CHAPTER 7

Bereavement and Lack of a Parent in Childhood

by FELIX BROWN

"The Lord gave and the Lord hath taken away" (Job 1, 21)
"In my beginning is my end" (T. S. Eliot, East Coker)
"In the lost boyhood of Judas, Christ was betrayed" (A. E., Germinal)

Death of a parent during childhood has been recognized by writers and poets since the beginning of recorded time as one of the worst misfortunes that could occur to a human being. After Hector's death, Andromache says of her orphaned son, "The day of his father's death cuts a child off from his playmates, his head is bowed down and his cheeks are wet with tears. He goes to his father's friends for help, tugs one by the cloak, another by the sleeve. One, taking pity may moisten his lips a little from the cup, but he may not drink deep. And some child, whose father lives, will drive him from the feast with blows and insults. 'Go away, your father is not at this table'." The emphasis here is on the lack of the father, of his protection and power, rather than on the actual bereavement or loss of a loved parent.

Wordsworth, who lost his mother when he was eight, says:

"She, who was the heart
And hinge of all our learning and our loves,
She left us desolate, and as we might,
Trooping together."

referring to both the bereavement and to the subsequent lack of the mother.

The two naturally are associated, but nevertheless the distinction is worth making as lack of a parent, of the service, provision and status which he might have provided, is just as significant if the child has never seen his father. Arnold Toynbee the historian, in 1922, stressed the importance of parental lack in a very biologically orientated paragraph: "A child's life and character are more affected by deliberate imitation of its parents than by inheritance of some particular colour of hair and eye or shape of chin or pitch of temperament. And while the inheritance of these latter characteristics from one among a limited number of ancestral strains is inevitable, the voluntary legacy may never be transmitted at all. The child will never claim it unless he knows his parent and respects him. The parent's premature

death, or removal or the lack of sufficient sympathy between the parent and child, can in this case inhibit the transmission, and the potential legacy, with its momentous possibility of influence on the child's career, will never in fact be bequeathed."

Scientific writers have been curiously slower then literary ones to appreciate the significance of bereavement and parental lack to a child. Freud says that to a child, death means little more than a departure or disappearance, though the reverse is perhaps more nearly true. He points out the similarity between mourning and melancholia but does not really stress mourning in a child at the loss of a parent. Mapother in 1926 said that death of husband or wife seemed the commonest provoking circumstance for depression, and that many cases show a regression to events in early life tinged with the same emotion, suggesting that it is a kind of reactivation of some previous experience, which is very much in line with modern thinking. Anthony, in 1940, gave a very clear account of children's thinking, and fears about death, which are often very marked even as early as 3 years of age. She also stresses the trauma of bereavement, and makes the valuable point that at the age of about 8–12 the child tends to blame himself for the death of the parent, and these guilt feelings should be dealt with by some therapy or at least reassurance if the child is to lose his anxiety. Burlingham and Anna Freud described the reactions of children in a residential nursery during the last war, their depressive phases, and need for parent substitutes. Particularly interesting is their description of some children whose fathers were killed, who denied their loss and made up stories about their fathers' visits. Spitz filmed and described the grief of infants separated from their mothers in orphanages and hospitals (1945, 1946) and Robertson in this country filmed and described the anxiety and depression of infants admitted to hospital, which were in fact equivalents of mourning. It is no exaggeration to say that it is largely as a result of this work that parents are now allowed to visit their children daily if they are admitted to hospital. Bowlby has extensively synthesized the thinking on mourning and bereavement in early childhood. He describes three phases, protest and angry crying, depression, apathy and withdrawal and despair, and detachment from the absent mother, in the reaction of an infant separated from its mother for as long as a month. This is certainly true if there has been previously a close relationship between the mother and child, but if there has been "multiple mothering" or divided or even unstable care, the mourning of the child on separation from the mother is not so clear or is entirely absent. This is not an argument for unstable care, as there is evidence that this produces some personality impoverishment though Mead even suggests that multiple mothering might be beneficial as it relieves the child from the danger of excessively traumatic separation if he is not too dependent on one mother. There are possible gains and dangers in either course, though our prejudice is in favour of natural mothering. There is a time for mothering and a time for separation.

Bowlby regards the period from 6 months to the end of the fourth year of life as the period at which separation from the mother is taken by the child as a bereavement, and equates the grief of a separated child with the mourning of a bereaved adult. He stresses the effect of loss of mother in infancy, rather than loss of father or bereavement in later childhood. The emphasis is on the bereavement trauma, the memory of what has been lost, rather than on the lack of continuous parental influence throughout childhood and adolescence.

Evidence for the Significance of Childhood Bereavement and Parental Lack

The observations outlined above have been mainly on individual children. Convincing as these observations are to those who work with children, yet they have fallen short of scientific proof. During the last 20 years most psychiatrists have been substantially unconvinced of the significance of these childhood experiences of loss and deprivation in the aetiology of adult psychiatric illness and abnormality, and the relationship between child and adult psychiatry has not always been clear. It is obviously reasonable that statistical studies should be made on large numbers to confirm the observations made on individual children. Investigating the incidence of parental death in the childhood of adult psychiatric patients is one of the ways of doing this. Barry (1936) was the first to use this method by noting the high incidence of orphanhood in psychopathic kings throughout history, but the children of kings, even if not actually smothered, seem to have been appallingly brought up, and adequate controls are naturally not available. He subsequently studied psychotic patients in a mental hospital, and found that 15·3 per cent of a series of 549 patients had lost mothers before 15 compared with 5·3 per cent in some actuarial controls, an important observation. With Lindemann in 1960 he found maternal loss to be three times as common in psychiatric patients as in controls, and related loss of mothers in childhood to psychoneurosis in women. Gregory reviewed the statistics of childhood bereavement in adult psychiatric patients and concluded that it was significant in delinquency, but not proven in adult psychoses. In 1961 he investigated 216 cases of depressive illness attending a psychiatric out-patient department, comparing them with the 1921 census and with 267 controls attending general practitioners. The incidence of bereavement at various ages is shown in Figs. 1 and 2. From this it is seen that death of fathers is commoner than death of mothers in these cases, and continues to be significant throughout childhood and even late adolescence. Death of mothers looks to be slightly more significant in early childhood, but one is not justified in concluding from these figures that death of mother is a more serious trauma in early childhood and death of father more serious in adolescence, but only that it appears slightly commoner at these ages in the

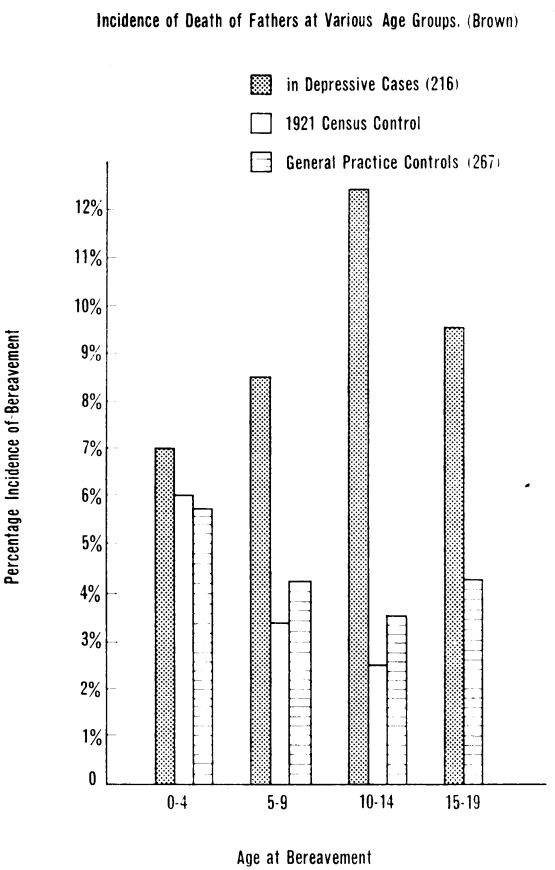

FIG. 1

histories of these depressives.† For any individual it is a serious event at any of these ages. Revision of this work with a larger series (331 patients, 296 controls) in association with L. Lipworth showed that the depressive patients had almost double the general population incidence of death of father before 15 (22·4 per cent compared with 12 per cent) and double the incidence of deaths of mothers before 15 (15·6 per cent compared with controls of 5·7 per cent and 8·5 per cent). This figure of 15·6 per cent agrees closely with that of Barry for in-patient psychiatric cases. Death of either parent before 15 is also almost twice as frequent in these depressive cases as it is in the general population (31·5 per cent compared with controls of 16·4 per cent and 18·5 per cent). Beck Sethi and Tuthill have recently confirmed with a study of 290 cases the high incidence of childhood bereave-

† Dennehy, in a survey of 1020 patients in mental hospitals near London, found increased incidence of loss of mother in early childhood in schizophrenics, increased loss of father in female depressives, loss of mother in male depressives.

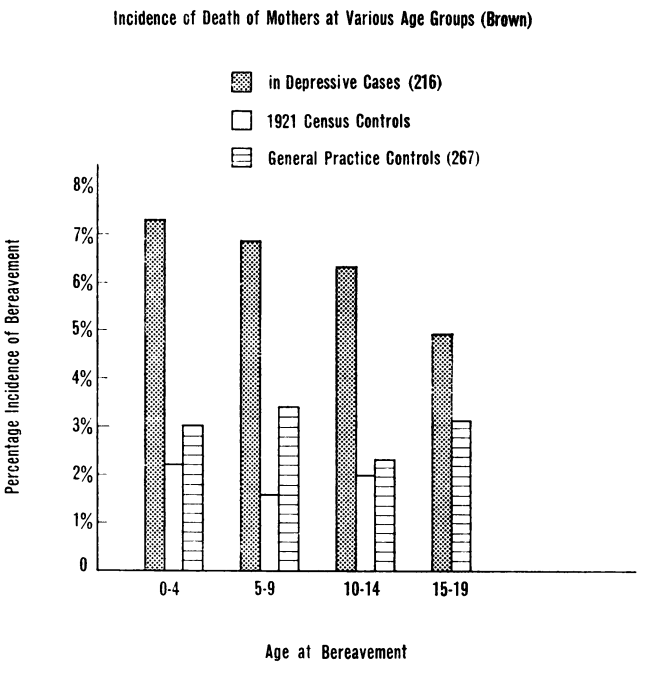

FIG. 2

ment in depressive patients. Pollock also finds a high orphanhood rate in 380 private psychiatric patients.

It thus appears that death of either parent during childhood or adolescence is significantly correlated with depressive illness, which is one of the commonest adult psychiatric disorders. The possibility of elderly parents or a preponderance of youngest children has not been excluded; nor were the controls matched pairs according to age of mother at birth, as this would have made it impossible to obtain statistically significant numbers. It is, however, probable that childhood bereavement can be an aetiological factor in the subsequent development of depressive illness in adults. The figures do not of course show whether it is the bereavement itself or the attendant circumstances, the disorganization of the home, the lack of the parent's influence, which is the operative factor. Probably it is both. It may be that a depressing experience in childhood becomes as it were covered up, to be reactivated when in later life a somewhat similar loss occurs. The analogy of early sensitization rendering a person liable to have an anaphylactic reaction later, on encountering the same protein, is appropriate. I have frequently seen adult, even elderly patients, suffering from depression who were still concerned about the death of a parent years ago in their childhood, though other cases occur in which the loss has been completely excluded from consciousness.

The Gluecks in their study of 500 delinquent boys found an increased incidence of parents unknown or divorced, or separated. Analysis of some of their figures suggests that death of mothers was also significantly more frequent in these boys, but not death of fathers. We (Brown and Epps), however, found that death of both fathers and mothers was significantly more frequent in 546 women prisoners than in the general population (age corrected from 1921 census and Widows' Pension figures) controls, as shown in Fig. 4. Death of fathers before 15 occurred in 18·2 per cent, death of mothers in 13·2 per cent and 40·5 per cent lost either or both parents by death before 20. Moreover 14·7 of them had not known one or both parents.

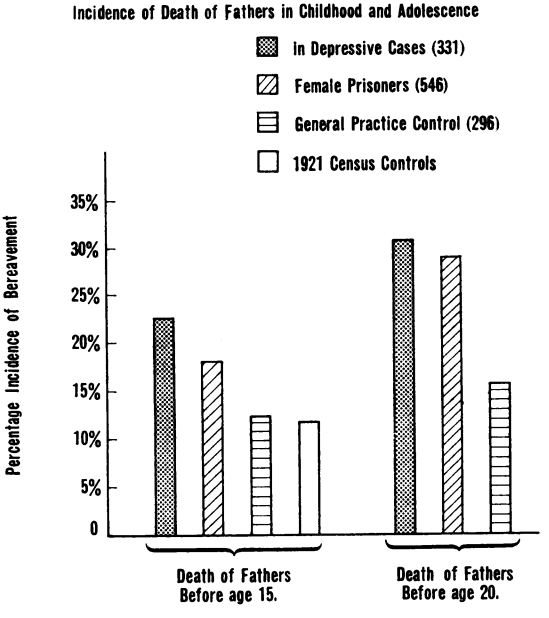

FIG. 3

L. Field similarly recorded 168 male consecutive admissions to Wormwood Scrubs Prison, and both the paternal and maternal orphanhood rate is raised, though less than in women prisoners, 13·4 per cent death of fathers before 15, and 8·6 per cent death of mothers before 15 (Fig. 5).

Death of both fathers and mothers seems to be significant both in childhood and throughout adolescence in delinquents of both sexes, but it is probable that the traumatic influence is not so much the actual bereavement, as the family disruption which may follow it. Frequently the whole family is disorganized by the death of a parent resulting in children being moved from place to place among strangers. The 546 women prisoners

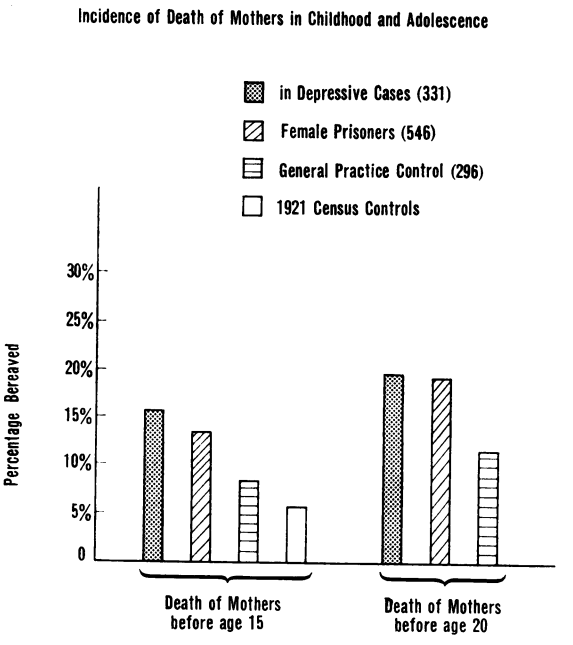
Incidence of Death of Mothers in Childhood and Adolescence
in Depressive Cases (331)
Female Prisoners (546)
General Practice Control (296)
1921 Census Controls
Percentage Bereaved
30%
25%
20%
15%
10%
5%
0
Death of Mothers before age 15
Death of Mothers before age 20

FIG. 4

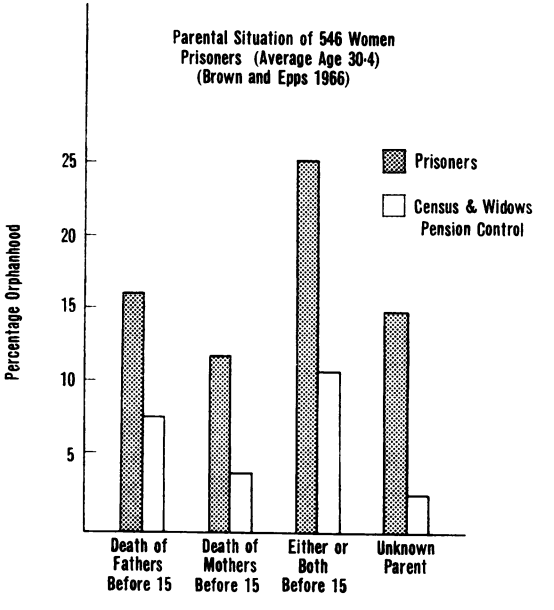
Parental Situation of 546 Women Prisoners (Average Age 30·4) (Brown and Epps 1966)
Prisoners
Census & Widows Pension Control
Percentage Orphanhood
25
20
15
10
5
Death of Fathers Before 15
Death of Mothers Before 15
Either or Both Before 15
Unknown Parent

FIG. 5

had 366 children under 15 in institutions, fostered or with relatives. The situation of these children is likely to be such as to render likely a repetition of the same pattern of events in future generations, especially as we found that 73, or 13·4 per cent of the women prisoners had themselves been brought up in orphanages.

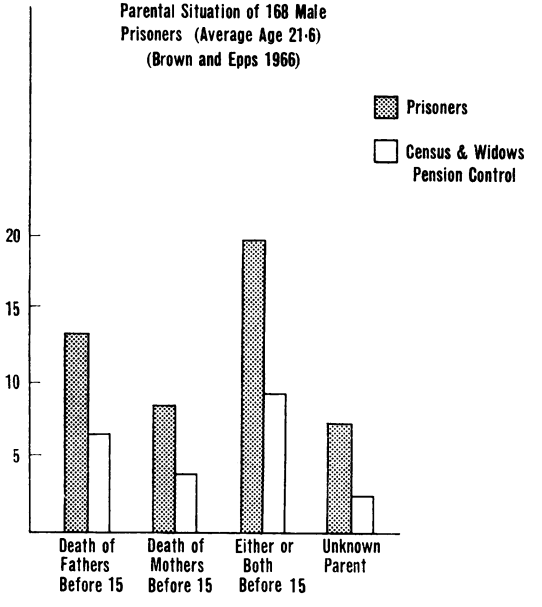

FIG. 6

It is probable that the fact of fatherlessness rather than the actual bereavement is the significant factor in these female delinquents. They have lacked the training, protection and support, both financial and educative, which a father can provide. Frequently the whole family is disorganized by the death of the father, resulting in the children being moved from place to place among strangers and complete disruption of the important emotional education of a child which is obtained in a normal family. The loss of a father can be chronically traumatic even when the child has never known the father at all.

Many of the case histories of these fatherless girls show the disorganization which followed the father's death; for instance a girl of 18 convicted of larceny. Her father died when she was 3; she was sent to a foster home until 10, then returned to her mother who had remarried. There was friction with the stepfather and she left home at 15. Many of those who had parents alive, had been sent to foster homes or orphanages after being abandoned etc., so that in effect they were parentless. For instance a

25-year-old woman was admitted for prostitution. She was also a drug addict. Her parents separated when she was 2; her mother became a prostitute. The girl was fostered with a kind family until 5, when her father sent her to his rather stern sister, until 7, when her mother took her back and actively ill-treated her. She was then sent by the N.S.P.C.C. to a large council children's home, which she considered to be the loveliest place she knew, but she was only allowed to stay a year, and was transferred to a convent, where she considered she was ill-treated, being frequently beaten and locked up alone. She says, "I gave up then". She was released at 15 and after a few months in a hostel, drifted into night clubs as she was unable to keep any job. She lived with a man for a while, had a baby girl when she was 18, but left her to the care of her mother. When the man went to prison, she took a ponce who provided her with drugs. She did not want to come off them, as they prevented her from becoming involved with anyone. When short of drugs she tended to make suicidal attempts which often got her into hospital. An intelligent girl, of excellent social manners, she has remarkable insight: "From a child everything has gone wrong, I'm afraid of loving anyone now."

Lack of parents as a factor in prostitution is probably universal and not confined to England. For instance Wilson in Singapore examined 39 juvenile prostitutes, and found that 27 had both father and mother dead or missing, 5 father dead or missing, and 3 mother dead or missing. Shoor and Speed in the U.S. describe delinquency following bereavement.

Female delinquency is probably very different from male delinquency. Most women sent to prison are, if not prostitutes, promiscuous or extremely confused in their emotional relationships. The female offences can be almost regarded as a direct appeal for love and affection, while male offenders show a more aggressive quality, with violence and defiance of authority. It is interesting that John Bunyan in the seventeenth century takes the relation between orphanhood in girls and their seduction quite for granted, when he says of a girl in *The Life and Death of Mr. Badman*: "Her father and mother were dead, that he knew well enough, so she was the more easily seduced by his naughty lying tongue."

Orphanhood and Genius

I do not wish to give the impression that orphanhood or loss of parents in childhood is inevitably disastrous; obviously in most cases it is not. In order to counteract too gloomy a view of orphanhood, I will quote a survey of the orphanhood of 57 distinguished writers, mainly poets, from the *Oxford Book of English Verse* and from the *Dictionary of National Biography*, which was made by Mr. and Mrs. McGlashan and myself. They include people like Keats, Wordsworth, Coleridge, Swift, Edward Gibbon,

Thackeray, Robert Bridges, men who form an important and permanent part of our cultural tradition. We found that more than half of them (55 per cent) had lost a father or mother by death before the age of 15, a higher orphanhood rate than either the depressive or female delinquent cases. The calculation of the general population orphanhood rates at the appropriate times since the beginning of the eighteenth century has not yet been attempted, and so adequate controls are not available. J. B. Priestley (himself bereaved of his mother in childhood) wrote of Meredith, who lost his mother when he was 5: "A child so situated is under the necessity of developing his own resources and so contrives to live richly in his imagination, which is precisely what Meredith did according to his own account of his childhood. Nearly all extremely creative men of genius, who later in life have had the capacity of living intensely with the creatures of their imaginations, seem to have been deprived of a normal, happy and healthy childhood which would not have driven them as they were driven, to compensate themselves for their lack of companionship and outward incident by an early life of dreams and fantasies." This is not an argument in favour of orphanhood and deprivation, but the existence of these eminent orphans does suggest that in certain circumstances a virtue can be made of necessity, and that sometimes "sweet are the uses of adversity". From reading the biographies of these great men, one finds certain circumstances usually to have prevailed to modify the hardship of orphanhood, these are: high intelligence, good education, a responsible surviving parent or some adequate parent substitute, and sufficient money. Owing to lack of these, far more have been broken by bereavement than ennobled by it. The central point of this chapter is not to emphasize the disaster of bereavement or lack of a parent, at it is sometimes inevitable, but to state that the orphaned child is at risk, and that how the child develops depends on how the bereavement is handled and how the lack of a parent is compensated. Orphanhood is a challenge to all who have to deal with it.

The Reaction of Children to Bereavement and Orphanhood

There is evidence that orphanhood can impair the physical health. This is shown by the increased mortality of orphans. Some of this may be due to increased exposure to infantile dysentery and other infections if an infant has to enter an institution. Loss of mother to a baby, followed by inadequate substitute mothering can also have serious effects on the intelligence. Those of us who remember the children's homes and orphanages of 20 years ago, where children were kept confined to cots up to 3 or 4 years of age, recognize them as having been factories for the mass production of defectives. Intelligence develops by curiosity and exploration, but if this basic exploratory instinct is inhibited at an early age, it is very difficult to re-arouse. The whole development of the child depends on the appropriate stimulus and experience

being available at the right time, and too late is no better than never. Skin stimulation by mothering seems to be essential to human and primate babies. Beckett and Frohman have observed baby monkeys brought up away from their mothers. They were mentally abnormal and anti-social as a result, but they also showed a biochemical blood change (high lactic: pyruvic acid ratio) compared with other monkeys. The same change is said to occur in human schizophrenics. These results if confirmed introduce a whole new subject of the biochemistry of maternal deprivation.

Infantile autism, in which the child loses all concern with human beings, restricting the interest to his own body or inanimate objects, sometimes follows death of the mother in infancy. The apathetic withdrawn phase of separation mourning can, but fortunately does not often, pass into a frankly psychotic state. There are other factors both constitutional and sometimes organic, involved in autism (which is discussed elsewhere in this book), but most child psychiatrists have seen cases of autism in which the symptoms clearly followed loss of the mother, and it is natural to suppose that the loss in part caused the autism, negatively conditioning the child against all human beings who even remotely resemble the mother from whom all contact has been fractured. The average child, after complete detachment from the mother, searches for other relationships and affection almost like a stray cat or dog, and the complete autistic state is the reaction of the unusual child.

Bereaved Children in Nursery Schools

A series of fifty-three bereaved children attending nursery schools throughout Britain has been collected by the members of the Nursery School Association. Although this material is not suitable for statistical analysis, certain observations can be made from them. Denial is fairly frequent in under-5 children, as Burlingham and Anna Freud found. In some cases the surviving parent even maintains the denial. The mother of one 5-year-old girl whose father suddenly died in the night, acted with such dispatch in hurrying the child out of the house that the child was never able to appreciate what had happened and the fiction was maintained that father had gone to hospital, but he was never discussed or alluded to. This child was recognized by the nursery nurses as depressed and puzzled, wondering why her father had left her. This utter denial, fostered by the surviving parent, is obviously a morbid reaction likely to lead to worse distress. The interest of this series is that they are not selected on account of neuroticism or behaviour disorder, but for the fact of bereavement. It is obvious from these records that intelligent and kind staff in nursery schools can help a bereaved child to "act through" or play out the intense feeling following a death of a parent. Phases of clinging, sudden aggression then reconciliation were common. Two cases of delayed speech occurred. It is necessary

for the adults dealing with these children to face the fact of the child's loss and not try to pretend it has not happened. The general impression from these cases is that recovery depends on maintaining the integrity of the home and especially on the stability of the surviving parent and his or her continuing concern for the child. For instance one 4-year-old whose father had died of lung cancer tended just to rush around aimlessly, was difficult at home where he lit fires whenever possible. His mother, quite unable to cope, is described as at her wits' end. The little boy told her to save up and buy another daddy, but she was making arrangements to have the child fostered. In this kind of case one can foresee an unsatisfactory outcome unless the mother could be helped to give up her rejection of the child. On the other hand, a 6-year-old girl, who cried a lot with her mother after her father's death, and who kept saying at first, "I wish Daddy was still alive", calmed down and in 2 months seemed to have recovered. Her mother was stable, loving and responsible, and was actually engaged to work in the nursery, so that she was herself supported and yet was not really separated from her child. The child still says "When will we forget about Daddy?" In this case one would foresee a satisfactory adjustment. An example of a child acting out her feelings about death and loss of her mother is shown in a 4-year-old girl who hit her favourite teacher saying, "I'll make a hole in you. You're dead. No you're not. I love you." The acceptance and understanding of these kinds of reactions in bereaved children is indeed therapeutic and the nursery schools fulfil an important function in supporting not only the child but frequently the surviving parent.

Bereaved Children Attending Child Guidance Clinics

Bereaved children attending child guidance clinics probably do not represent a true sample of children's reactions to bereavement in the general population. For instance McGlashan has found that only 4·3 per cent of the 2310 children referred to the Earls Court and West London child guidance clinics from 1949 to 1960 were bereaved of a parent. Friedman and Traill, out of 1007 children at Wembley and Notting Hill clinics found 6 per cent to be bereaved. These figures are no higher than the incidence of bereavement in children in the general population. This is probably because bereaved children do not tend to be referred to clinics as the surviving parents are too busy or distracted, the children may be placed away from parents and of course the majority of these children do not show florid symptoms. Nevertheless the bereaved children attending clinics can give some indication of the kinds of disturbance that can follow loss of a parent. Any of the symptoms for which children are referred to clinics seem to follow bereavement. McGlashan found as presenting symptoms in order of frequency: stealing, enuresis, truancy, school phobia, behaviour difficulties, depression, speech disturbance. Anxiety state and depression were the

commonest diagnoses. The intelligence curve of these children was normal but in 68 per cent of them, school backwardness and markedly impaired school performance was a prominent symptom. Obviously depression is likely to impair school performance. There is also perhaps the fact of the loss of the parent whom the child would wish to please by doing well at school. Improved school performance is a good measure of recovery. It is important that school teachers should appreciate this effect of bereavement, so that it can be dealt with sympathetically and not punitively.

McGlashan found that half of the children had been bereaved under the age of 4; of the whole series 69 per cent had lost fathers, 31 per cent lost mothers. Only 18 per cent were referred to the clinic within a year of bereavement. McGlashan considers that an important factor in producing symptoms is the effect the bereavement has on the surviving parent, usually the mother. Though the mother is probably more important to the young child than the father, yet a mother who is depressed after the loss of her husband may provide an environment lacking in normal warmth and security. A rather high proportion—27 per cent—that were offered therapy, failed to attend, this was probably owing to distraction and need to work on the part of the widow. Therapy is however important in many of these children, and frequently there emerge in the course of treatment some very strong guilt feelings in the child about the death of his parent, and fear of the vengeance which his dead parent in the form of a ghost, may wreak upon him. A 9-year-old boy who had lost his much-loved father 2 years previously, and who was referred to me for school phobia, enuresis, encopresis, and night terrors, showed this fear vividly in a William Tell picture he drew, showing the arrow shot by the father off-stage, splitting the apple on the head of the terrified son (Fig. 7). Later he also drew some happier pictures illustrating his mother, and play therapy (Figs. 8 and 9). Marked clinical improvement usually follows the allaying of the parricidal guilt in the course of therapy. The child often has to accept the fact that he has been really angry with the deceased parent. As one sometimes becomes identified with a revival of the dead father, one usually has to continue the therapeutic relationship right through into adolescence, unless the environment provides another parent substitute. The boy mentioned above developed a strong therapeutic relationship at the clinic which enabled him to accept a step-father who was able to take the responsibility later, and complete recovery occurred. There is something to be said for the therapist being of the same sex as the deceased parent, and it is important not to let down any of these bereaved children by breaking off concern too soon, or referring them for therapy to temporary staff.

Different members of a family can react very differently to the same bereavement. This is shown clearly in a family of five children seen recently at Earls Court clinic. The father had died of gastric cancer 9 months previously, after several months' illness at home. The mother brought the 6-

year-old boy to the clinic because he clung to her and would not be separated from her if only to another room in the house, since his father's death. He also had nightmares and screamed in his sleep. This boy was very fond of his father and had spent all his spare time in his father's bedroom during his illness. The mother is a stable and responsible woman but she tried excessively to control herself, especially as her husband after he had lost his voice in his illness wrote "Don't cry" on a piece of paper. She said she was afraid of showing her sorrow for fear of upsetting the children. She found, however, she was able to show her feelings with the 14-year-old boy, who after a period of crying had been able to cope very well and responsibly with the loss of his father. The 12-year-old boy was very naughty at first, used to run out of the house and hide so that his mother had to find him. He turned against his mother and said "It ought to have been you and not my Dad". He visits the cemetery on his own every week. He suddenly became backward at school, but is now improving. The 10-year-old girl became intensely distressed the day before the funeral, had violent pains in her stomach and lost the use of her legs. This seems to have been an hysterical reaction. She recovered after the funeral, but still cries on her own. The 6-year-old developed the intense anxiety and mother-clinging described. The 2-year-old girl however seems quite happy, still remembers her father, talks to his photo, denies he is dead, though her mother has told her. If any of the other children take any toy of hers or otherwise annoy her, she says "My Daddy will come back and smack you when he comes from hospital", which never fails to terrify the rest, especially the 6-year-old boy who was thoroughly intimidated by his little sister's ability to raise his father's avenging ghost. The 6-year-old boy is in treatment and is progressing well. Even at the first interview he was much reassured when told in front of his mother how, while his brother only blamed his mother, he had blamed himself which had made him even more unhappy. Obviously a family like this will need support for some time, but the prognosis is good, as the family has kept together, the mother is stable and responsible, and is not crushed by sudden financial difficulties.

It is not possible to define the reactions of children at different ages to bereavement and lack of a parent, but there are certain clinical impressions: the infant reacts to loss of mother by profound grief and mourning, to loss of father by denial; anxiety reactions are common in school-age children, with impairment of school performance; fatherless adolescent girls are particularly vulnerable to unreliable father substitutes who may present themselves; fatherless adolescent boys brought up with their mothers tend to become much involved with them, without the modifying influence of the father. There can occur disturbances of sex identification (particularly stressed by Arthur and Kemme, in their study of 83 bereaved children) and sometimes even matricidal aggression. Similarly motherless adolescent girls brought up with fathers without another woman tend to

become anxiously involved with their fathers, but this situation is not common, as fathers usually enlist the help of female relatives or a second wife. These are of course merely clinical impressions, and many more precise observations need to be made. We probably know more of the nesting habits of the great crested grebe than we do of the circumstances which produce desirable and undesirable personality reactions in children, of how children should be trained in fact, although this knowledge is of fundamental importance to us.

Reaction of the Surviving Parent

The prognosis of a fatherless or motherless child depends largely on the resilience of the surviving parent. Double orphanhood for this reason naturally renders a child even more at risk. I have found the incidence of double orphanhood in adult depressive patients to be three times, and in female prisoners double, that in the general population (Fig. 10). The prognosis in double orphanhood will depend on the efficiency and kindness of

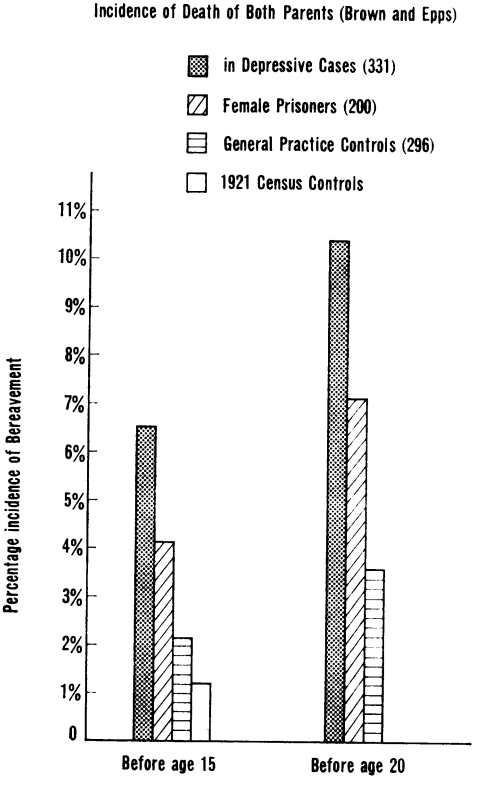

Fig. 10

the relatives and those who have to take the place of the parents. Where one of the parents survives, it seems that widowers tend to cope rather better than widows. In McGlashan's study, more than half the widowers arranged for the child's care until remarriage and then regained the child. The fact that widowers continue at work, and do not suffer financially, helps considerably with their adjustment, and female relatives tend to come to the aid of widowers who receive more support than widows. Only a quarter of the widows remarried.

Adequate mourning in which the widow allows herself to show her feelings to her children who can share her grief, probably helps to resolve the situation more than the custom of inhibiting emotional distress which is often regarded as the correct course in England.

Immediately after a bereavement, denial or disbelief that it has occurred is a common and profound reaction in adults as well as in infants. This is well shown in one of the hymns of Isis, the widow goddess of ancient Egypt, as she mourns her husband Osiris:

> Oh helpless one, asleep in this place that you know not,
> Yet I know it.
> I have found you lying on your side, Oh weary one.
> This is our brother, this is our husband.
> Let us lift up his head and join his bones.
> Let us assemble his limbs and put an end to his helplessness.
> So that he will no more be weary.
> May his spirit rise again,
> The canals be filled and the rivers flow again.
> Oh, live, Osiris,
> Osiris, Oh dear sleeper arise,
> For I am Isis.

Queen Victoria in her widowhood maintained this denial stage of mourning for many years, retaining even several rooms untouched in readiness for the return of Prince Albert. Usually and fortunately the denial gives place to acceptance, and the need to cope with the practical things of life and to care for the children and meet other people at work, enables the widow to cope less painfully with her loss. The problems of widows have been described by Marris, who particularly draws attention to the accentuation of their difficulties by sudden poverty, which sometimes enforces a breaking up of the family at this critical time. Frequently mourning provokes symptoms indistinguishable from depressive illness and it is not surprising that Parkes has found that death of a spouse increases by six times the likelihood of a person requiring admission to a psychiatric hospital within 6 months. Community support is particularly needed for bereaved parents, and organizations like the Widow's Cruse Club established by A. and M. Torrie helps by assisting both with practical problems, and by restarting social life for the bereaved parent. Jones's recent book also gives much practical advice to mothers of fatherless families.

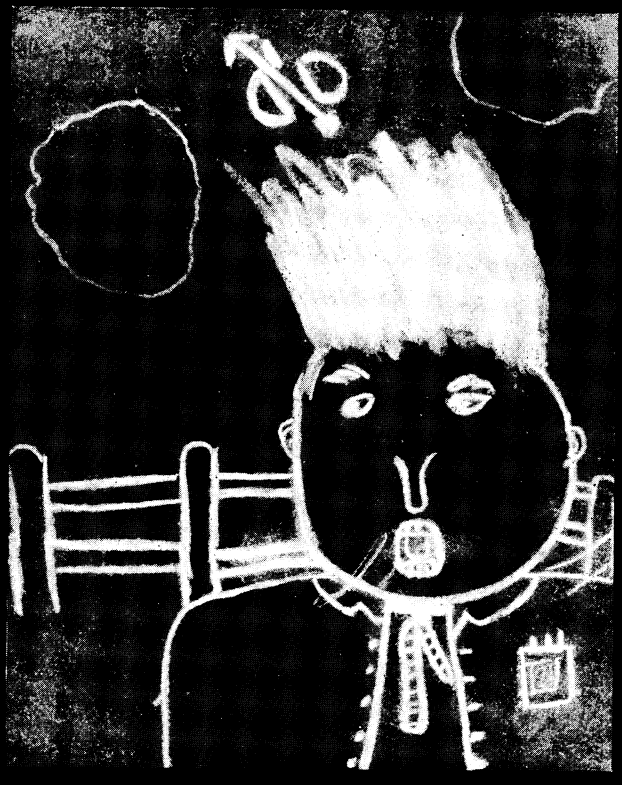

FIG. 7

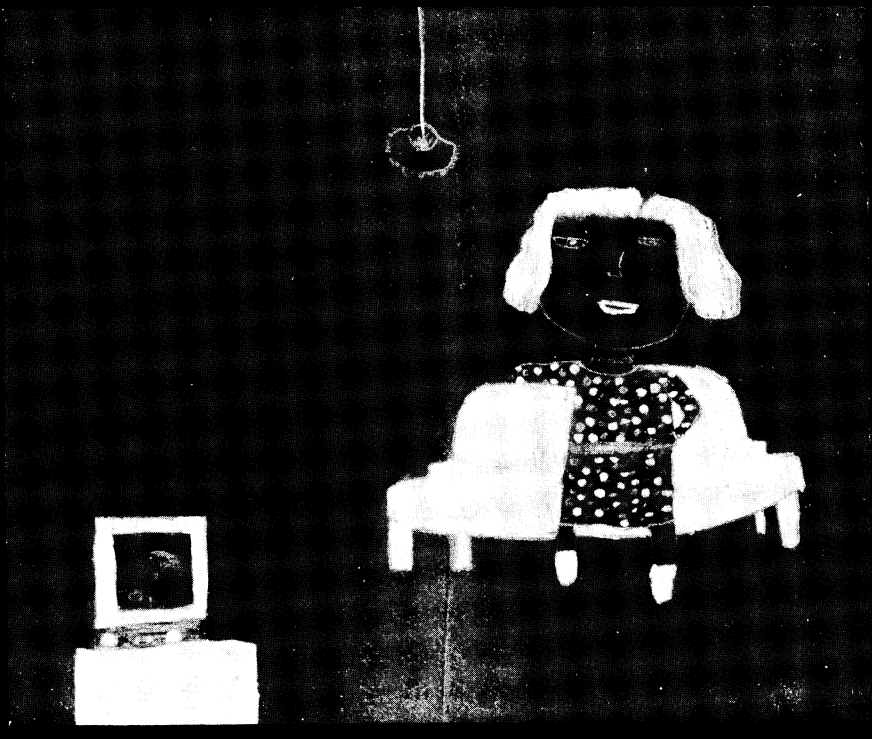

FIG. 8

FIG. 9

Sociological Observations on Fatherless Families

The lack of a father, in our society, presents a family with more social problems even than lack of a mother. Margaret Wynn has extensively surveyed the situation of fatherless families. She calculates that there are 540,000 fatherless families in Great Britain, with 785,000 dependent fatherless children, and that 7 per cent of all children are fatherless. In Germany 18 per cent of children are fatherless, the highest figure; Sweden, 6·6 per cent, having the lowest recorded incidence. In Britain, 48 per cent of the fatherless children are so, owing to separation of parents, 33 per cent owing to bereavement, 10 per cent owing to divorce, 9 per cent owing to illegitimacy. One fifth of fatherless families are in receipt of public assistance. Margaret Wynn draws attention to the uneven treatment of mothers of fatherless families, the separated, divorced or unmarried mother usually being worse treated than widows financially, and she recommends that a minimum allowance should be paid for all fatherless children regardless of the cause of fatherlessness.

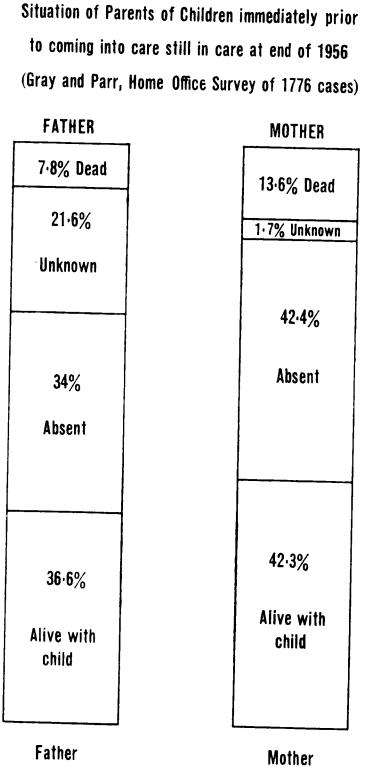

Fig. 11

A considerable number of fatherless children have to be received into the care of local authorities. Though conditions have much improved since the pre-Curtis committee days, these children are probably the most unfortunate members of the community. In 1963 there were 64,807 children in care. Gray and Parr, in a Home Office survey of 1776 children in local authority care in 1956, found that half the children were in care for 4 years or more, 80 per cent for more than a year, and that changes of placement are frequent, e.g. children 10 years in care had an average of 4·9 placements, that is to say a total change of environment every 2 years. The home situation prior to the children going into care is shown in Fig. 11. It is seen that about two thirds of these children were fatherless, and over a half motherless, for some reason. Over a third were illegitimate. Banks's observation that 11 per cent of young male offenders in prisons, Borstals, and detention centres have spent 5 or more years in institutions in childhood, is interesting in this connection. Obviously in spite of the efforts made by the local authorities to help the children who come into their care, everything possible should be done to try to keep these children in their own homes, and to prevent the disintegration of the families. But it is a difficult and unfortunately, a growing social problem.

Guilt and its Absence

The presence or absence of guilt is one of the most important observations a psychiatrist tends to make of a patient. An unfavourable view is frequently taken of those lacking guilt, who are often called psychopaths by psychiatrists or incorrigible rogues by judges. It will be clear that some children who are bereaved and lack a parent react by an excess of guilt and depression, while others react by a kind of affectless and affectionless delinquency. There are obviously constitutional differences between one child and another which might account for some of this difference in behaviour, but there is also evidence that the difference is also significantly in the handling and situation of the child after the bereavement. Many children have both anxiety and delinquent features, but sometimes the delinquency and antisocial attitude increases with usually a diminution of anxiety and guilt. It seems to work almost like a conversion mechanism. The adult psychopath usually shows no guilt, whatever damage he may have done to society, whereas of course guilt is at the centre of the psychoneurotic problem. Guilt may be defined on many different levels, but the simplest definition I would suggest is that it is the effect of the expectation of punishment. In Pavlovian terms it could be stated as the affective tone between a conditioned stimulus which has been associated with a noxious stimulus, and the noxious stimulus itself, which gives relief from sense of guilt; hence the desire for punishment on the part of anyone who feels guilty. One sees guilt

quite clearly in dogs and monkeys as well as in human beings provided they have been trained. In social animals like men and dogs, one has to remember that in life, the severest noxious stimulus is not an electric shock, as in a Pavlovian laboratory, but rejection, loss of love or exclusion from the group. This dependence on love relationship as a motive for social behaviour is most marked in social animals like men and dogs, and is almost absent in solitary animals like golden hamsters.

One can thus see how repeated rejection or abandonment to strangers can affect a child; at first anxiety, anger and guilt, then depression, then adjustment to the new circumstances with inhibition of the previous love relationship. The more adjustable child will more rapidly throw off the previous relationship and live only in the present. It may even be that, faced with the same rejection trauma, the less resilient child makes the psychoneurotic or depressive response, while the more resilient child makes the aggressive reaction and inhibits love relationships, which have proved painful. Terence Moore's observations on 167 children exposed to different kinds of maternal care, substitute care, day nursery, nursery school, and unstable changing care, suggests that constant presence of the mother favours the learning of self control and self restriction, conscience or super-ego, with an ability to feel guilt, while stable daily substitute care, starting after 3, tends to toughen the child, and reduce the tendency to show guilt or scruples. It may well be that repeated changes and rejections, say by the transfer of a child from one institution or foster home to another, can train the child to accept the rejection situation and inhibit love relationship, so that he becomes insensitive to individual affection and guilt, as in the affectionless psychopath described by Bowlby. Usually some sensitivity to group feeling persists so that there remains accessibility to group therapy. It may be that one severe loss, preceded and followed by reasonable stability, is more recoverable, though it may sensitize the child to subsequent loss situations, depression and guilt feelings, as the normal emotional and guilt faculties of the child remain essentially unimpaired. Clinical observations support the view that there is a difference between the stability of early training and emotional environment of the psychoneurotic and that of the psychopath.

Conclusion

Consideration of bereavement and parental loss and its effects both on the child and subsequently on the adult, approaches close to the fundamental question of psychiatry, which is, what circumstances are likely to produce what personality changes in what kind of children? It is the question which links child and adult psychiatry. We only know partially some of the effects of parental loss and far more research is needed on this subject. One can, however, say that it presents a severe threat to the mental health not only of

the individual child but also of the community. Bereavement is recoverable and remediable, but lack of a parent, especially fatherlessness, is not so easily remedied as it often depends on the extended family of the community. The cost of improving the care of these children would however be amply repaid by the saving in social and health services later. St. James said, "True religion is this, to visit the widow and the fatherless in their affliction".

Death, and the relief of bereavement, mourning and deprivation, are matters at the centre of most religions of the world, but the appropriate handling of these problems is also of fundamental importance for the improvement of mental health. It is not only true religion and human kindness, it is also good sense and sound economics.

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