Introduction

Humans are social beings. Social relationships are an integral part of human life. Gathering different experiences through social interactions influences future psychological development. A break in a social relationship may be considered a major life event and the persons involved may be adversely affected psychologically in the short and possibly even in the long-term. The psychological state of the person has a significant impact on his behaviour and his emotions. It is therefore important to realise and understand the effect that social relationships have on our lives.

Research

The dramatic effects on children being separated from parents by admission to hospital or to a residential nursery, concerned child psychology researchers for quite some time. This generated increased attention to the psychological needs of children. One important result was the improvement in children's wards. Besides this, greater knowledge has developed regarding children's social relationships and their impact on psychological development. It is generally thought that the evolution of social interactions is dependent and influenced by earlier experiences and family make-up.

Social Relationships in Childhood

The family has a major role in children's social development by creating the ideal environment. The important role of social interactions in life can be particularly appreciated when these interactions are lacking or improper as in the case of autistic children.

It is now believed that infants are social beings from a very early stage in their development. The need to have and enjoy social interactions is inborn. It is part of instinct and is not learnt from scratch. At birth however, these particular social capabilities are immature. Socialization develops and matures throughout life. These social relationships indeed form a major part of our everyday lives at any age.

Social Reciprocity

Development in children is a continuous process and the transitions from one stage to another take place over a period of time. As soon as babies are born, they start exploring their environment, looking around especially at bright objects, trying to make sense out of these new surroundings. They have no preferred face or object as yet, but are attracted by faces in general and bright objects including light itself. Newborns in fact, were found to be attracted to a face-like stimulus, a simple picture of 3 sharp blobs (in the place of the eyes and the mouth). As babies grow older, they become more interested if there is more detail on the face, and if the face moves (e.g. speaks, smiles, makes funny gestures).

This has been extensively investigated by researchers especially in the past two decades. Employing "looking" and "sucking" responses, they monitored the varied reactions to different stimuli. This important research has enlightened us about many different cognitive capacities (previously unnoticed) of the newborn and very young infants.

Smiling and vocalizing then sets in, especially when spoken to in a responsive and conversational manner. At about 2-3 months, babies respond preferentially to their parents whom they now recognise. Social interactions at this stage become
more integrated and organised. During the next 3 months, babies contribute more to the relationships by initiating responses themselves. This initiative gives the baby greater control over the relationship, becoming equal social partners to the parents.1,3

Selective Attachments

At around 6-8 months of age, babies start to develop specific attachments to particular persons, usually the parents. They protest and become upset if this person/s leaves the vicinity, especially when frightened or in a strange place. They become wary of strangers but this is more of a cautious rather than a fear reaction. They are actually afraid of the unknown at about 1 year of age. This happens particularly if they are suddenly faced with an unfamiliar situation or with a new person who intrudes rather ungracefully.

The Clingy “I Want Mummy” Phase

The fear of strangers coincides with the development of anticipatory responses based on past experiences towards the end of the first year of life. Between 1 and 3 years of age they become very clingy to mummy and can become quite upset and distressed when separated. The mother or any attachment figure provides a “secure” base from where to start. Separation anxiety is seen very clearly on admission to hospital, if the parents are not allowed to stay or they leave on their own accord. Children at this age have more than one selective attachment, usually 3 or 4. The father, the grandparents, older siblings or any other close relative or friend may well serve this purpose but the hierarchy is still maintained with the mother giving the best comfort. The father may be the better companion at play time but not necessarily have the anxiety reducing function of the mother.

Cognitive Capacity

During the next two years until school age, children gain more confidence and the close physical contact with their attachment figure becomes only necessary at times of illness, when tired or following separation experiences.1 They can now be easily comforted by strangers. Children start to comprehend why parents have to leave them for short periods such as to go to work, but become distressed if this separation is unexplained or capricious. As children become older, they are able to maintain relationships even when separated from the attachment figures. This happens because children at this age start to gain cognitive capacity, enabling them to understand that the person still exists although not seen, and hence the interaction continues. They are able to appreciate that relationships can persist over time and space.3

Attachment Behaviour

Attachment is a vitally important part of a child’s social relationship. Attachment tendency is inborn in social beings universally, including animals, and does not require rewards for it to develop. It is a means of providing “security”. This summarises the purpose of attachment as presented by Bowlby (1969); a statement which has revolutionized all other subsequent attempts at defining “attachment”.3

Attachment can have different meanings. However it is usually taken to refer to a dyadic relationship and not attachment to any individual characteristic. The quality of one child’s relationship to a parent may be different from that of the same child with the other parent.1 Attachment provides a secure base to which children can refer to, e.g. when playing. They may be playing at a distance from their attachment figure, but feel secure because they can still see this person, usually the mother. It allows exploration and diminishes anxiety. Attachment in social relationships is different from the type of attachment present in playful interactions.

Selective Attachment

It has become increasingly suggestive that for a “proper” social relationship to develop in adulthood, children should have had relationships with attachment properties earlier on in life. Lack of such selective attachments predisposes to difficulties in close relationships (including sexual) in adulthood.3 Selective attachment to a particular person in infancy is important. Usually this figure is the mother but it makes no real difference who it is, as long as there is a selected person to attach to.3

In the case of abused children, they will cling and seek refuge even from the perpetrator, if no one else is available. If the perpetrator is not at hand, then the child will cling to inanimate objects, which will serve the purpose at the time. However this is not as healthy an attachment as one with parents or peers as this does not lead to normal social relationships later on in life.1 Autism is another circumstance
where selective attachment is not exhibited in a normal way.

Institutionalized children still have a favourite person as a specific attachment figure and tend to cling more than other family-reared children. However, it has been shown that children having this kind of selectivity are less secure and incapable of exercising normal social behaviour later on in life, as accepted by society in general. This is thought to be due to the constant turnover of non-personalized caregivers at the institution.³

Hinde in 1982 described an “attachment behaviour system”.¹ This postulates that as children grow older the relationships they have are influenced by past experiences. This has led to the hypothesis (Bowlby 1973, 1980) that secure, dyadic relationships are important in shaping personality.¹

**Security in Attachment**

Secure attachment at approximately one year of age produces a self-confident and independent person later on in life. Such children grow up to possess better social competence and peer relationships.¹³

Insecure attachments on the other hand, may be initiated by parents who are stressed themselves. These parents, who may also have an unstable marriage, easily get irritated by children. A poor parent-child relationship leads to this type of insecurity. Such insecure attachments in early childhood lead to abnormal reactions towards stressful events that occur in adult life.¹ Emotional and behavioural problems in adult life have been blamed on insecure attachments in early childhood, but more evidence is required in this area.³

Greater insecurity seems to be felt during adolescence, especially if the surroundings are not ideal and supportive. In a follow-up study of ex-residential nursery children by Hodges and Tizard,³ children restored to their biological parents, who are often disadvantaged, did not fare very well. Most of these children developed conduct problems requiring psychiatric treatment or ended up as criminals. The ex-residential children who were adopted by better off families fared much better, although compared to the general population, they still showed a higher incidence of anxiety and emotional problems.

However, both adopted and restored children showed a similar pattern with regards adolescent peer relationships. Ex-residential children had been used to child-adult relationships in their past. Subsequently it was difficult for them to form peer relationships. More often than not, they did not have a special friend to confide in or turn to for emotional support, a need which is deeply felt at this age. Adolescents who have gone through these experiences are more prone to psychological problems, especially in choosing and getting on with their peers.

Selective attachment during the first 3 to 4 years of life are an important ingredient for close relationships, including sexual, love relationships and later parenting. This has been supported by animal studies performed by Harlow et al.³ Moreover, a 36 year prospective study by Franz et al. has shown that children who have been brought up by stable and loving relationships with their parents during their early years of life, are expected to have long and happy marriages themselves.³

**Breaches in Early Attachments**

Hospital admissions act as acute breaks in an ongoing relationship. When these admissions occur at preschool age, they may have an impact on the psychological development of the child, especially if these are recurrent and where “rooming in” of the parents is not normal practice. On returning home after discharge, the child frequently exhibits adverse behaviour. The negative impact on the psychological development of the child is further exacerbated if the parents misinterpret the child’s adverse behaviour as naughtiness. On the contrary they should be helping to restore the secure attachment that existed previously. Moreover, family discord does not help this situation.³

Grief reactions, such as bereavement (i.e. loss of a social relationship) affect children differently and less adversely than adults. Children are quicker at establishing new relationships than adults. Thus the loss of a sibling or a friend or even a parent does not affect them in the same way as it affects an older person. They do grieve, but this is short-lived. Children do not ruminate about the past and the future, unlike adults. The loss of a parent can be made more difficult, because the bereaved child has to cope with the grief of the other parent. This, and the fact that the quality of the subsequent parenting may be less suitable, affects the child’s psychological development.³
Parental divorce can be viewed as worse than parental death. This is because it is not just grief that is experienced by these children. The psychological disturbance in these children precedes the divorce because of parental discord and disagreement that goes on before. This disturbance is greater than that suffered after the death of a parent and is similar to and as common as that which exists in children living in “discordant undivorced families”.

A conduct disorder type of psychological disturbance is more likely to follow than a depression in such situations. Aggression, impulsive behaviour and poor peer relationships may occur as a result. This effect on the psychological development of the child is more likely if the parents continue to dispute and if the parental care after divorce is inadequate. It has been observed that these disorders particularly affected temperamentally difficult boys more often than girls.

Due to children’s well-known ability to adjust and form new relationships, these acute disturbances are usually over by about two years following the divorce. This is made possible and easier with the presence of social support and proper, stable parental care, following the break-up of the marriage. However, the impact on these children’s psychology remains imprinted and will nonetheless affect their behaviour, thoughts and decision-making in their future life. Flashbacks of their past will invariably occur. Children’s ability to adjust to new situations and relationships is seen clearly in remarriage circumstances. Young children usually benefit most from remarriage. Older girls may have more problems than boys in adjusting psychologically to the new parent. Adolescents experience more difficulty in establishing new relationships.

Peer relationships in childhood may somewhat predict future psychological behaviour. Emotionally disturbed children (e.g. following death or divorce) react adversely towards friends, and consequently their relationships are threatened. On the other hand, peer relationships influence the personal behaviour of the individual. Isolated boys were found to be less likely to get involved in criminal acts, since such antisocial activities are group behaviours and these boys were less likely to be part of such groups. Institutional care has already been shown above to have a negative effect on peer relationships. Peer rejection or even isolation increases the risk of psychosocial and psychiatric disorders later on in life. Peer rejection places the child in a difficult and stressful situation. Such children are more easily ridiculed, bullied, lack self-esteem, are lonely and therefore are not learning through social experiences. There are two possible results of peer rejection. There are those children who are withdrawn and shy as a result and this may lead to anxiety and depressive disorders in adult life. The other type are the ones who react to rejection with aggression. This may predict psychopathological disorders as these children grow older. These two pathways may overlap. Antisocial personality disorders may lead to depression following life events such as broken love relationships and loss of jobs.

Conclusion

Socialization is an important aspect of psychological development. It is primarily inborn but develops and matures as the child grows. Social relationships are an important ingredient making up our life at all ages. Gathering different experiences through these interactions produces an impact on the psychological development of human beings. Social interactions with the appropriate secure attachments, have been shown to affect a child’s life positively. However unhealthy, disruptive social relationships can lead to severe psychological disturbances at a later age. It is thus important to understand the consequences that early social relationships have on our psychological development. More research is however necessary to continue uncovering previously unsuspected mechanisms in this prominent field in child psychology.

References


