

The background of the cover is a complex, abstract pattern of overlapping, swirling lines and shapes. The primary colors are a vibrant red and a teal or light blue. The lines vary in thickness and direction, creating a sense of movement and depth. The overall effect is reminiscent of a microscopic view of a neural network or a dense, tangled web of fibers.

ANXIOUS AND PHOBIC STATES IN CHILDHOOD

KAREN L. LOMBARDI PHD

ANXIETY AND RELATED DISORDERS

Anxious and Phobic States in Childhood

KAREN L. LOMBARDI, PhD

e-Book 2015 International Psychotherapy Institute

From *Anxiety and Related Disorders* edited by Benjamin Wolman & George Stricker

Copyright © 1994 Benjamin Wolman & George Stricker

Orig. Publisher: John Wiley & Sons

All Rights Reserved

Created in the United States of America

Table of Contents

CLINICAL SYNDROMES OF ANXIETY IN CHILDHOOD

ETIOLOGY OF PHOBIC AND ANXIOUS STATES IN CHILDHOOD

DEVELOPMENTAL ISSUES IN ANXIETY: PSYCHOANALYTIC PERSPECTIVES

Castration Anxiety

Signal Anxiety

Stranger Anxiety

Depressive Anxiety

The Anxiety of Insecurity

Separation Anxiety

A Revisionist Perspective

Author

Karen L. Lombardi, PhD

Associate Professor of Psychology
The Gordon Derner Institute of Advanced Psychological Studies
Adelphi University
Garden City, NY

Anxious and Phobic States in Childhood

KAREN L. LOMBARDI, PhD

Attempts to understand and to remediate states of acute psychological anxiety have motivated both clinical and conceptual investigations of human psychic functioning since the time of Freud. Disagreements in the field, both in the past and present, have taken the form of the nature-nurture controversy. That is, can the familial patterns observed in the expression of anxiety be best accounted for by theories of genomic transmission, or by theories which take into account the interpersonal field? And similarly, is anxiety instinctual in origin or object relational in origin? The way one thinks about these questions has very real implications, as it guides prognosis and treatment plans.

The study of phobic and anxious states in childhood, as they first emerge developmentally, puts us closer to the origins of psychic anxiety. The intent of this chapter is to make a contribution to the integration of empirical and clinical data with theoretical understanding of the meaning of phobic and anxious states.

CLINICAL SYNDROMES OF ANXIETY IN CHILDHOOD

The DSM-III categorizes three anxiety disorders as first evident in childhood or adolescence. The first, separation anxiety disorder, is characterized by excessive anxiety on separation from primary attachment figures or from the home. This anxiety may manifest itself through “shadowing,” wherein the child follows the parent around the house as if he were the parent’s own shadow, through clinging behavior, and through refusal to leave the house and/or the parent. Although the DSM-III distinguishes between what it considers true school phobia (fear of *school* itself and alone) and school refusal on the basis of anxiety at separation from the parent, school phobia is thought by many (Bowlby, 1973) to be a subset of separation anxiety. Associated features include somatic complaints, travel phobias, and preoccupations with death and dying.

Avoidant disorder is marked by a shrinking from contact with strangers and acquaintances to a degree that substantially interferes with social functioning. Such children are to be distinguished from those who are schizoid or depressively withdrawn, as they demonstrate a clear and intense desire for warmth and affection with family members and others (usually on a one-to-one basis) with whom they feel more familiar. The picture presented here is more one of pathological shyness than of withdrawal. When social anxiety becomes intense, some children may become temporarily inarticulate

or even mute. Such children tend to experience a painful lack of self-confidence, are unassertive, and are incapacitated by the sorts of competition which children experience in normal school and social environments.

Last in the DSM-III categorization system is overanxious disorder of childhood, which is characterized by chronic anxious worrying about concerns or events that are not directly related to separation. Anxiety tends to center around concerns of not meeting the expectations of the self or of others; for example, worries about not doing well on examinations, about not meeting deadlines, about not doing chores, or about the perceived dangers inherent in various anticipated situations. Such children often have tendencies to perfectionism, obsessive self-doubt, and a pathological need for approval. This disorder may be difficult to distinguish from obsessive-compulsive neurosis, particularly in its obsessive aspects.

There are three other anxiety and phobic states which, according to DSM-III criteria, may first appear in childhood. The first, simple or specific phobia, are anxieties that focus on rather specific and encapsulated objects or situations. These may include fear of heights, claustrophobia, and animal phobias. Some researchers (Agras, Sylvester, & Oliveau, 1969; Gittelman, 1986; Orvaschel & Weissman, 1986) have found certain phobias to be typical of certain ages. For example, in early childhood, fears of doctors, injections, darkness, and strangers are common; these phobias decline sharply with age.

In middle childhood through adolescence, fears of animals, heights, storms, enclosed places, and social situations predominate. Because simple phobias are not unusual in childhood, and often abate without treatment, this is a diagnosis that has more weight when it persists into adulthood.

Obsessive-compulsive neurosis may often begin in childhood. The obsessive preoccupations are experienced as invasive, unwanted thoughts, images, or impulses that cause the individual emotional discomfort. Compulsions, ritualized activities such as handwashing, counting, or touching, are often paired with obsessions and may be experienced as attempts to control the unwanted thoughts and impulses. A clinical illustration of an obsessive-compulsive routine is a child who obsessively ruminates about the chances that a fire will break out in the furnace room of his house, and who is unable to sleep at night because he must continually touch the floor and the electrical sockets in his room to prevent an outbreak of fire. Psychotic thinking is absent; the child knows that his compulsion to touch the floor will not actually prevent fire, but he is driven to repeat the behavior in order to have some control over warding off his anxieties of impending danger.

It should be noted that post-traumatic stress disorder is also an anxiety disorder from which children suffer. Because of its special precipitating circumstances which are catastrophic (either natural or man-made) in nature, it requires special attention which is outside the purview of this paper.

ETIOLOGY OF PHOBIC AND ANXIOUS STATES IN CHILDHOOD

Why do children become pathologically anxious? The current empirical literature leads us in two directions on this question. Several recent studies (Berg, 1976; Moreau, Weissman, & Warner, 1989; Weissman, Leckman, Merikangas, Gammon, & Prusoff, 1984) and reviews of studies (Gittelman, 1986; Puig-Antich & Rabinovich, 1986) report relationships between anxiety disorders in children and anxiety or depressive disorders in their parents (particularly their mothers). It appears that depressive parents have significantly more children who develop anxiety disorders, including panic disorders (Moreau et al., 1989; Weissman et al., 1984). Parents with panic disorder have been reported to have three times the incidence of separation anxiety in their children (Weissman et al., 1984), while data from England indicate that agoraphobic mothers had significantly more school-phobic children than the general population (Berg, 1976).

Some researchers (Ballenger, Carek, Steele, & Cornish-McTighe, 1989; Moreau et al., 1989) have found that the constellation of symptoms that comprises panic attacks in adults can also exist in young children. Panic attacks occur without obvious external provocation, and are characterized by somatopsychic symptoms such as palpitations, choking or smothering sensations, derealization, paresthesias, trembling, sweating, and so on. These researchers have argued that what is diagnosed as separation anxiety may in

fact be panic attack. The import of such an argument, though it may not be apparent from reading the literature, bears on both etiology and treatment of anxiety disorders in children. Those researchers and clinicians who work within the tradition of behavioral medicine tend to interpret familial patterns as genetic in origin, and to look toward pharmacological rather than psychological treatment. Other recent studies (Hayward, Killen, & Taylor, 1989), while confirming that panic attacks are not confined to adults, have demonstrated correlational relationships between young adolescents with panic attacks and depression, separation or divorce in their families of origin, and smoking cigarettes. The results of this study suggest that early loss or sensitivity to separation is an underlying factor in panic attacks, and that there is a relationship between this form of anxiety and depression.

In summary, the studies referred to in this paper present inconclusive evidence with regard to the etiology of childhood anxiety disorders. While recent data, both empirical and clinical, rather consistently suggest a relationship between childhood anxiety and parental anxiety and/ or depression, the inferences drawn by researchers tend to be split between those who implicate genetic factors on a physiochemical basis, and those who see the social and emotional history, and specifically a psychological sensitivity to separation, as the crucial factors. Correlational studies (the empirical studies referred to in this paper are correlational or small case studies) suggest relationships between variables studied; they do not prove

etiology. So while one group might, on the basis of their data, argue for seeing children as having panic disorder rather than separation anxiety, it might just as well be argued that panic disorder in adults is anchored in an underlying separation anxiety.

I would like at this point to turn to ethological data to afford an additional perspective on some of the issues involved in the etiology of anxiety. It was once thought that anxiety was an altogether human phenomenon, born of internal conflict (Freud, 1905). We now have a multitude of evidence for the existence of separation anxiety in nonhuman primates. Observations of contact-seeking, exploration away from the primary caretaker, and physiological activation under stress in young primates all seem to argue against the internal conflict model as the only model for anxiety, and seem to validate attachment and relational models. Separation anxiety has been observed repeatedly and consistently in young primates removed from their mothers, or their social group (Harlow, 1958; Suomi, 1986). When returned to their sources of attachment, the more intensely expressed highly anxious state abates, but over the course of the next several days, weeks, or months, those subjects who suffered separation display much higher levels of anxious behavior than they did prior to separation. For example, primate infants will increase the frequency and intensity of contact-seeking behavior toward the mother, while ordinary exploratory and social play that would move them away from the mother will

correspondingly decrease. Juvenile and adolescent primates will regress to clinging behaviors in relation to the mother, while those older will become agitated and disquieted. Suomi (1986) reports factors that increase anxiety in primates which are similar to what human attachment theorists would hypothesize: early or frequent separations from the mother; rearing by a neglectful or abusive mother; frequent changes in the composition of the primary social group; lack of stability in the social group's dominance hierarchy. These factors are readily translatable into the human environment, with the last two accounted for by frequent moves or changes within the family composition, and changes in the authority structure (or the person of authority) in the family.

As the primate subjects get older, developmental markers of anxiety change as the symptomatology changes. Where infant and "toddler" primates will become increasingly clingy, and juvenile primates will regress to a need for contact with the mother when that need had all but disappeared developmentally, older (adolescent and young adult) primates' primary symptoms are that of agitation, stereotyped behaviors, and a withdrawal from ordinary exploratory, playful, and sexual behaviors. These observations are particularly interesting in light of symptomatic expressions of human anxiety, providing some empirical support for the earlier stated view that panic disorders in adults (and adolescents, and occasional precocious children) are later, derivative expressions of an underlying separation

anxiety.

Physiological studies of young monkeys (Suomi, 1981) indicate that those who are highly reactive to stress on a behavioral basis also tend to be highly reactive physiologically. High reactors tend to show vegetative signs of depression when subjected to significant separations from their mothers; low reactors tend to show the expected anxiety behaviors, but do not manifest depressive symptomatology. High and low reactive monkeys seems to be more or less related to each other; however, genomic differences can only be inferred. Regardless of whether or not the tendency to depressive symptomatology is genetically transmitted, it is important to emphasize that high reactors react only under conditions of stress, which are interpersonal in nature.

DEVELOPMENTAL ISSUES IN ANXIETY: PSYCHOANALYTIC PERSPECTIVES

Anxiety, in its various forms and phases of development, has occupied psychoanalytic thinking from its beginnings to the present. Various theoretical perspectives within psychoanalysis emphasize different types of anxiety. These types of anxiety—castration anxiety, signal anxiety, separation anxiety, stranger anxiety, depressive anxiety, and the anxiety of insecurity—will be discussed.

Castration Anxiety

The Freudians tend to emphasize castration anxiety, the fear of losing the penis, or the feelings of power and efficacy associated with it, because of attendant anxiety and guilt over one's own forbidden libidinal impulses. That is, it is what one wishes and desires, but what must be repressed because it is forbidden, which leads to anxiety states. Castration anxiety fits the internal conflict model of anxiety. Developmentally, castration anxiety would not be a predominant anxiety experience until four or five years of age, when superego structures and attendant functions of guilt and inhibition are in place in the child.

Signal Anxiety

Ego psychologists, and, more recently, Kohutians, tend to emphasize the importance of signal anxiety (also an original contribution of Freud), which stresses anxiety as a signal to the ego of impending danger from without. In this model (Freud, 1926), anxiety is not the expression of dammed up libido, but rather functions as a signal to the ego to respond adaptively to the threat of a traumatic situation. Adaptive responses might include inhibition of behavior on the part of an older child, or attracting the attention of a caretaker to relieve distress on the part of a younger child. Anxiety as the reaction of the ego to danger in these cases might be the danger of separation

or loss of love. The young child is at risk when he is separated from the mother; therefore he develops expressions of anxiety as safety devices to secure reunion. Signal anxiety fits the theory of secondary drive. That is, the drive for attachment is secondary to the drive for pleasure; attachment results from cathecting the source of the physiological pleasure.

Self psychologists have extended the notion of signal anxiety to include the function of transmuted internalizations. Tolpin (1971) proposes that precursors of signal anxiety operate at much earlier ages than previously thought, and depend upon the capacity of the mother to mediate or attenuate anxiety experiences of the infant. She postulates that the mother's anxiety-relieving responses to the infant's distress are preserved as psychic structure, as long as the mother serves as an effective auxiliary ego until the child develops enough mental workings to soothe himself. If the mother-infant dyad does not work well together to relieve anxiety, beginning distress snowballs into unremitting pathological anxiety states, rather than ending in the more soothing adaptive functions of signal anxiety. Contact security, and the reliability of a good holding environment which the mother provides for the child, are what contribute to the child's ability ultimately to soothe himself and manage his own anxiety. Though object relational in intent, Tolpin's model is fundamentally an ego psychological model, as her assumptions rest on the notion that the child naturally has anxiety but not the ability to diminish it, and that the mother's function is to mediate or alleviate

the anxiety through serving as an auxiliary ego.

Stranger Anxiety

A developmentally early appearing form of anxiety is called eight-month or stranger anxiety (Spitz, 1965). Stranger anxiety appears somewhere around the seventh, eighth, or ninth month, and is characterized by some expression of distress when encountered with a nonfamiliar person. Stranger anxiety may express itself through persistent crying and difficulty being soothed if the infant is left with a stranger, to crying, pulling away, or averting one's glance from an unpleasing stranger even when the baby remains in the mother's presence. These reactions, even when quite intense in their expression at eight months or so, tend to disappear soon after this phase is negotiated if things are well between the baby and his primary objects of attachment. Developmentally, the appearance of stranger anxiety is thought to mark the recognition of the unfamiliar. There is evidence, however, that babies have the cognitive capacity for *recognition* of the unfamiliar before this time, so perhaps stranger anxiety more accurately marks displeasure with certain instances of the unfamiliar. Many theorists view stranger anxiety as a turning point in the development of object relations, as it is thought to indicate the child's capacity to attach to a specific individual object and to mark the onset of anxiety about loss. In this way, it is seen as the earliest prototype of separation anxiety. The timing of the appearance of stranger

anxiety—eight months plus or minus a month or two—coincides with what Klein (1946) calls the depressive position and what Stern (1985) calls the discovery of intersubjectivity, indicating that theorists and researchers coming from different perspectives recognize that something of developmental significance is occurring.

Sandler (1977) expands the concept of stranger anxiety to include not only anxiety around the loss of the object but loss of the continuity of the self. Sandler's view of development is that the child constructs representations of the object and of the self out of the subjective mother-child matrix, so that the child's self-representation gradually comes to be distinct from object representations. The process of this self-other differentiation, she believes, puts the child in a fragile state which requires a smoothly flowing dialogue between mother and child to alleviate the anxiety of loss. This dialogue may be interrupted in the face of the stranger's intrusion, creating anxiety in the child and a need for re-establishment of that dialogue, both with the mother as familiar object and with the self as one's old familiar self.

Depressive Anxiety

Depressive anxiety, a cornerstone of Kleinian developmental theory, occurs developmentally at about the same time as stranger anxiety. In Kleinian theory (Klein, 1935; Segal, 1964), the depressive position

corresponds to the infant's increasing ability to relate to the mother (and other primary objects of attachment) as a whole person, with an identity that comes to be recognized as separate from the infant's own. Good object experiences with the mother and bad object experiences with the mother begin to be integrated, so that the infant begins to experience himself as the same person who both loves and hates the mother. As the loved and hated aspects of the object come closer together, the result is an increased fear of loss, as one's own aggressive impulses are recognized as being directed against the loved object. Depressive anxiety and guilt arise out of the fear that the child's aggressive phantasies will destroy the object, and, through the mechanism of projection, the self as well. Anxiety in the depressive position, then, centers around feeling that one's own destructive impulses have destroyed or will destroy the loved and needed object. Klein sees experiences of depressive anxiety as beginning at around six to nine months, which corresponds with Mahler, Pine, and Bergman's (1975) "differentiation" phase, as well as with Spitz's observed stranger anxiety and Stern's discovery of intersubjectivity. Depressive anxiety is relational in nature, involving concern regarding the fate of those whom the child has destroyed in phantasy. The capacity for empathy and reparative gestures arise from the concerns of the depressive position.

The Anxiety of Insecurity

The “anxiety of insecurity” is modeled on ideas of Winnicott (1952) and Sullivan (1953), although it also relates to concepts developed by Fairbairn (1941; 1963) and Bowlby (1973). Sullivan views anxiety as an altogether interpersonal phenomenon, and traces the origins of anxiety not to endogenous needs, conflicts, or physical states within the infant, but to disturbances in the interpersonal field, wherein the primary caretaker(s) is herself disrupted by anxiety. Sullivan’s theorem of anxiety contagion is that the tension of anxiety, when present in the (m)other, induces anxiety in the infant. Sullivan explicitly states his view that anxiety tensions are not physicochemical in origin; rather, anxiety is expressed in communal existence from one person to another, with reference to a personal environment. The relief of anxiety tension brings with it not satisfaction or gratification in the way in which Freud would have meant it, but a sense of interpersonal security. Sullivan sees what he calls need tensions—“physicochemical” needs such as hunger and thirst, as well as emotional needs such as the need for contact—as constructive sorts of tensions. Under ordinary circumstances, the infant expresses needs through crying, reaching out, and other forms of communication, which elicit a tender response from the caretaker, and all goes well. Under such circumstances, the tension of needs sets up an interpersonal process that fosters integrating tendencies in the child. The tension of anxiety, however, often leads to trouble, as the sorts of gestures the infant makes toward the mother to elicit soothing—crying or reaching out—

is not met with tenderness, as the mother is already compromised by her own anxiety. Such circumstances lead to a snowballing of distress between parent and child, increasing anxiety and leading to disintegrative experiences. Sullivan regards the tension of anxiety as the early prototype for emotional disturbances of all sorts.

Winnicott's (1952) delineation of early appearing anxiety—what he calls anxiety associated with insecurity—is compatible with Sullivan's. The developmentally earliest form of anxiety, and the paradigm for later anxieties, is related to being insecurely held. Winnicott sees the earliest anxieties as object relational, not institutional or biological, in nature. Anxieties expressed in experiences of disintegration, depersonalization, and shifts from true to false self-organization are, in their pathologic forms, prevented by good-enough maternal care, which consists of a sufficiency of being held as well as the ability to fail in manageable and graduated ways.

Separation Anxiety

Discussion of separation anxiety is left for last not because it is the earliest appearing form of anxiety, but because of its importance to psychoanalytic and developmental theorists of many shades and colors. Although the cornerstones of Freudian theory are castration anxiety and related superego anxiety, Freud (1926) does state in his later work that

anxiety is a response to the danger of object loss. Such theorists as Mahler et al. (1975) observe separation anxiety as a developmentally normal occurrence during the rapprochement struggle. The rapprochement subphase, which Mahler et al. place at around 18 months to around 24 months, is viewed as part of the young child's move towards psychological differentiation from the mother. These theorists describe the original state of the human being in early infancy as "normally autistic," without object ties. When the infant, in the second and third months begins to recognize the mother, it is within the context of a symbiotic orbit, wherein the infant does not make distinctions between self and others. Gradually, beginning at about four or five months, the infant begins to differentiate himself from others, which Mahler et al. characterize in terms of the struggle for psychological individuation. The rapprochement subphase is characterized by the progressive disengagement of the child from the mother as independence grows, as well as rather intense demandingness and need for contact as he begins to realize that the price paid for independence is some experience of loss of the mother. Separation anxiety, here, is related to the child's developing sense of an independent self that is inevitably accompanied by an ensuing sense of loss of the mother (who, importantly, is in most cases not actually lost, but who, in this theory, is no longer experienced as of one and the same mind and being with the child. It should be further noted, parenthetically, that other theories of psychoanalytic child development—for

example, Stern, 1985—disagree with the notion that development proceeds from symbiosis to separation-individuation).

Bowlby (1958, 1960, 1973), and the attachment theorists whose research derives from him (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Main, Kaplan, & Cassidy, 1985), postulate that anxiety is a primary response due to a rupture in the attachment to mother. Bowlby differs from the classical and ego psychological positions in psychoanalysis which hold that attachment to the mother is derivative of her function as a need gratifier. According to the classical position, the child does not experience true object love prior to the development of the superego and a full acceptance of the reality principle. It was thought that young (pre-Oedipal) children did not truly mourn for lost objects; rather, they experienced transient reactions to deprivation until a new need-gratifying object appeared. In this system, one good mother was interchangeable with another good mother. Bowlby was one of the first theorists to suggest that children as young as six months old do mourn at separation or loss of primary caretakers, because from the beginning the infant has the capacity for strong attachments. (It should be noted that from another perspective, Klein's (1937) theory of the depressive position and the child's reparative gestures towards the mother to ensure her well-being also presumes primary attachment experience. Although nominally a drive theorist, Klein's position was that object relations begin at the breast, from the moment of first contact.) Bowlby saw attachment as the

basis for reconceptualizing all basic areas of classical psychoanalytic theory. All anxiety is related to separation from the mother or the mother figure; dependency and clinging is understood in terms of anxious attachment; anger is a response to separation; and psychic defenses are in the service of deactivating the need for attachment, particularly the thwarted or frustrated need for attachment.

A Revisionist Perspective

Of what importance is such a reconceptualization for the understanding of phobic and anxiety states in childhood? Childhood psychopathology would then be viewed primarily in terms of failure of attachment or of anxious attachment rather than in terms of the conflicts of various psychosexual stages. So we can, for example, speak of the anorexic, the obsessive-compulsive, the enuretic, the phobic child in terms of the dynamics that go on around issues of attachment. The quality of the original attachment between mother (or other caregiver) and child is what determines the negotiation of anxieties as they arise for the child. Children who are securely attached to their primary caregivers tend to manage early separations in adaptive ways. Bowlby describes typical responses to the event of significant separations from the primary caretaker in children from six months of age. Significant separations, according to Bowlby, are those of several days, and at least some of the data he reports concern separations under stressful situations—

hospitalization of the mother, hospitalization of the child, and separation during wartime. The typical responses he observed consist of three phases. The first, called protest, lasts from a few hours to a week or more, and is characterized by observable distress on the part of the child and active efforts to recapture the mother; by crying, throwing himself about, or looking eagerly toward any sight or sound that might herald the return of the mother. The next phase, called despair, is marked by continued preoccupation on the part of the child with the missing person, but with a marked diminishment in activities meant to call her back. Hopelessness and depression have begun to set in. Children in this phase appear undemanding and withdrawn, which may be mistaken for having recovered from the loss. The third phase, detachment, seems like true recovery, for the child begins to take an active interest in what is going on around him, and will accept attention from others. However, children who reach this phase will turn away from the mother on reunion, acting as if they do not know her or care if she is there. The picture here is one of schizoid adjustment, with superficial sociability toward others, and little or no sociability toward the mother.

Children who have difficulties in the quality of the original tie to the mother have characteristic difficulties in the management of what appear to be more ordinary and momentary separations. The Strange Situation paradigm, (Ainsworth et al., 1978), which consists of a number of episodes of separation and reunion between infants or young children and their mothers,

provides empirical confirmation of Bowlby's work. Based on the child's responses to the mother's comings and goings, children have been classified as securely attached, avoidant, and ambivalently or insecurely attached. Although such attachment styles do not necessarily lead to psychopathology, there is reasonable indication that children who are avoidant or insecurely attached are at higher risk for psychopathology (Rutter, 1987; Sroufe, 1988). Using Bowlby's paradigm, avoidant children would be more vulnerable to schizoid or depressive disorders, while anxiously attached (what Ainsworth calls ambivalent) children would be more vulnerable to anxiety disorders.

Anxiously attached children appear to be clingy, demanding "overdependent," and what some might call "spoiled." Some promoting conditions in childhood are early separations (both literal and figural) from primary maternal figures. Hospital stays of significant length of either parent or child, threats of abandonment for discipline purposes, acrimonious parental fights (which bring the risk, or the fantasy, that a parent might depart), parental depression or threats of suicide, or any similar situation which threatens the security of the child's tie to the parent, predisposes to anxious attachment.

There has been a tendency in the behavioral literature to underread Bowlby. Gittelman (1986), for example, comes to the conclusion that since clinicians report that children with school phobia and/or separation anxiety

tend to come from close knit families, early separation does not contribute to the development of anxiety disorders in children. What threatens the security of the child's original tie to the mother is not simply literal physical separations, but words, affects, and attitudes that communicate the tenuousness of the tie. A mother, for example, who hugs her child close to her and cries as she rocks her, or a parent who says "You'll be the death of me" when the child fails to be compliant will, eventually, communicate to the child something of the tenuousness of their relationship. Where Bowlby stresses the threat to the integrity of the tie to the mother, Sullivan stresses the inducement of the mother's anxiety directly in the child, and Winnicott stresses the adequacy of the holding environment, all point to the development of security in the sense of relatedness which develops between child and primary caregiver(s). Anxiety states stand in contradistinction to the development of security.

School phobia may serve as a prime example of anxious attachment. School phobia consists of the child not only refusing to attend school, but expressing much anxiety when pressed to go. The anxiety may take the form of psychosomatic symptoms, or be more directly expressed by fearfulness, tearfulness, and clinging to the mother. Most often the family is intact, the child is well-behaved to the point of inhibition, and there have not been long or frequent physical separations. Parent-child relationships may be unusually close, perhaps to the point of suffocation. Bowlby (1972) describes four

typical patterns of family interaction in phobic children. In what he calls type A, the mother, and sometimes the father, suffers from chronic anxiety and retains the child home as a companion. In type B, the child fears that something dreadful will happen to the mother or the father while he or she is away, and so stays home to prevent it. In type C, the child fears that something dreadful will happen to him while he is away. And in type D, the mother, and sometimes the father, fears something dreadful will happen to the child while away, and so keeps him at home. Each of these patterns, although differently motivated, are instances of close but intensely ambivalent relationships. The fears and anxieties that are transmitted between parent and child are unconscious in nature, and usually not experienced on a consciously aware level. Bowlby would apply the same clinical paradigm to agoraphobia, anxiety or panic attacks, phobias, obsessive anxieties, and other phobic and anxious states.

To summarize with clinical examples: A young girl of four, who has already spent a year in nursery school, has difficulty letting her mother out of her sight. When she does let her go, she tends to need to check back with her on a momentary basis, similar to how Mahler would describe the necessity to refuel during the rapprochement period. The child has become afraid of school and of her teacher, describing her as a mean witch. She has asked her mother to take her out of school, and not to send her to another school that has such a mean witch in it. The mother, who in no way resembles a mean

witch herself, has complied with her daughter's request and sees some sense in it. She is very attentive to her daughter and worries excessively about her daughter's unhappiness. She has an older daughter who appears comfortable and reasonably happy, who is neither clingy with her mother nor reluctant to go to school. Is it genetic, the mother wonders, this tendency to cling and to be fearful and to be unhappy with oneself? Has her daughter somehow inherited this tendency, from some not-too-distant family member? The child, it turns out, is especially attuned to the problems in the parents' relationship to each other, which intensified just a year or two before. She is also especially attuned to the mother's depression, which on the surface the mother keeps in very good check. Projective testing reveals an inordinately precocious child who is so attuned to the nuances of interpersonal relationships that she is in danger of losing her own internal focus. Her anxiety sometimes keeps her at home while her mother is off at work, but often keeps her at home while her mother is home. When her mother is at home, it is the best between them, for then they are both momentarily free of the responsibilities of supporting others and can simply enjoy each others' company. The burdens that this child feels are not unlike the burdens that her mother feels. In the child's case, however, her anxiety about her own welfare is exceeded only by her anxiety about her mother's welfare. Unlike her mother, she cannot go out to work to support the family, but she can feel the anxiety of that burden as well as countless others, and she can express it

through her discomfort about going to school, using her talents, and enjoying herself.

The little boy mentioned earlier who felt compelled to touch the floor to prevent a fire from raging was also especially empathic, sensitive to his mother's burdens about being left (emotionally) alone to raise four small children and his father's anxieties about making a sufficient living. His father's impatience with the fears of others further contributed to his need to contain his own anxieties and anger, a need that ultimately broke down despite vigorous compulsive attempts. Although not the exclusive domain of precociously empathic children, phobic and anxious states tend to manifest themselves in children who are especially sensitive to the fragile equilibrium of their parents.

REFERENCES

- Agras, S., Sylvester, D., & Oliveau, D. (1969). The epidemiology of common fears and phobias. *Comprehensive Psychiatry, 10*, 151-156.
- Ainsworth, M. D. S., Blehar, M., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale: Erlbaum.
- Ballenger, J. C., Carek, D. J., Steele, J. J., & Cornish-McTighe, D. (1989). Three cases of panic disorder with agoraphobia in children. *American Journal of Psychiatry, 146*, 922-924.
- Berg, I. (1976). School phobia in the children of agoraphobic women. *British Journal of Psychiatry, 128*, 86-89.

- Bowlby, J. (1958). The nature of the child's tie to the mother. *International Journal of Psychoanalysis*, 39, 350-373.
- Bowlby, J. (1960). Separation anxiety. *International Journal of Psychoanalysis*, 41, 89-113.
- Bowlby, J. (1973). *Separation: Anxiety and anger*. New York: Basic Books.
- Fairbairn, W. R. D. (1941). A revised psychopathology of the psychoses and psychoneuroses. In *Psychoanalytic studies of the personality*. London: Routledge, 1952.
- Fairbairn, W. R. D. (1963). Synopsis of an object-relations theory of the personality. *International Journal of Psychoanalysis*, 44, 224-5.
- Freud, S. (1905). Three essays on infantile sexuality. *The standard edition*, Vol. VII, London: Hogarth Press, 1959.
- Freud, S. (1926). Inhibitions, symptoms, and anxiety. *The standard edition*, Vol. XX, London: Hogarth Press, 1959.
- Gittelman, R. (1986). Childhood anxiety disorders: correlates and outcome. In R. Gittelman (Ed.), *Anxiety disorders of childhood*. New York: Guilford Press.
- Harlow, H. F. (1958). The nature of love. *American Psychologist*, 13, 673-685.
- Hayward, C., Killen, J. D., & Taylor, C. B. (1989). Panic attacks in young adolescents. *American Journal of Psychiatry*, 146, 1061-1062.
- Klein, M. (1935). A contribution to the psychogenesis of manic-depressive states. In *Love, guilt, and reparation*. London: Hogarth Press, 1975.
- Klein, M. (1937). Love, guilt, and reparation. In *Love, guilt, and reparation*. London: Hogarth Press, 1975.
- Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and gratitude*. London: Hogarth Press, 1975.

- Mahler, M. S., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood and adulthood: A move to the level of representation. *Monographs of the Society for Research in Child Development, 50*, 66-104.
- Moreau, D. L., Weissman, M., & Warner, V. (1989). Panic disorder in children at high risk for depression. *American Journal of Psychiatry, 146*, 1059-1060.
- Orvaschel, H. G., & Weissman, M. M., (1986). Epidemiology of anxiety disorders in children: A review. In R. Gittelman (Ed.), *Anxiety disorders of childhood*. New York: Guilford Press.
- Puig-Antich, J., & Rabinovich, H. (1986). Relationship between affective and anxiety disorders in childhood. In R. Gittelman (Ed.), *Anxiety disorders of childhood*. New York: Guilford Press.
- Rutter, M. (1987). Continuities and discontinuities from infancy. In J. Osofsky (Ed.), *Handbook of infant development*. New York: Wiley.
- Sandler, A. M. (1977). Beyond eight-month anxiety. *International Journal of Psychoanalysis, 58*, 195-207.
- Segal, H. (1964). Introduction to the work of Melanie Klein. New York: Basic Books.
- Spitz, R. A. (1965). *The first year of life*. New York: International Universities Press.
- Sroufe, L. A. (1988). The role of infant-caregiver attachment in development. In J. Belsky & T. Nezworski (Eds.), *Clinical implications of attachment*. Hillsdale: Erlbaum.
- Stern, D. (1985). *The interpersonal world of the infant*. New York: Basic Books.
- Sullivan, H. S. (1953). *The interpersonal theory of psychiatry*. New York: W. W. Norton.
- Suomi, S. J. (1981). Genetic, maternal and environmental influences on social development in

- rhesus monkeys. In B. Chiarelli & R. Coruccini (Eds.), *Primate behavior and sociobiology*. Berlin: Springer-Verlag.
- Suomi, S. J. (1986). Anxiety-like disorders in young nonhuman primates. In R. Gittelman (Ed.), *Anxiety disorders of childhood*. New York: Guilford Press.
- Tolpin, M. (1971). On the beginnings of a cohesive self: An application of the concept of transmuting internalization to the study of the transitional object and signal anxiety. In *Psychoanalytic Study of the Child*, v. 26. New York: Quadrangle Books.
- Weissman, M. M., Leckman, J. F., Merikangas, K. R., Gammon, G. D., & Prusoff, B. A. (1984). Depression and anxiety disorders in parents and children. *Archives of General Psychiatry*, 41, 845-852.
- Winnicott, D. W. (1952). Anxiety associated with insecurity. In *Through pediatrics to psychoanalysis*. London: Hogarth Press, 1978.