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SOME CONSEQUENCES OF THE ABSENCE OF ATTACHMENT FIGURE: THE DEVELOPMENT OF AN INSTITUTIONALIZED CHILD AND HIS REARING ENVIRONMENT

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INTRODUCTION

A child who is obliged to grow up at an institution soon after birth owing to abandonment is inclined to have developmental problems which probably originate from the loss or absence of a stable attachment figure. Certainly, this is nothing but an old issue that has been discussed in the context of " hospitalism " or anaclitic depression (Anna Freud & Burlingham, 1943; Spitz, 1945a, 1945b; Bowlby, 1951).

However, it has often been said that there was no longer any " hospitalism " because of the improvement of the rearing environment, especially in terms of nurse/child ratio, wide recognition of the importance of physical-contact nursing and verbal as well as nonverbal communication for young children. In fact, many hospitals or institutions have made great improvements, and perhaps as a result, institutionalized children seem to attain nearly the same level of development as home-reared children in respect of motor development, general intelligence (e. g. with WPPSI) or vocabulary (e. g. with ITPA).

But visiting any nursing hospital, one finds there are many children about whom one would have the impression that they are somewhat different from the home-reared childen. Such an impression perhaps is a result of the fact that certain basic feelings is lacking in the interaction with these children. It seems to us that it is related not to the physical growth or motor activities but to his or her " being present " or " sense of self " (Lichtenberg, 1983; Stern, 1985).

When talking to or playing with such a child, typically we have only weak emotional reactions from him. Although he smiles in some play situations, his smile lacks some power that would make us happy. As a consequence we cannot have a feeling of " togetherness " with him. Or, even though a nurse bottle-feeds the child by holding him in her arm, he only feeds himself silently and rarely has joyful eye-contact with her. Or, when his request doesn't invoke participant's nursing, he soon gives up and sits on the floor sucking his finger. In short, vagueness of his or her " core self " (Stern, 1985) or weak emotional responsiveness which makes us feel somewhat different or somewhat queer stands out.

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What brings such vagueness? And will it lead to fatal results in later mental development?

In the light of much recent research pertaining to early mother-infant bonding (Brazelton, et al., 1974; Greenspan, 1981), attachment (Bowlby, 1969; Ainsworth, 1969; Ainsworth & Blehar, 1978; Bretherton, 1987), or infant psychiatry in general (Fraiberg, 1980; Cole, Galenson, & Tyson, 1983), we can infer that it is related to the lack of the attachment figure who sets her heart upon a child and gives love and intensive maternal care. And from psychoanalytic studies (Klein, 1950; Fairbairn, 1952; Winnicott, 1965; Kohut, 1971; Kernberg, 1976; Lichtenberg & Kaplan, 1983), we have learned that the loss and/or lack of such an attachment figure would have negative effects on the formation of ego or self.

However, even if such observable vagueness did in fact pertain to the lack of the attachment figure and has some linkage to the difficult problem in self formation, we don't know precisely what aspect of attachment is indispensable for secure self formation and normal good adaptation (cf. Greenspan, 1981).

In order to elucidate this problem, the following points must be taken into consideration (Lichtenberg, 1983; Kujiraoka, 1986). Moreover, the "sense of self" of a child that we want to emphasize in order to evaluate his self development can only be grasped intersubjectively.

Based on the above considerations, in this article I will take one case of an abandoned child. For the purpose of describing his self, I participated in the field of nursing or classroom, and observed intersubjectively. I met him at N Nursery when he was 2 : 11 years old and from then I have been following him up till now (9 : 6 years old). I will present some descriptions of his life in N Nursery and Y Institution, and will discuss his developmental problems in relation to the absence of a true attachment figure.

THE CASE

1. Life history of a nursery child

a. The first year

A boy named K was born in 1979 to an unmarried nineteen-year-old mother who did not want to rear him by herself. Soon after his birth, he was sent to N Nursery. According to his birth records, delivery was normal; his weight was 2767g; Apgar Score was 9. With reference to rearing records, he grew normally during the first year of life in spite of many attacks of fever (descriptions at that time were tended to be limited to his health or feeding). Medical examinations at 1, 3, 6, and 9 months showed no abnormality.

However, his daily life must have been worse than other nursery children, because nurses had a prejudice against his unmarried young mother and their prejudices against his mother must have been projected toward him. In effect, the rearing records lack such positive intersubjective descriptions about him, such as "his smiling face is pretty," "he is cuddly," "his cooing makes us happy," etc., which are often found in the descriptions about other children. Nurses also give evidence that he had no attachment figure and that no one did foster him tenderly perhaps because of the prejudice mentioned above. Nevertheless, his observable behavior didn't show large developmental delay in this period.

b. The second year

At about 18 months, he became attracted to a nurse. When she was present he was happy and showed smiles often, and when she went home, he cried or was distressed. But as soon as she was changed to another class (2-3 years old class), he became guiet, and showed neither a happy face nor distressed emotion any longer.

While he was assigned to a class for babies under 2 years old, he kept quiet. It was observed that: "he plays alone, keeps quiet as if he were not there", "he is often alone, doing nothing, with an empty expression on his face." By this time, the characterization that "he is a difficult child to care for" became a stable label for him and the nursing became more difficult as a result. Thus the negative Pygmarion effect emerged gradually.

c. The third year

He didn't show any interest in other children's play and played by himself with monologue. There appeared the persistence of throwing objects into the garden beyond a fence, and dropping objects into all the toilet stools. As he moved here and there covering a wide area, he sometimes rushed out of N Nursery into the road, whereupon nurses were obliged to inhibit him all the time.

He often uttered "balloon," or "airplane" without any context, and showed strange behavior of filling his nostrils with clay or watermelon seeds or pebbles, and of playing with his penis or taking off his underpants.

Utterances of two words appeared around 30 months. For example, "look here," and "leaf fall." But these were mostly monologue without any communicative context. Verbal and non-verbal communication were difficult in general. Nurses felt that their talks had almost no effect on him and that they couldn't understand his intentions.

Adding to his strange behavior mentioned above, there appeared another perplexing behavior which made nurses suspicious of him as being "an autistic child." That was the behavior of filling all the holes with something. For example, all the key holes on doors or lockers were filled up with pencils.

2. Improvement of the fostering organization in N Nursery

When K was 2 years and 11 months old, N Nursery approached the author for some advice in order to improve caring of children, especially concerning the relationship between children and nurses, and asked how to deal with nurses who suspected K as an autistic child.

My wife and I visited N Nursery and participated in the activities there for a period of time. From it we got some impressions and the following observations were noted:

1) The quality of food and clothes is of the level of middle class family in Japan. As for meals, there is a considerable difference between home and the Nursery. Children older than one year take meals together in the dining room with the aid of nurses and they show good appetite. However, they do not give us an impression of being pleased with or enjoying food but rather of only filling their stomachs with food. The aid of the nurses is performed perfunctorily, seemingly with the purpose of only getting rid of the food rapidly.
2) As a rule, iufants under 4 months are usually fed with bottles while being held. But because a nurse has 2 or 3 children to feed at a time, this rule is sometimes violated, so as a result, children can neither enjoy their food nor feel security.

3) Bathing is also carried out mechanically. Children are only put into the bath, taken out, and wiped off. This prevents the children from appreciating the sensory pleasure of the feeling of water or of skin contact.

4) There are many prohibitions for children. For example, they are not allowed to enter the kitchen or washing room or to stay at the entrance hall, where children are likely to enter.

5) Most children don't have their own attachment figures, and want to be held by anybody, without showing any strange fear. When a child is held up by an adult, he doesn't always show happiness in his face or vocally. It seems as if he seeks only the pleasurable sense of skin contact instrumentally.

6) Only children who request strongly and persistently, or who are pretty receive intensive care from nurses, and grow vigorously and normally. And quiet children have fewer chances of being attended by a nurse. Such children request weakly and give up soon, and then they resort to quietly sucking their fingers.

7) Such quiet children also have the " vagueness of core self " mentioned above, which is typically grasped intersubjectively at seeing their weak request or easy abandonment.

8) Even though nurses make their own effort to some extent, their complex service system and small ratio of nurses/children prevent them from giving mother-like care. Emphasis put on health control and safety also seemed to us to spoil their natural participation.

Based on the above observations and taking into consideration some restricted conditions of N Nursery, we emphasized the importance of the intersubjective relationship between child and nurse, and advised several points that seemed to us necessary and possible. These are:

① A child should be assigned a mother-like nurse to whom he or she feels privileged to be attached to as much as possible. For that purpose, each nurse must be aware of the fact that she is not a mere nurse but a " mother " to the assigned child at least in front of him (we called this individualized fostering).

② Many prohibitions and restrictions should be loosen as far as the child's life is not at risk. Efforts by all the staff are necessary to produce an atmosphere of freedom and openness.

③ As for the quality of caring of the nurse, the importance of her subjective positive feeling was emphasized. That is, nurses were explained the importance of having a feeling of love for the child or of his belongingness to herself that her devoted concern is absolutely necessary at feeding or bathing or in all participatory activities.

④ Emphasis on subjectivity of the nurse, that is, how to feel or what she feels there, will require some learning or experience about maternal rearing——at least for the unmarried, less experienced nurses.

In spite of these advices, there existed many restrictions, above all financial or institutional, so that the improvement of fostering would probably have limits from the outset. But we and the staff of the Nursery co-operated to find a new orientation.

We had several study meetings with nurses in the evening. There, we introduced a child-mother couple, videotaped at 4 months as a model of the ideal child-mother relation-

ship. Making reference to the videotape, I presented my theory of intersubjective relationships between child and mother.

In the fostering situations, my wife supervised what was called the acceptive participation and I videotaped that situation. In the supervision, stress was placed upon the following participation: a nurse shouldn't follow her own circumstances or her own intentions but understand and follow the child's intentions as much as she can. Then the videotape was shown and was commented on at the meeting so that nurses could concretely recognize their own weak points in daily activities.

Thus, an assignment system began to function gradually. Nurses seemed to be able to understand mother-like participation a little. However, as Anna Freud (1943-1945) reminded us that, in spite of one's efforts, a nurse cannot become a mother in many respects after all. Thus, a nursery child tends not to have a steady attachment figure whom he loves and with whom he feels secure.

3. The state of K at 2 : 11

When we first met K he was a small child whose fostering records of the third year cited above coincided with our observations. The following is an episode around the time of his third birthday:

> Sitting on a tricycle apart from other children, K was lost with his head in the clouds, as usual. I approached him and said "make your tricycle move." Then he went away without looking at me. Again I walked near him, and he moved forward. This was repeated once more. After a while, getting off his tricycle, he came to the hole of a rain container dug in the garden. He picked up some pebbles and put them into the hole. Nearing him and sitting down on my heels beside him, I watched him and said "Hoom, that's interesting." But he didn't respond to my words. Then I also picked up some pebbles and put them into the hole one by one. Without showing any sign of annoyance, he continued without glancing at me. Putting his ear close to the hole, he began listening to the sound of pebbles dropping into the water. When I tried to put one in, he didn't care nor show hesitation but continued his play as if I were not there. After putting many pebbles into the hole, K seemed to be bored with it, then he stood up and went back to his tricycle.

This short episode reveals K's state at that time. The mode of his "being with others" (Stern, 1983, 1985) has the following characteristics. That is, "we can feel little inner-bonding between K and participant," "we cannot grasp or understand his intentions," "he cannot grasp other's intentions and cannot compromise other's offers or requests," "his behavior doesn't interlock with other's in subtle points." In sum, he has difficulty in an intersubjective relationship. As such difficulty inevitably induces negative emotion within the partner, a nurse who has to deal with him feels difficult to show love or to treat him with affection. In nurseries in general, those children whose negative behaviors stand out are likely to be treated as "scape goats." In other words, the discontents of the nurses will tend to be attributed to them.

K was one such scape goat at that time. Suspicion that he is an autistic child

seemed to us to rise from such a background. Thus, the improvement of the organization of N Nursery should be translated into action, first of all, to the behaviors of children such as K.

4. Changes which appeared in K after individualized fostering was adopted for some time (from 2 : 11 to 3 : 6)

A nurse E was assigned the job of caring for K. Young as she was she earnestly took care of him with love. K, who hadn't been attached to any nurse, now began to be attracted to her, and showed attachment behavior toward her little by little. After a while, he started to say " Miss E is mine," and then there appeared behavioral and verbal imitations of her. He started to be able to make requests to her. This then was extended to other nurses. According to some nurses, they gradually became able to recognize his selfness or his presence. At the same time they also noticed that K was becoming more and more naughtier.

Even though such changes appeared, K remained a big problem . If K felt that he was not treated with enough devotion , he would shut himself up by emersing himself in such solitary action as filling up all the holes with something. Communication or social contact still was not enough. Besides, he was not able to empathize with others, nor to confide to others his own intention.

In sum, owing to individualized fostering, attachment behaviors and requests showed an increase, but communication at the intersubjective level was not attained fully.

5. After change of residence to Y Home

a. from change of residence to entering nursery school ; 3 : 7～4 : 4

When the effect of the individualized fostering began to appear, suddenly K was sent to Y Home because of the nursery's age limit. From that time on, we were not able to continue to observe him. But we wanted to follow up K, and Y Home permitted us to visit and to videotape occasionally.

Fortunately, Y Home had some resident nurses and had a homely atmosphere with a rural environment. In contrast to N Nursery, there were only a few young children in Y Home ; many were above elementary or junior high school levels. Therefore, K was able to claim exclusive attention of and be attached to his nurse (here after referred to as M) who was assigned to K as " a home mother ".

A homelike atmosphere means that a child would take his/her meal with the nurses, share a bath and bedroom with their mother-nurses. Such a living environment facilitated K's attachment to M.

According to M, when she took a bath with K for the first time, he watched and touched her breasts with wonder. She realized that he might have never seen female breasts up to then.

Though M was an unmarried woman, she had a mother-like atmosphere. In the daytime, she played with K, had snacks with him, and read books to him. Thus, K became gradually more attached to her than he was to Miss E at N Nursery.

Changes, beginning to appear at the end of N Nursery period, now started to stand out. That is, verbal communication, vocabulary, interest in objects, all developed rap-

idly. But in spite of these positive changes, the curious impression we had obtained in playing or in communication at N Nursery did not change drastically.

b. nursery school period

K went to a nursery school which is near Y Home. But K didn't adapt to its collective life. Going to the nursery school everyday without complaint, he was not able to adapt to group activities with any rules, and he did all the things as he wanted. Fortunately, as the nurse in charge thought that he could do what he wanted at his own pace, there was almost no trouble between the two of them.

However, since other children would not accept his deviation, K often had trouble with them, thus he became solitary And started to play by himself as before. And also, as he often rushed out over the fence of the school into the main road, the staff had great difficulty in trying to stop him.

In this period, it was observed that he showed improvement in intelligence, but interpersonal relationships remained difficult.

c. elementary school period

The district educational committee made a judgement that K might have some difficulties with learning in the classroom, considering his disobedience and his hyper -active behaviors. However, as he took a very high score in the intelligence test, he was permitted to enroll in the normal class.

According to the teacher who is responsible for the class, K seemed to be normal in respect to intelligence but had some adaptive problems, especially in respect to keeping group orders.

In fact, he often got out of the classroom and onto the playground of the school during the lesson, or he entered the room of the school-master without any permission. He would suddenly interrupt other pupils who were answering a question. If he were asked to answer a question he might refuse to do so. His interest in water since young childhood sometimes got out of control. When we visited his school and observed his classroom behavior there, it had just begun to rain. He was seen rushing out of the classroom, running here and there, tramping about in the puddles in the playground and was completely drenched.

And also his extraordinary interest in fire cannot be overlooked. When the neighbors made a fire, he always went there and drew his hands near to the fire and got his fingers burnt several times.

In spite of all these difficult adaptive problems, the staff of Y Home accepted him firmly. However, his home mother M, left Y Home, and a new nurse (hereafter referred to as T) was assigned to K. Though being perplexed for a while, he soon recovered himself and became familiar to T.

In the third grade, he was sent to a special class because of his behavior disorder. There he was put into a group together with a mentally retarded boy and an emotionally disordered girl.

In that class he seemed to become joyful perhaps due to the fact that it was a small group , with few restrictions, and free class-time. Because of this, rushing out of the classroom diminished a great deal. If he tried hard, he was able to concentrate all 45 minutes on studying the textbook. Writing and calculation were almost perfect, and he

was fond of handicrafts.

Nevertheless, his interpersonal difficulty has not disappeared even at present.

DEVELOPMENT OF K IN TERMS OF QUANTITATIVE DETA

1. Developmental characteristics of K before 2 : 11

Figure 1 shows the developmental characteristics of K from 3 months to 40 months in terms of The Tsumori-Inage Developmental Scale which had been administered in N Nursery. As this Scale is a questionnaire-type of assessment, nurses can check it easily. Raw data was converted to D. Q. scores and the scores were plotted on the graph.

From Figure 1, it can be seen that until 11 months his development reaches the mean level, but from 18 months onward, D. Q. scores begin to decrease gradually, and at 31 months the drop becomes considerable.

However, by carefully examining this developmental scale, it is noted that the items

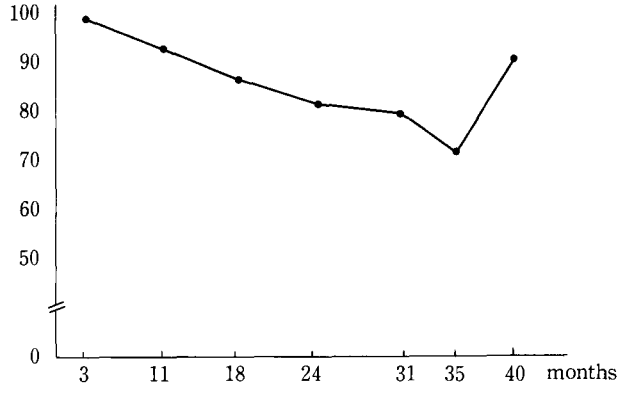

Fig. 1
Changing D. Q. scores in early childhood

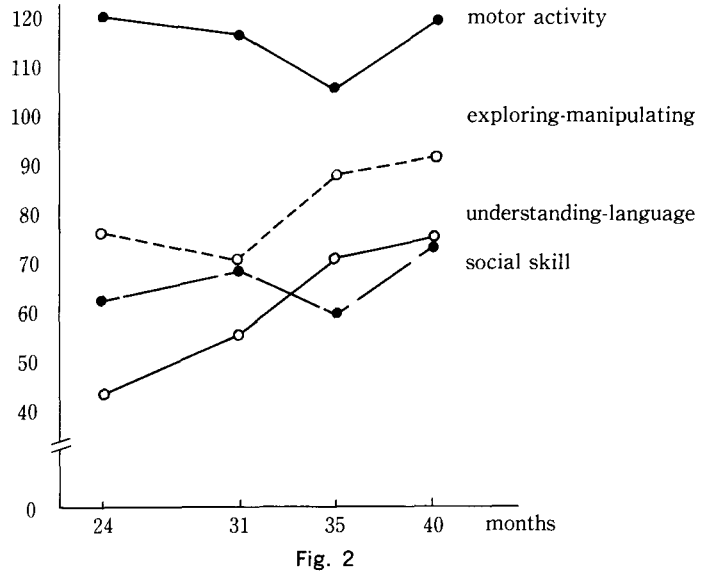

Fig. 2
Variations of D. Q. scores in each dimension of the scale

concerning secondary intersubjectivity (Trevarthen & Hubley, 1978) which seems to be the base of communication, are not involved fully. In fact, examining the daily fostering records of K around 12 months, his delay is already obvious, especially in understanding an adult's intentions or in communicating his requests.

Thus, the apparent mean level of the graph at 11 months doesn't accord with his real development——at least concerning interpersonal relationships. Rather, based on evidence given by many nurses, we infer that his delay might have begun already at 11 months.

And also, the general tendency of his developmental delay since 11 months, as shown in Figure 1, doesn't appear equal to all the dimensions of this developmental scale. Figure 2 shows how this delay appears differently in each dimension (3, 11, 18 months' data are omitted because the number of items was small).

This graph is based upon the D. Q. scores which are taken from raw data in each dimension. It is seen that the dimension of motor activity is shown at the same level as or is greater than the mean, but in contrast, dimensions of exploring-manipulating, understanding-language, and social activity all almost borderline with each other at a low level. The delay of the last two dimensions are especially outstanding, and these facts are coincident with our observations mentioned above.

2. Changes which appeared after individualized fostering

Figure 1 and Figure 2 indicate the changes which appeared after individualized fostering described in section II. From Figure 1, one might think that the change of fostering style must have had great effect upon his development. But by examining Figure 2 carefully, we can see that the increment of the dimension of motor activity from 35 to 40 months contributes heavily to the change in Figure 1, and the dimensions of exploring or understanding show only a small increment. However, overlapping these data to our participating observation above, we cannot deny that the apparent increment in each dimension (though each at a different extent) is caused by that change. Above all, the increment in the dimension of social skill seems to be due not only to the deepening of the interpersonal relationship between K and Miss E, but also to K's not being treated as a " scape goat " by others in the staff.

Regrettably, as items concerning self or ego development are few on the scale, we cannot present quantitative data here. In addition, we think that the ego development of a young child should be evaluated not only based upon behavioral (i. e. quantitative) data but also upon intersubjective grasping (i. e. qualitative) data, which we had already presented in section II to some extent.

3. *Intelligence Test results at 7 : 2*

Figure 3 shows that K's intelligence is normal on the whole at 7 years of age. But by examining the profile, it can be clearly noticed that there is considerable variance in each dimension of the test.

However, low scores of general knowledge and picture series were not due to his inability, but to his idiosyncratic reaction to the test. For example, in a picture series he made one about laughing that was not correct, but explained it by making a funny story.

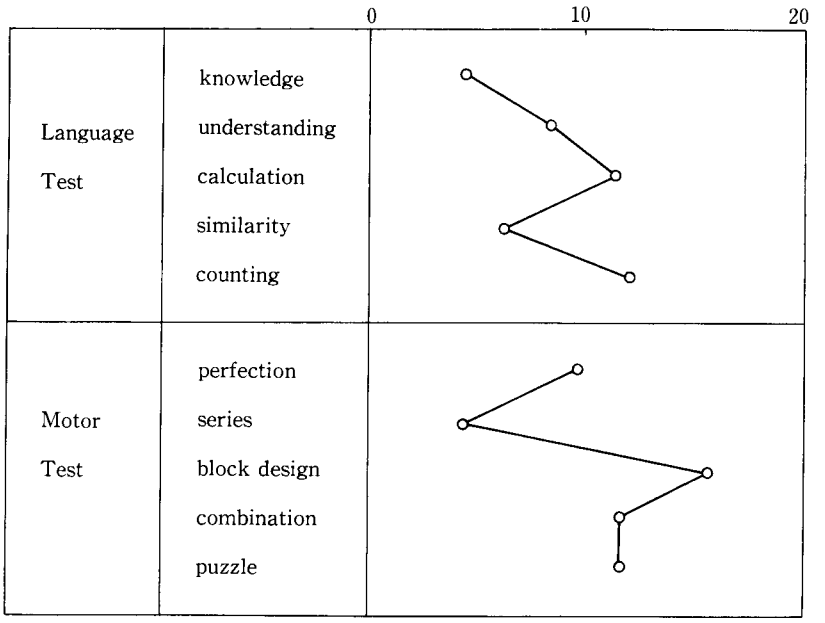

Fig. 3
Intelligence Test results (WISC-R) at 7 : 2

This made me feel that his intelligence level was fairly good. Therefore, it will be permitted to assume that his intelligence is above the mean level.

And also Figure 3 shows the difference between language test and motor test (language test I. Q.=91, motor test I. Q.=109). Such a difference and imbalance of profile resemble that of the so-called learning disordered children. But in the case of K, the appearance of a learning disordered children seems to us not the cause but result of K's interpersonal difficulty, or in other words, the difficulty of adapting himself to other's requests.

DISCUSSIONS

The case of K can be discussed from various points of view, but here we will confine ourselves to three of them only.

1) Developmental delay during early childhood and the problem of attachment figure

There appeared developmental delay in all dimensions except motor activity from 11 to 40 months. But now, at 9 years old, his delay that can be assessed and measured at least as his individual abilities are concerned seems to be almost gone. So, what was the cause of this delay? Can it be explained as a mere individual difference, or bad treatment? I would like to present the following hypothesis: this delay is due to the absence of a stable attachment figure whom he should have had. In fact, until 3 years old, 5 nurses, who were mainly concerned with K, were replaced one by one.

This hypothesis can be supported if one takes the following facts into consideration. That is, this delay begins to decrease after Miss E seems to become the attachment object for him, and his vocabulary and social skills begin to increase in the form of imitating her speech or her mannerisms. I would like to emphasize especially the latter fact.

But if this hypothesis is correct, why do various abilities remain latent until activated by attachment? Wouldn't these abilities emerge without the attachment figure? We cannot answer these questions clearly because we don't know the precise mechanism of mental and behavioral development. Therefore, we might not be able to assert, in contrast to many authors in the psychoanalytic school, that attachment formation is a necessary condition for the emergence of mental abilities. However, another report concerning handicapped children who were found confined in a room and who lacked maternal care for a long period of time (Fujinaga, 1987) also shows that there was a relatively clear relation between attachment formation and increasing abilities.

Based on this discussion, in the case of K, it can be said that the absence of the attachment figure might not have spoiled his latent abilities fatally but might have at least delayed the speed of his development. This interpretation is not contradictory to the above hypothesis.

Generalizing from the above discussion, it will be noted that as far as developmental speed is concerned, a child reared in a nursery also requires a stable attachment figure in order not to delay his or her development.

Now, in the case of K, even though Miss E succeeded in acting as the attachment object for K through individualized fostering, it does not mean that she became the so called "mother-substitute" because of complex employment restraints. In this respect, the presence of the residential nurse M who loved and treated him gently in a home-like atmosphere might have a more important meaning.

Amplifying this, it would be hoped that an institution such as a nursing hospital should be small in size, have a home-like atmosphere, and have such an organization that nurses could work in residence if they wished.

2) Interpersonal problems of K

We have already seen that K couldn't adapt to group norms or couldn't obey what adults said. At present, teachers are focusing upon these problems. But by examining these phenomena depending on the facts which I grasped intersubjectively through participating, it seems that these problems are rather a result of his idiosyncratic interpersonal relationship.

As we have mentioned briefly when we presented a short episode of K in N Nursery, he often gives a strange impression to the participant in respect to subtle points. This fact is certainly connected with the difficulty of communication but it is different from the so-called autistic tendency. Verbal communication is obviously not impossible, as he can answer questions and make requests verbally. Therefore, if one wrote down the verbal communication of K to someone and read the written sentences, one would think that he is normal. However, if one took a role as his communication partner, one would feel intersubjectively that something is odd.

What is that something? It is difficult to say, but his weak emotional reaction seems to be responsible for it. A following recent episode which was written immediately after visiting him will illustrate this.

Visiting Y Home, K and we were having afternoon refreshments. When I asked

" what foods do you like best ?," he immediately and abruptly responded " potato." An elementary school child who is asked his preference of foods by somebody, is apt to answer in a manner in which he relays the question to his heart, and then gives the answer directly from there. The manner of responding may be different in each child. One may respond " cake " with a bright smiling face, one may hesitate for a while and respond awkwardly, or one may be shy and keep silence. There we can feel or grasp their subtle emotional reactions intersubjectively and can understand them.

In contrast to them, K responds without any emotional reaction (we couldn't but feel so). As if the word " like " and the word " potato " were paired in association, so the spoken stimulus word " like " immediately invoked the response word " potato."

Here is another recent episode :

A number of pupils, about 80, were competing in rope-jumping endurance during the gymnastic hour. K was one of them. Only one pupil continued to hop more than 5 minutes. Other children admired him when they saw it at first, saying " wonderful ! " or " I can't do that." But after a while, they became bored and complained, saying " he should stop pretty soon " or " I am kind of bored." In contrast, K remained seated on the floor, watching him vacantly, without appearing to be bored.

Many children could accept the splendid behavior firmly in their minds and so they could empathize with him, and then the feeling of admiration or envy came to emerge. But soon, they came back to themselves and just felt bored. One's emotions generally move in this manner. In other words, one's attention always radiates or is directed to people on one hand, and one is always ready to feel the other's attention or intention on the other. It is this emotional availability (Emde & Sorce, 1983) that is indispensable to smooth communication.

In contrast to this, in the case of K, emotional movement as mentioned above isn't seen in the form that was so noticeable in others. It seems to me that the most important difficulty of K is consisted of this. The facts that he seems hyper-active and that he has few friends all might come from it, therefore he cannot be considered on the same lines as children who have learning disorders (due to brain disorder).

It is difficult to say what brings about such an idiosyncratic mode in interpersonal relationships. At any rate, my intersubjective feeling that his emotional movement is not transmitted to me had already been present at 2 : 11, and since then this feeling has always been present in participating with him. The author has discussed the achieving process of the intersubjective relationships between child and mother before (Kujiraoka, 1986). Speaking in that context, his weak emotional availability seems to be related to the difficulty in such relationships between him and the attachment figure during the latter half of the first year. In this connection, it must be noted that the most important aspect of the attachment phenomena consists of inter-emotionality (that is, intersubjectivity in our

sense) more than just mere instrumental contact.

3) Tenderness and strictness of the attachment figure

Our assertion that the attachment figure is necessary to a young child's development is due to not only the reason that its presence is related to increase of abilities but also because it is significant for the ego formation of the child (Lichtenberg, 1983).

In restating the above, the attachment figure is important for a child because ① skin contact itself produces some pleasure, ② it becomes the agent of inhibiting a child's anxiety (the safety base), ③ through an intersubjective relationship it contributes to forming the "sense of self" (Stern, 1985) of the child, and ④ owing to "introjective identification" (Klein, 1950) it contributes to forming the super-ego (inhibition system) and ego-ideal.

In a normal mother-child relationship, the facts concerning ①②③ emerge first by the end of the first year, then based upon them the fact concerning ④ comes to emerge.

But in the case of K, before ①②③ were fully satisfied, he had been exposed to a strict inhibition system from an early period that was somewhat different to ④. Therefore, when Miss E appeared as the attachment figure for K, of course, she had to above all carry on her shoulders the important task of achieving ①②③. As inhibition and neglect had prevailed for him before that improvement, we had to face him first of all with the attitude of acceptance.

With this, he certainly became attached to her, gained ①, ② little by little, and gained also ③ to some extent, owing to tender and eager participation by Miss E and Miss M.

However, did his attachment have the qualities that made it possible to achieve true ③, moreover④? In other words, did his attachment figure appear for him as a person who could be taken into the core of his self, and who became a "strict person" to some extent beyond a mere "tender person?"

Looking at the reverse side, did she, as the attachmemt figure for K, accept him so much as to truly introject him into the core of herself beyond mere tenderness? This question might be too heavy for a nurse who is engaged in rearing in a nursery or an institution. But regarding such a child as K, we cannot refrain from it.

Mere acceptance in early childhood without any true emotional togetherness or any necessary inhibition is likely to bring mere instrumental attachment (e.g. ① and ②), and thus not internalize the inhibition system or super-ego. Could it not be that this restriction brings about the present difficult problem, that is, deviation from group norms or lack of empathic concern for others? But this does not mean that they will be solved if the teacher or nurse treats him strictly. And this leads to a general question of how it is possible for a child who grows up without any true attachment figure to internalize norms or to empathize whth others.

In this respect, the following assertion of Grossmann, & Grossmann (in prep.) is interesting for us: *attachment quality in early childhood is an organizer of later emotional development*. However, how do we understand that quality? Should it be measured only in the Strange Situation as A, B, C type or should it be grasped intersubjectively? How can we evaluate the later emotional development? These problems are left to be solved.

In addition, whether or not the delayed formation of the attachment figure contributes fully to ego development, or what concern is needed in order to produce normal ego development, all these problems should be examined in the future.

When he reaches the age of puberty and becomes conscious about his own double-folded self, how will it appear that the true attachment figure (in our sense) had never been present? In this connection, a following episode may have some implication:

One day, as soon as he came back to Home, he said to one of the nurses, "I want to meet my mother, where is she? take me to my mother!" The nurse was surprised and perplexed because no one had ever heard him say "mother."

How will he grow in the future? We will follow him up for a while, hoping a better life is waiting for him.

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