

THE GROWTH OF INDEPENDENCE IN THE YOUNG CHILD

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It is the hope of most parents that their children will grow up to be independent, people, confident in themselves and confident in their relationships with others. This parental desire is as natural and spontaneous as is their desire that their children should grow up to be physically healthy. Indeed, it is its complement, since *the aim that the child should grow up to become confidently independent is synonymous with the aim that he should grow up mentally healthy*. The aims of most parents are therefore at one with those of a service intent on furthering mental health.

It is known, however, that the effective promotion of health requires a thorough and scientific understanding of the developing organism and of the origins of disease processes. Thus, if our aims as regards mental health are to be achieved, there need to be, among other things, a well-based theory of the nature of dependence and independence, and of the ways in which healthy development in this field can be disturbed. Naturally a theory of this kind can stem only from careful scientific studies of the function of dependence and independence in the human being: studies which need to be made as carefully and thoroughly as are those made of the functions of, say, circulation and digestion. Unfortunately, because there has been relatively little relevant research, and what there is still little known, there are abroad in private and professional circles alike a number of pre-scientific and erroneous theories. Before considering the views which are based on more systematic studies, I shall examine briefly the most widely held of the traditional theories: that of spoiling.

This theory is one on which medical and nursing personnel frequently still base their advice. I signify it by the name of theory to emphasize that within its

popular cloak there lurks what is in effect a far-reaching, if misguided, theory of personality development. So that it can be discussed, I shall state the theory fully: the so-called "typically spoiled child" is one who is for ever seeking attention, selfish about his belongings and envious of those of others. Not only has he the egocentric and demanding characteristics which none of us like, but he is anything but independent. All will agree, I think, about the sort of child or adult I have in mind. The point at issue is how this kind of personality develops. The theory of spoiling is explicit: it states that a personality of this kind develops when a child is given too much attention in his earlier days so that he never learns to get on without it, with the corollary that less attention would make him more independent. It may now be asked what evidence there is in support of this theory; I believe there is none, and I have certainly never seen any displayed in print. It is in fact a theory stemming from a pre-scientific age in medicine, for the experience of those of us who work in child guidance clinics points to an opposite conclusion. Such children are frequently seen in the clinics, and not infrequently the teacher or doctor in his referral note uses the phrase "a typically spoiled child." However, when the case is investigated, it is often found that even a cursory history demonstrates plainly that the child has had anything but an easy time in life: experiences such as rejection, harsh discipline or separation are at once encountered. In other cases, the adverse experiences in the child's life are rather less evident but a person who is reasonably experienced in obtaining a psychiatric history can usually come to learn about them after a few interviews with the parents or others. It must be admitted, of course, that sometimes parents protest that they have given the child everything he could want; but I have never known this claim stand skilled examination. All too often the efforts which the parents have made to give the child affection have been a pathetic but in-

adequate attempt to make up for the feelings of hostility and rejection which another side of them feels. This does not mean to say that such affection as is given is unreal, but rather that it is only one side of a much bigger whole.

Insofar as the theory of spoiling is now known to be the reverse of the truth, it may be asked how it is that it has become such a widely held theory. One reason I believe is that many inexperienced people have been taken in by the overt display of affection and claims of parents who are over-compensating for their lack of affection for their children, but I cannot help thinking that the motivation for clinging to so mistaken a theory must go deeper than this. My observations lead me to believe that it is a rationalized form of sibling rivalry. All of us, from toddlers to grown-ups, tend to feel rather jealous when the mother's affections are centered on the new baby, and it is only a short step from feeling jealous of these attentions to claiming that they are bad for the baby. It is my serious belief that this type of motivation has played and is still playing a very large part in the promotion of this false theory of personality development which, by forming the basis for so much advice, has been responsible for much unhappiness.

Let us now try to formulate a theory more in keeping with observation and experience. First, the difference between the infant's actual dependence on his mother and his *feeling* of dependence on her must be distinguished. It is plain that from the time of his birth his helplessness makes him, in fact, absolutely dependent on her ministrations, and that this dependence continues in decreasing degree through many years of childhood. It is equally plain that at birth and in the weeks following he is not aware of this dependence and that it is only gradually that his feelings for her develop. It is not until the second half of his first year that the infant comes clearly to differentiate from others the person who looks after him (normally his mother but perhaps an adoptive mother or nurse) and comes to focus all his interest on her. He likes her to be around, dislikes it if she leaves him and is generally clinging. Although for brief periods he is content to be cared for by others who are familiar to him, if he is tired, hungry, hurt or ill, only mother will do. This phase of close attachment persists longer than is often realized. It is usually still in full force at the age of 2 years and in most children it is not until about 3 that there is any appreciable diminution. Thenceforward it wanes steadily, if slowly. Nonetheless, it is still a powerful force, not only in the years before puberty but also during ado-

lescence, even though at this time it becomes complicated by other and contradictory drives. Probably in all normal people it continues in one form or another throughout life and, although in many ways transformed, underlies many of our attachments to country, sovereign or church. As a rule, in adults it makes its appearance in direct form only when they are ill or in danger: in such circumstances most of us feel a need either for special care or for the leadership of a specially trusted person.

In broad outline this seems to be the natural history of the feeling of dependency or, as I prefer to put it, the need for an attachment. It must be admitted, however, that there is still a major controversy amongst psychologists as to the nature of this powerful drive which is so critical to personality development. Two views are now current. One, which is held by all those of the learning theory school, which was also held by Freud and is still held by many psychoanalysts including Anna Freud, is that the infant's only primary needs are the physiological ones for food, warmth and so on, and that, insofar as he becomes emotionally attached to his mother, it is because he learns that she is the agent through whom his physiological needs are satisfied. In popular terms we can call this "the cupboard love theory of infant love;" in more technical terms it has been described as a "remunerative strategy." The alternative view is that the infant's need to attach himself to a mother-figure is as primary as his need to take nourishment or to prefer warmth to cold. This implies the existence of a primary socially-oriented drive, basically independent of the need for food or warmth. This view is held by the group of European students of animal behaviour headed by Lorenz and Tinbergen. It is also held by many English psychoanalysts, including Melanie Klein.

Clearly this controversy can be settled only after detailed research. Pending the results of this, it is the second hypothesis which seems to me the more likely to prove right. It is plain that the infant is endowed with at least two innate responses which have a social significance, namely crying and smiling. Crying is active from birth and smiling within a few weeks of it. Both have a powerful effect on the mother's feelings, binding her emotionally to him. Furthermore, if parallels are sought in the animal world, it is apparent that many infant mammals, for example lambs and foals, form an attachment to their particular mothers very quickly after birth. Unfortunately in mammals, since the mother is the source of food supply, it is difficult to distinguish how much this is an attachment to the mother ani-

mal as a whole and how much to her mammary gland. Because there is no such confusion in birds the position is clearer. In those species which are able to leave the nest and forage for themselves within a few hours of birth, for example geese, ducks and moorhens, there is an inborn tendency for the young to attach themselves to almost any moving object and to follow it. This they do as an activity for its own sake without any reference to whether the object provides them with food or warmth. In the early days after hatching, it has been found that almost any object will suffice as one to which to make an attachment, and it is rather a pathetic sight to see a group of young ducklings patiently following a cardboard box or a rubber balloon, such as can be seen in the experimental work now being carried out at the Wildfowl Trust on the Severn bank or at the Cambridge University Ornithological Field Station. Though it would be dangerous to argue directly from birds to babies, the fact that a primary drive to attach has been proved for birds is nonetheless of interest. Moreover the equipment of the young mammal with such a drive would clearly have survival value.

Although there are obvious reasons why as much as possible should be done to discover which of these two theories regarding the nature of the infant's psychological attachment to his mother is right, fortunately for many practical purposes it is not absolutely necessary for the point to be settled. Something for which any theory must be able to account is one special feature of this attachment: that is, the extraordinary way in which the infant's attachment comes to be focused on one person. To an outsider who does not appreciate the reality of this, it may seem incomprehensible that a small child should come to be deeply attached even to a mother who neglects or ill-treats him. Yet this is usually so, and he grieves if he loses her. Indeed, this profound attachment to a particular person is both as strong as, and often as irrational as, falling in love, and the very similarity of these two processes suggest strongly that they may have something in common. The practical upshot, therefore, is that the infant not only becomes attached to a mother figure to whom he looks for affection and sustenance, but that this attachment is to one special person, largely irrespective of her merits as a mother.

This has consequences of much importance. In the first place the mothering which a young child needs cannot adequately be provided by anybody else: on the contrary it is his mother's mothering which he is looking for and that of anyone else is inevitably second best. To complain because a child

does not welcome being comforted by a kind but strange woman is as foolish as to complain that a young man deeply in love is not enthusiastic about some other good-looking girl.

In the second place it must be remembered that, thanks to the special bond linking child to mother, children always behave in a more babyish way with their mother than with other people. Too often one hears well-meaning people remark that a certain child behaves beautifully with them and that his babyish behaviour with his mother is due to her foolish management of him, in fact that she spoils him. The truth is that it is always easy to look after other people's children, and quite a different matter to look after one's own. This tendency to behave more babyishly with parents holds even in the bird world. Young finches quite capable of feeding themselves will at once start begging for food if they catch sight of their parents. Criticisms of mothers being unable to manage their children are far more often manifestations of the critic's ignorance than of the mother's incompetence.

This brief review of the nature of the tie between infant and mother would not be complete without some mention of the tie between mother and infant. From ordinary clinical experience, it is known that most mothers, in the hours or days after their infant's birth, are assailed by powerful emotions which make them prize their young baby above all others. Apart from the work of David Levy in New York, I am not aware of any systematic studies of this in human beings. There can be little doubt, however, that it is a primitive biologically-rooted drive and that it also has this special characteristic of focusing on one particular object. Indeed, many mothers have described their experience as falling in love with their babies. It is plain that this is a matter of central importance to our work: however, to discuss it properly would require a separate paper and I shall say no more now.

Such evidence as there is strongly suggests that if a toddler has the opportunity, first, to develop a strong attachment to his mother and, later, to enjoy the full exercise of it, he will in his fourth and fifth years grow away from his mother into an increasing degree of stable independence. I see this as a process of maturation which, at least in the early years, needs no training and little encouragement. Just as a child learns to walk and talk when his central nervous equipment is ready for it, so it seems does a child grow from intense dependence into relative independence when his equipment has matured far

enough to permit him to do so. Such a view, of course, makes nonsense of all actions based on such well-worn adages as "of course, he must learn to be independent." Indeed, mothers who try to teach or force their children to be independent usually delay its growth, just as those who attempt energetic toilet training (another process where maturation plays a very large part) often delay their children becoming clean and dry.

Like any other naturally-maturing function, there are many ways in which development can go wrong. In some children there is a tendency for the need for an attachment to continue unabated into school years and longer, and much neurotic anxiety can be seen as a persistent and pathological exacerbation of this entirely normal need. In other children, the reverse difficulty is presented. In them there is a relative incapacity to make emotionally toned attachments, leading in a few extreme cases to a pathological absence of the capacity. What is known of the factors which lead to these two unfavourable outcomes?

The children who in their school years and later are characterized by an excessive need for dependent relations and for attention and affection are in many cases the children who, during their first three years of life, have either not had the opportunity of making a satisfactory attachment or whose attachment, once made, has been stormy. There are many reasons for this. Some of these children have been over-disciplined and have been led to feel that their parents' affection is conditional on their being good, which of course they cannot always be. Others are children whose parents, in addition to having feelings of affection, are impelled by feelings of resentment for them. Often a mother in this state may be half unaware of what her feelings are and completely unaware why they should be so. Much work in child guidance clinics is directed towards helping parents with their ambivalent feelings. When this work is attempted, it is found that many of the resentments date from the parents' own childhoods and are legacies of resentments originally directed towards their own parents and siblings. In such cases, it is found that the parent's handling of their child's problem is changed only when they are helped to realize the springs of their feelings and behaviour. Another group of children who continue to be anxious and dependent are those who spend longish periods in hospital or residential nursery. Whilst the experience has not been severe enough, as it is in a few cases, to lead to their need for affection becoming completely repressed, it has nonetheless been sufficient to make

them extremely anxious and uneasy that they may again lose their loved object.

The undue persistence in children of this need for an attachment and the concurrent development of demandingness and anxiety are regrettable and very trying to those who have to look after them. Nevertheless the opposite condition, in which this need is conspicuous by its absence, is far more serious, and fortunately much less common. Children of this kind form no emotional bonds or only shallow ones. They seem not to care what people think of them and are often described as hard-boiled. It is a mistake, however, to suppose that they are necessarily withdrawn or isolated. A few are so but many more are active sociable characters who at first sight may make a favourable impression. Indeed, their very lack of discrimination between friend and stranger and their cheerful greeting even to someone they have never met before may lead the inexperienced to think them unusually well-adjusted. This, however, is very far from the case. It is from their ranks that most of the social misfits are drawn, including the psychopath and the recidivist.

What is known of the origin of this condition? Broadly speaking, there are three classes of experience which predispose to this development. The first is the case, now well known, of the child who from birth or soon afterwards grows up in a hospital or institution in which he has no opportunities to form an attachment to one person. The second is the child who, having made a powerful attachment to one person, is then separated from her. For instance, it may be that, like many illegitimate children, he passes from one mother figure to another. Experience shows that a child may be able to weather one such change and sometimes two, but if the process is repeated his capacity to form a new emotional bond lapses: he no longer trusts anyone and becomes an emotionally self-contained person. Another example is where a child, having made a strong attachment to a mother-figure, is then for a period of months or sometimes years cared for away from home either in hospital or residential nursery, often seeing nothing of his mother meanwhile. On returning home such children as a rule manage to *reestablish the emotional dependence* described earlier. In a few, however, feelings become frosted and, like the child who passes from pillar to post, they become emotionally self-contained and unable thenceforward to risk affectionate attachments.

The third condition which can predispose to the development of an affectionless character is that of

outright rejection which is mixed little, if at all, with affection. Usually the mothers of these children are themselves mentally sick: they are found to be people who had very unhappy childhoods themselves, and whose personal relationships are at the best stormy and at the worst non-existent. Though it is vital for these parents to be recognized as mentally sick and not just wicked, this is cold comfort for the child. What he experiences is hostility, rejection and punishment to a point where he feels he can trust his parents no longer and, like the children described previously, he becomes emotionally self-contained and unable to give his heart.

Clinically it is always easier to describe the advanced phase of an illness than to describe its more limited manifestations. The fully-fledged, affectionless character is mercifully fairly rare. There is reason to think, however, that some measure of restriction of the capacity to give affection is comparatively common and that it frequently goes unnoticed by others. Nevertheless, the patient himself is often keenly aware of the disability, recognizing the painful fact that he cannot, for some reason unknown to himself, reciprocate the warm feelings which others may have for him. He is aware of an emotional block which seems to dog him and which may become cruelly evident when marriage and children come over his horizon.

Although many of the disturbances in the natural development of dependence and independence can be avoided by action based on better understanding, unfortunately others stem from deep-rooted emotional attitudes in the parents. For instance it is comparatively easy to encourage people to avoid separating small children from their mother and, in most cases, it is surprisingly easy and economical to make arrangements which keep mother and child together. Moreover, with tact and discretion, it is often fairly easy to discourage parents from using disciplinary methods too early and to a degree which provokes unnecessary anxiety and guilt. What is far more difficult is to help those parents whose difficulties in handling their children stem from their own emotional problems. A parent who herself has grown up to be affectionless or who cannot avoid harbouring in her heart much resentment and hatred cannot change overnight or even over a period of weeks. Advice and admonition are worse than useless. Unfortunately only very patient and skilled work can help, and even then our present ability to help is limited. Similarly, it is not easy to help a parent who, for emotional reasons of his own, feels he has to cling to the child. Usually it is found that at the back of such

cases the parent himself, having developed a pathological dependence on others through experiences in early childhood, cannot relinquish the child and has to keep the child with him. Often such parents are unaware of their powerful and pervasive need for the child to remain with them or, if aware of it, are most reluctant to admit it. But even if willing to admit it and dimly aware of the reason for it, they may nonetheless have the greatest difficulty in permitting the child to go free. Once again advice that they give the child freer rein, or admonitions not to be selfish, miss the point and are frequently worse than useless.

In this way we come full circle. The emotional disturbances in parents which hinder the natural development of dependence and independence in their children spring almost always from a disturbance in this very function in the parents' own childhoods. Problem children grow up to become problem parents, who then create more problem children in the next generation. Nevertheless, though this is true and grave, there is no need to be fatalistic. Very many parents are eager and willing for help with these very problems; if such help can be given at the right time and in the right way, the vicious circle can be broken. The task becomes therefore to train on a sufficiently large scale those concerned with parents and children in the principles of this work. Such training can be neither easy nor quick, and requires a far-reaching change of attitude on the part of many. Nevertheless, if doctors and nurses recognize their responsibilities and opportunities, as some already do, there is no reason why a revolution in professional skills should not be achieved during the next quarter of a century.