



EMPATHIC PARENTING

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

Volume 9

Issue 2

Spring 1986

\$2.50



...the ability to form and maintain stable
caring relationships. see page 17



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Daycare and Partial Psychopathy

Separations from parents - the nature and duration of separations usually experienced in daycare for infants and toddlers - threaten the capacity to sustain close, warm, responsible relationships as an adult.

To say it another way, there is good reason for concern that repeated lengthy separations and changing, shared, paid caregivers jeopardize the development of capacities for trust, empathy, and affection.

Who cares?

Nobody much. There is no lobby urging trust, empathy and affection in today's adults, let alone tomorrow's. To repeat, there is no lobby for the essence of what it means to be human.

And anyway, partial psychopaths seem to have more fun - if lifestyle beer ads and TV heroes are any indication.

Life in the fast lane, and daycare for infants and toddlers. They need each other.

But can we really afford more of either?

E.T.B.

EMPATHIC PARENTINGJournal of the Canadian Society for the
Prevention of Cruelty to ChildrenVolume 9 Issue 2 Spring 1986
(Date of Issue - April, 1986)

Editor: E.T.Barker, M.D., D.Psych., F.R.C.P.(C)
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 Sketches Courtesy: Louise Després-Jones
 French Translation: Louise Després-Jones
 Printing: Bayweb Limited, Elmvale and
 Midland Printers Limited, Midland

With Vol. 7, Issue 3, Summer '84, EM-
 PATHIC PARENTING (ISSN 0825-7531)
 became the official title of what was
 formerly the Journal of the Canadian Soci-
 ety for the Prevention of Cruelty to Children
 (ISSN 0705-6591).

EMPATHIC PARENTING, official publica-
 tion of the Canadian Society for the Preven-
 tion of Cruelty to Children, is published four
 times a year (Winter, Spring, Summer and
 Fall) and is mailed without charge to all
 CSPCC members.

EMPATHIC PARENTING is available as part
 of Membership in the CSPCC.

Annual Associate Membership	\$10.00
Annual Supporting Membership	\$25.00
Annual Sustaining Membership	\$100.00
Annual Endowing Membership	\$250.00
Three Year Associate Membership	\$25.00

All Membership fees and donations are in-
 come tax deductible. Registration No.
 0457960-09-13.

The Editor welcomes letters, suggestions
 for content, articles, photos, drawings, etc.
 for consideration. Opinions expressed in
 EMPATHIC PARENTING are not necessari-
 ly those of the CSPCC or the Editor.

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 tion of Cruelty to Children 1986.

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Second Class Mail registration No. 4947.
 Return postage guaranteed.

Subscription orders, undeliverable copies,
 and change of address notices should be
 sent to CSPCC, 356 First St., Box 700,
 Midland, Ontario, L4R 4P4. (705) 526-5647.

Back Issues, when available, cost \$1.50
 Indexed in the Canadian Periodical Index.

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Letters

SPECIAL COMMITTEE ON CHILD CARE

Dear Dr. Barker:

Your article in the Humanist - Summer 1985, was excellent. I have always had a deep conviction that good maternal care is the basis for mental health and happiness. Your findings confirm what I have always known.

Because of ideological reasons our Canadian government is being pressured by feminist organizations to institute universal day care. From what I have read, day care for infants and toddlers is totally unacceptable and year-round, 10-hours-a-day institutional care for older children (school with day care) is damaging.

The Special Committee on Child Care is receiving briefs and/or hearings from March 4 to June 30 of this year. I am presenting a brief on behalf of Realwomen of Canada and have enclosed a short policy statement. It is important that the committee hear from professionals who are concerned about the well being of our next generation. May I suggest that you present a brief and appear before the committee to present your views on behalf of CSPCC, for the benefit of children who cannot speak for themselves.

For more information on terms of reference, time and place of hearings of the committee please contact:

Micheline Rondeau-Parent
Clerk of the Committee on Child Care
House of Commons, Ottawa
Tel. 995-3789, 995-5657

Your input and that of other concerned professionals may help convince the members of the committee of the importance of good maternal care. Women make an essential contribution to society by caring for their young full-time. At the present time this is often not recognized.

Yours truly,
(Mrs.) Diane Watts
Aylmer, P.Q.

Dear CSPCC Members:

The Government of Canada has set up a parliamentary committee on child care. This Task Force will be holding public meetings across Canada, accepting written submissions and will report back to Parliament within a year.

The purpose of the task force is to seek public input and to make recommendations

on the issue of child care as it relates to families in this country. The terms of reference invite participants to undertake a fresh review of the questions associated with child care and to put forward innovative alternatives for reform. The needs of today's families and children have changed and we have asked the task force to consider this issue under the three general themes of affordability, quality, and availability' (from press release).

The task force will be considering many subject areas that are relevant to the interests and objectives of CSPCC. Perhaps the main policy area which should be forcefully brought to their attention is support of **parental** care of children (especially those under three). Daycare is subsidized by tax money both directly (under CAP contributions) and indirectly (tax revenue forfeited, deduction of day care fees, income tax).

Basically, research findings indicate that the best care for any child under three is within the family (dedicated parents agree). However, any government policy should state a preferred method of care. Consideration must be given to government actions which support this method of child care. Many areas of government policy affect parents' ability to deliver home care:

- UIC maternity leave (None for parenting - length?);
- tax deductions for daycare, not homecare;
- child tax credits;
- pensions for homemakers;
- family allowance, etc.

I think it is about time we start putting them all together in a way which supports the positive raising of children.

Daycare/childcare is always addressed from the point of view of the short-term needs of adults. We need some balance addressing the needs of very young children - especially those under three.

Please consider writing a letter to the Task Force on Child Care.

Micheline Rondeau-Parent, Clerk
Task Force on Child Care
Committees and Private
Legislation Branch
Parliament Hill
Ottawa, Ontario
K1A 0A6

Send a copy to your MP at the same time.

Is there anybody else out there who is in-

Letters

terested in working on this issue on a long term basis? We need to develop some positive policy suggestions to present to society at large, to the governments of the dominion and to the provinces on promoting quality care of children.

We will need to address:

- a search of the literature for social policy ideas on ways in which society can support parenting;
 - the economics of the issue: What tax or private money goes into this subject now and what would the impact of alternatives be?;
 - forming a coalition with other groups around this issue;
 - the generation of alternative approaches.
- Please - send your ideas, resources material listings, contact people to:

Gail Storey
3531 West 5 Ave.
Vancouver, B.C. V6R 1S1

Gail has been asked to co-ordinate activities in this area for the CSPCC. Much work needs to be done. If you can, please help with this important job. E.T.B.

BACK ISSUES ARE AVAILABLE

Dear Mr. Barker:

First of all, let me say how much I enjoy reading your publication, Empathic Parenting. It is a great source of encouragement for those of us who sometimes encounter social pressures to be out of the house working thus leaving the care of our children to others.

I have been lending copies to some of my friends and it seems they too have been enjoying the magazine so much that they are unwilling to return them!

I am therefore writing this letter to you to ask if it is at all possible to obtain any of the following back issues.

Vol. 6 Issue 3, 4
Vol. 7 Issue 1, 2, 4
Vol. 9 Issue 1

Has Vol. 9 Issue 2 been sent out yet? If there is a charge for these replacement copies please inform me of the amount so I can forward it to you. Thank you very much again for your refreshing publication.

Yours sincerely,
Elizabeth Worster
Willowdale, Ontario

The following back issues of the Journal

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are available at a cost of \$1.50 each: Vol. 1, Issues 3 & 4; Vol. 2, Issues 1, 2, & 3; Vol. 3, Issues 1, 2, & 4; Vol. 4, Issues 1, 2, & 3; Vol. 5, Issues 1, 2, 3, 4, 5, & 6; Vol. 6, Issues 2 & 3; Vol. 8, Issues 1 & 4; and Vol. 9, Issue 1.

THAT BABY ON YOUR MAGAZINE

Dear Dr. Barker:

If one picture was ever worth a thousand words that baby on your magazine must surely be the one! I have noticed it for almost three years now and can't help wondering who he (she?) is and how he made out in the first few years of life. I would guess you have there a worried little 6 month - 1 year boy. He should be school age by now. Have any of your readers asked similar questions?

Sincerely yours,
Richard A. Lighthall
Coquitlam, B.C.

Dear Mr. Lighthall:

I wish I did know something about him. He was selected from hundreds of stock photographs in the files of Miller Services Limited in Toronto. This is a company which provides photographs of just about every imaginable thing for those who need a picture to illustrate what they are working on.

This particular photograph had been made available to Miller Services by a private photographer who specialized in photographs of families and children in a studio.

We were looking for a baby whose expression conveyed just how vulnerable a young child is and how much they need help from others.

During the first two years of publication of our Journal, the front cover consisted entirely of a large photograph of this boy. The press man at the printers where the cover is printed perhaps spoke for many when he expressed his dissatisfaction when we changed that cover in 1980.

Incidentally, a number of people have assumed this was a photograph of an abused child and that some dark marks on his face (which show up in some printings) are signs of abuse. There was no indication at all on the original that he was anything other than a healthy child.

Yours very truly
Elliott Barker

Are we creating partial psychopaths?



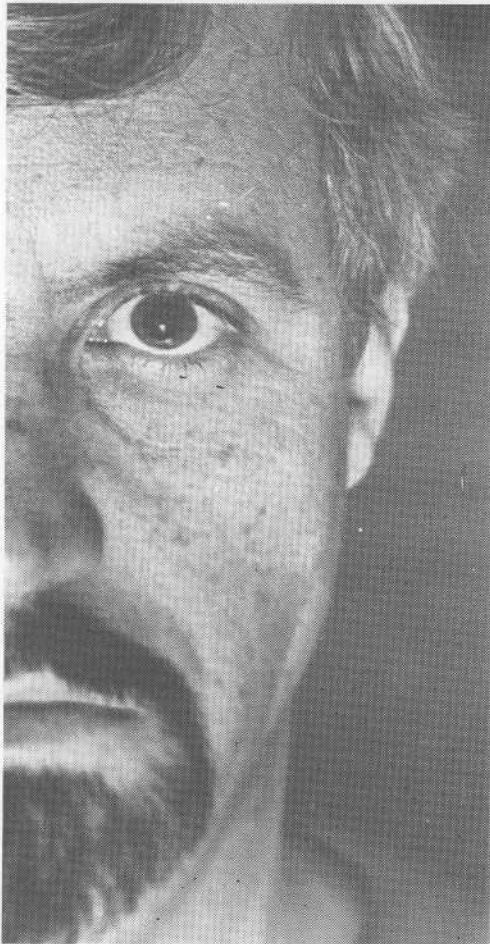
The most dangerous consequence

If we really want a society that selectively fosters and rewards selfishness, envy and greed in pursuit of endless consumption of misnamed "goods", and a society that systematically penalizes half its members because of their sex, then we should at the very least make all of the consequences that flow from those values clear to everyone. On the basis of my experience it is probable that the most dangerous consequence for all of us is the abandonment of infants and toddlers to substitute "care" that risks the creation of partial psychopaths.

"The true difference between them and the psychopaths who continually go to jails or to psychiatric hospitals is that they keep up a far better outward appearance of being normal."

Excerpted from the article HUMAN VALUES, PARENTING, AND PSYCHOPATHY, by E.T. Barker, M.D. in the magazine HUMANIST IN CANADA, Summer, 1985 (Vol. 18, #2)

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Partial psychopathy

The aspect of psychopathy that has particular significance for society is the problem of lesser degrees of psychopathy occurring in persons thought of as "normal" in the sense that they are not occupants of mental hospitals or prisons.

In this connection, Wells, a psychiatrist at the Mayo Clinic has described what he calls "restricted" psychopathy. And Cleckley, in the section of his book entitled

"Incomplete manifestations or suggestions of the disorder" has described "partial" psychopathy and gives case histories of milder forms of psychopathy in a businessman, a scientist, a physician and a psychiatrist*.

Of partial psychopathy he states:

"Some of these patients I believe are definitely psychopaths but in a milder degree, just as a patient still living satisfactorily in a community may be clearly a schizophrenic but nevertheless able to maintain himself outside the shelter of a psychiatric hospital..."

"...I believe that in these personalities designated as partially or inwardly affected, a very deep-seated disorder often exists. The true difference between them and the psychopaths who continually go to jails or to psychiatric hospitals is that they keep up a far better and more consistent outward appearance of being normal. This outward appearance may include business or professional careers that continue in a sense successful, and which are truly successful when measured by financial reward or by the casual observer's opinion of real accomplishment. It must be remembered that even the most severely and obviously disabled psychopath presents a technical appearance of sanity, often one of high intellectual capacities, and not infrequently succeeds in business or professional activities for short periods, sometimes for considerable periods..."

"The chief difference between (full blown psychopaths and partial psychopaths) lies perhaps in whether the mask or facade of psychobiologic health is extended into superficial material success. I believe that the relative state of this outward appearance is not necessarily consistent with the degree to which the person is really affected by the essential disorder. An analogy is at hand if we compare the catatonic schizophrenic, with his obvious psychosis, to the impressively intelligent paranoid patient who outwardly is much more normal and may even appear better adjusted than the average person. The catatonic schizophrenic is more likely to recover, and despite his appearance, is often less seriously disordered than the paranoiacs..."

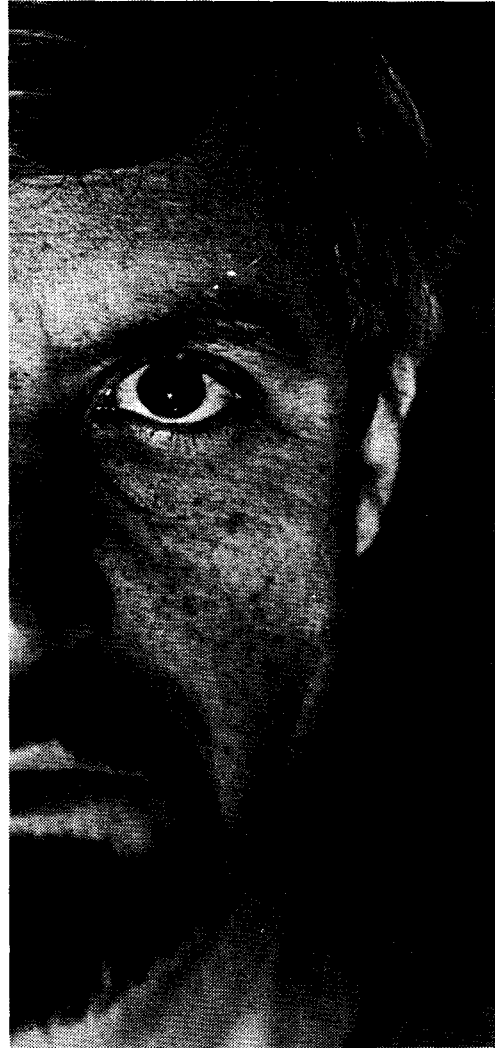
"...I believe it is probable that many people outwardly imposing, yet actually of insignificant emotional import really are so affected." □

**THE MASK OF SANITY by Hervey Cleckley, M.D., C.V. Mosby Co., 1982. Available in Canada from New American Library of Canada, 81 Mack Avenue, Scarborough, Ontario, M1L 1M8, \$9.95.*

The old evidence...

Lest we Forget

By Laretta Bender, M.D.



...In 1935, I described the syndrome “psychopathic behaviour disorder in children”, because it so closely resembled the classic description of the psychopathic personality. The paper described the condition as follows:

“If loving maternal care is interrupted at too early an age, the personality pattern becomes shattered and the child’s personality and superego become arrested at the infantile level and he may develop into what is known as a psychopathic personality...

These are the individuals who retain an infantile personality — they are insatiable in their demands for love, usually maternal love, and never accept the role of responsible and constructive members of society... They are selfish, inconsiderate, disloyal. They are behaviour problems as children and in constant conflict with society and the law as adults... They lie and steal and are promiscuous in their love life and undependable in their work. They lack a sense of value for the love object in as much as they did not experience one at the critical infantile period. They do experience some fear of abuse from others...

The majority of children of this type whom we have seen, were foundlings and children who have been cared for in institutions and numerous boarding homes when they were small, or children whose homes were broken by death or sickness of the mother or who lost their mother for some reason during the infantile period”.

This statement was followed with a case history of an eleven-year-old girl, then on the children’s ward, whose mother was hospitalized when the infant was six months old. Molly was hospitalized as a feeding problem for several months and then passed through infant homes and numerous boarding homes and a girl’s institution.

David Levy’s well known paper (1937) on “affect hunger” reported a series of children with similar experiences and personality development whom he saw in a child guidance institute and in private practice. A number of these children came from the infant homes of the Jewish agencies of New York, which were already aware of the problem. Lawson Lowery had been studying 28 of these children who had first spent three years in such an institution and then were transferred to boarding homes. The result of this study, published in 1940 stated: “The conclusion seems inescapable that infants reared in institutions undergo an isolation type of experience with resulting isolation type of personality, characterized by unsocial behaviour, hostile aggression, lack of patterns for giving and receiving affection, inability to understand and accept limitations, insecurity in adapting to the environments”...

Frequently broken relationships with mother

In 1940 Helen Yarnell and I published a study, “An Observation Nursery, A Study of 250 Children Under the Age of Six”. These children had been observed at Bellevue Hospital in the five year period up to 1940. One-tenth of this group of children were found to have spent their infancy and or early childhood in the infant homes or under the care of child placing agencies who passed them frequently from institutions through several boarding homes. These children are described as presenting a special behavior problem of a very severe grade with infantile hyperkinetic and asocial features which were resistive to therapy and we designated them as psychopathic personalities of childhood. These children always showed a retardation in intelligence on standard tests. The intelligence, however, as measured by the I.Q. tended to rise under the stimulation of

extra-institutional circumstances until the age of eight or nine when it again tended to fall due to poor school adjustment and achievement, social immaturity, lack of power to conceptualize and distractibility. It was further emphasized that these children were a social menace and liability. They appeared intractable to treatment, but their personality defect could have been prevented by adequate mothering in their infancy...

The Second World War brought many new experiences in terms of evacuated children, displaced children, orphaned and deprived children of all types. During the war, workers from different countries were not able to share their experiences as readily as we were later.

John Bowlby of England had been writing about the “affectionless” child since 1944, which represented the same problem of the emotionally deprived infant or child who had inconsistent and frequently broken relationships with his mother — children who proved later to be asocial and delinquent and unresponsive to any human relationship. Under the auspices of the World Health Organization, he collected data from America, England and the western European countries which have been published in the well-known and valuable monograph *Maternal Care and Mental Health*.

He was particularly concerned with giving living and current data and trying to determine the critical age and length of time that will produce an irreversible character change in a child and also the nature of the depriving experience which will prove equally critical. Thus he found rather general agreement amongst observers in different parts of the world that isolated institutional care for the first three years without any chance to form a relationship with a mother surrogate, will result in a lasting affectionless and psychopathic character formation. Also, many observers were of the opinion that a period of isolation from the mother of at least three months, and certainly, if more than six months during the first three years, would have this result.

“...They appeared intractable to treatment, but their personality defects could have been prevented by adequate mothering in their infancy...”

There were some, including David Levy and myself, who found that frequent changes of the mother figure during the same period might produce the same effect. There was disagreement, however, as to the most critical age. John Bowlby himself argued that the second half of the first year was most critical, while some of us in America felt that the earlier age might be just as critical. An infant who had good mothering care for six months and was then placed suddenly in an isolated institution would show the most dramatic picture of acute suffering. If the infant had been without this mothering care for the first six months, however, the results would be more devastating and the child would not be able to react at all.

Later Bowlby agreed with this concept. In a paper on Separation Anxiety, 1960, he states that numerous observations by himself, Robertson, Burlingham and Freud, and Heinicke have shown that a child between the ages of 12 months and four years, if separated from the mother figure to which he is attached, will suffer from shock and anxiety, but that this does not occur if the child has already suffered from considerable deprivation of maternal care.

On the positive side, the conclusions from the data accumulated in this book are to the effect that such psychopathic character disorders can be prevented by a continuous warm relationship with a mothering person.

Discussion and conclusions

I should now like to summarize my evaluation of the significance of emotional deprivation in infancy, and its implication in child psychiatry.

The term "emotional deprivation" is applied to that amount of isolation of an infant, usually under three years of age, and especially under one year, but possibly up to five or six years, that renders it incapable of normal personality development by virtue of its failure to identify with a mother figure.

The data show beyond all doubt that isolation of a child in an institution for the first three years of his life (or the major part of this time) will produce these results.

It also seems to be proved that three to six months of the first year will produce similar results.

There is evidence, furthermore, that frequent changes of mother figures by changing boarding homes during the first three years may of itself produce the same results, and more especially so if such fre-

quent changes are also combined with shorter or longer isolation experiences in shelters, hospitals or institutions.

Some observers, including myself, believe that a shorter period than three months of isolation and even a single change in mother figures may prove critical under certain circumstances, such as in the case of an especially sensitive child or a constitutionally or organically damaged or sick child.

The effect of such isolation experience with emotional deprivation is specific. For generations, even centuries, it has been known (and often forgotten again) that an infant so deprived of individual mothering and adequate stimulation will rapidly pass into a state of marasmus, hospitalism, atrophy, deterioration and die, and it has been known that the child dies from lack of love.

The clinical picture is well known and was described at least three to four hundred years ago when abandoned infants were first accepted in foundling homes in western Europe. It was also known that the only prevention was to care for the children in individual homes and the only treatment that would reverse the process was to give individual "tender loving care" with a great deal of stimulation to the skin, mouth and postural change and, best of all, by the return of the child's own mother...□

Excerpted from an article entitled "Emotional Deprivation in Infants and its Implication for Child Psychiatry" by Loretta Bender. Dr. Bender was Professor of Clinical Psychiatry at Columbia University, and Consultant in Child Psychiatry for the New York State Department of Mental Hygiene.

**...On the positive side
...such psychopathic
character disorders can
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ship with a mothering
person.**

Child Care: Wishful Revisionism

By Joan Beck
Chicago Tribune

...Mothers of young children are taking jobs in unprecedented numbers and they want to know that what they are doing is all right. Child care "experts" who tell them what they want to hear will sell their books and get paid for lectures. Those who still say babies and toddlers need full-time mothering are now often charged with being sexist, manipulative old fogies who want to keep women stuck at home.

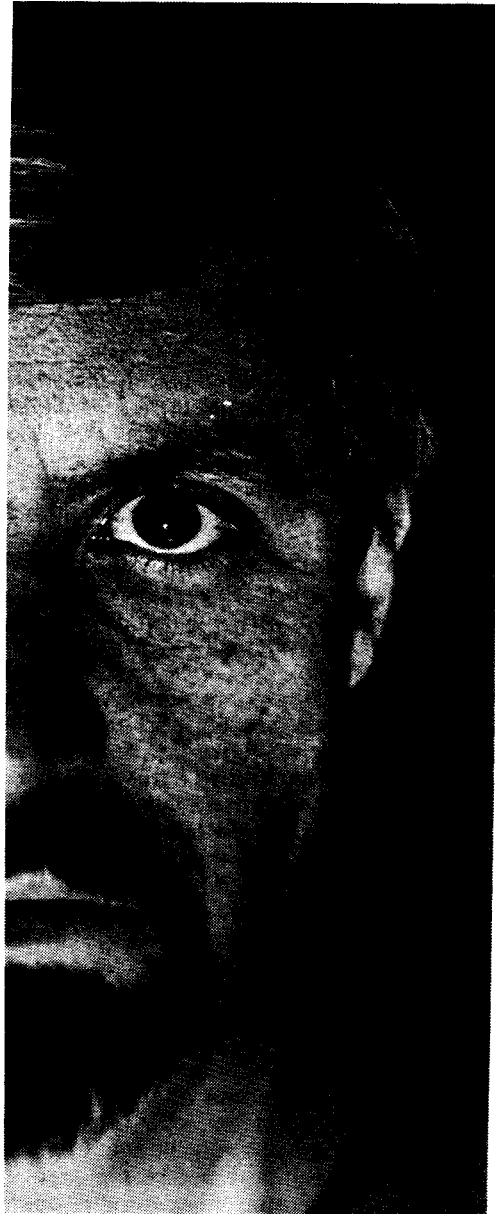
So the revisionism spreads. Ethnological records are searched for primitive tribes where child care is shared and mothers work. Biological studies are probed for animal models which push their offspring off on their own early on. Historical data on child rearing are selectively resurrected. (Elisabeth Badinter's best-selling book "Mother Love: Myth and Realty" debunking the idea of a mothering instinct is a case in point). Standard child care research is reinterpreted to give new results.

And contrary to the weight of child development expertise in the last several decades, it's now possible to find considerable opinion telling mothers they can safely take a full time job away from home starting even weeks after a baby is born...

The fashionable new wisdom on child development holds that a baby is better off if a mother works away from him most of his waking hours than if she stays home and wishes she were getting on with her career. The only harm from her working can come from guilt about being away — never mind her fatigue, lack of time for her child or herself, or problems with substitute caretakers, or from her child's resentment, emotional insecurity, or physical or psychological stress...

The new magazines for working mothers are filled with timesaving tips and career strategies and unsubstantiated rationalizations about "quality time not quantity of time" being important to a young child.

But young children haven't necessarily changed because women have. To date there is no convincing evidence that wishing they weren't so dependent on parents has meant they can safely get along with less loving, individual attention from a mother or father...□



What is a psychopath?...

I recently asked a young man - a psychopath who had been found Not Guilty by Reason of Insanity - what he thought a psychopath was. A few minutes later he handed me the following. E.T.B.

I feel a psychopath is a not so cold person unless he wants to be. I trust a person one day and the next I don't. I have to be in charge at all times or I feel inferior.

I have to be in charge because I'm afraid of hurting my over-sized hidden ego. I sometimes let people think they are in charge if I think I can gain something from them, no matter the size of the object.

I can feel very powerful and dominating at times when I have it set in my brain to get something. I will wait a short length of time in order to get whatever it is I want material-wise and emotional-wise.

If someone shows me respect I will be in charge of that relationship until I am tired of that person, and I feel there is nothing more to gain for myself.

I have no true friends in my life but sometimes I think of myself as a true friend. (most of the time)

I feel like a giant looking down at a village and knowing I can crush it if I want to. It makes me feel good. I find myself having pity for some but I will still take whatever I can get from them.

I find most of my problems are with authority figures because I feel I have to be on top of **everyone**. Authority figures are like a danger to me but I will still challenge them and try to knock them down. If I don't succeed I plan a manipulation in order to gain for myself to be the only authority figure.

If someone challenges me I play the underdog until I feel I can take over their moves.

I will take from a friend just as easy as an enemy because I am **selfish**, but if I'm caught I put on the underdog act and pretend I am sorry.

Everyone is an authority when I first meet them. I learn fast what I can gain from them, and I decide whether or not I'll use them.

I can keep people at a distance until I need them, then I bring them out with open

arms by manipulating them.

I will do or say whatever it takes to gain anything for myself. I think of number 1 (me) first then you. I have few to none feelings for you. I think of you as a threat first, friend second.

I can stare you down and hate you just because you're you. I picture you doing something to me and I can hate your guts very easy...

When speaking with another man recently, he made reference to "faking affection". I asked him if he would write about it. I had known him well fifteen years ago when he had been locked up in a maximum security facility as a result of dangerous psychopathic behaviour.

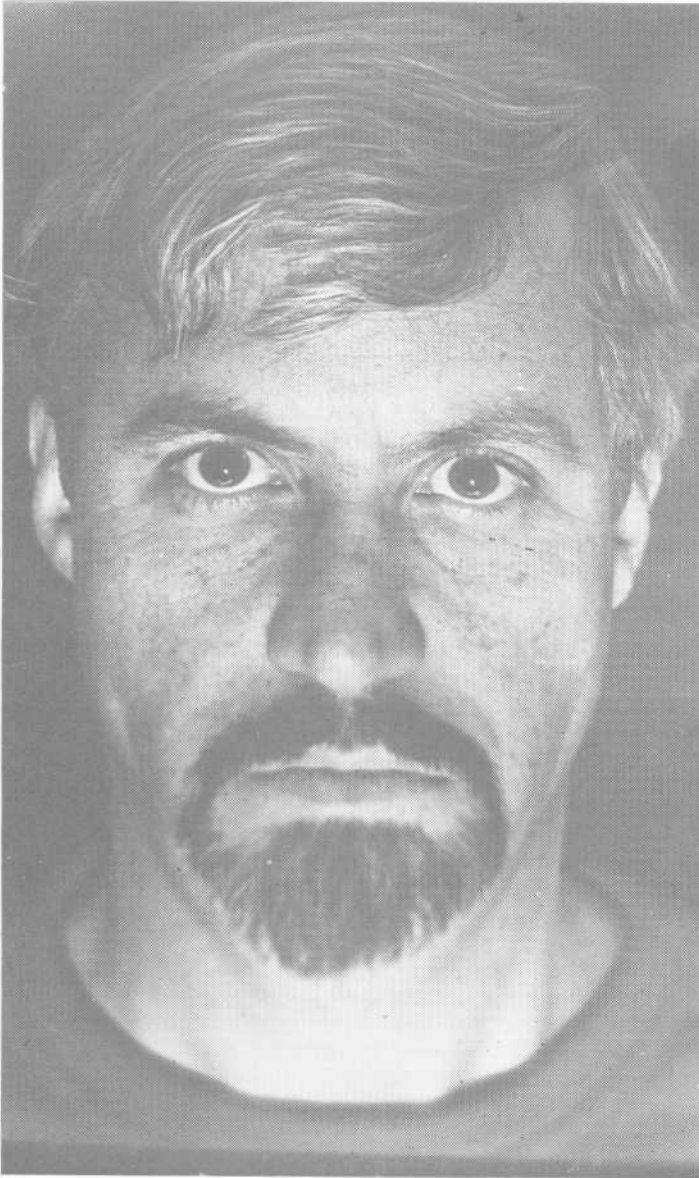
"My father once said that I was not capable of loving anyone. I wouldn't go that far, but I would say that it is very difficult for me to love anyone and it is not likely that I could ever trust anyone. I really don't care a lot about anyone except those in my own family and most of them I could do without.

"I really don't understand why anyone would expect me to care about most people. I'm sure there aren't too many people who care about me.

"Some people wonder how you can cope with not caring much for people; I would normally fake it. I know that if someone in the family dies I'm supposed to care, but I don't, so I fake it. Most of my family want to have me around in the case of a tragedy because I am able to stay cool and calm. What they don't know is that really I don't give a damn.

"It isn't that I don't want to care. I just don't know how, or maybe I'm afraid to. I don't know..."

What the American Psychiatric Association Says



"...Almost invariably there is markedly impaired capacity to sustain lasting, close, warm, and responsible relationships with family, friends, or sexual partners."

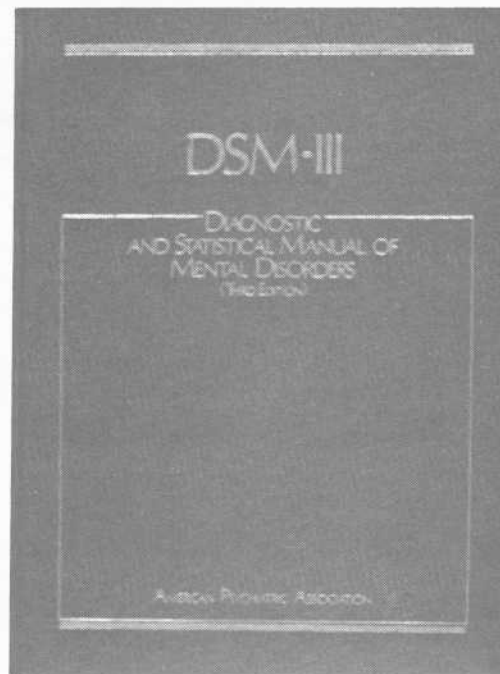
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"...It is possible, however, for individuals who have some of the features of the disorder to achieve political and economic success..."

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"Estimates of the prevalence of Antisocial Personality Disorder (Psychopathy) for American men are about 3% and for American women less than 1%..."

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What affects the mother's and toddler's ability to maintain their relationship during separations?

Experiences in working with mothers and caretakers of infants and toddlers suggest that the following factors contribute significantly. The list is not exhaustive and does not explore their interaction, nor does it attempt to describe the additional effect of events and circumstances in the past and present lives of the mother-child couple, such as illnesses, family constellations, socio-economic conditions, births and deaths of other family members, or even the relative emotional health of mother, child and their relationship. I shall focus specifically on those factors which are directly connected with the mother's, toddler's and caretaker's handling of temporary separations.

First, there is the time factor: How often do the separations occur, how long do they last, and do they include periods of bodily need fulfillment? Mothers and toddlers generally tolerate best separations of a couple of hours in the morning or afternoon, during periods when the toddler is awake and active and does not need to be fed, bathed, dressed, go to sleep or wake up. In other words, when his body is under least stress and his mind functions optimally.

Then there is the place factor: Does the toddler remain in his home during the separation or does he stay elsewhere? And if he stays elsewhere, does the place resemble his home, is it a totally different kind of setting, is he fully familiar with it? And, especially, has the mother been with her toddler in this other place long enough and

in such a way that she has experienced everything and everyone there with him, so that he can rely on her full knowledge of him in it and so that she has a complete mental picture of all that happens there with him? And, similarly, is he familiar with where she is and what she does there (visited her place of work, for example) so that he can picture her in her surroundings? Obviously, it is easier for a child to maintain his concept of self and of mother when he remains in his home, and progressively harder the less home-like the setting is and the less familiar he is with it. Similarly, the more intimately mother and child are acquainted with one another's whereabouts and activities, the easier it is for them to maintain the mutual link and to bridge the gap of separation after reunion.

The factor of shared preparation for the separation and follow-up after it, is important too in that it helps both partners to master the separation. Sudden and unexpected leavings of each other, without a transition period of leave-taking, and uncertain times of reunion, are quite stressful. Many of us know how poorly children react to the mother's "disappearance" and how badly they tolerate her absence when it has no predictable end. We can similarly remind ourselves of how distressed, frantic and furious a mother is when she has unexpectedly lost sight of her child, when he perhaps "disappeared" behind a counter in the department store or when father or an older sibling takes him with them on an errand without letting her know.

This is the second of three excerpts (the first appeared in the Winter '86 issue of Empathic Parenting) from a paper written by Erna Furman, entitled Mothers, Toddlers, and Care. Dr. Furman is on the faculty of the Cleveland Center for Research in Child Development. This paper will be appearing in another form in THE COURSE OF LIFE, edited by Stanley I. Greenspan and George H. Pollock (New York: International Universities Press). Reprinted with kind permission of the author and editors.

Unlike the older school child, the toddler can only share with mother those parts of his life which she already knows.

This brings us to the factor of who is with the child during the separation: Is it someone mother and toddler both know well, someone with whom they have both shared togetherness, someone who has learned how they are with each other and who therefore carries the trust of their togetherness and becomes a constant reminder of it? And does this person actually receive the toddler from the mother and hand him back to her? This, of course, makes it easiest for mother and child and obtains most often when the child is cared for by a member of the family or by someone in a similarly close relationship with both. Maintaining mental contact with each other becomes much more difficult, even impossible, when the caretaker is relatively or totally unknown to mother or child, when the mother does not personally participate in the transfer of the child to and from the caretaker, or when the child goes from one caretaker to another or even a third one during the separation period. For example, toddlers are often brought to a centre by a relative, handed over to an early-duty caretaker, then go on to someone else to join their group, are switched to a next person during nap to allow for the regular caretaker's "break" and, on a late day, are transferred to another special group or are picked up by another family member with whom they stay until mother gets home.

Equally important is the factor, "Does mother stay in charge?" Do mother and child take it for granted that the temporary substitute cares for him at her direction, that she knows about and has sanctioned everything the substitute does with him and the way she does it? Is she called upon to decide what and how things are to be done if there is something unusual ("Would you like Timmy to wear his snowsuit today?" "Do you want him to go outside yet after his recent cold?")? Does the caretaker report to her what the child did or said and what happened while she was away, and does the mother inform the caretaker of particular events or circumstances that occurred, how they may have affected the child and how the caretaker could help him with them, be

it a family upheaval, or his tummy ache the previous night, or a car accident witnessed on the way? When mother remains responsibly in charge, when the caretaker works at her behest and under her direction, the mother-child tie is much safer for both partners than when she hands over her child, in mind as well as in body, and lets others do for him as they see fit and does not even get to know just how they go about his care. Unlike the older school child, the toddler can only share with mother those parts of his life which she already knows. This is not only important in the case of employed sitters or caretakers nor does it concern only "bad" things that the substitute may do to him or with him. It applies just as much to family members and to things they do which the child may like very much but which go against mother's wishes and/or are not cleared with her, for example, staying up late, eating certain foods, playing games or watching TV programs that are usually off limits, to mention but a few of the more harmless indulgences. If the mother has not ok'd these things, happy ones and unhappy ones, they inevitably burden and threaten the mother-child relationship and affect the role it has to play.

This brings us to the last, but by no means least, factor, the attitude of the caretaker. Does he or she do mother's jobs without taking her place? And does he or she build and use the relationship with the child in such a way as to help mother and child maintain their vital link? This is the hardest part of being a good substitute —



It is a difficult task to be a good sitter, especially when the mother is very far from perfect and when the child is very loving with us.

to be at one's best by accepting oneself as second best. Early on in my professional training Anna Freud told us that a good child psycho-analyst keeps in mind, feels with and deals with, three facets: the child, the mother, and the mother-child relationship. This applies even more to being a good mother-substitute, especially with a young child. The caretaker's helpful attitude shows itself in so many ways: she understands and supports the child's thinking and feeling for the mother during the latter's absence and reminds him of her when he seems to have shut her out from his mind or seems in danger of forgetting about her; she accepts the child's complaints when she does not come up to par in her handling, does not do as well as mother does; and when she does things that seem to him more fun than what mother does, she reminds him that Mom wanted him to have that fun while she was gone and that they will tell her about it so that she can share it too; when the child welcomes mother on her return, the good sitter accepts being dismissed and when he teases mother on her return, keeps her waiting and wants to do one more thing with the sitter, she tells mother and child that he probably missed Mom a lot and wants to give her a taste of how hard it is to wait for someone we love, that that matters really more than the extra game with the sitter, and that, anyway, it's really time to be with Mom now. It is a difficult task to be a good sitter, especially when the mother is very far from perfect and when the child is very loving with us. It's hard then to remember that his ability to be so nice with us stems from his relationship with his very imperfect mother. Without that he could not relate to a substitute at all.

A substitute cannot help mother and child to maintain their relationship when she does not have a relationship with each of them herself and is not in feeling touch

with them, when she does not know the mother or does not consider her maternal needs, or when she cannot adequately relate with the child, perhaps because she has too many children to look after or because she is only geared to meeting his bodily needs. A substitute also cannot fulfill her true task when she views herself as the mother, be it in the sense of being the child's second mother or even of being his primary mother. This happens in daycare when it considers itself the "home away from home" or sometimes assumes that it is actually the child's primary home because he spends so much of his day there. It happens even more frequently when the mother-substitute is a family member or resident caretaker in the home, a father or grandmother who regularly shares in the toddler's care, or a nanny or housekeeper. Caretakers who take over as mothers usually invest themselves very intensely in the child and feel very close and loving with him, but they leave out the mother and the child's relationship with her or compete with her for the child. They handle the child their own way, may even feel they do a better job at it, they do not keep her in close touch with what they do and with what the child experiences while he is with them, do not readily follow her directions and wishes, and do not support the child's thinking and feeling for his mother during her absence but often welcome his apparent lack of response to being away from mother. And when the child states a preference for being with them they see it as a good sign of his fondness for them rather than as a danger signal of the child's difficulty with loyalty, difficulty in dealing with his anger at mother and difficulty in maintaining his vital relationship with her. Double-mothering is very different from substitute-mothering and poses its own special threats to the primary mother-child relationship... □

It's hard then to remember that his ability to be so nice with us stems from his relationship with his very imperfect mother. Without that he could not relate to a substitute at all.



What happens when separations between mother and toddler overtax their tolerance and adversely affect their relationship?

In the normal course of development toddlers seek out familiar people, enjoy new and special activities with them and form meaningful relationships with them which are maintained in addition to, not instead of, the primary relationship with the mothering person. Prompted by their as yet unresolved mixed feelings about their mother, toddlers often also seek out or wish for others to be new and better mommies, the proverbial better bread and butter at the Jones'. Sensible mothers and "others" do not allow this actually to happen because they realize that, far from helping the child, it would interfere in his task of coming to terms with his dissatisfactions with his own mother and with the reality of his situation. In the normal course of development, however, there also inevitably arise circumstances in which the mother has to arrange for substitute care during limited periods, at least for such occasions as her own doctor's appointments, an older child's school conference, or a special shopping trip. If these separations are helpfully managed, they are good learning experiences, times when mother and child can test and practise their means of coping. Masterable stresses may serve to build mental "muscles". By contrast, extended repeated separations of mother and toddler tend to become unmasterable stresses for one or both partners and endanger the mother-toddler relationship and the growth which depends on it, especially if they involve double-mothering, multiple-mothering or unhelpful substitute-mothering.

These kinds of interferences are not new or newly prevalent. They are not limited to

this country or to specific socio-economic groups. The very affluent in all countries always employed caretakers for their children and still do so; the very poor have always left them with family members or neighbours out of necessity, while mothers helped with farming or later, with industrialization, flocked into factories. Wars and the ravages of epidemics and of economic hardship have always disrupted family lives and mother-child relationships. Historic exhibits in one of South Carolina's plantations show pictures of the slaves' day nurseries, a big room supervised by a black daycare worker with many little mats on the floor, each occupied by an infant. This is how the slaves' children spent their days while their mothers were at work, some no doubt providing double-mothering for "the master's" children. All slave cultures were run on similar lines through the ages. And the extended families in many culture patterns fall far short of the imagined ideal we tend to attribute to them. Not only do they involve double and multiple mothering but youngsters are often dropped off at a moment's notice with relatives or friends whom the child does not know, just as in this country children are sometimes sent to grandparents far away who are close with the mother but near-strangers to the child. Indeed, early extended separations and substitute care are not new or limited. What is new is our efforts to understand their effects.

To my knowledge the first scientific inquiry originated with Anna Freud and her co-workers. In Vienna, during the years of

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“...any or all areas of personality development may be affected...but particularly the ability to form and maintain stable caring relationships.”

extreme depression which there followed the first world war, she ran a daycare centre for toddlers from deprived families. It was called the Edith Jackson Creche, named after the generous American colleague who financed it. The toddlers' day there started with a bath in the early morning. Later, during World War II, Anna Freud and Dorothy Burlingham ran The Hampstead Nurseries in London. They cared for infants, toddlers and preschoolers who were separated from their families to protect their lives during the blitz bombardments and to enable their mother to participate in the work of the war effort. Again American generosity helped out and the now-famous descriptions of Anna Freud's and D. Burlingham's findings originated for the most part with the monthly reports to the fund-givers, among them this country's Foster Parents Association. Shortly after the war it was again Anna Freud who was sought out to consult with Israeli mental health professionals and educators. They had noted some of the distressing effects on many children raised in kibutzim in which extended substitute-parenting was the rule. More recently, other studies have become available, among them the study of English daycare by Bain and Barnett and in the U.S.A. the related publications by B.L. White and S. Provence, A. Naylor and J. Patterson. Among the developmental interferences stressed in these studies are delays and deficits in language development, both during the toddler phase and during the later school years, especially difficulties in using speech for comprehension and communication. Also noted, at the time and in later schooling, are increased aggressive manifestations and difficulty in impulse control. Those who have mainly studied school children, in follow-up, find a prominent tendency to learning problems, characterized by academic performance below intellectual potential, lack of motivation, difficulties in concentration, in ability to invest and enjoy interests and activities and in integrating and using what has been learned. Bain and Barnett also point to “damage or severe interferences in personality development.”

My experiences with care of infants and toddlers have taken several forms. They

began in the forties, when I cared for youngsters in residential settings, became an ongoing focus of interest for me during the last twenty years. My most detailed data have been gained from the psychoanalytic treatment of 5 school-aged children who had experienced substitute care or double-mothering in their earliest years. With each seen in individual sessions 5 times weekly for about 4 years their symptoms and personality functioning could be unravelled and traced to their origins. Their early care experiences proved to be important causative factors in their pathology. Another source of detailed data were several preschoolers with emotional difficulties who had similar early care experiences and who attended the Hanna Perkins Therapeutic Nursery School. Observations at the school and weekly treatment-via-the-parent sessions with their parents over periods of two and three years enabled us again to relate some of the children's



troubles to the effects of earlier care. My colleague at Hanna Perkins and at our Centre's child analytic clinic also worked with a number of such cases. Through our regular scientific meetings I had a chance to compare data and to extend and confirm findings. At the same time my regular consulting work with daycare centres afforded an opportunity to learn how toddlers, mothers and careworkers respond to these experiences at the time when they are actually taking place and to apply the understanding gained through therapy in the form of preventive educational measures. This work began with my participation in the Home Start Project, a family daycare program under the auspices of the then Cleveland Day Nursery Association. In more recent years our CCRCO responded to community need by offering an ongoing yearly course, "Toddlers in Daycare" which I have taught and learned from. In this course directors and careworkers from about ten daycare centres for toddlers and infants meet with me every other week to discuss the children's development, educational practices, contacts with parents, individual youngsters' difficulties and ways of helping them.

What, then, has it been possible to learn? First of all, it is noteworthy that the observations of toddlers' and mothers' responses to various forms of care confirm the retrospective knowledge gained from the therapeutic work with older children. The personality difficulties which are seen to underlie the older children's problems can be observed as they take shape during toddlerhood, and they manifestly interfere with the toddler's mastery of his developmental tasks even before they contribute to his trouble with later ones. For example the toddler's difficulty in developing his valued independent self-concept may show in not wanting to take over care of his body, while the older child's similar difficulty interferes with his self-motivation in learning, prevents him from making his learning his own thing and from investing his interests and activities.

Although even during the toddler's process of development a variety of factors interact to produce an interference, it is often possible to pinpoint the effect of substitute care when we can alter it to mitigate the stress and observe the child's responses to such a change. For example, we have noted repeatedly that toddlers who neither recognized nor cared about their own and others' things in a daycare setting, began to treasure their own and respect others' belongings, including the Centre's toys and equipment, after they were encouraged to keep one of their mothers' belongings (a scarf, a glove, a coat) which they could



carry with them or deposit wherever and whenever they wished to, without anyone interfering. This measure was one of several designed to help the child to maintain his inner tie with his mother and his self. Such instances helped to substantiate the link between the effects of care on toddlers and on later development. Treatment of some of the older children with trouble in caring for and respecting property revealed a connection with early care experiences, but it was by then harder to isolate this factor from others which had early on and subsequently contributed.

In contrast to other studies which tend to single out several specific areas of difficulty in connection with early care, our findings suggest that any or all areas of personality development may be affected, but especially all those which we have listed as the developmental tasks of the toddler phase and which, as such, form the basis for later growth. This, we must remind ourselves, includes not only many aspects of the development of self and self-esteem but particularly the ability to form and maintain stable **caring** relationships.

Obviously, not all children suffer or suffer equally. No two individual experiences or personalities are alike, but a sufficient number of them manifest problems or interferences in development to indicate that there is a risk for all...□



Dilemma of the working parent

By Barbara Amiel

Last week I sat with a woman just like me in a London, England, fertility clinic. She had just learned she would never have a baby. The doctor who had been treating her did not break the news himself. He sent her instead to the nurse-adviser trained to deal with weepy women. The nurse was a nice lady. It wasn't her fault that as she spoke all the woman could see was a large black crow sitting on the nurse's shoulder. The crow was just sitting there, its beak hard yellow, ready to gnaw out her insides. She hoped it would.

Outside my window the lavender bushes have no flower on them, only resilient, spiky leaves. On my record player, Mirella Freni is singing the Easter Mass aria from the opera *Cavalleria Rusticana*, her voice soaring in prayer. All sopranos pray for love at least once an opera, and we all pray for it more than that in life. I was allowing myself to wallow.

This column, though, is not for wallowing or for the personal disappointment of being childless. It is for young girls.

I am 45 years old. Behind me is a career of some small achievement, a lot of late nights, a life of both pleasure and hard work — the two inextricably mixed, feeding on one another. It is a story I share with many women to some extent.

When we were young, there seemed nothing that could not be solved by ambition and hard work or some practical solution. We grew into womanhood just at the time we were coming into our own. We felt no urge for a baby, except during those sudden moments when a friend or relative would put a sweet-smelling powdered bundle into our arms and a pink hand with barely visible nails would reach out of the crocheted shawl and clutch us. We put our responses down to the sentiment of the moment, that sudden rush of feeling, the urge to hold and stroke and nurture. We wanted more than sleepless nights, more than mor-

nings sterilizing formula bottles, more than months and years of picking up after a child and watching the parade go by.

So we waited. Our energy was focused single-mindedly on our "careers". After all, the magazines were full of stories of first-time moms in their late 30s, even 40s. All the childless women we knew who were in our age group were familiar with their names: there was actress Ursula Andress, who had her well-publicized baby at age 42. There was clever American author Nora Ephron, 38, married at the time to Watergate journalist Carl Bernstein. Her pregnancy coincided with so many magazine stories on the phenomenon of older women giving birth that Ephron mused wryly that she was finally on the leading edge of a trend — love, marriage, careers and then babies. Heck, it seemed we could have everything.

Everything? Well, perhaps, for the very exceptional or the very lucky, everything *is* possible. For some of us, who learned too late about the difficulties we might have in conceiving, it turned out not to be possible. Medical difficulties detected in the mid-30s can be beaten — but not as easily as those detected in the mid-20s. It is estimated that 25 per cent of married women are now facing problems of infertility. No one is quite certain what is causing the problem. Most doctors feel that at least part of these

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statistics has to do with postponing pregnancy too long. One can't speak scientifically, but when nature is thwarted by contraceptive drugs, induced abortions and new trends, such as later marriages and women in high-stress jobs, it seems likely that some price has to be paid. In time, nature will adapt. But time in that sense can mean thousands of years.

There is no overwhelming conclusion to all of this. Changes in the role of women will continue, and most of those changes are beneficial to both women and society. In fact, it is unfair to blame the feminist movement or overweening ambition for the ambiguity many women feel about having a child in their early years. Some glandular demands simply assert themselves too late. The truth is that a lot of women don't get the hormonal rush, that maternal instinct, at an early age. When this feeling is absent, most go out and get a job. The difficulty comes when women set their sights not just on a job but a career.

A career differs from a job in that it requires a dedication to the labor force and a stream of energy outside regular working hours that is virtually incompatible with married life, let alone motherhood. If there is one mischievous and wrong idea that

feminists have helped spread, it is the idea that motherhood and early two-parent careerism can somehow be co-ordinated if both parents are liberated enough to share parenting. The cruel truth is that a baby takes a great deal of time and energy. Babies are not incompatible with a job, but they are incompatible with serious ambitions in the work place. The idea that a man and a woman, each beginning the pursuit of serious careers, could somehow “share” parenting is ludicrous. The dilemma cannot be solved by having two people work halftime on the way up the executive ladder or you will end up with two failed careers. Serious careers cannot be pursued only three days a week.

Frankly, it is difficult enough for two people who both want highpowered careers to be married at all, let alone have children. This is no news, of course, and it is the reason most women faced with the dilemma between family and career have chosen to have their children first. This makes biological and sociological sense, but it does mean coming face to face with that unpleasant notion called “delayed gratification” if you are an ambitious woman. This sort of attitude is increasingly difficult, fed as it is by the glossy-magazine view of a life in which we can all have everything.

I mention these home truths not to discourage women from becoming symphony conductors or architects, nor to suggest that young people in love shouldn't get married and help each other pursue their career ambitions — without children.

I bring it up to put a teeny weight on the pendulum of women's liberation — a pause, just an extra beat, while we catch our breath and assess our options. I mention it to try and make sure that the large black crow that some of us see every day now may cast his relentless shadow over fewer women. There is nothing more unbecoming to one's physical and mental complexion than regret at what might have been. □

Reprinted with kind permission from Maclean's Magazine, December 23rd, 1985. Special thanks to Dr. James Shaw for drawing this article to the attention of the Editor.



Their children are their new careers

By Leslie Fruman

The six months were almost up. The deadline was approaching and the career was beckoning. A decision had to be made.

Would Dr. Debby Copes go back to her busy family practice when her maternity leave was up, or would she stay home to take on another demanding job — raising her infant son Linus?

For Copes and thousands of working women who are having children after establishing themselves in thriving careers, the decision to stay home with their children for a few years is not an easy one. And the crunch comes when the maternity leave runs out. Do they stay home and take on the challenge of raising their children? Or do they go back to careers that just won't wait?

Leaving behind the careers that sometimes took them a decade to build is difficult. But leaving behind a tiny infant for someone else to raise can be hard, too.

Many women are now postponing pregnancies in favor of establishing careers, which means they aren't becoming mothers until they're in their 30s.

By that time, they are used to being economically independent, and have lives that revolve around exciting, challenging and rewarding careers. Often, the plan is to have a baby and return to work with the assurance that the child is being lovingly cared for by a trusted child-care worker.

But for many women — including the

three, all active feminists, who were interviewed for this story — something unexpected happens: They decide what they really want is to drop their careers and devote their time to their children.

Women are split down the middle on this most basic of decisions: Almost 50 per cent of women in the workforce have children, and almost 50 per cent of women with children work, according to Statistics Canada.

For many of them, there is no choice but to work to support their families. But some women, who are financially secure, and who never thought that having children would significantly interrupt their careers, choose to stay home. They not only think it's important for them to be at home raising their children, but they also think it's a full-time, underrated, unrespected — and wonderful — *job*.

Still, there are a host of problems and questions women face when they decide to stay home.

In an about-turn from reactions of the past, many career women are made to feel guilty when they give up their work in favor of their children. It wasn't long ago that women felt guilty if they went *back* to work.

Feminists are sometimes seen as betraying their cause when they opt to stay home.

Some working mothers belittle the work other mothers are doing in the home

“Raising children is a joyful experience, not duplicated anywhere. The rewards are many. You don't have to apologize for it. You are performing a great public service, raising children...”



“...The emotional tie is unbelievable. It’s kind of like being in love, but even more so.”

because it makes them question their decision to work.

□ Male bosses sometimes think women aren’t serious about their careers if they want to take time off to raise children. Men, after all, don’t interrupt their careers when their children are born.

Marilou McPhedran is a high-profile Toronto lawyer, volunteer and community worker who got the ball rolling to include women’s rights in the Charter of Rights and Freedoms. She has given birth to two boys since 1984. Though she had planned to go back to her busy law career after the birth of her sons, she changed her mind. She was surprised.

“I had a lot of anxiety stepping off the career path,” says McPhedran, 34. “After my first son was 6 months old, I went back to work, and stumbled through my second pregnancy. I became pregnant when Jonathan was just 6 months old. I’d planned on going back to work after my second son was born, but now my husband has an opportunity to work in New York for two years, and we’re going with him.”

For McPhedran, the decision to stop working for a few years wasn’t an easy one. She and her husband discussed it at length, she says, and decided his opportunity was a good one and would give her the time to spend with their children and the money they needed to do it the way they wanted to.

“I hope it won’t derail my career,” she says. “It was a hard decision to make. I’ve lived all my adult life in a high-profile, high-paying career. But I also know what it’s like to have a baby in my arms.”

McPhedran says her new role earns her less respect than having a high-profile job.

“If I stay up until 4 a.m. working on a presentation, people pat me on the back and sympathize with me,” she says. “If I go into a meeting and tell people I’ve been up all night with my baby, people kind of turn away, embarrassed. There’s so little recognition. It makes me so mad.”

When she travelled on business, McPhedran says, she got much more respect in airports than she gets now when travelling with children. It’s opened her eyes to something she’s had no personal experience with, and it’s made her want to speak out.

McPhedran says some close colleagues

who made the choice not to have children have been critical of her decision to spend the next two years or more with her sons.

“I figure it’s now or never for me and my kids” says McPhedran. “The jobs will be there. I’m very fortunate that I have the luxury of making a choice. My husband makes enough money so that I don’t have to work.”

McPhedran says she has strong career goals she wants to achieve, but in some ways she thinks it’s too soon.

“My kids are the important thing now. When I’m in my mid 40s, I can achieve those goals. I’ve set my life up that way.”

She hasn’t given up everything. She is still heavily involved in many unpaid but crucial jobs in the community. But with her volunteer work, she is able to set the hours and decide how much time she has available.

McPhedran says the most important thing for stay-at-home-mothers is to convey their sense of pride in what they are doing.

“Raising children is a joyful experience, not duplicated anywhere. The rewards are many. You don’t have to apologize for it. You are performing a great public service, raising children.”

Debby Copes spent many years studying to be a doctor and establishing herself in her practice. When she and her partner, also a doctor, made the decision to have a

Grieving already for what might be lost

by Glenn Collins

Dr. T. Berry Brazelton was concerned. “There’s something I started noticing in my practice over the last year or so and it really shook me up,” said the Harvard University pediatrician before a silent conference audience. “It’s a phenomenon I’ve begun to be aware of among expectant mothers who know they’ll have to be going back to work up to three months after the baby is born.”

“There is a lack of passionate commitment to the pregnancy,” he said. “They don’t have the dreams and fears and fantasies normal to most expectant mothers. It’s as if they are guarding themselves from the turmoil of attachment. As if they are grieving already for what might be lost...”

baby, the idea was that after six months Copes would go back to work.

Six months went by, then eight, then Copes decided not to return. Instead, she got occasional work at a clinic, and devotes the bulk of her time to her son Linus.

She is still a bit shocked at the way things turned out.

"When Linus was 5½ months old, I realized I wasn't prepared to leave him, even with his father. I knew I'd miss him too much. It sounds silly, but I mean it."

"I realized that I couldn't be a good general practitioner if every three hours I started focusing on Linus instead of my work."

Eight months

At first, Copes says, her friends told her they understood why she didn't want to come back to work then, "but just wait until he's 8 months old. Then you'll be dying to come back."

"But when the eight months was up I still didn't want to go back," she says. "Being a doctor is like being a mother. I couldn't be a mother in two places. I couldn't respond to both demands. Linus became the priority."

"But I still wasn't prepared for not wanting to come back to work."

Copes says she isn't doing this just for Linus, but for herself. She wants to use her son's childhood as a kind of education for herself. She wants to learn about children, and enjoy her son while she can.

Her partner gave up something for their son, as well. Because he wanted to share in the responsibility of raising Linus, his work took a new direction that would leave him more time.

"I've waited this long to have a baby, and I can't believe the intensity of my feelings," says Copes, 38. "The emotional tie is unbelievable. It's kind of like being in love, but even more so. I'm just not interested in my career right now. Still, I'm prepared that this will change with time."

Although she worried at first that she might regret her decision, Copes now feels sure she is free to change her mind and return to her work in the future.

"I'm lucky because medicine is something you can return to. If you're an athlete, it's different. It shouldn't make much of a difference to my future," she says.

At 29, with a 3 year old daughter and another baby expected this year, Barbara Walker of Oakville doesn't expect to be back in the work force for a while, although she is involved in numerous feminist-related groups in Halton region. Her deci-

sion to leave a job as the managing editor of a large corporation's bi-monthly tabloid newsletter and two monthly magazines was unexpected, and difficult.

"When I took maternity leave, I fully expected to be returning to my job," she says. "I'd started as a staff writer in this job and worked my way up to managing editor. I had a staff of seven or eight people, and budgeting and personnel responsibilities. But I wasn't prepared for the effect having a child would have on my life".

Strong commitment

From the beginning, Walker says, she had a very strong commitment to her daughter.

"I had some anxiety about it," she says. "Staying home was a traditional role, and I didn't really see myself as a traditional person. Being economically dependent on my spouse was hard to get used to, also. But I knew that there would only be one time that my daughter would be a little girl, and I wanted to be there."

Walker and her husband, Ian Renshaw, talked about the decision for a long time. They'd enjoyed a comfortable standard of living with both of them working and Renshaw was a little nervous about being the sole earner.

"It meant there was more pressure on him and it meant, for instance, that he would not be able to decide to go back to school."

"We were also both concerned about what staying home would mean to my chances of getting back in the workforce at a later date."

But in the end, Caitlin, their daughter, won out.

"I was quite frankly surprised at how strongly I felt about her, how fascinated I was," Walker says.

Three years later, Walker is happy she made the decision to stay home.

"We moved out of the city to Oakville, and we saw it as a job-related move for me," she says. "We decided that if I was going to stay home with Caitlin, I had to have improved working conditions. I wanted to be able to take her for a walk without hearing screeching cars. I wanted a big backyard for her to play in. It made sense."

Walker says she sees herself now as a child-care worker, "not a waxer of floors and cleaner of toilets". □

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Maximum Security

By Rev. Dr. Morton Paterson



Chaplain Kjell Gronner had just shown me the solitary confinement cell at Bergen Kretsfengsel, a maximum security regional detention centre. The tour had been uninspired. A prison is a prison is a prison. Yes, the prisoners do have more private space than they do in Canada, since they wear their own clothes and are never placed two to a cell. Yes, every cell has a carpet and a television set. Pictures of remnants of families are scotch taped to the walls, amidst posters, protest graffiti, and Bible verse plaques.

We chatted briefly with a prisoner in his early twenties who asked me in school-taught English if there is much homosexuality in Canadian prisons. My answer was brief, evasive, and, as I thought afterwards, an unhelpful response to a question which rose up from deep within him.

And the solitary confinement cell - the "hole" - how like that ugly place of maximum security in a Canadian prison: a slit in the door where the meal-tray is passed in, a trench in the floor where excrement is passed out, and for a bed, a sheetless mattress. In Bergen Kretsfengsel, as in a Canadian jail, a prisoner may spend weeks on end in such confinement.

Now the tour was over, and Chaplain Kjell, a Lutheran prison chaplain conducted me into his office on the top floor above the three ranges of cells which hold some sixty inmates.

I was gripped by the first thing I saw, a painting which like others on Kjell's walls, had been created by a prisoner. It shows a child, asleep, and enclosed within a pair of hands. The sleep looks so deep. The hands look so strong, I was speechless, rare for me. Kjell sensed that I was deeply moved by the painting, and said quietly, "Beautiful, isn't it!". As he then showed me other inmate-made works of art in his office, my eyes kept going back to the sleeping child. As we descended the stairs I said to Kjell, "Let's call it 'Maximum Security'."

I related to him a story from Canada, an

“...And if the child was hurt and not healed, was victimized and not made whole again, then the little person within is the centre of an unwholeness which carries into adulthood.”

experience which I had had a few days before leaving home for Norway and a five-week time of study and reflection on Scandinavian criminal justice practice. It was at The Church of Saint Thomas, an Anglican Church in Hamilton, where I had chaired a panel called, “A Wounded Spirit, Who can Heal it?”

A former prisoner, a dear friend, told of the wounds of childhood fear and insecurity. A representative from the Hamilton Sexual Assault Centre told of the wounds of women who had been victims of sexual assault, either as children, or later.

She described a method of therapeutic recovery which a group connected with the Assault Centre was using. It is a method which is typically resisted by women trying to grow through the anguish of child or infantile sexual attack. But when it is tried, the woman is often relieved of an enormous burden of pain.

A woman who had been victimized as a child is asked to imagine being a little child again. (The resistance starts there...) She is asked to imagine having the feelings of that child, the inexpressible shock of what daddy is doing to her, the sobs of fear afterwards, the breaking heart, because she can tell no one lest daddy carry through with the



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threat to hurt somebody. The little one has been forced to keep “our little secret”.

Then the woman who conjured up an image of her child-self is asked to take the little one in her adult arms — to hold her, to whisper words of consolation and love, to hold her tight, to hug her quivering child-self.

Then, as the child-self nestles in the arms of the adult-self, she feels the security she missed so deeply many years before. The little one begins to feel that someone does care, someone does know what is happening to her. And the child-self whimpers, snuggles close and rests her pained heart. Security. Maximum Security.

The child-self remains within us as we grow up, and, like the rings on a tree, the centre one must be sound else the wood begins to rot from the inside out. A child grows, becomes a woman, a man, but stays within. There is no childhood “memory”, as if what was, is no more. The child lives as fully now as then, as a vital and powerful presence within. And if the child was hurt and not healed, was victimized and not made whole again, then the little person within is the centre of an unwholeness which carries into adulthood.

The hurting child within one is not laid aside with the teddy bears and marbles. Sometimes that child strikes out in retaliation in the adult world, and becomes a thief, a world-hater. Not all, but some. And many such hurt children remain hurt as they become part of an insecure, frequently depressed adult self. Not all, but some.

Kjell and I discussed who it was that the inmate was painting. We agreed that it must have been the child within himself.

The child that is born, grows up, and becomes an adult, needs always to be held safely, securely in hands of love. We all need it.

The picture on the wall of a chaplain’s office in Bergen Kretsfgensel - let’s call it “Maximum Security”. □

Rev. Dr. Morton Paterson is McGeachy Scholar with the United Church of Canada and is studying the Church’s Ministry in Criminal Justice with special emphasis on crimes against children.

EMPATHIC PARENTING/Spring 1986

PARENTS SENSIBLES

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

Tome 9

Numéro 2

Printemps 1986

La garderie et la psychopathie partielle

Les séparations des parents - la nature et la durée de ces séparations vécues en garderie pour bébés et tout petits, menacent la capacité de soutenir des relations adultes rapprochées chaleureuses et responsables.

En autres mots, il y a raison de s'inquiéter du fait que les séparations prolongées et répétées, les gardiennes que l'on paie et qui sont partagées, compromettent le développement des capacités de confiance de communion de sentiments et d'affection.

Qui s'en préoccupe?

Très peu de gens. Il n'y a pas de groupe de pression pour stresser la confiance, la sympathie et l'affection chez les adultes d'aujourd'hui, encore moins dans ceux de demain.

De toute façon, les psychopathes partiels semblent avoir plus de plaisir - si on en juge par les annonces de bière et les héros de la télévision.

Ce mode de vie accélérée, les bébés et les tout petits en garderie - l'un est nécessaire à l'autre.

Mais pouvons-nous vraiment nous permettre d'en avoir davantage?

E.T.B.

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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.