

CONSIDERATIONS ON THE DEVELOPMENT OF SYMBIOSIS,
SYMBIOTIC PSYCHOSIS AND THE NATURE
OF SEPARATION ANXIETY

by

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Mahler's investigations of a symbiotic form of childhood psychosis (13,14,15) and Bowlby's studies of separation anxiety (3,4,5,6) have shaped many of the current concepts of separation anxiety and symbiotic behavior.

Freud's first thoughts on the nature of anxiety were expressed in the "transformation of libido hypothesis"(7). He explained the anxiety of the infant during the absence of the mother (an object for libidinal discharge) as resulting from damming up of undischarged libido with a resultant toxic anxiety state. The infant clings to the mother to avoid a painful state of tension. Freud modified his concept of anxiety 21 years later and introduced the signal anxiety hypothesis (anxiety signals danger). The infant would cling to his mother to avoid the threat of danger which he once experienced in her absence because the anxiety alerts him to this possibility again (8).

Bowlby (4, 6) proposes that separation anxiety is primary and irreducible, a natural, almost reflex response to separation from the mother at certain periods of life. Mahler, although similar in many respects to Bowlby, does not clearly relate her hypothesis to either signal or primary anxiety concepts. She postulates that the infant becomes aware of his mother first as a part of himself and then reacts to any real or threatened separation from her with anxiety. The infant tolerates this anxiety if it is not excessive and is experienced "in the setting of a developmental readiness for and pleasure in independent functioning." (15,page 2) Symbiotic psychosis results from excessive, passive, physical separations of the infant from his mother in a susceptible infant. It is not clear whether Mahler considers that anxiety which is first noted about five

to eight months of age is due to the same mechanism.

She also says, in describing the origins of symbiotic psychosis,

"there is a cessation of further ego development and fragmentation of the ego seems to ensue from the panic which the potentially psychotic child experiences when confronted with the task of separation-individuation." (15, page 1). Mahler says that separations of an infant from his mother is perceived as an "experience of being physically separated from the mother... (which phenomena) have correctly indicated the traumatic effect of this passive experience and its disturbing effect on personality development." She continues, "... however, it would appear that the separation process of the child is (also) the prerequisite for normal individuation." (15, page 1) "The predominance of pleasure in separate functioning in the atmosphere of libidinal availability of the mother enables the child to overcome that measure of separation anxiety that seems to obtain with each new step of separate functioning." (15, page 2). This postulate implies the presence of sufficient perceptual and conceptual ability for the infant to recognize and discriminate certain parts of his environment as belonging to or attached to himself. If this concept refers only to that stage of development from 12 to 16 months on it may be reasonable to assume the perceptual and conceptual development implied. If the concept, as sometimes may be inferred, applies to separation anxiety arising earlier (five to eight months) it would seem more likely that the fantasy or wish to retain oneness with the mother might arise at some later point in life (c.f. Hartman (9)) and be retrospectively attached to a fear of separation. If this postulate is used to explain separation anxiety occurring late in infancy (12 to 18 months) we need

another hypothesis to explain the separation anxiety in younger infants since there are a number of observations not adequately explained by it. In the following remarks, I hope to add to some of the theory that has grown out of these concepts.

In early infancy, anxiety often is relieved if the mother holds the infant. Later, it may suffice for the infant to see, hear or maintain some physical contact with the mother. Eventually, less intense contact serves the same purpose and, ultimately, the mother only needs to indicate her availability to the infant in order to quiet his anxious protest. As the need for the mother diminishes, secondary sources of anxiety relief such as a familiar blanket, a "Teddy Bear", a pacifier, a familiar room, etc. also develop. These observations could be explained by any of the four systems described above (i.e. Freud's transformation of libido hypothesis would imply that the infant finds other objects for libinal discharge and new means to modulate libidinal demands. The signal anxiety concept would explain the progressive lessening of need for maternal contact as due to lessened need for the mother since danger is not as imminent as the child grows and other sources of anxiety relief are available. Mahler's hypothesis would depend on gradual development of trust, and Bowlby on trust plus maturation.) However, separation of an infant from his mother does not regularly lead to symptoms of anxiety unless there is some threatening internal or external situation such as hunger or pain (internal source) or the presence of unfamiliar individuals (external source).

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Ainsworth (1) in a longitudinal study of attachment behavior of Boganda (Africa) mother-infant pairs noted that, as the attachment to the mother

seemed to "become stronger and better... protest at the mother's departure became more consistent, too, although increasingly protest... tended to occur only if following were frustrated." In other words, protest, a manifestation of anxiety, occurs "increasingly...only" if the infant needs the mother at the time of separation. An infant can sustain extended periods of separation from his mother if he is comfortable in a familiar environment.

Unfortunately, many studies of the effects of separation of the infant from the mother do not take account of the situation in which the separation occurs. Also involved is the duration of the separation. Not only has an infant lost more of his mother the longer the separation but he is exposed to more situations of need in her absence. Many other factors may define the nature of the separation. It is obviously threatening to expect a child to separate from its mother in a strange clinic or under conditions of stress or threat. It is quite different to expect a child to separate from his mother in his own home as he does many times throughout the day. One element of significance in this respect may be the novelty--familiarity of the elements of the situation as is exemplified in the practice of "baby sitters" to arrive early enough for the infant to become familiar and learn to be comfortable before the parents leave. Even following infancy, unique or novel experiences which do not "fit" with preexisting experience patterns of the individual tend to rouse anxiety. Thus, the sense of relief on seeing a familiar face in an otherwise unfamiliar place or crowd (the "small world" phenomenon) or the tendency of some American tourists to seek accommodations and food similar to that to which they

are accustomed at home. Another example is swaddled infants who, when permanently removed from swaddling clothes, are fussy and irritable for some days-- presumably until the new experience becomes familiar.

Restriction of mobility is productive of discomfort if the infant is not accustomed to it, the reverse is true if restriction is the customary or familiar pattern.

These and other observations of anxiety involving novel experiences in infancy as well as in later life suggest that at least some aspects of separation anxiety may be less related to the fact of separation than to the condition in which it occurs. The lack of regular anxiety on separation sheds doubt on the regularity of a primary response as described by Bowlby unless we consider that the duration of the separation also determines the response. In general, anxiety is relieved by the reassuring presence of the mother who somehow comes to constitute a symbol of relief from anxiety. The known world of the infant must become associated with pleasure or pain as soon as the infant can discriminate these phenomena. The familiar, but pain associated, stimuli must be coped with in some manner one of which could be to seek a known security symbol-- something associated with a situation in which discomfort does not exist. Later both more security symbols and new security operations will be available to the infant. That which is new or unknown remains outside the experience patterns of the infant-- it does not fit and cannot adequately be responded to except by the more primitive response of turning to a familiar security symbol. Only by repeated association with security situations does the effect of generalization of security expectation take place and the unfamiliar situation is no longer unfamiliar. The evidence certainly suggests that unfamiliarity is, in some way, related to anxiety.

Anxiety inducing

It is easy to understand why familiar situations associated with security should be anxiety relieving but the reverse situation is not at all so clear. Novelty is not the unique and discreet sort of stimulus which ordinarily is considered a primary response stimulus but one could modify Bowlby's hypothesis (3, 4, 5, 6) by substituting novelty for separation. However this would add little. This could be investigated with ease and it is my "hunch" that novelty, itself, may not be anxiety inducing. Rather novelty would seem to signal absence of security and would thus increase the likelihood of anxiety.

The process of symbiotic development would, thus, involve not only the cause of anxiety but also the nature of anxiety relief. One of the earliest symbols or assurances of anxiety reduction for the child must be the mother. The infant may generalize the expectation of relief to other aspects of his world (transitional objects?) as he develops trust or confidence in his mother or expectation of relief may become related to any familiar situation in which he is regularly made comfortable. Therefore, any interference with the capacity of the infant to develop an adequate repertory of anxiety relief situations would result in unrelieved panic. This might result from many causes such as inability to generalize from the mother and would evoke persistent clinging to her as the only or primary act of security seeking. Such an inability to generalize might be due to constitutional limits or to relative absence of *availability of objects* such as occurs in "sterile" or Institutional environments. A significant increment in anxiety from any cause during that period of life when the infant has only his mother as a reassuring symbol would also fixate him on the need to remain close to her. He would not be able to develop adequate familiarity with other

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situations which might come to symbolize anxiety relief since he seldom would be free of the need to cling to her. It would not be necessary that the infant recognize his mother as a unique being or object, whether attached to himself or not, in order for him to experience the so-called "separation anxiety". The fear would be of separation from security against an expected danger. He would only need to perceive his mother as one (or the only) symbol of security without needing to define her as a discreet part of his world. Some part of the mother might be cathected but she would not yet be cathected as a whole.

Since symbiotic symptoms exist in psychotic conditions: where object recognition is clearly disturbed as well as in conditions in which this function is fairly intact, the separation of the development of symbiosis from that of object recognition has some clinical advantage. Both normal and neurotic but non-psychotic persons also may show symbiotic symptoms without significant impairment of their object relationships. Commonplace are examples of wounded or dying persons who cling to another, cry for their mother or who insist on being carried to familiar environs. Even though the severe threat in such situations stimulates a massive regression, the relationship to the object does not at all resemble the rigid behavior of the symbiotic, psychotic child. Symbiotic symptoms are also frequently seen in a variety of neuroses and in the behavior of non-neurotic individuals whose character is dominated by a need to cling to others.

I do not mean to suggest that there is no relationship between the development of symbiotic behavior and the development of object recognition. There can be several forms of inter-relationship

between these two phenomena. The following four possibilities based on the above observations seem to be the most logical and offer tenable hypotheses.

1/ If a child fails to develop adequate means to effect full recognition of and relationship with his fellow humans, he is limited in means to cope with anxiety and will use more primitive mechanisms such as clinging to his mother.

2/ On the other hand, a child who is overwhelmed by anxiety when his main source of security is to cling to his mother would tend to be fixated in this pattern of stereotyped behavior which would interfere with further social utilization of the mother and other humans and would inhibit the cathexis of the whole object.

3/ If something interferes with the ability of the infant to discriminate what experiences are potentially dangerous, the infant could feel overwhelmed by anxiety with the same resultant fixation on clinging and a cathexis only to a part object.

4/ Finally, if something interfered with the infant's ability to generalize the expectation of relief from anxiety, the infant would persist in clinging to the mother and he would not be able to develop normal object relationships. In any event, the child might "hypercathect" the mother or parts of her person since he over-values her as a symbol of security. This might later result in the symptoms which led Mahler to elaborate her symbiotic hypotheses.

Symbiotic behavior can be thought of as a persistence of or regression to a normal period of development, according to Mahler and as a defense mechanism according to the present formulation.

Further support for the suggested reformulations is seen in the nature of the psychotic child's response to psychotherapy. Many

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therapists (Singer (16), Herskowitz (12), Bender (2)) describe psychotic children (both symbiotic and autistic) as remaining peculiar, aloof, rigid, etc. in their interpersonal dealings even after significant response to therapy. Considerable investment of time, energy and talent in a variety of therapeutic efforts has produced few "cures". Yet, many children are apparently aided in overcoming crippling, symbiotic symptoms even though they are not helped to make full social relationships. If symbiotic behavior is, as I postulate, essentially a primitive defense against anxiety, reduction of anxiety by any means would lessen the frequency of this symptom but it would not be expected to effect any significant change in the child's general ability to recognize the social utility of humans. The patient would need to develop the capacity to make adequate interpersonal adaptations if he is to be cured. It is in this area that therapeutic study is most needed. The traditional approach to psychotherapy and the related theories may explain and be useful in overcoming these limits but growing evidence indicates that other phenomena are involved in developing object recognition. (See e.g.: 3, 4, 5, 10, 11, 17, 13, 19, 20)

Summary:

The concept of symbiosis is reconsidered as a defense against anxiety in addition to the more common assumption that it is the persistence of a normal developmental phenomenon. Anxiety is seen as the cause of symbiotic behavior in the present formulation in contrast to the conception that anxiety results from the experience of passive separation from the mother in an infancy dominated by symbiotic needs. Object recognition is not necessarily a consequence

of resolution of symbiosis in the separation-individuation but is

~~developed by a sequence of events not specified in this paper. Excessive~~

infantile anxiety perpetuates clinging with resultant interference in development of normal object relationships. This accounts for the prominence of symbiotic symptoms in childhood psychoses.

Failure to develop object recognition may predispose the child to anxiety which is coped with by primitive means such as clinging.

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that a child fails to separate*

FOOT NOTES

1. In this she seems to prefer Freud's earlier, "Transformation of libido" hypothesis.

2. I have used the concept of generalization but the phenomena to which I refer could also be explained as a result of inability to discriminate (the mirror image of generalization or the absence of some other modulating function. Neither of these offers any significant advantages and the concept of failure to discriminate raises further questions in terms of symbiotic clinging to one object. Also, it is noteworthy that concreteness or inability to generalize is a frequent symptom--almost a hallmark of childhood psychosis.

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