

AUTUMN '83

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"Hard times have taught us a valuable lesson that we all recite idiotically but few of us really believe: material possessions do not make you happy."

Page 4



The Journal of the Canadian Society for the Prevention of Cruelty to Children

FOR EVERY HIGH SCHOOL STUDENT

With funds raised by McDonald's restaurant, the CSPCC previewed all the audio-visual materials it could locate that demonstrated the vulnerability of very young children to emotional damage caused by inadequate care.

Without doubt, the most powerful of the films seen was JOHN, an award winning 43-minute film made in Britain by James and Joyce Robertson. This film vividly shows the subtle but horrendous damage that can be done when too many substitute mothers are involved in the care of a very young child. The companion film JANE, and others (LUCY, THOMAS, KATE) produced as part of the same research project, show clearly that care by one substitute mother greatly reduces distress and lessens the possibility of damage. But the caution is added that "No matter how good the substitute care, separation from the mother remains a hazard for young children."

As with all the best films previewed, the cost for rental ranges between \$50 and \$80 for a three day period. For information that every young person in Canada ought to be exposed to — prior to the age when conception is a possibility — these costs almost ensure that only a fraction of tomorrow's parents will have that opportunity.

In an attempt to do something about this situation, the CSPCC has now made a special copyright arrangement with the Robertson Foundation to produce videotape copies of a 21-minute derivative film "The Importance of Substitute Mothering", which contrasts the central themes of JOHN and JANE. In addition, working with the Robertsons, we have prepared the Film Guide beginning on page 13 to give background information about the research project out of which these films grew, some information about the full length films, and answers to questions frequently raised by viewers. These pages will be reprinted separately to be available for those who use the videotape with students.

After studying and demonstrating specific types of emotional damage in infancy, it is gratifying that the Robertsons have now published a slim paperback entitled "A Baby in the Family: Loving and Being Loved" (Penguin \$6.95), a step-by-step guide to a baby's first year in the family. (See page 14 of the Film Guide.)

Where are our priorities that there is not enough money available to give every high school student the opportunity to see these films and have a copy of this book?

E.T. Barker M.D., D.Psych., FRCP(C)

The Canadian Society for the Prevention of Cruelty to Children

- The basic premise of the CSPCC is that the worst of all possible cruelties is to inflict permanent emotional damage on another human being.
- Given the evidence that such permanent emotional damage can be relatively easily inflicted during the very early years of life, our concern is with ignorance of, or indifference to, the emotional needs of very young children.
- By permanent emotional damage we do not mean only the psychological illnesses of adults which are recognized as having their roots in early childhood. More importantly we mean the (as yet) less recognizable and measurable deficient capacities for trust, empathy and affection.
- To prevent such permanent emotional damage, the CSPCC is working toward higher status for parenting, greater support for parents with young children, increased emphasis on trust, empathy, and affection in the adult world, and vastly improved preparation for parenthood.
- By preparation for parenthood we mean that girls **and boys**, prior to the age when conception is a possibility, should appreciate:

- the permanent emotional damage that can result if the emotional needs of a child are not met during infancy,
- the amount of time and energy required to care for an infant empathically,
- that remaining childless may be the most sensible option, given one's interests and priorities,
- the wrong reasons for having children: proving one's masculinity or femininity, making or patching up a marriage or relationship, having a son and heir, having a weapon to use against the other parent, obtaining the love and affection they have been unable to get from the adult world, fulfilling a need to dominate and control,
- the radical ways in which caring for an infant empathically alters the lives of the parents,
- the hazards of poor nutrition, poor health, inadequate medical care, and substance abuse during pregnancy,
- all about obstetrical practices which facilitate attachment, bonding and engrossment of babies, mothers and fathers,
- the basic facts of infant development,
- why babies who are not breastfed are disadvantaged,
- the reasons why babies arriving too soon and too often make it more difficult to adequately meet their emotional needs.

They should know the ways in which our appetite for consumer goods and services can become so insatiable by the time children are conceived, that satisfaction of consumer cravings and status and careerism based on these are easily rationalized as having a higher priority than nurturing one's children.

They should know the subtle and damaging ramifications of our tradition of arbitrary male dominance, and the reasons why it will continue to be difficult to adequately nurture children until males become aware of, and change their irrational ways of relating to women.

- Increasing the number of members in the Society and the readership of the Journal are at present the principal means by which the CSPCC is working to unite those who share a concern for the importance of the Society's objectives.

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Special thanks to Louise Després Jones for the illustration on page 4.

Letters

SPENDING MUCH MORE TIME

Dear Sirs:

I am writing on behalf of the Midwifery Task Force, an organization of consumers and health care professionals working towards the recognition of midwives in Ontario. We feel that midwives give the emotional and professional support to pregnant women and their families through continuity of care which is not available in our present maternal health care system. Midwives especially emphasize the emotional well-being of the mother and her child, and are sensitive to their needs during pregnancy, labor and birth, and the crucial post-partum period. By having her emotional needs respected and met during these times, a mother will be more willing to recognize and respect her infant's emotional needs as well:

Midwives guard the natural process and are not trained in aggressive obstetrical intervention. Spending much more time with the mother, a midwife allows for a gentle birth and the continual bonding of mother and baby. This prevents the unnecessarily traumatic and painful births of mothers, and the insensitive handling and cruel separation of the newborn from his/her mother. Mothers' and infants' needs are not being met during these crucial events; even if midwives are a part of our cultural heritage, we are not enjoying their services to our families.

We will send a complimentary issue of our newsletter "ISSUE" to anyone who wishes to support midwifery or who would like to know more about the Midwifery Task Force...

Louise Mollet
1151 Shaw St.,
Toronto, Ont.

AN EXCELLENT TEACHING AID

Dear Sir:

...I find the Journal an excellent teaching aid in my Child Studies and Family Living courses at the high school level. Students are often assigned readings on certain topics or are asked to research topics. The Journals are kept in our main library and are accessible to all students. My Family Living class also participated in "Great Expectations" featured in your Student Reprint #1...

Sincerely,
Jennifer A. Speedy
Carleton North Sr. High
Bristol, N.B.

Letters

A RESOURCE FOR TEACHER AND STUDENT

Dear Sir:

...Part of my plans for Family Studies classes will be to continue using the **CSPCC Journal**. It is a valuable resource, both for teacher and student use.

I would like to obtain class sets of Student Reprint #1 and #2. My class size in the Grade 13 Family Studies program is 30.

Thank you for making available excellent resource material. It is my hope that today's youth will become nurturing parents in the future, and that there will cease to be a need for a society dedicated to prevention of cruelty to children. Until that time, keep up the very good work.

Yours sincerely,
M. Lenore Kuch,
Head, Family Studies Department,
Thomas A. Stewart Secondary School
Peterborough, Ont.

PERHAPS THE MAKING AND BUYING OF GOODS IS NOT THE MAIN GOAL OF A SANE SOCIETY

Dear Dr. Barker:

...It seems to me that a generation of children is growing up modelling themselves after a society whose priorities include a "comfortable" lifestyle as more important than the emotional security and happiness of their children. Unfortunately, it seems, many men estimate the worth of each member of the family on their economic input only.

Since my husband has returned to graduate studies full time, we have learned to limit the needs of our family of five to a \$14,000 income instead of our previous \$30,000 income. In the upheaval of losing his job and his decision to return to school, David and I felt that the constant availability of a mother would help our children "weather the storm" better than if mother returned to work, even if she could find reasonable work in a job lean market.

Thank you for your constant reminder that our values are not askew. However hard the challenge, the rewards of motherhood as a profession are great. The benefits to society in measurable terms are hard to define, unfortunately. The CSPCC seems to be making some headway in educating the public about the young child's needs. Keep up the good work.

Sincerely yours,
Ruth Faux
Hagersville, Ont.

"A man is rich in proportion to the things he can do without."

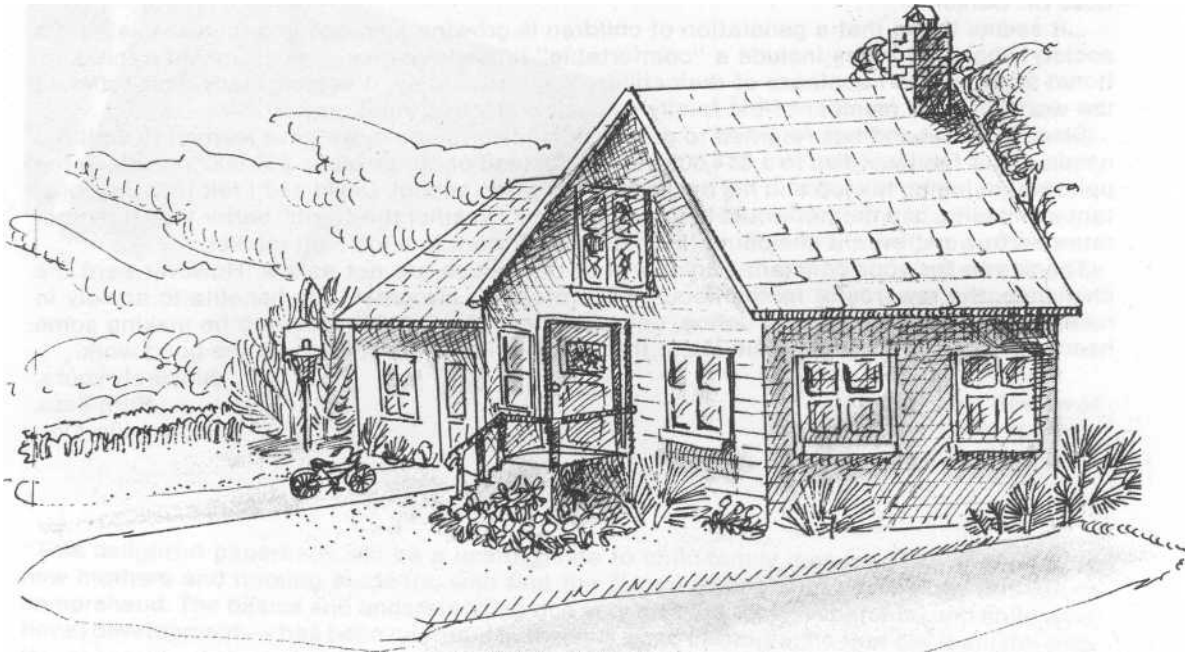
Henry David Thoreau

Thanks for the Recession

Newsweek Magazine July 25, 1983

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We had a choice. I could put the kids in a day-care centre and go back to work in a hardware store to boost our income, or we could sell our home.



We had built the house ourselves and built into it a lot of dreams.

Special thanks to Liz Goodwin for drawing this article to the attention of the editor.

Through our economic crisis we discovered that you can lower your standard of living and be happy — probably happier than you are now.

Cynthia Hollander

A few years back we had a new three-bedroom home, a new car, a TV, a stereo and all the other expected accompaniments of a typical up-and-coming family. Then the recession hit, the stork delivered and bad luck stomped through our lives spewing car repairs, appliance repairs and hospital bills in its wake.

I had quit work two years before when our son was born, with no great sacrifice to our financial situation. My husband, a skilled carpenter, always had plenty of work, so my salary was just gravy — extra money for savings or indulgences. Our daughter had just been born when interest rates skyrocketed and work became scarce. There was nothing being built for 50 miles.

We had a choice. I could put the kids in a day-care centre and go back to work in a hardware store to boost our income, or we could sell our home.

It was a tough decision on first thought. We had built the house ourselves and built into it a lot of dreams. But finally it came down to this: which was more important to our kids — having their own bedroom and a new colour TV, or having a mother?

What was more important to us — training our children ourselves instead of letting

others impose their morals and life-styles, or a dishwasher and thick carpets?

Put like that, the decision wasn't hard to make. We sold the house for what we could get, bought a mobile home and cut expenses to the minimum. Now, two years later, my husband is working full time again and I am one of the few Americans who can thank Mr. Reagan for the recession.

Through our economic crisis we discovered that you can lower your standard of living and be happy — probably happier than you are now.

We are better people than we were two years ago when we were crying over the loss of our home. Hard times have taught us a valuable lesson that we all recite idiotically but few of us really believe: material possessions do not make you happy. For every material thing we gave up, we gained something of greater value.

For example, take the TV. Ours quit working right after the birth of our son. Thank goodness we didn't have the money for a new one right then. My children actually think when they are asked what they want for Christmas instead of regurgitating a commercial slogan. They sing songs instead of jingles. On the rare occasions when they watch TV at a friend's home, they are appalled when someone is hit in the

We are better people than we were two years ago when we were crying over the loss of our home.

For every material thing we gave up, we gained something of greater value.

face and horrified at cruelty and violence.

It is true that at times we are treated like freaks because we don't have a TV. I've been asked, "How do you raise kids without a television?"

My answer: "Better."

Thanks, Mr. Reagan, for the recession. I might never have had the courage to dump the junk box without a push from you.

We didn't have the money for new furniture when we moved into our trailer, so I refinished an old table and chairs. We couldn't afford a dishwasher, so I washed dishes by hand. These projects inspired the first articles I sold to magazines, fulfilling my dream of being a free-lance writer. I think it might have been a little more difficult selling articles on choosing a dining-room set with unlimited funds. Cutting back forced me to learn new skills and appreciate the fine points of old ones. It gave me confidence in myself and confidence in the stability of my family.

Thanks Mr. Reagan, for helping me find untapped resources I did not realize I had.

Without the fetters of mortgages and unessential family demands, my husband decided to work for himself. He has been successful but has avoided the consuming drive for more and more. He takes the time to be a good father and husband, which to

me is so much more important than bringing home an even bigger cheque.

Thanks for letting my husband, Leonard, know that his value to us is not measured by income.

What we have learned is the definition of necessity. Before, we took it for granted that we would work to buy the things "necessary" for a happy family. Today we ask ourselves, "Is this worth working for or would we rather do something else with our time?"

Recently we discussed putting in air conditioning, then we stopped to think. Do we really want to work just to pay outrageous utility bills? No. We would rather stay home and take the kids fishing when it is hot.

What we have gained is an appreciation of time. I can't say that money is not important. It is. But how I spend my time is equally important. I've got friends who tell me how lucky I am to be able to stay at home with my children.

"I would just love to spend the time with my own kids," they will say, "but I just have to work." Then they straighten their new skirt, climb into their second car and go home to a microwave dinner.

I just smile and say, "Bull."

We have each chosen what we value. Time will tell which had true worth. ■

**"I would just love to spend the time with my own kids," they will say, "but I just have to work."
I just smile and say, "Bull."**

THE NEW EPIDEMIC

HIGH-RISK KIDS AND THE FIRST THREE YEARS

I submit that we are now in the throes of a new epidemic, one that we are only starting to perceive as such, instead of what has been, up to now, regarded as a number of relatively unconnected individual social malaises. Its symptoms? Violent crime, delinquency, lack of a clear-cut morality, sex replacing love, kids dropping to lower levels of difficulty in schools, family breakups, parents unable to control their children, kids experiencing economic and emotional deprivation, single parents who have lost hope and self-esteem, kids who know and accept that they are failures.

In spite of the billions of dollars we're spending, not too many people are being cured. For hundreds of thousands, drugs, alcohol, and television have become the braces and iron lungs of survival. Many choose not to continue. The suicide rate for teenagers alone has increased 300 to 400 per cent in the last twenty years. It should be obvious that the current treatment approach is ineffective and misdirected for many of the victims.

Some years ago, I was vice principal of a high school and dealt with a boy I'll call Jimmy. He was rebellious toward all authority, could not get along with his family or his peers and, at the age of sixteen, was not particularly pleasant to look at or to be with.

When I left that school to go to another, Jimmy was involved in an incident that resulted in the deaths of two other kids, and he was sent to jail for three months. Consequently, I was quite surprised to have Jimmy walk in to see me at my new school the very morning of his release from jail. We had never been very close (except during altercations) and since I was quite busy doing something seemingly important, I merely shook his hand, wished him well, and got rid of him.

He went home and killed himself.

And in the days, the weeks, the years thereafter, I would say to myself (as I still do) "But we never really liked each other very much."

It's possible — even likely — that I could have done something that day for Jimmy which might have put off the inevitable a while longer. But it's also likely that, whatever I might have done, it would not have been effective because Jimmy was really doomed from birth or shortly after. It was already too late.

But there does not have to be the growing number of Jimmys that there are. By applying intervention at the proper time — in early childhood — we can change society so that the infant Jimmys have a better chance to lead happy, productive lives.

Jimmy was a "high-risk" kid — one who experiences little or no love throughout his

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or her life, seldom enjoys happiness or success, is involved with violence, is frequently a menace to himself and to others, and will probably be either dead or in prison by the age of twenty-two.

“Problem” kids are more moderate versions of the high-risk kid and, while also increasing in numbers, they do present possibilities for salvaging so as to become responsible if not productive, adults. “High-risk” parents are those who, predictably,

will raise high-risk and problem children; and it is here worth noting that high-risk adults seemingly produce kids at a much higher reproductive rate than the rest of the population.

Misery, unhappiness, hopelessness, continual failure, anger at society and life are all characteristics common to these three categories of children and adults.

“But we never really liked each other that much.”

Intervention

For decades, society has been treating the Jimmys of our world *after* they have become high-risk. Probably the best research into this (in terms of evaluation procedures, sizes of study and control groups, and time frame) is the McCord evaluation of the Cambridge-Somerville Youth Study¹, done thirty years after termination of a treatment program involving over 500 subjects. Here, the combined efforts of the community's experts (school staff, social workers, nurses, doctors, Boy Scout and Big Brother organizations, probation workers, etc.) did *not* produce treat-

ment and help that resulted in long-term improvement in the lives of the subjects. On the contrary, there was evidence of disturbing negative effects. The subjects were more likely to commit a second crime, to become alcoholics, to suffer serious mental illness, to experience high blood pressure or heart trouble, and to die young. They also tended to have occupations with lower prestige and to find their work dissatisfying.

Intervention programs apparently risk damaging the individuals they are designed to assist.

“It's Too Late...”

You may recently have read about the psychiatrist who had been working with psychopathic inmates at a hospital for the criminally insane. After seven years of little or no success, he quit, having come to the belief that it was too late, at that stage, to cure those patients. (More about that doctor later.) Or, depending on where you live or what you do, you may have talked to a penitentiary counsellor or guard, a judge, or a probation officer, and been told that, for a growing percentage of the people they deal with, it's too late to do anything to help them.

If you were interested, you might perhaps have sought out the views of the youth squad of the police force in your community and discovered that, for the most part, they too are depressingly disillusioned — that, as far as they're concerned, there is little hope for more and more of the teenage kids in your area. You might have found too, if you checked, that this despair is shared by a lot of the agencies and individuals whose missions are to help juveniles to become responsible adults. I'm referring here to

social workers, school attendance counsellors, church groups, Big Brothers, Big Sisters, group home workers, public health nurses, and on and on. Social work of this kind is becoming a boom industry, one whose workers process far too many failures for these intially caring people to feel good about the job they're doing. And again the common refrain is: “It's too late!”

Talk to the older, experienced people in this business (if you can find any — there's such a high turnover). If your community is smaller than 10,000, you'll be told that many of their clients are the children of people they tried to help twenty years ago, and they expect eventually to be seeing the grandchildren. The family names are notorious in smaller communities. Failure seems to guarantee failure, and in greater numbers — in multiples, actually.

By now, if you're like most of us, you're looking for somebody, or some segment of society, or some institution to blame, and the logical target may be the schools, because they spend a lot of time (and a lot of *your* money) supposedly teaching these

...by the time the secondary schools get those kids, it's too late. In fact, by the time the elementary schools get those kids, it's too late...

kids to become good citizens. After all, that's their job isn't it? You might even decide (you're so worked up) to run for the board of education so that you can really tell those teachers off, get them to quit wasting so much effort on history and geography and phys ed. Well, that's one thing school board trustees learn in a hurry — that by the time the secondary schools get those kids, it's too late. In fact, by the time the elementary schools get those kids, it's too late — and the problem is getting worse.

You're into it now. You're starting to be more aware of what's happening, and with a rising sense of fear and frustration you read the crime reports in the newspapers and magazines. The statistics are such that, if you passed grade 10 math, you begin to think that crime is becoming the norm, that soon the majority of people in your community will be criminals and that, perhaps in twenty years or so, they'll be taking over your world. And you may be right.

Take a good look at the amount of money — *your* tax money — being spent on building penitentiaries and operating them; on juvenile and adult courts and the prosecution process; on police and probation officers; on restitution to victims of crimes; on children's aid societies; on ministries of correctional institutions and community and social care; on court homes, group homes, and half-way houses; on school attendance counsellors, vice principals, special school counsellors, and special needs classes; on welfare payments of all sorts. Ask all the people involved, and yourself, if they, you, we, are winning. Surely, all these dollars, all those people, are going to stop this obviously growing problem?

Many of those experts will freely, *eagerly*, and sadly, admit that they can do little. If you're feeling a bit upset by now, imagine what it's like for them. Most of them got into the business because they felt strongly about kids and people, and the many failures they experience cause them to either give up and quit or just keep plugging along with a few successes and take the money. Even that psychiatrist mentioned earlier gave up; but at least he's now trying to do something about the situation where

it will do the most good. He learned one important thing about his patients: *all of them had lacked love in the first three years of their lives.*

Maybe that's the clue. Perhaps there is a common cause for all these social problems that, until now, did not seem to have a connection — magnifying at such a rate that "normal" productive members of society will soon become a minority supporting an ever-growing segment of the population. Unless we find a solution, the end result could very well be anarchy — total breakdown of the structures and the relationships that permit us to enjoy secure and productive lives.

Lest you think the foregoing smacks too much of scare tactics or unwarranted hysteria, let me give you a few statistics from which you yourself can project a picture of our society ten years hence:

The number of Criminal Code offences reported by police passed the *two million* mark in 1980, increasing 9.8 per cent over 1979. (Remember, there are only about 23 million of us in this country, and such percentage increases are common every year — though 1980 was a pretty bad year.) During the same period, robberies involving weapons other than firearms rose 24.9 per cent, and robberies involving firearms went up 15.5 per cent. This is *Canada* we're talking about, and our population is not growing at anywhere near such rates.

In the United States, in 1931, the average age of prisoners in the penal institutions was 38; in 1971 the average age was 26. The youth (10 to 17) population of that country rose 20 per cent from 1960 to 1979, but their arrest rate went up 94 per cent.

Our criminal courts are running so far behind that a charged person may have to wait a year to be tried. (What if it were you, and you were innocent?) Our prisoners are having extra beds installed in cells that were not designed to accommodate more people. One of the first statements Ronald Reagan made when he became president of the United States was that he intended to build two *billion* dollars worth of new prisons.

Where will it end?

The New Epidemic

Few of us are old enough to remember the polio epidemics we used to have in North America in the thirties and early forties. Every summer, great numbers of people, young people especially, would come down with this dreaded disease, and most who did would either die or be crippled in varying degrees for life. Polio was so common and so severe that parents hesitated to permit their children to attend such events as circuses and movies, where there was more likelihood of their picking up the virus from the crowds.

Treatment of the affliction was limited to what we would now term "bandaid" approaches. Nonetheless, vast sums of money were expended, even though the end result was frequently — at best — a life of deformity accompanied by crutches, braces, and iron lungs (to keep you alive, if that's what you really wanted and had the money)...Until a disproportionately small sum of money was directed to research and, seemingly miraculously at the time, a fellow by the name of Salk produced a vaccine that virtually *eliminated* the disease

from the continent within a few years.

I submit that we are now in the throes of a new epidemic, one that we are only starting to perceive as such, instead of what has been, up to now, regarded as a number of relatively unconnected individual social malaises. Its symptoms? Violent crime, delinquency, lack of a clear-cut morality, sex replacing love, kids dropping to lower levels of difficulty in schools, family breakups, parents unable to control their children, kids experiencing economic and emotional deprivation, single parents who have lost hope and self-esteem, kids who know and accept that they are failures.

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The New Vaccine

The focal points for the application of the new therapy are the child during its nine months of gestation and the first three years of its life, and the people — especially the mother — most influential in its development throughout that time. Researchers — from Burton White (*The First Three Years*)² to E.T. Barker (*Society for the Prevention of Cruelty to Children*)³ to the Senate Committee on Health, Welfare and Science (*Child at Risk*)⁴ — are becoming more and more definite in their advocacy of this early-years approach. But, although the target is easily identifiable, the means of getting at it are diverse and numerous; the vaccine is composed of many ingredients, some of which are hard to swallow.

Burton White has demonstrated, quite conclusively, that "once a child reaches two years of age, his primary social orientation has been established...and what happens between the ages of three and six years is but a refinement of these achieved abilities rather than the emergence of new ones. It is not easy to change a three year-old." It has also long been acknowledged that poor prenatal care can seriously affect the health of the newborn in ways that

prevail throughout life. In short what the child becomes as an adolescent and as an adult is greatly dependent upon both its physical condition at birth and the parenting it receives during its first three years.

Contributing to the increasing number of high-risk kids are the many teenage girls who now become pregnant, give birth, and decide to keep their infants (as 90 per cent of them now do). In 1976, in Ontario alone, 9301 children were born to unwed mothers. If these young girls cannot guarantee to look after their health during their pregnancies, if they lack the resources to raise the children, if they have no parenting knowledge and skills, should they have the right to virtually promise a life of misery to their offspring? Should they indeed be *allowed* to keep their babies after birth? Some judges have directed the Children's Aid Society to remove babies from their mothers in extreme cases, but society generally prefers to wait sixteen to twenty years and then put the one-time babies in prison. Thanks, Mom. Thank you, too, Society.

A second, and probably major, source of doomed kids are those people who have

The focal points for the application of the new therapy are the child during its nine months of gestation and the first three years of its life, and the people — especially the mother — most influential in its development throughout that time.

become single parents without ever expecting, intending, or wishing to be — who became so as the result of desertion, separation, or divorce. Those who have not experienced the dissolution of a marriage have scant concept of how hard it is to maintain one's self-esteem in the process of a marriage breakdown and after, if one is unable to support oneself or one's children. If one has a young family, no job skills, and nothing to live on but government handouts, it becomes virtually impossible to retrain for the work world — especially when free child care is also lacking. The parent's perceived inadequacy eventually spurs loss of respect in the eyes of the kids, and this, in turn, makes it increasingly difficult for the parent to control them. We need about fifty times the childcare facilities we now have, with fees established according to ability to pay, to enable single parents to become self-respecting citizens again.

Parenting knowledge and skills have traditionally been learned from our parents, who acted as role models. But now that 11 per cent of all families are headed by only one parent (usually the mother), and now that both parents in even two-parent families are most often working, the parenting role models are no longer as numerous or as effective. These days, young people simply do not have the opportunities to learn how to be good parents themselves — and they won't, unless something is done about it.

So society at large will have to assume

another educational function — that of teaching parenting. There will have to be compulsory education in the early years of the secondary schools at least, on how to be better marriage partners and how to be better and happier parents. As it stands right now, 41 per cent of parents find the raising of their children to be a "frustrating and negative experience."⁸

Parenting and self-esteem courses need to become at least as accepted and desirable in the community as prenatal programs have been over the last fifteen years or so, and preferably they should be directly linked to them as a logical extension. Since it is generally middle and upper income people who participate in such voluntary self-improvement programs, parent-child drop-in centres should be established in selected elementary schools to encourage low-income parents to associate with others with similar needs. Such centres could foster the development of parenting skills, and self-esteem, along with the growth of social skills in the children.

We like to assume that the majority of our young people (the girls anyway) still dream of getting married and raising children of their own — because otherwise, with effective methods of birth control, our population would soon shrink drastically. However, while I doubt very much if many daughters expect to raise their own kids without the help of a husband, the odds of this coming about — of their having to raise their own children alone for all or part of their growing lives — are rapidly becoming *very close to even*.

In short what the child becomes as an adolescent and as an adult is greatly dependent upon both its physical condition at birth and the parenting it receives during its first three years.

There will have to be compulsory education in the early years of the secondary schools at least, on how to be better marriage partners and how to be better and happier parents.

If you are a mother or father, do you honestly believe that you and your society have trained your daughter well enough to raise your grandchildren by herself? Did she learn enough parenting skills from you? Will she be able to support herself and those kids at a level you think desirable? Does she have the self-esteem necessary to get her through a divorce? Will there be sufficient resources in your community to get your grandchildren through that difficult time? (Children of divorced parents commit suicide at a rate at least double that of other teenagers and ten times the adult rate, are sick oftener and longer, see the vice principal twice as much as others do, get into more trouble with the law than other kids do, and are more apt themselves to divorce as adults.)⁶

Of course, some of you will answer the above question in the affirmative — because you don't have any children or because your children are old enough to have escaped the marital dangers of the seventies and eighties or because you have done a good job of preparing your kids. But you still have to pay — financially and in lifestyle — for the actions of those people who cannot honestly answer "yes". Your taxes will keep going up to pay the salaries of those increasing numbers of professional caregivers, lawyers, vice principals, police, guards, etc.; and these recipients of your money are not improving the nation's economy — they're only trying to keep the lid on so that we may continue having a society worth living in.

Conclusion

The vaccine for this New Epidemic is not expensive, and, in the long run, should even be "cost-effective" in terms of holding down future taxes. It consists of early identification of high-risk mothers and infants and prompt remediation — parenting and self-esteem courses in the schools and elsewhere in the community, parent/child drop-in centres in many elementary schools, a great increase in the number of child-care facilities available, assistance to parents and kids surviving family breakups, and recognition that the nuclear family is

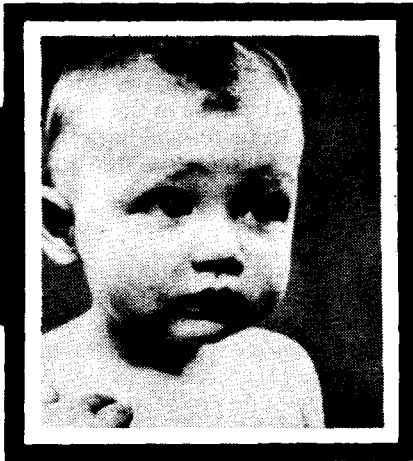
but one of the forms of family that will henceforth constitute our society. Perhaps we should even grant licences to have kids.

A year ago, there was a commercial on television portraying a car owner who had just been told that he was faced with a major and expensive overhaul of his engine because he had not, earlier, replaced his oil filter. The garage owner says something like "I told him — you can pay me now, or you can pay me later." There is an analogy here. We can pay now to eliminate high-risk kids (or at least reduce their numbers) or we can pay a tremendous price later when these high-risk children become high-risk adults. ■

P.D. MacIntosh,
Queen Elizabeth Collegiate and
Vocational Institute, Kingston

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FILM GUIDE

The Importance of Substitute Mothering by James and Joyce Robertson

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“...It’s one thing to bear a child, another to bring the baby up in such a way that, later on, there is a human being who is reasonably strong and intact psychologically...”

Selma Fraiberg



THE STUDY

The literature on the reactions of young children to separation from the mother derives almost entirely from studies done in hospitals and other institutional settings. These have the limitation that the data they provide do not permit responses to separation to be reliably differentiated from the influence of other factors such as the confusion which follows transfer from home into a strange environment, unfamiliar foods and routines, multiple caretakers, illness, pain, and confinement in a crib.

In an attempt to clarify some of these issues we conducted a small but intensive observational study of five healthy young children (ages 17 months to two years, five months) during separation from their mother, continuous naturalistic observations covered most of their waking hours and were complimented by cine vérité filming. We sought to gain insight into the influence of factors such as age, level of maturity, previous parent-child relationship, length of separation and quality of substitute care, on the response of healthy young children of good previous experience to brief separation from the mother.

The children:

- a. One child, JOHN, aged 17 months, was in a residential nursery for 9 days. Routines were unfamiliar, the other children were noisy and aggressive, and he was looked after by changing nurses.
- b. Four children, ages 17 months to 2 years, 5 months, JANE, LUCY, THOMAS, KATE, were fostered one at a time in the Robertson home for periods of 10 to 27 days. They were in the sole care of Joyce Robertson in a family setting which was free of the institutional stresses to which JOHN was subjected.

John, looked after in a residential nursery which failed to meet his need of stable and responsive mothering, reacted with acute distress and withdrawal. The four fostered children were anxious, but none of them became acutely distressed as John did.

However, it should not be assumed that because acute distress did not occur the risks associated with early separation can be eliminated. As we show in the 'foster films', no matter how good the substitute care, separation from the mother remains a hazard for the young child.

The five complementary films (JOHN, JANE, LUCY, THOMAS, KATE) are available in Canada from Kinetic Films, 781 Gerrard St. E., Toronto, Ont. M4M 1Y5.

THE IMPORTANCE OF SUBSTITUTE MOTHERING, a short derivative film (21 minutes) illustrating the main themes of JOHN and JANE, is distributed by the Canadian Society for the Prevention of Cruelty to Children, Box 700, 510 Bay St., Midland, Ont. L4R 4P4.



Joyce and James Robertson
51 Corringham Road, London NW11 7BS

Laying the Basis for Mental Health in Later Life

Separation from the mother in the early years can endanger the child's well-being by disturbing the supportive and predictable mothering functions within which his development is taking place. The separated young child needs to be in the care of one person who will give comfort and affection and, like a mother, be always available when he needs her. This will do much to lessen the distress and the risks to mental health associated with early separation.

FROM BIRTH THROUGH THE FIRST FEW YEARS OF LIFE, continuity of stable and responsive mothering care is necessary in order to ensure good social and emotional development in the child, and to lay the basis for mental health in later life. This is not to ignore the importance of the father, but in this early period he is usually less involved in the care of the child. The mother is the person to whom the child is most deeply attached. She also has many functions which promote his well-being. In the early months and years the most important functions are:

Responding to the Needs of the Infant and Young Child.

Long before her child can express his needs in words, the ordinary mother learns to understand and respond appropriately to the non-verbal cues that he offers. She knows the meaning of his special sounds and facial expressions, and by answering to them gives him a sense of self esteem through being loved, understood and valued.

Protecting the Child from Excessive Stresses.

The ordinary mother stands as a buffer between her young child and the environment, keeping its stresses and demands within his tolerance. She arranges life around her child, helping him to master as much as he can but always ready to protect him when necessary. This protection and support gradually establishes in the child confidence in himself and a sense of basic trust in those around him.

JOHN



age 17 months

in a Residential Nursery for Nine Days

*Silver Medal, Venice Film Festival
Silver Medal, British Medical Association
1971 B.L.A.T. Trophy for a Film of Outstanding
Educational Merit*

SYNOPSIS OF FILM

At 17 months John was a placid child and easy to manage. He and his parents had moved into the district a year earlier, and there were neither kin nor close friends to care for John while the mother was in hospital to have her second baby. Father would ordinarily have stayed home to look after John, but in that very week an insuperable circumstance prevented him. The family doctor recommended placement in a local residential nursery.

There in the toddlers' room John joins five other children between 15 months and 2 years of age. Four of these children have been in the nursery from the first few weeks of life, and because of the frequent changes of nurses have never known stable loving relationships; they are aggressive and unattached. The fifth child, Martin, had spent his first year in foster care and con-

tinues to seek affection — the only child apart from John to do so.

During the first two days in the nursery John behaves for much of the time as he did at home, confident that people in the environment will respond to his needs as his parents had done. When this does not happen he is increasingly bewildered and confused, but he does not immediately break down. He makes more determined efforts to get attention from the nurses, but he cannot compete with the more assertive institutionalised children and his quiet advances are usually overlooked.

When John fails to find a nurse who will take the place of his mother he turns to teddy bears almost as big as himself. But clinging to these gives only fleeting comfort, and John gradually breaks down under the cumulative stresses of loss of his

mother, the lack of mothering care from the nurses, strange foods and institutional routines, and attacks from the aggressive toddlers. He refuses food and drink, stops playing, cries a great deal, and gives up trying to get the nurses' attention.

His distress becomes so obvious that it can no longer go unanswered; the nurses pick him up and hold him more, but they are on shift duty and have also to attend to other children. Because of the work-assignment system they cannot give sufficient individual attention to help John sustain the temporary loss of his mother.

When his father visits John revives briefly and gives a glimpse of the normality behind his distraught behaviour. But as the days go by he turns away from the father who does not answer to his wish to be taken from the nursery, clearly shown by John's gestures. Father is painfully aware of the deterioration in his son, and is distressed that he cannot take him home. John withdraws more and more from the busy life around him. For long periods of the day he

lies with thumb in mouth, enveloped by a large teddy bear. He is overwhelmed by a situation with which he has tried to cope using all the resources of a normal healthy 17 month old child, and has withdrawn into apathy. Throughout his stay in the nursery the young nurses have been kind and friendly, but none has looked after him for any length of time. When on the 9th day his mother comes to take him home, John screams and struggles against her attempts to hold him.

A Note On Later Events

For several weeks after returning home John showed extreme upset, often refusing his mother's comfort and the food she offered. He had severe temper tantrums. For some time any reminder of his stay in the nursery threw him back into the earlier distraught behaviour. Many months later he continued to be acutely anxious if he did not know where his mother was, and to have outbursts of unprovoked hostility against her.

SOME QUESTIONS THAT MAY ARISE IN DISCUSSION OR MAY BE POSED BY THE TEACHER

1. Was John sacrificed to research?

The Robertsons had no part in the planning of John's admission to the residential nursery. The arrangements were made by the parents, the family doctor, and the Matron. The parents and the Matron gave permission for a record to be made of

John's stay. His was a routine admission, like many others observed and described by the Robertsons and other research workers over the previous 30 years.

The Robertsons recorded this routine admission on film because film has greater power than the written and spoken word.



JOHN's need of one person could rarely be met.

They wished to compel recognition of the seriousness of the problem, and to promote better understanding of the emotional needs of young children.

2. Why did John's parents put him in a residential nursery?

John's parents had recently moved into the district and had no family or close friends to look after him while the mother was in the hospital. It was impossible for the father to care for him. Social workers have the experience that many parents choose nursery care rather than foster care, believing that the open and supervised situation of a residential nursery provides a safeguard against mis-handling. Parents cannot reasonably be criticized for using child care facilities provided by the community.

3. Why did John's mother have to stay in the hospital for as long as 9 days?

In Britain as elsewhere short stays of two or three days are very common. But the length of stay varies from hospital to hospital, and depends partly upon the obstetrician's general policy and partly on the condition of the mother.

4. The other children were lively and active. Why didn't John play with them?

John was a normal child. At age 17 months we expect a child to be attached to his mother and to need a lot of individual attention and affection. At this age a child is not yet able to play with other children, though he will watch them and be interested in them — especially when his mother is near at hand to make him feel safe.

The young child's parents and his home surroundings are his whole world; if these are taken from him he cannot be other than bewildered, confused and unhappy. (Even mature adults are made anxious if suddenly removed from family and home.)

John's normality was shown by the way he managed during the first two days. At first he did not realize his plight, and behaved as though he expected life to go on as before. He tried persistently to get a response from the nurses, and only when they repeatedly failed him did he break down.

The other children were certainly lively and active in contrast to John. But behind their rather manic behaviour there was an emptiness and shallowness. This was a result of their having been in the institution from a few weeks of age. They were children damaged by never having experienced a

warm continuous relationship. They responded in a shallow, promiscuous way to whoever came to them. Because they did not expect to be loved and provided for, they sought to get whatever they wanted by their own efforts. These children were not capable of sadness such as John showed. They could not experience the loss of a loved person, because they had never loved anyone.

An exception was Martin, who had spent the first year with a foster mother; Martin showed a richer range of feeling and still sought affection.

5. Was John a specially sensitive and protected child, who therefore could not stand up to the experience?

John had the secure home and loving parents we would wish for every small child. His parents protected him from experiences he was too young to cope with. When John had to be cared for away from home they did what they thought was best and put him in the nursery. They did not realize the strain this would be for John.

John's response to loss of his mother, and to care in this kind of setting, was age adequate. During the first two days he tried to adapt to the new environment, and tried hard to get the nurses to mother him. It was only when his efforts failed that he broke down.

No normal family child could stand up to this kind of experience, though the detail and timing of the breakdown might differ.

6. Why did John cuddle the big teddy bear so much?

Many young children have toy animals and cuddly blankets which are special to them, and which they like to carry about and take to bed with them. If they are tired or unhappy their need of the favourite cuddly increases. As we saw in the film, John had a cuddly blanket brought from home which he used in this way. His turning to the teddy bear was different. After the nurses had repeatedly failed to mother him, he turned to the teddy bear and seemed to try to get it to wrap around him in a comforting way. He had given up trying to make a relationship with a nurse, and turned instead to an inanimate object. This was a sign of the depths of despair to which he had been driven.

7. How was John afterwards?

When John returned home he was extremely anxious and insecure. The parents did all

they could to meet his heightened needs, and for the next year this put the whole family under considerable strain.

Although John had returned to a secure and loving home, at 6 years he was still tense and anxious. In particular he seemed unsure of his mother's love for him, and had unprovoked bouts of hostility against her. He himself was puzzled by this, and on one occasion said sadly, 'Why am I so nasty to you, Mummy?'

The last scene in the film gives the clue to his anxiety and hostility. John's trust in his mother had been badly shaken. Research throughout the world has shown that these consequences are not uncommon when a stressful separation experience has been too great for a very young child to cope with.

It will be appreciated that as the privacy of John and his family have to be respected no more information can be given.

8. Was the behaviour of the nurses and children affected by being watched and filmed by the Robertsons?

Before the study began the Robertsons had made an easy relationship with the young nurses. Joyce Robertson often helped them serve meals and sweep up, so the young nurses did not feel they were being watched all the time.

And as James Robertson had already established in earlier studies, a small movie camera in the hands of a familiar person is quickly ignored by nurses and small children. Filming took only 20 - 30 minutes spread over each day.

9. What was John's relationship to James Robertson?

John was searching mainly for a mother-substitute, but he came occasionally to James Robertson who then put down the movie camera while John sat quietly beside him.

10. Has this study any relevance for the care of young children in hospital?

Yes. When young children go into hospital alone, and are there cared for by changing nurses, their plight is similar to that of John — no matter how kindly the nurses or play ladies may be. But their distress may be mistakenly attributed to illness and not to the same stress factors as made John so unhappy.

This film supports the view that hospitals should encourage mothers of young patients to come into hospital with them, to help in their care and to prevent separation distress and the risks of later insecurity.

If a mother is for any reason unable to stay with her young child in hospital, JANE shows the great benefit of putting the child into the care of one person who takes over the mothering functions. Nurses working a 40-hour week or shorter cannot provide the continuity of individual care that is needed.

Father or grandmother are the best stand-ins for mother, but if they are not available some hospital wards now bring in from the community a foster mother who is fully available to the child 24 hours a day 7 days a week — just like a mother. This is true preventive mental health.



JOHN turns to the big teddy bears for comfort.

JANE



age 17 months

in Foster Care for Ten Days

SYNOPSIS OF FILM

Jane is the lively attractive child of young parents in modest circumstances. They live in the same block as the Robertsons, but as is common in a big city the two families were on no more than smiling terms until brought together by the research project.

It is not easy for the foster mother to make a relationship with Jane before the separation, because while the mother is still there a child so young is not much interested in people outside the family. But when the separation occurs Jane makes a stronger attachment to the foster mother than an older child would have done; a child so young has an intense need of mothering care and cannot hold on to a clear memory of an absent mother.

The hospital did not allow visiting by children. Therefore, during her 10 days in foster care Jane does not see her mother; father comes to the foster home every day. For the first few days Jane is active and cheerful. But she makes intense efforts to get smiles from her caretakers. Her smiling is so exaggerated and artificial, alternating with a confused and tense expression, that it cannot be mistaken for humour or happiness. After these first days she begins to

show the strain of separation from her mother in more obvious ways — by increased sucking, by impatience, and by resistance to being handled. But she sleeps and eats well, and relates warmly to the foster family.

Jane loses those achievements which at this age still depend upon the relationship to the mother: she refuses 'potting' and becomes less obedient. But much of her development is maintained: she learns to say a new word, and to ride a small tricycle.

At first Jane does not seem to mind when her father leaves after visits, but from the third day she cries bitterly when he has to go.

By the 10th day Jane is very attached to the foster mother. She is delighted to be reunited with her mother, but cannot let go of the foster mother immediately. Many times during the next few days she tries to get back to the Robertson home which is nearby. The foster mother makes several return visits, to prevent Jane having a second experience of suddenly losing a loved person. Then, as the tie to her mother becomes re-established, the foster mother visits less often.

A Note about later events

During the first week at home Jane had temper tantrums and was disobedient. She needed a lot of reassurance that she was still loved. But she did not get all the attention she wanted, because the mother had to divide her time between Jane and the new baby. Within a few weeks Jane calmed down, but was less obedient than before. This added a complication to the mother-

child relationship.

Although the strong attachment to her foster family lost its intensity, Jane remained friendly and continued to visit freely — with and without her parents. This seemed to show that although Jane had been under strain during the separation she had not been overwhelmed by the experience (in contrast to JOHN) and retained good feeling for those who had cared for her.

SOME QUESTIONS THAT MAY ARISE IN DISCUSSION OR MAY BE POSED BY THE TEACHER

1. Isn't this a special kind of fostering which could not be done by ordinary foster mothers?

This fostering was different from most in that Jane got to know the foster family and home before the separation began, and that the foster mother knew about Jane's routines, her likes and dislikes. And, of course, Jane was the only foster child in the home. This made it possible to treat Jane in ways with which she was familiar.

But the life of the Robertson family went on as usual and was filled with cooking, shopping, walks, play, and so on — ordinary family duties, plus mothering a young child. The foster mother was fully available, so that if Jane was miserable she could be taken out or played with. This would be difficult for a foster mother with more than one child to care for.

Ideally, when a young child has to be fostered he should be the only child under

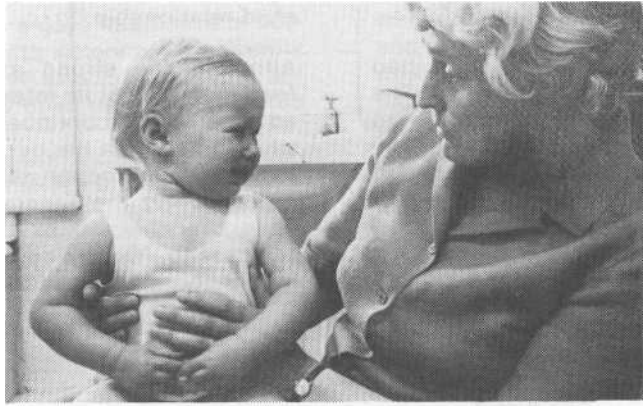
school age in the foster home.

2. Getting to know the foster mother beforehand helped Jane a lot, but surely this is usually not possible? Children generally come into care with little or no notice.

Whatever the notice, how a foster placement is dealt with turns largely upon how far those responsible are convinced that separation from the mother is painful and hazardous for the small child and that everything possible should be done to soften the experience. Sometimes the need for placement is known several weeks ahead, but nothing is done about it until the day before. When that happens it may seem to be because of pressure of work, but it may indicate lack of conviction of the importance of acting in good time so that child and foster mother get to know each other as did Jane and Joyce Robertson. Even if foster care has to be arranged at very short notice there may be ways of



JANE is sometimes anxious, but is never overwhelmed as JOHN was. Comfort is always there.



JANE does not cry often, but when she does the foster mother is there to comfort.

softening the transfer from mother to foster mother. For instance, the foster mother might spend an hour or two in the home before taking the child over from the mother instead of the child being taken from home by a social worker.

Any degree of preparation and familiarization will help the child and will also give the foster mother a better chance of a good beginning with the child than if she is a total stranger and he comes to her frightened and tearful.

3. Why did Jane attach herself so strongly to the foster mother? Should the foster mother have prevented this from happening?

Very young children need constant care and affection from an adult. Whoever provides this care will attract the child's love; and this, of course, is usually the mother.

But the tie between the mother and the very young child can only be maintained while they are together. If the child loses his mother's care he begins to focus on whoever is caring for him, and a new mothering relationship develops.

It is sometimes suggested that a foster mother should seek to keep some distance between her and the child, in order to prevent a strong attachment from developing. But this would deprive the young child of the continuous, warm, and intimate mothering that he needs. When a foster mother gives total care to a very young child, and meets his needs by being fully available to him both physically and emotionally, it is inevitable that the child will become warmly attached to her.

This is also desirable. The foster mother in the film believed that if Jane could cling to her and get affection the child would find

refuge from anxiety and be less likely to be overwhelmed by the absence of the mother.

4. Should all fostering have a tapering-off period, as well as a period of familiarization?

If a close relationship has developed between a child and his foster mother, whether on account of the child's age or the length of the separation, it is certainly helpful for him to see the foster mother at least a few times afterwards. An abrupt ending to the relationship could mean a second painful experience of loss, and by adding to the pain of the first separation might lead to the child's trust in people being undermined.

A planned withdrawal gives the child time to adjust to the loss of the foster mother. Some mothers and foster mothers might need to be helped to understand this.

5. Would Jane have been helped by visiting her mother in the hospital?

Jane would have been greatly helped by daily visits to her mother in the hospital. She would then have been more certain of her mother's continued existence and affection for her.

But this well-known teaching hospital did not allow children to visit.

It is, of course, possible that a young child who is taken to see the mother in hospital will be tearful on getting back to the foster home — perhaps have temper tantrums — because he wishes to stay with the mother and is too young to understand why he cannot. It might then seem that the visit had merely upset the child. But despite any tears that may follow, seeing the mother is most useful as a way of keeping alive the memory of the mother.

6. What was Jane's relationship to the foster father?

Jane became very fond of her foster father, and liked him to play with her and carry her about. After her return home she was pleased to have him visit, and cried when he left. It was impossible for the foster mother to film Jane's affectionate relationship to the foster father, because although Jane was accustomed to the camera being in his hands she was surprised and curious whenever the foster mother tried to use it.

The filming, of course, took only a few minutes each day and for the rest of the time ordinary family life went on.

7. How can we explain that although Jane seemed happy to regain her mother she nevertheless slammed the door on her parents and ran away crying?

It is not possible to know with certainty what goes on in the mind of a child so young, and sometimes we can only guess at the meaning of her behaviour. It is likely that although Jane was happy to regain her mother she was also angry. This probably had some part in the running away.

She may also have been unsure about the father who had left her after each visit, and she may have been in confusion between the mother and foster mother.

You may have further ideas about the meaning of this behaviour.

8. Jane managed the separation without much upset. Does this mean that the dangers of separating young children from the mother may have been exaggerated —

especially if good substitute care can be provided?

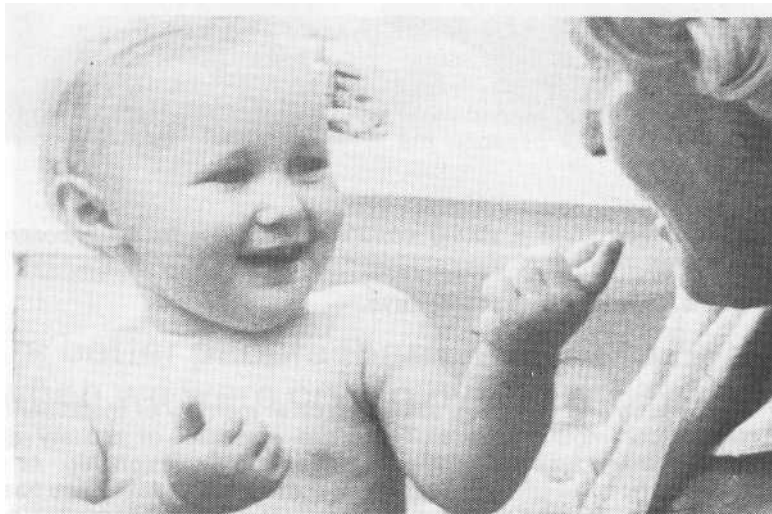
Not at all. As we saw with Jane, careful planning and mother-substitution can greatly help a healthy young child through a short separation from the mother. But although everything possible was done to ease the situation for Jane, and she therefore did not become acutely distressed, there was unavoidable strain because of the absence of her mother.

Good social, emotional and intellectual development is dependent upon continuity in the mother-child relationship. Even the best of substitute care cannot compensate for a break in this relationship, and some effect upon ongoing development is inevitable.

If a child of under two is separated for more than a few weeks another problem arises. Because of his immaturity and short memory span he will forget the mother and become strongly attached to the foster mother. This creates problems with which social workers are painfully familiar. Time and patience will be needed to help wean himself from the foster mother and re-establish the original relationship.

When more than a year's separation has occurred it may have to be considered whether the child's emotional health will best be served by leaving him with the foster family.

Separation from the mother is always a threat to the emotional well-being of the young child and should be avoided whenever possible.



JANE begins to attach to the foster mother.

THE OTHER THREE CHILDREN WHO WERE FOSTERED

LUCY, 21 months

THOMAS, 2 years 4 months

KATE, 2 years 5 months)

These children, like JANE, also came through their separations without acute distress or withdrawal, and each continued to develop well. Differences in their behaviour reflected mainly age and level of development, and length of separation.

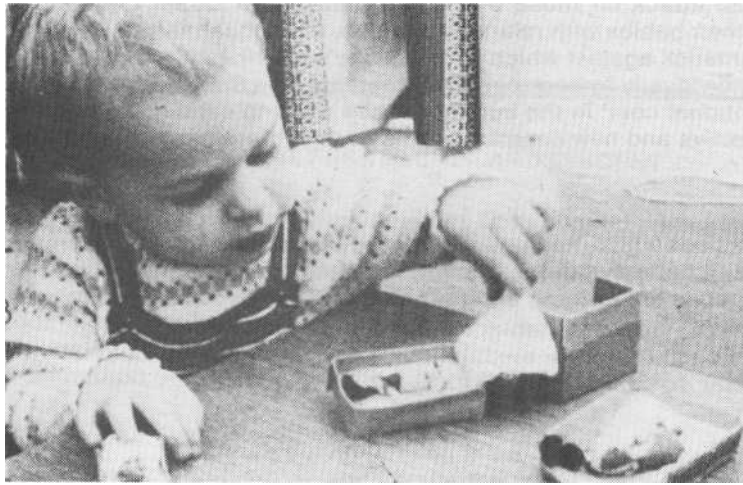


Difficulties which can result from a young child's attachment to a temporary substitute mother is the main theme in:

LUCY, aged 21 months, in foster care for 19 days.

16 mm, b/w, sound, 31 minutes, also in French

Like Jane, Lucy is too young and immature to carry a clear memory of the absent mother and readily accepts the foster mother's care. There are episodes of anxiety and resistive behaviour, but she too 'manages' well within the supportive relationship. At reunion she returns eagerly to her mother. But there is a problem. During the 19 days Lucy has become attached to her foster mother. The film shows dramatically the conflict of feeling during subsequent weeks, and how mother and foster mother co-operate in helping Lucy work it through.



There are other considerations when the young child is mature enough to remember the mother throughout the separation:

THOMAS, aged 2 years 4 months, in foster care for 10 days.

16mm, b/w, sound commentary and voice of the child. 38 minutes. English only.

Being older and more mature than Jane and Lucy, Thomas can keep his absent mother in mind and talk about her. This, and the daily visits of his father, help him understand the situation as the younger ones could not do. Although in need of mothering care, Thomas cannot always accept this intimacy; the affectionate feelings it arouses conflict with loyalty to his mother. So at times he attacks the foster mother when she gives the attention he seeks.

At reunion, unlike the two younger children, Thomas has no problem about leaving the foster mother.



In another child the same age as Thomas, a longer separation brings additional problems:

KATE, aged 2 years 5 months, in foster care for 27 days.

16mm, b/w, sound, 33 minutes. Also in Danish, French, Swedish.

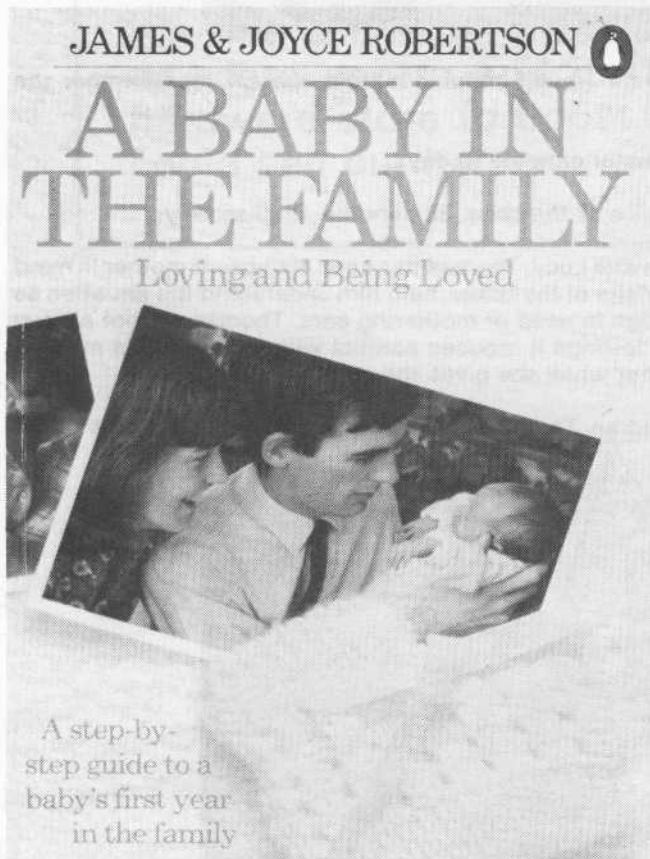
Like Thomas, Kate can hold on to the memory of her mother. She uses a family of dolls to recall life at home and to anticipate reunion with her parents, but as the separation becomes extended disillusion begins to set in. She is increasingly cool towards her visiting father, expresses anger towards her absent mother, and begins to make a niche for herself in the foster family.

"Far from being an attack on those who under pressure of career or economic necessity, share the care of their babies with relative strangers, the unqualified views of the Robertsons may serve as a yardstick against which to check one's priorities. On the last count, decisions have to be taken individually by each set of new parents. The Robertsons' book will make them aware of the 'emotional cost' in the budget of their working career. The book is highly commended to prospective and new parents as well as to professionals dealing with families."

Interface (Australia)

"This is a gem of a book which, having now enjoyed immensely myself, I am recommending to others. One of the Robertsons' great strength is getting so much into relatively small space, while your photographs are exciting and to the point. Thank you for another superb contribution to benefit children."

Hugh Jolly, Consultant Paediatrician



"...the essence of what newborn babies and their parents is all about. The gentleness and lack of cynicism is wholly appropriate. The authors encourage mothers to 'trust your own feelings' in dealing with maternity units and pediatric wards, and — if necessary — with mothers-in-law. A brave book."

National Childbirth Trust

"This study of parent-infant interaction is clothed with a speaking intimacy we do not usually find. There is an intensity of feeling — be it of anxiety or pleasure — and this is written on the faces of all concerned; it gives the book an extraordinary degree of authenticity. The two babies are the authors' grandchildren, the two mothers their daughters."

International Review of Psychoanalysis

"This delightful paperback will be a useful guide to child-family development, especially to new mothers and nursing students, who find the jargon of pediatric psychology difficult to comprehend. The basics and understanding of a very difficult topic — parental and child emotional development — has been captured in the very good photographs that say it all; the emotional growth of the baby and how stable family relationships foster good health and emotional security."

Nurse Education Today

"This book is well presented, visually good, and most readable. The sections on bonding and attachment are particularly good. I particularly liked the emphasis on the need of parents to spend **time** establishing relationships with their baby."

British Association for Early Child Education Journal

THE IMPORTANCE OF SUBSTITUTE MOTHERING

(Video, black and white, sound, 21 minutes)

This short derivative video vividly contrasts the central themes of JOHN and JANE. First there are 13 minutes from JOHN, age 17 months, selected to show his unsuccessful search for a nurse who will take the place of the absent mother, his turning for comfort to large teddybears, the steady deterioration and his rejection of the mother at reunion. There follow by way of contrast 8 minutes from JANE, also 17 months, who makes a close relationship to the foster mother, does not regress but continues in her good development, and at reunion welcomes her mother. But there are subtle changes in development, and the caution is made that 'no matter how good the substitute care, separation from the mother remains a hazard for the young child'.

This short account is a useful introduction to the subject, and is specially suitable for schools.

Available in Canada from

CSPCC, Box 700, 510 Bay Street,

Midland, Ontario L4R 4P4. (705) 526-5647.

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FROM REVIEWS

"These films have a strong appeal to 15 year olds and over. Invariably the response is one of total attention, and afterwards thoughtful questions and discussions about family relationships. There is great value in showing the films to senior adolescents who are still near their own childhood, but who in a very few years may be raising families of their own." **Times Educational Supplement.**

These vivid accounts of particular children make us feel what it must be like to mourn or miss someone on whom we greatly depend. **British Journal of Social Work.**

Apart from their supreme teaching value these films are to be enjoyed for their sheer beauty, sensitivity, and photographic skill. **Nursing Times.**

"James Robertson's camera records the entire period of each child's experience with sensitivity, and Joyce's narration is as good as a textbook on the subject of the emotional needs of young children. Each of these five films is a miniature work of art. Not to know them is to miss a rare treat. Indispensable for child study classes, and very informative for all who work with very young children." **Current Audiovisuals for Mental Health. (USA)**

*"One of the world's outstanding series of documentary films is **Young Children in Brief Separation** (JOHN, JANE, LUCY, THOMAS, KATE). They have made remarkable research data on child behaviour available and they have been universally successful as training materials at all levels of professional experience."* **Audiovisuals in Mental Health Education, A Quantum Leap. (USA)**

"This sensitive and carefully observed record of John should be compulsory viewing for everyone engaged in child care." **British Journal of Medical Psychology.**

"A poignant and totally convincing observation of the deterioration of a child whose care, though kindly, fails to meet his need of substitute mothering." **Royal Medical Psychological Association.**

Journal de la Société Canadienne pour la Prévention de la Cruauté envers les Enfants

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POUR TOUT ÉTUDIANT D'ÉCOLE SECONDAIRE

Avec de l'argent donné par McDonald's Restaurant, la C.S.P.C.C. a pu entreprendre le projet de trouver et d'examiner tous les matériaux audio-visuels qu'elle a pu obtenir. Ces matériels illustrent vivement les dommages émotionnels que produit un soin insuffisant pendant la basse enfance.

Sans doute le plus saisissant de ces films était "John", un film médaillé fait en Angleterre par la Robertson Foundation. Avec son film compagnon "Jane" et d'autres ("Lucy", "Thomas", "Kate") faits comme partie de ces recherches, "John" démontre les terribles dommages émotionnels que produisent certaines sortes de soin qui doit remplacer le soin maternel.

Pour ces films comme pour tous les meilleurs films que nous avons vu, le montant du loyer s'étend entre \$50 et \$80 pour une période de trois jours. Cette somme assure à peu près que seulement une petite partie des père et mère de l'avenir auront l'occasion d'obtenir des renseignements que la C.S.P.C.C. trouve être essentiels pour toute jeune personne au Canada avant qu'elle n'arrive à l'âge où la conception devient possible.

Pour remédier à cette situation la C.S.P.C.C. a réussie à prendre des dispositions spéciales pour les droits d'auteur avec la Robertson Foundation afin de préparer en forme vidéo-cassette un film combiné de certaines parties des films "John" et "Jane", qui s'appelle "L'importance du soin maternel intermédiaire". En plus, la C.S.P.C.C., travaillant avec les Robertson, a préparé les matières aux pages 13-28 pour donner des renseignements sur les recherches qui ont produites ces films, des renseignements sur les films eux-mêmes, et des réponses aux questions que provoquent les films. Ces pages seront reproduites à part comme "Guide" pour ceux qui emploient la vidéo-cassette avec des étudiants.

Nous sommes bien contents que les Robertson, ayant étudié et expliqué les effets des divers endommagements émotionnels qui peuvent se produire pendant la basse enfance, ont maintenant écrit un livre à poche qui s'appelle **A Baby in the Family**. C'est un guide détaillé à la première année que passe l'enfant dans sa famille.

Tout étudiant d'école secondaire au Canada devrait voir la vidéo-cassette. et recevoir un exemplaire de ce livre.

E.T. Barker, M.D., D.Psych., FRCP(C)

*(French courtesy M.B. May,
Erikson Institute, Advanced Study
in Child Development, Chicago)*

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Recognizing that the capacity to give and receive trust, affection and empathy is fundamental to being human.

Knowing that all of us suffer the consequences when children are raised in a way that makes them affectionless and violent, and;

Realizing that for the first time in History we have definite knowledge that these qualities are determined by the way a child is cared for in the very early years.

CREDO



WE BELIEVE THAT:

- The necessity that every new human being develop the capacity for trust, affection and empathy dictates that potential parents re-order their priorities with this in mind.
- Most parents are willing and able to provide their children with the necessary loving empathic care, given support from others, appropriate understanding of the task and the conviction of its absolute importance.
- It is unutterably cruel to permanently maim a human being by failing to provide this quality of care during the first three years of life.

THERE IS AN URGENCY THEREFORE TO:

- Re-evaluate all our institutions, traditions and beliefs from this perspective.
- Oppose and weaken all forces which undermine the desire or ability of parents to successfully carry out a task which ultimately affects us all.
- Support and strengthen all aspects of family and community life which assist parents to meet their obligation to each new member of the human race.