SOME PATHOLOGICAL PROCESSES SET IN TRAIN BY EARLY MOTHER-CHILD SEPARATION.*

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IT is charactersitic of mental ill-health that the individual's capacity to make continuous co-operative relations with others is impaired. In the psychoses and psychopathic conditions this is unmistakable; in the neuroses it is sometimes less so, and there are even neurotic patients who seem to be especially kind and co-operative. But we know that they only achieve this behaviour at great cost of effort, anxiety and guilt and that, if they break down, they can be very hostile and withdrawn.

This disability in the function of making continuous co-operative relations is often patchy. A man may be a tolerably good employee but an impossible husband; a girl may be easy to manage at school but jealous and difficult at home. It is clearly in the field of love relations that the disability is most common and most serious. It is in these relations that a person's most powerful instincts and deepest feelings are involved—oral and sexual demands, loving drives toward giving care and protection, hating drives toward violence and destruction—and it is on whether or not these relations develop favourably that he is happy or unhappy, mentally well or mentally ill.

Whilst this disability in making relations with love objects may sometimes be secondary to organic brain damage, we know that in many cases it is due to the capacity itself having been deranged by the particular experiences with his love objects which the individual has had in his earliest years. A very large range of psychiatric disorders seem to spring from or be reactions to ambivalent feelings for the love object. Thus, when repressions and defences are stripped away, the patient is seen as someone who is at one moment devoured by his need for a love object and the next overwhelmed by hatred of it. The extent to which these incompatible drives are unconscious varies, but it is usual for both to be unconscious in some degree. Often, of course, it is mainly the hostility which is unconscious, and our task is to help the patient recognize and integrate it into his character instead of it remaining an underground, uncontrolled and alien force. This condition is now so well known that we find almost every beginner in child guidance coming armed with these concepts. The opposite is much less well recognized—that in which the patient is at least partly conscious of his hatred but unaware of his love. This is exemplified by the misogynist who maintains he has no use for women, and the psychopath who scornfully disclaims all desire for love relations. Both are living their lives in a mood of " sour grapes," a mood which so tragically prevents them ever getting what they most desire—and need.

The study of personality and its deviations in terms of relations with love objects has for long been the concern of psychoanalysts; the central importance of the conflict of hating the loved object, and the intolerable depression and anxiety which this arouses, has been stressed especially by Klein (1948).

It is my intention in this paper to discuss one class of experience which gives rise to these acute conflicts in love relations—that of early mother-child separation. First, I shall describe briefly the treatment of an eleven-year-old boy who had developed intensely ambivalent love relations following several separations; then I shall give a short account of some observations on the responses of young children to their mothers during and after a separation experience; and, finally, I shall raise some theoretical questions as to why experiences of this kind can have such far-reaching results.

I am indebted to Mrs. Yana Popper for the following case-record:

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Desmond was referred to the Clinic by the School Care Committee at the age of eleven for truanting from school, wandering from home and petty stealing. The referral followed his stealing the shoe of an older girl—an episode which was judged both curious and ominous. His school teacher was especially concerned because he was so obviously unhappy. She reported him as restless and inattentive, having no special friends and inclined to be quarrelsome.

At home his behaviour was similar. He quickly got tired of what he was doing and also tired of his friends. Mostly he mixed with girls and younger children. He had also made acquaintance with a man whom his parents regarded as undesirable. Neither of his parents felt they had much contact with him, and both were worried that he was so secretive and evasive about what he had been doing. He had taken small sums of money at home; he had also had spasms of wetting the bed.

Desmond had a serious history of separation:

Soon after his birth his mother developed cancer of the breast. Although Desmond was cared for by her until she died when he was 15 months old, these first 15 months were interrupted by mother's treatment in hospital and by her increasing weakness towards the end. For the next 12 months (15 months to 2 years and 4 months) he was with one maternal aunt, and then for another 12 months (2 years 4 months to 3 years 4 months) with a second maternal aunt. With both aunts there was difficulty over toilet training, and it was said that the second had been strict about this to the point of cruelty. At 3 years 4 months there was a third change, this time to a paternal aunt with whom he stayed about 19 months. Finally, one month before his fifth birthday he returned to his father, who had remarried. The step-mother was thus his fifth mother-figure.

Both father and step-mother were very troubled about Desmond, felt unable to manage him and advocated a boarding school. Step-mother, who was a simple middle-aged woman, had little understanding of Desmond and, although well-meaning, was inclined to nag him. Father, an elderly and withdrawn van-driver, had rather more insight and was sometimes critical of his wife's attitude. But, although he had sympathy for Desmond, there seemed little contact between father and son. At the time of referral, therefore, Desmond's home life was far from happy. However, this was not judged to be the major problem. Consideration of all the evidence led to the opinion that Desmond had a very serious disability in his capacity to make relationships, and that diagnostically he was not far removed from the affectionless thief.

He was thus a very doubtful proposition for treatment. It happened, however, that he lived close to the Clinic, and that there was a vacancy for him to be seen four times a week. After debate a decision to treat him was taken.

He was a thin-built boy with brown eyes and a pale sensitive face. He was rather dirty in appearance and often came to the Clinic with his clothes torn; but this should not be held against his step-mother, as he came after school hours and lots of things happened to him and his clothes in the course of the school day. On account of his high I.Q. (at least 137) he should have got into a Grammar School, but in the selection examinations he had come out in the top group of Secondary Modern children. His interests were varied; he had plenty of acquaintances (though no friends) and he was leader of a local gang. He made many swops at school, and things he could not swop he tended to acquire "by finding" them. As his step-mother put it, he tended to find things before people had lost them.

Treatment, which began a month before the summer holidays, started with a period of testing and trying out the therapist. He did not seem to trust her, nor did it seem that he trusted anyone else. Though there was every indication that he wanted a warm relationship very badly, he seemed to make a point of keeping outside it. If we piece together Desmond's remarks from a number of his earlier sessions they sound like this: "I would like to be liked—they like me only when I'm a good boy; I cannot be a good boy, not very often anyhow. I am getting worried about it. I better keep out."

Desmond was very talented, and produced pictures and stories with great ease. His first drawings and paintings were of far-away people—Eskimos, Chinese, Red Indians. Usually the figures in a picture were quite isolated from each other; but if they did get into contact, then there was murder. This mood is illustrated in one of his little poems:

> "Put another nickel in old Charley's treacle tin.
> When he plays his violin it's music, music.
> When he gets a nickel in, in his little treacle tin,
> He'll go to the Odeon and see Roy Rodgers shooting.
> When he is shooting, shooting be sure that death is near.
> An when he is shooting, shooting it's murder, murder, murder."

For the early weeks he persisted in his detached attitude—the quiet before the storm. Then it all happened as he had himself prophesied: the therapist ceased to be a nondescript person and he ceased to be at a distance. Even before the summer holidays his feelings had become entangled, for immediately after it he had outbursts of the most violent physical aggression. In this there were three main themes—first, anger at the therapist deserting him during the holiday, secondly, jealousy of another child patient and finally, jealousy of the twin babies his step-mother was expecting in October. Although at times

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his mood was kindly, more often it was violent: he tried to set the therapist's chair on fire, to burn her hair and stockings and to strangle her. Once when throwing sand about he shouted, " that's for you, for Mummy, for the babies and for Daddy. I'll kill you all with bombs."

When in mid-October his step-mother went into hospital for her confinement, he remarked " She doesn't care about me—she didn't tell me what the meat costs and what the bacon costs. She just left us like that." The fortnight after the twins were born was a disturbed period with outbursts of extreme violence alternating with a new type of behaviour—lying on the floor sucking his thumb. Evidently his own intense need for mothering had been aroused and with it violent jealousy. The babyish behaviour increased. For hours he would lie sucking his thumb and talking baby things, or he pretended he was a Sheik who could not speak English. Occasionally, now, there was concern for the therapist. Following a session which she missed because of a cold he was worried about her health, and later he tied himself up to stop himself being dangerous. Gradually he adopted the therapist as his over-idealized mother. He had a portrait of his own mother at home and he claimed a resemblance between the two. His step-mother became " the mother who looks after me, but not like you." Thus the step-mother was left to the twins whilst his therapist belonged to him alone. One day he thought he had seen flying saucers, which he explained were breasts sent from Venus for his therapist and himself. Fortunately, this intense love relationship with the therapist permitted him to be kind both to his step-mother and the twins.

As the therapeutic process progressed in subsequent months, Desmond was able to recognize some of the truth regarding his intense ambivalence towards his love object. For instance when she had an Easter holiday 6 months after the twins' birth he presented her with two little poems. One ran:

" Oh my little darling I love you,
Oh my little darling I don't believe you do.
If you really loved me as you say you do
You would not go to America and leave me at the Zoo."

This same theme of being unloved, deserted and rejected emerged in the other poem, which provides dramatic evidence of his feelings during the repeated separations of his early childhood:

" Jumbo had a baby dressed in green,
wrapped it up in paper and sent it to the Queen.
The Queen did not like it because it was too fat;
She cut it up in pieces and gave it to the cat.
The cat did not like it because it was too thin,
She cut it up in pieces and gave it to the King.
The King did not like it because he was too slow,
Threw it out the window and gave it to the crow."

Unfortunately, after 12 months, treatment came to a rather abrupt end. From the first it had seemed probable that later on Desmond would be best in a boarding school: he wanted to become a sailor and to go to a training school for this purpose. The L.E.A. had been informed, and when a vacancy was suddenly offered it was thought unwise not to accept it. This decision to discontinue treatment was also influenced by the fact that the twins, now 9 months old, had become so much the centre of the household that there was little time left for Desmond.

Desmond responded to this decision in a way which was typical of him. At first he was very pleased and excited about his new shoes and suits and so on, but when the time to go came nearer he became angry with his therapist for her rejection of him. Once he even came with a razor he had " found " and said he would pay her back and cut her open. He then got very frightened of himself and for about a week would not stay alone with her in her room, but had to bring a friend along with him. For the last interviews before his departure he was depressed and loving and wanted to make sure that she would be available for him at any time. The final week he came virtually at any time of the day, burst into her room and was very disappointed if she was with somebody else. When he finally left he said he would write to her, and it was arranged that he should come and see her again during his first vacation at Christmas. In fact, he wrote only one letter, which was typically Desmond. It started off with telling her that he had not written before because he had forgotten her, and ended with an urgent appeal for her to see him as soon as possible.

She saw him twice during these holidays. The first time he was very excited and tried to control himself; he spoke about school and school affairs. The second time in a rather pathetic way and with great insight he talked about the various stages of his treatment. He remarked, " You always knew when I was unhappy." He talked about home, his parents and the twins, and showed a realistic attitude towards his difficulties in the family. He then asked for one great favour—to be given her pencil, which he wanted to take back to school with him. When he got the pencil he wrote something on a piece of paper, folded it, put it into her hand and rushed out. On it was written, " Pugno et amo."

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This case illustrates vividly the intense ambivalence—the intense longing for a love object and the intense hatred of it when it frustrates—which underlies an aloof and secretive exterior. Though he seeks love-objects he has great difficulty in maintaining contact when he has one. This is due both to his expectation of rejection, and to his fear of the murderous impulses which he knows will surge within him if he does.

This boy's ability to make continuous co-operative relations was clearly most severely impaired. (Had he received no treatment he would almost certainly have been diagnosed a psychopath in later life, and it is evident that this danger is by no means yet over.) Equally clearly the disability is associated with the extreme strength of his impulses of love and hate for love-objects and to his inability to control these impulses. So much will be readily agreed, but there may be some debate when we come to consider the origin of this state of affairs. Few child psychiatrists will doubt that, whether or not hereditary factors played a part, a vital influence has been his experience of a succession of rejections by mother figures during his first five years. In fact the connection between this type of character and these experiences can now be regarded as well established. (Bowlby, 1951). We can therefore be reasonably sure that, had this boy had a continuous and loving relationship with one mother figure during these early years, he would not have grown up to be torn by these conflicting impulses and emotions.

The research team for which I am responsible at the Tavistock Clinic is now concentrating its attention on the ways in which these powerful, savage and disruptive forces are set in train by the experience of early mother-child separation. We are at present analysing such data as we have on how very young children respond to this experience, and are planning next year to collect more data in a far more systematic way.

In addition to trying to understand what emotional responses are stimulated by these experiences and how they progress, we are concerned to analyse the effects on these responses of the many relevant variables such as the child's age, the length of his separation, the character of the mother-child relationship before and after it, the quality of substitute mothering, if any, during it, and other more subtle influences. Because such data are unobtainable in exact and reliable form unless studied at the time of separation, we are undertaking projects which concentrate on first hand observations of the child's behaviour during the course of a separation experience and of the details of the experience itself. As regards Desmond we shall never know precisely what experiences he had, and we therefore do not believe it to be fruitful in future to use such cases for research on the problem.

During the past four years observations on a number of young children undergoing separation experiences have been recorded by Mr. James Robertson, and these are now being analysed by Mrs. Mary Ainsworth with Mr. Robertson's assistance. It is possible to present a brief résumé of some of their findings; their relevance to the clinical problem presented by Desmond will at once be evident.

The sample of 49 cases on which our observations happen to have been made is rather heterogeneous. All except three of the children were aged between 12 and 48 months at the time of separation—the exceptions were one of 4 months, one of 11 months, and one of 4 years 4 months. This age-range conforms with our plan to study children who have already matured to the point of making a specific and consolidated relationship with a discriminated love object, but who are not yet matured sufficiently to be able to maintain this love relationship in the absence of the object. Because the process of achieving such a consolidated relationship is gradual and because the age at which it is achieved probably varies greatly in different children we have decided to concentrate on children of over 12 months of age and under 4 years.

The situations in which these children were observed were—

Residential nursery	25
Fever hospital	13
Sanatorium	9
General hospital	2
Total	49

FRETTING.

There were 45 children whose *initial responses* were observed: all but three of them fretted. This was either acute, characterized by crying of varying degrees

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of violence, continuousness and duration, or else subdued, with whining, grizzling and generally subdued behaviour. Children who could speak cried or muttered " I want my mummy " with varying degrees of insistence. Few can doubt that a demand for their mother's presence is the main impulse possessing these children. Other features are a lack of responsiveness to other people, a greedy appetite following a brief lack of it, restless nights, and a loss of control of bladder and sometimes also of bowels when these have been established.

Two children who were left in a good residential nursery and who represent the two extremes of our age-range illustrate acute fretting :

Lucy L—, aged $1\frac{8}{12}$.—Lucy was very upset on admission and cried violently. She would not eat or drink. Before going to sleep she cried bitterly for a long time, although she enjoyed her bath before bed-time. Next morning she was subdued. Throughout the day she cried a lot, except when eating or when the nurse talked to her. She was upset whenever the nurse left the room, and was still upset at bed-time. On the third day she was better but still cried and grizzled a lot.

Yolande M—, aged $4\frac{4}{12}$.—Yolande cried when her father left her at the nursery, and all during tea-time. She refused to eat. The rest of the day she was withdrawn, showing no interest in the staff, but clung to her younger brother. She sucked her thumb, and played a little, but broke off crying every now and then. She cried a long time before going to sleep, calling for her mother and father. On the second day she was subdued, and cried only when taken out for a walk. She showed somewhat more interest in the staff of the nursery, but did not seek attention from them. She played a lot with her brother. Before going to sleep she again cried loud and long, calling for her parents. By the third day she seemed in much better spirits and did not cry.

Two other residential nursery children illustrate subdued fretting :

Cecily R—, aged $2\frac{1}{12}$.—Cecily did not cry when her father left, nor did she cry at bed-time or call for her parents. She was quiet, played by herself and showed no interest in anyone. She seemed a little happier the second day, but was still very quiet, shy and unresponsive. On the third day she was still very shy and seemed to be highly conforming. Her play was restricted and dreamy. She talked a lot of her mother and father. Twice during the day she wet, although she had been reported as fully trained. On the tenth day she was still quiet and solitary. She still talked a great deal about her parents and spent most of her time looking out of the window as though watching for them. By the seventeenth day she was more active, but still quiet. The staff said she was " a sweet child, and no trouble."

Jonathan S—, aged 2.—Jonathan was admitted sucking an ice-lolly which he refused to part with. He did not cry or ask for his parents. However, he fought furiously against being undressed and bathed. On the second day he seemed dejected and solitary, spoke a lot of " mummy " and the new baby. He kept looking for daddy, and seemed to be living through some phantasy about his family that he could express but incoherently. He was described as quiet and depressed.

All four were ordinary children from ordinary homes in the nursery for a few weeks whilst their mothers had a new baby.

Analysis of the records shows that acute fretting was more common in the hospital settings than that of the nursery (14 cases out of 19 children who fretted against 6 out of 23). This does not seem to be related to the degree of the child's illness. We are inclined to believe it to be due to two factors—(i) the strange and sometimes painful medical attention which frightens them, and (ii) their being confined to their cots. It was noteworthy that when nursery children were confined to their cots they cried more, whilst hospital children allowed up cried less.

The length of time a child frets varies enormously—in our series from one or two days to 17 days. Our observations hardly permit us even to guess what factors are operating here. Age seems to play little part (at least within the range of 1 to 4 years represented here) but the presence of a substitute mother almost certainly shortens the phase. No doubt events at home and the interpretation the child puts on the separation are extremely important.

Response to Parents' Visits.

Despite almost all these children living for many days in a state of strong need of mother, it is characteristic of them that they cannot greet her when she visits. The following three children were visited in a sanatorium soon after arrival :

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Janet B—, aged 2 1/2.—On the third day Janet was visited by both parents. She turned away from them and sobbed. When the visit was over she again became very distressed, clung to her father and had to be disengaged by force. When visited again on the sixth day she was very upset and screamed.

Betty D—, aged 1 8/12.—When visited on the 11th day she saw her father first and cried loudly. When both parents entered the cubicle she screamed "Mummy! take me!" She was fretful throughout the 1 1/2-hour visit and made a great fuss when they left.

Mervyn B—, aged 1 7/12.—Mervyn was visited by his mother on the 8th day. He cried both when she came and when she left, although he was otherwise quiet and placid throughout the visit. This pattern lasted for 5 weeks, after which he ceased crying when she arrived, but cried upon her departure.

During the phase of fretting the initial response to the mother's visit is to cry and perhaps to turn away. The likelihood of this being due to the child's longing for his mother being suffused with hatred of her seems high. This, we believe, is the beginning of that disruption of the capacity to make love relations which we saw in Desmond.

Denial of Need for Love Relationship.

After a few weeks of separation this disruption is commonly carried a stage further in that many children show little overt need of love relationships. This response seems to be especially frequent in children who have no regular mother substitute. Our records show a number of such children, the majority of them hospital children. In general they are indifferent in conversations about their parents. When visited they are disturbed neither at the beginning nor at the end of the visit. They show no affection to their mothers during it, and do not respond to an affectionate approach from her. They are superficially responsive to friendly advances from other adults, but they do not discriminate between substitute figures, and do not seek affectionate relationships with any of them. Often they appear happy, bright and friendly and they are usually hyperactive.

An example was Roddy H—, who contracted T.B. at 15 months and, after being for 3 months in a hospital, was transferred to the sanatorium. At the age of 3 1/2 years, after having been there 2 years, he talked a bit about his mother, but only to comment about the likelihood of her coming on visiting day. During her visits he showed her no affection, did not respond to her cuddling, and occasionally told her "You can go now": he seemed more interested in the toys she brought than in her. He was very friendly with the staff and was a favourite, although he had formed no particular attachments. Although he seemed to be cheerful, he was easily upset; the slightest tap threw him into tears and he threw himself down in a tantrum; however, he could be tickled out of these tantrums. Occasionally he was mute and subdued rather than bright, active and friendly. He had no eating, sleeping or elimination problems.

All the children in this state of whom we have records showed no particular response to their mothers when they visited. Continued contact with Roddy H— and periodical investigation with Rorschach and the Children's Apperception Test showed this rupture of his emotional relation to his mother to persist for at least 2 1/2 years after his return home (Ainsworth and Boston, 1952).

Underlying this lack of response to love objects there appeared to be much hatred. Several were said to attack other children without provocation and to be especially destructive of toys. In future more systematic attention will be given to this aspect of their behaviour.

Though the data are not fully analysed, there is strong reason to believe that a tendency to withdraw interest in a love relation or to exhibit intense degrees of hostility to possible love objects is especially common when a child has had more than one separation experience, which sometimes happens with sick children who are moved from hospital to hospital or ward to ward and may also occur if a child loses his mother. The case of Desmond, who had five mother-figures in the same number of years, is almost certainly an example of this.

Theoretical Problems.

These descriptions make it plain that when a young child is separated from his mother very powerful emotional forces are generated and the child is thrown into a state of acute stress. Although these facts have for long been well known to

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those caring for separated children, their relevance to psychiatry has not hitherto been appreciated. But even though we can now be reasonably sure that it is experiences such as these which can set in train the uncontrollable and contradictory impulses which haunt the psychopathic and neurotic character, we are still left with a fundamental problem: Why is it that these violent emotional responses when they occur in early childhood so affect personality development that the person concerned is prone to respond in these same violent ways throughout his life? In other words, why are the effects of these experiences so persistent? In attempting to answer this question several features need to be taken into account.

First, it will be asked, are not some children so endowed by heredity that they are more easily and more permanently disturbed by these experiences than are others? It seems probable that this is so. It squares with our clinical experience, and in this connection it might be of importance that Desmond's maternal grandmother was psychotic in her later years. Clinical experience in this matter, however, is notoriously unreliable, and my own opinion is greatly influenced by the more systematic observations of the zoologists and experimental psychologists. For instance, both Lorenz (1952) and Scott (1950) have shown that dogs of different breeds behave very differently when their love relationships are interfered with.

Secondly, we must consider the effect on outcome of different ways of treating the separated child. Our records suggest that this is of the greatest importance. For instance, it would appear that the child who in addition to the experience of separation suffers a lack of ordinary care and attention is especially liable to develop hostile and destructive behaviour of the kind shown by Desmond, who is himself believed to have been ill-treated by one of the aunts who cared for him. This evil combination of separation with rejection is apt to occur rather frequently—for two quite different reasons. First, for obvious reasons the unloving mother is especially likely to part with her child (though it would be a gross travesty to assume as is sometimes done that every mother who parts with her child is unloving). Secondly, the separated child is not easy to love—a fact of the utmost importance. When fretting for his mother he tends to reject the kindly nurse who seeks to comfort him and, later, if he becomes attached to a mother substitute, his attachment is often of such a greedy and jealous character that he hardly endears himself to her. Similarly, his behaviour on return to his mother is not calculated to make things easy for her. Most mothers find their children's failure to recognize them and to respond, or their outright rejection of them, on reunion extremely hard to bear, and later, when feelings have thawed, their intense possessiveness and whining mummyishness tries patience to the limit. Events such as these set up vicious circles which undoubtedly play an important part in establishing adverse patterns of behaviour in the personality, thereby more or less permanently crippling the capacity to make satisfying love relationships. Remembering these facts we must be charitable in judging the behaviour of nurses, mothers and step-mothers who have the care of children who have experienced separation.

Though it seems likely that these two factors—differential susceptibility of an inherited kind, and vicious circles in relationships stimulated by the children themselves—play a significant part in determining the development of neurotic and psychopathic characters, the circumstances in which these ambivalent and withdrawal responses are first learnt have certain special characteristics, which we believe account for their relative indelibility. These are three in number:

(*a*) The organism is very immature and full cerebral structure and function far from present.

(*b*) The capacity to make love relationships is in course of extremely rapid development and basic patterns of response to love objects being learnt. This is a period when a function is at its most vulnerable to the influence of trauma—in embryological terms the critical period—when it is likely that what is learnt will be especially persistent.

(*c*) These responses are learnt in a situation of stress which can be defined as a situation in which the solution of a task is difficult or impossible, but motivation so high that withdrawal is not acceptable to the organism. Such experimental work as exists suggests that responses learnt under stress are far more resistant to extinction than those learnt when the organism is relaxed (Maier, 1949; Fuller, 1950; Scott, Fredericson and Fuller, 1951), and that exposure to one stress situation has significant effects on later reaction to another by lowering the threshold of susceptibility (Russell, 1952).

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Thus we find ourselves confronted with the laws governing initial learning by immature organisms in conditions of stress. Unfortunately the overwhelming majority of experiments in the field of learning study exactly the opposite state of affairs—the laws governing later learning in mature organisms, not in conditions of stress. It is evident, therefore, that if learning theory is to help us with these central problems of psychopathology, it will need to be extended to cover the special conditions described. Such an extension is greatly to be desired, since it seems likely that it will establish the link between human psychopathology and studies of experimental neurosis. The Tavistock research team has become greatly interested in these prospects, and Mr. Rudolph Schaffer, to whom I am much indebted for many of these ideas, is giving them special attention.

The data and the ideas which I have described have accumulated within the team in the past four years. It is our belief that they are concerned with some of the central problems in psychopathology, and that when all these matters are clearly understood our knowledge of psychopathology will be greatly clarified and deepened, and with it our capacity enhanced to cure and, above all, to prevent many very prevalent forms of psychiatric illness.

Summary.

1. Much mental ill-health is usefully regarded as a disability of the patient in his capacity to make relations with love objects. Feelings of hatred towards a love object result in acute conflict.

2. The separation of a young child from his mother, especially if repeated, is liable to produce this state of affairs. The case of a boy of eleven is described illustrating this connection.

3. Some observations on 49 young children separated from their mothers under the age of 4½ years are presented, with particular reference to fretting, responses to parents' visits and denial of the need for a love relationship.

4. The psychodynamic problem of why separation experiences can have permanent effects on personality development is briefly discussed. It is thought to be due to the fact that the initial learning of immature organisms in conditions of stress has special characteristics.

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