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Work in Progress

The Mother-Infant Tie: 50 Years of Theory, Science, and Science Fiction

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The Mother-Infant Tie: 50 Years of Theory, Science, and Science Fiction

Beverly Birns, Ph.D.

About the Author

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Abstract

Beliefs about mothering come from many sources, including psychoanalysis and child development literature. This talk presents and critiques some of the theory and research which suggest that children are "products" of maternal behavior, particularly during the child's infancy. Research is discussed which suggests that factors other than mothering are significant in development and that experience during infancy may not be as important as commonly believed. The author believes that current advice to mothers may be burdensome to women and not in the best interest of the child.

This paper was originally presented at a Stone Center Colloquium on March 6, 1985 while Dr. Birns was a Visiting Scholar at the Stone Center and a Research Fellow in the Program on Family Violence at Children's Hospital in Boston.

Two very brief vignettes illustrate the relationship between mother and child.

Many years ago I visited with a dying woman during the last hours of her long life. She had been a very strong, independent person who had raised three children, worked gainfully all of her adult life, and remained extremely competent until her final days. The last coherent statement she made was, very simply, "I want my mother."

Another anecdote on the brighter side concerns another stage of the life cycle and consists of a conversation between a mother and daughter about motherhood. The younger woman commented that she was relieved to note that even though she worked full-time and was away from her little children long hours, neither of her children ever doubted who their mother was. The older woman replied, "Of course, it is not the hand that feeds you but the heart that beats for you."

I preface my paper with these comments because they are meaningful to me, personally, and they express my own feelings about the importance of mothers, the experience of motherhood, and the mother-infant tie.

Since the title of this talk is both broad and somewhat provocative, I would like first to indicate what the paper will be about. In discussing theory, I will focus on psychoanalytic theory and its derivatives, not because it is the only theory, nor necessarily the one I think best explains human behavior. However, I do believe that psychoanalytic theory has had the greatest influence in formulating research questions and in influencing the way all mid-to-late 20th-century people, professional and nonprofessional, think about families, and particularly about the mother-child relationship.

In discussing science, I shall be referring to the discipline of child development — again, not because I think it is perfect or pure, but because we use the

conventions of the empirical scientific method, that is, make hypotheses, design and conduct research, and then interpret our findings. Since our methods are quantitative, experiments can be replicated. Of course, the questions that we ask, the design that we employ, and certainly our interpretation of the results are all dependent on a variety of factors which include values, personal biases, availability of subjects, government grants, and the state-of-the-art or technology (Eisenberg, 1981). Theory and science are certainly intertwined; psychoanalysts are engaged in research and developmental psychologists are rarely atheoretical, even when the theory is not articulated.

Finally, we come to science fiction — the dictionary states that it is fiction in which actual or potential scientific discoveries form the plot. I shall be referring to the belief that mothers construct their children just as automobile workers build cars and, further, that the critical period in this construction is infancy. Science fiction is theory that is totally believable but not necessarily true. The belief that events in the early months predetermine adult behavior and that mothers are the major determinants of development implies epigenetic theory, a view basic to Freud's, Erickson's, and Piaget's formulations. Epigenetic theory states that development is the elaboration of early-appearing structures and therefore that the earliest structures have within them the seeds of later development. For epigenetic theorists early states become the core of all later stages: for Freud, infantile drives satisfied first by the mother; for Erikson, basic trust; for Piaget, sensorimotor development. My contention is that this view of development is only partially correct, and therefore also partially false (Sameroff, 1975; Clarke & Clarke, 1976). By accepting infancy as the critical period, and mothers as the critical players, we are telling women that by providing the right proportions of the proper ingredients — love, affection, closeness but separateness — they will produce psychologically healthy children. This has been called by many (Kagan, 1984; Phillips, 1983) the inoculation theory of development — enough of what is good early fortifies children against later trauma.

I will trace briefly some theory of the last fifty years, describe some research, and then, in discussing science fiction, provide evidence that development is marked by discontinuities as well as continuities, and that early experience may in fact have little bearing on later behavior.

Theory

Long before Freud, philosophers, theologians, and educators were telling women how to rear their children. In all instances the advice was predicated on an image of the type of adult that children would become. In colonial America the Puritans urged cold baths for infants and beatings for older children to teach them obedience and rid them of "original sin." Childrearing was determined by religious beliefs, the harshness of life, high infant mortality, and the need for sturdy folk. The Quakers rejected "original sin," believed in reason and democracy, and used coercive but *not* physically punitive methods of childrearing. Advice to mothers has *always* been influenced by social, economic, political, and ideological factors (Ehrenreich & English, 1979).

Because Freud was a physician, had scientific credentials, and derived his ideas from clinical experience, his theories were far more influential than the opinions of theologians or philosophers. In a most compelling manner he explained adult neurosis on the basis of early infantile experience. Although Freud's ideas remain controversial today, particularly as they pertain to women, some of his ideas are basic to most personality theories. Some consider Freud's emphasis on the resolution of the Oedipal conflict as the cornerstone of his theory; others, however, have expanded and revised his view on the critical nature of the mother-infant tie. In 1938 Freud wrote that the infant's relation to the mother was "unique, without parallel, laid down unilaterally for a whole lifetime as the first and strongest love object and as prototypic of all later love relations for both sexes." This one statement had a profound influence on psychological theories. Bowlby's formulations of the nature of the mother-infant bond derive, in part, from this theory.

Bowlby's early work, published by the World Health Organization in 1951, synthesized studies of the 30s and 40s that demonstrated a negative impact on the child because of separation from the mother in the earliest years. He claimed that sustained separation of infant from mother led to mental retardation as well as the development of affectless psychopaths. Although widely criticized (Casler, 1961; Yarrow, 1961), Bowlby's work led to reforms in many countries concerning the care of thousands of children orphaned by the war. Early adoption or foster home arrangements replaced the "warehousing of children in institutions."

Another outcome was the development of a new field of inquiry, that of the nature and development of the mother-infant bond. If separation was so devastating, then understanding the mother-infant

bond, which Bowlby termed “attachment,” is important (Ainsworth, 1964, 1969). The timing of this research endeavor is also interesting. The end of the second World War brought the soldiers home and into the job market. The American dream — father living at home and employed, mother no longer at the factory but home in the suburbs having and mothering (full-time) three or four children — reappeared. Not all Americans shared this experience. For those who did, they heard mother love deified and prescribed.

At the same time, the conservative 50s, mothers were vilified and blamed both for too little or too much love. Wylie (1942) claimed that the rejection of thousands of men by the army was due to their destructive mothers. Levy (1943) claimed that overprotectiveness was the root of most childhood disorders, and autism was blamed on mothers who were cold and rigid. Mothers were told they held not only the fate of their own children in their hands, but also the fate of the world. Maternal behavior became scrutinized, analyzed, and measured, but not necessarily for the benefit of mothers or children.

Bowlby believed that Freud’s view of mother as breast was simplistic, and he used Harlow’s work with monkeys to demonstrate that factors other than the provision of food determined the infant’s earliest tie to the mother. Bowlby extended the “critical period” beyond infancy into the second year, and described the role of the mother to be the primary source of emotional sustenance. His work provided the theoretical basis for a vast amount of research on attachment behavior (Stroufe & Waters, 1977; Lamb, Thompson, Gardener, Charnov, & Estes, 1984). Theory and research in attachment continues to flourish and will be discussed in the section on research. The implicit assumption remains that the nature of the child’s tie to the mother in the earliest years will predict later behavior and development, and that by measuring attachment behavior we can predict the future.

In the 70s, the American Dream was fading — women continued to enter the work force at unprecedented rates: Over half of mothers with children under three were at work (U. S. Department of Labor, 1984); the women’s movement insisted that “women’s place was everywhere”; some women decided not to have children; women had fewer children and had them later. Furthermore, women began to go back to work soon after childbirth. The time was ripe for a reconsideration of theories requiring full-time motherhood.

Psychoanalytic theory was updated by Selma Fraiberg in her book called *Every Child’s Birthright: In*

Defense of Mothering (1977). Fraiberg claimed that without the full-time attention of one mothering person, children would be in jeopardy. Children in day care would come to resemble in all ways the maternally deprived children described in the 30s and 40s. The message to mothers was frightening: Each baby is entitled to and requires full-time mothering.

A further development of psychoanalytic concern with infancy is reflected in the work of Klaus and Kennell (1976). They used the term “bonding” to refer to the “unique relationship between two people that is specific and endures through time.” They claim that in the first few hours after birth, mother and newborn are most receptive to establishing this bond. They further claim to have found differences in later maternal and child behavior that were determined by early differences in mother-infant contact. I believe that several factors explain their popularity today.

The women’s health movement has stimulated women to become more directly involved with the care of their bodies. As childbirth is demedicalized, bonding is seen as an activity that is an enhancement of a normal process. On the other hand, it also has been claimed (Arney, 1980) that the concept of bonding has been fostered by the medical profession as one of many attempts to retain control of the childbirth process. Physicians assume a new role in assuring that the infant is placed in contact with the mother immediately after birth. The assumption is that the medical expert is needed now for a new “scientific task.” Many women are affected by another aspect of the current emphasis on neonatal bonding. If bonding immediately after birth is critical to normal development, then babies who are born by Caesarian section or who spend early days in an incubator are “at risk” due to early maternal deprivation. In the next section, I will present many problems with the research that has evolved out of this concept of neonatal bonding.

Before concluding the section on theory, it is necessary to mention briefly object-relations theory, specifically as it has been incorporated into feminist theory. At a meeting of the American Psychological Association some years ago, Gloria Steinem, in a keynote address, suggested that all psychologists, particularly those concerned with sex roles, must read Dinnerstein’s book *The Mermaid and the Minotaur* (1977) which some of us obediently did. Dinnerstein claims that rage against women is rooted in early infantile experience. Because the infant is a primitive being who has its first encounters with an all-powerful mother, and because father does not become involved in child care until the child is older and more rational,

the child learns that men are rational, and women primitive and powerful. After a very complicated analysis, Dinnerstein concludes that to correct distorted views of men and women, men must become active in child care early so that infantile rage can be more evenly distributed and men can become more nurturant. The recommendation that men nurture is very appealing. No one of us could argue against greater father participation in infant care. But to believe that the feminist revolution will succeed when men are more involved in infant care ignores the social, political, and economic bases of inequality of men and women. It attributes to infantile experience a power that is not demonstrated to exist!

In *The Reproduction of Mothering* (1978), Chodorow views the female child's traditional early experience with mothers as the basis for the development of "female" nurturance. The development of a masculine identity requires that the boy turn away from the mother. Chodorow also proposes that greater equality of the sexes hinges on greater involvement of men in child care. The assumption that greater participation of men in the care of children will alter the balance of power between men and women assumes that psychic structure is determined in infancy and, further, that social structure is determined by childrearing. In the final section of this paper I will present some evidence that challenges this position. First, I will cite some child development research that derives from psychoanalytic concepts and some research that challenges psychoanalytic theory.

Research

For over fifty years developmental psychologists have been trying to understand the determinants of personality. Much, but not all, of this research has been influenced by psychoanalytic theory. Although learning theorists also have tried to study parent-child interaction, psychoanalysis drew attention to the importance of the development of affect, and the role of early experience. Maternal behavior has been explored not only in terms of specific acts such as early or late weaning, but also in terms of mothers' feelings about their children. Psychologists tried to operationalize "mothers' feelings" in terms such as warmth and hostility. To understand how early maternal behavior influences later functioning, studies begin when children are infants and should include studies of the mother, the child, the interaction of the two, as well as life events that influence the dyad. Clearly this kind of study takes a very long time, a great deal of money, and investigators who have the

time, patience, and support to watch children grow from infancy to adulthood.

Among the best-known early longitudinal studies was that conducted at the Fels Research Institute. About seventy-five children were studied from 1929 until 1957 (Kagan & Moss, 1962). Briefly, ratings were made of maternal and child behaviors. As the children grew up they were observed at home, at school, and at summer camp in order to measure the selective stability of behavior "from childhood to adulthood," and also the determinants of behavior. They discovered almost nothing in early maternal behavior that predicted adolescent behavior. Furthermore, none of the infancy ratings correlated with later behavior. Babies who had frequent temper tantrums did not become vandals.

The best-known current longitudinal study is the New York Longitudinal Study conducted by Chess and Thomas (Thomas, Chess, Birch, Herzig, & Korn, 1963; Thomas & Chess, 1977). These child psychiatrists are post-Freud, or rather anti-Freud in their assumptions. They do not believe that childhood disturbances are caused by bad mothering (Chess, 1972). Rather, while acknowledging an interactionist approach, their major emphasis is on the temperamental characteristics of children. In order to have a fairly homogeneous sample, they selected one hundred thirty-three children of New York middle-class professionals who were being followed from infancy to adulthood. Their major finding is that children can be rated and classified into recognizable groups. They have examined how different styles of parenting interact with various temperaments. They find that whereas many of their difficult children became difficult adults, this relationship is not linear. Some difficult children, when matched with parents who deal with them well, and who experience few or no stressful life events, do well as adults. Their major conclusion is that in predicting adult behavior the strongest risk factor is the temperament of the child, not the "bad" mother (Chess, 1972).

Since longitudinal studies are very expensive and time-consuming, most psychologists choose to do studies that can be completed in short periods of time, such as mother-child interactions. The study of attachment fits this model. In order to operationalize attachment, a laboratory situation was devised that provides for the observation of the child across situations including mother leaving and mother returning (Ainsworth, 1978). Although the experiment has seven steps and takes about twenty minutes, on the basis of these observations children are classified as securely or insecurely attached. It has

been said that this research consists of “strange people doing strange things to little kids in strange rooms.” Research on attachment behavior is both prolific and controversial (Lamb, et al., 1984). There are those who claim that in observing this brief moment in time, one gains an accurate measure of the relationship between a baby and its mother and that this measure will predict later behavior (Waters, Wippman, Stroufe, 1979). Critics such as Kagan (1984) and Lamb (1984) claim that many children change from one classification to another over a period of six months and believe that there is too little evidence to conclude that observations of babies at one year will provide information about future development. However, before describing the research and theory that refutes the “determinism” of infancy, I would like to describe briefly one last research effort that has moved the critical period from infancy in general to the first few minutes of life.

Klaus and Kennell (1982) describe their research paradigm as follows: A group of mothers is divided into experimental and control groups which are matched according to certain criteria such as their babies' birth weight and social class. The control group is provided with traditional care. The mother sees the baby briefly at regular intervals. The experimental group has sixteen hours of additional exposure during the first three days. The authors claim that mothers in the experimental group are more attentive to their babies, speak more to them at two years, and the children are more intelligent at five years. By assuming that differences at five years are due to early experience with the mother during the first few days of life, the authors make no attempt to look at other factors in the lives of the children (birth of siblings, later stress), nor do they consider the possibility that the health care providers in the study were aware of the two different treatments and conveyed to the mothers in the experimental group that their babies were special.

In a carefully done study by Svejda, Campos, & Emde, (1980) mothers provided with additional contact with their neonates did not differ from mothers who did not have this contact. Furthermore, in a study by Egeland and Vaughn (1981) comparing economically disadvantaged mothers who were providing good care for their infants with a group of equally poor mothers who were mistreating their children, the authors found nonsignificant differences between the two groups concerning either delivery or any postnatal experiences. The authors conclude that scientists should be suspicious of assigning single

causes to problems, and that their research proves that early separation of mother and infant is not the *cause* of later maternal inadequate nurturance.

I would like to turn to the final section of my paper with a quote from Kagan's most recent book, *The Nature of the Child* (1984).

Every society needs some transcendental theme to which citizens can be loyal. In the past, God, the beauty and utility of knowledge, and the sanctity of faithful romantic love were among the most sacred themes in our society.

Unfortunately, the facts of modern life have made it difficult for many Americans to remain loyal to these ideals. The sacredness of the parent-infant bond may be one of the last unsullied beliefs. The barrage of books and magazine articles on attachment and the necessity of skin-to-skin bonding between mother and infant in the first postnatal hours is generated by strong emotion, suggesting that something more than scientific fact is monitoring the discussion. If the infant can be cared for by any concerned adult, and the biological mother is expendable, (this is not yet proven) then one more moral imperative will have been destroyed . . .

Factors other than mother

In the introduction to this paper I stated that mother as cause of adult behavior and infancy as the critical period may be classified as science fiction — concepts that may be true, or may be very believable but untrue. In this section I would like to discuss some factors other than mother that have been shown to be important determinants of behavior, and also to discuss some data that challenges the notion of infancy as a critical period. Among the factors other than mother are fathers, temperamental characteristics of infants, social class, and sex. Alternative hypotheses to infancy as a critical period are plasticity of behavior, reversability of early damage, and discontinuities in development.

If the 50s was the decade of the mother, the 70s ushered in the father (Lamb, 1976; Kotelchuck, 1976). Earlier research emphasized “father absence,” whereas current research concerns the role of fathers. Beginning in the 70s, in response to women's increasing participation in the work force, to the women's movement, and to fathers as both subjects and objects of research, fathers began to be considered as active parenting figures. Although work in the 60s indicated that babies often become as attached to their

fathers as to their mothers, and occasionally more so, the message wasn't heard until recently. It has now been established (Lamb, 1976; Yogman, 1983) that fathers can be as nurturant as mothers; that fathers are important in the socialization of their children; that they play more vigorously and in more diversified ways than mothers; and that they are more involved in fostering sex role stereotypic behaviors. Some see the father as the protective barrier to the all-powerful mother and the equalizer in child care. In any case, it is unlikely that future research will exclude fathers as important figures in the children's development.

One issue that continues to plague psychology and medicine concerns the relative importance of nurture and nature. Today, most scientists agree that it is a false dichotomy, and adopt an interactional or transactional stance. A now classic article by Bell (1968) and the work of Sameroff (1975) state that infants are subjects as well as objects. Nonetheless, behaviorists and social learning theorists stress maternal behavior, whereas others stress the temperamental characteristics of infants and their biological determinants. Just as babies are born with blue eyes or brown eyes, they also are born with nervous systems that may be differentially responsive to stress. I think that this is important because in studies of attachment and bonding there is an implicit assumption that the infant's attachment to the mother, whether secure or insecure, is based on maternal behavior alone, when in fact it may be that avoidant or insecurely attached infants may be temperamentally inhibited and vulnerable to fear. I will describe some of my own work in this area as well as that of Kagan.

In the 50s when the prevalent view of disturbed children was that mothers caused all problems, there were some researchers who explored the temperamental qualities of the infant. The research of Chess and Thomas, noted above, may be best known. This research, however, is based on maternal reports and began when infants were three months old. Work in our laboratory at Albert Einstein College of Medicine focused on individual differences in the first few days of life before mothers were actively engaged in interaction with their infants. We were able to demonstrate that differences in response to a wide variety of stimuli were present during the first forty-eight hours of life, and that these differences remained stable during the first few days of life. We measured differences in response to sounds, visual stimuli, a mildly noxious stimulus, and a pacifier. We demonstrated stable individual differences in the intensity of response to stimuli and also found that babies who responded vigorously to one stimulus

tended to respond vigorously to other stimuli (Birns, 1965). Moreover, we found that we could demonstrate differences in how easily babies could be soothed (Birns, Barton, & Bridger, 1965). In addition to what we considered to be temperamental factors present at birth, some measures of temperament observable during the first few days of life correlated with behavior at one year (Birns, Barton, & Bridger, 1969).

However, one baby remains clear in my memory. He was our most irritable newborn, and in fact our pediatrician was quite concerned about him even though he met our criteria for inclusion. At one month he was still very irritable. At three and four months he remained difficult to test because he cried so much. We therefore were astonished to find at one year a very well-developed, walking, cheery, well-nourished, and engaging toddler. His mother also looked transformed. Clearly, this toddler's changed behavior is not typical. Also, I appear to be saying two different things, and I think that both are true. Babies are born with certain predisposing temperamental characteristics which may remain very stable or may be subject to change. This is the same conclusion as the Fels study previously described, as well as that of Chess and Thomas after twenty-five years of research. Moss and Kagan found only one characteristic, among the many that were studied, to be stable from infancy to adulthood (Kagan, 1984). As adults, boys who had been fearful and shy chose careers that were consistent with this early-appearing trait. At one time the researchers attributed the fearfulness to maternal behaviors. However, that finding has now been reinterpreted as attributable to biological predisposition on the basis of current research. Kagan's ongoing research indicates that babies who are at the extremes of the continuum on vulnerability to fear at twenty-one months demonstrate the same behavior at four years. Most interesting is that psychophysiological measures taken of children at both times indicated that stability of behavior is matched by stability of heart rate measures. This finding suggests that biological predispositions may be important in development.

In raising the issue of temperament and the possible biological aspect of temperamental qualities, I do not imply biological determinism. I am not saying that what is observed at birth is in any way fixed at that moment for all time. I think that individual differences present at birth may or may not be predictive of later behavior, but rather that they influence early and later infant-caretaker interaction. I know from the many years that I worked in an infancy laboratory, watching nurses, mothers, and

psychologists, how quickly the “personality” of the baby is labeled and that once labeled, personality becomes somewhat a self-fulfilling prophecy. An infant who is considered to be easy will evoke different feelings than a baby who cries readily and often is hard to soothe.

The factor that may be most important in determining the outcome of any one infant or group of infants, and which can be determined even before the birth of the baby, is social class. Numerous studies (Birns & Bridger, 1977) indicate that being born rich or poor is the single most important factor in child development.

Again, I would like to cite some of my own research that addresses this issue. The study to be reported shows how one aspect of maternal behavior influences child development and also demonstrates how certain aspects of development believed to be continuous are in fact discontinuous.

If poor children begin kindergarten inadequately prepared, how early should intervention be provided? A movement toward infant intervention began in the 60s and is alive and well today. We were interested in determining how early poverty influenced infant development. We studied children between the ages of one and two. Our hypothesis was that babies living in abject poverty would have too little food, clothing, toys, space, and possibly too little maternal attention. We tested babies who were so poor that there were no sheets on the bed and, in one apartment, the mother took the electric bulb with her as we went from room to room. Even without Childcraft toys or Dr. Spock, these economically impoverished babies were developing as well as their middle-class peers during the first two years. They could stack blocks, walk, imitate gestures, and find hidden objects — activities that are, in Piaget’s words, sensorimotor. Our hypothesis was not confirmed.

However, when we saw these same children at three, they were developmentally delayed. This research suggests discontinuities in development. Contrary to Piaget’s theory, all development is not epigenetic. Language does not derive primarily from sensorimotor skills, but requires different kinds of stimulation. It now seems obvious that infants learn from actions, but that language acquisition depends on the linguistic environment. Most important, it suggests one among the many ways that poverty influences child development. Poor mothers may be as loving and affectionate as middle-class mothers, but women without a high school education and without sufficient money for food are unlikely to be reading

and engaging their children in long dialogues about wind and rain. The above are but a few examples of factors other than mother that influence development.

I would like to describe now a study that most directly contradicts the concept of infancy as the critical period. No one in this room would deliberately create a situation where babies were provided with good physical care but denied the opportunity to “attach” or “bond” to a parenting person. However, this situation did occur in Britain about fifteen years ago. A group of sixty infants who were placed in residential care early in life were studied (Tizard, 1977). They all entered the nurseries before they were four months old and remained until they were at least two and in some cases four, five, or six. They were then adopted or in some cases returned to their biological mothers. The nurseries were spacious private homes that housed about fifteen babies who were provided with beautiful facilities, toys, and abundant but impersonal care. The division of tasks and arrangement of shifts discouraged the formation of close relationships between the nurses and individual babies.

One analysis of the personnel in the nurseries indicated that the average child had twenty-four caretakers by the time that she or he was two, and about forty-eight for those who stayed in care for four years. In order to be included in this count, the caretaker had to have sustained contact with the child for one week. Therefore, the total number of adults interacting with these babies must have been enormous.

According to attachment theory, object-relations theory, or even conventional wisdom, this kind of care would be totally disastrous. How then have the children fared?

When the children were tested at age two, their speech was somewhat delayed and their average Developmental Quotient was twenty-two months (Tizard, 1979). However, by age eight, after they had been placed with families, they were of average intelligence. Many of the children were considered by their teachers to be excessively demanding, but they did not differ markedly from the children in a control group. Perhaps what is most interesting is that the children’s behavior correlated most highly with their current life situations rather than with their experience in the nursery. The children who had the longest stay in the nurseries, the lowest DQs, or the highest number of problem behaviors were not more likely to have the most problems at age eight. Children who were adopted into middle-class homes with older parents who were eager to adopt them had the fewest

problems. However, the children who were returned to their biological mothers, many of whom had married and had additional children, did not fare so well. These mothers were all economically disadvantaged and many were living in conditions of heavy stress. The restored children had many more behavior problems as reported both by parents and teachers.

Tizard does not claim, nor do I, that early experience is unimportant. The study does demonstrate, however, that all is not lost even if the first two years are spent without a primary mothering person and, further, that postinfancy events can alter radically the effects of early experience.

Summary and conclusion

In the latter part of this paper I have suggested that scientific evidence requires that we rethink the role of early experience and also the role of the mother as the creator of the child. I have stated that I think the research and the theory do not warrant the conclusions frequently drawn. But as a feminist and a psychologist committed to social change, this is more than an exercise in critical analysis. Rather, I think that some feminists' embrace of psychoanalytic and object-relations theory does a disservice to women who are mothers. In our belief that we create our children and that most of this creation occurs in the first two years, we agree to carry an extraordinary and unrealistic burden. If we believe that the perfect mother has within her the ability to produce the perfect child, then it is indeed appropriate for us to provide all that is needed to achieve this goal.

A recent New York Times article described the acute distress of New York Yuppie mothers who are waiting to find out whether or not their children have been accepted at the most prestigious nursery schools. If, in fact, they have been good enough mothers, then Jane should get into the right nursery school, to be followed by the right elementary school, and then on to Harvard. The assumption is that the right amount of love and discipline early on will guarantee a lifetime of success and happiness. A further assumption is that if the father can be more actively involved in the process, then not only will Jane or John be happy and successful, but also free of hostility toward women. What this view suggests is that a better mix of parental involvement in child care will alter the structure of society and sex roles as we now know them.

Thus, in a recent and otherwise valuable book on male violence, the author, after warning against intrapsychic explanations of abuse, goes on to mention

Dinnerstein's and Chodorow's work as suggestive of the influence of the infant's early experience, and therefore rage at the mother's perceived power, as one source of male violence. The belief that male violence, male power, low self-esteem in women, or, for that matter, women's nurturance are primarily the product of early maternal behavior is not supported by data. The belief in total maternal power minimizes the importance of TV as a socializer, as well as the importance of school, teachers, living environment, siblings, peers, and the many other influences on the formative years. Blaming mother for adolescent suicide, alcoholism, and even war is to deny the influence of the gun lobby, the absence of day care for working mothers, and the necessary incentives to keep adolescent girls in school and not pregnant.

Mothers are usually the infants' first and primary caretakers. They most often also remain very important people in the life of the children. We may be good and nurturant. We may be hurtful and demanding. We may provide too much or too little. We may be the "heart that beats," but like the beating heart, we can never be all that there is; and like the beating heart, we live in a very complex environment.

Discussion Summary

After each colloquium lecture, a discussion is held. Selected portions are summarized here. In this session, Drs. Jean Baker Miller, Carolyn Swift, and Alexandra Kaplan joined Dr. Birns in leading the discussion.

Comment: In my work I have seen some healthy people come from terrible circumstances. We still have much ignorance about how it all happens.

Birns: That is my observation as well. It is so non-linear. Some of the most wonderful people I know come from families that we would all agree were awful — which does not mean advocating noxious environments. It may mean that we are not looking in the right places or at the right events — those which most influence psychological development.

Comment: Many of us work in infant intervention programs — hoping to improve mothering skills to facilitate development in high-risk babies. I have trouble fitting that in with what you have been saying.

Birns: I have trouble, too. I guess that it is good to do those things that help anyone who is responsible for dependent people feel more comfortable. The trouble that I have is assuming that early intervention is necessarily best and crucial. If a mother is having difficulty with a child of any age, anything that we can

do to help that mother to feel better about herself and the child and to make the child feel better is certainly good.

There are many more studies than the few I mentioned which indicate that even children who are biologically at risk (e.g. very low birth weight), or children who have been grossly neglected, who are retarded and/or emotionally deprived, can and have been rescued and restored. I think that Rutter is correct in saying that multiple, repeated, or sustained stresses cause problems — not one single event or stress. Even in the 1930s there were studies of children who were ill and woefully neglected. When placed in favorable environments, these babies or children became normal, cognitively and emotionally.

In my experience this year, I have been working with a family that has been in the care of my colleague at Children's Hospital. The youngster was first admitted to the hospital about fifteen years ago as a failure-to-thrive infant. She was grossly malnourished and delayed developmentally. The photo of her resembles those of Ethiopian babies who are close to death, and she was. Her mother was extremely depressed and initially totally disinterested in her. Foster care was recommended because it seemed obvious that her mother was not capable of "adequate mothering." However, during her visits to the hospital, the mother began to show some interest and the infant was discharged to her care with extensive supportive services — visiting nurse, social worker, and homemaker. Now, at sixteen (and even at five or six) this child is an attractive, competent adolescent who is doing well in school, in sports, and has friends. This is only one case, but most practitioners would not have predicted this outcome.

My problem with the emphasis on infancy is not that I think that infancy is unimportant, but rather that I think that some people feel that we should put all our efforts into infancy. This can then mean that we ignore our responsibility to provide children at every age with growth-facilitating experiences. I think that children at any age can be rescued from the effects of negative experience, sometimes by a friend, a teacher, a brother or a sister . . . sometimes by a therapist.

Question: Do you think that some women, even feminists, accept the belief that infancy is so critical because it makes us feel strong and in control even when we aren't?

Birns: I'm not sure, but I am puzzled about the fact that some feminists accept what I consider to be myths about infancy. If we are told that mothering is very important (and it is) and that as mothers we have great powers, then I think that some of the tendencies

you suggest may arise. I think that children are wonderful, and a recent study completed at Stony Brook by my student and friend, Dr. Niza Ben-Ner, indicates that a group of successful academic women all listed their children as their greatest source of pride. However, I think that there is more to it. If in the world outside the home most women still feel somewhat like outsiders, and if it is very hard for women to receive the recognition that men do in their work, then I think some of us may hold on to motherhood as being the most important thing.

I know that many fathers also love their children tremendously. However, maybe some of us mothers are willing to believe that we have this great power to create our children because we are taught to believe that we have power in the home.

Comment: You mentioned Chodorow and Dinnerstein, but one of the interesting things about Chodorow and Dinnerstein is that they deal with the very different psychological styles of men and women. You haven't discussed boy babies and girl babies. One of the reasons that their work is so appealing is that they speak about this enigma.

Birns: I think that you are right, that the issue is enigmatic. I think that the belief that women are denigrated because an infant's early contact is with an omnipresent and all-powerful mother could be true. However, my own conviction is that even children who grow up in this culture and are reared entirely by their fathers would perceive men and women the way that the culture portrays them.

One can explain gender development on the basis of social learning; and infants, and certainly young children, learn about how boys and girls should behave through a great variety of sources. Ten years ago I wrote an article in the *Merrill-Palmer Quarterly* on sex role socialization. Most of the studies I reviewed concerned infancy. Briefly, nurses, mothers, fathers, and others treat infants differently from the day that they are born, even though behaviorally they are indistinguishable. Babies dressed in pink are responded to differently even when they behave in precisely the same way as babies dressed in blue. One experiment used a film of a baby in a variety of situations. When the baby cried, some people watching the film were told that the baby was a boy and they thought that the baby was angry; some were told the baby was a girl and they thought that the baby was afraid. In fact, all were observing the same baby crying.

Television and schools are major teachers of sex roles and both have been studied and found to portray and stimulate sex-stereotypic behaviors. I think that

mothers are very important to their children, but I do not think that they create “masculinity or femininity.” Undoubtedly, they participate in the process, but motherless boys and girls still grow up to be men and women. Jean, would you like to comment on this? You’re a psychoanalyst.

Miller: It’s a huge topic. It is true that Chodorow and Dinnerstein are not developmental psychologists, nor are they psychoanalysts, but their formulations are based on psychoanalytic texts.

It should be said that psychoanalytic formulations are not about observed behavior (although I think they should be at least consonant with it). They are about the constructions which we say infants or others create in their minds. Psychoanalytic theorists make these formulations from material obtained by a method different from the methods of the usual scientific conventions. I believe that it is very important to stress that these formulations might be considered to be at best something like “suggested hypotheses” — ways to organize clinical experience, which may be the best someone can do at any particular time. Of course, they’re not “true.” I don’t see how they could be true in any real meaning of that term.

Psychoanalysts are always “making it up” as it were — making up explanations and then stating them as if we could know what goes on in the mind of an infant. No one knows that. I’m guilty of doing this, too.

One big problem, I believe, is that psychoanalytic formulations begin to be accepted as truth. Psychoanalytic theories often can seem as if they explain everything so neatly, or answer all questions. They can be very compelling.

There is another point. Many people tend to think that psychoanalysts are saying something “deeper” if we invoke explanations from early life. Hence, explaining complicated questions by explanations based on infancy can seem “deeper” than other kinds of explanations. I think this is a fallacy.

I believe that the important place to start is with a complex analysis of patriarchy and its powerful effects, and then the study of the very enigmatic process of how societal structures are translated into internal constructions in our minds. I believe that these internal constructions are built up at every age and reinforced at every age. They could be altered and transformed or transcended at every age, too — but the conditions in which we live reinforce or augment them at each age rather than help us to alter them. Not all psychoanalysts think this way at all.

Question: While you were talking, I kept

thinking about my own work with the child welfare system and foster care and adoption. What are the social policy implications of what you were saying?

Birns: I, too, think about it all of the time. Of course I think that children are better off with loving parent(s) who provide continuously good care. Our present system of foster care is not very good. The social policy issues are many and very important. To begin, we could guarantee that women have only children whom they want and when they want to have them. This means sex education in the schools, access to birth control information, and abortion when necessary. None of us can afford to sit back and watch as the government tries to dismantle all forms of family planning. I believe that kids should learn about parenting in junior high school. I think that these recommendations would reduce substantially the number of children born to parents who cannot take care of them.

Then, I believe that just as the elderly are guaranteed health care in this country (although it’s not perfect, yet), so should all pregnant women and all children. We do not have this. If all pregnant women were seen during pregnancy, and if all children were followed up regularly, all children would be healthier, and the problems would be picked up before they became aggravated. Most of all, I think that we need to make child care into very valued work. As things are now in this country, children are very low priority. Although we tell women how important child care is, we pay child care workers less than garage attendants. Among doctors, pediatricians are low on the prestige and salary scale. Home day care providers earn a dollar an hour, if that. I think we have to develop training at all levels, so that the adults to whom we entrust our children are as well trained and as carefully selected as the people who attend to the pets of the wealthy. If childhood is important, and we all agree that it is, then parents and their children should be provided with health care, food, healthy living conditions, and a caring environment.

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