

Dorothy Tiffany Burlingham and the psychology of the congenitally blind child

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ABSTRACT

Dorothy Tiffany Burlingham (1891–1979) was a leading child psychoanalyst with a particular interest in congenitally blind children. She was a daughter of the artist Louis Comfort Tiffany and a granddaughter of Charles Lewis Tiffany, founder of the retail empire. Suffering from an unhappy marriage to a psychiatrically ill husband, she emigrated to Europe with her four children seeking psychoanalysis. She ultimately became a lay psychoanalyst and a lifelong partner—both professional and personal—of Anna Freud (1895–1982). Burlingham, at age 67, founded a day nursery for blind children in London. Based on these experiences, she wrote extensively on the psychological problems facing these children. These included, among others, an impaired ego development, the need to remain still (both for safety concerns and to better employ their hearing), and their anomalous relations with their parents and their sighted peers. Her unusual life journey led to many important contributions to this field.

INTRODUCTION

Dorothy Tiffany Burlingham (1891–1979), although a layperson, was an early pioneer of child psychoanalysis with an interest in congenitally blind children. From a privileged childhood in New York, but relatively lacking in formal education, she ultimately founded a day nursery for the blind in London and documented many important observations.

BIOGRAPHY

Burlingham was the youngest child of the artist Louis Comfort Tiffany (1848–1933) and a granddaughter of Charles Lewis Tiffany (1812–1902), founder of the retail empire. Louis Comfort Tiffany had eight children with two wives, but his two sons died childless. Thus, Burlingham, the youngest daughter, was rendered ‘the last Tiffany’.¹

Louis Comfort Tiffany is best known for his extensive work with various types of glass, collectively known as ‘Tiffany glass’,² including a patented iridescent Favrite glass.³ Perhaps the most celebrated of his creations is in the famous ‘Tiffany chapel,’ a neo-Byzantine interior built for the World’s Columbian Exposition in Chicago in 1893 and now on

display at the Charles Hosmer Morse Museum of American Art in Winter Park, Florida, USA (figure 1). Burlingham’s relationship with her ‘severe and demanding’ father was described as ‘very tense’ and ‘difficult’.³ She attended boarding school at St. Timothy’s in Cantonville, Maryland but did not graduate. She married Robert Burlingham (1887–1938), a surgical intern at Roosevelt Hospital in Manhattan, in 1914. Robert, son of the prominent New York attorney Charles Culp Birmingham (1858–1959), was a graduate of Harvard College and Columbia University College of Physicians and Surgeons, but showed signs of mental illness even before the wedding and suffered episodes consistent with bipolar disease. Robert’s psychiatric problems may have been exacerbated by the multiple illnesses—asthma, eczema, milk intolerance, refusal to eat requiring force feeding—of their first child, Robert (Bob) Burlingham, Jr. (1915–1970).¹

In 1921, Burlingham separated from Robert, taking their three children plus a fourth who was born several months later.¹ (Robert eventually committed suicide in 1938 by jumping from his 14th floor apartment window.³) Burlingham, like some wealthy Americans at that time,⁴ emigrated in search of psychoanalysis for herself and for Bob. Without telling Robert, she sailed for Europe in 1925 with the children, seeking the child psychoanalyst Anna Freud (1895–1982).¹

Anna, youngest child (of 6) of Sigmund Freud (1856–1939), was the only one of her siblings to become a psychoanalyst, and the only one of her siblings never to marry; Sigmund thus referred to her as his ‘only son’. Anna agreed to analyse Bob and referred Burlingham to her colleague Theodor Reik (1888–1969). Eventually, Burlingham’s other three children entered psychoanalysis, prompting Sigmund to write in a letter, ‘Anna is treating naughty American children’.¹

Burlingham became very close with the Freud family. She became a lay psychoanalyst



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Figure 1 Window from the 'Tiffany Chapel', Charles Hosmer Morse Museum of American Art, Winter Park, Florida, USA. Photographed by the corresponding author.

and a member of the Vienna Psychoanalytic Society with her thesis, 'Child Analysis and the Mother'. Her biographer (and grandson—Bob's son Michael John Burlingame) wrote, 'Though today it is difficult to understand how one could join a clinical seminar on psychoanalysis without either experience, training or even a college education, these were pioneering days, and the rules were then elastic'.¹

Early in her career, Burlingame developed an interest in blind children and met with Siegfried Altmann, Headmaster of the Jewish Residential Home for Blind Children in Vienna. As her first analysand, Burlingame accepted 'Sylvia', a 3-year-old blind child in 1929 or 1930. She is also reported to have analysed an 8-year-old blind boy named 'Jacob' in Watertown, Connecticut during 1939–1940.¹

Burlingame continued her own analysis with Reik until 1927, and then transferred her care to Sigmund Freud, with whom she continued until his death 12 years later; this is reported to be the longest analysis he ever performed.³ Burlingame helped convince the Freud family to leave Vienna for London after the Nazi Anschluss in 1938.⁴ The Freud family settled at 20 Maresfield Gardens in Hampstead, now the Freud Museum London. Burlingame described the house as 'so ideal, the Professor (Sigmund) was depressed because it was too perfect'.¹ Sigmund died of cancer in 1939. One year later, with her children grown and returned to the USA, Burlingame moved in with Anna, and lived with her for the rest of her life.¹

During the Blitz in 1940, the two women founded a shelter for children rendered homeless by German bombing raids.⁴ This institution later evolved into the Hampstead Nurseries, a residential home for children under age 10 years.⁵ In 1947, the two founded the

Hampstead Child Therapy Course, a 5-year programme specialising in child analysis open to lay analysts and medical doctors. Anna received the bulk of the recognition for this effort, but she recognised that Burlingame's contributions were underappreciated, noting that Burlingame 'was much too modest to either demand or expect adequate recognition for her work'.¹

In 1958, at age 67, Burlingame opened a day nursery for blind children. Burlingame's biographer described this institution as 'the most ambitious of Dorothy's projects' and wrote that it became 'the principal occupation of the final two decades of her life'.¹ Burlingame was especially interested in how blindness affected the development of the normal mother–child relationship. She did not appear to report the total number of blind children she observed over the years, but she described, using first names only, at least 15 children.⁶

OBSERVATIONS ON CONGENITALLY BLIND CHILDREN

Misperceptions of the blind

In the early 20th century, many considered the blind 'passive, bored, unspontaneous, withdrawn, depressed, dishonest and masturbatory'.¹ Burlingame wrote, 'Blind children are often called 'withdrawn' ... overinvolved with their own bodies, apparently more given to auto-erotic indulgence. I believe it is more correct to say that the blind child makes use of his own body and its experiences to compensate for his lack of experiences in the external world'.⁷

Impaired ego development

Burlingame described an impaired ego development. Mothers of blind infants may have 'feelings of injury, of hurt pride, of guilt and of the depression which make them withdraw emotionally from the child ... It is only natural that the baby in this most vulnerable period reacts ... with passivity and withdrawal far beyond the degree caused by the visual defect itself'.⁸ Ironically, 'blind babies who need an excess of stimulation to counteract the lack of visual stimuli receive less than the normal child'.⁸ Further, 'Sighted parents of blind children usually have the greatest difficulty in identifying with them ... it is not difficult to grasp the ways in which an understandable parental disappointment becomes transformed in the mind of the child into a feeling of worthlessness'.⁹

Burlingame acknowledged that other senses could partially mitigate the damage to the parental relationship, but 'stimulation of this kind does not prevent an impairment of this relationship, nor does it prevent important differences in basic personality development from that of the sighted'.⁹ Additionally, 'In lay opinion blind children are often thought of as endowed with unusually acoustic and tactile capacities, which are at their disposal to compensate for the lack of vision. In fact, this is not so ... On the other hand, what blind children really possess to an extraordinary degree is an excellent memory made more and more efficient by constant inward looking'.⁷

Burlingham noted the blind child's persistence in placing new objects in the mouth beyond the age when sighted children discontinue this practice. 'In the normal course of events mouth pleasure recedes in importance when the oral phase passes ... In this respect the development of the blind diverges from that of the sighted'.⁹ This persistent oral phase 'meets with consistent maternal disapproval. Mouthing and licking, once the infantile stage is passed, are too reminiscent of animal behaviour to be welcomed in the sighted world. The blind child's wish to be obedient and approved of does lead to the abandonment of a useful source of information, or at least to its abandonment in public'.⁹

The need to remain still

This impaired ego development is exacerbated by a need to remain unnaturally still, due to the child's increased reliance on hearing. 'An unexpected disadvantage of listening is the fact that concentration on sound is helped by immobility' which in turn creates an 'appearance of utter passivity to which mothers react in different ways'.⁹ Burlingham explained, 'The difficulty here is that the mother and child are at cross-purposes. The mother wants her child to move and be active ... while the child wishes to better his orientation to his surroundings through hearing, a task which is best fulfilled in the absence of motility'.⁹

This only worsens with age, as the child learns to walk. 'In the second year of life the blind toddler is persistently deprived of the pleasure which is normally dominant at this age... While vision serves development in this area by tempting the child to move toward what he or she sees, sound does not seem to attract similar movement. When listening, the blind toddler remains still, passive insofar as muscular activity is concerned'.⁹ Further, 'Once we have learnt to understand that control of free movement is an essential mode of self-protection adopted by the blind, it also becomes easier to grasp the degree of determination and will power exerted by them from a very young age for intentionally closing a pathway which, under ordinary circumstances, constantly serves for discharge of the boundless energy which is present in the young'.⁷

As blind toddlers learn to walk, they must adapt strategies to avoid injury. Burlingham reported, 'Watching our blind children, we cannot but be impressed by the variety of capabilities which they bring to bear on this task: they remember the position of stable fittings in their environment to avoid running into them; they *listen* acutely for sounds or echoes to tell them what has been moved from its accustomed place; they take note of sidewalks and fix them in their minds; later on they count steps; above all, they constantly control their desire for quick movement'.⁷ In this passage, Burlingham described (among other techniques) passive echolocation, or using the sounds created external to the individual.¹⁰ Active echolocation, or using the sounds created by the individual (such as tongue clicks or tapping a cane on the floor), analogous to other mammals including bats and dolphins, has

been well documented.¹¹ The French philosopher Denis Diderot (1713–1784) described a blind adult who could locate silent objects through 'facial vision' although Diderot apparently did not consider the use of sound.¹² In the mid-20th century, a series of psychological experiments (the first published in 1944¹³) established that this 'facial vision' was primarily a function of hearing.¹¹ To this day, active echolocation using mouth clicks is taught in many facilities for the blind.¹⁰

Burlingham continued, 'the children in the Nursery for the Blind, if not compelled otherwise, will sit, motorically idle, on the floor, in a corner, often with their heads on the table'.⁷ However, 'As soon as conditions of absolute safety are provided, the blind child too will hop and jump eagerly ... The child will gladly 'let go' of his own controls as soon as he is fully confident that danger arising from motility is controlled by the environment'.⁷ In a larger sense, the 'self-restraint of motor activity is responsible for much of the depression, boredom, lack of spontaneity which we have learnt to equate with the notion of a blind child'.⁷

Even after learning to walk, the blind child demonstrates 'an increased awareness of danger from the unknown and unexpected. Thus, instead of moving in ever-widening circles ... the blind toddler feels threatened and makes painstaking efforts to control himself. He avoids danger by holding out his arms to protect himself; by examining the floor in front of him with his foot; by restricting the area he moves in; and by taking short steps or even running in the same place'.⁹ These actions, although understandable, 'widen the gap between the developmental progress of the blind and the sighted'.⁹

The development of these injury avoidance techniques represents a great accomplishment for the blind child, especially because they are largely self-taught: 'While normal children learn about the dangers of fire, water, heights, guided by adults who have passed through the same experience in their own lives, the blind learn to protect themselves from harm in ways which are basically unfamiliar to their custodians and which are therefore not taken over by identification with them but acquired painfully, and independently, by methods of individual trial and error'.⁷

Unfortunately, 'these achievements of the blind, considerable though they are, often fail to elicit praise. The mothers of the blind, even though worrying about the child's safety, sometimes excessively, still cannot help experiencing the child as slow and clumsy, potentially backward'.⁹

Burlingham continued, 'It is unfortunate for the blind children that a major achievement such as their sensible motor control has outwardly nothing but negative results ... The energies which are held off from their normal outlet into constructive activities flow backward and find expression in rhythmical movements, repetitiveness, and use of the musculature for other active purposes. Since such regressions are characteristic of the mentally

retarded, blind children are often classed with them even when their intelligence is basically normal'.⁷

This mobility gap between blind and sighted children results in an even greater psychological separation. 'The blind child becomes even more isolated when he becomes aware of the difference between himself and the sighted. Where he moves slowly, they are fast ... they are aware of objects, changes, and events of which he remains oblivious ... As far as we could observe during the nursery school years, the blind child's discovery that other people possess a faculty which he lacks does not come suddenly'.⁹

The problems intensify as the blind child progressively grasps the full significance of the situation: 'The realisation of blindness is probably the most distressing and poignant in the child's life. It is questionable whether blind individuals, either in childhood or later on, can ever fully come to terms with the limitations imposed on them'.⁹ Burlingham did not appear to report the typical age at which children fully recognise their blindness, but she did describe the 'older children' in her nursery school as age 3–6 years.⁶

All young children struggle to achieve independence from their parents, but Burlingham wrote that blind children are forced to enter this same phase 'without the same sensory equipment, and therefore without the same ability to ... 'do it myself' ... What should be a healthy move toward independence thus becomes only too often a frustrated struggle accompanied by growing resentment of the help which is so sorely needed. On the other hand, whenever independence is accomplished, the resulting satisfaction is impressive'.⁹

Relationship with the sighted

Burlingham wrote, 'Turning to the sighted for assistance is only too often the only way in which the blind child can achieve his aims. While this would be regressive in the case of a sighted child ... it is normal for the blind'.⁹ Further, 'there seems to be a continuous effort on the part of blind children to avoid expressing any signs of aggression toward the sighted ... The fear of being separated from [the sighted] results in the blind child's wish to keep that person in a loving attitude toward him'.⁹

Further, 'The more I watched [blind] children the more I realized that they were living a double life. They had a life of their own, even at times a very enjoyable one ... [but] they realized at a very early age that the world around them was a seeing one, and that they seemed the exceptions and unfortunate ones. And it seemed clear from that moment these blind children put all their attention on the seeing world. They tried to imitate those who saw in every possible way'.¹⁴

Burlingham described the stages in which blind children learn to interact with their sighted peers. At first, 'there is a basic trust in the sighted and an overvaluation of their powers and capabilities ... However, it does not take long before this trusting attitude comes into conflict with the child's normal struggle and wish

for independence. Independence for the blind is hard to achieve and is constantly thwarted by their needs for help, guidance, and protection'.⁹ Over time, the blind child intensifies non-visual sensory input. 'Like all children who outgrow their unquestioned idealisation of their parents as all-powerful beings, the blind also begin to realise that there are tasks beyond the possibility of the sighted ... The children learn very gradually, at least to some degree, to rely on their own opinions, values, and decisions'.⁹

Although most blind children eventually do develop independence, they are strongly attracted to sighted children: 'it is not so much the actual advantage of vision ... so much as a certain ambience which, according to their feeling, surrounds the sighted who are active and spontaneous ... The wish to share the life of the sighted was expressed by all blind children known to us ... segregation of the blind during their schooling, advisable though it may be in some respects, nevertheless represents an added hardship through limiting the interaction with the sighted which, in certain developmental phases, seems of such importance'.⁹

In return, the sighted may paradoxically harm the psychological development of the blind. For example, Burlingham describes a blind child who drops an object: 'he will grope about and often not be able to find it. After several such experiences he will simply let the object lie ... If there is someone about who sees, that person generally instinctively picks up a fallen object. The blind child learns through such experiences that he will appear less awkward if he makes no attempt to pick up something which has fallen down ... In this way the blind child learns to be more awkward than he really is. He makes believe that he is helpless when he really is not'.¹⁴

BURLINGHAM IN PERSPECTIVE

Dorothy Tiffany Burlingham is an under-recognised figure in the study of blind children. Her unusual life pathway—especially for her time—has long been the subject of so-called 'armchair analysis'. The practice of analysing a famous individual whom one has never met is a violation of the 'Goldwater Rule,' named for former US Senator Barry Goldwater, the 1964 Republican nominee for president. That year, *Fact* magazine surveyed all 12 356 US board-certified psychiatrists regarding Goldwater's psychological fitness for the office; 2417 responded, with 1189 (49%) responding in the negative. In response to the subsequent public backlash, the American Psychiatric Association updated its principles of medical ethics: 'it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorisation for such a statement'.¹⁵

Nevertheless, Burlingham's life offers fertile ground for such analysis. She appears to have jumped from an unhappy relationship with her father to an even more unhappy relationship with her husband. Thus, she emigrated to Europe and found lifelong personal and

professional satisfaction with another woman. Burlingham and Anna Freud were of similar age and were both the youngest children of domineering and fantastically successful men. However, Burlingham's relationship with her father was strained, while Anna Freud's relationship with her father was, if anything, abnormally close.¹ The precise nature of their personal relationship has been the subject of much speculation. For example, the science journalist Rebecca Coffey asserted the presence of a sexual relationship but was unable to provide sufficient documentation. Coffey attributed this to the Sigmund Freud Archives' policy that 'scholars and journalists are not allowed access to anything that might reveal the details of Anna and Dorothy's relationship'.¹⁶ For this reason, Coffey wrote *Hysterical: Anna Freud's Story (a novel)* as a 'fact-based, fictional autobiography' of Anna Freud¹⁷ rather than as a traditional biography.

Burlingham seems to have greatly benefited from psychoanalysis, so her decision to join the profession seems straightforward. But why specialise in blind children? Her biographer (and grandson) Michael speculated: 'Unlike her [other] psychoanalytic interests, there were no links to the blind from her past experience, but in blindness she may have discovered a metaphor for neurosis, which is to the capacity for enjoyment and fulfilment what blindness is to vision'.¹ An ophthalmologist, however, might disagree with the statement that there were 'no links to the blind from her past experience'. Her father, Louis Comfort Tiffany, was primarily an artist with glass, so effectively he was an artist with light. It seems reasonable that his daughter might have had great empathy for the blind, who could not enjoy such masterworks.

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