The dependency hump
One of the tasks a young child must complete is its journey through the dependency hump as is shown here.

When a child is born its psychological attachment is low and its understanding of dependence is low. As it goes through its first two years of life the child slowly develops an attachment and slowly develops an understanding of itself and mother. As it does this it develops an understanding of its psychological dependence on mother. By the age of two it has reached the top of the hump and then spends the next 18 years trying to get down the other side. That is it sets about reducing its dependency on mother.

Going up in dependency is largely an affectionate and attraction process between mother and child. The slide down the dependency hump in line B is mostly an angry, defiant and breaking away process. This typically occurs in the 3 negativistic stages of 2 to 3 years of age, 4 to 5 years of age and adolescence. It is mainly in these three stages that the child breaks away and reduces its dependence and attachment with mother.
If that is successfully achieved the person has then mastered the dependency hump and ends up at the point of interdependence and is capable of having normal relationships in terms of dependence at least.

At times this does not happen. Sometimes the child reaches the top of the dependency hump and for some reason never makes it down line B and thus continues along line C. In adulthood this person will form strong dependencies with others and the relationship will not progress beyond that. The obvious example is the dependent personality. For instance the wife who stays unduly dependent on her husband over a long period of time. In childhood this person is not allowed to separate by the parents and thus the parents force it to remain dependent. It is over protected.

The other problem is when the child never gets up to the top of the dependency hump in the first place. Line A. An example of this is the “Hurried Child”. That child who is forced to stand on its own two feet emotionally before it is psychologically capable. It is under protected. The child may be well housed and fed
but the emotional support is not there from the parents. It is forced to grow up too quickly in this way.

When a client enters longer term therapy it will progress through the dependency hump in a similar way. In the early stages we have the harmonious or honeymoon period between client and therapist. This is often referred to as the positive transference stage. The therapist is idealized by the client. One could say they are put onto a pedestal which makes both the client and therapist feel good about each other and the relationship.

The positive transference is great for the therapist!

However, this does come to an end when the client feels the need to ‘grow’ and be more independent from the therapist. When this happens it changes to the negative transference stage and the client sees the therapist in a negative light. In this stage the client tries to shove the therapist off the pedestal they just put him on. They can get argumentative, see the therapist as doing incompetent therapy and generally become disagreeable.

This occurs because the client is wanting to grow beyond the therapist. If the therapist does not get lost in it, or take it personally then the client can trav-
erse the dependency hump and finally leave the therapist. Of course the client who is a “hurried child” will need extra help in making it up the dependency hump. The overly protected client will need extra help to get down the dependency hump.

However if one is wanting normal type attachments then at some point he will need to traverse the dependency hump. If he does not do it during childhood then he can do it later in life with someone like a therapist.

Is dependency healthy?
Attachment and dependency are different and yet related. The dependency hump is meant to indicate the dependency that a child goes through with its primary parent figure. Hopefully it will successfully negotiate it at the appropriate ages in childhood. If it does not then the person will continually suffer relationship difficulties until it is successfully negotiated.

This raises a long discussed issue in psychotherapy.
Is it OK for a client to become emotionally dependent on a therapist?
Is it OK for a therapist to encourage the client to develop such dependency?

Some answer yes and some answer no.

As usual the answer to my mind, is it is more complicated than that. Those who answer “no” will cite argument along the lines that therapists can be motivated to encourage client dependency for financial gain. Dependent clients are more likely to attend regularly and stay for longer than they actually need to.

Then there is also the argument that the therapist could be motivated for personal gain. That is the development of cult figures or charismatic leaders who need a group of ‘followers’ rather than clients. History has shown some clear examples of this at times with tragic results. Get your group dependent on you, then you can get them to do things they would normally not do.

Yes some therapists may do such things for financial or ego reasons but the vast majority don’t. Let’s stay alert for the megalomaniacs and let the other therapists use dependency for the emotional gain of the client.
A prime example of this is the client who is the "Hurried child" as I described previously. The client who is emotionally forced to grow up before they are ready. Mother and father are not there emotionally for the child. They may simply not really care all that much. They see their job is to provide food and lodging and that is about it. The emotional life of the child is not considered and the child senses that it has to deal with its emotions on its own. Of course it is not capable of doing that. Indeed adults need others at some point to help them deal with difficult emotions. The boarding school child can often fall into this category. Fed and clothed and that is about it.

Sometimes parents do care but are not emotionally able to manage this aspect of child development. A mother with a mental illness or a drug addiction can lead to the development of the hurried child. Or sometimes mother simply has too many of her own distressing emotions inside her that she has not the time nor the energy left to deal with the child's troublesome emotions.
Whatever the cause the hurried child is particularly suited to the dependency hump type of therapy. I usually make a PSP (Psychoseparation) contract with such people which basically means that we (the client and I) will progress through the dependency hump. That is the client will develop a dependency on me and then resolve that dependency.

When a 'hurried child' is offered the option of a dependency they usually suffer an internal conflict. They crave the dependency and at the same time they dread it. Often the first part of the PSP contract is about dealing with their ambivalence to the dependency that is now within arms reach.

The paradox of dependency
Dependency is a double edged sword. It leaves the dependent party in a paradox. On the one hand dependency can leave the person with secure and comforted feelings as they know and trust that the other party will look after them and protect them in a competent way.

At the same time the dependent party knows they are dependent on the power figure and needs them to survive. This can lead to feelings of resentment and anger at the powerful figure. In addition when one is dependent on another person, then that is 'stopping' them from growing because to grow and develop one must eventually leave the dependency at least to some degree. The dependency is indeed inhibiting the dependent party from growing. This can also lead to some resentment at the powerful figure by the dependent party.

Adolescence is an example of when these two contrary emotions can exist in one person at the same time. This can lead to relationship difficulties because the parent and the adolescent may be confused about the conflicting emotions being felt and expressed.

Sometimes the attraction of dependency and the resentment of dependency can be split between mother and father. Where mother gets the negative emotions expressed at her for the dependence inhibiting development and father gets the good emotions expressed at him for the security the dependency offers. This can particularly happen when the parents have separated.

This can also be reflected in the process of transference development. See this diagram below:
Clients initially go through a period of positive transference in relation to the counsellor. At this time the positives of the dependency is felt by the client where the Free Child at last feels like it has a secure dependency on which to rely and feel safe.

However eventually the Free Child starts to feel like it wants to grow and develop into its own person and hence the anger or resentment starts to be felt at the counsellor because the dependency is holding it back from developing. Then the negative transference arrives and the angst gets felt towards the therapist.
I have long suggested that it is wise for therapists to encourage the expression of adversarial feelings towards the therapist by the client in the positive transference stage. This probably reduces the excessive dependency whilst still allowing and permitting a functional level of dependency in the client so that he can proceed through the dependency hump.

Dependency for life
Jacob Bronowski of book fame, "The ascent of man" refers to humans as social solitaries. I have found this a good descriptive term. Humans like their solitude, independence and individuality. At the same time they are communal beings, have a need to be in relationship, belonging with another person and have a sense of belonging to a group. In this sense they are dependent on others and group to be there to fulfill their need for belonging.

When I present the idea of the dependency hump inevitably there will be comment by someone that once they get over the hump then they can be independent and thus wont need to depend on anyone. Indeed many psychotherapies promote such an ethos - the healthy state is not a state of dependency but a state of independence. Self reliance is highly regarded in some counselling systems.
My response is - dependency for life is a healthy state. Without a doubt self reliance, independence and the like are good qualities to possess in life. I would encourage people to seek those personality qualities and use them in their daily lives.

There is just one problem - they are not enough on their own. We need other people to be psychologically strong ourselves. When we to depend on a dependable person/group and then we are much more psychologically robust than the person who does not have such dependence in their life. So one needs a person(s) on which to be dependent their entire lives until the day they die.

Let's take a transactional analysis explanation of this.

Person A has a problem where they they feel sad. To deal with this they use their own internal resources and use internal nurturing to assist with their sadness. After time the Child is soothed and the problem is solved. A clear example of a person being self reliant and independent. A desirable state to have for anyone I think it is safe to say. Some times however it is not enough and consider person B.
Person B feels sad and uses their own internal NP to assist in soothing the Child. However they also ask another person for help and that person offers their caring and kindness. The Child is self soothed and soothed by others as well. Person B in the long run is going to be better off than person A because of their willingness to engage others in their time of need. This person is not being self reliant and independent at this point, which I am suggesting is a healthy state.

However person B has one extra problem. As soon as person B transacts with the other, all sorts of very difficult and thorny psychological issues come rushing to the surface. Issues of trust, reliance, need, importance, closeness, dependence and so forth all come rapidly to the fore. As we know these are major issues of psychological importance that sometimes are not easily dealt with. If you get soothing from others then you have to also deal with these issues.

For some they are simply too difficult and they choose to rarely seek soothing from others. They will never allow themselves to be in that dependent position and thus they will live an emotionally reduced life.

I suggest that the healthy state is where one allows self to have some kind of life coach, mentor, confidant, therapist for the rest of their days. This can be a person who is an official therapist or often it can be a partner or some close family member who is trustworthy. They allow self at times to be the dependent like party in such a relationship and this is a more psychologically healthy position than the person who is completely self reliant and independent.