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ABSTRACT

This paper summarizes the theoretical frame of reference, structure and function of an experimental program called the Parenting Process Project which has been part of the Child and Family Guidance Unit of the Department of Psychiatry at Cedars-Sinai Medical Center in Los Angeles since 1967. The Project combines psychoanalytic and anthropological insights and techniques to study child development and the psychodynamics of varying family systems in so-called "normal families" during the first five years of life of the newborn. Another aim of the Project is to refine an intervention model for monitoring the psychodynamic and cognitive progress of children during this span. The structure for this longitudinal involvement is a group consisting of 12 families (with heterogeneous socioeconomic, ethnic and family structures) and members of a multidisciplinary team which forms before the birth or adoption of an infant and continues to meet weekly until the child enters kindergarten. The Project target is the infant, and the long-term goal is facilitating each child's mastery of the major phases inherent in the first five years of life in order to prevent or ameliorate developmental impediments to proper ego functioning. Several case studies are presented. (Author/MS)

THE PARENTING PROCESS PROJECT - AN EXPERIMENTAL AND CLINICAL APPLICATION OF PSYCHOANALYTIC AND ANTHROPOLOGICAL PERSPECTIVES

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INTRODUCTION

This paper summarizes the theoretical frame of reference, structure and function of an experimental program called the Parenting Process Project which has been part of the Child and Family Guidance Unit of the Department of Psychiatry at Cedars-Sinai Medical Center in Los Angeles since 1967. The Project combines psychoanalytic and anthropological insights and techniques to study child development and the psychodynamics of varying family systems in so-called "normal families" during the first five years of life of the newborn, and to refine an intervention model for monitoring the psychodynamic and cognitive progress of children during this span. The structure for this longitudinal involvement is a group consisting of families and members of a multidisciplinary team which forms before the birth or adoption of an infant and continues to meet weekly until the child enters kindergarten. The Project target is the infant, and the long-term goal is facilitating each child's mastery of the major phases inherent in the first five years of life in order to prevent or ameliorate developmental impediments to proper ego functioning.

If the long-term goal is successful, as we believe it is, it is our objective to demonstrate the Project's significance and to teach other leaders to reproduce our model at low-cost and make it easily available for as many groups of families as wish to participate

BASIC THEORETICAL VIEWPOINT

Mahler (1967, 1968), Spitz (1945, 1965), Bowlby (1951, 1969, 1973), Winnicott (1958), and others have amply demonstrated that during the first four to six years of human life, the crucial events basic to ego development take place, and that the child's personality becomes relatively less accessible to alteration with the passage of time. All corroborate in their own terms that most of the major dynamics and symptomatology of various emotional illnesses and character disorders are formulated during these critical infantile and early childhood years at the stages of symbiosis and separation-individuation and their immediate aftermath, to use Mahler's term. Yet, what has been done to exploit for the sake of child development the precious body of knowledge gained by these psychoanalytically trained scientists?

This study was intended to provide a feasible method for utilizing this information in a procedure which has proved to be instrumental in minimizing conscious and unconscious conflicts which develop within the child during these critical early years of life and which too frequently form a matrix for continuing problems in later years.

The Parenting Project attempts to keep parents in touch with an average expectable parenting situation with average expectable interactions in our cultural milieu. (We are quite aware that there is no such thing as an average child, but we mean that there are standards by which we may gauge behavioral transactions and affectual responses

The newborn child is characterized by a plasticity of adaptive mechanisms unmatched in any other time in the human life cycle (Yazmajian, 1967). The human infant's extra-uterine development has been likened to fetal development which proceeds postnatally over a period of the first four to six years of life and this continuing fetal development has profound effects on the intellectual and social development which occurs side-by-side with it. Psychoanalysts have always kept a sharp focus on the biologic helplessness, dependency, and immaturity of the human infant and child, and "maturation" has become an important word in the recent literature. However, the fact that a genetically incomplete organic physiology persists late into childhood has been unappreciated and unintegrated into psychoanalytic theory until just recently. That is to say, that the human infant at birth is morphologically and functionally still in a fetal state. For example, the cortico-spinal tracts are not yet myelinated until the age of a year and a half. Many aspects of the neonate's skin, gastrointestinal tract, central nervous system, etc., have fetal qualities which persist until approximately the age of five or six. Hence, the emotional and physiological development of the infant during the first four to six years coincide and can be clearly seen as being basically psychophysiological developments because the infant's psychic and physiological functions develop simultaneously and are so interdependent as to be indefinable except in terms of a unitary quality. Emotional and organic impairment or trauma during

infancy and early childhood inevitably affects all future emotional development to some degree.

FOCUS ON THE UNCONSCIOUS AND PRECONSCIOUS OF THE PARENTS

Parenting revives and brings closer to consciousness each adult's early history of being parented which has been stored in the unconscious. Early infantile fantasies of being mothered and fathered are reactivated. Unmet dependency needs of the parent's childhood surface, or if still an active part of the personality, become exacerbated. In some cases, the pre-parental personality may be of such pathology that old conflicts are extended and prohibit or inhibit parenting capability. This baseline knowledge is acquired through contact with the entire family as well as the parents throughout the infancy and early childhood periods.

Feelings of anxiety, anger, sadness and pleasure are everyday components in child-parent life. The Project looks to these feelings to enhance parental insight into and empathy with the child's emotions and to deepen their appreciation of the child's need for acceptance and understanding within the unique configurations of childhood. These Project transactions are geared so that the child can be helped to cope with impulses and external reality without developing pathological or inappropriate defenses, behavior disorders, or an overly rigid superego. The staff, so to speak, monitors the ego development of the child. In those instances where it is impossible to alter

rigid parental attitudes, an attempt is made to minimize their long-term effects on the child and to provide in the Project an alternative social experience for the child.

The defensive patterns of the child are delineated during Project meetings. When regressive behavior and untoward superego demands become obvious, they are precipitants for group discussion. Prime indication for staff concern is the arrest of gross interference with normal development. The Project staff is alert to this factor, and measures are planned to head off dystonic patterns before they become relatively immutable or fixed. The child's early defenses are less rigid than those of later years, and can be dealt with before they are frozen into character traits.

We look upon parenthood as a series of developmental phases of motherhood and fatherhood and plan the Project accordingly. Our family meetings permit us to become acquainted with the characterological defenses of the parents, the internal-external stresses brought about by the changing patterns of the child's needs and personality, and the parents' adaptation to each other as well as to their child if there is an intact dyad. The single parent family presents additional challenges with the possibility of an over-determined intensity of child-parent interaction.

OPERATIONAL DESCRIPTION

Having covered some of the major determinants of our frame of reference, we now turn to a description of the Parenting Process Project.

The basic unit for the Project has been a group of twelve families with heterogeneous socioeconomic, ethnic and family structures brought together in the prenatal or pre-adoption phase and maintained as a group throughout the first five years of life of the newborn.

The group was formed from the first dozen families who responded to a notice sent out to obstetricians, pediatricians, nursery schools, public health maternity clinics, etc. The notice stated the program was open without charge to any family with a member who was in the second trimester of pregnancy or in an equivalent pre-adoption phase. The program called for two types of discussion meetings about parenting throughout the first five years of life: one with the children present and one for just the parents. Since the participants were self-selected, their heterogeneity as to age (20 to 40+), number of children (0 to 3), socioeconomic (food stamp families to upper-middle class) and educational background (high school graduates to college graduates) was a welcome, though chance, factor. Of the primiparae, one was a young divorcee and two were over 40 years of age. All of the original group have retained membership throughout except two families who divorced and reluctantly left the Project when they moved from California.

Additional families were added until a maximum membership of twelve was reached. The stability of the group attests to the intense interest parents maintain when work focuses on their children.

The structure which has evolved resembles an extended kinship system bound together by common purpose - the resolution of developmental problems which are prevalent during early parenting years, the prevention of psychological failures and the enhancement of personal and social potential. We attempt to reach a large group with a minimum financial and time commitment of staff. The parents, their Project children and pre-school siblings, meet every week for 1-1/2 hours with a professional health team augmented by volunteers. These meetings take place in the informal setting of the nursery school at the Cedars-Sinai Division of Child Psychiatry. An additional night meeting with parents only, or Saturday morning meetings involving fathers as well as the rest of the family, are held each month to insure continuous contact with working parents, to tap the parenting potential of each father, to foster the parenting alliance of mother-father dyads and to maintain contact with school age siblings. The few topics avoided when the children are present are brought up at the night meetings. In addition, home visits are made routinely by staff and/or volunteers during the six-week post-partum period and during family crises. The staff holds a one and a half hour planning session before each meeting and a half-hour review immediately following each meeting.

The group meetings consist of the informal exchange of experiences, observations and information not only between staff and families but among families themselves. Competition and confrontation are discouraged. Exploration and confidence are encouraged. Taboo and avoided subjects such as shame about children's sexuality, resentment and resistance to authority figures, rage over abuse by a family member, conflicts about contraception are introduced or responded to in a relaxed, accepting manner.

The staff works to establish and maintain a social milieu which in itself is therapeutic. At the same time, an attempt is made to avoid or minimize a group therapy model. This requires the exercise of special skill and knowledge for it is easy to exacerbate anxiety or feed into stern superego demands during parenthood.

A whole gamut of psychodynamic and socio-cultural problems has been encountered over the years. When therapy is indicated, families have been referred to both private and public sources, but a strong objective is to try to resolve problems within the Project itself without the need for additional help. A continuing diagnostic assessment is considered a function of the Project staff.

We work on a sequence at least one step ahead of each developmental phase of the child. Starting with group discussions of fears, fantasies and superstitions surrounding pregnancy and childbirth, a searching psychoanalytic conceptualization of each family is maintained and continually expanded. Appropriate observations are shared with the parent group.

The Project team leaders are a male psychiatrist-psychoanalyst, a female anthropologist and a female nurse, aided by male and female volunteers. The male as well as the female members perform a multitude of manifest and latent functions with the children as well as the Project adults. For instance, the role of the male as an enculturator is explored in great detail and is one of the most provocative arenas in the Project for both staff and families.

The team and volunteers also have another important function - they become models in terms of the way they interact with the children, with each other and with adult group members. An adult male who listens patiently to young children is experienced as a new phenomenon by some of the group adults. An adult female who empathizes with rather than sides against a father is another surprise. The staff represents a spectrum of alternative reactions in accordance with their own personality preferences. A range of solutions rather than stereotypic answers is thus provided within a living context.

The volunteers have been retired teachers, nurses, or social workers. One is a widow who became the Project "grandmother." High school and primary school students attend during summer, Christmas and spring recess. Two graduate students came on a field assignment from the U.C.L.A. School of Nursing, one returning for an additional semester of family experience. Everyone is assigned a "job."

What kind of experience would children in the Project have on a typical day? To foster an environment of trust, each child is greeted

by a staff member assigned to this task. The initial greeting also has a diagnostic function. The child who cannot make eye contact or muster a smiling response receives immediate followup attention. Juice and snacks are available on a round table around which the parents and at least one of the professional staff members sit. Food becomes the vehicle through which the symbolic meaning of the feeding experience can be related to larger family behavioral framework. The mother who harries her child to eat more, as well as the mother who prohibits her child from enjoying too much food, learn the significance of these approaches to other aspects in their children's lives.

Infants are involved in social interaction as staff members or other parents rock, hold, exchange play and talk to the babies. When the children can walk, they move freely back and forth among the staff members and other children. The children are welcomed to all group discussions, particularly when they are the subject of the conversation.

To illustrate the type of interaction that occurs in the Parenting Project, the following are a few examples of specific interventions.

Example 1. Parent Resistance

A family joined the Project. The mother, pregnant with her third child, brought her toddler son, John, to the afternoon meetings. Her oldest child, also a male, was in the first grade. The mother presented herself as only interested in educational approaches to child rearing. She was attracted to the project because it is open to average and

normal families; she disapproved of psychiatry and people who depend on psychiatrists. She brought a list of questions to each meeting and expected answers with immediate results. Most specifically, she wanted to change John from a "bad boy" to a "good boy." She had two major explanations for John's behavior. One was that he might be a "bad seed." In that case there was nothing she could do and she was exonerated from any responsibility for him. The other explanation was that "he is just like his father," and therefore equally hopeless in terms of change. She was most angry at John, but her other son and her husband were also described as demanding and irritating. She openly yearned for a little girl who, she fantasized, would be sweet, conforming, and close to her. During her recital, John sat next to her with a sweet expression on his face. Her contact with him consisted of constant admonishments: "eat carefully...don't spill...don't get dirty...don't forget to say 'thank you.'" Sometimes he leaned up against her, but she ignored his bid for contact.

The father was initially opposed to the Project. He either would not attend night meetings or, when he came, would sit silently next to his wife with a pleasant smile on his face, not unlike the way John sat next to her. At first, both parents just listened to the group discussions, which were conducted in an atmosphere of friendly, warm support. In time, they deepened their involvement as they began to

feel and act. They learned about motivation and family interaction and before their eyes saw other parents and children change and improve. The mother developed some concept of how she had resisted seeing her role in her child's difficulties, and began to verbalize this. The father became aware that he was demanding too much from his children. His intentions were positive; he was only trying to be a good father. He realized that now, in his turn to be a father, he was unconsciously reproducing the very traits he had hated in his own father, who had been a tyrannical taskmaster. Both parents began to reach into their unconscious by a method which approximated free association. The staff facilitated the parents' view of their own unconscious dynamics in reference to parenting roles. The mother and father joined the other parents to form a collective, observing parental ego which allowed them to help interpret in an ego-syntonic manner much of the unconscious motivation of each parent. The resistance of the mother and father diminished in the convivial, essentially non-judgmental milieu.

Words such as "the unconscious," "transference," and "displacement" were not used, but equivalent terminology expressed the context of the interactions. The group leaders clarified or emphasized salient points and avoided or minimized painful confrontations and insights in order to minimize resistances.

John's mother was able to dis-

she reported that he lied and stole. Yet, she rewarded him with approval when he flickered his eyelashes at her and was passively compliant. He chose traditional female tasks at play; he mopped the floor, vacuumed, and washed the doll dishes. She did not mind, as long as he was quiet and did not bother her. When he was "boylike," that is to her, noisy, active, or aggressive, she flared up at him. Her hostility was open and he was unable to appease her.

The group helped her work on these contradictory attitudes and actions. It became clear, she and John shared no moments of closeness and intimacy. The one time when John asked her to sit with him was at his bedtime. Up to now, she had refused, seeing the request as his plot to stay up longer. With encouragement from the group, she granted John's request. To her amazement, John confessed his hurt feelings, his desire to please her and his confusion and frustration when he could not. She began to see him as a little boy who wanted to be good and to be loved, but did not know how and needed her help. In the darkness of his room, they developed a relationship which resembled the candor and directness they had both experienced at Project meetings.

Example 2. Single Parent-Child Symbiosis.

Nora, a Project mother, has a history of severe deprivation in her early childhood following her father's desertion from the family.

from her own mother, her social isolation becomes acute when she and her husband divorce during pregnancy. Her fears, needs, and conflicts are aired in the group before her daughter is born. She begins to experience the Project as a consistent, reliable support.

A staff member accompanied by one of the mothers makes a home visit arriving in time for the baby's feeding. Nora is confused and exhausted. She feels her baby is dissatisfied with her. "I don't have enough to give the baby," she says. Contrary to Nora's description, her milk flows copiously as she nurses. The sated baby falls asleep at the breast. However, instead of putting her down, Nora continues to hold her, offering the breast each time she makes a light sound or movement. The constant stimulus finally brings the baby to a waking state. "See," says Nora, "she doesn't sleep well and I have to feed her all through the night." The baby's crib is found to be up against Nora's bed. Nora doesn't want to miss the slightest sound. "She's all I have. Sometimes I can't tell the difference between my baby and me." Careful not to disrupt the attachment process, the following interventions are made to diminish the intensity of Nora's identification with her child. The visitors help Nora move the crib into the hallway so both she and the baby can sleep with less disturbance. It is suggested the baby be put down immediately after nursing while content. Nora is loath to comply but understands the necessity to rest since there is no one to help her.

This interaction is the first of many which illustrates Nora's marked tendency to symbiotically over-attach to her child. As she experiences the vicissitudes of mothering, Nora is alarmed by her feelings of hostility towards her daughter when the baby cannot be placated. The child, as if sensing these feelings, reacts with rage and spite against Nora. Nora seems to be demanding the acceptance and unconditional love from her child which she herself never received. Unrequited, Nora becomes depressed.

The group helps Nora understand her situation. The intensity of the pressure between mother and child is alleviated as Nora shifts some of her emotional dependence away from her daughter onto the group and group leaders. Nora's weekly Project contact acts as a buffer between her turbulent emotions and her mothering actions. The group fills somewhat the role of the nurturant absent parent and in part restitutes for Nora's lost father, mother and husband. In the atmosphere of open discussion, Nora struggles to distinguish between her own life and that of her child..."we are two separate people, that's hard to remember." After many good-natured interventions from the group, Nora is able to "let go." This understanding is particularly crucial when her daughter is old enough to toddle away from her. Nora feels lonely and deprived of companionship. She is not the only mother in the group who suffers depression when her child moves towards the outside world. The group members help each other think through why

Example 3. The Early Detection and Amelioration of Pathology.

The staff became alert when tired, hard-working parents described their fourth child as a "good" baby who slept 22 hours a day and never fussed. Their other children were argumentative and demanding. Their infant boy was an island of quietude in their chaotic household. They were relieved he required so little attention from them. The staff saw other aspects. The child presented as an unusually passive and unresponsive infant. His limbs were flaccid. His smiling response was infrequent and wan. The staff invited the hospital neurologist to visit the group and help in the assessment. Concensus was that the infant was within normal range with a placement in the low-normal category. The parents were advised to stimulate the baby but they were minimally interested. The mother was depressed and the father already harried by job problems and his other children. The staff mapped out an overall plan. The parents were continually encouraged to interact despite their resistance. During Project meetings a special staff member was assigned to cuddle and play with the infant and to work on establishing eye contact. The parents continued to attend meetings, concentrating on troubles with their older children. When the Project child was three years old, they became alarmed at his lag in language development. The staff quickly implemented this concern and referred the child to the out-patient clinic in Child Psychiatry. The child approached "age appropriate" behavior in six

This behavioral category, the understimulated, withdrawn infant who becomes a selective mute, is usually seen in a psychiatric clinic in an advanced stage of pathology. It was due to the early observations of the staff that the infant's earliest symptoms were detected and treatment began during Project meetings. Through ongoing contact the parents' cooperation was elicited and staff were there when the family had achieved their state of readiness. The child might have been lost within a disorganized family system whose priorities did not select him out for attention.

Example 4. Normal Family Crisis: Hospitalization of Mother.

The Project nurse notices a mother's continuing lassitude and other symptoms and refers her to a clinic where surgery is prescribed. Previously quick to respond to the needs of her children, the mother seems withdrawn from them now. The children are querulous and unhappy. The family has a marginal income. The children will have to be separated and farmed out for care when the mother is hospitalized. There will be no one to help the mother after surgery. The group is concerned and a plan is worked out with the family to alleviate some of the hardships. Each day during the week following hospitalization a group or staff member brings a hot cooked meal to the family. The staff uses the opportunity to check on the mother's post-surgical progress and a staff member discusses the possible reactions of her children to the separation, with special focus on her fourteen-month-old daughter

who is just individuating. This proves helpful to the mother who thought the children were too young to notice what was happening. She reports to the group, "I understood why Helen wouldn't come to me or look at me when she was brought home. When I first heard children sometimes did things like that I didn't believe it. I would have felt hurt and that she had forgotten me." The child's seeming indifference is followed by a period of intense clinging to her mother. The group helps the mother tolerate this regression. With the help of a high school student volunteer who first plays with the child while she stands at her mother's knee, the child is finally ready to leave her side and play in the yard. A normal regressive reaction to separation is acknowledged - the child is allowed to work through the post-separation period instead of being punished or rejected for being a "baby."

Example 5. Older Sibling Problem. Motivating the Father.

A mother confides to the group that Ann, an older sibling of a "Project baby," is pulling out her eyelashes - "there is barely one left." Ann is irritable and demanding at school and at home. She has no friends. She consistently picks on her siblings. The mother keeps Ann home from school and brings her to the weekly meeting. Ann has been to the Project before during summer vacations. She talks at the roundtable where she has learned to be comfortable discussing feelings. Ann begins by expressing her fury at an unfair teacher who has no time

to explain things to her. Soon she becomes sad. She is lonely. Her father no longer has time for her. He used to tell her she had pretty eyes, but now he is busy at two jobs and watches television when he comes home. Her mother is busy all the time with the new baby, or cleaning the house. Finally, Ann cries. Her story is reviewed with her parents at a night meeting. The staff and other parents urge Ann's parents to give her some special time, not necessarily very long, but totally focused and regular and all hers. Ann's father is surprised by the intensity of her longing for him; he thought she was too old to need him anymore. Some special time is given to Ann by her parents - it is not a long period but it is given consistently and "it's all hers." Later the mother reports that Ann's lashes have grown out. Ann's father tells the group how much he enjoyed being part of her life again. He, too, has been feeling lonely since his wife is busy with the new baby. His wife and he decide they need some time - all theirs, too. The total family system is the focus of the intervention.

Example 6. Facilitation of Nurturer-Child Interactions.

A harried mother of an adopted child half throws her baby to a staff member as she enters. "Here, you take him!" She complains her four month old infant spits up and cries all day. Her self-esteem as a mother is threatened. She views her "chosen" child with ambivalence and wonders about his genetic endowment. He has had several formula changes to no avail; he rejects his solid food. She reports that he

takes three meals a day but is only satisfied after breakfast. She hates the smell when he spits up. She is meticulously neat and resents having to clean up after him repeatedly. The staff helps the mother reconstruct the interactions of an entire day. The other mothers listen and join in the exploration of the problem. The following emerges: the infant takes a long morning nap. The most convenient time for the busy mother to bathe him is when he wakens. The sequence is: he screams throughout his bath, gobbles down his bottle, spits up his milk, then sucks his fist voraciously. Unfulfilled, he cries some more. He then rejects his solid food. The group suggests the following: Feed the baby his bottle before his bath to avoid his getting too hungry. After the bath, offer the rest of the meal. Feed him smaller amounts at more frequent intervals to provide additional sucking and stop worrying about whether the house is spotless. The next week the mother happily reports "it worked," and holds the baby on her lap during the meeting. Early successes in mothering are crucial to the development of mother competence, just as early failure can lead to a round-robin of future conflict. While the mother continued to be an immaculate housewife, the Project provided weekly sessions which facilitated her attachment process, nurtured her self-esteem and her view of the baby as a good, as opposed to bad, child.

SUMMARY

In summary, customary contacts between parents and psychoanalyti-

another, and traditionally occur only when pathology disrupts family equilibrium. The Parenting Process Project provides a longitudinal, psychoanalytically-oriented, yet individually-focused, group experience for the identification of early intrafamilial problems before they result in relatively fixed psychopathological states, in order to prevent or ameliorate developmental impediments to the proper ego growth of the infant-child. The model is utilitarian and holds the potential for replicability in various environments where families with very young children congregate. The model is a fruitful laboratory for training and research purposes where a complex of theoretical and technical issues can be investigated.

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REFERENCES

Bowlby, J. (1951), Maternal Care and Mental Health. Geneva: WHO, New York University Press.

Bowlby, J. (1969), Attachment and Loss, Vol. I. New York: Basic Books.

Bowlby, J. (1973), Attachment and Loss, Vol. II. New York: Basic Books.

Mahler, M.S. (1967), On human symbiosis and the vicissitudes of individuation. Journal of the Amer. Psychoanalytic Assn., 15:740-763.

_____& McDevitt, J.B. (1968), Observations on adaptation and defense in statu nascendi: developmental precursors in the first two years of life. Psychoanal. Quart., 37:1-21.

Spitz, R.A. (1945), Hospitalism. The Psychoanalytic Study of the Child, 1:53-72. New York: International Universities Press.

Spitz, R.A. (1965), The First Year of Life. New York: International Universities Press.

Winnicott, D.W. (1958), The antisocial tendency. Collected Papers. New York: Basic Books.

Yazmajian, R.V. (1967), Biological aspects of infantile sexuality and the latency period. Psychoanal. Quart. 36:203-229.