FROM DEPENDENCE TOWARDS INDEPENDENCE IN THE DEVELOPMENT OF THE INDIVIDUAL.¹
(1963)

I have chosen in this chapter to describe emotional growth in terms of the journey from dependence to independence. If you had asked me to perform this task thirty years ago I should almost certainly have referred to the changes by which immaturity gives place to maturity in terms of progression in the individual's instinctual life. I would have referred to the oral phase, and to the anal phase, and to the phallic phase and the genital. I might have divided these phases up—first oral, preambivalent, second oral, oral sadistic, and so on. Some authors have very much divided up the anal phase; others have been content to have the idea of a pregenital phase that is based generally on the functioning of the organs of ingestion, absorption, and elimination. All this is good. It is as true now as it was, and it has started off our thinking and the structure of the theory by which we steer our course. Nevertheless, it is now in our bones, so to speak. We take it for granted, and we look to other aspects of growth when we find ourselves in the position I am in just now, where I am expected to say something that is not exactly common knowledge, or that takes into consideration the later developments in theory and attitude.

If I have chosen to look at growth in terms of dependence changing gradually towards independence you will agree, I hope, that this does not in any way invalidate the statement I might have made of growth in terms of erotogenic zones, or of object relating.

Socialization

Maturity of the human being is a term that implies not only personal growth but also socialization. Let us say that in health, which is almost synonymous with maturity, the adult is able to identify with society without too great a sacrifice of personal spontaneity; or, the other way round, the adult is able to attend

¹ Talk given at the Atlanta Psychiatric Clinic, October 1963.
to his or her own personal needs without being antisocial, and indeed, without a failure to take some responsibility for the maintenance or for the modification of society as it is found. We get left with certain social conditions, and this is a legacy we have to accept, and, if necessary, alter; it is this that we eventually hand down to those who come after us.

Independence is never absolute. The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent.

The Journey

There is nothing new about the idea of a journey from dependence to independence. Each human being must start on this journey, and many arrive somewhere not far from this destination, and arrive at independence with a built-in social sense. Here psychiatry is looking at healthy growth, a matter which is often left to the educationalist or to the psychologist.

The value of this approach is that it enables us to study and discuss at once and the same time the personal and the environmental factors. In this language health means both health of the individual and health of society, and full maturity of the individual is not possible in an immature or ill social setting.

Three Categories

In planning this brief statement on a very complex theme I find I need three rather than two categories, not simply dependence and independence. It is helpful to think separately of:

- absolute dependence;
- relative dependence;
- towards independence.

Absolute Dependence

I will first draw your attention to the very early stages of the emotional development of every infant. At the beginning the infant is entirely dependent on the physical provision of the live mother and her womb or her infant care. But in terms of psychology we have to say that the infant is at one and the same time dependent and independent. It is this paradox that we need to examine. There is all that is inherited, including the maturational processes, and perhaps pathological inherited trends, and these have a reality of their own, and no one can alter these; at the same time, the maturational processes depend for their evolution on the environmental provision. We can say that the facilitating environment makes possible the steady progress of the maturational processes. But the environment does not make the child. At best it enables the child to realize potential.

This term 'maturational process' refers to the evolution of the ego and of the self, and includes the whole story of the id, of instincts and their vicissitudes, and of defences in the ego relative to instinct.

In other words, a mother and father do not produce a baby as an artist produces a picture or a potter a pot. They have started up a developmental process which results in there being a lodger in the mother's body and then in her arms and then in the home provided by the parents, and what this lodger will turn out to be like is outside anyone's control. The parents are dependent on the infant's inherited tendencies. It may well be asked: 'What then can they do if they cannot make their own child?' They can of course do a great deal. I shall say that they can provide for a child who is healthy, in the sense of being mature according to what maturity means at any moment for that child.

If they succeed in making this provision then the infant's maturational processes are not blocked but are met and enabled to become part of the child.

It turns out that this adapting to the infant's maturational processes is a highly complex thing, one that makes tremendous demands on the parents, and at first it is the mother herself who is the facilitating environment. She needs support at this time, which is best given by the child's father (let us say her husband), her mother, the family and the immediate social environment. This is terribly obvious but none the less true and needing to be said.

I like to give this special state of the mother a special name, because I think its importance is not appreciated. Mothers recover from this state and forget. I call it 'primary maternal preoccupation'. This is not necessarily a good name, but the point is that towards the end of the pregnancy and for a few weeks after the birth of a child the mother is preoccupied with (or better, 'given over to') the care of her baby, which at first seems like a part of herself; moreover she is very much identified with the baby and knows quite well what the baby is feeling like. For this she uses her own experiences as a baby. In this way the mother is herself in a dependent state, and vulnerable. It is to describe this stage that I use the words absolute dependence in referring to the state of the baby.

In this way natural provision is made in nature for what the
infant needs, which is a high degree of adaptation. I will explain what I mean by this word.

In early psycho-analytic days adaptation could only mean one thing: meeting the infant's instinctual needs. A great deal of misconception has arisen out of the slowness of some to understand that an infant's needs are not confined to instinct tensions, important though these may be. There is the whole of the infant's ego development that has its own needs. The language here is that the mother 'does not let her infant down', though she may and must frustrate in the sense of meeting instinct needs. It is amazing how well mothers do meet the ego-needs of their own infants, even mothers who are not good at giving the breast but who quickly substitute the bottle and the formula.

There are always a few who cannot fully commit themselves in the way that is needed at this very early stage, although the stage only lasts a few months towards the end of pregnancy and at the beginning of the infant's life.

I shall describe ego-needs, since these are multifarious. The best example would be the simple matter of holding. No one can hold a baby unless able to identify with the baby. Balint (1951, 1958) has referred to the oxygen in the air, of which the infant knows nothing. I could remind you of the temperature of the bathwater, tested by the mother's elbow; the infant does not know that the water might have been too hot or too cold, but comes to take for granted the body temperature. I am still talking about absolute dependence. It is all a matter of impegmennt, or no impingement, on the infant's existence, and I want to develop this theme.

All the processes of a live infant constitute a going-on-being, a kind of blueprint for existentialism. The mother who is able to give herself over, for a limited spell, to this her natural task, is able to protect her infant's going-on-being. Any impingement, or failure of adaptation, causes a reaction in the infant, and the reaction breaks up the going-on-being. If reacting to impingements is the pattern of an infant's life, then there is a serious interference with the natural tendency that exists in the infant to become an integrated unit, able to continue to have a self with a past, present, and future. With a relative absence of reactions to impingements the infant's body-functions give a good basis for the building up of a body-ego. In this way the keel is laid down for future mental health.

You see how it is that the sensitive adaptation to an infant's ego-needs only lasts a little while. Soon the infant begins to get a kick out of kicking, and to get something positive out of being angry because of what could be called minor failures of adaptation. But by this time the mother is beginning to restart her own life that eventually becomes relatively independent of her infant's needs. Often the child's growing up corresponds quite accurately with the mother's resumption of her own independence, and you would agree that a mother who cannot gradually fail in this matter of sensitive adaptation is failing in another sense: she is failing (because of her own immaturity or her own anxieties) to give her infant reasons for anger. An infant that has no reason for anger, but who of course has in him (or her) the usual amount of whatever are the ingredients of aggressiveness, is in a special difficulty, a difficulty in fusing aggression in with loving.

So in absolute dependence the infant has no means of awareness of maternal provision.

Relative Dependence

Just as I call the first stage 'absolute dependence', so I call the next stage 'relative dependence'. In this way one can distinguish between dependence that is quite beyond the infant's ken, and dependence that the infant can know about. A mother does a vast amount in meeting her infant's ego-needs, all of which goes unrecorded in the infant mind.

The next stage, that of relative dependence, turns out to be a stage of adaptation with a gradual failing of adaptation. It is part of the equipment of the great majority of mothers to provide a graduated de-adaptation, and this is nicely geared to the rapid developments that the infant displays. For instance, there is the beginning of intellectual understanding, which develops as a vast extension of simple processes, such as conditioned reflexes. (Think of an infant expecting a feed. The time comes when the infant can wait a few minutes because noises in the kitchen indicate that food is about to appear. Instead of simply being excited by the noises, the infant uses the news item in order to be able to wait.)

Naturally infants vary very much in their capacity to use intellectual understanding early, and often the understanding they might have had is delayed by the existence of a muddle in the way reality is presented. There is an idea for emphasis here, for the whole procedure of infant-care has as its main characteristic a steady presentation of the world to the infant. This is something that cannot be done by thought, nor can it be managed mechanically. It can only be done by continuous management by a human being who is consistently herself. There is no question of perfection here. Perfection belongs to machines; what the
infant needs is just what he usually gets, the care and attention of someone who is going on being herself. This of course applies to fathers too.

A special point needs to be made of this ‘being herself’ because one should separate out the person from the man or woman, mother or nurse, who is acting the part, perhaps acting it quite well at times, and perhaps acting it well because of having learned how to care for infants from books or in a class. But this acting is not good enough. The infant can only find an unmuddled presentation of external reality by being cared for by a human being who is devoted to the infant and to the infant-care task. The mother will grow up out of this state of easy devotion, and soon she will be back to the office desk, or to writing novels, or to a social life along with her husband, but for the time being she is in it up to the neck.

The reward at the first stage (absolute dependence) is that the infant’s process of development is not distorted. The reward at this stage of relative dependence is that the infant begins to be in some way aware of dependence. When the mother is away for a moment beyond the time-span of his (or her) capacity to believe in her survival, anxiety appears, and this is the first sign that the infant knows. Before this, if the mother is away the infant simply fails to benefit from her special ability to ward off impingements, and essential developments in ego structure fail to become well established.

The next stage beyond that at which the infant in some way feels a need for the mother is one in which the infant begins to know in his mind that mother is necessary.

Gradually the need for the actual mother (in health) becomes fierce and truly terrible, so that mothers do really hate to leave their children, and they sacrifice a great deal rather than cause distress and indeed produce hatred and disillusionment during this phase of special need. This phase could be said to last from (roughly) six months to two years.

By the time an infant is two years old there have begun new developments, and these equip the child to deal with loss. It will be necessary to refer to these. Along with these personality developments in the child there are important though variable environmental factors to be taken into consideration. For instance there may be the mother-nurse team, itself an interesting subject for study. There may be suitable aunts and grandparents or special friends of the parents who by their constant presence qualify as mother-substitutes. Then also the mother’s husband may be an important person in the home, helping to create a

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home, and he may be a good mother-substitute, or he may be important in a more masculine way by giving his wife support and a feeling of security, which she can pass on to the infant.

It will not be necessary to deal fully with these rather obvious and yet highly significant details. It will be seen, however, that these details vary greatly, and the infant’s own growth-processes are pulled this way and that according to what obtains.

Case Material:

I had the chance to observe a family of three boys at the time of their mother’s sudden death. The father acted in a responsible way, and the mother’s friend who knew the boys well took over their care, and after a period of time she became their stepmother.

The baby boy was four months old when his mother suddenly disappeared from his life. His development proceeded satisfactorily and there was no clinical sign indicating a reaction. In my language the mother was ‘a subjective object’ for this baby boy, and the mother’s friend stepped into the mother’s position. Later he thought of his stepmother as his mother.

When this the youngest boy was four years old he was brought to me, however, because he was starting to show various personality difficulties. In play in the psychotherapeutic interview he invented a game which had to be repeated very many times. He hid, and I made a very slight alteration in, say, the position of a pencil on the table. He then came in, found the slight alteration, and became very angry indeed and killed me. He would have persisted with this game for hours.

Applying what I had learned I told his stepmother to be ready to talk to him about death. That very evening, for the first time in his life, he gave the stepmother a chance to talk about death, and this led on to his needing to know exactly all the facts about the mother whose inside he came out of, and of her death. This then gathered momentum in the next few days, and everything had to be repeated and repeated. He continued with his good relationship with his stepmother whom he continued to call mother.

The oldest of the three children was six years old when his mother died. He simply mourned her as a person who was loved. The mourning process took about two years, and as he emerged from it he had a bout of stealing. He accepted the stepmother as a stepmother, and he remembered his real mother as a person sadly lost.

The middle boy was three at the time of the tragedy. He was
strongly in a positive relationship with his father at the time, and he became a psychiatric casualty, needing psychotherapy (about seven sessions over a period of eight years). The oldest boy said of this one: 'We didn't tell him of father's remarriage because he thinks marriage means "killing".'

This middle boy was in a muddle, and unable to cope with the guilt that he needed to be able to experience because of his mother's dying when he was in the homosexual phase with special attachment to his father. He said: 'I don't mind, it was — (the older brother) who loved her.' Clinically he became hypomanic. His extreme restlessness lasted a long time, and it was clear that a depression was threatening. His play showed a degree of muddle, but he was able to organize his play sufficiently to convey to me in the psychotherapeutic sessions what were the specific anxieties that made him restless.

There are still signs of residual psychiatric disorder in this boy who is now thirteen — that is, ten years after the tragedy which for this one boy proved traumatic.

One important development in the infant comes under the heading 'identification'. Quite early an infant may be able to show a capacity to identify with the mother. There are primitive reflexes that may be said to form a basis for these developments, as when a baby responds to a smile with a smile. Quickly the baby becomes capable of more complex forms of identification, implying the existence of an imagination. An example of this would be the infant who may wish to find the mother's mouth and feed her with his or her finger while taking the breast. I have seen this happen at three months, but dates should not worry us. Sooner or later these things happen to all infants (except to some ill infants) and we know that a great relief from dependence follows the development in an infant of a capacity to step into the mother's shoes. Out of this comes the full development of an understanding of the mother's personal and separate existence, and eventually the child comes to be able to believe in the parents' coming together which in fact led to his or her own conception. This is a long way ahead and never achieved at deepest levels.

The effect of these new mental mechanisms on the subject of dependence is that the infant can allow for events that are outside his or her control, and because of being able to identify with the mother or the parents the infant can side-track some of the very great hatred that is felt towards that which challenges the infant's omnipotence.

Then speech becomes understood and perhaps used. This tremendous development in the human animal enables the parents to give every opportunity for the infant to co-operate, through intellectual understanding, even though in deep feelings the infant may feel grief, hatred, disillusionment, fear and impotence. The mother can say: 'I am going out to get some bread.' This may work unless, of course, she is away beyond the time-span of the infant's capacity to keep the idea of her alive, in feeling.

I wish to mention a form of development that especially affects the infant's capacity for making complex identifications. This has to do with the stage at which the integrating tendencies of the infant bring about a state in which the infant is a unit, a whole person, with an inside and an outside, and a person living in the body, and more or less bounded by the skin. Once outside means 'not-me' then inside means me, and there is now a place in which to store things. In the child's fantasy the personal psychic reality is located inside. If it is located outside there are good reasons.

Now the infant's growth takes the form of a continuous interchange between inner and outer reality, each being enriched by the other.

The child is now not only a potential creator of the world, but also the child becomes able to populate the world with samples of his or her own inner life. So gradually the child is able to 'cover' almost any external event, and perception is almost synonymous with creation. Here again is a means by which the child gains control over external events as well as over the inner workings of his or her own self.

Towards Independence

Once these things are established, as they are in health, the child is able gradually to meet the world and all its complexities, because of seeing there more and more of what is already present in his or her own self. In ever-widening circles of social life the child is identified with society, because local society is a sample of the self's personal world as well as being a sample of truly external phenomena.

In this way a true independence develops, with the child able to live a personal existence that is satisfactory, while involved in society's affairs. Naturally there are big possibilities for setback in this development of socialization, right up to the late stages beyond puberty and adolescence. Even a healthy individual may meet a social tension which is beyond what that individual could allow for, in advance of the individual's personal broadening of the basis of tolerance.
In practice you can watch your adolescents graduating from one grouping to another, all the time widening the circle, all the time embracing new and more and more strange phenomena that society throws up. Parents are very much needed in the management of their own adolescent children who are exploring one social circle after another, because of their ability to see better than their children can when this progression from the limited social circle towards the unlimited social circle is too rapid, perhaps because of dangerous social elements in the immediate neighbourhood, or because of the defiance that belongs to puberty and to a rapid development in the sexual capacity. They are needed especially because of the instinct tensions and patterns that reappear and which were first laid down at the toddler age.

‘Towards independence’ describes the strivings of the toddler child and of the child at puberty. In the latency period children are usually contented with whatever dependence that they are lucky to be able to experience. Latency is the period of school playing a role as a substitute for home. This is not always true, but there is no place for a further development of this special theme here.

Adults must be expected to be continuing the process of growing and of growing up, since they do but seldom reach to full maturity. But once they have found a niche in society through work, and have perhaps married or have settled in some pattern that is a compromise between copying the parents and defiantly establishing a personal identity, once these developments have taken place, adult life can be said to have started, and the individuals one by one climb out of the area covered by this brief statement of growth in terms of dependence towards independence.