VINTAGE

LOSS - SADNESS AND DEPRESSION

JOHN BOWLBY

Contents

Beliefs and customs common to many cultures
Mourning a grown son in Tikopia
Mourning a husband in Japan

9. Disordered Variants

Two main variants
Chronic mourning
Prolonged absence of conscious grieving
Mislocations of the lost person’s presence
Euphoria

10. Conditions Affecting the Course of Mourning

Five categories of variable
Identity and role of person lost
Age and sex of person bereaved
Causes and circumstances of loss
Social and psychological circumstances affecting the bereaved
Evidence from therapeutic intervention

11. Personalities Prone to Disordered Mourning

Limitations of evidence
Disposition to make anxious and ambivalent relationships
Disposition towards compulsive caregiving
Disposition to assert independence of affectional ties
Tentative conclusions

Part III: The Mourning of Children

15. Death of Parent during Childhood and Adolescence

Sources and plan of work
When and what a child is told
Children’s ideas about death

16. Children’s Responses when Conditions are Favourable

Mourning in two four-year-olds
Some tentative conclusions
Differences between children’s mourning and adults’
Behaviour of surviving parents to their bereaved children

17. Childhood Bereavement and Psychiatric Disorder

Increased risk of psychiatric disorder
Some disorders to which childhood bereavement contributes

18. Conditions Responsible for Differences in Outcome

Sources of evidence
Evidence from surveys
Evidence from therapeutic studies

19. Children’s Responses when Conditions are Unfavourable

Four children whose mourning failed

About the Book

In this third and final volume John Bowlby completes the trilogy *Attachment and Loss*, his much acclaimed work on the importance of the parental relationship to mental health. Here he examines the ways in which young children respond to a temporary or permanent loss of a mother-figure and the expression of anxiety, grief and mourning which accompany such loss.

The theories presented differ in many ways from those advanced by Freud and elaborated by his followers, so much so that the frame of reference now offered for understanding personality developement and psychopathology amounts to a new paradigm.

About the Author

John Bowlby (1907–1990) was educated at the University of Cambridge and University College Hospital, London. After qualifying in medicine, he specialised in child psychiatry and psychoanalysis. In 1946 he joined the staff of the Tavistock Clinic where his research and influential publications contributed to far-reaching changes in the ways children are treated and to radically new thinking about the social and emotional development of human beings.

He held honorary degrees from the Universities of Cambridge and Leicester and received awards from professional and scientific bodies, including the Royal College of Psychiatrists, the British Paediatric Association, the Society for Research in Child Development, the American Psychological Association and the New York Academy of Medicine.

To

MY PATIENTS

who have worked hard to educate me

Attachment and Loss Volume 3

Loss

Sadness and Depression

John Bowlby

PIMLICO

Preface

This is the third and final volume of a work that explores the implications for the psychology and psychopathology of personality of the ways in which young children respond to a temporary or permanent loss of mother-figure. The circumstances in which the enquiry was launched are described in the prefaces to the earlier volumes. The overall strategy, which entails approaching the classic problems of psychoanalysis prospectively, is presented in the first chapter of the first volume. It can be summarized as follows—the primary data are observations of how young children behave in defined situations; in the light of these data an attempt is made to describe certain early phases of personality functioning and, from them, to extrapolate forwards. In particular the aim is to describe certain patterns of response that occur regularly in early childhood and, thence, to trace out how similar patterns of response are to be discerned in the later functioning of the personality.

There are many reasons why my initial frame of reference was, and has in many respects remained, that of psychoanalysis. Not the least is that, when the enquiry began, psychoanalysis was the only behavioural science that was giving systematic attention to the phenomena and concepts that seemed central to my task—affectional bonds, separation anxiety, grief and mourning, unconscious mental processes, defence, trauma, sensitive periods in early life. Yet there are many ways in which the theory advanced here has come to differ from the classical theories advanced by Freud and elaborated by his followers. In particular I have drawn heavily on the findings and ideas of two disciplines,

ethology and control theory, that existed only in germinal form at the end of Freud's life. In this volume, moreover, I draw on recent work in cognitive psychology and human information processing in an attempt to clarify problems of defence. As a result the frame of reference now offered for understanding personality development and psychopathology amounts to a new paradigm and is thus alien to clinicians long used to thinking in other ways. The consequent difficulties of communication are as unfortunate as they are inevitable.

Nevertheless, I am much heartened by finding another psychoanalyst who has, independently, adopted a theoretical position almost identical to my own. This is Emanuel Peterfreund whose monograph *Information, Systems and Psychoanalysis* was published in 1971. Interestingly enough, although influenced by the same scientific considerations as myself, the problems that Dr Peterfreund was initially concerned to solve, problems of 'the clinical analytic process and the phenomena of insight', were entirely different from mine. Despite that, however, the theoretical frames of reference elaborated by each of us have proven 'strikingly consistent', to borrow the words he uses in a brief footnote added to his work (p. 149) just before it went to press.

Our two works are in many respects complementary. Special features of Dr Peterfreund's work are, first, his trenchant critique of current psychoanalytic theory; secondly, his brilliant exposition of the basic concepts of information, information processing and control theory; and thirdly, his systematic application of these concepts to the clinical problems with which every analyst treating patients is daily confronted. In particular, he demonstrates how the phenomena subsumed under the terms transference, defence, resistance, interpretation and therapeutic change are explicable by reference to the paradigm we both advocate. Analysts who find my work puzzling, not only

because of the unfamiliar paradigm but because my prospective approach is also strange, are therefore encouraged to read Dr Peterfreund's work. Where my work differs from his lies in the central place I give to the concept of attachment behaviour as constituting a class of behaviour having its own dynamic, distinct from feeding behaviour and sexual behaviour, and of at least an equal importance.

There are a number of other psychoanalysts now who are also drawing attention to the merits of a paradigm based on current concepts in biology, control theory and information processing. An example is the work of Rosenblatt and Thickstun (1977).

The first steps I took towards formulating my own schema were in a series of papers published between 1958 and 1963. The present three-volume work is a further attempt. The first volume, *Attachment*, is devoted to problems originally tackled in the first paper of the series, 'The Nature of the Child's Tie to his Mother' (1958). The second volume, *Separation: Anxiety and Anger*, covers ground originally tackled in two further papers, 'Separation Anxiety' (1960a) and 'Separation Anxiety: A Critical Review of the Literature' (1961a). This, the third volume, deals with problems of grief and mourning and with the defensive processes to which anxiety and loss can give rise. It comprises a revision and amplification of material first published in the subsequent papers of the earlier series— 'Grief and Mourning in Infancy and Early Childhood' (1960b), 'Processes of Mourning' (1961b) and 'Pathological Mourning and Childhood Mourning' (1963)—and draws also on drafts of two further papers concerned with loss and defence that were written during the early 1960s and received limited circulation, but remained unpublished.

Since then I have had the immense advantage of having my friend, Colin Murray Parkes, as a close colleague. This has meant that not only have I had privileged access to his valuable collection of data on adult bereavement but have

also had constant opportunity to keep in close touch with his thinking.

Many of the basic data from which I start are set out in the opening chapters of the earlier volumes (see especially Volume I, Chapter 2, and Volume II, Chapters i and 3) and have become fairly well known. In the opening chapter of this one, therefore, only a brief summary is given. Yet, in order to remind the reader of the poignancy of the responses observed and to draw his attention to data that I believe to be of special import for understanding the genesis of psychopathological processes, some further illustrative material is given.

In the body of this volume a number of case reports culled from the publications of other clinicians are presented. Since most of them have been extensively rewritten an explanation is called for. Reasons for rewriting are of three kinds. In some cases the original record is too long and requires abbreviation. In many others it is permeated with technical terms that not only obscure the simple narrative of events and responses on which I am focusing but are incompatible with the paradigm I adopt. Finally, in several cases I have thought it useful to present the sequence of events and the patient’s responses to them in a more consistently historical way than in the original; and I have made special note of the source from which each part of the record is, or appears to have been, derived. Naturally in this rewriting I have done my utmost to preserve the essence of the original. One difficulty, however, is unavoidable. When a record is abbreviated some factual material is omitted and the criteria of selection that I have used may well be different from those that the original author would himself have adopted. To any who feel that in my account of their data distortions have crept in I offer my sincere apologies.

Part I: Observations, Concepts and Controversies

CHAPTER 1

The Trauma of Loss

Definition of scientific phenomena should be based on the phenomena as we see them. We have no business to base our definition on ideas of what we think phenomena *ought* to be like. The quest for such touchstones seems to arise from a private conviction that simple laws and absolute distinctions necessarily underlie any connected set of phenomena.

C. F. A. PANTIN, *The Relation between the Sciences*

Prelude

DURING THE PRESENT century a number of psychoanalysts and psychiatrists have sought causal links between psychiatric illness, loss of a loved person, pathological mourning and childhood experience.

For several decades the sole starting point for these studies was a sick patient. Then, during the nineteen-forties, clinicians began to pay attention to the intense distress and emotional disturbance that immediately follow the experience of loss. In some of these later studies the loss was that of a spouse; in others it was that of a mother by a young child. Although each of these three starting points yielded findings of great interest, it was some years before the way that each set of data could be related to the others began to be appreciated. A constant difficulty was that generalizations made in connection with the earlier, retrospective, set were often misleading, whilst the

theoretical explanations offered for them were ill-suited to both of the later, prospective, sets.

In this volume I seek to bring these diverse sets of data into relation with each other and to outline a theory that is applicable to them all. As in the two previous volumes, precedence is given throughout to data that derive from prospective studies.

Since loss as a field for enquiry is a distressing one the student is faced with emotional problems as well as intellectual ones.

Loss of a loved person is one of the most intensely painful experiences any human being can suffer. And not only is it painful to experience but it is also painful to witness, if only because we are so impotent to help. To the bereaved nothing but the return of the lost person can bring true comfort; should what we provide fall short of that it is felt almost as an insult. That, perhaps, explains a bias that runs through so much of the older literature on how human beings respond to loss. Whether an author is discussing the effects of loss on an adult or a child, there is a tendency to underestimate how intensely distressing and disabling loss usually is and for how long the distress, and often the disablement, commonly lasts. Conversely, there is a tendency to suppose that a normal healthy person can and should get over a bereavement not only fairly rapidly but also completely.

Throughout this volume I shall be countering those biases. Again and again emphasis will be laid on the long duration of grief, on the difficulties of recovering from its effects, and on the adverse consequences for personality functioning that loss so often brings. Only by taking serious account of the facts as they seem actually to be is it likely that we shall be able to mitigate the pain and disability and to reduce the casualty rate.

Unfortunately, despite enormously increased attention to the subject during recent years, empirical data regarding

how individuals of different ages respond to losses of different kinds and in differing circumstances are still scarce. The best we can do therefore is to draw on such systematic data as are available and to make prudent use of the far greater array of unsystematic accounts. Some of the latter are autobiographical but most derive from clinical observation of individuals who are in treatment. For that reason they are both a goldmine and a snare—a goldmine by providing valuable insight into the various unfavourable courses that responses to loss can take, and a snare because of the false generalizations to which they can lead. These have been of two kinds. On the one hand it has been assumed that certain features now known to be especially characteristic of unfavourable courses of response are ubiquitous features of general importance; and, on the other, that responses now known to be common to all forms of response are specific to pathology. An example of the first type of mistake is the supposition that guilt is intrinsic to mourning, and of the second the presumption that a person's disbelief that loss has really occurred (often termed 'denial') is indicative of pathology. Healthy grieving, it will frequently be emphasized, has a number of features that once were thought to be pathological and lacks others that once were thought to be typical.

Since the route by which I entered the field was that of studying the effects on young children of loss of mother, it is to those data, and to some of the controversies to which they have given rise, that the reader's attention is directed in this, the first, of five introductory chapters.

In the second I review ideas that have emerged during the treatment of patients whose emotional problems seem to be related to loss, and also outline the types of theory to which such studies have given rise. In the course of that chapter a number of key questions are identified around each of which controversy persists and for which answers are sought in the chapters that follow.

In the third and fourth of these introductory chapters I give an outline of the conceptual framework that, having first been developed in connection with this study, I now bring to the presentation and interpretation of data. The stage thus set, I embark on the body of the work.

Grief in infancy and early childhood

Let us turn first to the data that originally gave rise to this study, observations of how a young child between the ages of about twelve months and three years responds when removed from the mother-figure[1] to whom he is attached and is placed with strangers in a strange place. His initial response, readers of earlier volumes will recall,[2] is one of protest and of urgent effort to recover his lost mother. 'He will often cry loudly, shake his cot, throw himself about, and look eagerly towards any sight or sound which might prove to be his missing mother.' This may with ups and downs continue for as long as a week or more. Throughout it the child seems buoyed up in his efforts by the hope and expectation that his mother will return.

Sooner or later, however, despair sets in. The longing for mother's return does not diminish, but the hope of its being realized fades. Ultimately the restless noisy demands cease: he becomes apathetic and withdrawn, a despair broken only perhaps by an intermittent and monotonous wail. He is in a state of unutterable misery.

Although this picture must have been known for centuries, it is only in the past decades that it has been described in the psychological literature and called by its right name—grief. This is the term used by Dorothy Burlingham and Anna Freud (1942), by Spitz (1946b) in titling his film *Grief: A Peril in Infancy*, and by Robertson (1953) who for twenty-five years has made a special study of its practical implications. Of the child aged from eighteen twenty-four months Robertson writes:

If a child is taken from his mother's care at this age, when he is so possessively and passionately attached to her, it is indeed as if his world had been shattered. His intense need of her is unsatisfied, and the frustration and longing may send him frantic with grief. It takes an exercise of imagination to sense the intensity of this distress. He is as overwhelmed as any adult who has lost a beloved person by death. To the child of two with his lack of understanding and complete inability to tolerate frustration it is really as if his mother had died. He does not know death, but only absence; and if the only person who can satisfy his imperative need is absent, she might as well be dead, so overwhelming is his sense of loss.

At one time it was confidently believed that a young child soon forgets his mother and so gets over his misery. Grief in childhood, it was thought, is short-lived. Now, however, more searching observation has shown that that is not so. Yearning for mother's return lingers on. This was made plain in many of Robertson's early studies of young children in residential nursery and hospital and was amply confirmed in the two systematic studies of children in residential nurseries conducted by Heinicke (Heinicke 1956; Heinicke and Westheimer 1966).[3] Crying for parents, mainly for mother, was a dominant response especially during the first three days away. Although it decreased thereafter, it was recorded sporadically for each of the children for at least the first nine days. It was particularly common at bedtime and during the night. Searching for mother also occurred.

Although wishful thinking has probably contributed to the idea that a young child's grief is short-lived, certain features of his behaviour have proved misleading. For example, after the critical phase of protest, a child becomes quieter and less explicit in his communications. So far from indicating that he has forgotten his mother, however, observation shows that he remains oriented strongly towards her. Robertson has recorded many cases of young children whose longing for the absent mother was apparent, even though at times so muted or disguised that it tended to be overlooked. Of Laura, the subject of his film *A Two-year-old Goes to Hospital* (1952), he writes: 'She would interpolate

without emotion and as if irrelevantly the words “I want my Mummy, where has my Mummy gone?” into remarks about something quite different; and when no one took up the intruded remark she would not repeat the “irrelevance”.’ The same child would sometimes let concealed feelings come through in songs and, apparently unknown to herself, substitute the name of ‘Mummy’ for that of a nursery-rhyme character. On one occasion she expressed an urgent wish to see the steam-roller which had just gone from the roadway below the ward in which she was confined. She cried, ‘I want to see the steam-roller, I want to see the steam-roller, I want to see my *mummy*, I want to see the steam-roller.’[4]

Another child, aged three and a half, who had been in hospital for ten days, was observed playing a repetitive game by himself of a kind which appeared at first sight to be quite happy. He was bowing, turning his head to the left and lifting his arm. This seemed harmless enough, and also meaningless. When approached, however, he was heard to be muttering to himself, ‘My mummy’s coming soon—my mummy’s coming soon’; and he was evidently pointing to the door through which she would enter. This was at least three hours before she could be expected.[5]

To the perceptive observer, such persistent orientation to the lost mother is evident even in much younger children. Thus Robertson also records the case of Philip who was aged only thirteen months when placed in a residential nursery. Although he was too young to verbalize any wish for his mother, the staff reported that during the days of fretting and later, whenever frustrated or upset, he would make the motions associated with the rhyme ‘round and round the garden’ with which his mother used to humour him when he was out of temper at home.

In the Hampstead Nurseries Anna Freud and Dorothy Burlingham recorded many cases of persistent but muted longing for an absent mother (Freud and Burlingham 1974).[6] A striking example is that of a boy aged three years and two

months who had already experienced two separations from his mother, the first when he was evacuated to a foster-home where he fretted and the second when he was in hospital with measles. On being left in the nursery he had been admonished to be a good boy and not to cry—otherwise his mother would not visit him.

Patrick tried to keep his promise and was not seen crying. Instead he would nod his head whenever anyone looked at him and assured himself and anybody who cared to listen . . . that his mother would come for him, she would put on his overcoat and would take him home with her again. Whenever a listener seemed to believe him he was satisfied; whenever anybody contradicted him, he would burst into violent tears.

This same state of affairs continued through the next two or three days with several additions. The nodding took on a more compulsive and automatic character: 'My mother will put on my overcoat and take me home again.'

Later an ever-growing list of clothes that his Mother was supposed to put on him was added: 'She will put on my overcoat and my leggings, she will zip up the zipper, she will put on my pixie hat.' When the repetitions of this formula became monotonous and endless, somebody asked him whether he could not stop saying it all over again. Again Patrick tried to be the good boy that his mother wanted him to be. He stopped repeating the formula aloud but his lips showed that he was saying it over and over to himself.

At the same time he substituted for the spoken words gestures that showed the position of his pixie hat, the putting on of an imaginary coat, the zipping of the zipper, etc. What showed as an expressive movement one day was reduced the next to a mere abortive flicker of his fingers. While the other children were mostly busy with their toys, playing games, making music, etc., Patrick, totally uninterested, would stand somewhere in a corner, moving his hands and lips with an absolutely tragic expression on his face.

Unfortunately, shortly after Patrick's admission to the nursery his mother contracted influenza and was confined to hospital for more than a week. Only after her discharge, therefore, was it possible to arrange for her to stay with Patrick in the nursery.

Patrick's state changed immediately. He dropped his symptom and instead clung to his mother with the utmost tenacity. For several days and nights he hardly left her side. Whenever she went upstairs or downstairs, Patrick was trailing after her. Whenever she disappeared for a minute, we could hear his anxious questioning through the house or see him open the door of every room and look searchingly into every corner. No one was allowed to touch him; his

mother bathed him, put him to sleep, and had her bed next to his (Freud and Burlingham 1974, pp. 19–20).

This case is discussed further in Chapter 23 since it illustrates vividly one of the common courses that childhood grieving can take and illumines certain features that occur typically when an adult's responses to loss take a pathological course. Features to be noted are: first, Patrick's persistent yearning for reunion with his mother; secondly, the pressure exerted on him by well-meaning adults to persuade him to desist from grieving and think of something else; thirdly, the tendency for his yearning none the less to persist but thenceforward to be expressed in an increasingly obscure form and directed towards an increasingly obscure goal; and fourthly, the circumstances in which he comes to enact the role of his missing mother. The latter provides, I suggest, a valuable clue to understanding the process of identification with the lost figure which Freud made the keystone of his theory of mourning.

A child's persistent longing for his mother is often suffused with intense, generalized hostility. This has been reported by several workers, e.g. Robertson (1953) and Spitz (1953), and was one of the most striking findings in the first of Heinicke's systematic studies. Heinicke (1956) compared the behaviour of two groups of children, both aged between sixteen and twenty-six months; one group was in a residential nursery, the other in a day nursery. Not only did the children in the residential nursery cry for their mothers more than did the day-nursery children, but they exhibited much violent hostility of a kind hardly seen at all in those in the day nursery. The targets of this hostility were so varied that it was difficult to discern towards whom it was principally directed.

Nevertheless, there is good reason to believe that in its origin much of the anger of separated children is directed towards the missing mother-figure. This was clearly so in the

case of Reggie, a small boy of two years and eight months (described in the early pages of Volume II) who had become intensely attached to one of the nurses in the Hampstead Nurseries but who refused to have anything to do with her when she visited a fortnight after she had left to get married. After her visit he had stared at the closing door and in bed that evening had made plain his ambivalent feelings: ‘My very own Mary-Ann!’ he exclaimed. ‘But I don’t like her’ (Freud and Burlingham 1974).

In later chapters there is much further reference to the anger that is so commonly elicited by the departure of a loved person, whatever the reason may be that he has gone.

As in the case of a bereaved adult who misses and longs for a particular person and so cannot find comfort in other companions, so does a child in a hospital or residential nursery at first reject the ministrations of those caring for him. Although his appeals for help are clamant, often his behaviour is as contradictory and frustrating to the would-be comforter as is that of a recently bereaved adult. Sometimes he rejects them. At others he combines clinging to a nurse with sobs for his lost mother. Anna Freud and Dorothy Burlingham have recorded the case of a little girl of seventeen months who said nothing but ‘Mum, Mum, Mum’ for three days and who, although liking to sit on the nurse’s knee and to have the nurse put her arm around her, insisted throughout on having her back to the nurse so as not to see her.

Nevertheless, the complete or partial rejection of the strange adult does not continue for ever. After a phase of withdrawal and apathy, already described, a child begins to seek new relationships. How these develop turns on the situation in which he finds himself. Provided there is one particular mother-figure to whom he can relate and who mothers him lovingly he will in time take to her and treat her almost as though she were his mother. In those

situations, by contrast, in which a child has no single person to whom he can relate or when there is a succession of persons to whom he makes brief attachments, the outcome is different. As a rule he becomes increasingly self-centred and prone to make transient and shallow relationships with all and sundry. This condition bodes ill for his development if it becomes an established pattern.

Do young children mourn? a controversy

In the paper ‘Grief and Mourning in Infancy and Early Childhood’, published 1960, in which I first drew attention to these observations, I pointed to the striking similarities between the responses of young children following loss of mother and the responses of bereaved adults. The number and extent of these similarities had not been emphasized before. This was in part because the traditional pictures of how children and adults respectively are thought to respond to loss had greatly exaggerated such real differences as exist, and in part because there was little understanding of the nature of attachment behaviour and its role in human life. Since the similarities between childhood and adult responses to loss are central to my thesis they are examined fully in Part III. ‘Meanwhile’, I had concluded in 1960,

> since the evidence makes it clear that at a descriptive level the responses are similar in the two age-groups, I believe it to be wiser methodologically to assume that the underlying processes are similar also, and to postulate differences only when there is clear evidence for them. That certain differences between age-groups exist I have little doubt, since in infants and small children the outcome of experiences of loss seem more frequently to take forms which lead to an adverse psychological outcome. In my judgment, however, these differences are best understood as being due to special variants of the mourning process itself, and not to processes of a qualitatively different kind. When so conceived, I believe, we are enabled both to see how data regarding the responses of young children to a separation experience relate to the general body of psychoanalytic theory and also to reformulate that theory in simpler terms.

This line of argument was pursued in the two subsequent papers[7] in which I emphasized especially that

> The mourning responses that are commonly seen in infancy and early childhood bear many of the features which are the hallmark of pathological mourning in the adult (1963, p. 504).

In particular, I drew attention to four pathological variants of adult mourning already described in the clinical literature and to the tendency for individuals who show these responses to have experienced loss of a parent during childhood or adolescence. The four variants, described here in the terms now preferred, are as follows:

- unconscious yearning for the lost person
- unconscious reproach against the lost person combined with conscious and often unremitting self reproach
- compulsive caring for other persons
- persistent disbelief that the loss is permanent (often referred to as denial).

A sharp controversy followed these early papers. Of the many issues debated one calls for immediate comment: namely, the use of the term ‘mourning’.

As explained in the original series of papers, it seemed useful to employ the term ‘mourning’ in a broad sense to cover a variety of reactions to loss, including those that lead to a pathological outcome, because it then becomes possible to link together a number of processes and conditions that evidence shows are interrelated—much in the way that the term ‘inflammation’ is used in physiology and pathology to link together a number of processes, some of which lead to a healthy outcome and some of which miscarry and result in pathology. The term ‘mourning’ was selected because it had been introduced into psychoanalysis in the translation of Freud’s seminal paper on ‘Mourning and Melancholia’ (1917) and had for many years been in wide use by clinicians.

My thesis met with strong opposition, however, especially from psychoanalysts who were close to Freud and those who

follow in that tradition.[8] The difficulties they raise are in part matters of substance and in part terminological. To enable us to identify the points of substance let us deal immediately with the problem of terms.

The terminological difficulties stem from the restrictive sense in which some of my critics interpret Freud's statement that 'Mourning has a quite precise psychical task to perform: its function is to detach the survivor's memories and hopes from the dead' (*SE* 13, p. 65).[9] The term 'mourning', these critics insist, must be applied only to psychological processes that have that single outcome: no other usage is permissible.

Such terminological rigidity is alien to the spirit of science. For, once a definition is laid down, it tends to straitjacket thought and to control what the worker permits himself to observe; so that, instead of the definition being allowed to evolve to take account of new facts, facts not covered by the original definition are neglected. Thus, were we to accept the injunction to restrict the term mourning in the way proposed, we should have to limit it to psychological processes with an outcome that is not only predetermined as an optimum but which we now have good reason to know, and as Freud himself rightly suspected, is never completely attained see (Chapters 6 and 16). Processes leading to any variation of outcome would by definition be excluded and would thereby have to be described in other terms.

A restricted usage of that kind is unacceptable. One of the major contributions of psychoanalysis has been to help integrate psychopathology with general personality theory. To use different terms for a process or processes according to whether outcome is favourable or unfavourable endangers that integration. In particular, intractable problems would arise were it thought necessary to define at an early stage where healthy processes end and pathological ones begin. Should such a definition prove later

to be mistaken confusion would reign. That, in fact, is what has occurred in our field.

Since I judge these considerations to outweigh all others, the usage adopted in the earlier papers is retained. Thus, the term ‘mourning’, with suitable qualifying adjectives, is used to denote a fairly wide array of psychological processes set in train by the loss of a loved person irrespective of their outcome. Even so, an alternative term already in broad usage is ‘grieving’ and arguments can be advanced for employing it instead of ‘mourning’. In addition to its avoiding controversy over the restricted usage of mourning discussed above, it would avoid also another and quite different tradition of specialized usage stemming from anthropology which restricts mourning to the public act of expressing grief. Because public mourning is always in some degree culturally determined, it is distinguishable, at least conceptually, from an individual’s spontaneous responses. (That usage is encouraged in Webster’s *Dictionary of the English Language* and is adopted in a review by Averill 1968.) Yet a further reason for employing grieving in a broad sense would be that, as we have seen, it has already been so used by prominent psychoanalysts and there is therefore no dispute that very young children grieve.

Nevertheless, there are good reasons for retaining the term mourning and using it to refer to all the psychological processes, conscious and unconscious, that are set in train by loss. First, it has for long been so used in psychopathology. Secondly, by employing it thus, the term grieving is freed to be applied to the condition of a person who is experiencing distress at loss and experiencing it in a more or less overt way. Not only is this common usage but it is especially convenient when we come to discuss the paradoxical condition known as absence of grief (Deutsch 1937). To denote the public expression of mourning we can use ‘mourning customs’.