex mechanisms involved. He points instead to the 'regressive processes, pathological identifications, the hyperactivity and the arrest of certain ego functions' (Mendelson, 1974:131) taking place in children as pathological reactions to loss. However, E.Furman (1974) interprets his view as being that children can mourn in latency. The interpretation one makes of his work appears to depend on one's criteria for mourning, as will be clarified below. His work is included here since Mahler (1961) quotes him in support of her views, and since although he draws heavily on Freud's theory of psycho-sexual stages, his emphasis is clearly on object relations.

Rochlin (1961) distinguishes two important phases. The first is the narcissistic cathexis of objects, occurring in the pre-Oedipal child, so that loss of the object results in an increased narcissistic cathexis of the self, and a regression to part-object relationships. There is a withdrawal from the frustrating object and a readiness to accept a substitute object - he appears to refer here to the use of the mechanism of turning passive into active with reference to abandonment (E.Furman, 1974). If a substitute object is not available,

Rochlin (1961) stresses the choice of an inanimate object in its place. Aggressive instincts predominate during this phase, so the young child reacts to loss with rage and frustration.

In the second phase, which begins with the Oedipal period and development of the super-ego, the lost object is internalised through identification, so that after a loss the internalised object is retained. The wish to rid oneself of the lost object by disengagement at this stage raises old frustrations and new guilt, resulting in ambivalence towards the object.

The super-ego does not permit abandonment of the object since this is seen as dangerous and disloyal, and instead attacks the ego (Rochlin, 1961). However, Rochlin (1953) finds internalisation insufficient and adds, 'The need to project and to transfer object relations is equally indispensable' (Rochlin, 1961: 462 - 463).

Rochlin (1953, 1961) thus ignores the role of decathexis altogether in paving the way for new relationships, indicating that they are due to projection and displacement. It is this emphasis on the adaptive use of identification and displacement in forming new relationships that appears to lead E.Furman (1974) to conclude that Rochlin (1953) considers mourning to be possible after the Oedipal phase, while these mechanisms, used without accompanying decathexis, lead Miller (1971) to conclude that Rochlin (1953) holds that

children cannot mourn. In terms of the criteria for adult mourning discussed above (see Section 1.2.3), Miller's (1971) conclusion appears the more justified.

Rochlin (1953) stresses the effects of loss on self-esteem from latency onwards, since, with the development of object libido, the object is now valued and disappointments experienced due to the object loss are seen as signifying the child's own worthlessness, which is added to by aggression towards the object being turned against the self in order to spare the object. He thus views attempts at restitution to be important sequaelae of object loss - in the first phase, to replace the loss, and in the second phase, to enhance self-esteem by fantasies of being 'the chosen one'.

He also emphasises that object relations are essential to the child's development, both libidinal and for ego differentiation, and so shares the view of Fleming and Altschul (1963) that the death of a parent can result in the arrest of psychic development and, he adds, in regression to the point at which identification with the object was fixed. He thus also points to the pathological effects of the ongoing lack of the object, rather than the inability to mourn, as does Nagera (1970).

In his own clinical material, he does not distinguish between the effects of loss by death, separation or inadequate parenting (Rochlin, 1961), and E.Furman (1974) feels that his

use of data on children suffering temporary losses, may relate to his overlooking the role of decathexis. However, others have presented in support of Rochlin's (1961) views clinical reports of children who lost a parent by death (Scharl, 1961; Shambaugh, 1961; Wallach, 1961; Chethik, 1970), and two representative reports will be discussed.

2.4.4 CLINICAL REPORTS

Scharl (1961) reports on two sisters, aged five and eight, who witnessed their father's death by decapitation in a motor vehicle accident.

The eight year old was referred six months after the loss for fighting with her sister and not mentioning her father's death. She was reported to have been the perfect child after the loss, in contrast to her prior sullenness. The therapy report centres on her initial drawing of a decapitated man, taken to signify her preoccupation with killing her father, and later interactions with numerous pets, marked by sadistic fantasies and feelings of guilt and worthlessness. In order to deal with her feelings of worthlessness, she projected them onto her sib, and used denial and reversal (Mother hates me - I hate Mother). She became accident prone, but denied her fear of death through an omnipotent identification with the mother. Six months after therapy began, her uncle and grandfather died, and she was found to have a heart murmur. She reacted with a lack of concern. Scharl (1961) considers

her to have made repeated symbolic attempts to replace the father, but that such restitution was partly thwarted because of her guilt about fantasies of killing him. However, she considers this child to have been able to use reaction formation and identification with each of the parents to secure a less critical and more narcissistically satisfying picture of herself. Scharl (1961) relates this improvement to the more fully developed ego, strengthened identifications, desexualised libidinal relationships and less critical super-ego of latency. These conclusions are difficult to assess, since inadequate clinical evidence is given for them, the therapist's interpretations and the child's responses are not stated, and there is no relation made between the clinical events and the traumatic death she witnessed, her fears related to her own narrow escape, or her mother's attitudes and adjustment (E.Furman, 1974).

The five year old was the father's favourite and was extremely upset by his death. She was in the Oedipal phase, but was still narcissistic and is said to have restored her lost objects with ease. However, with the deaths of her uncle and grandfather, she lost her narcissistic supplies from men, regressed, exhibited anal phenomena and expressed her rage by feeling dirty and worthless. The clinical material also suggests that the elation and hyperactivity she exhibited were related to separations from her mother, and that the regression was concomitant with her warding off recall of the traumatic death and her own fear of dying.

Psychotherapy was terminated by the mother's remarriage and move.

Scharl (1961) draws attention to the effects of the prior relationship with the lost parent and the psycho-sexual and ego level of development on the reaction to bereavement. These reactions included the use of diverse ego defenses, identification, regression and attempts at restitution.

Chethik (1970) reports on a boy referred at five years for enuresis, encopresis, thumb-sucking and aggression, whose mother died when he was six years and ten months old after a ten-month illness, and who was seen until 18 months after the death. He was thus able to assess both immediate and longer-term reactions to the loss. The prior mother-son relationship was one of 'intense fighting' (Chethik, 1970:625), and an additional complicating factor was the grandmother's sudden, similar illness and rapid deterioration two months prior to the mother's death.

During the mother's hospitalisation, the boy was overtly sad and quiet, but did not acknowledge comments about missing his mother. Chethik (1970) hypothesised that the separation reactivated the child's earlier primitive anger, derived from the beginning of the anal stage and manifested in his referring symptoms. He asked many questions about death and God, which appear to have indicated a quest for cognitive clarity and support in reality testing, and he exhibited many

regressive features indicating an ego arrest, such as magical thinking and animism. Some Oedipal material emerged, with increased castration anxiety, thought partly due to the mother's operations, and he exhibited some identification with the mother's illness. He also lost certain ego accomplishments, such as his ability to read. After the death, he was able to cry in company, but this was viewed as a sympathetic reaction to others, rather than an expression of his own grief. He showed marked autoerotic behaviour and warded off talking about his mother, had fantasies of reunion and difficulties with mother substitutes. Chethik (1970) states he used therapy not to help him mourn, since this 'did not seem possible' (1970: 640) but with 'after death work' to help him understand the many different affects aroused by the death. The example given is his jealousy towards sibs and peers whom he felt had something he longed for, but the distinction between this and mourning work is not clarified.

In line with Rochlin's (1961) views on the threat of ego disintegration for the bereaved child, Chethik (1970) postulates that the boy denied the finality of the loss since he needed the mother as an auxillary ego and super-ego, since he had not established his internalisation of the object, which Chethik (1970) dates from the resolution of the Oedipal struggle. Without the mother, then, the boy faced massive regression, and if he accepted her loss, would also face the loss of a part of himself, since the attack on her life would be equal to an attack on the developing ego and super-ego

processes developing in him.

Chethik (1970) thus does not state an age at which mourning is possible, but suggests that an individual assessment is required of the level of development of object relations and identifications prior to the loss, to assess if acceptance of the death is possible or if it threatens ego disintegration. If the latter is the case, there would be a greater need to deny the loss and so mourning could not follow.

Chethik's (1970) presentation has the advantage of not being retrospective, and of including many therapist interpretations and self-disclosures, which help to convey the flavour of the therapy admirably. However, the enormity of the task he sees the bereaved child faced with, must be seen in the context of a case where the ego is already burdened by a severe developmental struggle, which itself had implicated several aspects considered by other authors, such as Wolfenstein (1966), to be adversely affected by a bereavement. Examples are reality testing, which was very poor in this boy, and fears of sadistic attack.

2.5. THE HAMPSTEAD SCHOOL

2.5.1. INTRODUCTION

The Hampstead School is defined here as including A.Freud (1960) and all those who support her theoretical formulations

and extend her work in the field of childhood bereavement. The Cleveland School is therefore subsumed here since, although geographically distant, it adheres to A.Freud's (1965) theory.

The Hampstead School offers the major conceptual alternative on childhood mourning to the analysts discussed up until this point. It considers children capable of mourning, as defined by the analytic criteria for adult mourning discussed in Sections 1.2.3 and 1.2.4., once certain developmental steps have been achieved. These developmental prerequisites are discussed below.

2.5.2. A. FREUD

A. Freud (1960) clarifies in detail the ego capacities she considers prerequisites for mourning. In addition, she and Burlingham (Freud and Burlingham, 1942; Burlingham and Freud, 1965) were important early contributors to the field of childhood reactions to loss, through their observations of children in the residential Hampstead Nurseries of World War Two.

They described children from six months to 36 months as reacting to the loss of the mother with feelings of desertion, intolerable longing for her and despair. Some refused to eat or sleep, many refused attention from substitutes, clung to an object symbolising the mother such

as a toy, and some monotonously repeated the word by which they called their mothers. They emphasise 'the depth and seriousness of this grief of a small child', but note that it is 'short-lived...in the child between one and two years (it) will normally be over in 36 to 48 hours (Freud and Burlingham, 1942:51), and in 'children' (no age range given) could be expected to last any length of time 'from a few hours to several weeks or even a few months' (A.Freud, 1960) where a substitute is available. The similarity between their observations and Bowlby's (1960) description of the stages of protest, despair and detachment is acknowledged, although A.Freud (1960) interprets the first two stages as attempts to maintain the cathexis of the object, and the third as a sign it has been withdrawn. The similarity between her and Rochlin's (1961) findings on the use of part-objects or transitional objects (Winnicott, 1951) is also clearly seen.

They later also noted the frequent manifestations of auto-eroticism after the loss of the mother, and suggest that the infant's early gratification is derived partly through the mother's and partly through its own body. The loss of the mother decreases these gratifications, which are less in the shared-substitute mother relationship available in a nursery, so auto-eroticism takes its place. Since the child's body becomes the object for gratification, an increase in narcissism is suggested, and the child concomitantly withdraws into the comforting world it has

created (Burlingham and Freud, 1965).

They also noted reactions to the loss by death of the father, recording in 1942 a four-and-a-half and a five year old who acknowledged their fathers were dead and would not return. However, this differs from their later observations (Burlingham and Freud, 1965), where they describe a 'complete inability to accept the fact of the father's death' (1965:82), although separations were readily accepted. The bereaved children talked about their fathers as if they were alive, and when they understood the fact of death, tried to deny it by fantasies of rebirth or return from heaven. Visits from dead fathers were mentioned more frequently than those from live ones. They considered some of these instances as occurring because of the mother's denial, but that other instances were the 'child's spontaneous production' (1965:89). They interpreted these fantasies as defenses against inner feelings of loss and deprivation, since for children over two years they consider the father integral to emotional development. Their examples range in age from two-and-a-half to five-and-a-half years (Burlingham and Freud, 1965). The similarity of these observations to Wolfenstein's (1966) is apparent.

The War Nursery data are presented as naturalistic observations, but A.Freud (1960) later systematised the findings. As immediate pathological effects of separation, she enumerates:

i) psychosomatic conditions e.g. sleeping and eating disturbances;

ii) regression in instinct development e.g. libidinal regression to oral, anal and auto-erotic behaviour and aggression to cruder forms e.g. biting, spitting;

iii) regression in ego development, with loss of recently acquired ego functions such as speech, bowel and bladder control, and finally,

iv) upsets in libido distribution, especially if a mother substitute is not available or the child for internal reasons cannot cathect a substitute.

The free libido, once the mother has been decathected, may cathect the body, resulting in psychosomatic or hypochondrical disturbances; the self-image, resulting in omnipotence or increased self-love; or the inner fantasy world, resulting in autistic behaviour.

As a long-term consequence, she notes impairment in the capacity for and quality of object relations, evinced in withdrawal from or shallowness of relationships. However, she includes here only cases with repeated changes of mother figures, and gives no rationale, bar that it indicates a regressive process (A.Freud, 1960).

In terms of a theoretical understanding of her findings, she considers it crucial what stage of object relations and level of ego maturity were reached prior to the loss. The infant before three months, in her view, has no self-object

differentiation and with loss, reacts only to changes in sensory perception, and accepts a substitute. After three months, it has a mental representation of the mother as a need-satisfying object (A.Freud, 1952), and reacts to the loss of the need-fulfilling functions of the object, which it can associate with the object's qualities. A substitute is accepted, but recognised as an unfamiliar object. This is the stage of infantile narcissism, where there is no libidinal exchange with the object. Instead, there is a one-sided use of the mother for gratification. The object is drawn wholly into the internal narcissistic milieu and treated as part of it, to the extent that the self and object representations merge (A.Freud, 1960), and loss of the object constitutes a narcissistic depletion.

Towards the end of the first or beginning of the second year of life, the stage of object constancy develops. Here, the child gains the ability to cathect objects in a way that can be likened to the adult's cathexis, with the libidinal exchange of loving and being loved. He also has sufficient ego development for reality testing, acceptance of the reality principle and partial control of id impulses to an extent adequate for accepting the loss as a fact in the external world. This is the first of A.Freud's (1960) two-stage description of the process of mourning (see Section 1.2.3.). With loss, the child thus does not attach himself automatically to a substitute, but remembers with longing that he has experienced the loss of a loved object and

exhibits Bowlby's (1960) three stages in a way that psychodynamically bears resemblance to the adult mourning process (A.Freud, 1960). Prior to this stage, similar overt reactions are not considered to be due to the same underlying processes, but are resultant of the more primitive and direct dictates of the pleasure-pain principle (A.Freud, 1960). There has been much research in recent years on the development of object constancy and mother-child interaction, and this work is discussed in Section 2.7.

A.Freud (1960) thus speaks for the necessity of assessing the bereaved child's level of libidinal and ego development in order to predict the outcome of his bereavement reaction, as does Chethik (1970). In addition, the heavy theoretical debt owed to her by other workers in the field, such as E.Furman (1974) and her co-researchers, and Nagera (1970) must be noted. However, she herself comments on the limitations of her data base for generalisations on childhood mourning processes. The Nursery children were separated both from their parents and their home environment, had to adjust to group life and share a mother substitute (A.Freud, 1960). In addition, many of the observations, especially about the reactions to the loss of the mother, are not of bereaved children, but children undergoing separations, and then under the very traumatic circumstances of war - a situation that would affect not only the children but their caretakers as well.

The Cleveland school has studied children bereaved under less traumatic and deprived circumstances, so it is to their work that we now turn.

2.5.3. THE CLEVELAND SCHOOL

R.Furman (1964a, 1964b), E.Furman (1974) and their co-workers (Barnes, 1964,1978; McDonald, 1964) ascribe to A.Freud's (1960, 1965) theoretical views but have explored their implications more directly for the area of childhood bereavement, and have gathered a more suitable and extensive data base through their therapeutic work with bereaved children. This includes the co-operative work of a group of psychoanalysts in Cleveland, who treated 23 bereaved children over a period of 15 years, the children ranging from ten weeks to 13 years at the time of the parent's death. 14 were seen in individual analysis, and the other nine, all under five years, were placed in a therapeutic nursery school and the surviving parent was counselled (E.Furman, 1974).

They follow A.Freud's (1960) definition of the mourning process, in stressing the necessity of examining the age at which the child is capable of understanding the external reality of death, and the stage at which he is capable of the internal work of mourning. In addition, they add that one must examine factors interfering with the utilisation of the child's capacity to mourn since he may be developmentally capable of mourning but still not undergo the process

(R.Furman, 1964a; E. Furman, 1974).

They consider a concept of death to be the first prerequisite for mourning, and state that the child can comprehend death after two years of age, if helped to utilise his daily experiences with this goal in mind. E.Furman (1974) points out that understanding death, and accepting a death, are not equivalent and that many people have difficulty integrating the reality of a particular death (Freud, 1917), but that the former is a necessary basis for the latter. R.Furman (1964a) expands A.Freud's (1960) description of the ego development necessary for a comprehension of death, to include:

i) Sufficiently stable and differentiated self and object representations, so the self-representation can withstand the threat implicit in the death.

ii) Sufficient ego mastery over the id, so that the concept of death can be integrated into the ego's pool of knowledge, rather than arousing instinctual derivatives.

iii) The ability to distinguish animate from inanimate, living from non-living.

iv) The ability to understand time in terms of past, present and future.

v) Sufficient secondary process thinking to understand that since something is dead, it cannot do certain things.

He notes that there is a quantitive element in these factors

that is difficult to delineate precisely. An example is the two year old who knows the dead bird will not sing again, but reports the thoughts of her doll. R.Furman's (1964a) accuracy in terms of the development of cognitive concepts of death and time, his points iii - v, will be assessed in relation to other studies on this (see Section 3.5.2); points i and ii indicate the need for the stage of object constancy to have been reached (see Section 2.7.).

In terms of libidinal development, R.Furman (1964a) considers attainment of the phallic level of object relations to be necessary for mourning, since here the child has mastered the high degree of ambivalence of the anal-sadistic phase. He thus stresses the role of ambivalence, as do Wolfenstein (1966) and Nagera (1970), although he offers a further rationale. He states that if the aggressive component of this ambivalence is too strong the internal representation of the lost object will be obliterated so preventing decathexis of it, or that the anxiety engendered by the fear of the destructive component of the ambivalence will lead to a denial of the loss. However, E.Furman (1974) notes that although theoretically the former could occur, it was not observed in any of their cases.

R. Furman (1964a) adds that for the phallic level of object relations, the child needs a more mature development of reality testing than he does to develop a concept of death, and in addition to mourn needs the ability to identify and

verbalise effects in order to deal with pain of decathexis (A. Katan, 1961). He dates these functions to three-and-a-half to four years old, but notes the wide discrepancies between children.

E. Furman (1974) agrees that the child must have attained the stage of object constancy to mourn and does not here specifically mention the phallic level of object relations although it and stable object constancy are considered concurrent processes. She follows A. Freud (1960) more closely in her rationale, in that the intra-psychic work of mourning will be most closely approximated if the loss does not constitute an interference in need-fullfilment and too great a depletion of narcissistic supplies - although there is always some narcissistic involvment,even in adulthood.

E. Furman (1974) goes on to enumerate the ego functions which will be affected by the loss at each developmental stage as those still dependant on narcissistic supplies and libidinization by the lost object. In early object constancy, the loss may deplete those necessary for basic self-preservation manifested in loss of appetite and susceptibility to somatic disease. In the young toddler, she includes walking, talking, bladder control and libidinal cathexis of the self-representation, and states that the loss may interfere with basic personality functioning. At the phallic level, at about four years of age, the child depends on the object for assurance of need-fulfilment, adequacy,

control of drive expression, inner and outer reality testing and tolerance of affects. However, she considers that at this stage primary and secondary narcissistic investment has taken place to a large degree, object constancy is quite stable, and needs are met more readily by others since the unique form in which they are met by the mother figure is less important. The latency child depends on the object for developing sublimations and mastering inner and outer conflicts, although he increasingly takes over these functions for himself. The adolescent needs the parent to measure himself against, as a safe harbour to venture out from, and for object removal.

This list is very close in conception to Wolfenstein's (1966) and Nagera's (1970) view of the necessity for an ongoing object relationship for healthy development. To account for this view, E. Furman (1974) proposes a "critical period" while an ego function is developing, during which it requires libidinal investment by the child and the main love object, before it becomes autonomously established in the service of the ego, and during which period withdrawals or imbalances in its libidinal investment will lead to interference with it. These may be in the form of distortions or arrests (Fleming and Altschul, 1963) or regressions (Wolfenstein, 1966). However, unlike Wolfenstein (1966), E. Furman (1974) differentiates between such functional regressions (A. Freud, 1965) and drive regressions due to prior instinctual fixation points.

In terms of the work of mourning, E. Furman (1974) discusses decathexis, hypercathexis, identification, and recathexis of a new object.

Decathexis is considered the most important aspect of mourning. Here, E. Furman (1974) points out that since the progression of the child's instinctual development and personality structuralisation interrelates with the appropriate object relations at each stage, (a thesis held by Nagera (1970); Fleming and Altschul (1963); and Rochlin (1961)), decathexis can diminish narcissistic satisfactions of living and prevent further development. Thus, particularly in the pre-latency child, the "sum of narcissistic satisfactions" cited by Freud (1917) as motivating towards decathexis, may instead exercise a demand for clinging to the representation of the lost object - hence the importance of a substitute object. She considers the latency child after the Oedipal resolution, to be less threatened by decathexis, and the adolescent to be even less so. Although she offers a much more thoughtful analysis than does Wolfenstein (1966), it can be clearly seen how her views relate to Wolfenstein's (1966) findings of hypercathexis of the dead parent's representation, and difficulty with mourning until the resolution of adolescence.

E. Furman (1974) considers the hypercathexis of memories, or longing, to be a valid stage prior to their decathexis. She

points out that the nature of the cathected object relationship differs greatly at different development stages, since in the toddler period object representations are less differentiated, less stable, less in accordance with external reality and less complex than they are later. This could then affect the time taken to hypercathect all the aspects of the representation - a consideration not taken into account by authors such as A. Freud (1960) or Wolfenstein (1966) when commenting on the apparently short duration of mourning in the child. E. Furman (1974) does not state if she found a distinct break in the complexity of the representation between the toddler period and later ages - in which case her point would not account for the other authors' findings in children over the stage of object constancy - but in view of her stress on the ongoing nature of development, this is not likely.

She further posits that a less composite representation would not necessarily affect the pain associated with longing, since the child's fewer memories may be all the more intensely cathected. In addition, the young child more often encounters such memories within the framework of his daily routines, thus hypercathecting them more rapidly, although in some respects the child's longing for the parent extends far into the future, missing the love object in situations that would have been shared, such as the adolescent's onset of menstruation. She states that some of their cases from all ages were found to be capable of tolerating great pain and

longing, and the greatest interference in this was not from age - adequate differences, but from individual defense mechanisms established prior to the bereavement, and from pathological identifications with the dead or surviving love objects.

In terms of identification E. Furman's (1974) views have been discussed in Section 1.2.4. She considers identification to be possible only after the need-fulfiling stage. However, she differentiates the role of identification in mourning and in normal development, in terms of the situation producing it, the function it serves and the extent to which it is necessary. She also stresses the importance of the proportion of identification and decathexis utilised when a parent dies, since the former should not be of such great proportions that it prevents the latter and the ultimate availability of object libido for the cathexis of new objects.

Other defense mechanisms such as denial were used by some cases to cope with the stress of loss. These were considered adaptive when they preceded the work of mourning to cushion the blow and did not take its place.

Interestingly, none of their bereaved patients manifested an increase in narcissistic libidinal investment (Perman, 1979) or investment in partial or inanimate objects (Rochlin, 1961) to any great extent. They did however, find such defensive

outcomes in cases where the loss had been for reasons other than death (Rochlin, 1961) and hypothesised that the bereaved patients did not manifest these mechanisms because of the good prior relationship with the lost object and the presence of the surviving parent as a love object.

E. Furman (1974) agrees with Nagera (1970) that the child requires the ongoing presence of a parental object for his personality and libidinal development. She considers the mother to be most crucial until the child is two years old (see Section 2.6.2.) and both parents to be equally important from this age until adolescent object removal. However, she further distinguishes the effects of childhood parent loss from other losses in terms of the distribution of object libidinal cathexes. After object removal E. Furman (1974) considers no relations comparable to the parental cathexis of childhood to be maintained. In addition, the mourning adult with his greater distribution of cathexes can rely on his other relationships, and does not need to attach himself to new objects to the same extent. In her view it thus becomes more meaningful to compare adult losses with childhood losses of objects other than the parental figures.

In terms of factors that interfere with a child's ability to deal adequately with a death, R. Furman (1964a) cites the comprehension of death being hindered by:

i) The first exposure being to the death of a deeply loved person, so the pain results in denial.

ii) Identification with a parent who ignored or denied death.

iii) Any organic or emotional factors interfering with normal ego maturation and so which could inhibit the development of the ego functions necessary for the comprehension of death.

As interfering with mourning he and E. Furman (1974) include the following points, most of which can be extracted from the above discussion:

i) Lack of assurance of reality needs being met and the continuation of other relationships. Without such assurance, the child is unlikely to find a way of caring for himself and tolerating the ensuing tensions. His anxiety then forces the employment of defense measures such as the denial of the loss and he cannot devote his energies to mourning. The necessity for a consistent substitute care-giver is also stressed here. The purpose is not to replace the lost parent but to give respite from tensions and anxieties by continuing partial supply of his needs and so to enable the child to survive narcissistically while mourning and devote energy to mourning. Wolfenstein (1966) also stresses the need for a substitute to avert pathological consequences, but like Rochlin (1961) sees the child as immediately transferring his cathexis to the substitute - a move that an adult is thought not capable of until decathexis has been completed. E. Furman (1974) in contrast does not consider the availability of an object to ensure its cathexis, since she considers

mourning and the freeing of object libido to be prerequisites for this. In her view, acceptance of the need-fulfilling person does not represent a libidinal shift in attachment, or transfer of cathexis, as evidenced in children who accepted alternative care, but whose longing for the lost object continued. E. Furman (1974) does report some instances when a child tried to transfer his love as a defensive measure. This was seen as a displacement enabling him to ward off the pain of longing, but was not in fact accompanied by a shift of libidinal object cathexis, and did not replace mourning. The outcome manifested itself as an adaptation, but blocked further development of his relationships (c.f. Wolfenstein, 1966; Nagera, 1970).

ii) Lack of support in the mourning process from remaining adults. E. Furman (1974) considers support to be the "essence of the surviving love object's role" (p.112). This includes help in understanding the concrete aspects of death, furthering the grasp of the specific circumstances and cause of death; help with mastering anxiety about it and assistance in differentiating the self from the object. All these require repeated working through and are especially helpful in pre-latency.

iii) Organic or emotional factors interfering with normal ego development, especially with the mastery of anal-sadistic aggression (R. Furman, 1964a). E. Furman (1974) cites as difficulties with the mourning process proper, the use of

inappropriate defences against affects, conflicts over ambivalence, inability to detach love from the lost parent, an undue proportion of identification or primitive identifications. These presumably would all stem from emotional difficulties.

iv) The individual circumstances of the form of death. It may produce anxiety when the circumstances coincide with and give apparent reality to developmental concerns. For example, sadism in the anal stage or castration anxiety in the phallic stage may be increased by witnessing the death or operative sites (R. Furman, 1964a). Sudden death precludes preparation and heightens feelings of potential danger to the self (E. Furman, 1974) and suicide engenders guilt and pathological identifications (Cain, 1978; Cain and Fast, 1966). R. Furman (1964a) considers anxiety from these sources to account for the fixations, regressions and pathological identifications observed by some authors. E. Furman (1974) holds that it can impede the ability to differentiate the self from the deceased, and so to embark on the mourning process.

v) Stressful events preceding and following the bereavement. These may be accidental in their timing or related to the death, and some are considered inevitable when a child's parent dies. For example, death of the father may result in financial distress or the remaining parent may decide to move homes or cities. The concrete familiar

environment is cited by many authors as essential to the stable continuity of the child's life (A. Freud, 1960; E. Furman, 1974) and forms a helpful link with the past. However, the attempt to change nothing can be equally unhelpful when it conveys a defensive denial of the loss.

Three tasks in coping with bereavement can be extracted from E. Furman's (1974) above discussion. These are:

i) Coping with the immediate impact of circumstances e.g. stresses, need-fulfilment, anxiety.

ii) Mourning.

iii) Resuming and continuing emotional life appropriately for one's level of maturity, e.g. adjusting to step-parents. As she cites (E. Furman, 1974) all aspects are interrelated and affect each other, but it is of use practically and theoretically to distinguish them when examining the outcome of childhood bereavement, in general or in a specific instance.

In conclusion, E. Furman (1974) gives a far more deeply explored and less dogmatic account of children's reactions to bereavement than the authors previously discussed. She assesses the implications of numerous factors affecting the bereaved child, both internal and external. Although she concludes that children are capable of mourning after the stage of object constancy, her findings are in some ways not as divergent from those of previous authors as some reviewers hold (Miller, 1971; Mendelson, 1974). This is because she

lays fair emphasis on factors interfering with mourning, and notes the wide range of resulting symptoms and behavioural problems. Some of these, she claims, do not appear on the surface to be related to the loss and may manifest after a long period of relatively appropriate functioning (controlled behaviour, subdued affective responses and little reference to the death), when higher-order developmental demands have to be dealt with (cf. Fleming and Altschul, 1963). In addition, her clinical material is of children who succeeded in mourning, but only with intensive analytic help or parental counselling precisely to deal with the factors preventing mourning.

As with other researchers' case material, E. Furman's (1974) showed diverse defensive reactions and symptomatology. The majority were seen some time after the bereavement and were referred for problems related to the loss, or were already in analysis for prior difficulties. The only one that was presented as able to mourn from the outset was the one adolescent in the sample. The relation of this to Wolfenstein's (1966) data is clear, but the role of therapy in facilitating this mourning is not assessed.

E. Furman (1974) cites emotional health as a factor facilitating mourning, but her own clinical material is evidence only for the conclusion that mourning is possible when great assistance is given by the parent or therapist (see Section 3.3.). Again, studies are required of normal

children who appear to have adapted successfully to a parental loss, to assess whether they have actually dealt with the stresses and mourning process without help, or whether they have resorted to superficially adaptive defensive measures. This would permit an assessment of whether children require assistance in order to mourn, presuming one accepts E. Furman's (1974) view that they have the intrapsychic prequisites to do so. However, it remains that E. Furman's (1974) and her co-workers' cases were capable of mourning, as defined by Freud (1917), albeit with assistance. This is a finding not supported by other researchers, such as Deutsch (1937), Wolfenstein (1966), Fleming and Altschul (1963) or Nagera (1970). It holds very different implications in terms of the child's intrapsychic development, from those of the other authors' views. It also provides support for the theoretical view it is grounded in (A. Freud, 1965), in pointing to differing levels of libidinal and ego development prior to adolescence as having an impact on the reactions to bereavement. It further highlights the necessity of taking external factors into account, since the interaction of these with internal factors decides the outcome of the process.

2.5.4 CLINICAL REPORTS

Several clinical papers (R. Furman, 1964b; Barnes, 1964; McDonald, 1964; Gauthier 1965; Lopez and Kliman, 1979; Perman, 1979), as well as a number of full case reports in E.

Furman (1974), illustrate childhood mourning in the context of therapeutic assistance.

Two case reports that are considered representative of the Cleveland School's work will be presented (R. Furman, 1964b; McDonald, 1964).

R. Furman (1964b) describes the first seven months of the analysis of a six year old boy whose mother died four months after the treatment had been started. He was referred for enuresis, teasing of sibs and a strong feminine identification. The mourning itself unfolded in two phases, from the painful acceptance of the reality loss to the beginning decathexis of the object representation. Denial was relatively absent, appearing only in the last month of the reported analytic work. Material was initially related to wanting a mother and being angry at the lack of one, and only three months after the death was it mainly related to missing the mother, accompanied by appropriately sad affects and some remembering through activity. R. Furman (1964b) primarily outlines the technical problems raised by the event, and views the role of analytic work as the interpretation of defenses which the child, because of the neurosis, used to ward off his painful loss. However, the reader is left unclear as to his assessment of the role of analysis in the mourning, since he states both that this "process was unfolding on its own" (p. 365) and that he doubts if mourning would have occurred without analytic help

in dealing with defenses and supporting reality awareness. One can only assume that the defenses if left untouched would have precluded the work of mourning.

McDonald (1964) reports on two sisters, age two and a half and four years, whose mother died. The elder was in the Oedipal period, and had manifested prior difficulties in the expression of aggression and developmental difficulties such as bed wetting. The younger sib was considered well adjusted and developmentally advanced. Initially, both remained active and were apparently unaffected. The elder used games to help her master the loss, such as falling and getting up, entailing the defense of transforming passive into active, and games using the reversal of affect. The therapist considered these adaptive. There were indications of a secret fantasy wish that the mother would return. On the evidence given, it is likely that Wolfenstein (1966) would have interpreted this as a denial of the finality of death. Later the child manifested a fear of identifying with a female who died so young, a wish to replace the mother with the grandmother, who took over many of the caretaking functions, and attempts at cognitive mastery of the death. Five weeks later the paternal grandfather died, and she was able to show sadness and to cry.

The younger sister remained her cheerful self after the death, did not mention her mother, used strong denial and sought mother substitutes, her sister being an important one

for her. Some months later she was able to express her sadness, verbalise her feelings about her mother and ask questions about death. After a year, she was considered to have mourned her mother. However, this coincided with her grandmother's delayed mourning, and her prior denial was considered related to her mother's and grandmother's extensive use of this defense, and to the inability of her immature ego to comprehend death.

Help was given in the form of "extensive educational enlightenment" (McDonald, 1964: 354) of father, mother substitutes and teachers. Without this, it was felt that defensive adaptations, temporary regressions, and symptom formations at the time of the loss might have resulted in an infantile neurosis.

Again, this is evidence only for the child's ability to mourn when assisted to do so. She does not detail the younger girl's stage of drive development, nor explain the effects of the older girl's prior difficulties with aggression and Oedipal ambivalence to the mother at the time of her death. However, McDonald (1964) states that their differing ages and stages of drive development determined their divergent reactions to the loss. This is no doubt largely true, since the circumstances of the loss and its attendant family stresses were similar for both. However, the elder girl was not as emotionally healthy as the younger. Further, she points out that the elder served as an important mother

substitute for the younger child. This is the first indication that one's placing in the sibship might be a relevant factor in dealing with bereavement. Unfortunately its implications are not explored.

2.6 BOWLBY

2.6.1 INTRODUCTION

Bowlby's (1960, 1961, 1963, 1981) views are discussed here since in his later work on childhood bereavement reactions, he draws heavily on the work of the Hampstead school (Bowlby, 1981). He is not subsumed under the Hampstead school however. This is because his contribution to the field of childhood mourning has been both seminal and far-reaching, and his views warrant careful consideration since they have evolved and altered over a number of years.

2.6.2 BOWLBY'S CONTRIBUTION

Bowlby (1960, 1961, 1963, 1981) studied children from six months to four years of age, who had been separated from their mothers for varying lengths of time ranging from a few weeks to an indefinite period. These children were in hospitals, foster care or other institutional settings.

Bowlby (1963) addresses himself only to the loss of a mother. He takes for granted the seminal importance of the

mother-child relationship, positing attachment to the mother as an instinctive response, and emphasising the priority of its corollary, separation anxiety. This is denoted as an elemental experience, with its roots in the detachment of the child from the mother in the early years of life (Bowlby, 1978). However, he studied children who had been removed from their homes and for whom the loss of the mother was but one loss among many. Evidence for this is that children hospitalised with a sib show less distress than those on their own (Heinicke and Westheimer, 1965) and fathers elicit attachment behaviour (Cohen and Campos, 1974) and protest behaviour on leaving (Spelke et al, 1973). This indicates that mothers are not the only attachment figures of early childhood, though other attachments may be of lesser intensity (Rutter, 1977). The child removed from home and suffering multiple losses would then be expected to show an increased intensity of distress (Bowlby, Robertson and Rosenbluth, 1952).

Bowlby (1961) describes three stages of a single process of mourning observed in these children:

i) Protest: This stage is the manifestation of separation anxiety and lasts a week or more. The child makes restless, noisy demands for the mother, cries and through yearning and angry effort seeks to regain her. He is acutely distressed by the loss, his behaviour is chiefly directed at restoring the lost relationship and his efforts are motivated by high

hopes of success.

ii) Despair: This is equivalent to grief and mourning. The longing for the mother's return remains but hope of its being realised fades. The longing becomes hidden or muted and so may be overlooked, as in Bowlby, Robertson and Rosenbluth's (1952) observation of a child interpolating, "I want my mummy" in unrelated conversation. The child becomes apathetic, withdrawn, may lose weight and continues crying, but often now silently. There is intense generalised hostility (Heinicke, 1956) or it is directed at alternative caretakers, who are rejected.

iii) Detachment:This phase is defensive. The child begins to seek new relationships and attaches to a new mother figure if one is available and he takes cognisance of his environment again.

In assessing these observations Bowlby (1960) states, "the responses to be observed in young children differ in no material respect (apart probably from certain consequences) from those observed in adults on loss of a loved object" (p. 10). Certainly the parallel descriptions of the processes in dying adults (Carson, 1974), mourning adults (Parkes, 1972) and socially entrenched mourning rituals (Saucier, 1967) add convergent validity to his observations, although these reactions are not observed in all children (Rutter, 1971). What is taken issue with is not the description but his

inference that, "it is thus wiser methodologically to assume that the underlying processes are similar also" (Bowlby, 1960:27), for example by A. Freud (1960), Schur (1960) and Spitz (1960).

Whether the underlying processes are similar or not cannot be evaluated from Bowlby's (1960) observational data. However, he later expands the thesis that the consequences of mourning may differ between children and adults (Bowlby, 1963). In doing so, he departs significantly from his view of the essential identity of the mourning processes. He argues that, "the mourning responses that are commonly seen in infancy and early childhood bear many of the features which are the hallmarks of pathological mourning in the adult" (Bowlby, 1963:504), and so distort future personality development and predispose to psychiatric illness. He posits that this is because the young child is unable to accept and openly express his sad and angry yearning to regain the lost object. This yearning then becomes repressed and so the demand for the object's return is insulated from repeated learning experiences that it will not return (where the learning is by extinction) and so it persists. His evidence is primarily from others' descriptions of the analyses of adults who lost a parent in childhood (Pollock, 1961) and from some separation studies (Bowlby, Robertson and Rosenbluth, 1952). In addition to repression, he states that defences of splitting and denial are used (Bowlby, 1963).

In this context, Bowlby (1963) describes four main variants of pathological responses to loss in adults that he considers children's responses to equate. These are:

i) Persistent and unconscious yearning for the lost object - based on unconscious denial that the object is permanently lost.

ii) Persistent anger and reproach against the object - which is directed to the self.

iii) Compulsive caretaking of vicarious figures - using the defense of projective identification.

iv) Denial that the object is permanently lost - denial here being conscious.

He states that in the first three forms the loss of the object is consciously acknowledged. In accounting for the fourth type he draws on the concept of a split in the ego, which is invoked by so many other analysts (Freud, 1927; Wolfenstein, 1966). Unlike the others, Bowlby (1963) states that it is not promoted by an inherently weak ego but by unfavourable conditions surrounding the loss.

The separation studies revealed that children often failed to respond to or recognise the longed for mother when she returned (Bowlby, Robertson and Rosenbluth, 1952; Robertson and Robertson, 1971), and that no reactions were as marked towards the absent father. To explain this Bowlby (1963) invokes Kleinian concepts, suggesting that because of the

recent cohesion in the maternal image, achieved by two and a half years, it is readily split into the wholly satisfying mother desired and the frustrating one who has deserted. On her return, since she is neither, she is not recognised. Separation from the father in these early years he suggests leads to a lesser intensity of conflict and so less splitting occurs. While this is an interesting view and may have some validity, it presupposes a direct correspondence between external and internal object relationships which Klein (1940) does not espouse, and ignores both the early dating of the whole object relationship to the father, which Klein (1940) posits as part of the depressive position (see Section 2.8.) and the descriptive evidence referred to above on the importance of other familial attachment figures.

Bowlby (1981) later expands on this more conservatively, by reviewing the clinical reports of others and concluding that many children after 16 months and all after two and a half years are capable of retaining memories of a dead parent and sustaining periods of yearning and sadness. He also concludes that children of six to 17 months respond similarly enough for the relationship to mourning to be considered, but suggests that the term "mourning" may be inappropriate since the 16 month old can distinguish betweeen old and new caretakers for a matter of weeks only, under 17 months the child has limited symbolic functioning and until two years he requires active help to maintain an image of the lost mother. He suggests that the term grief be used instead, and in so

doing retracts his earlier thesis of the similarity of the underlying processes in adults' and children's grief.

Bowlby (1981) also stresses the role of the circumstances surrounding the loss, stating that only if these are favourable will the child over two and a half years old mourn. He considers as especially important a good prior relationship with the dead parent, prompt and accurate information about the death and the continuing presence of the surviving parent. The difference between childhood and adult bereavement reactions he then posits as due to children's greater sensitivity to such circumstances, including their not having yet learned that they can survive without the attachment object, that they are dependant on adults for information and may not be given clarity, that they are unable to seek comfort elsewhere if the remaining adults are unsympathetic to their sorrow, that they are likely to misunderstand overt happenings and information since they have less knowledge of issues of life and death, and that they live more in the present and have more difficulty recalling the past so that the interludes between their grief will be greater and their moods more changeable than adults'. The pathological variants of adult mourning described in Bowlby (1963) and cited above are now included, among others, as disordered variants of childhood grief (Bowlby, 1981).

In summary, Bowlby (1960, 1961, 1963, 1981) appears to move

from a radical position positing that children from six months mourn, to equating childhood grief with adult pathological grief as do Deutsch (1937), Wolfenstein (1966) and their proponents, to a position that is less dogmatic and very similar to E. Furman's (1974), on which it relies heavily for evidence.

However, in using as data the clinical reports of others, Bowlby (1981) does not take into account the role of the therapist in facilitating mourning, does not draw on any accounts of three to four year olds who lost a mother under unfavourable circumstances or who lost a father, and nor does he note the potential bias of such clinical samples. The rest of his data is comprised of studies of temporary separations (Robertson and Robertson, 1971) where the demands made on the child's cognitive understanding of the situation, the expectations of his behaviour and the behaviour of the adults around him are likely to be very different from those of a bereaved child.

Bowlby (1961, 1963) offers an important descriptive synthesis of grief in early childhood, and over the years stimulated much discussion by authors too numerous to cite. However, he posited a developmental question about when children become able to mourn (Bowlby, 1961)and posits many developmental reasons for the differences between childhood and adult grief (Bowlby, 1981). These have been cited above and include living in the present and misunderstanding external events.

He does not, however, have a structural or dynamic developmental framework within which to discuss the six months to four year olds with whom he is centrally concerned. He can thus offer no insight into the nature of the psychological organisation of children at differing ages who are dealing with bereavement (Spitz, 1960). This is inadequate especially because he still has to draw on the concepts of ego defences, such as denial and splitting, and the development of symbolic thinking to account for his findings but rejects the accounts of ego and object development within which they are posited (e.g. A. Freud, 1965; McDevitt, 1975), as well as the related concepts of fixation and regression (Bowlby, 1981). This is highlighted in his attempts to translate concepts such as defense into a non-developmental, information-processing model (Bowlby, 1981). It is perhaps for this reason, too, that he does not attempt to incorporate the findings of Spitz (1960) that children under one year do not express anger on the loss of the mother, from which he hypothesised that they turn it against themselves in 'anaclitic depression'. Bowlby's (1981) lack of a coherent theory of object relations may also account for his not exploring the different reactions he observed to fathers and mothers, and which potentially could yeild great insight into the effects of different types of losses on the child's capacity to mourn.

In his later writings, Bowlby (1981) does great service by the stress he places on the external circumstances of the

loss and the effect of the child's interaction with the environment over the loss. These factors have frequently been overlooked by others, who go to the extreme of omitting such 'reality' details from their clinical accounts altogether (cf. Fleming and Altschul, 1963). Bowlby (1981) also shows an admirable lack of dogmatism in the face of the complexity of the subject. Unfortunately this is not balanced by an adequate account of personality development or an adequate theoretical elucidation, and in the last analysis he appears to do little more than align himself with E. Furman's (1974) point of view.

2.7 OBJECT PERMANENCE: COGNITIVE AND SOCIAL PERSPECTIVES.

2.7.1 INTRODUCTION

A. Freud (1960), Mahler (1961), E. Furman (1974) and Bowlby (1981) all invoke the concept of object constancy in discussing when a child is able to maintain an internal representation of an object, and so mourn its loss. A discussion of this concept is therefore called for, in the light of ongoing research.

2.7.2 OBJECT PERMANENCE

The development of object permanence is a cognitive attainment, and Piaget's (1959) elucidation of it is heralded

as his most significant contribution (Elkind and Sameroff, 1970).

Before about six months, if an object is hidden from view, the child will simply focus his attention elsewhere, suggesting that he is no longer aware of the object's existence. At about six to eight months - the time when distress is first seen on separation from the caretaker (Rutter, 1981) - the first indication of object constancy is shown in the infant's visual search for objects hidden from view. In the last quarter of the first year, he will reach for an object hidden from view if he has watched it being hidden. His developing motor skills further permit him to manipulate objects and thereby learn that they do not change, although their orientation and appearance may. From 12 to 18 months, the child will search for an object hidden a second time in a different place, indicating a recognition that objects can be displaced. Between about 18 and 24 months, object permanence is considered complete, with the object seen as an entity in its own right (Flavell, 1963). The child is able to search for objects that he cannot see and that he has not seen hidden, suggesting the existence of personal symbolic representations of objects that persist in their absence (Brown and Desforges, 1979).

The reliance on Piagetian theory of the abovementioned analysts, who all date object constancy to about two years, is clear.

Recent studies have indicated, however, that infants may attain object constancy earlier than Piaget (1959) hypothesised. Bower (1974) considered the gross motor responses required in Piaget's (1959) tasks to be beyond the young infant, and so measured heart rate and head and eye movements as indicators of search behaviour. On these response measures, he demonstrated that children aged two to four months appear to know of the continuing existence of objects hidden behind a screen. Gratch et al (1974) questioned the attention requirements of Piagetian tasks, and showed that infants who erred in searching for an object had attended in the first place to the location associated with previous successful searches and not to the new hiding place.

Other studies have pointed to memory limitations influencing responses on object constancy tasks (Bower, 1967; Harris, 1974). Under conditions of short delay the child may appear to have object constancy, but not if the experimenter induces a delay in response. This result is then thought to be due to memory limitations rather than a lack in the constructed constancy of objects as an independent entity. However, the development of object constancy and memory are obviously interrelated (Brown and Desforges, 1979) and for the child to respond to the permanent loss of a parent, the ability not only to have an internal image of him but to retain the image over time is clearly essential.

To Piaget and his followers it is irrelevant whether the object is human or inanimate. However, attachment theory questions that the development of social bonds simply reflects cognitive development (Bernal, 1974) and recent research on mother-child interaction indicates that infants attend preferentially to faces, prefer speech-like sounds and employ different modes of behaviour when relating to people and things (Ainsworth, Bell and Stayton, 1974). It is thus suggested that children have a predisposition to social life (Richards, 1974), probably on a genetic basis (Ainsworth, Bell and Stayton, 1974), although the discrimination of the primary caretaking figure is acquired on the basis of learning.

On the basis of naturalistic observation, attachment to the mother figure is still dated to about six months (Ainsworth, Bell and Stayton, 1974; Rutter, 1981). However, in parallel with Bower's (1967) studies on memory, Schaffer (1971) draws attention to the distinction between this early recognition of the mother and the infant's ability to recall her in her absence. The more fully established the internal representation is, the more it can bridge time and space and so the longer the time the mother can be away from the child without eliciting distress (Ainsworth, Bell and Stayton, 1974).

There is no clear evidence that the internal representation is established sufficiently for a mourning process to follow

a permanent loss prior to about 18 months. However, the question of how to assess behaviourally the nature of the child's attachment is still a matter of dispute. The intensity of protest on separation has been found to be a poor indicator of the strength or quality of the bond, since protest may reflect ambivalence or a strong attachment, and lack of it is seen in the context of attachments judged to be strong or weak (Bernal, 1974). Proximity-seeking and exploratory behaviours have also been used, on the assumption that the mother provides a secure base from which to explore, but these behaviours have been found to be intermittent, variable and situationally determined (Ainsworth, Bell and Stayton, 1974), and may also indicate different attachment bonds, as in exploratory behaviour seen in an unattached child and a securely attached child. The behavioural criteria for assessing bonds are thus unclear, and this has bearing on the assessment of the young, bereaved child's reaction.

The question also remains open of how early interaction with the caretaker affects the establishment of the internal representation and the vulnerability to her loss (Rutter, 1981). Differences in the intensity of the attachment have been found in children under one year old, and are thought due to the sensitivity of the mother in responding to the child (Ainsworth, Bell and Stayton, 1974) and to the quality of interaction with her - which is determined mutually by the reciprocal interaction of both mother and child (Bernal,

1974). However, evidence on the importance of the type of relationship prior to separation is very weak (Rutter, 1981).

While recent research therefore does not conflict with the previous findings of attachments forming at about six months, and object constancy at about 18 months, it does point to the ongoing need for further observations and research focused particularly on a critical analysis of the task requirements and behavioural responses used to measure object constancy.

2.8 BRITISH OBJECT RELATIONS THEORY

2.8.1 INTRODUCTION

The discussion of British object relations theory is restricted to the work of Klein (1935, 1940, 1946, 1952) since although others such as Winnecott (1965) have presented case studies of bereaved children, their theoretical formulations have been deeply influenced by Klein (1935), and she is the only one who has produced a comprehensive theory of early psychic development to which the concept of mourning is integral.

2.8.2 MELANIE KLEIN

Melanie Klein was essentially a child analyst who articulated the intra-psychic life of the infant. She considers grief and mourning to be processes integral to the normal

development of the infant, elicited during the depressive position which she posits has its onset during the second quarter of the first year of life (Klein, 1935). She states, "My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life" (Klein, 1940:311).

Her work has been given passing notice, if any, by reviewers of childhood bereavement reactions (Miller, 1971) although it would appear to have a potentially large contribution to make in affording theoretical clarification to the field. In order to explore the implications of her thesis, it is necessary to place it in the context of her major theoretical tenets. Her mature formulations, after 1934, will be utilised, since it is after this date that she articulated the concepts of the paranoid-schizoid and depressive positions. (Klein, 1935, 1946).

Both of these positions can be seen as subdivisions of the oral stage (Segal, 1964), but each was viewed by Klein (1935) not as a chronological but as a structural phase, with its specific configuration of ego organisation, internal object relations, anxiety and defences which persist throughout life.

Unlike the analysts previously discussed, Klein (1946) holds that there is enough ego from birth - albeit fragmentary and

fragile - to form primitive object relations, use primitive defence mechanisms and experience anxiety.

She further controversially supports Freud's (1920) later formulations that this ego is subject from birth to the inborn polarity of the life and death instincts. The operation of the death instinct arouses the primary persecutory anxiety of the total annihilation of the fragile ego, and this is supplemented by anxiety-provoking reality events, such as the anxiety of annihilation from the prototypical experience of the birth trauma (Klein, 1952) and bodily states of hunger, pain and frustration. To deal with this anxiety-laden internal situation the ego from the outset defensively splits and projects most of the part containing the death instinct outwards, thus experiencing these traumas as coming from the outside, which gives rise to the phantasy of a 'bad' part object and external persecutor. Since the first external relationship is to the breast the phantasy is of a bad breast. The part that is not projected is experienced as aggression, first oral-sadistic and later, with teething, oral-cannibalistic, and this is directed against the phantasised persecutors. This is then experienced as sadistic attacks on the bad breast which is in consequence phantasised as being fragmented.

Concurrently, the life instinct or libidinal impulses operate. In the relation to the part-object breast the infant's feelings and experiences of gratification are

projected into the breast in phantasy. A 'good', 'ideal' breast is thus created and becomes the first psychical representative of the life instinct. Because of the dominance of the oral libido, the good breast acquires the properties linked with orality (Klein, 1952).

The object relations that then pertain are between an ego split into libidinal, loving and sadistic, hating parts, relating to an object similarly split into good and bad. These relations are first under the dominance of oral instincts but soon urethral and anal instinctual components come into play - as in phantasies of drowning the mother, or expelling bad excrement into her.

This primitive psychical organisation is termed the paranoid-schizoid position, since it is marked by relationships to part objects - in that they are split into ideal and persecutory objects, and are bodily parts - a specific type of anxiety which is persecutory, or paranoid, in nature and the defence of splitting (Klein, 1935). It must be emphasised here that the objects predominantly referred to are phantasy objects.

There is a constant interplay of projection and reintrojection of part objects. The good breast, itself a result of projection, is introjected and thereby becomes a good internal part-object. Incorporation (or introjection) of an object is the prototype for all later identifications

of the introjective type. The persecutory breast, also a result of projective processes, is set up as an internal persecutor as a result of introjection. In times of frustrations and privations (Klein, 1952) the death instinct is triggered and leads to an intensification of persecutory anxiety.

A distinction is made by Kleinians between projection and projective identification. Projection usually refers to the subject's impulses, both 'bad' and 'good', being projected onto the object. Projective identification is a more specific type of projection (Segal, 1964) whereby the subject's impulses, internal objects or his whole self (Klein, 1952) are projected into the object. The object is thus identified with parts of the subject. This process of projective identification is in constant interplay with the processes of introjective identification described above (Klein, 1946; Segal, 1979). For example, projection of the 'bad' is phantasised as a 'bad' part object, and the reintrojection of persecutory bad objects may be manifested as hypochondriacal anxieties (Klein, 1952). On the other hand, the projection of good part objects leads to the development of good object relations and, with reintrojection, to good internal objects which enhance ego integration (Klein, 1946).

The main defense against persecutory anxiety is the omnipotent idealisation and possession of the 'ideal' breast

(Klein, 1946, 1952) phantasised as providing bountiful, inexhaustible gratification. This enhances the split between the good and the bad breast. This idealisation entails the process of omnipotent denial of psychical reality, with the infant in phantasy annihilating the bad object while maintaining the idealised one (Klein, 1946). Such denial is of the whole aspect of the object relationship, including the part of the ego with aggressive feelings about the object.

At this stage, there is no experience of the absence of the object. Absence is experienced as frustration and persecution (Segal, 1964) and deprivation by the idealised breast engenders envy, since the infant assumes that the breast is enjoying its own riches (Segal, 1979). The infant envies the breast and wants to incorporate it and so omnipotently possess its good qualities. When this is felt to be impossible, oral sadism is enhanced and envy aims at aggressively destroying the goodness of the ideal breast, to remove the source of envious feelings. The source of goodness depended upon is then destroyed, the good object becomes a source of hatred and the split between good and bad objects is interfered with. Good introjections cannot then be achieved, which has negative consequences for ego integration.

Pathology in the paranoid-schizoid position is considered to lead primarily to schizophrenic phenomena, with the ego fragmenting under the pressure of persecutory anxiety (Klein,

1946). Attacks are also made on 'linking' functions of the ego, so that the links may be broken between external and internal, and between parts of the self such as the functions of feeling and thinking (Segal, 1964).

In normal development, envy is modified by gratification outweighing frustrating experiences. The ideal breast is introjected, and the ego thus establishes a good internal part object. Through the infant's confidence in the dominance of his good part object and self over the bad ones, his fear of persecution lessens, as does his aggression, his need to project it, and so the split between the ideal and bad part objects lessens, and the paranoid-schizoid position gradually gives way to the depressive position (Klein, 1935; Segal, 1964).

However, the depressive position never fully succeeds the paranoid-schizoid position. Persecutory anxiety still persists, and splitting continues to function in a modified way throughout life. Further, the infant may regress temporarily to the paranoid-schizoid position as a defence against depressive anxieties, and Klein (1940) suggests that the depressive position consists of working through paranoid-schizoid concerns. Thus, there is an oscillation between and interaction of the two positions.

As the use of projection and splitting decreases, there is greater integration of both the ego and the object, with the

object increasingly perceived as a whole object, which is the source of both gratification and frustration. Greater integration of the ego and object results in greater differentiation of the two, so that increasingly the infant realises that it is himself who loves and hates the same object, the mother. This engenders awareness of dependency and ambivalence, with the resultant depressive anxiety (Klein, 1940).

Depressive anxiety is primarily anxiety that the infant's sadism and cannibalism have destroyed the good object along with the bad. This includes an awareness of damage due to current greedy devouring of the object in the depressive position. Introjection of the good object, phantasised as devouring it, is heightened in the depressive position as identification with the object and libidinal urges increase. It aims at possessing the good object, which is now seen as independent and capable of going away, and preserving it in safety inside the self. However, it gives rise to anxiety that the object, and with it the internal world, has been destroyed either by his cannibalism or by the internal persecutors. Incorporation of the good object is repeated constantly, to test these fears and to disprove them (Klein, 1946).

This gives rise to the situation of fear of "loss of the loved object" - the situation where, "the ego becomes fully identified with its good internalised objects, and at the

same time becomes aware of its own incapacity to protect and preserve them against the internalised persecuting objects and id" (Klein, 1935:265). As Klein (1935) states, "not until the object is loved as a whole can its loss be felt as a whole" (p. 264).

The situation of loss of the loved object is reinforced repeatedly when the breast is removed, and it is at its most intense at weaning. Every real frustration by the mother arouses anxiety over her destruction and that of the good internal mother.

The whole object is split at this stage, but the split characteristic of the depressive position is between an alive, undamaged object and a destroyed, dead one. The more integrated infant, who is capable of remembering his love for the good object even while hating it, experiences pining for the object, guilt about destroying it and despair about regaining it (Klein, 1940). The development of object constancy (see Section 2.7) is implied here.

The infant, believing omnipotently that his aggression has destroyed the object, seeks, equally omnipotently, to restore the object through his love. Depressive anxiety stimulates reparation, partly because of guilt towards and concern for the object and partly in the interest of self-preservation, to regain the lost internal world (Segal, 1979).

Reparative phantasies are not defences, since they are the result of insight into and acknowledgement of psychic reality - the feelings of guilt, grief and fear of loss - and constitute appropriate action to alleviate it (Klein, 1946). Reality testing is enhanced, and helps to overcome the depressive position, since the infant watches with concern the effects of his phantasies on the external object. With the reappearance of the mother after absences, which are experienced as her death since, "the pain of loss is an absolute experience, with a quality of sheer 'neverness' about it" (Isaacs, 1948:97) and with continued care from the environment, the infant's omnipotent thinking and fears of the effects of his phantised attacks decrease. The repeated experiences of loss and recovery of the object, felt partly as destruction by his hate and restoration by his love, enhance his trust in his love and capacity to restore his object, and since in so far as he has restored it he owns it, this results in the better assimilation of the good object in the ego. Deprivation ceases to overwhelm him with hatred, his anxieties decrease, his objects become less idealised and less terrifying, the ego is more unified and the awareness of himself and his objects as separate results in better differentiation of psychic and external reality (Klein, 1935, 1940). Together with this, ambivalence - which resulted in repeated splitting of the objects on levels closer and closer to external reality, and so facilitated increasing trust in real and therefore internal objects - diminishes. This is the process described by Klein (1940) as mourning. Before

discussing the relation between mourning in the depressive position and mourning an external loss, the defences used against depressive anxiety must be examined. These are integral to the depressive position, but if excessive will prevent its resolution.

Manic reparation is a defence whose aim is to repair the object without experiencing guilt or loss (Klein, 1935). To avoid guilt it has to be carried out under particular circumstances, i.e. never in relation to the primary or internal object, never to an object experienced as damaged by the self and always to an object seen as inferior or dependent (Segal, 1964). It can never be completed, since that would necessitate the object's being valued and restored to independence from manic control and triumph and so exposed to attack. The underlying guilt is thus not alleviated. Segal (1964) gives the example of workers in charitable institutions who feel their charges are ungrateful, but these dynamics might also account for observations of vicarious caring of others by some bereaved children and adults (Deutsch, 1937; Bowlby, 1981).

Manic defences are brought into operation to relieve the ego from depressive anxieties more rapidly than can reparation. In normal development, once they have decreased anxiety, they give way to reparation. Manic reparation entails a temporary, omnipotent denial of psychic reality, and thereby of the whole situation of depressive anxiety. This includes

omnipotent denial of the possession of internally valued objects, denial of dependence while controlling the object to ensure that it answers the dependency needs, denial of the feelings of loss, love, ambivalence and mourning, and splitting of the object to resolve ambivalence. An example would be, "Mother is dead; no she cannot be, I wish her alive; she is alive inside me." Object relations are then characterised by control, triumph and contempt, and the ego and primitive super-ego unite, conflict-free (Klein, 1935).

Manic episodes which illustrate these processes equally feature hyperactivity. This is evidence of manic omnipotence used to master and control the objects, to deny the dread of them and prevent them injuring each other or the self, and to permit reparation to be carried out (Klein, 1935). If manic defences are very strong, however, reparation is prevented, depressive anxieties are heightened and the situation becomes more persecutory.

Obsessional reparation is a further defence (Klein, 1932). The difference between it and reparation proper is not well systematised by Klein, but it appears that obsessional reparation is carried out by displacement onto 'trifles' (Klein, 1932), as in the symbolic doing and undoing of the obsessive-compulsive neurotic, in a circumscribed, meticulous way with great attention to detail. Related is the use of reaction formation as a defense against the destructive aggression, resulting in passivity, orderliness,

meticulousness, goodness and the like. Rey (1981, personal communication) suggests too that reparation is carried out in phantasy only, whereas obsessional reparation entails in addition repair by concrete actions. Klein (1932) discusses obsessional reparation only in relation to pathology, although she states that it, together with the manic defences, comprises the infantile neurosis whose resolution entails the working through of the depressive position (Klein, 1935).

If the depressive position is not overcome, numerous outcomes based on manic, obsessional or paranoid defences are possible. For example, a failure to establish the good object within the ego results in depression (melancholia) (Klein, 1935). If the depressive position is more or less successfully resolved, later difficulties are neurotic in nature (Segal, 1964).

To return to mourning, Klein (1940) holds that bereavement reawakens the depressive conflicts. Any good external object represents at least in part early parental or sibling figures and its loss mobilises unconscious phantasies of having lost the good internal objects too. Hate is activated against the object for its abandonment of him, just as the mother abandoned him as an infant by dying whenever she was absent. This hate is expressed as triumph over the dead person since, as a representative of early loved figures, his death represents the victory of early death wishes about them.

Guilt results and the dead person is experienced as a persecutor. Anxiety about the loss can be experienced in a paranoid way, for example when triumph and hate are paramount, as in phantasies of the object turning bad and attacking, and becoming a dangerous and vengeful ghost (Klein, 1935), or in a depressive way with anxiety about losing the good object and reproaches against the self, or in any combination of the two. Ambivalence and distrust are increased and impede good relationships with others (Klein, 1940).

Manic defences are mobilised, and manifest in the passing states of elation in mourning, which are a result of feeling in possession of the perfect (idealised) object internally. Idealisation is disturbed whenever hatred is experienced against the dead person, since the idealised object is a safeguard against the dead or retaliating one. Manic control also diminishes the processes of projection and so of weeping, since tears are equated, as bodily products, with faeces and bad objects (Klein, 1935). Obsessional mechanisms are also invoked to deal with the depressive anxieties as in rearranging furniture or in tidying possessions.

The process of successful mourning then entails the reactivation of the depressive position and resolution of it by methods similar to those used in childhood, until the inner world is restored. This requires the introjection of the lost person, and the reinstatement of the internal good

objects - ultimately, the parents. The successful mourner gradually regains trust in external objects and rebuilds his links with the external world. He is then able to strengthen his confidence in the lost loved person, and comes to realise the person was not perfect, and yet is able to retain his love for him and does not fear his revenge (Klein, 1940,) and the experience of mourning is an ego enriching one.

If good internal objects were not established in the depressive position, later successful mourning is not possible. The person who is incapable of experiencing and resolving mourning is incapable of reinstating the loved objects internally, and so has to turn away from them all the more, and deny his love for them. This may result in a general restriction of emotional life or in an inhibition of love only, while hate is increased (Klein, 1940). Paranoid fears may be dealt with by the manic control of bad objects, which are immobilised and denied or projected into the external world. If the fixations to the developmental structure are strong, paranoid or manic-depressive illness may result.

The resolution of early depressive anxieties thus sets the pattern for later reactions to loss. The difference between mourning and the depressive position is that in the latter no external loss is suffered, and loss and grief are experienced because the mother is not yet established internally.

The type of childhood loss to which Klein (1940) addresses herself is thus a loss in phantasy. The role of phantasy has been referred to throughout the above discussion, but requires emphasis since it is the link between the internal and external worlds. Isaacs (1948) defines phantasy as, "the mental corollary, the psychic representative, of instinct. There is no impulse, no instinctual urge which is not experienced as unconscious phantasy" (p.83). This is a broader view than Freud's (1916a) concept of hallucinatory wish fulfillment, since both libidinal and destructive impulses are expressed in phantasy, and phantasy soon becomes used in a defensive way, as in gratification of drives when external reality is frustrating, or in the expression of reparative wishes.

In the Kleinian view, instincts are by definition object seeking and so, as has been elucidated above, the experience of the instinct in fact is constituted in the moment when it acquires its first psychological representative in the phantasy of the object appropriate to it (Segal, 1964). For example, under the influence of the oral impulse, the nipple, breast and then the whole mother acquire dominantly oral qualities as phantasy objects (Isaacs, 1948). Since phantasy is both omnipotent and, at the outset, preverbal, the wish 'I want to do' is expressed as a concrete act of 'I am doing'.

Slowly, with the working through of the depressive position, the infant learns to distinguish between the wish and the

deed. The effect of external reality will differ depending on what phantasies hold sway at the time. For example, phantasised gratification is likely to break down under continuing frustration, resulting in hunger and pain, an increase in oral sadism and phantasies of annihilating the frustrating breast. If the infant still does not receive gratification in reality it confirms his feelings of the power of his anger and destructiveness and the badness of his internal and external objects. Good experiences decrease his anger and persecutory anxieties.

In the depressive position, the relationship between internal and external is apparent in that the reappearance of the mother decreases the infant's fears of the loss of the internal good object and omnipotent thinking and in that the phantasies of her destruction result in a fixation onto her and close monitoring of her to assess their impact (Klein, 1935). The internal world cannot be perceived, observed and judged and so it is tested by means of assessing outer reality (Klein, 1940).

There is thus a dialectical relationship between external and internal, reality experiences and psychic life, with phantasy giving rise to the two sets of object relationships - internal and external. Both impinge on each other, with phantasy influencing the perception of reality, and reality influencing the content of phantasies. External reality is thus important, but its effect can only be assessed in

relation to what it means in terms of the infant's own phantasies (Isaacs, 1948; Segal, 1964). In Klein's (1952) words, "when the infant introjects a more reassuring external reality, his internal world improves and this by projection in turn benefits his picture of the external world" (p.74).

Phantasies also result in the building up of a complex internal world, and so in the structuralisation of the psyche. The ego identifies with some of the introjected phantasy objects in the process known as introjective identification, and these are assimilated into the ego and further its growth. Others remain separate internal objects and the ego relates to them, as in the case of the early super-ego. As development proceeds, introjects and internal objects approximate more closely real people in the external world and so the reality sense increasingly prevails (Klein, 1952).

The discussion so far has centred on the external object being the mother, in part or in whole. However, it must be noted that Klein (1940) posits the beginning of the Oedipus complex as integral to the depressive position - a much earlier dating than Freud (1916b) gave it. When the mother is perceived as a whole object, others are differentiated too and perceived as separate and relating to each other. In particular, the link between mother and father is realised, and initially the penis, and later the whole father, are phantasised as part of the mother. This is the phantasy of

the combined parental couple, and may be regressed to when the parents are more fully differentiated, as a defence against the jealousy their intercourse arouses in the infant. He projects his own impulses onto them, and so sees the parents as constantly exchanging those gratifications - oral, urethral and anal - that he desires. This results in feelings of depression and jealousy, and aggressive attacks onto them. He thus has to deal with the destroyed internal breast and mother and the destroyed or persecutory parental couple. The latter, under the sway of his aggressive attacks, becomes a hateful, threatening figure and is introjected as the early super-ego. Defences from both the paranoid-schizoid and depressive positions are used, as in splitting the mother and father into an ideal object and a persecutor. The depressive fear of loss of the mother also contributes to the need for substitute object relationships, so that frustration at the breast stimulates cathexis of the penis, and a turning to the father who is eventually introjected as a whole person to fulfil this need (Klein, 1952). Siblings also take this role (Klein, 1940) and so in terms of this theory, all family figures are seen as having psychic valency from an early age.

As has been stated, Klein (1946) is addressing herself to the phantasised loss of an object in these early years. Although the articulation of external and internal objects is now apparent, and although the concept of mourning is so integral to the theory, Kleinians have not entered the debate on the

effects of an external loss in childhood.

Segal (1964) reports in different contexts on two adults in analysis who suffered early external losses. The first, a middle-aged woman, presented for a tendency to depression and an inhibition in her work. She rediscovered strong feelings of jealousy and rivalry towards her sister for her father's love, and pervading guilt and depression when her sister died in infancy before the patient was four.

This was said to result in strong reparative drives to sister figures and to have increased her penis envy. The latter was paramount in her analysis, and linked with triangular rivalries, but she competed too with her father and brother for her mother's love, resulting in a latent homosexual pattern. She also wished to see her sister deprived of everything because of her jealousy and because she needed a deprived little sister onto whom to project her envy (of the mother, and secondarily, of the penis) and this envy lead to unconscious guilt. The relative importance of the sister's death is not discussed, although her clear death wishes to the sister would have, in phantasy, seemed to have been enacted by her death and this would have interacted with the broader picture of her conflicts.

The second case is of a male whose father died when he was nine months old, and who presented for homosexuality towards children and young boys, and heterosexual impotence. One of

his unconscious problems was passive homosexual wishes and fears in relation to older men, standing for the dead father, but these wishes were never consciously experienced since the dead father was also a threatening persecutor whose attack he dreaded. In his pathology he worked out the problems by projection and reversal, with himself assuming the role of the assaulting father. In this case, the psychodynamic effects of the death are clearly seen. However, the reactions in these two patients are not generalisable, bound up as they are with the individual complex picture, and seen in adults with subsequent pathology requiring treatment, and in the context of the case illustrations being far from complete.

2.8.3 DISCUSSION

The diverse reactions possible highlight the caution necessary in generalising from theory to likely reactions to childhood bereavement. However, the contention here is that the potentially far-reaching contribution of the Kleinian thesis has been overlooked by researchers into childhood bereavement reactions. Some broad hypotheses from her theory will therefore be drawn.

During the paranoid-schizoid position, attachments are beginning to take place. However, the effects of loss are likely to depend to a larger degree than later on what takes its place. A substitute is required to alleviate

frustration. If the substitute object is good enough, it will diminish the danger of trauma. If not, the mother's continued absence through death would stimulate intense frustration, aggressive and destructive phantasies resulting in an increase in projective identification, and a world perceived as fearful and persecutory because of the projection of intense aggression.

The onset of the depressive position at six months does not imply that the child will be able to mourn an external loss from this time. Since the external object and the gratification it provides are essential to the resolution of the depressive anxieties and mourning, one can assume that an external loss at this stage would increase depressive conflicts and prevent mourning and the resolution of the depressive position. It could, for example, lead to a fear that the infant destroyed the object, with a resultant defensive regression to the paranoid-schizoid position. The powerful mixture of his own aggression, projected externally onto the object, would result in the object's becoming persecutory. Fears of destruction by the object might then be dealt with by splitting it, so that the ego is split between the good and the bad, destructive introjects.

Even if there was no regression, paranoid-schizoid defence mechanisms are still operative during the depressive position, accompanying the beginning of the formation of whole object relations (Klein, 1940). The depressive

structure is then still very tenuous, and an external loss could interfere with the integration of the ego and object, and lead to radical splitting as a defence, with concomitant reactivation of idealisation and denial of the death in phantasy.

An alternative response could be that the fear that the infant had destroyed the object could result in an inability to trust his reparative powers. Despair would be enhanced, and the entire depressive situation intensified. Defences based on projective identification might be regressively utilised, as outlined previously, or the defences of the depressive position might be enhanced.

In the latter instance, there might be splitting of the object into an alive, perfect one and a dead one. This type of splitting typifies the manic defences. Alternatively, obsessional reparation can be employed - an example is Segal's (1964) female patient (discussed above) - and ongoing, always unsuccessful attempts to repair the object in very concrete ways. In addition, after the onset of the depressive position losses of the father or siblings could be expected to have psychic repercussions. Once the infant has resolved the depressive position, and thereby internalised the good object, he would be as capable of successful mourning then as at any later stage. If, however, the good object was not internalised at this time, he would never be capable of mourning adequately, and an external loss at any

time would result in pathology (Klein, 1940).

Reactions to later loss are a matter of degree. The more oriented the ego is to reality and the more successful development has been, the more the depressive defence mechanisms will be used at a modified level, giving way to reparation, the predominance of love for the object and enrichment of the ego. The more fragile the ego, and the more impaired the development has been, the more regressed defence mechanisms will be used omnipotently (Klein, 1940).

Klein (1940) states that the working through of the paranoid-schizoid and depressive positions extends over the first four years of life. Winnecott (1954) dates the resolution of the depressive position to before the onset of the genital Oedipus complex.

Unfortunately, Klein does not develop her theory even as far as the phallic-Oedipal phase. She takes Freud's (1916b) formulations about later development for granted. By latency, where development is successful, the child has established a secure inner world and relatively stable outer world. In latency, however, structuralisation is still taking place in the ego and super-ego. For example, the early introjects are becoming more benevolent, and there is increasing unity of the ego and super-ego against the id. While alluding to this, Klein (1932) does not explicate it adequately for its implications for reactions to bereavement

in these years to be more finely explored.

However, it is contended that Klein's (1935, 1940, 1946) analysis of early infantile anxieties and defences is unparalleled in the psychoanalytic literature, and that if applied to the data of the analysts previously discussed, it would provide the theoretical sophistication and understanding that they lack and permit all their observations to be adequately conceptualised within one framework.

For example, the activation of paranoid - schizoid and depressive defences would account for the observations of the denial of the death in phantasy (Freud, 1927; Wolfenstein, 1973); the splitting of emotions from thoughts of the loss (Wolfenstein, 1966); the inhibition of the expression of feeling; phantasies of the dead person's return (Wolfenstein, 1966); idealisation and the splitting of ambivalence (Wolfenstein, 1966; Parkes, 1972); hyperactivity and euphoria (Fleming and Altschul, 1963); regression to narcissism and auto-eroticism (Burlingham and Freud, 1965; Perman, 1979); obsessional actions (Parkes, 1972; Perman, 1979); and fears of ego disintegration (Chethik, 1970). Later loss experiences resulting in depression and anxiety (Fleming and Altschul, 1963) are also accounted for, since these would reactivate earlier unresolved depressive conflicts.

Klein's (1946) formulations further support the finding that in order to mourn, the narcissistic level of object relations must have been attenuated (A. Freud, 1960; Rochlin, 1953; Wolfenstein, 1966; Nagera, 1970; E. Furman, 1974). In her view, these pertain to the paranoid-schizoid position, and so are potentially resolved earlier than Rochlin (1953) would have it, by whom resolution is seen as having its onset with the Oedipal phase. However, A. Freud (1952) dates the onset of object constancy to about 12 months, and Klein (1946), the onset of the depressive position to six months. Both perceive the process of establishing mature object relations as extending over some time and so, despite their differences in conceptualising the process, there is much overlap in the age stages at which they see it occurring, with more successful reactions corresponding in both of their views to increasing degrees of reality testing.

The actual time taken would depend also to a large degree on the individual's psychic constellation, with more successful reactions corresponding in both of their views to increasing degrees of reality testing.

Further supported by Klein's (1940) thesis is the benefit of a good external substitute (Wolfenstein, 1966; Fleming, 1972). She does not, however, address the question of the effects of the ongoing lack of an object on development (Nagera, 1970), nor of the effect of the external circumstances surrounding a loss (Bowlby, 1981).

Further, since psychic reality and phantasy are all important in the Kleinian view, the relevance of the ability to conceive of death, with all its cognitive implications, as stressed by E. Furman (1974), becomes less relevant. It could, however, be important in reducing guilt and omnipotence of thinking.

Finally, Klein's (1935, 1940) formulation also permits of the possibility of a child who has worked through the depressive position being able to undertake mourning successfully. As has been stated previously, such children do not present for analysis and evidence in support of this thesis would have to be sought from other sources.

This has relevance for the findings of the Cleveland school (see Section 2.5.3) that children are able to mourn with therapeutic assistance. Since differences between children in the resolution of the depressive position - and so of their ability to mourn - will be a matter of degree and extent, some may need assistance of differing amounts to deal with defences and anxieties restricting mourning.

CHAPTER THREE

QUESTIONS RAISED BY THE REVIEW OF THE PSYCHOANALYTIC LITERATURE

3.1 INTRODUCTION

The controversy about children's mourning capacity appears to be at a deadlock. Recent contributors to the field, such as Perman (1979), tend to emphasise one aspect of the child's reaction to loss, holding it up as prototypical of children's reactions, without thereby adding greater understanding of the dynamics entailed or greater theoretical sophistication.

The broad conclusions that can be drawn from a review of the psychoanalytic literature are that children may be able to mourn, probably only after the attainment of object constancy, although the lower limits for this ability are undefined; that mourning has only been observed in the context of psychoanalysis; that even if mourning is carried out the ongoing lack of the parent may prevent healthy psycho-sexual and ego development and that both the circumstances surrounding the loss and the child's cognitions about death have been largely overlooked as factors influencing his responses to parental bereavement.

It has already been suggested that an application of Klein's (1932) articulation of early anxieties and defenses to the

area of childhood mourning may prove fruitful in providing theoretical explanations of the phenomena described.

It is also proposed that to progress further in our understanding subsidiary questions apparent from a perusal of the psychoanalytic literature need to be addressed, and that to do this it is necessary to broaden the current psychoanalytic data base to include evidence from normative and cognitive research, and more representative samples of bereaved children.

The subsidiary questions are:

1. What are the effects of the loss being that of a parent and of the ongoing lack of the parent?

This question centres on whether observations of children's seeming lack of ability to mourn are the effect of an age related inability to mourn a primary object, or the effect of the ongoing lack of a parent constituting a "developmental interference" (Nagera, 1970), so that the necessary conditions for age appropriate psycho-sexual and ego development are missing.

To examine this question, evidence on reactions to the losses of secondary love objects (e.g. sibs, pets) needs to be reviewed as does the work of authors such as Neubauer (1960) on the Oedipal development of fatherless children, and

retrospective studies on the long-term outcome for bereaved children.

2. What is the effect on mourning of the therapeutic context?

All the children used as the data base are being seen in therapy. The question here is whether the therapist partially replaces the lost parent or provides the ego and super-ego support necessary for the child to utilise his capacity to mourn.

3. Are generalisations being made from unrepresentative samples?

All the children reported on have been referred for therapy because of emotional difficulties preceding or dated from the loss. This question centres on whether all children are unable to mourn or whether prior personality difficulties and concurrent stresses (internal and external) inhibit some children's ability to mourn.

To address this question the small amount of research available on emotionally healthy children who are bereaved (Kaffman and Elizur, 1979) will be reviewed.

4. What can cognitive developmental theory offer about a child's ability to understand and cognitively integrate an

event like bereavement?

It is to an examination of these questions that we now turn.

3.2 AN EXAMINATION OF THE SPECIFIC EFFECTS OF PARENTAL DEATH

The first area to be further explored is whether children are unable to mourn when a primary love object is lost, or whether the ill-effects of childhood bereavement are due only to the ongoing lack of the parent. The first area of evidence to be reviewed in addressing this question is that on bereavement reactions when secondary love objects are lost. This evidence addresses the first half of the question, in that it sheds light on the presence or absence of mourning when the loss is less important libidinally.

3.2.1 SECONDARY OBJECT LOSS

Data on secondary object losses are both analytic and non-analytic in nature, but research of any sort is sparse. Most of it focuses on the loss of a sib, and this material will be reviewed first.

i) Loss of Sibs

Lampl-de Groot (1976) reports on a 20 year old who lost her younger sister when she was six years old and in the latency

period. She suffered transitory, mild depressions but was in therapy for professional reasons. Of the circumstances of the loss, he states that she was not informed of the seriousness of the illness, was sent to her grandparents for its duration, and the death was not discussed with her. She later asked about its finality, and while not recalling the answer given, she recalls beginning to realise that it was final. She was initially confused by the grief of her relatives, and withdrew into a corner to read. • This is considered by Lampl-de Groot (1976) to denote a healthy use of ego functions to gain distance. Her mother withdrew into periodic depressions, and the child had to deny the loss of affection in order to defend against the hostility it caused. In time, after accepting the loss, she found other objects, in music and in attachments to an older sib and to friends. She is considered to have worked through her grief, and to have had adequate structuralisation of the psyche by latency to do so. The mother's depression was considered a major aetiological factor in her own. It points to the importance of family members' reactions to a loss in influencing the child's, but in this context is a confounding factor in assessing the patient's resolution of the loss, especially in comparing it with those reported in children who have lost a parent. None of the features described seem specific to sibling loss.

Berman (1979) reports on a 46 year old suffering acute anxiety, who, when three years old and pre-Oedipal, lost a

three day old sib by death. He never saw this sister or knew the cause of her death. The family included a remote, frightening and alcohol-dependent father, and an intrusive, domineering and histrionic mother with whom he had a very dependent relationship, who engendered feelings of guilt and of whom he was a 'narcissistic extension'.

Analysis revealed a feminine identification with the mother, an unconscious homosexual wish and anal-sadistic rage. He unconsciously felt responsible for his sister's death and believed he owed her a debt. He reacted to interpretations about his death wishes to her with strong emotion and a compulsive need to undo them symbolically.

He was considered to have shared the wish with his mother that he would become a little girl to replace his sister. Beneath his death wishes to his sister was pre-Oedipal murderous rage to his mother and feeling he was responsible for her death. The hated maternal introject was seen to determine most of his destructive behaviour. In addition, the death of his sister was one factor in determining the outcome of his Oedipal struggle. He had disposed of one Oedipal rival in her, and this intensified his fear of his destructive wishes to his father.

The patient did not benefit from analysis due to his compulsive acting out. He was considered arrested in development at a stage of magical thinking and primitive

splitting. The major feature of the case is guilt, but the sib's death is an organising traumatic event, symbolising his hostility to and guilt over his parents. The death thus gained its psychic importance from his other psychological conflicts and family interactions.

Kolansky (1960) reports on a three year old in brief intensive therapy, referred for a stammer and insect phobia. One of her twin sisters died at four months, when she was two years and seven months old. She was cared for by her grandmother at this time, was not told of the death until four days later, and no evidence is given of its having been discussed with her. Her stammer, which had appeared two months after her sibs' births, after several relatives had visited to see the twins, worsened markedly. Important aetiologically was also the time of the sibs' birth, when she felt abandoned by her mother. She was told her mother had gone shopping for three days, was cared for by her grandmother, who toilet-trained her rapidly and on her return home she was moved to a different bedroom.

Initially, the patient denied the death, referring to both sisters. She then expressed the wish that the survivor would join the dead one and after this stopped referring to the dead sister. Her insect phobia started after the twin's death. The psycho-dynamics here were regression to oral-sadism, as in a desire to bite and destroy her sibs, which had to be repressed. She believed a 'bug' had bitten

her sib and caused the death. She identified with the bug, displaced and projected her aggression and wish to bite onto it and became fearful that it would bite her and cause her death. The regression to oral-sadism in part exacerbated her stammer. It was aroused by the mother's absence, her rapid toilet-training and the attention given to her sibs. Further determinants not related to her sibs lay in her wish to continue anal soiling.

Death wishes to the sibs and their apparent efficacy are again highlighted as of major importance, although it must be noted that in this child they were aroused prior to the death by very stressful reality events.

Pollock (1961) in his reinterpretation of the case of Anna O. in the light of her childhood losses of two sibs, emphasises guilt of a different nature. He suggests that she suffered 'survivor guilt' and atoned for this by her later work in rescuing Jewish girls. Without more evidence, such work could equally be interpreted as a defence against her early death wishes and as a symbolic undoing of them.

Pollock (1961) also stresses the powerful rivals that dead sibs are in the parent's mind, for surviving children. The idealised image of the dead sib is not amenable to reality confrontation and revision, and he suggests that there is some arrest of the image of the surviving sibling in parents' minds since the dead sib is remembered at the age he was at

the time of his death. This interesting hypothesis requires empirical examination.

Empirical studies of sibling loss provide a fuller picture of the reactions encountered than do the analytic reports.

In two studies, only the parents were interviewed, but there is the advantage of the 'non-patient' nature of the sample. Nixon and Pearn (1977) interviewed 23 out of 49 families approached who had lost a child by drowning. Nineteen of these families had other children. One third of the sibs were significantly affected by the loss. Sleep disorders and feelings of guilt were commonly reported, and secondary emotional problems were considered due to parental over-protection (cf. Kaffman and Elizur, 1979). Important in determining the responses were the child's degree of responsibility and involvement - some older children were supervising the sib who drowned, or raised the alarm and helped extract the body; the parents' responses to the loss - 19% who had been healthy required psychiatric treatment, many drank more, suffered anxiety states, sleep disorders and nightmares; and the subsequent moving of home by many families, so that all family members lost familiar physical surroundings and community emotional support.

This study is limited by the high refusal rate, the lack of information on the time elapsed between the loss and interview and the lack of age breakdown of the children.

Stehbens and Lascari (1974) report on 15 families contacted six months to three years after a childhood death due to leukaemia. There were 64 surviving siblings of whom 70% were considered 'back to normal' by their parents within a week. Dysphasia, enuresis, abdominal pain and restless sleep were transient in 12 cases. Seven siblings' school performance declined after the death, but this did not last more than a few months. One four year old girl was concerned about the death three years after the loss and one eight year old was reluctant to tell the parents when she was ill.

Ninety percent of the surviving sibs attended the funeral, and those who did not attend were under five years old. No parent regretted the child's attendance. However, only a minority had informed the siblings of the severity of the disease prior to the death.

The fallibility of parent reports has been referred to elsewhere (Harrison, Davenport and McDermott, 1967) but of interest here is the very low level of psychiatric morbidity in these children, none of whom was referred for help, despite their lack of preparation for the death. All the families were part of a programme of emotional management during the illness, and the majority of parents were reported to have worked through their mourning within six months. The effects of the expert help in dealing with the disease and the healthy parental resolutions of grief need to be teased

out from the effects of the loss being that of a sib.

This is especially so since most reviewers (Reilly, 1978) point to disturbances being commonly seen in the sibs of terminally ill children. They tend to feel displaced by parents focusing on the ill child and the aroused anger, jealousy and death wishes give rise to guilt. Somatic, emotional and behavioural disturbances often result (Binger et al, 1969) as do fears for one's own safety. The entire family is under stress, facing enormous practical problems including child care, house-keeping and financial difficulties. Very high divorce rates are reported in these families as a consequence of the stress, so adding to the disruption (Reilly, 1978).

Cain, Fast and Erikson (1964) report on 58 children, aged two and a half to 14 years, who had lost a sib by death. All were psychiatric patients and in some, the major symptoms were related to the death. One half of these children reacted with crying and sadness to mention of the sib's death. In addition the authors describe:

i) guilt reactions, in 50%, which were variously expressed e.g. in punishment-seeking or depressive withdrawal. Thirty three percent of these children did have some role in an accidental death, and in these cases the parents had prevented discussion because of their repressed anger at the child, who had to struggle with his self-accusation and found himself never fully

trusted by others. In one quarter, guilt was imposed by parents for not showing appropriate grief.

ii) distorted concepts of death and illness, and their relationship. The children's cognitive confusion was due to inaccurate information e.g. "you cannot die until you are old". One third thought that growing up meant you would die, and so regressed to passive-dependent infantilism. Many had very concrete disease notions.

iii) disturbed attitudes to doctors, hospitals and religion which were seen in many (number unspecified) as in an increased fear of doctors often enhanced by the parents' attitudes, and confusion about God's portrayal as 'benevolent' in the face of the sib's death.

iv) death phobias which were expressed in a fear of death by almost all the children, with talion fantasies and identification with the dead sib, as in expecting to die at the same age. This was enhanced by the parents' over-protection and infantilisation of the survivors.

v) disturbances in cognitive functioning. Fifteen percent showed major disturbances of cognitive functioning related to the death, especially about the concepts of time and causality, as in reversals and distortions of the concepts of old and young.

vi) the impact of changes in the family structure. There were shifts and disruptions in family roles and

dynamics. For example, the child lost a protector and playmate, or an ally against a psychotic mother. The indirect effects of the loss were at times even more encompassing, as in a father masculinising his daughter, or in parental disturbance, as in open eroticism to a son after a daughter's death.

vii) the impact of parental mourning. In a quarter of the cases the impact of the death was considered to be primarily due to the parents' profound grief reactions and prolonged mourning. The mothers were generally severely withdrawn, preoccupied, depressed and incapable of attending to the remaining sibs. Fathers were more overtly stoic but evinced automaton behaviour. With a prolonged illness, there was preparation for the death, but great family strain. For example, the mother was often at the hospital and was physically and psychologically absent from the home.

The reactions noted are complex and manifest in all areas of functioning and development. Cain, Fast and Erikson (1964) point to factors determining the child's response being the nature of the death, degree of actual involvement in it, the pre-existing relationship to the sib, the immediate and enduring impact of the death on the parents, the parental handling of the initial reactions of the surviving child, the reaction of the community, the impact on family structure, the availability to child and parent of substitute objects,

the major concurrent stresses on the child and family, and the developmental level of the surviving child at the time of the death, including psycho-sexual development, ego and cognitive development.

The reactions described were not mutually exclusive. There is, however, no analysis of the circumstances determining the responses of each child, and no examination of the effects of the child's age or developmental stage nor of his additional problems. The sample is biased towards pathology and investigation is required of the factors differentiating successful integration of sibling losses from pathological consequences.

ii) Loss of Grandparents

In terms of grandparents, Nagera (1970) discusses a normal four and three quarter year old boy whose maternal grandfather died. The grandfather was a close playmate but not a primary love object. The boy had prior experiences with the death of pets and watching funeral processions, and had been warned of the possibility of his grandfather's death. He was told of it on the day that it occurred by his mother, who factually answered his many questions about its circumstances and meaning. He verbalised his sadness and played at being dead like his grandfather. He showed no fears or denial, and was slightly excited for a couple of days but not, in Nagera's (1970) opinion, to a manic extent.

In the following days, he recalled memories of his grandfather, as in pointing out places they had visited. He was considered to use his typical method of intellectual mastery as a means of coping healthily with the death. The death, however, intensified his Oedipal conflict, with worries evinced about his father's safety on a projected trip away from home, due to a new, real dimension being added to his hostile wishes by the grandfather's death.

Bryer (1979) reports on two Amish sisters, aged 11 and 13 years, interviewed about the death two years previously of their grandfather who had lived with them. They recalled treasured early memories of him, time spent entertaining him and caring for him during his illness, and his death while in their care in the parents' absence. They were considered to discuss it calmly, to be able to deal with the death, and so to have imbibed the strong acceptance of death typical of their culture. However, no further data on these children's emotions is given.

iii) Other losses

Two papers (Barnes, 1964; McConville, Boag and Purohit, 1970) report on children's reactions to the loss of people with whom their relationship is unclear.

McConville, Boag and Purohit (1970) conducted an empirical, prospective study of bereavement reactions of 18 children

aged five to 12 years who were resident in a children's home when a director and the chief psychologist died in a fire. The children were interviewed between ten days and four weeks after the loss and again eight weeks later.

Most children responded immediately with crying and grief. In those who did not there was denial followed by anger and disturbed behaviour, with ultimately appropriate crying. This sequence equates Bowlby's (1981) description of the stages of mourning, but the possibility of modelling is not discussed.

The children were divided into two groups, one of nine five-to-eight year olds and one of ten nine-to-12 year olds. Qualitative differences between the groups at the first interview were a greater use of regression, denial, egocentricity and early attempts at undoing in the younger children, often with overt sadness and feelings of helplessness expressed. Restitutive dreams were common. In the older children denial and regression were manifested but there was a greater capacity for intellectualisation, isolation, identification and a more genuine concern for others. There were concerns about guilt, but fewer ideas of talion punishment to an ill-defined wrongdoer and dreams, while still restitutive, were more complex. The responses of the two groups were thus similar, but the older group used more sophisticated defence mechanisms.

Eight weeks later, the younger children avoided talking about the death again (in contrast to Kaffman and Elizur's (1979) findings) and expressed stronger dependency needs than the older children. Both groups described sadness.

This study supports the notion that grief reactions are a function of age, at least in terms of the defences employed. However the psycho-sexual and cognitive developmental levels of the children in relation to their reactions might have provided useful data since, for example, both groups may have contained latency children or the younger group may have evinced denial and egocentricity because of their cognitive development and not because of their ego defences (see Section 3.5.2.).Further, all the children had suffered prior losses, and on average had had seven previous placements. No information is given on whether any had prior losses by death, neither is it known if either of those who died had a special significance for any of the children. The chief psychologist might, for example, have been seeing some children in therapy.

Barnes (1964) reports on teacher observations of the reactions of 12 four and five year old nursery school children to the death of a classmate's mother. All initially asked about its implications for the child involved in having her needs met, and evinced denial of feelings about it, avoidance of talking about it, and regression, as in separation anxiety. A later successful mastery, with little

anxiety or symptom formation, was considered to depend on an ability to consider how death could affect themselves and their family, and to verbalise fact and fantasy in relation to their own mother's potential death. Some used denial, so they evinced little anxiety and appeared overtly adapted but also gave no verbalisations so the degree of their mastery of feelings about the event could not be assessed. Others were unable to maintain denial, anxiety breaking through, and a final group was able to verbalise but not to gain control of their anxiety. This was thought to be related to their prior developmental difficulties. However, it must be noted that all these children were in a nursery school for the emotionally disturbed and many were in, or later referred for, psychoanalysis. Some clinical data is given, but the effects of their differing stages of libidinal development is not explored, nor is there any attempt to systematise the effects of their mothers' reactions to the death, although the report suggests a close interaction between parental and child adjustment.

iv) Loss of Pets

Levinson (1967) argues for the value of a pet, since its death gives the child an opportunity to discuss death and his real or fantasised guilt over the pet's death, to engage in mock funerals, learn the realities of burial, act out his feelings and so to master his anxiety. The death of a pet is then almost a 'transitional object loss' that furthers

reality testing and mastery.

While of interest in terms of preventative measures, Levinson (1967) does not provide data to support his thesis. Mahon and Simpson (1977) report on the reactions of 30 three year olds in a therapeutic nursery school to the death of their classroom pet, a guinea pig. They hypothesised that denial would not be stongly utilised since the loss was not of a primary object.

The teacher discussed the loss with them in small groups. It occurred in their absence, over a weekend, and nothing is said of their immediate reaction bar that it was "not easy to measure" (Mahon and Simpson, 1977:285). A new guinea pig was acquired a few days later. The children pinched it and intermittently forgot to feed it for three weeks. They initially asked who had painted it. This was understood as indicating their maintenance of the psychic representation of the first pet, and their anger as due to displacement of anger at the first pet for leaving them and at the new pet for being a constant reminder of the loss. This denial and anger was interpreted to them by the teacher, and with her help as an auxilliary ego, the children were considered able to accept the loss, express sorrow about it and discuss memories, and to accept the new pet. This process was considered parallel to Freud's (1917) description of mourning. However, it may not have been accomplished without the teacher's help - a fact which the researchers ignore in

their discussion.

The data on reactions to secondary object losses in childhood are discussed in Section 3.2.4., once all the evidence on the specific import of parent loss has been reviewed.

3.2.2 PARENT ABSENCE AND DEVELOPMENTAL INTERFERENCE

The second area of evidence on the specific import of parent loss comes from work on the question of whether parent absence in childhood constitutes a developmental interference, as Fleming and Altschul (1963), Nagera (1970) and E. Furman (1974) assert, by which the necessary conditions for age-appropriate psycho-sexual and ego development are missing. If this is the case this, rather than a developmentally determined inability to mourn, might account for the pathology seen in parentally bereaved children.

Psychoanalytic research on the development of the child in a one-parent family has focused primarily on the resolution of the Oedipal phase. Lamb (1975) points out that for Freud and the majority of his successors the father was viewed as of minimal importance until the onset of the phallic-Oedipal phase at about three years of age. This may account for the neglect of the effects of father absence prior to this time, and the focus in infancy on the deleterious effects of absence of the mother (Spitz and Wolf, 1946; Bowlby, 1981;

Rutter, 1981).

Freud (1905) suggested that early parent loss from any cause results in the remaining parent absorbing all of the child's love, determining the sex of later sexual object choice and so potentially opening the way to homosexuality. Eisendorfer (1943), on the basis of the analytic material of two female fatherless patients, also stressed the effects on the relationship with the surviving parent, suggesting that it becomes intensified, marked by excessive dependence and repression of hostility. He further clarifies Freud's (1905) view by suggesting that if the survivor is of the same sex as the child an unconscious homosexual bond may constitute a condition for love in the child's mind.

Focusing on the sex of the absent parent on Oedipal resolution, Neubauer (1960) reviews the literature up to 1952. In neither his own case example nor in several others he cites, had the absent parent died, and so, for example, in his own case study, the dynamics resultant from parent absence are compounded by the child's fantasies about the behaviour required to regain the alive but frustrating parent, and by intermittent, pathogenic contact with him. In certain cases where he had died (Fenichel, 1931; Reich, in Neubauer, 1960) a pathological pre-Oedipal relationship with the remaining parent obfuscates the picture. Bearing these confounding factors in mind, the case studies point to a poor Oedipal resolution, an absence of Oedipal reality and

impaired sex-role identification, with the loss intensifying the Oedipal conflicts and resulting in an over-harsh super-ego, or one deficient in the development of the incest taboo (Meiss, 1952; Neubauer, 1960; Mitchell, 1964), with idealisation of an absent opposite-sex parent and guilt about the fulfilment of Oedipal wishes when the same-sex parent is absent (Fenichel, 1931).

Rosenthal (1979) in discussing parent absence for reasons other than death, adds the dynamics of anxiety about retaliation from an absent, same-sex parent, and guilt and anxiety about retaliation from the remaining parent when an opposite-sex parent is absent.

Meiss (1952) in an interesting theoretical elaboration, described psychoanalysis as essential to the resolution of the Oedipus complex in a five year old boy in the phallic phase who had lost his father two years previously. He would have become neurotic even without the paternal bereavement, but this resulted in an unusually intense identification with the father whose prohibitions became precociously internalised into the super-ego. The resultant harsh father image, not amenable to reality testing, elicited too much fear for the boy to return to his original love object, the mother. The Oedipus complex was thus transferred into therapy and onto the analyst and her less dangerous husband, and was worked through in this context.

Neubauer (1960) and A. Freud (1965) both suggest that the Oedipal anlage requires the stimulation of both parents for the unfolding of the Oedipal organisation in all its complexity, and that the ongoing daily interaction permits the slow weaving of the developmental forces with experience and reality that is necessary for a healthy outcome.

Unfortunately such stage specific research is sparse, does not examine the role of other adults in the child's milieu of the same sex as the absent parent, neglects both pre- and post-Oedipal periods, examines only psycho-sexual development and taps an unrepresentative patient sample.

The effect of an absent father particularly needs greater attention, since evidence points to his being an important love object earlier than was held by the above theorists (A. Freud and Burlingham, 1942; Klein, 1940; Schaffer and Emerson, 1964; Rutter, 1981) and to there being qualitative differences between his, more playful, interaction with an infant and the mother's focus on caretaking activities (Lamb, 1975).

Should the psychoanalytic views about the necessity of both parents for adequate development hold generally, it would be expected that the majority of children suffering the early absence of a parent would evince difficulties in later life. A different type of evidence on this question comes from the large body of empirical, retrospective studies of children

and adults who lost a parent earlier in life.

3.2.3 RETROSPECTIVE EMPIRICAL STUDIES ON OUTCOME OF CHILDHOOD PARENT LOSS

The majority of the studies on adults who lost a parent in childhood have been well reviewed elsewhere (Lamb, 1975; Shinn, 1978; Rutter, 1977), and have multiple methodological flaws which undermine their findings (Markusen and Fulton, 1971). Only the reasonably well validated conclusions from the more methodologically sound studies will therefore be referred to here.

i) Sex Role Development: Boys reared without fathers have not been found to lack an adequate masculine identity or to become effeminate (Herzog and Sudia, 1973) and sex role behaviour has also been found to be adequate in girls raised without a mother (Hainline and Feig, 1978). This is accounted for by the view that parents are not the only figures available for identification (Berardo, 1968) but studies have not assessed the presence or absence of other substitute figures.

ii) Cognitive Development: The majority of studies relate father absence to cognitive performance, as assessed by intelligence and scholastic tests, and report detrimental effects (Shinn, 1978). In those studies that compared the reasons for paternal absence, divorce was found to be worse

in its sequalae than death, or of equally detrimental effect (Santrock, 1972). Loss by death was found to have no sequaelae (Ferri, 1976) or to have impact only when it was preceded by a long illness (Douglas, Ross and Simpson, 1968). These findings are not conclusive, and no studies take into account variables subsequent to the loss that could affect cognitive performance such as socio-economic status, reduced interaction with the remaining parent or higher family anxiety levels (Shinn, 1978) or assess cognitive difficulties with concepts related to the loss (Cain, Fast and Erikson, 1964).

iii) Childhood Psychiatric Disorder: Caplan and Douglas (1969) found that separation from a parent before eight years of age, for any reason, was more frequent among depressed children than children evincing other neurotic disturbances. However, this finding did not hold for children who had lost a father and remained continuously with the mother, and a significantly higher proportion of the depressed children also had foster home placements subsequent to the loss.

Rutter (1966) found a small but significant increase in the risk of psychiatric disorder in bereaved children. Over twice as many psychiatric-clinic attenders were bereaved than would be expected from comparable death rates in the general population, more than twice as many had lost a parent by death than had a matched control group of pediatric-clinic attenders, and more than six times as many as a matched

control group of dental-clinic attenders. However, the association with psychiatric disorder was stronger in children who had lost a parent through divorce or separation than through death.

Rutter (1966) further found the differences between the disturbed and control groups were most marked when the death had occurred in the third or fourth year. He hypothesised that a loss at this stage was most damaging since the parent was most needed at this time for identification and sex-role modelling. To test this hypothesis, which appears to support Nagera's (1970) thesis, Rutter (1966) examined the relationship between the sex of the child and the dead parent. The association held only for boys, although numbers were small, and the relationship was not replicated in a later study (Rutter, 1971). It thus remains open to question, and Rutter (1971) suggests that the sex of the lost parent is only important at certain ages, such as adolescence.

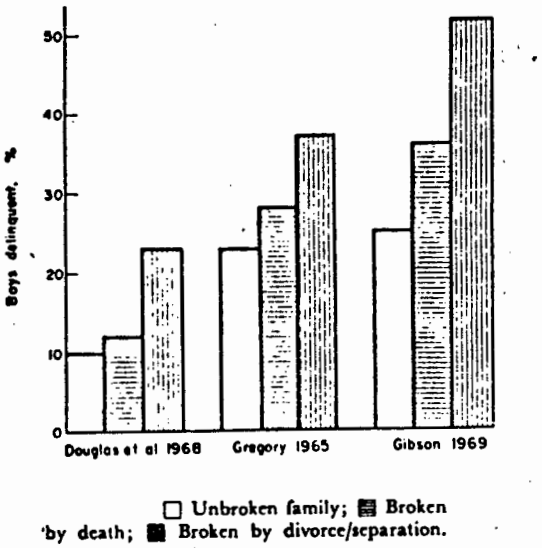
Rutter (1966) further found that the onset of bereaved children's disturbance rarely followed closely on the loss. In nearly one third there was a gap of five years or more between the death and the onset of symptoms, and bereavement at about four years of age led most frequently to referral at puberty. The only group of children whose illness began within six months of the bereavement was that of adolescent boys who presented with depressive illness or antisocial

behaviour. He concludes that, except in adolescence, the secondary ill-effects and long term consequences of the loss are more important than the experience of grief. Examples of these are prolonged illness of the dead parent, socio-economic difficulties, the grief of the surviving parent and family disruption, especially frequent when the mother has died (Wolff, 1969; Rutter, 1971) (see Table II, Section 4.2). Rutter's (1977) finding is also open to interpretation along the lines of Fleming and Altschul (1963) and Remus - Araico (1965), that childhood bereavement predisposes to sensitivity to adult losses and an inability to meet higher - order developmental demands.

However, evidence for Rutter's (1971) hypothesis that the secondary effects of the loss are more important than its effects on intrapsychic organisation comes from studies comparing delinquency rates in children from families broken by divorce or death.

iv) Delinquency

Conduct disorders have been found to be associated with parental divorce or separation, but not death (Bratfos, 1967; Brown,1966), a finding supported by Rutter's (1971) review of studies, the findings of three of which are summarised in the following graph:



(Rutter, 1971:242)

Fig. 1. Cause of Family Disruption and Delinquency

In divorced families where the break was likely to have been preceded by distorted relationships and discord, the delinquency rates are nearly double for boys. Boys who lost a parent by death, where prior family relationships were likely to be satisfactory, show a slightly and non-significantly raised rate of delinquency.

This is borne out by Felner, Stolberg and Cowen's (1975) comparison of maladapting primary school children with crisis histories of parental divorce or death and those without such histories. Maladaption was found to be more severe in both

crisis-history groups. Qualitatively, children who had suffered parental death were significantly more withdrawn, depressed and anxious, and those who had suffered parental divorce evinced more aggression and acting out. These differences remained when the initial maladjustment differences were ruled out. No data on ages at the time of the loss are given, and the authors suggest the qualitative differences in response were due to the child's introjection of the predominant behaviour modelled by the parents during a given type of crisis.

(v) Psychiatric disorder in adulthood

The incidence of childhood loss in psychiatric patients of differing diagnoses has been investigated in an effort to assess its import as an aetiological factor. It has been found not to be significantly higher in patients with psychotic or schizophrenic symptomatology (Bratfos, 1967; Fleming, 1980) or with neuroses other than depression (Birtchnell, 1970, 1972). The major controversy rages over the incidence in depression. Some researchers suggest there is an association with depression in adulthood (Brown, 1961; Dennehy, 1966), others found an association only with severe depression (Munro and Griffiths, 1969) and then only in eldest sibs (Birtchnell, 1970), and others found no association at al (Beck, Sethi and Tuthill, 1963; Pitts et al, 1965; Bratfos, 1967). Crook and Eliot (1980) conclude from their review of 20 controlled studies that parental

death during childhood has not been established as an aetiologically significant factor in any subtype of adult depression, and Fleming (1980) makes a similar conclusion. Those studies finding such an association tend to be the more methodologically flawed (Crook and Eliot, 1980), but methodological flaws are rife even in the more recent literature - as in poor definitions of the criteria for diagnosis, lack of controls for factors such as socio-economic status, age at loss, cause of loss and duration of loss as well as inadequate control groups - which leads Rutter (1971) and Markusen and Fulton (1971) to conclude that the question of an association remains open. Rutter (1971) further points out that what association has been indicated is with deaths during adolescence, not childhood (Brown, 1961), and analysis by sex of the dead parent is infrequent since numbers are too small (Markusen and Fulton, 1971).

3.2.4. DISCUSSION OF THE CORROBORATIVE EVIDENCE ON THE SPECIFIC EFFECTS OF PARENTAL DEATH.

While indicating that parent loss in childhood does not invariably lead to a poor long-term outcome, the actual incidence of pathology in the childhood bereaved population has not been addressed and the retrospective studies reviewed above should not be used as evidence to discount the impact of such a loss in any particular case. The studies correlating the incidence of parent loss with later outcome tend to argue on the basis of post hoc ergo propter hoc and

further research focusing on the subsequent mediating variables named by Rutter (1971), Shinn (1978) and Bowlby (1981) is overdue. Evidence indicates that parental loss may have differing effects dependent on its cause (Rutter, 1966; Felner, Stolberg and Cowen, 1975) (see Section 4.2.). While pointing to the secondary effects of the loss as important, these studies do not bear directly on Nagera's (1970) thesis of the developmental interference caused by parental absence in the years thought crucial for intra-psychic structuralisation. However, in addressing the broader question posed at the beginning of this chapter parent death is likely to be followed by secondary consequences different from those following sibling, pet or other losses. Only the former is likely to reduce ongoing socio-economic status, support for the remaining parent and the time available for parent-child interaction. Only sibling death has been associated with over-protection of remaining children (Cain, Fast and Erikson, 1964) and permits of the high divorce rate noted to be due to the stresses of the death of a child (Reilly, 1978).

The data on reactions to losses other than parents are limited since the majority of subjects directly interviewed are psychiatric patients. This holds true for the analytic data on sibling loss, which report primarily reactions of guilt over the apparent efficacy of death wishes. However, the aetiological factors in the patient's pathology are described to be multiple (Berman, 1979; Kolansky, 1960), and

no examination is made of whether the sib was a primary love object or not (Klein, 1940).

However, Barnes (1964) describes some children as capable of successful mastery of another child's mother's death, Lampl-de Groot (1960) considers his patient to have been capable of the healthy resolution of a latency-aged loss without assistance, and Nagera (1970) concludes similarly on the integration of grand-parental loss in an Oedipal phase boy. The comparative lack of case studies on children bereaved of grandparents is surprising, since it is statistically the most likely loss experienced in childhood, and because of its timeliness in comparison to losses of other family members it is unlikely to raise the resistance to investigation found by researchers into childhood bereavement (Kliman, 1968; Koocher, 1974). Perhaps the very lack of such reports speaks for the generally minimal negative sequaelae of such losses, but this needs investigation.

The empirical studies reporting on unselected groups of children failed to interview them directly (Nixon and Pearn, 1977; Stehbens and Lascari, 1974) and had high refusal rates, which may bias their samples. However, they and the studies of referred children who had lost a sib, report a wider range of sequaelae than do the analytic case reports. The effects of the child's ability to mourn the dead sib and those stemming from circumstances surrounding the loss - in

particular the parents' reactions, family strain and the child's involvement in the death - are not differentiated. However, emphasis is given to the circumstances surrounding the loss (Reilly, 1978; Cain, Fast and Erikson, 1964), but good outcome appears to be associated with a healthy resolution of the loss by the parents (Stehbens and Lascari, 1974). McConville, Boag and Purohit (1970) report adequate grief reactions on the death of their director in residents of a childrens home, with younger children having recourse to more primitive defense mechanisms. However, neither this study, nor the case reports of Lampl-de Groot (1960) and Nagera (1970), give adequate data on the subjects' libido redistribution after the loss, for their reactions to be termed successful mourning in Freud's (1917) sense. It is not stated, for example, whether Lampl-de Groot's (1960) patient decathected the image of her sib, or found substitute objects in her brother and in music. The healthy resolution noted suggests the former, but further information is required.

In conclusion, the data on non-primary object loss are incomplete and inconclusive, but much of the pathology described is attributed to negative factors surrounding the loss, and where these are absent and family life is stable, the majority of children appear to be capable of integrating the loss successfully.

3.3 THE ROLE OF THE THERAPIST IN FACILITATING MOURNING

The next question to be addressed is the role of the therapeutic context, including the therapist, in facilitating the child's utilisation of his capacity to mourn. While drawing their conclusions from case studies, none of the analysts discussed has considered this in any detail.

Lopez and Kliman (1979) stress, "the context provided by the analytic relationship as a whole" (p. 266) as making mourning possible. This includes the analyst's remaining alive and loyal, and increasing the child's narcissistic satisfaction, as well as the verbal mode of therapy (R. Furman, 1964a), and the intense transference that develops because of the child's unsatisfied libido. They thus point to the therapist's becoming, in certain respects, a substitute for the dead parent, compensating at least in part for the ongoing needs the child has of the lost parent, providing the ego support required and becoming the focus around which the child can crystallise his wishes for reunion and later for separation.

Gauthier (1965) discusses the analyst as important both as an object with whom the child could partly identify, "thus partly replacing the lost object" (p.498) and upon whom he could turn his aggression. The former point supports Lopez and Kliman's (1979) view of the therapist's role. The latter point relates to the observation of other writers

(Wolfenstein, 1966) that bereaved children often direct their aggression at the surviving parent and thereby alienate those whom they need most. The therapist's containing this aggression could be seen as a preventive measure since it would reduce damage to the child's alternative relationships. This must be contrasted with R. Furman's (1964b) view that if the therapist replaces the parent, this will prevent analytic work, which he defines as the interpretation of defences, from occurring. R. Furman (1964b) states that because of this possibility he does not consider parental bereavement in itself to be an adequate reason for referral for psychoanalysis.

It seems clear that the therapist does have an important role but the question that needs resolution, and which has been ill-defined in the literature, is whether the therapist becomes a transference object or a substitute object.

A positive transference is necessary for all psychotherapeutic work with children (A. Freud, 1946), and transference always entails some economic redistribution of the libido attached to internal images onto the therapist. However, the therapist's aim should be to develop the transference to the extent necessary for a therapeutic alliance, and to contain the child's anxiety and grief, but not to permit it to develop into a transference neurosis, nor to answer reality needs whereupon the therapist becomes a replacement object. The distinction is not one of

determining which will happen in the case of the bereaved child in general, but depends on the therapist's skill in interpreting the transference and keeping it within workable limits when it threatens to become too intense.

In the case of bereaved children in psychoanalysis, the potential for an intense transference is heightened. This is firstly because of the intense, frequent and long-term nature of the work. Secondly, the transference is likely to be greater when a parent is absent. A. Freud (1946) argued that the reason children do not develop a transference neurosis is precisely because the original love objects, the parents, are still actively present. When one is not present, the way is open for an intensification of the therapeutic relationship, or of the relationship to the remaining parent as noted by Freud (1905) and Eisendorfer (1943). These factors are seen, for example, in Meiss's (1952) case where the boy worked through his Oedipus complex by transferring it onto the therapist and her husband (see Section 3.2.2). The therapist thus became a developmentally important figure for the boy, but Meiss (1952), in the context of long-term analysis, was able to resolve the transference and terminate treatment. The therapist's skill is thus again highlighted as the determining factor in the outcome of her role, which although related to a different developmental stage, is akin to Balint's (1968) view of some patients requiring the therapist to make good a deficiency.

The danger of the therapist becoming a replacement object is reduced in the more usual psychoanalytic psychotherapy where the therapeutic work is less frequent and on less primitive levels of the personality. Further, where there is a remaining parent, and when his relationship with the child is satisfactory, an intensification of the attachment to the remaining parent is the more likely outcome. In a child without pre-bereavement neurotic constellations this is likely to be the treatment of choice since the mourning process will require not a restructuring of the personality but work on a restricted range of defences and anxieties (Malan, 1979).

This clarification does not, however, address the fundamental question of whether children can only mourn with therapeutic assistance. To answer this, accounts of bereaved children who did not receive therapy are required. Studies of such children suggest that some do cope adequately (see Section 3.4.1) but these studies focus on overt symptom pictures, do not assess the child's psychodynamics and give an inadequate analysis by age. No study has compared bereaved children in treatment with matched, untreated controls.

3.4 EMPIRICAL STUDIES OF GRIEF IN UNREFERRED CHILDREN

3.4.1. INTRODUCTION

The next question arising from the psychoanalytic literature

on parent death in childhood is whether the psychoanalysts are making erroneous generalisations about childhood mourning in general from an unrepresentative sample. Their data base consists only of referred children who have bereavement related or exacerbated difficulties. Since children without overt difficulties will not come to the attention of therapists, evidence on the bereavement reactions of apparently healthy, unreferred children comes only from empirical studies. This literature is therefore reviewed next. The empirical literature on bereaved children referred for maladaption (Arthur and Kemme, 1964; Felner, Stolberg and Cowen, 1975) is not reviewed here. While it gives weight to the potential range of difficulties manifested by some bereaved children, it does not clarify the picture of grief seen in children outside referral agencies.

3.4.2. REVIEW OF THE LITERATURE

There are few empirical studies of the responses of children to the loss of a parent, and of these, even fewer are of reasonably representative samples of children. In addition, because of the small number of children in each study and their wide age range, the number at any one age or developmental level is limited.

Silverman and Englander (1975) report on the 56 children of 19 working-class widows who had participated in a widow-to-widow support programme. Their data have severe

limitations. It is reported as descriptive generalisations, the children were not themselves interviewed, and nor were they the focus of the original programme, so the widows were interviewed about them three years after the loss. The validity of such data is gravely in doubt due to the subjectivity of the parent and her bias due to her own emotional distress (Harrison, Davenport and McDermott, 1967) as well as to the known inaccuracy of retrospective reports (Markusen and Fulton, 1971). However, it affords some insight into behaviours evinced and family interactions after bereavement.

All the children initially reacted with denial and disbelief. Most had cried and then been considered to have been 'alright' - which is not defined - and only one mother contacted a mental health agency for bereavement related difficulties. Two younger children evinced transitory bedwetting and sleeplessness. The mothers reported finding the children's questions about death very painful and most tried to hide their grieving from their children, only to find that this was misunderstood as their not missing their husbands. Preoccupation with their loss led them to neglect the children, who feared losing them too. They were unable to understand their children's responses to the loss where these differed from their own.

The children tended to take on extra 'parental' responsibilities and five teenagers became rebellious,

withdrew socially and deteriorated in school work. These were mostly boys who had been in the process of individuating from the family with the father's help and whose elder sisters had a close relationship with the mother, from which they were excluded. These mothers relied on the children to give them purpose and meaning in life.

Although inconclusive due to its limitations, this study points to styles of mothering and family dynamics as important in determining children's reactions to loss. Whether or not the pattern found is a product of working-class styles of mothering, as the authors suggest, requires further investigation.

Becker and Margolin (1967) studied nine children all under seven years old from seven middle-class families. Six families had lost a father by death, and one a mother. Contact was established with the family within six months of the death. Weekly case-work interviews were conducted with the parents for one or more years to help them work through their own grief and guide them in dealing with the children's reactions. The research goal was to study parent-child interaction over the loss and gather data about the children's reactions.

Six parents told the children that the dead parent had gone to heaven, although three of these parents did not themselves believe in heaven. The older children were told within a day

of the death, the younger children after a few days or few months. None of the children attended the funeral, and most were sent away from home immediately after the death until after the funeral.

The children's initial denial was difficult for the surviving parents to deal with. They found it painful or were nonplussed as to how to answer when the child spoke of the dead parent as if he were still alive. The fantasy of the parent being alive in heaven was common and was sometimes encouraged by the surviving parent, who had her own difficulties in decathecting the dead spouse.

All the parents showed a marked tendency to protect their children from the pain of the loss. They promoted avoidance and denial of the finality of death and of feelings in relation to it. Three parents waited one or more years before telling the children that the body was in the ground, in the belief that this information would be upsetting. Some were able gradually to discuss the burial and take their children to the cemetery. These visits stimulated the children to ask for information that furthered their comprehension of death. Eventually most parents were able to talk freely about the death, to share memories and include the children in memorial observances, but few could encourage them to express their feelings about the loss and none could share her own feelings. In family conversations affect was isolated or the subject of the deceased avoided even when the

family was clearly sad. Becker and Margolin (1967) suggest that such insulation of the child is a displacement of the parent's own conflicts over the pain of mourning. They also conclude that with adequate preparation, the shared experiences of memorial observances and cemetery visits are valuable for the child in decreasing the denial of painful feelings and facilitating the process of adaptation.

The usefulness of this research is limited by the lack of information on the sample, the small sample size, the descriptiveness of the findings and lack of analysis of them, and the late contact made with some families. Further, the sample is biased in favour of health, since the criterion for selection was that on initial psychiatric assessment, the child was deemed not in need of psychotherapy. More importantly, data from weekly interviews with each child are not reported and, while purporting to address the question of children's bereavement reactions, few of the reported findings have bearing on this. However, the study points to the importance of the surviving parent's style in dealing with the bereaved child, in particular in relation to whose denial the child was manifesting. Both this study and that of Silverman and Englander (1975) give weight to the family circumstances surounding the loss, so emphasised by Bowlby (1981) and so frequently omitted in analytic reports.

Kliman (1968) reports on a pilot study of 18 "nonpatient" children, aged one to 14 years, from seven recently bereaved

families. The mean time elapsed between the death and the first contact was eight months, but the range was 24 hours to 15 months. Eight children were orphaned of their mothers, and ten of their fathers. The causes of death were diverse, ranging from suicide, through acute illness and accidents, to prolonged illness. Referral of bereaved families was highly unsystematic and this was accounted for by the strong resistance in medical and professional circles.

The initial assessment was by interview with the surviving parent, and no data is given on what later contact was made with the children.

Kliman (1968) found that initial tearfulness was uniformly brief, at most lasting about an hour. Ten of the children however expressed overt and prolonged yearning for the dead parent, evident in speech and play, and this was especially marked when the opposite sex parent had died. Seven children showed identificatory behaviour, as in adopting the dead parent's interests, two evinced a decline in scholastic performance, seven began sharing the remaining parent's bed and four, all of whom had lost their fathers, showed disciplinary problems. The pre-bereavement rate of symptomatology tripled within the first month of bereavement. Noted were enuresis, separation anxiety, hypochondriacal and conversion symptoms, excessive startling, an insect phobia and anti-social behaviour. The children rated as worst in emotional health were youngest-girls, under eight years of

age, who had lost a mother and adolescent boys suffering a paternal death. The latter finding supports Silverman and Englander's (1975) finding. Persistant overt disbelief in the death was rare, lasting only a week and occurring only after a sudden death.

Kliman (1968) concludes that parental loss may exacerbate pre-existing problems or precipitate neurotic conflicts, but that the difference between childhood and adult mourning is one of degree, not quality.

Although it makes claims to be only a pilot study, Kliman's (1968) research suffers from the lack of an analysis of bereavement responses by age, the lack of data on direct assessments of the children (if, indeed, there were any), the small numbers with wide variation in causes of loss, a lack of long-term follow-up (symptomatology only being described for the first month), and the lack of distinction between the effects of the death and of the child's subsequent family interactions and life circumstances. Further, while it claims to be the first prospective study of childhood bereavement, there is a wide variety in the length of time elapsed between the death and the first research contact, and at least some of the data must qualify as retrospective.

Kaffman and Elizur (1979) overcome many of the pitfalls of previous studies in their prospective investigation during the period of one to six months after the bereavement of 24

normal kibbutz children. The children were aged two to ten years and included ten pairs of siblings. They comprised all the pre-adolescents in seven kibbutzim whose fathers had died in a war, under similar circumstances and during the same period. All the deaths were sudden, associated with violence and with the general cultural atmosphere surrounding war and the soldiers who died in battle.

The children were all middle-class and considered representative of normal children in their community. All had their physical needs provided for by the community so their families were not subject to financial stress after the loss.

Data were obtained from semi-structured interviews with each child's mother and teacher. Retrospective reports on the presence and intensity of symptoms prior to bereavement formed the baseline pre-traumatic profile for each child.

The mothers informed the children within the first day of the loss and most evinced a frank approach about the circumstances of the death.

Eighty-six percent of the children reacted with a strong emotional response, sadness and crying. Most were reported to evince recurrent outbursts of sobbing and moodiness for three to six months. For more than 50%, crying and depressive moods were rated as of moderate or severe

intensity. Only a small minority reacted with a facade of indifference and continued daily activities as usual and all of these were less than four years old. Two showed euphoric moods.

Seventy-five percent of the over two year olds recalled specific memories in the early months, expressed in recurring talk of the father, recalling shared experiences and holding his effects. Remembering activities of the preschoolers were connected with concrete experiences. The six to to ten year olds spoke less about the loss but looked at photographs, read letters and the like. In families characterised by prior openness of communication, the sibs were reported to share their memories freely.

Thirteen of the children, ten of whom were preschoolers, spoke of the father as if he were still alive, or talked to his photograph. Kaffman and Elizur (1979) suggest that this was due both to their difficulty in cognitively understanding the death and to their need to preserve their emotional attachment to him and suggest that there was a splitting of denial and awareness. The former was used to ward off emotional pain while the child gradually separated from the father (cf. Parkes, 1972).

One third showed attempts to understand the meaning of death and its finality and eternality. Many under six year olds, particularly the pre-operational three to four year olds,

tried to translate a concept of death into known and concrete experiences. Such cognitive mastery was found to be important in reducing anxiety over the loss. Visits to the grave helped the child to accept the finality of the death, but many found it difficult to accept, particularly (but not significantly) among the preschoolers.

Fifty percent, all under six years, said they wanted a father and some sought affection from a familiar man. This was seen as expressing longing for their father and as reassuring themselves about the continued fulfilment of their needs.

One third exhibited traits and mannerisms of the father. Most of these identifications disappeared within a relatively short period and were considered neither manifestations of a true internalisation nor to interfere with the cathexis of substitute figures. These data were viewed as neither confirming nor disproving hypotheses that identification mitigates the pain of mourning or prevents the cathexis of new objects (Wolfenstein, 1966; E. Furman, 1974).

The above features were seen as comprising grief reactions, to cope with the event of the death. In addition, 63% of the children manifested additional behavioural problems, as against the 5% who had problems prior to the loss. The quality and severity of these were associated with the child's age and sex, personality, temperament, prior difficulties, type of relationship with the father, his

mother's reactions and the family's functioning after the loss, and the specific circumstances of the father's death.

The most frequent difficulties were:

i) Dependent behaviours such as clinging. These usually decreased over time, were not neurotic or regressive in extent and were greatly influenced by the mother's reactions to them - for example, her over-protectiveness maintained them.

ii) Diverse fears, new in 33% of the children, with sleep troubles in pre-schoolers and in 8% fears of bodily injury or illness and frequent, ungrounded complaints of ill-health.

iii) Aggressive behaviour, new in 49%, expressed in quarrelling (54%), temper tantrums and angry outbursts (45%), negativism (45%), and classroom discipline problems (23%). There were no age differences in the frequency of aggression, but the older children expressed it more overtly and interpersonally and often aimed it at the mother. Some expressed it with peers together with shows of jealousy and inferiority.

iv) Restlessness and difficulty concentrating, seen in 50%.

v) Mild eating disturbances, seen in 25%.

vi) Developmental regression, as in enuresis and thumb-sucking, in 33%.

Of all the symptoms reported, 30% were classified as comprising true grief reactions, and 70% as other symptomatic reactions. However, the latter include all expressions of anger and aggression, which some researchers, such as Parkes (1972), might well view as normal components of grief, and which Kaffman and Elizur (1979) note occurred along with expressions of grief.

In comparing pre-school with school-age children, it was found that the younger children engaged in remembering activities more often that the older ones (87% vs 43%) including repeated talk of the father and accompanied by denial of the finality of the loss (67% vs 43%). The older children expressed their sorrow and longing more symbolically through play, reading, writing and art work (42% vs 13%). The pre-schoolers also had significantly more night fears ($p<,05$), difficulties in separating from the mother and expressions of dependency.

In addition to these age trends, factors within the family, such as the mother's reaction, were found to be important in determining the child's grief reaction since 50% of the sibs showed similar grief reactions. Symptomatic behaviour problems, in contrast, appeared to be determined more by developmental factors, personality, and environmental

demands, since only one quarter of total reactions were common to both sibs. Family functioning also seemed important in determining the severity of reactions, since nine of the ten pairs of sibs were concordant for the extent and severity of their post-bereavement morbidity (four pairs had difficulties, five did not).

The researchers conclude that there is no syndrome typical of bereavement responses in childhood. Each child differed in his specific combination of symptoms, their intensity and duration. Most grief reactions included simultaneous sorrow, anger and some denial or avoidance, including searching for and efforts to retrieve the father.

Unfortunately, there is no analysis of data to show whether children exhibiting typical grief reactions showed fewer additional behaviour disturbances than those who did not. Nor is there any attempt to correlate types of reactions with the family circumstances cited as important determinants of response. These deficiencies are particularly important since the authors conclude, without elaboration, that ten of the children were so hindered in their daily functioning and reacted so severely that psychological help seemed imperative. This is a very high proportion - 45% - and it requires further analysis.

The study has other flaws. The unique circumstances and similarities of the losses strengthen the internal validity

of the study but reduce its generalisability. A control group of non-bereaved children would have been useful, to assess the impact of the war. The October war was abrupt in onset and short, may have contributed to the children's insecurity and fears of bodily injury, and so could have been a confounding factor in their responses. Thirdly, the occurrence of idealisation of the dead father was not assessed. It may have been enhanced by the cultural view of these fathers as war heroes and data on this could have been enlightening.

However, the major flaw of the study is the lack of direct assessment of the children. While it eliminates the effects of an investigator's intervention, the inadequacy of reports by others has already been noted and has previously been found to extend to non-family members (Harrison, Davenport and McDermott, 1967). In addition, a 70% rate of agreement between mothers and teachers on a general assessment of pre-loss adjustment, and a 55% agreement rate on the structured symptom check-list was found. Especially in view of the high proportion deemed in need of treatment after the loss, this is in question as an adequate method of collecting baseline data. Descriptions of the children's post-bereavement responses were reportedly quite similar, with differences relating to the different contexts of home and school. Even so, with seven special teachers conducting the interviews with 14 mothers and an unspecified number of classroom teachers, the possibility of rater bias is high.

3.4.3. DISCUSSION

The studies on unreferred bereaved children point to the importance of family interactions after the death in influencing the child's reactions, and the difficulty surviving parents have in tolerating the child's sad affect, dealing openly and honestly with him about the death and including him in rituals associated with the death (Becker and Margolin, 1967; Silverman and Englander, 1975; Kaffman and Elizur, 1979).

In terms of the children's reactions, there is controversy over the strength and frequency with which overt grief and weeping is expressed, but agreement that prolonged yearning is expressed both verbally and through play, especially by the younger, pre-latency children. Denial of the death has been found to be rare, and when it occurred was brief, and was considered an adaptive initial ego defence (Kliman, 1968; Kaffman and Elizur, 1979). Bereavement was also found to promote attempts at a cognitive understanding of death (Becker and Margolin, 1967; Kaffman and Elizur, 1979).

In addition to grief responses, maladaptive symptomatology was found to be frequent but not universal, and was most commonly seen in the very young or in adolescent boys (Kliman, 1968; Silverman and Englander, 1975). Parental bereavement was thus viewed as having the potential for

exacerbating or precipitating neurotic conflicts, but as not inevitably doing so. This has important bearing on the views of those analysts such as Deutsch (1937) and Wolfenstein (1966), who hold that the child is developmentally incapable of mourning. Support for their views would require findings of no mourning and universal symptomatology. This was not the case, and these studies in consequence lend support to E. Furman's (1974) view that children do have the intra-psychic prerequisites for mourning. Unfortunately, these normative studies have not examined the factors determining which children do evince subsequent difficulties. Kaffman and Elizur (1979) point to such problems being related to personality and environmental factors rather than to post-bereavement family reactions, but their analysis is unhelpfully broad.

These studies further suffer from either being retrospective (Becker and Margolin, 1967; Silverman and Englander, 1975), or lacking long-term follow-up (Kliman, 1968; Kaffman and Elizur, 1979). The latter is an important deficit since Rutter (1971) found that a long gap of about five years frequently passed between the bereavement and the manifestation of psychological difficulties (see Section 3.2.3.). These studies also fail to explore the idealisation of the lost parent, have small sample sizes and limited direct, professional assessment of the bereaved children in question.

Research is therefore still required to clarify and extend the above findings. Ideally, a long-term prospective follow-up of bereaved children in the community is required, assessing in addition their family and life circumstances (Black, 1978). Despite the lack of such research, the major conclusion to be drawn remains that since an inability to mourn in childhood is not inevitable, its appearance in psychoanalytic patients cannot be attributed to universal factors in ego or psycho-sexual development.

3.5 THE ROLE OF COGNITIVE DEVELOPMENT

3.5.1 INTRODUCTION

The next question to be explored is what role cognitive development and cognitions of death play in determining bereavement reactions. There has been little account taken by researchers into childhood bereavement of studies done on the child's development of a concept of death. This research predominantly utilises Piaget's (1929, 1959) theory of cognitive development, and attempts to relate cognitions about death to the developmental stages he has outlined. A selective review of the characteristics of each stage will therefore precede an examination of the studies on the development of a concept of death.

The two basic dynamic principles in Piaget's (1959) theory are the assimilation of new ideas or stimuli into the existing cognitive schema, and the accommodation of the schema to fit the new objects or ideas. Mental growth is through the resolution of these two, resulting in the achievement of successive states of equilibrium and adaptation to new situations.

Piaget (1959) thus posits an interactionist view of the role of experience and innate potential in cognitive development. This development is conceived of as a hierarchical sequence of stages, with an idealised final adult stage being assumed as characterised by logical reasoning (Riegel, 1975).

Two properties of the first, sensory-motor phase, which lasts from birth until about the second year of life, are relevant. The first is the development of object permanence discussed in Section 2.7. The second is Piaget's (1959) attribution of the beginnings of thought to the period of 18 to 24 months. The child develops the cognitive structures necessary to represent his perceptions of the world by the use of symbols in both mental and motor images. These images are at first personalised and unique to the child and evolve into symbols meaningful to his family and wider culture. Since thought begins at this stage it follows that the child is assumed incapable of a concept of death prior to this time (Hostler, 1978; Ferguson, 1978).

The pre-operational stage that follows covers approximately 18 months to seven years of age. The pre-conceptual subphase, lasting until about four years, is characterised by extensive development of the symbolic function, manifested in language and fantasy play and deferred imitation. However, symbolic representations are thought to be closely tied to the immediate perceptual characteristics of the event, so that "the young child simply runs off reality sequences in his head just as he might do in overt action" (Flavell, 1963:158).

Related to this is the pre-operational child's inability to decentre, meaning to take account of different aspects of a phenomenon. He centres on a single prominent feature, ignoring other important ones, and on that basis makes his judgements (Piaget, 1959). Having centred on prominent features he draws conclusions from them by a process of contiguity and similarily, proceeding from particular to particular by what is termed transductive reasoning.

Irreversibility further typifies his thought. This refers to his inability to mentally retrace steps taken and so return to the original situation, or to symbolically reverse a process. This is evinced in the conservation experiments in his inability to conceive of returning liquid from a wide container to its original tall one to demonstrate the invariance of the water despite various changes in form or perspective (Piaget, 1959; Brown and Desforges, 1979).

The intuitive subphase of the pre-operational stage lasts from four to seven years. The child conceptualises more, and elaborates his concepts and constructs into more complex representations and thoughts. He has some notion of class membership, as in his ability to use the quantifiers 'some' and 'all', and the first appearances of decentring and reversibility occur. This thinking heralds that of the concrete operational stage (Brown and Desforges, 1979).

Preconceptual thought and speech are highly egocentric. The pre-operational child thinks about the world from the limited perspective of his own experience and point of view, being unable to take the role of an other. It is suggested that this may limit his concept of death, since he has no experience of being dead so can only draw on his fantasies and equate death with experiences such as sleep or departures (Ferguson, 1978). Egocentrism is manifested in his speech; for example in monologues directed at no-one, and little effort to adapt his speech to the needs of his listeners. He is unable to explain things clearly to others (Ginsberg and Opper, 1969, in Hostler, 1978).

An aspect of his egocentrism is his omnipotent magical thinking. The child perceives himself as the origin of all activity in his world and this, together with his conceiving of causality by the contiguity of events, may lead him to feel responsible for his thoughts and fantasies being enacted

in the external world (Hostler, 1978). An actual death may thus be interpreted as a direct result of his death wishes about the person - a position of a frightening degree of power and with the potential for inducing great guilt and fear of talion punishment (Ferguson, 1978).

Related to the above is that in precausal thinking motivation is seen as the source of all explanation. The precausal child has no idea of chance and, in what is termed artificialism, believes that all things are made for a purpose (Piaget, 1959). It is suggested that this might result in his having great difficulty in accepting the arbitrary nature of death since he will seek a reason for the loss (Ferguson, 1978). The onset of causal relations is heralded by the use of 'Why?' instead of 'What?' questions. Piaget (1959) suggested that the awareness of life and death differences initiates the search for causal explanations. In Piaget's (1959) words, "the idea of death sets the child's curiosity in action precisely because, if every cause is coupled with a motive, then death calls for a special explanation. If the child is at this stage puzzled by the problem of death it is precisely because in his conception of things death is inexplicable ... And in the questions about plants, animals and the human body, it is those which refer to death which cause the child to leave behind him the stage of pure finalism, and thus acquire the notion of statistical causality or chance"(pp. 180-181).

The concept of animism was introduced by Piaget (1929) in discussing the content of thought. There are four stages outlined in the development of an adult-like concept of animism. First, the child attributes life to everything that is active, undamaged or useful. He then attributes it to anything that moves, later modifies this to anything that moves of its own accord and finally restricts consciousness and life to refer to animals and plants. There has been an ongoing controvercy about the nature and meaning of animism in children (Kastenbaum, 1981), but it is evident that ideas about what is alive and what is dead must be interrelated, and this has been the focus of two studies to be reviewed (Safier, 1964; Tallmer, Formanek and Tallmer, 1974).

The pre-operational child is in the first stage of animism, and it is suggested that his broad range of inclusion under the idea of 'alive' may lead to his conceiving of the dead as having biological functions (Ferguson, 1978). Stage two is reached at about seven years of age, and the third stage by about eight years (Lonetto, 1980).

The pre-operational child has also not grasped concepts of time and number (Wohlwill and Wiener, 1964). Time is first confused with being, and the child is unable to conceive of time as separate from his own existence, and so accept the occurrence of events before his birth. He may have difficulty telling the time by a clock, at least until four years (Anthony, 1971), and by about five years may be able to

distinguish the days of the week, but months or years are not yet meaningful. Time is bound to feelings of hunger and tiredness and recurrent events such as meals and seasons. It is suggested that this cyclical view of time precludes a sense of the irreversibility of change (or death), or of the linear sense of time linking age and death (Lonetto, 1980). There are no clear conclusions from research about when children develop adult, linear concepts of time (Lonetto, 1980), but these appear to emerge in the stage of concrete operations.

The concrete operational stage follows, lasting from about seven to 12 years, and entailing the onset of a more durable and flexible set of mental mechanisms, such as those involved in manipulating time, space and quantity (Piaget, 1952). The child at this stage is able to represent mentally a series of actions, understand relational concepts such as bigger and darker, order objects on a quantified dimension and is capable of conserving quantity when it undergoes transformations of shape. Thought becomes decentred and reversible, language more communicative and egocentrism diminishes so that the child can draw on others' experience in evaluating his own. Animism and artificialism persist in a diminished fashion. By the end of the concrete operational stage the child has developed basic concepts of time, space, quantity and causality. With the understanding of causality, omnipotent thinking diminishes (Hostler, 1978). Piaget (1932) also discusses an absolutistic stage in the early

concrete operational child's game of marbles, where the rules are sacred and immutable. This appears concomitantly with the manifestation of moral realism, when culpability is determined by the sheer quantity of wrong or harm done. Gradually, the child develops an understanding that rules are of human origin and can be modified, and in parallel fashion takes into account the intention of the wrong-doer.

The final stage of formal operations begins at about 12 years. Now the child is capable of considering all the ways a problem might potentially be solved, thought is deductive and the child can think in terms of a hypothetical proposition.

Having examined the relevant tenets of Piaget's stage theory of cognitive development, the theoretical context for the normative studies on the development of concepts of death has been provided. These studies are therefore discussed next.

3.5.3 NORMATIVE RESEARCH ON THE DEVELOPMENT OF A CONCEPT OF DEATH

The majority of studies on the development of cognitions about death are of the anecdotal or survey variety (von Hug-Hellmuth, 1912; Mitchell, 1967) and of the more systematic studies, the early work of Nagy (1948) and Anthony (1939, 1971) are still quoted by reviewers as definitive

works (Steinzor, 1978).

Nagy (1948) collected information on 378 Hungarian children aged three to ten years. They were from diverse schools, social levels and religions and there was equal representation of each sex, but these variables were not analysed or controlled. Nagy (1948) used individual discussions about death, focusing on a definition of death, its causality and how to recognise death, and in addition children over six years drew death and wrote compositions about it.

Nagy (1948) describes three stages of development of death-related concepts in these children. In stage 1, comprising 86% of the three year olds, 50% of the four olds and 33% of the five year olds, death was seen as a departure or sleep or as a gradual, temporary and reversible state. Life and consciousness were attributed to the dead, who were thought to live on in a diminished way or under different circumstances. The most painful thing about death was the separation itself.

In stage II, comprising predominantly the five to nine year olds, but including 14% of the three year olds and 50% of the four year olds, death was seen as external, personified as a man and by one third was identified with the dead. Death was not a universal fate, since only those died whom the death man carried off.

In stage III, comprising 8% of the seven and eight year olds, 29% of the nine year olds and the majority of the ten year olds, death was viewed as the final cessation of corporeal activities, and as a universal, lawful, internal process.

Anthony (1939, 1971) investigated the concepts of death of 128 British children (71 boys and 57 girls) aged three to 12 years old. She utilised parental records, definitions of the word 'dead' and a story completion exercise.

The definitions of the word 'dead' were classified into five categories, reportedly relatively free of religiosity. These were:

i) Apparent ignorance of the word.

ii) Interest in the word or fact, combined with limited or erroneous concepts.
All children under five years gave responses falling into one of the above categories.

iii) No evidence of the non-comprehension of the meaning of 'dead', but definition given by reference to:
a) associated phenomena not logically or biologically essential e.g. burial rites.
b) humanity specifically
Two-thirds of the five to 12 year olds gave answers in this

category, and the average age was eight. No child younger than eight years gave a response in a higher category.

iv) Correct, essential but limited reference, given by eight and three quarter years and older.

v) General logical or biological definition or description.

She concluded that there was a significantly positive correlation between age and conceptual development, more so for mental age (r = ,67) than chronological age (r = ,47). A crucial point of change occurred between seven and eight years, as every child gave a stage III response. Only children over seven years defined death as the negation of living.

Of the children tested on the story completion exercise, 60% made spontaneous reference to death. Death was seen as bringing sorrow, separating parents from each other or the child, and as bringing fear through talion punishment for aggressive and hostile impulses. Children under five years fantasised death as sleep or as part of a cycle of life and death, and some of those over five years externalised death as a shadowy or ghost-like figure.

Five children had experienced a death in the family, none of whom had been referred for treatment. These children would not refer to the death in fantasy but readily referred to it

in reality. The themes of their story completions were generally of punishment, but the inadequate data on each child and small numbers make generalisation difficult.

Anthony (1971) concludes from this section of her research that a concept of death is not developed until omnipotent thinking has been greatly reduced, and that anxiety about the sorrow and fear death brings arises only after a concept of death is established, on the basis of regression. However, an inadequate concept of death does not ensure emotional insulation from death since the departure results in despair and suffering (Spitz and Wolf, 1946; Bowlby, 1981; Vernon and Payne, 1973). In the earliest stages she hypothesises that death concepts take the form of oral-cannibalistic fantasies, where swallowing forms part of a fantasised life-cycle, the next phase of which is birth or splitting out - hence death is not seen as final.

While Anthony's (1939) research has been important in stimulating further work in this area - much of which has supported her findings - it is flawed by its lack of adequately rigorous research design and statistical analysis.

Lonetto (1980) confirms the findings of Nagy (1948) and Anthony (1971) in his study of 201 Canadian children ranging in age from three and a half to 13 years. The children were asked to draw death, and then answered questions about death's universality, its personal inevitability and what

happened when someone died.

He describes characteristics of three 'approximate age' levels, noting the evidence that cognitive development is a better predictor of the concept of death than is chronological age (Koocher, 1973) but not assessing the former. The stages described are:

Stage I: three - five years (21 boys, 14 girls): Death was depicted as living under changed circumstances, a separation or sleep, or death was equated with the dead. The dead were immobile but some children thought they retained sensation. Ideas about what happens to people when they die were diverse, and suggestive of a view of life and death as cyclical in nature, aided by medical intervention or the birth of babies after death. There was some confusion about the universality of death, and personal death was associated with being very old. Half of the children said they thought about death but only at night.

Stage II: six - eight years (25 boys, 34 girls): Many personified death, a third of each sex showed a concern for the rituals associated with death and some identified death with the dead. As in Nagy's (1948) study death was personified as an external agent who caught you and so could be escaped. Personification is not commonly found (Koocher, 1974) and may be a function of assessment by drawings, or by forced choice questions including personifications, as in

Farley (1979). In response to questions about death, many of these children perceived its finality in terms of bodily functions and sensations, but an increasing number utilised concepts of spiritual continuation. Sadness was expressed about deaths of pets and people and the majority, including all the eight year olds, recognised death's universality and personal inevitability and reported thinking about it.

Stage III: nine - 12 years (46 boys, 61 girls): Death was perceived as the end of life, universal and inevitable and as frightening, painful or sorrowful. There was concern with the rituals associated with death and ideas on the causality of death incorporated the children's own experiences. Death was increasingly depicted abstractly, approximating adult standards by 12 years. No data on responses to questions about death are given for this age group.

Lonetto (1980) concludes, much as does Anthony (1971), that the child develops from a cyclical to a linear view of birth and death, and that this shift is related to the development of logical, causal modes of analysing events and is accompanied by gains in understanding the nature of external time. He suggests that this linear concept may be an artefact of Western culture, but gives no evidence for this. Cross-cultural studies would be revealing, since for example at least ostensibly, Hindus and Buddhists take a cyclical view of the nature of life and death.

Lonetto's (1980) work, while purporting to be a phenomenological study, is disappointing since it simply supports the findings of Nagy (1948) and Anthony (1971), while remaining equally primitive in design.

Gartley and Bernasconi (1967) interviewed 60 Roman Catholic children aged five and half to 14 years. The interview was unstructured, but included questions on the universality and finality of death, cessation of bodily functions and sensitivity, as well as eliciting descriptions of heaven and hell and ideas on the morality of killing.

The responses are described in relation to age. All dealt with death in a matter-of-fact way. Unlike those assessed by authors such as Nagy (1948), Lonetto (1980) and Schilder and Weschler (1934), all believed in their own death, although only after eight and a half years was it seen as an immediate possibility. However, some of the discrepancy between Gartley and Bernasconi's (1967) findings and those of other studies may rest in the acceptance here of religious interpretations of ongoing life in heaven, since only after seven years were distinctions made between body and soul. Before this time, death was described in concrete terms, for example associated with lying down, not breathing and having closed eyes - akin to Anthony's (1971) stages III and IV. All recognised the cessation of bodily functions, but especially under six and a half years not all were so sure about the cessation of sensation. None saw death as

reversible or as a sleep or personified death. The causality of death was only assessed in children over the age of nine, and boys cited more violent causes than girls.

Though not systematically explored, factors affecting the concept of death were noted to be religious training, television after the age of seven years, prior experience of the death of a pet and a death in the family. The latter resulted in a notably matter-of-fact and especially verbal approach.

While of interest in implicating experiential factors in influencing the development of a concept of death, this study is limited by its lack of statistical analysis of the findings.

Melear (1973) interviewed 41 randomly selected children (23 males and 18 females) ranging in age from three to 12 years, on their ideas about death. The content of the interview is not described. The concepts of death expressed were found to fall into four categories:

i) Relative ignorance of the meaning of death - comprised of six children, three to four years old.

ii) Death as temporary, including the restoration of life to the dead and the dead having feelings and biological functions - comprised of ten children, four to seven years old.

iii) Death as final, but the dead function biologically - comprised of four children, five to ten years old.

iv) Death as final with cessation of all bodily functions - comprised of 21 children, all but three of whom were over six years old.

A gradual age-related increase in the understanding of the irrevocability of death and the bodily cessation entailed was found, but mature concepts were developed earlier than described in the earlier studies, and there was a wide variability at any one age. The reliability of the findings is limited by the lack of assessment of cognitive development, control of any factors such as experience, sex or social class, the small numbers sampled and the lack of statistical analysis of the data.

Childers and Wimmer (1971) interviewed 75 children (38 girls and 37 boys) aged four to ten years, to assess whether the child's development of the awareness of the universality and finality of death are independent of age. The child's experience of death was also assessed.

They found a gradual increase with advancing age in understanding of the irrevocability of death, but individual differences were common on this and by ten years more than a third still denied the finality of death or were undecided. The universality of death was understood earlier, and was understood increasingly with advancing age, with a dramatic

increase in its understanding between six and seven years. Twenty-two percent of the six year olds, 61% of the seven year olds, 75% of the eight year olds and 100% of the nine year olds affirmed the universality of death. This provides close support for Nagy's (1948) findings and Childers and Wimmer (1971) suggest that it may be due to a transformation in the thought process as described by Piaget (1959).

This study is of value in pointing to the role of cognitive functions in the development of different components of the concept of death. However, Childers and Wimmer (1971) failed to assess the level of cognitive functioning. White, Elsom and Prawat (1978) give support for these findings, in the context of a more sophsticated study.

They interviewed 170 randomly selected children aged five and a quarter to 10,8 years. The children were tested on conservation tasks, and divided into pre-operational and concrete operational groups. They were then read a story about a woman who died, and asked questions about death to assess their grasp of its irrevocability, the cessation of bodily functions at death and its universality. Two story versions were used, in which the woman who died was depicted as kind or unkind.

It was found that an increase in the child's understanding of death's universality was attributable to cognitive development ($p \leq .005$), whereas comprehension of the other two

concepts did not relate to cognitive development.

They account for this by suggesting that universality is a concept that develops spontaneously, through the child's own mental effort, as in the universality of rules noted with the advent of concrete operational thinking (Piaget, 1932). They hypothesised that the other two concepts are acquired through tuition, and so their relationship to cognitive development is not as strongly observed.

Finally, the attractiveness of the story figure affected the child's understanding of the cause of her death ($p < .001$) with 22% suggesting that the unkind woman's death was a punishment for her bad behaviour.

Koocher (1973, 1974) also related his findings directly to Piaget's (1959) theory of cognitive development. He interviewed 75 children, aged six to 15 years, who were of at least average mental ability. In addition, cognitive functioning was assessed by tests of conservation of mass, number and volume and a task in hypothesis testing and theory formation. On the basis of per formance on these tests, the children were assigned to one of Piaget's (1959) cognitive stages. Each child was then asked four questions about death, to tap concepts of causality, reversibility, projected age of personal death and fantasies about what would happen after one's death.

Age was not found to be a reliable predictor of the child's responses, but cognitive development was. There were no sex or race differences. The following stages were elicited:

Stage I: Pre-operational (including 20 children, mean age seven and a third years, range six - 11 years). Responses included fantasy reasoning, magical thinking and realistic causes marked by egocentrism and closely tied to personal experience.

Stage II: Concrete operational (including 35 children, mean age 10,4 years, range six - 13 years). Specific means of inflicting death were given, with or without the intention to do so, as well as more abstract reasons, as given by stage III children.

Stage III: Formal operational (including 20 children, mean age 13,3, range nine - 15 years). Relatively abstract clusters of specific possibilities were given by this group as causes of death, including the idea of physical deterioration or the recognition of death as an abstract process.

Forty percent of the pre-operational children suggested death was reversible. None of the other children did. Koocher (1974) suggests that this reflects the young child's inability to utilise the experience of others and fully distinguish animate from inanimate, but no empirical

justification is given for this, nor for why 60% of the pre-operational children viewed death as final.

With reference to when they would die, responses ranged from seven to 300 years. Grouped by cognitive development, the variance of estimates was found to decrease significantly with increasing maturity ($p < .001$), but this held only for both concrete and formal operational groups in contrast to the pre-operational. Koocher (1973) asserts that this change is an outcome of the reciprocity skills developed in the concrete operational period, enabling the child to use the experience of others. Until directly assessed this conclusion can remain only an hypothesis.

A wide variety of responses was given in answer to what would happen when the child died. These are reported as percentages of the entire sample, an analysis by level of cognitive development not being revealing. Relevant is Koocher's (1973) description of these ideas as concrete and stereotyped, as in outlining burial rituals, and his hypothesis that in the absence of personification of death these children might attempt mastery and control over death through specificity of detail.

Safier (1964) investigated the relations between concepts of animism and death (equated with the absence of animism) systematically although using a small sample. She interviewed 30 boys, ranging in age from four to 11 years.

They were divided into three age groups, and discussed life, death and sensitivity in relation to ten objects, six animate and four inanimate.

An independent analysis of the protocols yielded a significantly increasing accuracy in the concepts of life and death in terms of adult norms ($p<.01$) with increasing age. A three stage developmental progression was described:

Stage I (four - five years) is of constant flux. Death as well as life comes and goes and both are viewed together in a global manner. Responses were consistent, indicating an integrated concept of life and death, but not in accordance with adult norms.

Stage II (seven - eight years) is typified by an external agent or force giving life or taking it away. An interest in scientific explanation and a curiosity about death was evinced.

In Stage III (ten - 11 years) the concepts are integrated at a more adult level, an internal agent being implicated in the view of the organism going and stopping by itself.

The relationship between thoughts of animism and death was weakest in the second stage, which Safier (1964) hypothesises is due to the shift at about seven years to an analytic approach to reality. This, like Childers and Wimmer's (1971)

similar conclusion about a different component of the death concept, requires further investigation. Her findings give support to Nagy's (1948) findings as well as to the positing of a cyclical view of life and death in the young child by Anthony (1971) and Lonetto (1980). On the basis of her study, Safier (1964) relates the stages of Nagy (1948) and Piaget (1929), with life increasingly over age being attributed only to what is capable of self-initiated movement, related to death over increasing age being perceived as due to internal processes and thus being irreversible.

Apart from the small numbers tested, Safier's (1964) study can be criticised for the lack of control of any environmental variables, or of the level of cognitive development. Further , she assumes the concepts outlined by Piaget (1929) and Nagy (1948) and does not investigate them. Although these may be mutually relevant it cannot be assumed that inanimate and dead are synonymous, since the opposite of animate is inanimate and not dead (Steinzor, 1979). In her favour, she - and others such as Koocher (1973) who assess cognitive development - is pointing to death thoughts being part of a 'community' of thoughts, all of which are influenced by each other and by the individual's overall level of maturation (Kastenbaum, 1981), and which it may therefore be artificial to examine in isolation.

Tallmer, Formanek and Tallmer (1974) interviewed 199 children

(100 boys and 99 girls) aged three to nine years, half of whom were working-class and half middle-class. They aimed to assess the relationship between age and the concept of death, the latter's correlation with sex, socio-economic status, and the influence of parental orientation and explanations and experience with death.

In investigating these factors, the child's comprehension of death was rated on a five point scale. Each child was administered a questionnaire, and in addition half were given a projective assessment, utilising a sentence completion test to tap ideas about personal death, Thematic Apperception Test cards, and 110 parents were interviewed about the child's experience of death and the explanations offered to him.

They found that the older children had a more adequate concept of death and of animism than the younger children, and that a concept of death developed more slowly than did that of animism, the latter perhaps preparing the way for the former - a finding supported by Swain (1979) and putting in question Safier's (1964) broad correlation of the development of the two concepts.

No significant relationships were found between parental explanations or experience of death and the adequacy of a concept of death, although such relationships have been noted by others, such as Erikson (1977) and Koocher (1974), and what was held to constitute experience of death is not

defined by the authors bar that it included deaths of pets and grandparents. Lower-class children proved significantly more aware of death than did the middle-class, their concepts of death were more realistic, more feeling about death was expressed by them, and this expression increased with advancing age. This was hypothesised to be due to their differing life experiences, but no class difference was found in associating violence with death.

Formanek (1974) supports the above findings on the relationship of concepts of death and animism in a study of almost 300 children under seven years of age. Thirty-two percent could adequately distinguish between animate and inanimate but only six percent had an adequate understanding of death. No further age analysis is given.

Swain (1979) in a study of similar orientation to that of Tallmer, Formanek and Tallmer (1974), interviewed 120 children aged two to 16 years to investigate the relationship of age to awareness of the finality, universality and personal inevitability of death, and the influence of sex, level of parental education and degree of religious influence in the family on these concepts.

Protocols of the interviews were independently rated on a five point scale for the three components of a concept of death focused on and the ratings were statistically analysed in terms of the variables.

Age was the only factor found to be significant, and it was further found that although concepts of death differed along an age continuum, the greatest change occurred between five and seven years. At this stage magical thinking was reduced, biological and social reality were more greatly relied upon and concepts of death were similar to those of older children. A second key change occurred in the mid-teenage years, when concepts of death become more abstract and more personally relevant. It is unfortunate that cognitive development was not assessed, since these findings support those of Childers and Wimmer (1971) and White, Elsom and Prawat (1978) that an internally generated alteration in cognitive functioning occurs at about this time.

Kane (1979) provides the most detailed analysis of the concept of death. She informally interviewed 122 middle-class children ranging in age from three to 12 years, to determine the nature and development of their concepts of death and the impact of experience on these concepts. For inclusion in the study the child had to evince a basic realisation of death by choosing a picture of a dead rabbit from pictures of rabbits in differing states of activity. It is of interest that no child was excluded on this basis.

Nine components of the concept of death were derived, which accounted for all the variance in the children's concepts of death. These were separation (location of the dead);

immobility; irrevocability (finality); causality; dysfunctionality (of bodily functions other than the senses); universality; insensitivity (of mental and sensory functions, such as dreaming, feeling, thinking); appearance of the dead; and realisation of death.

It was further found that 53% of the variance in the concepts of death was accounted for by age. Death was realised by three years, separation and immobility were added by five years; irrevocability, causality, dysfunctionality and universality by six years, insensitivity by eight years and appearance by 12 years.

Three age related stages in the development of a concept of death were elucidated and hypothesised to be clearly related to Piaget's (1959) stages of cognitive development, although this was not assessed. The stages were:

Stage I (Pre-operational): The components of realisation, separation and immobility were encompassed, but were not interrelated. Thinking was egocentric and magical, since death could be caused by one's behaviour, wish or deed. Death was seen in a specific position, such as a lying down immobility, and so was a description.

Stage II (Concrete operational): Death was seen as specific and concrete and as causing dysfunction. A reality orientation and the beginning of logical thinking were seen,

with all nine components of the concept of death included and developed although the components were not interrelated. In the latter part of this stage, the internal causation of death was understood, but death was seen as very far away and as part of old age. With increasing age more subtle dysfunctions were realised, with eating, then hearing, then feeling and smelling and finally dreaming being recognised as impossible by the dead.

Stage III (Formal operations, including all children of eight years and older): Death could be thought about in the abstract, and was viewed as a state of internally caused dysfunction.

The child's experience of death was assessed through post-interview contacts with the parents, and was rather arbitrarily and broadly based on norms of knowing one intimate or four non-intimates who had died, or having seen one dead person or having gone to one funeral. It was found that the three to six year olds who had had experience of death had a significantly more mature concept of death than their inexperienced peers ($p < .05$), especially in relation to dysfunctionality, insensitivity and causality, but that experience had no effect after seven years. This conflicts with Tallmer, Formanek and Tallmer's (1974) finding of no effect of experience on cognitions of death. Further investigation is required before conclusions can be drawn, and it would be of interest to assess this finding in

relation to the changes in the concept of death noted by investigators such as Schilder and Weschler (1934) at about seven years. It remains possible that experience of death results in more mature cognitions about it only before a mature concept is established in any case due to cognitive development.

In conclusion, Kane's (1979) study provides additional support for a three stage development of an adult-like concept of death (Nagy, 1948; Koocher, 1974; Lonetto, 1980) and adds a more sophisticated analysis of this concept and so of its development. It also points to a mature concept being attained at about eight years, as Melear (1973) holds, which is an earlier dating than that given by previous studies (Nagy, 1948), and supports the absence of personification of death. Kane (1979) suggests that the latter may be due to cultural differences.

Menig-Peterson and McCabe (1978) also discuss the role of experience in their analysis of death narratives elicited from 96 children aged three and a half to nine and a half years. Five had lost family members, and all of these gave chronological accounts of the death, unlike their other narratives impoverished for detail and devoid of almost all evaluation or communication of the meaning of the event to the child. While again numbers are small and the data given on each child is inadequate, this supports Anthony's (1971) observations.

Menig-Peterson and McCabe (1978) further found few narratives from children under five years of age but a large number from older children were elicited. No affective reactions to death were described by children under nine years of age, unlike the findings of Lonetto (1980).

Alexander and Adlerstein (1958) directly assessed affective reactions to death related words. 108 boys aged five to 16 years were given a word association task, in which response times and changes in skin resistance were used to indicate the affect aroused. All the boys showed an increased emotional response to death related words as measured by both responses. On the galvanic skin response measure, only the nine to 12 year olds did not show a significant decrease in skin resistance. Alexander and Adlerstein (1958) suggest that these latency children have more stable self-concepts so that death has less emotional significance for them. However, the quality of the affect elicited was not subjectively assessed, and nor was the subject's experience of death.

Although the measures used are not comparable to those of Menig-Peterson and McCabe (1978) or Lonetto (1980) the findings are in contradiction to those of the previous studies, and further research is needed.

Two studies have focused on the relationship of aspects of

personality to concepts of death. Schilder and Weschler (1934) assessed the death concepts in 75 children aged six to 15 years, all of whom were behaviourally disturbed. They summarise the protocols only of 16 children under ten years of age, who were considered approximately normal. Their findings, elicited from questioning, observations of play and narratives elicited by pictures, were not evaluated quantitively. As did Nagy (1948), they found that the children dealt with death in a matter-of-fact way. They accepted contradictions in their concepts of death, as Koocher (1974) found in pre-operational children. The immobility of the dead was recognised, but death was not seen as a personal eventuality, unless it was projected into the distant future, nor was it final. Aggressivity was thought to affect concepts of death's causality, since although the role of illness was noted, aggressive children predominantly gave causes of aggression and violence, threatened to kill and saw death as a punishment for wrong-doing.

Orbach and Glaubman (1978), in a more sophisticated study, compared aggressive, normal and suicidal children's concepts of death. They sampled a limited age range - ten to 12 years - and controlled for socio-economic status, cultural background and intelligence. A structured interview was used based on Koocher's (1973) methodology.

In relation to the causality of death, they found that aggressive children gave significantly more responses of

aggression than did the other two groups, suicidal children gave significantly more self-destructive responses than the other two groups and normal children gave more responses of illness and old age.

While aggressive and normal children viewed death as irreversible and involving the cessation of bodily functions, the suicidal children attributed life qualities to personal death and believed in life after death, although their perceptions of the death of others were more realistic. Orbach and Glaubman (1978) suggest that this discrepancy is due to a defensive process.

The study suggests that at least certain components of the concept of death are integral to the entire personality, and reflect life experiences and internal dynamics.

3.5.4 DISCUSSION

The normative studies on children's development of a concept of death point broadly to three stages, which are preceded by a lack of any concept of death, and may be followed by the adult's further refinement of death's personal meaning (Anthony, 1971). However, while a maturing concept of death is correlated by some with age (Swain, 1979) and by others with cognitive development (Koocher, 1973) there is wide variability both in responses by the children placed within a

category of cognitive development (Koocher, 1973) and by children of any age group (Anthony, 1971). The latter may relate to Piaget's (1959) sequences of cognitive development being well-substantiated by research, although their rate of attainment of the stages is highly variable (Buck-Morss, 1975) and Piaget (1978) himself has asserted that age is only broadly relevant as a factor. The former finding may relate to the criteria used for categorising children cognitively, and is discussed below.

These findings suggest that in assessing any individual child's concept of death the stage sequences outlined are only of assistance in pointing to those components of a concept of death which tend to co-vary. For example, should a child equate death with sleep, a stage one response, one would be alerted to exploring with him his fantasies of death as reversible, temporary and cyclical with life, entailing causation through motivation and any unrealistic assessments of its dating as a personal inevitability. Should he refer to escaping death, one would explore the components of a stage two response, such as personification of death and its entailing a lack of bodily functioning but ongoing sensation.

However, it is possible that further, systematic research will yield more reliable data relating the concept of death to factors both internal and external to the child. The present literature is far from complete, and largely fails to incorporate variables usually considered in developmental

research. In the few studies that do, the findings are discrepant and require further validation. For example, sex has been found to have no effect (Koocher, 1974) or to influence ideas on death's causality (Gartley and Bernasconi, 1967). The role of religious education is a matter of controversy (Gartley and Bernasconi, 1967; Swain 1979). Social class has been found to correlate significantly with death cognitions (Tallmer, Formanek and Tallmer, 1974), but in the opposite direction to that expected from studies documenting its role in cognitive development, which find that lower social class children lag behind their peers (Peluffo, 1967). In the light of this data it is unfortunate that no researcher reviewed here who assessed cognitive development - such as Koocher (1973) - included social class as a variable.

Experience with death has been implicated primarily in reducing fantasy thinking about death (Anthony, 1971; Menig-Peterson and McCabe, 1978) and surprisingly it has been largely ignored as a potential precipitant of a more mature consideration of death (Kastenbaum, 1981). Swain (1979) for example, chooses to examine the somewhat obtuse factor of the parents' level of education, while omitting the factor of experience. Kane (1979) found that experience only helped those under six years of age to conceptualise death more realistically. Since the major finding for this age group is that the majority do <u>not</u> comprehend death as final, it could be hypothesised that experience with death would facilitate

the recognition of its finality, but may not have bearing on components of the cognition that are less a consequence of experience with it, such as its personal inevitability. Research on this in a normal population would be particularly interesting, since many of the psychoanalysts discussed implicate ideas of death's reversibility in the conflicts of their disturbed patients. For Piaget (1959), experience, per se, is not beneficial until it is in close relationship to existing mental structures, and the higher correlation between cognitive development than chronological age and concepts of death suggests that cognitive ability may be related to concepts of death more closely than is experience. Experience would thus not be expected to account for all the variance in concepts of death, but may have a role, since experience has been found to be at the heart of different rates of cognitive development (Mogdil and Mogdil, 1976).

Further, no attempt has been made to extend the child's concept of death through training. Although the structure of Piaget's (1959) theory would suggest otherwise, children can be trained to conserve quantity (Sigel, Roeper and Hooper, 1966) and in a like manner E. Furman (1974) may be correct in saying that the young child can be helped to develop a realistic concept of death. The pre-operational child is capable of using the symbols of words, play and pictures to deal with reality removed from direct experience, and is able to use past experience to deal with the present and future (Ferguson, 1978). It thus may be possible to use these means

to bring death into the egocentric child's realm of experience as a preventative measure prior to bereavement, or to relate a death to his other experiences and enhance his concept of death once bereavement has occurred. Preparation for hospitalisation, on the same basis, is widely advocated and considered efficacious (Kliman, 1968).

In addition, the diverse methods used to assess the child's concept of death may have bearing on the trend of results. It has already been suggested that personification of death may be most readily elicited in drawings (Nagy, 1948; Lonetto, 1980). Methodologically similar research is not yet of a volume adequate to appraise the effects of the form of assessment on the components of the concept of death elicited. Further, the concept of death itself is only carefully analysed by Kane (1979) and the lack of differentiation between, for example, bodily functioning and sensation, makes the stage contents elicited from many other studies such as Melear (1973) comparatively unclear.

Finally, the age groups sampled in the normative studies seldom extend to three years old, and never to below that age. In contrast, naturalistic observations of children and play interviews with them show pre-conceptual perceptions of death (Maurer, 1966) and a self-initiated grappling with ideas of death (Rochlin, 1967; Kastenbaum, 1974; Brent, 1978) much earlier than would be expected from the normative studies. While these studies pay more attention to the

child's interests and efforts for their own sake, and less to the systematic comparison of these ideas with an adult-like norm, they point to a valuable additional source of data that is as yet under-explored, and which may serve to correct any misconceptions, for example about the child's interest in death, that arise from the context of experimental studies.

To turn to a discussion of the Piagetian framework utilised by researchers on children's concepts of death, it must first be noted that these researchers equate an adequate concept of death with the ideal norm of abstract, formal-logical thinking espoused by Piaget (1972). However, Piaget (1972) stated that a large number of adults might never reach the stage of formal operations, and it is certainly not universally found even among highly educated Western students (Wason and Johnson-Laird, 1972). By extension, this could entail that a large number of normal adults never achieve a mature concept of death. Researchers have not, however, questioned the average adult's adequacy in this respect, and most do not extend their samples beyond the earliest stage of adolescence. Evidence that this could be the case comes only from Maurer's (1964) analysis of narratives on death by high and low scholastic achievers in late adolescence. The low achievers were found to retain immature concepts of death. The implications of this for the norms set out for a mature concept of death need to be investigated, as does the relationship between the adult's concept of death and his mourning process.

The criteria used in the few studies that assess cognitive development (Koocher, 1974; White, Elsom and Prawat, 1978) are also in question. They categorise the children according to tasks of conservation and hypothetical reasoning, thus following Piaget's (1959, 1978) later concern with concepts that are most relevant to physics and mathematics (Mussen, Conger and Kagan, 1969). The content of such tasks is important, since it cannot be assumed that the child who is competent at one, for example denoting the concrete operations stage, will be competent at others (Brown and Desforges, 1979).

The degree of coherence of performance expected in terms of Piaget's (1959) structural theory is thus not seen, so that the predictive validity of such assessments is limited, and problems are raised such as whether the stages are formal unities and what degree of coherence of performance to expect (Heron and Dowell, 1973). Brown and Desforges (1979) account for this on the basis of Piaget's (1959) theory being one of underlying competence, and not of performance. While this debate cannot be entered into here, the findings are relevant in that they add evidence additional to that of the age range included in the cognitive stages, that it is not valid to make generalisations about a child's concept of death from his classification into a cognitive stage. The cognitive tasks he was assessed on would first have to be proven to be adequate to make generalised assumptions.

Further suggestions that the conservation tasks used by researchers such as Koocher (1973) are not relevant to categorise children for the purpose of generalising to their concepts of death, is that many natural phenomena such as death do not show reversibility or observe class inclusion rules. The child, as Mussen, Conger and Kagan (1969) point out, has to discover that death, unlike a quantity of water, is not conserved and is not capable of a reverse operation to restore life. Secondly, they point out that children have been shown to be more able to solve problems when familiar concepts are used. For example, a five year old can order objects on the dimension of size when comparing a parent to a domestic animal, although he may not be able to serialise on experimental tasks. His ability to conceptualise death may thus be more accurately predicted from tasks based on familiar ideas. Thirdly, more relevant to the child's concept of death than are conservation tasks may be his understanding of concepts such as time and causality (see Section 3.5.2). Piaget abandoned his early work on such concepts because he doubted the validity of the research method he used of informal conversations with children for eliciting the child's concepts (Mussen, Conger and Kagan, 1969), but while the concepts themselves may need further research, their relevance to a concept of death is not thereby diminished.

As an alternative to Piaget's (1959) static view of

intelligence (Lawler, 1975), a dialectical theory of development has been proposed (Riegel, 1975, 1978). This posits that all that exists is in a constant state of flux (Wozniak, 1975) and that one must seek to understand a constantly changing individual in a constantly changing world. Riegel (1975) posits four interacting and mutually influencing dimensions of development. These are the inner-biological, individual-psychological, cultural--sociological and outer-physical dimensions. Contradiction and conflict between these dimensions leads to ongoing development (Lawler, 1975). Plateaus of equilibrium are thus, unlike Piaget's (1959) view, de-emphasised, and the view taken is akin to that posited to characterise the pre-operational child (Anthony, 1971; Lonetto, 1980).

In terms of cognitive development, a mature state is described as that of dialectical operations, which may follow any of Piaget's (1959) stages, and at which the individual is able to accept contradictions as the basis of thought. This is interesting in view of Trabasso's (1977, in Brown and Desforges, 1979) conclusion from his examination of the processes of reasoning used in solving Piagetian tasks, that adults and children reason similarly, except that children are more tolerant of contradictions.

Riegel (1975) gives several reasons for considering dialectical theory more adequate than Piagetian theory. Relevant here is that in Piaget's (1959) view, qualitatively

different operations succeed each other in cognitive development. Dialectical theory does not posit this, and there is evidence that indicates that higher-order thinking does not involve the loss of earlier functions (Sameroff, 1975). Riegel (1975) gives the example of concrete life experiences, such as hitting a nail with a hammer, that cannot be adequately dealt with by formal operational thinking but that most adults are capable of undertaking. The mature form of thinking must, therefore, involve the integration of earlier modes of cognitive functioning. The persistence of early modes of thinking at later stages has been noted by others, as has regression to early modes of thinking (Nagera, 1970; Ryle, 1978). For example, Anthony (1971) and Parkes (1972) point to magical thinking and irrational ideas in adults dealing with death and such thinking even enters professional literature on this subject, as in Smith (1978) and Jampolsky (1980). In terms of pathology, obsessive-compulsive neurosis, with its characteristic omnipotent thinking and magical undoing (Mayer-Gross, Slater and Roth, 1969) provides a clear example of cognitive regression related to emotional conflict. While dialectical theory may encompass these phenomena more readily than does Piagetian theory, these data also raise questions about the role of the concept of death in dealing with bereavement. The cognitive ability to comprehend death may be a necessary precondition for the acceptance of death (A. Freud, 1960), but does not ensure the emotional ability to accept a particular death. Furthermore, regression in

cognition - which is an ego function - may occur as a response to the stress of bereavement and may be in the service of ego defence, or may be misconstrued by researchers as emotional defensiveness - as in denial for magical thinking.

Riegel's (1975) second relevant criticism of Piaget's work is that it focuses only on the interaction of the inner-biological and outer-physical conditions, the latter in the form of predominantly stable objects, which results in individual-psychological experiences. It ignores the role of active outer social influences, whereas dialectical theory conceives of development as constituted by the interaction of the individual and his social group.

The adequacy of Piaget's (1959) view of cognitive development as a reference point for assessing children's concepts of death can thus be questioned. Whether a dialectical theory would be more productive cannot at this stage be assessed. It would place a greater stress on the environmental factors affecting the child which, it has previously been noted, have been taken too little account of by both cognitive and psychoanalytic researchers. Both intra-psychic (cognitive and emotional) factors and the environment the individual is in need to be assessed, superceding the debate about which are important aetiological factors in the individual's responses (Mischel, 1979; Bowlby, 1981).

Ideally, an integration of research on cognitive and emotional responses to death would be proposed. It is being increasingly stressed that an integration of personality and cognitive, clinical and experimental research is required in order to give a rounded account of the person in his entirety, and in his response to a situation (Mischel, 1979). As Ryle (1978) states it, "Cognitive processes are those whereby meaning is accorded to experience, and hence they are inseparably linked to affects" (p. 585). However, it does not seem possible to argue at this stage for an integration of the psychoanalytic and cognitive theories dealt with here.

The first reason for this is that in discussing the levels of development necessary for mourning, the analysts invoke few stages and clarify them poorly. The major ones referred to are object constancy (A. Freud, 1960), phallic level (R. Furman, 1964a), latency (Rochlin, 1961) and adolescence (Wolfenstein, 1966).

Secondly, the work to date on integrating cognitive and emotional factors has been within an information-processing schema (Ryle, 1978; Bowlby, 1977, 1981), and lacks the necessary developmental aspect.

Information-processing models simulate computers, representing the brain as an information-processing system with memory stores. In accordance with this, psychoanalytic terms have been reformulated into terms from cognitive

psychology. Defence mechanisms such as denial are defined as examples of selective perception and selective accommodation of perceptions to the individual's construct system (Ryle, 1978). An internal object is redefined as an individual developing one or more working models representing principal features of the world around him and of himself as an agent in it (Bowlby, 1980, 1981). Such restatements are currently of interest because they provide a common and clarifying language for psychoanalytic, cognitive and behavioural theories (Ryle, 1978; Bowlby, 1977, 1981). However, they have not yet added any theoretical sophistication or integration for understanding an individual's development in any area, such as cognition of death.

To turn to the purely cognitive focus of information-processing theorists, a maturational component is beginning to be formulated, for example by McLaughlin (1963, in Riegel, 1975) and Pascual-Leone (1970), but it hinges on the size of the individual's 'computing space'. This is thought to increase quantitatively with maturation, related to increases in the memory span so that greater numbers, or chunks, of information can be retained and handled simultaneously. By this account the child is not considered incapable of certain higher order mental processes or operations, provided the number of schemas involved in the processing of that particular operation does not exceed the child's developmentally determined 'computing space' capacity (Brown and Desforges, 1979). Equations for the value, or

size, of this capacity have been given for Piaget's (1959) stages of cognitive development, but individuals are thought to differ in the degree to which they use their 'computing space' to capacity, depending on factors such as their degree of field dependence (Brown and Desforges, 1979). While this approach is thought to be able to account for the Piagetian stage heterogeneity noted above, it has, at this point in time, been applied to tasks of conservation, and appears also to relate more clearly to the quantitative concepts of mathematics and physics than to dealing with natural phenomena such as death. The normative studies on the development of a concept of death do not strongly suggest that the more cognitively advanced the child is, the more components of the concept of death he can encompass. While it is yet to be investigated whether this is partly the case, the data points to qualitative changes in the concept of death with development, as in its reversibility being superceded by finality.

While the analytic and cognitive research cannot be fully integrated as yet, it is clear that a familiarity with both aspects is essential for assessing and managing the bereaved child, since he faces the external crisis of death with the totality of his psycho-social attributes.

CHAPTER FOUR

CONCLUSIONS

4.1 INTRODUCTION

This concluding chapter is focused on discussing two areas of difficulty that are inherent in the psychoanalytic literature on childhood mourning. The first is the criteria used to define mourning in childhood. These are summarised, the latent controversies are explicated and suggestions for a reassessment of these criteria are made. The second field is the management of the bereaved child. Suggesting guidelines for management is problematic, due to the lack of resolution about valid criteria for mourning in childhood. However, the clinician has to choose a framework within which to operate, bearing in mind its limitations and deficiencies, and the position considered most clinically useful by the author is offered.

4.2 DISCUSSION OF THE CRITERIA FOR CHILDHOOD MOURNING

Apart from the potential for erroneous conclusions to be drawn about childhood mourning by generalising from the clinical observations of patients (see Section 3.4.), the appropriateness of the criteria used to assess mourning in children can be questioned on several grounds.

Firstly, as has been discussed, these criteria have been appropriated from assessments of bereaved adults. Most child analysts tend therefore to focus on the differences between childhood and adult mourning in terms of the processes used (e.g. decathexis, identification) and the expression of grief (eg. sadness, anger). Where differences are thought to exist, the conclusion is drawn by many that children do not mourn (see Section 2.3.).

This practice can be questioned for two interconnected reasons. The one is that the child analysts set up an adult norm which is unrealistic, since many bereaved adults would not meet it (Mendelson, 1974). Denial, idealisation and incomplete decathexis are frequently apparent in bereaved adults, as noted by analysts (Pollock, 1961) and empirical researchers (Parkes, 1972). When the extent of these features does not interfere with adaptation to the loss and to the environment from which the lost object is missing, they are not considered pathological (E. Furman, 1974). The second reason for questioning the comparison is that the processes, manifestations and outcome of mourning in adults are not as clearly established as many child analysts appear to believe. For example, the divergent views on the role of identification in mourning has been discussed in Section 1.2.4., as has the alteration in Freud's (1917, 1923) view of its role. Decathexis in adults is thought to depend in

extent on age - occurring less in the elderly - on opportunities for recathexis and on the significance of the lost object (Pollock, 1961). Greater clarity is therefore required about the acceptable variability in mourning in adulthood and on the factors affecting it before it can be even potentially useful to compare mourning in childhood to it.

It is perhaps in part due to the lack of clarity about adult mourning, and in addition due to the lack of a synthesised exposition of Freud's view on mourning (Siggins, 1966), that the child analysts purport to use the criteria for adult mourning but in fact emphasise different aspects of these criteria. This generates further confusion in assessing children's bereavement reactions. For example, Rochlin (1961) stresses the use of identification after the Oedipal phase, but ignores decathexis altogether. Several others relate the outcome of mourning primarily to the nature and form of the internalisations (Klein, 1935; Krupp, 1965). Deutsch (1937) and Nagera (1970) in contrast fail to mention identification at all and stress decathexis. Wolfenstein (1969) also stresses decathexis, but considers children incapable of adaptive identification, while the Hampstead school takes a middle path in discussing the proportion of each used (E. Furman, 1974).

Further, several analysts confuse the manifestations, or

state, of grief with the intra-psychic work of mourning - a distinction discussed in Section 1.2.2. For example, the classically Freudian child analysts include a lack of affective discharge in the form of prolonged sadness as evidence of an inability to mourn (Deutsch, 1937; Wolfenstein, 1966). The absence of the work of mourning is thus deduced from the lack of overt, adult-like grief. Even the Hampstead school stresses the facilitation of affective discharge in psychotherapy (E. Furman, 1974), although they adhere to the distinction between mourning and grief.

The confusion of grief and mourning appears to have become even more extensive due to the lack of clarity among child analysts on the expected phenomenology of grief at different developmental stages. For example, there is agreement that the young child reacts with sadness and grief to the absence of the mother (Klein, 1935; Freud and Burlingham, 1942; Mahler, 1961) and Bowlby's (1961) three stages are seen most clearly in children from six months to four years of age (Rutter, 1981). However, Deutsch (1937) and Wolfenstein (1966) do not extend their equation of the experience of grief and the work of mourning to include such young children. On the contrary, children under four years are considered to be incapable of mourning on the theoretical grounds that they lack sufficient structuralisation of mind and reality testing to carry out the work of mourning (Mendelson, 1974; Lampl-de Groot, 1976). The overt grief

shown in this age group is considered to be an unmodulated, undifferentiated, immediate affective reaction that does not imply the process of mourning (Lampl-de Groot, 1976). In addition such children are thought to relinquish their cathexes readily, accepting a substitute object, because of their dependence on others for need-fulfilment (A. Freud, 1960).

In contrast, in the latency child, who is considered at least by the Hampstead school and Bowlby (1981) to have adequate structuralisation and differentiation of the psyche and ability to conceive of death as a final loss, grief in the form of prolonged sadness and weeping is not usually observed. Some, such as E. Furman (1974), nonetheless consider a child at this stage to be capable of mourning and call on diverse reasons for the inhibition of overt grief, all of which are unrelated to the loss e.g. internalisation of parental prohibitions on the expression of feeling and fear of loss of control. Others, such as the traditional Freudians, consider the lack of overt grief to be due to an ego incapacity to sustain it, and to imply a lack of mourning and inability to relinquish cathexes (Wolfenstein, 1966). These examples adequately show that the relationship between the work of mourning and its behavioural manifestations remains unresolved and confused, with assumptions based on adult criteria about the covariance of the two being inconsistent and obfuscatory.

The relationship between the process of mourning and its behavioural manifestations further needs to be expanded to take account of the child's developing cognitions of death (see Section 3.5.4.). For example, the significance of the preschool child's cyclical view of life and death and apparent lack of understanding of death's finality and irreversibility needs to be articulated in terms of his overt display of grief after a loss. In contrast, the latency child under seven years of age is able to fulfil the first prerequisite for mourning (A. Freud, 1960) since he is able to conceive of death as final. However, his comparative lack of prolonged grief and sobbing after a loss needs to be articulated in terms of components of his death cognition. Examples of these are his perception of death as escapable and forming no immediate personal threat, and his difficulty distinguishing between the material and spiritual continuation of life. Research on the cognitive development of a concept of death must therefore be incorporated if valid criteria for mourning at different developmental stages are to be developed.

A further area of controversy centres on the different ways of investing freed energy. For example, on the basis of the ideal adult norm of decathexis followed by recathexis, the later Freudian child analysts question the validity of the child's recathexis, considering it to entail an immediate

transfer of cathexis and substitution of objects, as a defensive displacement (Wolfenstein, 1969). They appear to conclude this on the grounds that the child recathects too soon after the loss for decathexis to have occurred. Several consider such a transfer to be adaptive (Rochlin, 1953; Wolfenstein, 1969) but none has explored the implications of the child's sense of time and the differing number of memories to be decathected (E. Furman, 1974) in assessing the use of decathexis.

Clearly, a valid, realistic set of criteria for mourning in childhood still needs to be developed. This would entail a definition of the expected outcome of mourning in childhood at different developmental stages (psycho-sexual and cognitive), and the observation and assessment of the processes and manifestations of mourning in childhood in relation to these criteria for a healthy outcome.

This approach would be criticised by some for laying emphasis on emotional and behavioural adaptation at the expense of intra-psychic dynamics. However, it is the author's contention that this approach has been the modus operandi of the analysts who have investigated adult mourning (Freud, 1917; Abraham, 1924) and has been the basis for the early distinctions made between the intra-psychic processes used in mourning and in melancholia. An assessment of process in terms of outcome would appear to be the only way open to an

unbiased reworking of theory, and to an elimination of the current confused distinctions between what is mourning and what is an adaptive bereavement reaction and the implications of each.

In assessing childhood mourning in this way, it would also be essential for theoretical clarification to take greater cognisance of the circumstances surrounding the loss then has been done by all analysts excluding the Hampstead School and Bowlby (1981). These would include the external circumstances of the loss, prior personality and characterological defenses, and so on (see Section 4.3.). The reason for this is that the failure to take account of such factors has resulted in many imputing all the perceived differences between adult and child mourning to developmental factors. This has served to obscure what the role is of developmental factors, such as psychic structuralisation (E. Furman, 1974).

A few researchers are beginning to point to the need for a developmental assessment of mourning in childhood of this nature. In terms of the manifestations of mourning, several authors (McDonald, 1964; E. Furman, 1974; Mahon and Simpson, 1977; Perman, 1979) suggest that extrapolating from adult phenomenology to child phenomenology is as misleading for grief as it has been found to be for schizophrenia and depression (Mudie,1978). They suggest that children use

physical activity to revise memories, as in repeating play activities; that children use motor discharge pathways to express affect, so that mourning children may show hyperactivity instead of the decrease in motility seen in adults; and that since the child's development continues to pull him in the direction of growth and maturation (Nagera, 1970) his sadness will be 'surrounded' by his current developmental issues (Mahon and Simpson, 1977).

Such views have an historical precedent in Spitz's (1946) finding that motility is important to an infant as a channel for the release of aggressive drives, and that in the cot-bound infant, aggression is turned against the self and separation responses are intensified (Bowlby, Robertson and Rosenbluth, 1952). However, E. Furman (1974) points out that physical activity in the service of remembering may be misinterpreted as denial and pathological hypercathexis, or may appear to be a regression. Thus a psychoanalytic exploration becomes necessary to understand its psychic determinants, but the possibility is introduced of valid age differences in the overt display of grief and mourning.

In terms of the processes of mourning, only Perman (1979) has asserted that children can mourn and do so through the use of intra-psychic processes other than decathexis. However, the alternative processes that he suggests are used are not enlightening, since they are primarily a restatement of early

views on the role of narcissism and identification in mourning (Abraham 1924, Peck, 1939; Loewald, 1962). For example, in Perman's (1979) view, childhood mourning takes the form of:

i) Identification with the lost object. This leads the child regressively back into narcissistic pathways.

ii) Regression from object love to secondary narcissism. This manifests in auto-erotic activity, such as in masturbation and its equivalents, or may be displaced into obsessional doubting or brooding.

Perman (1979) asserts that the auto-erotic activities "can then represent the process of chronic mourning in the child and in the adult" (p.449). He does not give any rationale for extending his thesis to adult mourning, and he does not explain what he means by 'chronic' - or whether he sees these mechanisms as leading to a resolution of mourning or not. On the contrary, he cites the ability to cathect substitute objects as an a priori factor affecting the outcome of mourning, not as a result of it.

That such outcomes of childhood bereavement can occur is not likely to be questioned by other writers. Precedents to Perman's (1979) view of the role of narcissism in childhood mourning can be found in Rochlin (1961), though the latter

restricts his view on this to the pre-Oedipal child. Wallach (1961), A. Freud and Burlingham (1942), Isaacs (1948), Segal (1964) and Bowlby (1961) note the occurrence of auto-erotic behaviour in cases where a mother has been lost. Thus, while Perman's (1979) emphasis is right, in attempting to assess childhood mourning as an entity independently of adult reactions, he makes no theoretical contribution.

The most sophisticated contribution comes from E. Furman (1974) in relation to the expected outcome of mourning. She suggests the use of A. Freud's (1965) criteria for assessing the satisfactory end of a child analysis. This entails phase- appropriate progressive maturation, within the context of a metapsychological assessment of the total personality. E. Furman (1974) considers this to make possible a focus on the underlying processes of mourning in different age groups instead of comparing them behaviourally, and to allow for the individual variation appropriate to specific personalities, situations and ages. It would emphasise, for example, developmental time rather than chronological time in assessing the duration of mourning and would permit prolonged cathexis of the dead parent if it aided development and did not prevent the ultimate recathexis of a new parent.

This would appear to be a promising beginning. It is on a par with the method of assessment of adults, discussed above, and with the outcome expected in adults i.e. the ability to

recathect new objects and function adaptively in daily life (Pollock, 1961; Siggins, 1966; Parkes, 1972). However, specification is still needed of what constitutes phase-appropriate processes and manifestations of mourning, and this needs to be related to clearly specified views of phase-appropriate development, both cognitive and psycho-sexual, taking into account the variation acceptable in terms of personality. It is to an elucidation of this that clinical and research efforts should be oriented.

4.3 MANAGEMENT OF THE BEREAVED CHILD

4.3.1 INTRODUCTION

The following discussion will be focused on providing guidelines for the management of the bereaved child. It is impossible to make dogmatic statements about optimal management under any particular set of circumstances, due to the lack of validated criteria for mourning at different developmental stages (see Section 4.2), the inadequate data available on the diverse, relevant factors and due to the complexity of each individual case. However, clinical psychologists and other mental health workers have of necessity to make decisions about the management of bereaved children and what follows is a practical framework to assist them to make decisions that are informed by current research findings.

This framework has been predicated on an adaptive resolution of a primary object loss being possible in childhood, so that bereavement does not automatically necessitate referral for treatment, but stresses the importance of diverse factors, both internal and external to the child, in determining the child's reaction to and prognosis after bereavement (see Table II p.255). Since the interplay of these diverse factors is seldom optimal, the crisis of bereavement frequently puts the child at risk. It is therefore to be hoped that future research will permit clarification of the processes, manifestations and outcome of mourning in childhood and so generate an ongoing refinement and sophistication of this framework for the management of the bereaved child.

4.3.2. PRE-BEREAVEMENT MANAGEMENT

It is becoming widely suggested that education about death is one of the child-rearing responsibilities of parents and teachers (Grollman, 1974; Wass and Shaak, 1976; Whitley, 1976; Bertman, 1980) and that the child's experiences, books and play should be used to assist him to develop a realistic, concrete concept of death, preferably before a significant loss is threatened or occurs.

However, where such education has not been a part of the child's experience, it can be undertaken as a preventive

measure during the parent's terminal illness. In imparting instruction, it is suggested that the adult avoid euphemisms, permit repeated and ongoing discussions, not expect an immediate response from the child, include considerations about life as well, relate events to the child's past experiences, teach the child only what the adult believes and not teach him as if the adult has final answers the child must accept, but put the discussion in the context of the possibility of both adult and child learning more about death together (Koocher, 1973; Grollman, 1974).

4.3.3. PREVENTIVE THERAPY

Preventive therapy may be called for during a family member's terminal illness. This can take two forms. The one is the provision of emotional care for surviving children in hospital units for the terminally ill. The majority of emotional support programmes reported on focus on helping adults, and in particular the parents of a dying child (Wright, 1974). It would be optimal for more programmes to be instituted that extend their services to children, either alone (Willis, 1974) or in the context of the family (Bowen, 1976; Carey, 1977). Such assistance is offered as a general service to all relations of the terminally ill and is not predicated on the manifestation of difficulties. It focuses on helping the family members to deal with the stresses of the terminal illness, to re-negotiate family roles, embark on

anticipatory mourning, to vent their anger, irritation, guilt and sadness, and to resolve their fears and fantasies about the loss (Willis, 1974; Bowen, 1976; Carey, 1977).

Secondly, preventive therapy at a different level of intervention can be instituted during a family members' terminal illness if a child has manifested difficulties at this time. Feinberg (1970) in the context of sibling illness, suggests that such therapy should be based on:

i) A therapeutic alliance based on forthrightness and honesty about the situation and the reason for therapy, so treatment can focus on death-related issues in a context of open communication.

ii) Encouragement of 'immunizing' discussions, with reference to other less important losses and verbalised associations to the anticipated loss.

iii) Encouragement of catharsis without severe regression, to prevent later guilt and aggression and assist in the tolerance of emotions.

iv) Attention to details of the reality situation, including the cause and chronology of the illness and of related events, to clarify misconceptions, misperceptions, and enhance reality testing and clear memories in order to facilitate hypercathexis and decathexis.

v) Direct initiation of mourning, interpreting transference material where it relates to object loss.

These bases for therapy are clearly predicated on a particular view of childhood mourning (see Section 4.2.) but are indirectly supported by the views of others (Grollman, 1974; Bowen, 1976) and could be applied to individual or to family therapy.

4.3.4. POST-BEREAVEMENT: PRIMARY INTERVENTION

To assess a child's need for preventive intervention after a loss, suggestions of relevant factors similar to those outlined in Table I for adults, are given below. They are a combination of statistical, clinical and theoretical factors, in many ways providing an updated version of Kliman's (1968) summary, and should alert the practitioner to a potential need for help even where there is no overt pathology in the child.

TABLE II: FACTORS SUGGESTING A NEED FOR INTERVENTION

FACTORS	STRENGTH
ANTECEDENT:	
Earlier losses of significant people (Bowlby, 1981)	+
Prior neurotic or psychotic illness in the child (Kliman, 1968)	+
RELATIONSHIP WITH THE DECEASED PARENT	
Very poor relationship, especially if ambivalent (E. Furman, 1974)	++

Dead parent mentally ill and was living with the family (Kliman, 1968)	+
RELATIONSHIP WITH SURVIVING PARENT	
Very poor relationship	++
Increased physical intimacy	+
Remaining parent mentally ill (Kliman, 1968)	++
Remaining parent has pathological mourning (Rutter, 1966)	+
Gives child inconsistent physical need-fulfilment (E. Furman, 1974).	+
TYPE OF DEATH	
Suicide as cause of death (Cain and Fast, 1966; Cain, 1978)	++
Death sudden and unexpected (Bowlby, 1981)	+
Long terminal illness e.g. more than six months (Rutter 1966; Kliman, 1968)	+
Terminal illness unusually disfiguring, mutilating or involving mental deterioration (Kliman, 1968)	+
Child present at traumatic death (Cain, Fast and Erikson, 1964).	++
Death from childbirth, uterine, ovarian or breast carcinoma if child is a girl (Kliman, 1968)	+
FACTORS IN CHILD	
Paternal bereavement in an adolescent boy (Silverman and Englander, 1975)	+
Less than four years old at bereavement (Rutter, 1981)	+
Oldest sib of same sex as dead parent (Bircthnell, 1971)	+
Cognitive concept of death - unable to conceive of death as final and irreversible (Koocher, 1974)	+
INFORMATION GIVEN	
Family did not explain illness to child or deliberately concealed it (Kliman, 1968)	+
Family delayed informing child of death for more than a day (Kliman, 1968)	+
CONSEQUENCES OF DEATH	
Severe economic hardship (Black, 1978)	+
Changes of home or school (Rutter, 1971)	+
No readily available, appropriate substitute object (Nagera, 1970)	+
CHILD'S REACTIONS	
Child over four years does not discuss the dead	+

parent or the fact of death (Kliman, 1968)	
Child over five years refuses to participate in the funeral and family religious observances (Palgi, 1973)	+
Child has a hypomanic mood (Kliman, 1968)	+
Child assumes some responsibility for the death (Hare-Mustin, 1979)	+
Child over seven years expresses no sadness (in any modality) (Kliman, 1968)	+

Code: ++: Indicates need for treatment

+: Two or more factors indicate need for treatment (Kliman, 1968), but the significance and severity of each factor in any individual case must be clinically assessed.

The difficulty for the clinician lies in interpreting the significance of the child's reactions (see Table II) due to the lack of theoretical clarity about the manifestations of mourning at different developmental phases. Clearly a complete avoidance of death-related topics or rituals indicates difficulties, as does hypomania. However, the clinician must be alert to yearning and recalling memories through play and physical activities (see Section 4.2.) as well as to any evidence of ongoing denial or fantasies of reunion in the school-aged child. At this stage in our theoretical understanding, the clinician can only hope to make a responsible judgement of the child's need for assistance by relating these manifestations to his assessment of the child's current emotional state, major conflicts and the ego defenses employed (see Appendix A). This leads to a

consideration of secondary intervention.

4.3.5 POST-BEREAVEMENT: SECONDARY INTERVENTION

Treatment is also advisable if after the death, the child shows symptoms of a greater severity or duration than would be classifiable as a transient adjustment reaction (I.C.D.9.). Since bereavement is a crisis situation, once assistance is indicated it is likely to be most effective if it occurs as soon as possible after the event (Golan, 1978).

Once difficulties are manifested, the necessity for and preferred mode of treatment would be assessed on the presence of the factors cited above (see Section 4.3.4) as influencing the outcome of bereavement, and in the context of a full clinical assessment of the child. The latter would include an exploration of the child's personal and family histories, the family dynamics and the child's current mental status and personality functioning. Clearly, with a bereaved child, one would assess his cognitive concept of death by employing questions to elicit the components discussed in Section 3.5.3., and would focus on his fantasies about death as revealed in projective techniques, such as drawing or play.

Where indicated, these findings would be extended by psychometric testing. No tests as yet focus directly on

fantasies about the death of a family member although Bowlby (1981) and his co-workers are beginning to standardise such a test. The tests most useful currently appear to be the general projective personality tests, such as the Thematic Apperception Test (T.A.T) and the Rorschach. The former elicits some relevant information about current psychodynamics, especially as related to interpersonal relations, such as the perception of the changed family situation (T.A.T. Card 2) and the latter elicits information about the ego defenses currently employed, which may or may not have been activated by the loss (Rapaport, Schaeffer and Gill, 1946). Bluestein (1978) suggests on the basis of a very small sample size (n = 10) that parentally bereaved children tend to draw broken or dead branches on the Draw - A - Tree test (Buck, 1966). This author however, in an unpublished pilot study of equally small sample size (n = 6) has not observed this phenomenon at all, and more data needs to be gathered before the reliability of this test as an indicator of traumatization by bereavement can be clarified.

Once the assessment is completed, the preferred mode of treatment will depend on the pathology of the child's personality prior to the loss as well as the nature of his life circumstances at the time of and after the bereavement.

Psychoanalysis, or intensive individual psychotherapy, is considered by E. Furman (1974) to be indicated when the child

exhibits severe neurotic or psychotic symptoms, or where a very early bereavement is followed by multiple, very unfavourable life circumstances.

When this is not the case - for example, where disturbance takes the form of a persistent developmental regression, such as the onset of secondary enuresis - individual psychotherapy is not the preferred form of treatment because of the multiple external factors that have effect after a parental death. Instead, counselling of the surviving parent or family therapy would be embarked upon first, and only if these failed to ameliorate the child's difficulties would the child be referred for individual psychotherapy (Mahon and Simpson, 1977).

Counselling of the surviving parent aims at ameliorating the circumstances of the death so as to maximize the child's chances of a healthy resolution (E. Furman, 1974). It would include assisting the parent to deal with his own grief, including tolerating and sharing his sad affect (Birk, 1966) and dealing with his fear of death (Koocher, 1974); helping him to include the child in and prepare him for the funeral and for cemetery visits; counselling him on the expected differences in adult and childhood manifestations of grief, so as to prevent his provoking secondary guilt in the child (Cain, Fast and Erikson, 1964); assisting him to deal effectively with the child's grief and his questions about

death (as discussed above) and encouraging him to make use of the social support available, both for himself and for child (Berardo, 1968).

Family therapy is considered to be highly indicated by some authors, who have begun to relate family interactional concepts to the issues of bereavement (Willis, 1974; Bowen, 1976; Carey, 1977; Slivkin, 1977; Williamson, 1978; Hare-Mustin, 1979; Solomon and Hersch, 1979). A familiarity with the tenets of structural family therapy (Minuchin, 1974) is assumed in the following discussion.

The use of family therapy is predicated on the fact that the death affects all the family members, and not only the child who is showing obvious symptoms (Rosenthal, 1979).

Death is thought to disrupt the entire family equilibrium, increasing conflicts and producing role confusion. Its effects will depend on the tenuousness of the family's emotional equilibrium, with some of the difficulties arising being those that have to be worked through after the loss of a family member and others being underlying ones peculiar to a particular family (Bowen, 1976). A complete assessment of the family is hence required, including the total family configuration, the parenting and sibling subsystems, the functional position of the dead family member and the overall level of life adaptation (Minuchin, 1974; Bowen, 1976;

Hare-Mustin, 1979).

The concept of a family inability to mourn is introduced (Paul, 1965) with dysfunction in one family member symbolising the family's defense against their recognition of grief and being maintained by the family. Solomon and Hersch (1979) on this basis suggest that the individual 'developmental arrest' noted by Fleming and Altschul (1963) is supported by a family that is unable to resolve a loss, so it provides itself with an institutionalised role of parent to child, thus enabling itself to avoid the resolution of the loss by assuming the role of the lost parent to one of its family members. In addition, the entire family can be sustained in a developmental arrest by the complex of interdependent conflicts around the unresolved loss, so the family is unable to move on in its developmental cycle.

In a like manner, others point to an unresolved loss resulting in increased isolation or overdependency in family members (Paul, 1965; Bowen, 1976; Hare-Mustin, 1979). The former occurs when the unresolved loss rigidifies family transactions, because to change would be to make the death real and to adapt to it would be a betrayal. Overdependency can occur similarly when there is a fixity of symbiotic relationships, with a family resistance to separation and individuation by family members since these separating moves would cause the family to truly experience its grief. It can

also result during a long terminal illness, which often results in enmeshment (Minuchin, Rosman and Baker, 1978), or through the over-protection of surviving children, especially evident after the loss of a child (Cain, Fast and Erikson, 1964; Hare-Mustin, 1979).

The family in therapy must therefore be helped to deal with mourning and other death-related affects; and with restructuring of the family after the death to permit role modifications and systemic re-equilibrium (Bowen, 1976). In addition, open communication and shared decision making should be promoted, as should the effective utilisation of external support systems, especially for the surviving parent so he has the strength to fulfil the parenting role and to free the child for age-appropriate activities (Palgi, 1973; Reilly, 1978).

Family therapy has two further advantages. The one is that the remaining parent is able to gain insight into the child's reactions to the loss, as elicited in the therapeutic situation, and is able to model his management of the child's affects and questions on the therapist's behaviour. Secondly, in family therapy transference factors are blunted (Kovel, 1978), and any positive feelings towards the therapist can be transferred onto the parent who has participated in therapy (Rosenthal, 1979) and who can be supported to fulfil a competent and adequate parenting role

alone (Carey, 1977). This may be considered valuable if one is concerned, as is R. Furman (1964b), about becoming a parental replacement for a child deprived of adequate support by the remaining parent.

In conclusion, the discussion of the management of the bereaved child has moved away from a psychoanalytic context. This is considered appropriate since, in the light of current knowledge, it is necessary to take a pragmatic approach to the bereaved child, taking into account the severity of the child's difficulties, his life context and the clinical skills available.

APPENDIX A

CASE ILLUSTRATION: ASSESSMENT OF THE MORGAN FAMILY

Introduction

The following case illustration comprises a clinical assessment of the three children in a family whose father had died six months previously.

These children were not referred for help, and were not considered by their mother to require assistance. Contact was made with the family through a mutual friend, and they agreed to be interviewed for the purpose of inclusion in this dissertation.

Two points must be noted. The first is that the test protocols were interpreted independently by the author and by a clinical psychologist. Only those interpretations on which there was mutual agreement are reported.

Secondly, owing to the ethical concerns of confidentiality, some material which could lead to the identification of this family is omitted.

With the period of six months having lapsed since the loss, these children would be expected, in terms of crisis intervention theory, to be past the stage of active crisis and to have entered the stage of reintegration or resolution

(Golan, 1978). Strong denial of the loss at this stage would not be considered adaptive (Parkes, 1972) and these children would be expected to have entered the protest stage of grief (Bowlby, 1963) and to evince yearning, in speech or activity (Kliman, 1968), sorrow, anger and some avoidance (Bowlby, 1963; Elizur and Kaffman, 1979). Clearly, in terms of the lack of resolution of the criteria for childhood mourning, (see Section 4.2.) it is not possible to make clear hypotheses about what would be expected of these children's reactions. This leads to a consideration of the aims of this case illustration.

Aims:

This case illustration has two primary aims. Firstly, it is a contribution to the data on the bereavement reactions of unreferred children. More importantly, since the small numbers make generalisation difficult, it is not so much a contribution to our understanding of the content of childhood mourning, but a contribution of a method of assessing such children to add to our pool of knowledge.

This is considered valuable since a method of assessing unreferred bereaved children needs to be devised. It has been noted (see Section 3.4.) that a direct, professional assessment of such children is omitted from prior studies. Such assessments will never be on a par with psychoanalytic studies of bereaved patients in their level of explication,

since an assessment of the non-referred child is always limited by the tolerance level of the child and the remaining parent. Neither could tolerate ongoing analysis without any overt reason, but the remaining parent, at least, is usually motivated to gain some guidance and reassurrance and can sustain a clinical assessment.

Secondly, while psychoanalytic data on childhood mourning is a valuable contribution, due to the fact that many clinicians working with bereaved children, particularly in South Africa and other developing countries, are not psychoanalytically trained, an approach to the assessment of the bereaved child which does not rely on such training is necessary. In addition, such an assessment does not necessitate an extended period of intervention before a provisional formulation of the child's emotional state can be made and any therapeutic assistance deemed necessary can be instigated.

The limitations of the data gained from a clinical and psychometric assessment must be borne in mind, since the child's deepest dynamics, their development over time and the articulation between them may not be revealed; since projective tests will not necessarily elicit all the dynamics and fantasies operative since they do not focus specifically on the area of loss; and since only educated guesses can be made about which dynamics were operative prior to the loss and which were precipitated by it. However, within this

context, such an assessment can give data on the emotional impact of the loss, the overt grief manifested, on the defense mechanisms e.g. denial (Wolfenstein, 1966) currently in use, and on the child's intra-psychic equilibrium. In addition, the circumstances of the death (see Table II p.255) and the psychodynamics revealed can be related, and hopefully evidence can be accumulated that would permit a refinement of our understanding of the relationship between the two.

The second aim of this study is to illustrate an approach to the assessment of a bereaved child to determine his need for therapeutic assistance, bearing in mind the diverse factors considered relevant to his prognosis after bereavement (see Table II p.255).

The assessments took place in the family home, in the privacy of a second living-room.

In order to assess the children within a limited period of time, the following procedure was used:

1) Two interviews with the mother: one and a half hours each; occuring on consecutive mornings while the children were at school. The mother was interviewed about the circumstances of the death; her manner of dealing with the loss, including her own grief and the children's reactions; the pre-loss family relationships and the personal history of each child,

including her perception of their bereavement reactions.

2) One individual interview with each child; one and a half hours each and conducted the following afternoon. These interviews were arranged so that only the child being interviewed was present at the home. This was possible since the youngest child could be interviewed before his elder brother returned from school, and the oldest child could be interviewed in the late afternoon after extra-curricular school activities. This was done to limit the children's anticipatory fantasies about the assessment and to limit their discussion of the assessment before all three had been interviewed.

Each child was told that the interviewer was interested in learning about children's reactions to major events such as loss, and the agreement of each to participate in the study was sought and received. The interview with each child was to assess his general emotional state, his interpersonal dynamics and the defenses used; his concept of death and perception of his reactions to the loss. These were assessed by:

1) A mental state examination; to facilitate bonding with the child and permit an initial clinical picture of him to be formed. Included here was a kinetic family drawing to facilitate a discussion of the child's relationships and of the loss of the father. (These drawings are not included in

this report since the data revealed were elicited with more refinement through the projective personality tests.)

2) Questions to tap the child's concept of death, using Kane's (1979) components.

3) A psychometric assessment, including (a) the Children's Apperception Test or the Thematic Apperception Test, depending on age, to elicit primarily interpersonal and family dynamics and the defenses used in relation to these, and (b) the Rorschach test, to assess intrapsychic dynamics and defenses (Rapaport, Schaeffer and Gill, 1946).

The mother was telephoned on the day after the interviews and one week later to inquire about any repercussions from the children arising from the assessments. She reported that there were none.

Assessment of the Morgan Family

Family configuration: Mother and three children: Sarah (11,6 years), Gavin (10,2 years) and Michael (6,10 years).

Type and circumstances of loss: Father died suddenly and unexpectedly of a heart attack at 39 years. Had prior chest pains but medical examination revealed nil of note. Collapsed in the night while the children were sleeping and died in hospital several hours later. Mother returned home,

righted the room where father had fallen and told the children together of the death as soon as they woke up.

Information Given About the Death: Mother prepared her information on the way home from hospital. She recalls the initial conversation as follows:

Mother: "Daddy was sick in the night, had a heart attack, and went to the hospital. The doctors were very kind and tried very hard but his heart had stopped and they were not able to start it again."

Sarah: "You mean daddy's dead?"

Mother: "Yes"

Gavin: "You mean daddy's not coming back again?"

Mother: "Yes"

Gavin: "Why? Daddy was so kind and good."

Sarah cried. Michael (6, 10 years) remained silent. The children have asked no other questions about the death.

Comment: As mother reports it, the information is in many ways optimally given. The children were told together, immediately after the loss, and were given concrete information without reference to spiritual explanations and without the use of euphemisms. The children's reactions differ. Sarah understands 'death' and cries. Gavin appears to be trying to understand its implications in terms of finality. Its meaning for Michael is unknown. The aetiology of these reactions (e.g. age; personality differences) is at

this stage unknown.

Subsequent Information Given: Mother occasionally tells the children that father would be proud of one of their achievements, that although he is not with them in body he is in spirit and that he knows how well they are doing. Her own views on spiritual continuation are confused but she thinks that while purporting to lessen the wrench for the children, these comments are more for her own sake. None of the children has said anything similar. Mother initiates conversations about father, but the children do join in.

Comment: Mother is using denial, and this would be expected to reinforce any denial by the children.

Funeral: A memorial service was held while father was cremated elsewhere, a couple of days after the death. All the children attended and had the support of relatives. Sarah and Gavin sobbed; mother thinks Michael fell asleep. None asked to see the body. Mother viewed it, and regrets this since she wants to create a "living memory". None has asked what happened to father's ashes.

Comment: The funeral arrangements again point to mother using denial, as does her regret at viewing the body. The content of Michael's reaction requires examination in terms of his individual assessment, since it is unusual.

Antecedent Factors

(i) Prior experience of death: Nil known. M.G.M. died seven

years previously, in another city; no other significant losses.

(ii) Prior illness: (Described in the highlights of each child's history.)

Subsequent Stress

(i) Motor vehicle accident: Five months after the loss, mother was overtired, and overturned a combi containing her two sons and a friend. The boys stayed overnight in hospital, and mother was in hospital for six days, while relatives looked after the children. No long-term medical sequaelae.

Reactions: Sarah: Has gone crying to mother about the consequences for the children if she dies. Reassurance given about her life expectations, insurance, will and guardians.

Gavin: Nightmares for ± two weeks; shouts, "Help me! Help me! Help me! You are going off the road" in his sleep. Very anxious in cars now; concerned about consequences if mother dies.

Michael: No overt repercussions.

Comment: The motor vehicle accident can be expected to undermine the children's trust in mother as a reliable caretaker, enhance anxieties about her loss and their need-fulfilment. Michael again shows the least overt reaction, and it is unknown if the aetiology of this lies in his age or personality.

(ii) Family history of illness: P.G.F. died of heart attack at

42 years. Mother is concerned about health of the boys. Gavin was tested when he went for a T.B. checkup but is too young to assess medically, and mother considers the boys too young to explain the implications to them of the family history of heart attacks.

Comment: The boys, especially Gavin who was examined, may have unconsciously picked up mother's anxiety about their health. If so, this could interfere with their identification with father and enhance fears about personal safety.

Relationship with Deceased Parent: Father, 39, restless, active, very ambitious, loved a challenge; took six weeks holiday in 12 and a half years and hoped to retire at 42; had own business for six years; good sense of humour; slow to lose temper but stormed out of house when he did. Very even relationship with mother; many shared activities. Very involved in business so had little time with children during the week. Took them to school and considered this his special time for communicating with them. Was sometimes home for their last T.V. programme before bed. Tried to watch Gavin play sport and gave much affection to Michael. Sunday was a special family day; did things together e.g. sailing.

Comment: There is no indication of difficulties in the family's relationships to father, but the amount of idealisation affecting this assessment is unknown (Parkes, 1972) and he may have been somewhat disengaged.

Relationship with Surviving Parent: Mother is busier than she used to be. Prior to the death, the children took turns sleeping with

her when father was on business trips. Since the death, Sarah has frequently shared with mother, the boys have not, and they have not commented on this arrangement.

In terms of her mourning process, mother initially felt depersonalised and unreal. Has attempted not to grieve in front of the children; was concerned to remain controlled at the funeral; initially was very active and sewed a great deal, and grieved alone in the evenings. She experiences bouts of depression, and finds her emotions harder to deal with now that she is less busy. Still sometimes pretends father is away on a business trip. She has some satisfaction from coping so well, since father was a dominant personality and she feels a more complete person now. However, she is frightened to think long-term, occassionally feels panic-stricken because of the limited time to deal with her increased responsibilities and tries to deal with these day by day. She behaves with a "lively euphoria" when with friends, since she fears being an imposition. She tends to denigrate grief as self-pity, and she gains emotional support only from one close male friend. She wept during the interview while discussing the loss.

Comment: While mother has embarked on a mourning process, evinced in bouts of grief and in a sense of ego - enrichment, this has been limited by her denial and her fear of being swamped by emotions and so not being or appearing capable. This in turn has limited the support she has gained from others and her ability to show her grief with the children and "model" appropriate

management of grief for them.

Family Religious Influence: Not very meaningful. Mother attends church occass ionally, but has not found comfort in religion since the death makes no sense to her. Father was not religious.

Father's Effects: Had very few personal things. His clothes were given to his brother one month ago. Photographs have been put on his desk in the study. Copies of photographs were made, the children sorted through them and each child was given an album. Sarah showed the most interest in this, Gavin followed suit and Michael showed the least interest. A leather jacket, a watch and a calculator have been retained for Gavin.

Comment: The older children's greater interest in father's effects is predictable from prior studies (see Section 3.4). Sorting father's possessions can be seen as one indicator of mother's mourning process.

Factors in the child

(i) Gavin: Oldest sib of same sex as deceased parent increases his risk.

(ii) Michael: Less at risk since has older same-sex sib.

(iii) All children conceive of death as final and irreversible (see below).

Consequences of Death

(i) Economic: As yet no economic hardship but father was

under-insured, the housing bonds were uninsured, the business is to be sold and the family may have to move home at some stage and/or mother may have to find a half-day job. Financial consequences therefore are as yet unclear but mother is anxious in anticipation.

(ii) Substitute parenting: Mother encourages children to get substitute fathering. A currently divorcing male friend visits often. Sarah is very fond of him, has stated that she loves him, and he tries to give her attention. He attempts to ignore Gavin, however, since his son and Gavin are the same age and in the same class at school, and his son is jealous of Gavin. Gavin has struck up a relationship with a neighbour, and they discuss sport together. Mother tries to put both boys to bed before the friend visits.

Comment: Substitute parenting is provided as fully as circumstances allow, but while providing models for identification and ego support, the "substitute fathers" are not involved with the family enough to ensure the children that their emotional (or material) needs will be gratified. Gavin's needs are probably the least well met in terms of the more limited time available with the neighbour, the more structured nature of the relationship (which focuses on sport) and his exclusion from the family's focus for masculine supplies.

(i) Michael, 6,10 years

Highlights of Personal History (reported by mother): A planned baby; breastfed until nine months; ill as a baby with allergies and weepiness until 18 months; no developmental difficulties. A secure child; no separation anxiety; reserved, introverted; communicates well with sibs and peers but less well with adults; considered similar to father in emotional reserve and appearance and enjoys being likened to him; academically bright.

Reaction to loss (reported by mother): Never talks about father; no display of grief; very matter of fact; for three months after the loss would clamber over male visitors, stroke their faces and sit in their laps, regardless of whether he had met them before or not; showed off for attention when male visitors present. More relaxed and normal with visitors now.

Comment: Michael has no prior emotional illness to predispose him to risk. His demand for physical affection while in the acute crisis phase is likely to be the expression of his yearning for the father (cf. Kaffman and Elizur, 1979) but could be a seeking of reassurance of his ongoing need-fulfilment. In terms of his emotional reserve being likened to father's it is difficult to know if his lack of overt manifestations of grief is due to his developmental stage, his characterological defenses or identification with father.

Reaction to loss (self report): He felt very sad after the loss, so he went to his bedroom and stayed there. Is not sad often, cannot name anything specific he misses; felt 'horrible' during the memorial service.

Comment: Possibly Michael uses withdawal to deal with external emotional trauma (eg. going to room; appearing asleep when he felt 'horrible') Further evidence that this is a typical defense method is given below.

Concept of Death: This was assessed for Kane's (1979) components, asked first generally and then specifically about father's death. The child's responses to the questions are given in a summarised form, but in his own words.

1) Separation: You have a soul that lives on in heaven - a nice place but does not know what people do there; cannot come back to earth; would not look like you looked here. Father does not know what he is doing or if he misses him.
2) Immobility: The dead cannot move.
3) Irrevocability: Cannot come back to life again.
4) Causality: Guns or heart attack; father had two heart attacks.
5) Dysfunctionality: Can tell if dead because heart would not be moving; would depend on how you died e.g. if shot, he would see the mark where the bullet hit you; cannot breathe, eat,

sleep if dead.

6) Insensitivity: Cannot feel things. It might hurt to die but not to be dead.

7) Universality: Everyone dies. He will die someday, but does not know when or from what. Not worried about dying from a heart attack like father.

8) Appearance: You would have your eyes shut, be lying down.

Comment: He understands death's finality and does not use denial consciously as does mother. Causality of death is still specific, informed by personal experience and not yet viewed as an internal biological process. Death is in some ways a description of a state of immobility; ideas on spiritual continuity are quite abstract and advanced for his age.

Additional data on interview: Michael warmed quickly and was cooperative. His three wishes were for various types of transport to take him travelling and his choice of companions on a desert island were mother, Gavin, then Sarah - to take care of him and to play with. He denies any nightmares or worries and states that he shares a bedroom with his brother at his brother's bidding.

Interpretation of Test Results (Rorschach and Children's Apperception Test):

Michael's testing of reality is good and he evinces no psychotic difficulties but finds reality threatening. His self-esteem is very good, and ego integration is adequate, with good problem-solving and mastery of situations. He appears to feel

uncertain and threatened in interpersonal situations and is likely not to display appropriate social insight and judgement. Major conflicts appear to be difficulty tolerating ambiguous emotional input and difficulty dealing with his unmet affectional needs. To resolve these needs - with which he is in touch - he tends to act out impulsively. This is most apparent in relation to male authority figures. He is uncertain about his needs being met by them, and evinces a classic 'burnt child response' of feeling hurt and emotionally damaged in relation to them. Were he to get appropriate nurturing and emotional gratification, he would appear to be able to respond and to structured it and add to his ego strengths. In relation to mother figures, he has a good relationship but feels guarded about asking for emotional support from mother because of her emotional fragility. He is thus ambivalent about his standing with her and because she is not fully available he uses his ego resources to control his unmet needs. He will therefore not act out impulsively with her as he will with men. He is further unsure about the ability of others to protect him from external threats, feels able to rely on himself but fluctuates between autonomy and dependence. He is unsure of his ability to deal with aggression, and tends to neutralise the aggressor, identifying with him as a protector or using magical undoing. There is lesser evidence that he has some guilt and fear of punishment about his aggression towards his father. In terms of his overall emotional and affective life, he is not overwhelmed by raw emotions, but can integrate potentially confusing affective and emotional stimuli and control his anxiety. The defense methods used here are not of the extent of denial, but

distancing, withdrawal and transforming ambiguity into a clear-cut structure appear to be paramount.

Comment: It can be hypothesised that: 1) his lack of social judgement and impulsivity about having his needs met by men accounts for his socially inappropriate seeking of contact with them in the first three months after the loss. 2) in terms of the evidence of a good basic relationship, mother has become emotionally unavailable to him only since the death due to her own unresolved mourning. 3) he is in an appropriate transitional phase in dealing with the ambiguity of having his needs for fathering met by father or other males and that his resolution of this will largely depend on how successfully containing the environment is. If it is not adequately nurturant, denial and hypomanic defenses could result. 4) his neutralising of aggression and adult-like mastery may be based on strong identification with the father.

In conclusion, Michael is evincing no regression or denial, his good ego strengths are a positive prognostic factor and if his environment is containing he is not likely to be at emotional risk. However, while he is not in internal chaos, no statements can be made about methods of decathexis or idealisaton in a mourning process.

Gavin, 10,2 years

Highlights of Personal History (reported by mother): A planned

baby; breastfed for six months; no problems with separation; had a "nervous twitch" when he first began school; had erticaria linked with anxiety; asthma linked to pollen counts present since infancy, worst in preschool years and no attacks for five months previously; on treatment for T.B. Is very sensitive, easily hurt, becomes upset and cries, talks in sleep, gregarious, relates well, outgoing, cheerful, much initiative, no confidence scholastically - panics and goes to pieces. He had remedial lessons for letter reversals and is poor at reading.

Comment: Gavin's long-term anxiety and sensitivity are factors predisposing him to emotional risk after a loss (see Table II, p.255).

Reactions to Loss (reported by mother): School marks dropped drastically (20%) and he wrote gibberish in his exams although he knew his work. Has taken on a lot of father's responsibilities e.g. protective to mother; carries her bags, reminds her to lock the house at night; straightens Michael's tie. Asked for father's watch and calculator to take to school; initially worried about financial security; shares bedroom with Michael.

Reactions to Loss (self report): Felt sad, cried sometimes but "No use destroying your life worrying about it ... not something you cry about all the time." The funeral was not nice, and felt "not too happy." Does not cry now because it happened "quite a long time ago." Occasionally worries about other family members dying. Now is "half of half about feeling sad" and more often it

makes him think, "What a pity." Would like another father, to play cricket with and spend time with, because mother is busier now and though still with the children has less time for them.

Comment: Gavin points to having experienced bouts of sadness and weeping, and in his view of time six months is a long time and bouts of grief are behind him, and he uses rationalisation to deal with his loss-related emotions. Mother's report points to his using father's effects, probably to express yearning and also in identification with the father. The latter is also evinced in his taking additional responsibility in the family. He is also conscious of a sense of parental deprivation.

Concept of Death

1) Separation: There is always another sort of life. Your soul goes to heaven, where there are golden steps and everyone is singing; only Jesus can make people alive again. You can come back to earth, after you have been every sort of animal - a monkey, an animal, an elephant, then you start all over again ... you can come back to life after ages ... but you will not see them again. Dad is an elephant ... he's probably still there (in heaven). He does not know what Gavin does or if he misses him ... in heaven you forget about the earth.
2) Immobility: The dead cannot move.
3) Irrevocability: (see above - irrevocable in terms of Gavin's lifespan.)
4) Causality: You die if you are getting old. Your heart

stops beating, you stop breathing and your blood stops .. no, your blood goes on for a minute or so. Father had a heart attack, which is better than being shot; the death must have a reason or meaning.

5) Dysfunctionality: Cannot move, breath etc.

6) Insensitivity: Do not feel anything.

7) Universality: Everyone dies. He will die someday, whenever it is time; probably when 49/50 years old; would not want to live to an old age because you sit in a wheelchair and cannot do anything; not sure what he will die from.

8) Appearance: The dead look pale but normal.

In addition, Gavin knows that father was, "burnt splat ... you do not feel anything. I would rather be burned than lie stinking in a stinking grave" and he knows that P.G.M. wanted some of father's ashes to be scattered on P.G.F.'s grave.

Comment: While his understanding of death biologically is more sophisticated than his brother's he has a more concrete view of an after-life, draws on a magical cyclical view of death and reincarnation and seems cognitively confused about the implications of spiritual continuation although he understands that as far as he will ever be aware, father is dead to him. Rationalisation is used to make the death seem more acceptable e.g. any early death is preferable to a useless old age; a heart attack to a gunshot, and cremation to burial. His concretisation and confusion may also be

related to ambivalence about the dead father - who is likened to an elephant.

Additional Data on Interview: Gavin warmed quickly, was cooperative but a little restless. His three wishes were for happiness (contingent on good school marks and no deaths) and success at work and sport. He reports early nightmares of being chased by carnivorous giants or lions, from which he wakes before the dream is resolved. The desert island companions would be Michael (because he is a boy), then Sarah and lastly mother, since she is the most able to look after herself alone.

Interpretation of Test Results (Rorschach and Thematic Apperception Test):

Gavin's reality testing is adequate, but he finds reality anxiety-provoking and feels unable to keep threatening external stimuli at bay, so he fears being swamped. A major theme is anxiety about achievement with an expectation of initial failure, resulting in poor self-esteem and punishment from authority figures. The punishment leads to resentment and aggression to others, which is healthily displaced but still results in a fear of further punishment. However, ultimate success is perceived as possible, and is dependent on realistic effort. His major emotional conflict is his anxiety about his fragile internal and external situation, of which he is very aware and to deal with which he invokes

intellectualisation and some denial. He has difficulty dealing with interpersonal situations. He withdraws from them and tries to structure them, but does so inadequately. In relation to father figures, he gives an emotional shock response, consequent on a major emotional event that has resulted in feelings he is not sure how to deal with nor even how to identify. He attempts to use intellectualisation to deal with the anxiety and uncertainty about his emotional needs being met by father figures, but does not know how to substitute the loss or deal with the emotional shock. While anxiety and emotional shock are currently paramount he appears to have the ego strengths and intellectual ability to integrate what is required of him and with adequate nurturing and support his ego strengths could develop. He experiences affectual anxiety in relation to mother figures, since he is not sure about how much he can ask from them. In addition, he appears to identify strongly with the male side of the family but not to have resolved his sexual identity, and to have fantasies of a male (perhaps himself by identification?) restoring the family and fulfilling its needs. In terms of his general emotional state, he appears to experience much free-floating anxiety and to be mistrustful and suspicious of emotional input from the environment because of his experience of acute trauma.

Comment: It can be hypothesised that: 1) his uncertainty about maternal gratification is a result of mother's current emotional state, since his ego development is good. 2) the

loss has exacerbated his anxiety but probably not precipitated it since there is prior evidence of anxiety in his personal history. 3) his drive for achievement and masculine identification have been exacerbated by the loss and are based on identification with the father. 4) the loss has resulted in great emotional upheaval but he is not in a state of emotional disintegration.

In conclusion, Gavin shows no instinctual regression and has the ego resources to deal with the loss if adequate assurance is given to him by his environment. However, while some grief and yearning are apparent from his history, his anxiety is currently more predominant than his grief and has not been adequately dealt with by his use of identification and concretisation. No evidence has been gained about idealisation of the dead father (although it does not seem to be apparent since he expresses much ambivalence about the lost father) and any process of decathexis has not been elucidated.

Sarah, 11,6 years

Highlights of personal history (reported by mother): A planned baby; breastfed for six months; used to cling to mother and be ambivalent about separating e.g. at parties; very demanding of mother's attention and jealous of her attention to the boys; insecure; temperamental; lacks social

self-confidence and initiative; very bright scholastically but took a month to settle in school (Michael was born three weeks before she began Sub A); no developmental difficulties; has been encouraged in competitive swimming since the loss.

Reaction to loss (reported by mother): Cried often in the middle of the night; slept with mother; now goes to mother's room if upset and weeping (± five times in the last two months). Talks about father, wishing he was present and saying she misses him, though cannot state specific aspects she misses. School marks dropped slightly but have recovered. Tries to give mother encouragement when mother is upset; is reading her Bible more often. States that she loves mother's male friend; was the most interested in compiling an album of father's photographs.

Comment: Sarah has no prior emotional illness to predispose her to risk. However, she appears to have a history of ambivalence to mother and anxiety about affectual gratification (in her history of separation difficulties; the dating of her sib's births to times of important developmental milestones) and in addition mother is clearly most ambivalent about her out of all three children. These factors could interfere with her gaining adequate nurturance in the family subsequent to the loss. Sarah's grief parallels what would be expected of an adult, both in terms of her conscious yearning and its overt manifestations. Her transferring of some of her emotional needs to mother's male

friend has not halted her process of mourning for her father (in contrast to Wolfenstein's (1966) views).

Reaction to loss (self-report): Is missing father as much now as before, but not finding it as difficult to deal with. Still cries occasionally when alone in bed. Cannot recall if cried at the funeral.

Comment: Sarah is still in the process of mourning and her time span is that of an adult.

Concept of Death

1) Separation: Spirit lives on, in a way believes in heaven though it is just a word. The dead cannot live again. Does not know if father knows what is happening to her, but has no sense of his presence.
2) Immobility: The dead cannot move.
3) Irrevocability: Cannot come back to life again.
4) Causality: Heart attacks (like father) or cancer.
5) Dysfunctionality: Knows body functions end and that father was cremated.
6) Insensitivity: The dead cannot feel.
7) Universality: Everyone dies and so will she, but has no thoughts about how or when.
8) Appearance: No pulse.

Comment: Has a mature concept of death; the significance in terms of denial about her lack of surety about father's ongoing

awareness of her is unclear and she appears to be grappling cognitively with her religious view e.g. in conceptualising heaven.

Additional Data on Interview

Sarah considers herself to have always been closer to mother than to father; is pre-pubertal; denies dreams or anxieties, but keeps her worries to herself and goes to mother if she is sad or lonely. Considers her brothers to have a strong bond that excludes her although she denigrates them as "childish" and she feels she has the hardest time as she is the eldest. She would not mind if mother remarried. Her only wish was for father's return. She had difficulty choosing desert island companions, but chose mother, then either brother and then a friend (the daughter of mother's male friend)). On testing, she was negativistic, refusing several cards, and needed more time to gain trust in the interviewer.

Comment: Sarah is still realistic about her prior relationship with father. As does the rest of the family, she describes a split in the family with the boys being very close and her being aligned with mother.

Interpretation of Test results (Rorschach and Thematic Apperception Test).

Sarah has excellent ego strengths and a good self image. However,

she feels most secure when reality is clear-cut and structured, and may use rigid, obsessional-type defences to deal with ambivalence and ambiguous affect-laden demands made on her. She has difficulty dealing with the uncertainty of her situation, not with the frank expression of emotional issues. She experiences anxiety about her external reality, but under stress is able to integrate stimuli reasonably well and her anxiety is of the extent of appropriate worry and concern. In terms of interpersonal relationships, she is able to relate to others expressively and receptively and transfer some of her needs to others. However, she has difficulty being spontaneous interpersonally, experiencing some insecurity and uncertainty. She experiences anger, conflict and depression in relation to father figures, is unable to respond sensibly to stimuli in this area because of the strength of her emotions, her fear of what will be evoked and her inability to integrate these feelings. She evinces some denial or avoidance and ambivalence about what she can ask for emotionally from male authority figures. She is aware of sexuality but has still to deal with it emotionally. In relation to mother figures, she feels she cannot rely on mother because of her fragility. She can integrate her emotions about her mother and femininity, and sees the potential for support, but is wary of making demands. A major conflict is the suppression of anger, and fear of regression. A major theme is the wish for a large and happy family, with fantasies about mother's male friend providing this, but with feelings of isolation and some deprivation continuing nonetheless. Related to this is some ambivalence about males, who are seen as over intrusive and disruptive of her relationship with mother,

resulting in resentment, but this perception of men is immediately undone.

Comment: It can be hypothesised that: (1) her ambivalence about men relates to a confusion of father and substitute males, with the former being desired and the latter being a potential replacement but equally another rival for mother's limited emotional supplies. (2) her refusal on several T.A.T. cards relates to her areas of major conflict (male-female relations and sexuality, aggression, conflict with mother and depression) in the context of not having adequate bonding with the examiner to trust the evocation of these emotions. (3) her conflict with anger is predominantly over father's absence. (4) her anxiety about emotional deprivation is of long standing but has been exacerbated by the loss and mother's reaction to it. (5) her fear of regression may be related to deprivation being experienced in oral terms. (6) her ability to relate to others expressively is the foundation of her ability to share adaptively her grief with mother (7) she is not identifying with father or idealising him to any noticeable extent.

In conclusion, Sarah appears to have entered a mourning process, but still has a great deal of anger and grief about the loss to deal with. Her overall emotional and ego integration are good prognostic signs and further emotional difficulties would not be expected. Complicating her mourning process are that the loss has exacerbated her long-standing anxieties over emotional supplies and the uncertainty of the outcome of the family's

situation (financial and emotional) is adding to her anxiety and not providing the clear boundries she requires within which to mourn.

Conclusion.

This clinical study has illustrated a method of gaining some data about the intrapsychic life of three non-patient bereaved children. The limitations of the data and the tentative hypotheses that can be drawn from it have been elucidated throughout.

While the data are of the nature used clinically only to make a provisional formulation about a patient's difficulties, it can be broadly concluded that:

1) All three children still show strong evidence of the emotional trauma of the loss and are still engaged in integrating it.

2) None shows regression, denial of the death or fantasies of reunion (cf. Section 2.3) despite mother's encouragement of denial, and some evidence of cognitive regression is Gavin. In contrast to what would be expected in terms of Wolfenstein's (1966) views, the only child who shows some denial of emotions and a fear of regression is the eldest, Sarah, who also evinces the most adult-like grief.

3) The integration of the loss by the remaining parent is an

important factor, since all three children react similarly to mother, and find her currently incapable of emotional need-fulfilment.

4) The loss exacerbated the prior conflicts of each child.

5) These prior conflicts and each child's prior characterological defences appear to play at least as important a role as their differing age and developmental levels in determining their reactions to the loss. There are strong differences between the children in their expression of grief, but the aetiology of this in age, stage or personality is not clear.

6) Adequate fulfilment of the needs that father used to supply is pointed to as important in assisting their ongoing resolution of the loss.

7) All three are utilising their prior healthy ego development to deal with the loss.

8) The test protocols provide little support for the only psychometric test interpretations reported in the literature to this author's knowledge (Arthur and Kemme, 1964). In emotionally disturbed children bereaved of a parent, they found, "themes of repeated and severe punishment for acts of aggression, marked concern with blame for major tragedies and minor mishaps, protests of personal innocence or uninvolvement, and concerted efforts by means of denial, undoing and reparation to evade the reality or seriousness of illness, injury or death" (Arthur and Kemme, 1964:42). The only support given for their findings is that Michael and Gavin include themes of realistic punishment for

aggression.

9) the amount of identification evoked is variable, and is dependent on factors prior to the loss (e.g. Michael looks and relates similarly to father, Gavin is the eldest, and the most ambivalent about the dead father) and is not an adequate mechanism on its own to resolve the emotions evoked by the loss (cf. F. Rochlin,(1953)).

10) The child most at risk emotionally appears to be Gavin, who is the one with the most risk factors in terms of Table II (p.255) (e.g. the least substitute fathering; the eldest sib of the same sex as the dead parent; the greatest prior emotional difficulties). However,

11) At this stage, none of the children is clearly in need of therapeutic assistance. The need for this in the future will depend on mother's resolution of her mourning and the adequacy of affectional gratification from the environment. Assistance for the mother in completing her mourning process might be recommended as a valuable initial intervention. The value of this to the children in facilitating their resolution of the loss could then be examined by a reassessment of them, and any further intervention deemed necessary could be instituted.

APPENDIX B

PROTOCOLS FROM PSYCHOMETRIC ASSESSMENTS

Michael, aged 6, 10 years (d.o.b. 7.1.75).

Rorschach Protocol

Card I: A bat (body and wings; not seen in the white).

Score: W F An

Card II: (Upside down)
A funny body.
A praying mantis... no... lets see..
A butterfly (wings in black; head in red).

Score: (i) W Cf H
(ii) W FM A
(iii) W CF A

Card III: (Upside down)
A praying mantis (sees pincers).

Score: W FM A

Card IV: That looks hard.
Some kind of a beetle (in centre).

Score: (i) W C'F A

Card V: A bat.

Score: W F A

Card VI: (laughs) A hard one. A badger.

Score: W Fc A

Card VII: (Laughs) (Upside down) I like it.
A butterfly (top two sections).
A tortoise upside down.

Score: (i) D F A
(ii) W F A

Card VIII: A colourful one.
A cheetah or bear (in pink).

A sandfish (in green).

Score: D F A

Card IX: (Upside down)
A sea animal. Not a jellyfish but it's got all those things coming down, it's very small and you can hardly see them. I can't think of the name.
A cave (in white) with an elephant in pink coming on top of it.

Score: (i) W FM→ m A
(ii) Ds FK A

Card X: Quite a hard one
Blue - Crabs.
Grey - A crayfish fighting.
Pink - Rocks.
Blue - A bat. I've said that three times. I shouldn't have.
Palegreen - A penguin.
Yellow - Little beetles.

Score: W F A

Children's Apperception Test

Card 1

They're going to eat that. Then once they've eaten it... Oh, is that a hen?... They'll clean the plates... then they'll go to bed. What time of day is it?... It's at night - it's supper. How long does this have to be? The next morning they'll have breakfast then brush their teeth - well, beak! - I would think that's all I can make up.

Card 2

It's this one's birthday (on left) and he's having two friends for a party. They're having a game - a tug of war. These two are winning and the rope is getting thinner and it's about to snap and they're on a steep hill and this one,

the little one's closest to the hill and the middle one goes to the middle where the cut is and pulls the other one up and says, "We'd better not use this rope. Let's climb down and do something else." So they catch butterflies. The little one caught the first butterfly on a little flower, and he caught him and got a prize - A little car. The other two already had a car so they had a car contest, of who could push their car the furtherest. They all came a draw..... so then they... built a train set. I can't think of much more.

Card 3

This is a big king lion and he's got a lot of servants and he's waiting for lunch. He's smoking his pipe. He's got servants to catch his food and sometimes they bring him cheese and that's why the mouse is in the hole. But he's cross with the mouse and wants his servants to catch him because the mouse takes the cheese. The lion plans to catch him, he plans to put out a mouse trap with cheese in. One day he did this and the mouse ran to the trap and the trap went slam and they caught him and the lion had him for lunch - he had mouse stew.

Card 4

These are a baby, a mother and a middle-sized kangaroo. The mother kangaroo's coming back from the shops. She went to buy milk, six eggs, butter and sugar. She's going to make a cake because it's the baby's birthday in four day's time and he's having his friend to play. Just one person because he's so small. They have cake, play games, have hopping

contests and ride bikes. The middle one is riding on his bike to the shops. The little one bought a balloon, the middle one a bike, and the mother a hat. (How does the middle one feel about the preparation for the little one's birthday?) He doesn't mind because he plays with the little one and rather likes him.

Card 5

It looks like... a badger. The badger is in bed and he saw a shadow coming past the window. The shadow was an elephant. The big ones were even scareder than the little one so they hid under a blanket which is why there's this (a hump) in the blanket. Then bump, bump- the house was under the ground - the elephants were walking on top of the house and the roof fell in. So the little one turned his bed over (so the base became a roof) and slept, and then the big bears did so. Then they went to sleep and the next morning they saw elephant marks going into the forest, lots of feet marks. So they walked and followed them and eventually came to a big place with bushes round. They couldn't get in, so they squeezed a hole and dug under. All the elephants were in the bush place, pulling out the trees and everything. Then a long cobra snake was coming and suddenly the badgers dug big deep holes and hid there and the long cobra tried to strangle an elephant and the elephant kicked him and killed him and the badgers said, "Thank you. And now this can be our house in your elephant place." And the elephants said, "Yes, it can." They made beds, tables and so on and went to sleep

the next night. (Were they afraid of the elephants stomping on their house?) No, because the elephants knew where their house was.

Card 6

What's that?... A big bear and a tiny bear and the tiny bear is in bed but not asleep and the big bear's asleep in his hole and the tiny bear heard "Whoo" and didn't know what it was so he got up, squeezed through and got out of the hole and saw something with two yellow eyes peeping at him and he saw some funny kind of bird. He didn't know what it was so he went closer and leapt at it a bit. The bird went "Whooo" and scared the bear back. He saw it was an owl and he didn't like owls so he ran back into the hole and went to sleep. Big bear heard and got up and saw the owl, leapt onto him and ate him. Then another owl came and he tickled big bear, who went 'Grrrr' and so the owl quickly flew off. Then a firefly comes and left his trail behind - "Big bear, here comes another owl." Another owl comes and big bear went to the top of the hole over here and jumped on the owl and ate him. He had a wolf for a friend. He said, "I'll help you catch owls and we'll have them for..... breakfast....." Two owls, three, came and big bear caught two and the wolf caught one. The next day they had owl stew for breakfast. That's the end.

Card 7

That cheetah is trying to eat the monkey. The monkey will

climb up there onto that (vine) so the cheetah can't get him and the cheetah bites off his tail and the monkey will climb right up there so he can't get him and the cheetah came from there (left) and pounced on him - well, just missed him and suddenly a springbok came here and the cheetah went after the springbok and the springbok got away and the monkey jumped to another tree and ... and... and... got away. The cheetah went to look for more food and he saw... a waterhawk and the waterhawk jumped into the water and couldn't get out of the water because there was another cheetah on the other side. The water was getting deeper and deeper and the current was coming and took - and one cheetah jumped into the water and took the hawk and ate him. (What happened to the monkey?) He went and grew another tail even longer than his other one.

Card 8

(Laughs). Those two (left) he's drinking tea and whispering to that one. And that one's warning him not to be cheeky. There's two mothers (centre). father and baby. He's saying," Don't be cheeky, don't be cheeky." That's a picture of grandpa and this is their house - these two's (left) house. No, this one's a visitor (middle). This is their monkey. (How was he cheeky?) He climbed a tree and poured a bucket of water over him when he walked under. (How did the big one feel?) Wet! And didn't like it. (What did he say?) You mustn't do that. (And the little one?) He felt happy. He liked it when he was wet. (How did he feel about mother and visitor?) Bad for being naughty. He thinks

she's whispering to his father (?)... saying, "Our son's being cheeky."(Father's reply?) "That's bad." (How do they feel about him?) Bad. (He about them?) Bad.

Card 9

What is it? The rabbit is going to bed and in the morning he has breakfast and after breakfast he goes for a hop and finds a hole. He goes down the hole and there's another rabbit in the hole and the rabbit is the other rabbit's friend so they go out and play and jump and contest who can jump the furtherest and make the biggest hole. Then they go home and go to bed and the next morning they have breakfast. (How does he feel about going to bed?) He doesn't like it.... doesn't like going to sleep, he likes to play. (How does he feel about the dark?) Well, he doesn't like the dark.... because of shadows he's scared. (What does he do?) He climbs under the blankets.

Card 10

What's that dog meant to be doing with that? That dog (little one) is going to be playing. He'll run and knock a ball with his paw and he'll play with the (big) dog... He'll run away with the ball and the other dog will catch him and all that.... lets see, that's all. (Before?) The dog was on the stool. (And the big one?) Pulled him off, so he could sit on. (What's this (toilet)?) For going to the toilet. (Afterwards?) The little dog sat on him - Like he is now. (And the big dog?) Pulled him off.

Gavin, aged 10,2 years (d.o.b. 4.10.71)

Rorschach Protocol

Card I: (Upside down) A Cave (at bottom). Bats in a cave (dots outside). It's the most interesting cave in the world and in the cave they've got a museum - with snakes, scorpions and stalagmines (sic).

Score: D Km Geo/An

Card II: Ooh, a nice one. A tornado just hit some land and exploded. Made a big hole in the floor. More explosions (at bottom). The Germans are attacking this part of the land. It's like a map showing you where the explosions are. The white's a big lake, with reflections of a mountain.

Score: W mR N

Card III: Somebody's ribs with the heart in the middle. Arms sticking out.

Red monkies hanging from the ceiling (can see their heads; hanging by their tails with their hands behind them). Skull (in black). A hand.

Score: W FR Anat

Card IV: What extraordinary pictures. An X-ray of a foot. Two hands coming off a giant - with a big head, nose sticking out, a foot with a big toe -

covered in mud so it's murky and the mud's dripping off its back and it's shaking the mud off its hands.

Score: (i) W FR A

(ii) W mF H

Card V: A bat ... flying out of water and shaking its wings and the water's splintering off it... and its two feet are there (can't see water in the card).

Score: W Fm A

Card VI: A cat run over with whiskers (at top) and foot (at side).

It's all flat, splat, and blood smearing out of him (at sides).

Score: W Fm A

Card VII: Dogs ... running along ... a strange dog

Dragons, puffing smoke out of their heads.

Score: D cF A

mF (additional)

Card VIII: Pink - tigers creeping along with four legs.

Craft coming through the mist with guns.

Score: (i) D MF A

(ii) D KF H.N

Card IX: In the pink ... an owl holding an ice cream in its wings.

A lake underneath it (in pale green).

The greenery is part of the branches and trees.

I can't quite make out what the orange is.

Score: D FM A

Card X: Two beetles (sideways in black) .. squashing a long, thin thing between them ...

A frog jumping (green at sides).

A spider creeping (green at sides).

A piece of seaweed (blue).

Score: D Fm A

Thematic Apperception Test

Card 1:

What's that? An old-fashioned racing car. He's wondering what it does and thinking it looks rather boring .. Or it could be a violin and he's thinking how to use it. (After?) He's reading the plans, looking at the parts and afterwards he's going to try to play it. (Outcome?) At first it just makes a terrible noise and after a while he gets it right. (Who wanted him to?) His mother.

Card 2:

The schoolgirl's going home from school and looking at the farmer ploughing the fields. And the girl isn't too happy because she didn't get such good marks for her test .. and the horse doesn't want to go the right way and the man's trying to make it and his girlfriend's getting fed up because it's taking so long. Afterwards, the school girl goes home

and finally the man finishes planting the fields but his girlfriend's still cross with him and he tries to make her happy again, and the schoolgirl's trying to learn her next test extra well so she'll get better marks. The next day she gets better marks. The man and his girlfriend are happy again. (Relationship?) She doesn't know these two.

Card 3:

...The boy's very upset because he got a spanking at school because he did his work very untidily and so he was rather cross and had to take his book to the headmaster to show his untidy work. So he was cross with himself and thinking what he can do to get the teacher back and in bed that night he had a bad dream and the next morning he went to school and did his work and it was so neat the teacher took it to show the headmaster and so he wasn't unhappy anymore. He went home and told his mom his good results. (What's this?) A pair of scissors .. By mistake he cut his hair, cut it in a funny shape and his mother was very cross.

Card 5:

The lady-mother came to look for her child .. and came to see if she was there because he had bad results for his marks and had been sent to his room and was cross so he decided to do something about it, jumped out of the window and ran to fetch something - a bag of marbles. He took a catapult and went to his room and shot birds with the marbles because he knew his mother liked birds. And the mother was very cross and gave

him a spanking. (How did he feel?) It felt very sore.

Card 6.BM:

The vines have been very bad this year on the farm and they're thinking what to do about it and have to sell something because the grape season was so bad they had to sell things, and the man wanted to buy this plot and they had to pay lots of fees and didn't have enough money so this man came along to help them and brought a lot of slaves along and managed to get the farm going again and the next crops were very good, they made lots of money and built another house and had some children.

Card 7.BM:

One man was laughing at his wife. Is that a man or a girl? I'll make him a girl - And his wife was very cross and so slapped his face and he was very cross, went out the door and got into his car and drove to the shop and had supper there and then got back into the car and drove home and said he was sorry, and his wife said she was sorry and they didn't fight any more.

Card 8.BM:

The man's been wounded in the war and the boy's jolly sad and they have to get the bullet out and the doctors are working on him and soon he has to go to the war, and the doctors don't think they can get the bullet out, and he's got his gun in the room, and the doctors are getting ready to try and get

the bullet out without hurting the man. One man's arm had been chopped off and they had to amputate it and this man was a doctor and he couldn't work so well so he had to call another doctor. They managed to get the bullet out and the man was O.K. and could go home and didn't have to go to war anymore.

Card 13.MF:

The man's just got up and he's jolly sleepy and he's wiping the sleep out of his eyes and his wife is still sleeping and he has to go to work early. His wife gets up and he says goodbye to his wife and his wife gets dressed and she goes to tennis and she has a good game of tennis and wins and the man did well at work and became boss. He was a very good boss and his wife won a cup for the best tennis player.

Card 13.B:

The boy's playing the flute. He's just learnt to play it and made a mistake and he's getting cross because he kept making this mistake. After a while he could play the song properly and at school they used him in the music boxes because he was so good at playing this song. Then when he was in the music boxes he made a mistake and everyone booed. He was very upset and cross and decided to learn a different song. He went to the boxes again and was very scared of making another mistake but be played it very well and everyone clapped and were jolly happy.

Card 16 (Blank):

Once upon a time there was a man walking through the forest, a very old man and he wanted to find a stick to help him along, because he was rather old. He saw a funny shaped stick on the ground, and thought, "That's funny but it looks nice." He picked it up and carried on walking - "Oh, it feels so nice." One day he was walking in the forest waving his stick and he said to himself, "I wish I could go to America." There was a flash and he was in America. "What made me get here? Magic!" He thought of the stick. He wished to go to an island, and went whoosing through the air and landed on the sand of the island. He took off his clothes and put the stick down and went for a swim. Far out, he looked up and natives were running off with his clothes. Luckily they had left the stick. He caught up, grabbed his trousers and shirt, not his jacket, and went to see where they were going. He went to a hut and hid in the hut, with skeletons and horrid things there. He heard them coming, they saw him and he wished to be back home. He waved the stick and was back home. He said, "What an adventure! I must do that sometime again." And he lived happily ever after.

Sarah, 11,6 years. (d.o.b. 1.5.70)

Rorschach Protocol

Card I Spider (in centre).

Person (in centre).

Two people dancing (on outside).

Score: (i) D F An

(ii) D FK H

(iii) D M H

Code II: A face of some kind (red eyes, red mouth, a bit like a cat's face; white nose).

... An aircraft firing rockets (red rockets; craft in white sideways).

Score: (i) W FC H

(ii) D FM Obj.

Card III: The black part, without the red, reminds me of some insect (in outline, upside down).

Score: (i) W FK A.At.

Card IV: I don't know what to do for this one.

...it could be a monster, I guess (feet, arms, small head for its bulky body).

Score: (i) W F (A)

Card V: A bat.

Caterpillar (middle part with bumps).

A boomerang (curved shape).

Score: (i) W F A

(ii) D FC' A

(iii) D F Obj.

Card VI: (Upside down).

A sign post of some kind (coming up and the way it comes out).

A scarecrow (stick and coat).

Score: (i) W F (H)

(ii) W F (H)

Card VII: Could be smoke (big clouds of clouds).

Could be a map (e.g. sea in white and the places jutting into it in black).

Score: (i) W mF Geo/Abs.

(ii) W FK Geo/Abs.

Card VIII: Mmm.. A difficult one .. I'll have to check what faintly resembles it.

The orange or pink could be clouds and the sunset (in colour, not shape).

It could be one of the old aeroplanes they used to have (sideways, pink flaps, green front part.)

Score: D Cm Geo

Card IX: Could be coral and stuff under the sea.

Score: D FK Geo

Card X: Fireworks (the way its all spread out).

Face in a way (very slight resemblance; upside down; yellow eyes; green moustache).

Score: (i) W MF Obj

(ii) W F H

Thematic Apperception Test

Card I

He'd been playing his violin for the last six months and now it seemed as if the world would end. Last night had been quite a big competition and a great musician had been there to choose a child to cope. The greatest competition was between him and another girl. He had made a mistake and messed up his piece. Why oh why did it happen to him? Now surely she would be chosen. If only he hadn't made that mistake. The doorbell rang and his mother answered. It was the musician. He had seen great promise in the boy and had decided to coach him. (Who wanted him to play?) His father wanted him to take up the violin. (What happened to the girl?) She obviously never got the place. She felt sad like he felt when he thought he wouldn't get the place.

Card 2:

I wouldn't be able to think of anything for that.

Card 3BM:

I don't like this one. It doesn't show very much. I don't like it.

Card 3GF:

Why had he disappointed her? (I have to give this one a try, I guess). Why couldn't he just leave her alone? Why did he have to come every evening? Everything before yesterday had seemed fine. But now she would have to leave. She called the children to her and told them they were leaving. She sent them out to play because she needed time to think.

Where she would go she did not know. Eventually she fell asleep, exhausted from all that had happened. I can't think of anything else. (What upset her?) Who knows? She didn't like him. That's a stupid excuse.

Card 4:

It's hopeless even trying. I know I can't.

Card 6GF:

...How could he interrupt her when she was busy unpacking? They'd moved two weeks ago from the house in London. They were now in the country so that her husband could have time to recover after his illness. Yet here he was disturbing her as she was trying to unpack. Her husband was a busy man. He worked in the police force and time after time had had daring escapes. And now at last they had peace in the country and time to be together. Her husband was content as long as he had his pipe - They had two children they loved very much ... so they had a super time in the country.

Card 7.G.F.:

"Lessons, why always lessons?" As mother reads the new day's lessons to her she gazes out of the window. Everyone was having fun. Just because she'd been sick why did she have to do lessons? They were so boring. As her mother dragged on through the French Revolution she grew more and more bored. If only she'd never been sick! It all began on her birthday when she'd fallen sick with chicken pox. Two weeks later

here she was on a Saturday afternoon learning about history. She had missed a lot in the two weeks and now had to catch up. She felt sweaty as mother rolled on and on through the history book. When it was over at least she'd be allowed to go out and play. (How did mother feel?) Bored as well.

Card 13MF:

(Turned it over quickly) Bleah bleah. I don't like it... Books, table, chair (laughs). Sis, I'd rather do another one.

Card 13B:

It was a warm day and the sun was shining and the little boy sat on the steps. He was hungry but hadn't any food. He lived with his mother and father and ... how many brothers and sisters? - and six brothers and sisters. It was during the war and there wasn't much food to be found. He stayed in China - not that he looks like it! - In a hut made of wood. He was the youngest of the six and had to play alone while father and the two brothers were tending the crops. He hoped they would have rice for supper tonight and as he sat there daydreaming his mother was busy washing their second pair of clothes. (What happened before?) It had been a tiring night with Jap planes bombing all around. (And after?) That's all I can think of.

Card 16 (Blank):

There were eight children in the family - I might conk out

half way - ranging from 18 to seven. Her name was Sally and she was ten. She thought differently to everyone else's views and was tired of being told to shut up all the time. Nobody ever listened to her. School was a bore, and she was never allowed to bring anybody home as there were too many in the family. However, she had many brothers and sisters to play with. There were two to a room and Sally hoped that one day she might have her own. This was very doubtful of coming true, because if anyone got their own room it would be Martin (name of mother's friend and his son) who was 18, or Louise who was 16. Still she had her comfort and priviledges like being allowed to stay up later than Lara (name of mother's friend's daughter) who was seven. But then other people also had their priviledges like being allowed to stay up later than her. (How did she get on with Lara?) Their opinions were different on, for example, the shared room. Lara was the younger sister, and if Lara wanted one colour curtain, Sally didn't. (How did she get on with mom?) Fine, I guess. (Any fights?) Over having her own room, staying up late, having to sleep with Lara instead of with... Jenny who was 12. (How did she get on with dad?) O.K. Fine. She never saw him much.

Card 18GF:

I can't think of anything.

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