

# A CULTURAL ANTHROPOLOGIST'S APPROACH TO MATERNAL DEPRIVATION

MARGARET MEAD \*

Cultural anthropology can contribute in a number of ways to an examination of the series of problems raised by Bowlby and to the further testing of his hypotheses, as discussed in this volume.

Detailed configurations of types of infant care, child-adult relationships and later regularities in personality can be cited, on a comparative basis, from primitive societies such as the Arapesh or Eskimo tribes, from traditional societies such as the Balinese and the Palestinian Arabs, and from specifically experimental societies such as the Hutterites, the Doukoubours and the *Kibbutzim* settlers of modern Israel. All these are examples of natural historical experiments in the study of which it is possible to avoid the disadvantages inherent both in the utilization of mass catastrophes (as in evacuations following earthquakes or during warfare) and in experimental set-ups in which really natural "control" situations are never properly approximated. Such comparative studies can be used to widen the terms of reference and reduce the provincialism of studies based only upon modern societies; they can be used as natural control situations and as hypotheses-generating situations. For reasons to be discussed below, primitive societies, while providing the most dramatic materials that may throw light on the biological potentialities involved in parent-child behaviours, are usually unsuitable for the verification of hypotheses, because of the very small number of cases available for detailed study. \*\*

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\* Associate Curator of Ethnology, American Museum of Natural History, New York, USA.

\*\* The most intensive efforts to obtain information on a series of infants over a period of time, such as those made by Bateson and Mead in Bali, <sup>24,34</sup> and by Kluckhohn and co-workers among the Navajo, <sup>15,16</sup> illustrate this deficiency, even in large populations where some of the paraphernalia of modern industrialized societies have been introduced—in the form of some public health measure, such as vaccination, and some record keeping, such as birth registration. In Bali we studied every infant during a year's continuous residence in one village of 500 people, systematically revisited the village during a second year, and paid a short return visit the third year. This systematic attention yielded a total of eight children, whose birth dates were accurately known, who were available for periodic study and who were alive for final photographing, filming and recording in the third year. On a return visit to Bali twenty years later (American Museum of Natural History Second Balinese Expedition, 1957-58, Department of Health, Education and Welfare, National Institute of Mental Health Grant M-2118, "Reconnaissance Recheck on Balinese Mental Health") specific plans had been made to make a detailed study of the male child of Karba, who had himself been the male child most intensively studied in 1936-39. <sup>1, 84</sup> On arriving in the village on 19 December 1957, however, we found that this child had been drowned two days before.

COMPARATIVE STUDIES PROVIDE CORRECTIONS  
TO SIMPLISTIC FORMULATIONS

Comparative studies, especially of primitive peoples living under simple conditions of food gathering, hunting and horticulture, provide suggestive materials on the biological potentialities of such practices as the suckling of the child by several women or the use of the dry breasts of young girls, old women or men as comforters; and of situations which would seem to do various types of violence to the organism of mother or child, such as: the effort necessary to evoke milk from a non-lactating woman by keeping an adopted child persistently hungry so that enough suckling pressure is applied to the breast; the suckling of the neonate by a woman who has been suckling her own child for two or three years, with resulting change in the protein content of the breast milk; methods of binding and purposeful deformation of the child's head or whole body; permanent encasement of the child in some cradling device so that there is no contact between the body of the child and that of the mother, except between nipple and mouth; use of extreme methods of weaning including the smearing of the breasts with mud, which is represented to the child as excrement, or banishment of the child to the care of a stranger; the simultaneous suckling of siblings with purposeful stimulation of jealousy in both, etc. There are a great variety of such practices, both briefly reported <sup>80</sup> and in some cases discussed in connexion with detailed studies of "culture and personality", which it would be impossible to set up experimentally today for paediatric and ethical reasons, but which may be observed in a context of completely responsible execution where the primitive people in question believe they are doing the best they can for their children.

The cultural anthropologist deals with whole cultures — under the greatly simplified conditions of absence of a written language and a numerically small society — and is therefore equipped to consider the way in which the whole mesh of human behaviour characteristic of a particular society is reflected in the behaviour of any given individual. This recognition of the complexity of the conditions within which an infant grows, or a given adult-child relationship exists, can be used as a corrective to the present tendency to over-attribute certain consequences to single causes or sequences of events, such as breast-feeding or its absence, separation from a mother-figure, institutionalization, early or late toilet training, swaddling, etc., which has been characteristic of attempts to apply clinical insight to the establishment of viable theory and to the development of comprehensive recommendations for changes in social practice. Failure to take into account the persistent warnings of anthropologists against such single causal sequences has resulted in

the stream of claims and counter-claims which have characterized this field in the last twenty years.<sup>4,6,28,29,37</sup> The lack of any such corrective is demonstrated in detail by the review provided in this volume by Prugh & Harlow (see page 9), which fails to take into account a single study in which anthropologists have been involved, or to cite any publications by anthropologists. These authors reach the conclusion that "the child's response to separation, as a representative potential trauma, is a complex process, influenced by its nature and duration, the quality of mothering before and after the experience, the age and stage of development of the child... The influence of other variables such as the inborn or acquired biological capacities of the child are more difficult to assess but must also be considered". Even in this statement of a complexity which any student of whole cultures would take for granted, there is no allowance for the other complexities introduced by culture itself.

In order that anthropological contributions, both explicit and potential, may be brought to bear on the problem of maternal care and mental health in those respects specifically outlined in Bowlby's monograph,<sup>5</sup> it will be useful to break down his original discussion and that of his commentators into a new set of categories. I should like to distinguish among the following issues:

(1) The removal of children from the care of familiar people, close relatives, members of the greater families, neighbours, godparents, etc., to impersonal institutions where they are cared for by strangers in a way which prevents the establishment of reliable personal ties.

(2) Problems arising from breaks in the relationship of a child to its biological mother and father and siblings.

(3) Problems of the very early hours and days of life and the establishment in the parturient woman, the neonate and the other members of the family of new patterns of relationship resulting from that particular birth.

(4) Problems of the patterns of relationships over the entire life-span of the individual, in which early patterns of continuity, separation, concentration or diffusion of emotional ties, etc., are reflected in the responses of younger to older, older to younger, and equal to equal.

(5) Problems attendant upon the attempt to apply the findings of the human sciences, both at the observational and at the clinical level, to preventive mental health practices in the various societies of the world, by altering patterns of hospitalization, by introducing mass measures of other sorts, and by advocating changes in the individual practices of mothers, fathers, teachers, paediatricians, etc.

## INSTANCES OF INSTITUTIONAL PRACTICES

It is particularly important to take the institutional questions separately, because there are no comparable situations within the primitive societies in which the cultural anthropologist collects his primary data. All the functions served by institutions — care of the orphan, care of the child of a sick mother, care of the handicapped or defective child, care of the illegitimate child — are dealt with in primitive societies either by care of the child within the greater family or neighbourhood group, on an individual basis which obviates the major trauma-inducing aspect of institutional care — the impersonality of an institution —, or, drastically, by the elimination of the child by such means as burying the newborn child with the dead mother, or exposing immediately or extinguishing by a process of slow, low-level care children who show extreme handicaps. The child who is chosen to live is cared for personally, not impersonally. Our institutions have resulted from a discrepancy between our social conscience — which demands *impersonal* efforts to be made to protect every individual, regardless of whether he be illegitimate, orphaned, a refugee from war or catastrophe whose parents are unknown, or defective, and which demands the construction of services, medical, nursing, custodial, etc., to carry out our impersonal ethical intentions — and our ability to provide adequate, artificially created personal situations within which the children who are saved can be cared for. This discrepancy has become the more conspicuous with the increasing size of modern societies and enhanced communication, which makes the orphaning of children in Korea or Dahomey a matter of concern to the social conscience of Europe and America. We have become increasingly unwilling to accept the effects of famine, war, and catastrophe, either on individuals or on groups. This discrepancy has also been aggravated by our improved methods of medical care, which make it possible to save so many children who would have perished under earlier conditions. The hygienic impersonal orphanage described by Spitz,<sup>40</sup> in which children eventually die, might be regarded as the analogue of the primitive situation, within which children who are markedly defective also die, in the midst of what is apparently adequate human care. A very conspicuous example of the way in which a society selectively distinguishes between the more wanted and the less wanted child is the differential survival rate of boys and girls reported for parts of India.<sup>44</sup> It is worth noting that the whole ethical agitation which led first to the creation of institutions for the care of abandoned children of various sorts, and then to the movement to examine the consequences of such care, can be seen first as a social ethical reaction against processes equivalent to immediate infanticide, accompanied by a willingness to

accept a very high infant death rate, and, secondly, as a social reaction against the recognition that such children, instead of dying, young and innocent, lived on as traumatized and antisocial individuals to create new social problems.

This question of dealing with the unwanted child should in turn be distinguished from the set of institutional practices which have grown up to deal with the sick child, or the child in an isolated nuclear family where power to care for the child has been impaired by illness or death. Here the urgency towards reform is provided by the mother who learns what the isolation of the infant at birth, or the separation imposed on husband and siblings, or the isolation of a sick child in the hospital, may do to a very loved and valued child. Where the Spitz<sup>47</sup> and Appell & Aubry<sup>1</sup> films were shown to the same group, followed by the Robertson film, "A Two-Year-Old Goes to Hospital",<sup>42</sup> the contrast in responses to the films was very great: the Spitz and Appell & Aubry films were rejected, in line with the original rejection of the children, while the Robertson film was reacted to as something that "might have happened to any of our own children".

Although much of the same reasoning is applied to the revision of maternity hospitals and children's wards as is also applied to the reform of institutions for the care of the unwanted child, the very real differences involved in the impersonal and professional implementation of an impersonal ethic — no child should be allowed to die or have its personality deformed — and the personal ethic — my child, or our child, must be protected — should never be lost sight of.

#### DIFFERENCES IN SURVIVAL CONDITIONS

A second set of differences between studies in modern large societies and those in primitive societies lies in the actual conditions of survival. Under primitive conditions the infant is entirely dependent upon breast milk, whether from its own mother alone or from a number of women, and also, in the absence of medical care, its life is exceedingly precarious. As a result, there is usually a very high death rate, and all studies of primitive methods of maternal care and their concomitants in cultural character deal only with those individuals who have been so placed, in terms of their own constitution, familial and tribal constellation and cultural practice, as to be able to survive. In no discussion of the kind of cultural character that is produced by keeping the infant close to the mother, by an available set of alternative wet nurses, by sudden and abrupt weaning, etc., are we dealing with the effects of such methods of child-rearing on the total group of infants who are born, but only upon a very small percentage who survive. The state-

ment that every primitive mother breast-feeds her baby — and in many tribes this feeding may be interrupted by illness and resumed after weeks — is not a statement that *every* primitive mother breast-feeds *every* baby adequately. It is simply a statement that all babies who survive are breast-fed, and all women who survive child-bearing have a capacity to produce some breast milk. Where as many as five out of ten children born may die, the selectivity for certain characteristics can be very high.<sup>30</sup>

Two totally unjustified extrapolations from the conditions where all infants were breast-fed were made during the discussions of breast-feeding — and mother and child separation — of the 1940's. It was assumed that because in such situations all surviving babies were breast-fed, breast-feeding could be advised for all infants. And it was assumed that because all parturient women had some milk, this milk could be assumed to be capable — if only the proper psychological attitude and medical support were there — of nourishing the newborn.<sup>31</sup> Both assumptions were naïve extrapolations which failed to take into account the differences between societies where most infants die and there are no artificial feeding methods available, and societies where most infants live and artificial feeding methods are available. A careful comparison of these very different conditions leads to the conclusion that failure to produce milk to nourish an infant which is demonstrating its non-viability by failing to thrive on the breast milk its mother gives it is a biologically adequate response on the part of the primitive mother. The cycle — failure of the child to gain weight, failure of breast milk, increased failure of the child, mediated by the mother's perception of the situation, maternal anxiety — whether an example of maternal rejection or not, is biologically appropriate behaviour. The modern mother whose milk does not agree with her child is behaving with biological appropriateness when she responds with anxiety, and then uses the culturally available means to save her child, thus correcting for a type of behaviour developed through many thousands and possibly hundreds of thousands of years. The mother who stubbornly insists on attempting to breast-feed a child who does not thrive, and the physician who attributes the failure of the particular physicochemical biological combination of that mother and child to "maternal rejection" or even to "infantile rejection" is failing to take these factors into account.<sup>32</sup>

Having separated out the types of evidence available from primitive cultures, the particular extension of the question of the unwanted child in the institutions of the modern world (orphanages), the confusion between institutional practices which interrupt the continuity of person-to-person relationships for the unwanted child and for the wanted child temporarily hospitalized, and the confusions introduced by applying

the "success" of breast-feeding at a primitive level to a modern level, we may now tackle the series of questions raised earlier in this chapter.

#### REMOVAL OF CHILDREN TO IMPERSONAL INSTITUTIONS

We may first consider the removal of children from the care of familiar people to impersonal institutions where they are cared for impersonally. Here all the evidence must come from the study of such institutions, and the only addition that anthropological studies can make is the insistence that institutions in several different cultures must be scrutinized by the same methods and with equal care, taking all the socio-cultural factors into account, before we can be certain that the low survival rate is due to the lack of interpersonal continuity. Differences in nutrition and sanitation, in religious beliefs and in cultural valuation of boys and girls, the sources from which the institutionalized children are drawn, the nature of the personnel who care for the children, the involvement or non-involvement of the mothers of illegitimate children, the belief within the institution about the desirability of institutionalization *versus* adoption, whether the infants enter at birth or later — all these are factors which need to be examined before it is possible to make scientifically valid statements about the ability of the human infant to live without strong, continuing interpersonal ties. The evidence that has been gathered so far is quite strong enough to suggest that this is a hazardous method of attempting to care for infants and children, and one which no authority is justified in risking if any other means are available. The evidence is, in fact, quite strong enough to suggest that present institutional practices are only a prolonged, ritualized method of disposing of the infant for whom no one wishes to care. But the evidence is not complete enough to show that with a will to give such institutionalized infants the same level of attention and care as that given by individual parents, the survival rate under institutional care might not be as high or higher. The weight of evidence from the *Kibbutzim*, where group care for loved children, not unwanted, anonymous children, is practised, suggest that, whatever the other by-products in later character structure, group care with high degrees of discontinuity provides for survival under institutionalized conditions.<sup>45</sup> The lethal element in orphanages may be the cultural acceptance of the "unwanted" state of the infant, rather than any specific way in which this unwantedness is mediated to an infant. Similarly, a mother who knows her child is going to die will, as the child gradually fades away, mediate to it the knowledge of its approaching death.

The untoward effects of hospitalization, or temporary separation of wanted children from familiar adults, can then be interpreted as the

condition within which the hospital set-up, rules about visiting, and anxieties of the parents themselves mediate to the young child a sense of break with the familiar tie, with consequent separation anxiety. Here again the data are sufficient to alert the medical world to the dangers involved, but are not sufficient to prove that this sense of break is unavoidable if the mother does not accompany the child; although often it cannot be prevented as easily in the absence of the mother, it can be prevented.

Here again the traditional mother-child tie based on breast-feeding is, of course, the easiest method to assure a child continuity of relationship — if we are willing to disregard the extent to which the mother's biologically adequate anxiety may also endanger the child's life, not only by a biologically adequate failure in breast milk, but also by mediating to the child her biological knowledge of how ill and vulnerable it is.

#### SUPPLEMENTING BIOLOGICAL PARENTAL BEHAVIOUR

We may go on, in fact, to consider whether the discoveries which have transformed the capacity which we share with other mammals to accept or reject our young into a capacity to preserve the lives of an increasing number of human infants may not actually be discoveries of ways of overcoming the handicaps of the biologically given aspects of maternity. Biological mothering is heavily susceptible to conditions of pregnancy, whether the child was wanted or unwanted, its sex, the conditions of the mother's own childhood, relationships to the father, the nature of the delivery and the nature of the postnatal contact between mother and child, and finally the fit between the structure and functioning of the mother's breast and the infant's constitution.<sup>13</sup> The cultural invention — in contrast to the simple biological one — is that of conscious nurturing. Biological motherhood is a routine occurrence in the natural world; nursing — the responsible, devoted, conscious care of the young — is cultural and human. We ought perhaps to be discussing not how much should a nurse be like a mother, but how much can a mother be like a good nurse.

The shift from the practice of burying the infant alive if its mother dies to that of the shared breast-feeding of other women was the beginning of this order of nurturing, continued in various forms of artificial feeding, until men, as well as women, could share in the cultural nurturing of an infant.

So when we consider the effects of separation, the question may well be asked: What are the consequences of separating the infant, or child, from that person, or persons, who have given it good *nursing* care? The existence of a biological tie may be not only irrelevant but actually lethal.

## THE NEONATAL PERIOD

It is generally recognized that the biological specificity of mother-child ties, and even father-child ties — inasmuch as expectant fathers often have certain biochemical responses during their wives' pregnancies<sup>24</sup> — may be expected to be closest during pregnancy, delivery and the immediate neonatal period, and that culturally diversified conditions may be expected to exert more and more influence the greater the distance from birth. It might be expected that under "primitive conditions" there would be found a greater correspondence between culturally patterned care and biologically given "instinctive behaviour" than in our more artificial modern cultures. Actually, with the exception of the dependence upon breast milk and such "natural" conditions as arise from ignorance of modern obstetrical methods, we find in primitive societies a great deal of "artificial" or culturally regulated behaviour surrounding gestation, delivery, and postnatal care. Although a case can be made for the biological basis of any frequently occurring phenomenon, such as morning sickness, maternal cravings, and transfer to the father of a series of imputed attitudes of illness, fatigue, and debility, there are many other societies, equally primitive, in which these biological possibilities have not been institutionalized. Furthermore, the mother may be required to do everything for herself — cut the cord and bathe the baby — or everything may be done for her; the father may be required to be present or rigorously banished; attendance at the birth may be limited to close relatives or to women who have borne children, or birth may take place in the midst of a chattering crowd. The infant may be placed at the mother's dry breast, fed at once by another woman, kept without food until the mother has milk, or may not be allowed to feed from its mother's breast until "true milk" has appeared. The infant may be kept completely covered up, protected from light and all but a minimum of air; it may be held constantly by its mother or by some other woman, or hung in a basket, or strapped to a cradle board.<sup>25</sup> In short, the accumulated evidence from primitive societies suggests that at a very early stage in human history, traditional modes of behaviour were evolved which were related not to any immediate instinctive pattern of neonatal mother-child relationship — such as has been described, for example, for goats and sheep and reindeer and moose — but rather to other parts of the learned behaviour of the particular people, their mode of life, means of transport, type of shelter, system of kinship organization, methods of economic exchange, and beliefs about the soul and the cosmos. Within these extremely diverse systems, in those tribes which have themselves survived, enough infants have survived to perpetuate their cultures to the point of record. However,

there are instances in which small human groups have not developed a culture which had sufficient resistance to the impact of a foreign culture to continue to reproduce themselves under conditions of change. The failure appears to come in fertility — in instances such as that of the Marquesas, where, during a nine-month stay of three anthropologists from September 1920 to June 1921, according to the report of one of the anthropologists, no child was born in any locality where he was staying,<sup>14</sup> in islands where the population had once been numbered up to 100 000, and possibly slightly more.<sup>43, 49</sup> But with the type of field work that was being done, with an emphasis on material culture and on gross features of the social organization, it might not have been realized that miscarriages and still births — and even live births given no encouragement to live — could have been responsible for the population fall.<sup>18, 48</sup> Against such reports, we have to place the records of more recent times, which demonstrate that under conditions of extreme starvation of the mother, the gestating infant has survived, only to show the effect of the starvation later in failure to mature or to reproduce.<sup>38</sup>

Primitive materials, therefore, give no support to the theory that there is a “natural” connexion between conditions of human gestation and delivery and appropriate cultural practices. The tie between the mother and child can be established by delivery practices which enjoin Spartan behaviour, which permit the mother to writhe and scream, or which combine the agonies of a prolonged birth with accusations of infidelity or sin. The tie between a man and his wife’s child can be established by any number of arrangements: he may not see the child for a month after it is born;<sup>22</sup> it may be attributed to him because he, among his brothers, several of whom share the same wife, performed the paternity-acknowledging ritual years ago and no other brother has performed it;<sup>41</sup> he may claim it when it is born three months after he has returned from a year’s absence, on the theory that it “hurried up to see its father’s face”;<sup>25</sup> or, in modern rather than primitive terms, after agreeing to artificial insemination, the mother’s husband may insist “he really looks like me”.<sup>\*</sup> Thus, fatherhood is a cultural construct based upon a man’s relationship to the children borne by a woman with whom he has had sex relations.

We may thus say that the establishment of permanent nurturing ties both between a woman and the child she bears, and between a man and the child borne by a woman with whom he has had sex relationships, is dependent upon cultural patterning in which the ideas about what constitutes motherhood and fatherhood, and later sibling relations, are of overriding importance. Among some primitive peoples, habits of

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\* Unpublished studies of attitudes of husbands of women who have received artificial insemination

adoption before birth accentuate this dependence upon cultural arrangements, so that the adoptive parents take over the infant at birth, even to the point of the dry-breasted adoptive mother inducing milk in her own breast with which to feed the adoptive child.<sup>23</sup> In parts of the Middle East it is the milk tie which establishes a woman's relationship to a child, her own or a foster-child; gestation is not regarded as establishing the relationship between mother and child.<sup>12</sup>

#### PATTERNING OF CHARACTER FORMATION

Such evidence does not suggest, however, that the patterns of relationship and the theory of how they originated and how they should affect the future life of the infant may not be significantly related to the kind of child care, the kind of parenthood, and the kind of character structure which is found in a given society. If all children are expected to live and every effort is made to keep the puny and the defective alive, this changes the position of all individuals in a given society. If the father is allowed, or required, to care for the young infant, a tie is established which is absent when such behaviour is not customary. Whether the mother's right to keep her child is dependent upon the decisions of her relatives, or upon those of her husband, or if she herself is given the cultural right to decide whether the child should live or die, this will also change the quality of parenthood, and the culturally determined character structure. But whether a biological parent does or does not provide the best care for a child is, in all known cultures, a function of how biological parenthood is phrased, not of the establishment of point-for-point "natural" — i.e., pre-human — conditions of delivery and child-rearing.

#### THE ASSUMED NEED FOR A SINGLE MOTHER-FIGURE

The Bowlby findings are not, however, primarily concerned with these early hours of birth, nor with the presence or absence of the "biological mother", but rather with an imputed need, in human infants, for a mothering-figure during the first years of life. The assumption is that there is a biologically given need for continuity in this mother-child relationship, that it is a pair relationship which cannot be safely distributed among several figures, and that all attempts to diffuse or divide it and all interruptions are necessarily harmful in character, emotionally damaging, if not completely lethal. Although, logically, continuous care by a foster-mother or nurse meets the Bowlby requirements as well as such care by the biological mother, there is a demand that this continuity be accorded to, and provided by, the biological mother — a demand which is based on a mixed and unexamined set of premises.

It might be claimed that the biological mother establishes a shared tie with her newborn infant owing to the establishment during and after birth of a series of biologically given responses, to the infant's cry, to the smell of the mother's body, to the shape of the mother's nipple, to the nature of the infant's sucking reflex, that is of such an order that it will assure the kind of continuity of later care that the infant requires. This argument would then read: infants need the continuous presence of a mothering-figure and Nature has provided a set of mechanisms which if permitted full play will establish just these conditions. Other methods of establishing such a pair relationship are less reliable — especially under modern urban conditions, which are implicitly assumed throughout the Bowlby analysis. If this shared tie is to include breast-feeding, without supplementary feeding, which is the surest method of making the mother and child — the nursing couple<sup>95</sup> — into an exclusive pair relationship, then, as has been discussed above, only a limited number of infants will thrive and survive. An actual return, on the part of society, to such a demand would result in a tremendously increased infant death rate, a change in our medical values — where life is a value at all costs — and might, if widely enough propagated, present some answer to the population explosion.

Actually, such an exclusive and continuous relationship between mother and infant is only possible under highly artificial urban conditions, which combine the production of food outside the home and the practice of contraception. For under primitive conditions there are two situations which require a break in the continuity of mother-child care: (a) the need of the other children for care, and (b) the demands on the mother for food gathering, materials gathering, horticultural and other contributions to the food supply of the family group. The assumption that a mother-child pair relationship can be maintained without interruption until the child is two actually exposes the child to more traumata than if it is expected that several women can breast-feed and care for the child, that a young girl or a grandmother or even a father can give it a dry breast for comfort, and that supplementary — pre-masticated — food can be made available to it at any time. It is among those people who consider that only the mother can care for the child that the child must be taken to the fields — and may be carried off by wolves, as in parts of India<sup>10</sup> — or left hungry and miserable in the village, as in Alor, bereft because there is no mother-substitute, while the mother is away at work in the gardens. Studies of the character structure of the members of tribes among whom such exclusive relationships obtain — notably the Aloreses<sup>9</sup> and the Dobuans<sup>11</sup> — as compared with that of the Samoans, support Bowlby's position that separation from an exclusive mother-figure has a negative effect on character, but also suggest that

diffusion of breast-feeding, feeding and nurturing ties among a number of females of all ages, as in the typical Samoan large household, ensures the child greater continuity of human care and less liability to trauma. It is significant that the Samoans, who are conspicuous in the extent to which mother-child ties are diffused, also have one of the highest birth rates in the world.\*

The question may still be raised, as it has been by Konrad Lorenz,<sup>50</sup> whether the cultivation of more exclusive and more intense parent-child relationships is not a pre-condition of the kind of character structure which is necessary to maintain and develop our kind of civilization. Here the argument would centre, not on whether life is more precarious for a child dependent only upon its biological mother for care, but rather on whether individuals so reared do not show a different and more desirable — in terms of the stated requirements of the modern world — character structure. The most definitive materials available, aside from the studies of primitive societies, are those collected by Spiro on children of the *Kibbutzim* system in Israel.<sup>45</sup> Although the single *Kibbutz* which Spiro studied is too small to be definitive, the analysis which he presents is persuasive. Children reared with age-peers, with changing and overburdened nurses, who see parents, themselves reared in old-style small families, for short intervals every day, combine excessive responsiveness to parental behaviour with excessive dependence upon the peer group, and in youth become heavily dependent upon the members of the peer group with whom they were reared. The Hutterite studies,<sup>10</sup> in which the parents were reared within the same system as the children, with children isolated for most of the time from association with their own parents, confirm the extent to which children so reared are dependent upon the community and unfitted for venturing forth as individuals. Neither of these bodies of data suggests that children do not thrive and survive under conditions of group nurturing; they both suggest, however, that their mobility and flexibility are impaired.

Data on children within the extended family systems of China<sup>7,8</sup> and India,<sup>20,21</sup> which involve multiple nurturing figures, ranging from child nurses to the aged, would seem to confirm the impression from the primitive materials that there is security in a larger number of nurturing figures, and that rearing in such a setting leads to fecundity. The question may still be raised as to the character structure of individuals so reared, as Kenneth Soddy has done,<sup>17</sup> but incomplete data on Chinese character structure suggest a range of subtlety and flexibility of personality far beyond that of Westerners, although less complex than that of the

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\* 38.0 ‰ for Western Samoa (1958), 39.4 ‰ for American Samoa (1959); as compared with 24.1 ‰ for the USA (1959), rates beneath 20.0 ‰ for the European countries and an estimate for rural India of 39 ‰ (data obtained from the United Nations Statistical Office).

Japanese, among whom the child-rearing pattern involves discontinuity of style — early indulgence followed by rigorous discipline — rather than discontinuity of persons.<sup>3,4</sup>

#### TASKS OF MODERN HEALTH AGENCIES

The evidence suggests that those agencies that are charged with the development of international standards of human care compatible with existing international aspirations have, in the case of problems of maternal separation and deprivation, two quite distinct tasks: (a) the development of standards for institutional treatment of children, in orphanages, hospitals, day-care centres, crèches, or kindergartens, etc., in which findings on comparable institutions already exist but need to be reinterpreted for each culture and each set of local conditions; and (b) the further investigation of different types of family structure within different cultural settings, and the implications of different types of child care for the development of cultural character, both in the children who receive it and in the parents who carry it out. There is undoubtedly evidence enough to warrant the advocacy of such public measures as aid to dependent children, provision of day care rather than residential care for the children of working mothers, hospitalization where continuity with home figures, not necessarily the mother, unless she has had the sole care of the child, is possible, extreme caution in changes of foster-home, and precautions for the care of children from homes that are broken by divorce and death. The problem remains, however, of how to separate the necessary protection of a child who has been isolated in an exclusive pair relationship with the mother — of a type which cannot be said to be natural at a human level, because it actually does not permit participation by the father, care of the dependent older siblings, and ties with the three-generation family, all of which are human experiences — from advocacy of the artificial perpetuation, intensification or creation of such conditions of exclusive mother-child dependence.

The effects of Bowlby's original monograph were highly beneficial to the degree that world-wide attention was focused on the evils of impersonal institutional care for infants and young children and on types of hospitalization of either mother or child which resulted in traumatic interruptions of a highly exclusive relationship. These effects have been partially nullified, however, by the reification into a set of universals of a set of ethnocentric observations on our own society, combined with assumptions of biological requirements which are incompatible with *Homo sapiens*, although possibly compatible with an earlier stage when a two-year-old could fend for himself, and the family did not exist.

One further remark may be made. Preparation for change — radical, rapid change — is the greatest single educational requirement in the world today.<sup>26, 27, 31, 32</sup> It is possible that the re-establishment of early mother-child relationships that have been ignored throughout the existence of human culture might be a social invention of great importance. Just as the ability to self-select food has been practically unexploited throughout the life of living things, but can be observed today when rats are permitted to choose among synthetic vitamins,<sup>40</sup> so also there may be human potentialities which date far back in evolutionary times, for which new artificially created conditions may find a new use. Exposure of young fathers in the USA to unusual contact with young infants has been accompanied by a far greater and, in some cases, extreme interest in infants, and a diversion of young males from the more customary fields of public extra-domestic activity. The human infant is capable at birth of moving over a flat surface for a considerable distance. This is a potentiality that has not been used in any known society; instead the adult hand manipulates the child. But the use of this early capability might lay the basis for a different kind of kin-aesthetic awareness which might be useful to man, for example, in adapting to different types of gravitational field — in space flight or space colonization.

If the invocation of the great variety of latent biological potentials is recognized, not as a return to the natural, but as a new use of man's potential, as human society evolves and incorporates an increasing awareness of our own nature, it should be possible to develop ways of child-rearing which allow for individual differences, among infants, among mothers, and in the pairing of each infant and mother, which would not restore a previous state of precarious well-being — which depended on a high infant death rate and a relatively slowly changing culture — but which would establish a new level of human existence.

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