



AUTUMN '80

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The Journal of the

CSPCC

Canadian Society for the Prevention of Cruelty to Children

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

A Preventable Perversion

"...There is only one dire threat to mankind today, and that is from man himself. The readiness of human beings to be hostile to each other is by far the greatest problem of mankind — a fatal danger to our species for the imaginable future. The child, as it matures and goes through life, is more in danger from other persons than from any other source. It takes no vast marshaling of facts to establish this. Examples of hostility on a gross scale are everywhere — tyrannical rule, by the right or by the left, which persists in many countries of the world; the fact that modern nations squander countless sums and resources on mobilization for global destruction, reminiscent of lemmings rushing to their own death in the sea; rates of violent crime, divorce, spouse and child abuse mounting to staggering dimensions. But the fact that man's brutality to man has bloodied every page of history and continues to do so does not mean that it is basic to human nature and, as such, inevitable. A close look at man's behavior reveals that it has all the earmarks, not of nature, but of sickness, of psychopathology...

"...Hostility should be made universally known for what it is: a neurotic symptom, a symptom of weakness and frustration, a once invaluable primitive animal method of defense in the wild, which now has become mankind's principal enemy and threatens to destroy it. We should know that a Nero and a Hitler are made, not born, that evil and violence have their main genesis in the mishandling of the emotions of small children and are therefore preventable perversions..."

Leon J. Saul, M.D.
The Childhood Emotional Pattern
and Human Hostility
Van Nostrand Reinhold Company
1980 (see page 6)

THE CSPCC

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 permanently damage a human being emotionally. By emotional damage we mean not only the presence of some degree of mental illness but the absence to some degree of the capacity for Trust, Empathy, and Affection.

Given the evidence that such 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.

Prevention, rather than treatment after the damage is done, is the objective of the CSPCC. Better preparation for parenthood, greater concern for proper care during pregnancy, obstetrical practices which facilitate bonding, a higher priority for the empathic care of infants, higher status for homemakers and stronger community support for parents with young children are examples of such preventive measures.

Increasing the number of members in the Society and thereby the readership of the Journal is 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.

Annual membership in the CSPCC is ten dollars. Three year membership is twenty-five dollars. Life membership is one hundred dollars.

The Journal of the CSPCC, which is published four times a year (February, May, August, and November) is mailed without charge to all CSPCC members.

Cheques or money orders should be made out to CSPCC and mailed to CSPCC, Box 700, 298 First Street, Midland, Ontario, L4R 4P4. All membership Fees and Donations are income tax deductible.

On receipt of your membership fee, your Membership Certificate, Official Receipt for income tax purposes and first copy of the Journal, beginning with the current issue, will be sent to you.

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Letters

BULK WHERE IT MATTERS

Dear Sir:

Please quote a price for an order of 40 copies of the CSPCC Journal, to the above address, History Department, four times per year. These would be used in Man in Society classes, grade 11.

Thanks.

Sincerely,
Bert Ross, Head of History,
Bradford District High School

Dear Mr. Ross:

At the present time we are able to provide a bulk subscription (between 10 and 50 copies) to a Secondary School in Canada at a cost of 50 cents per copy or \$2.00 per year (four issues). The cost therefore for 40 copies of the Journal, mailed four times over the next year to the History Department of your school would be \$80.00.

We are most anxious to see the CSPCC Journal used in this way and hope that in the future we might be able to provide the Journal at even less than the present subsidized cost.

Thanks for your continued interest.

Sincerely,
E.T. Barker, M.D.

Dear Dr. Barker:

Please enter a subscription for us to the CSPCC Journal - 40 copies of four issues - \$80.00. If possible, please start us with 40 copies of your last issue.

Sincerely,
Bert Ross

A BETTER SOLUTION THAN MORE PART-TIME ORPHANAGES

Dr. Elliott Barker:

I was grateful to learn of the existence of your organization, and its position that women caring for their own children in their own homes deserve to be recognized as workers in their own right engaged in a demanding, responsible and useful job, and are entitled to significant remuneration for the work they perform in caring for the nation's young. I include with this photocopies of articles of mine published in the past few months arguing that family allowances **must** be raised to at least \$191.28 a month on behalf of each child.

Those caring for children in the day nursery institutions of the nation are paid for their work in caring for the young and those caring for children in their own homes must also be paid for caring for the nation's young. All child care must be paid work. No job is more demanding than caring for the young. Those caring for children in day nursery institutions work for 35 hours a week, whereas the women caring for their own children in their own homes work for 24 hours a day, seven days a week, 52 weeks of the year.

No work is more responsible than that performed by women caring for their own children in their own homes, because the quality of that care will determine the character of those children. If that work is not well performed, the community will be obliged to spend \$20,000 a year caring for those children in adulthood in prisons or mental institutions.

No work performed in the national economy is more useful than that performed by women caring for their own children in their own homes, because children who have been proficiently raised will repay many times over any monies spent upon them. The average child of today will earn \$1 million in his working career, and many will earn several times as much. A woman with five children under her care who finally earn above-average salaries is responsible for future earnings of more than \$10 million, and she deserves significant remuneration for such useful work.

The 3.7 million Canadian women with children under their care have none of the legislative protection extended as a matter of course to all other members of the labour force. They do not receive occupational pensions. They are not protected by hours-of-work legislation. They are not protected by safety, and conditions-of-work legislation. They are not protected by Workmen's Compensation legislation, although their working environment is uniquely dangerous. Above all, they receive no more in the way of remuneration than our current family allowance payments.

Family allowance payments must be raised to the same level as our current Old Age Securi-

Letters

ty pensions for all those over the age of 65 of \$191.28 a month. Basic family allowance payments have not kept pace with the increase in public spending on education, and for meeting the living costs of the aged. In 1945, the national government first paid family allowances, and spent \$250 million on them. In the previous year government spending on education throughout Canada was \$150 million, and in this year it will be more than \$20 billion. If spending on family allowance payments had been risen as rapidly, they would now be worth more than \$300 a month for each child.

In 1943, Canadian governments spent \$31 million on old age pensions and this year it will disburse \$9 billion on Old Age Security pensions, OAS pension supplementary payments, and Canada Pension Plan pensions. If spending on family allowance payments had risen proportionately, those family allowance payments would now be worth more than \$600 a month for each child.

Family allowances represent a form of investment in national economic wealth and moral well being, comparable to the public financing of the education of the young. Governments finance the education of the young on the correct understanding that monies invested in educating the young will be recovered from the future national output deriving from the work of the people now in our public schools.

Family allowances represent a means of financing the living costs of those who cannot provide for themselves, comparable to the government pensions paid to the aged. The aged have limited capacity to provide for themselves, and they are provided for by the nation. The young have no capacity to provide for themselves, indeed are forbidden to take jobs by child-labour laws and compulsory-education legislation, and must be provided for by the nation through an adequate family allowance legislation.

National family allowance payments must be raised to a minimum of \$191.28 a month for each child. A commission of the West German government recently recommended that West Germany expand family allowance payments to a high level, beginning at 400 DM, or \$240, a month for each child. In Canada, adequate family allowance payments should be raised also for the purposes of insulating families against inflation, providing an urgently needed fiscal stimulus for a stagnant national economy.

Yours,
Edward Carrigan,
Toronto, Ont.

TWO CAREERS AT THE SAME TIME

Dear Dr. Barker:

I received my first Journal in the mail yesterday...I read with interest the article on mother-baby separation and am outlining below some of my feelings on the subject.

I believe, as is explicated by Konrad Lorenz, that the formation of the love bond takes place during human infancy. The absence of firm human bonds in infancy or the rupture of same results in a baby who is robbed of his humanity. The child whose primary guardians (the parents and especially the mother) are replaced by institutional guardians (agents of government in health, law, social welfare and public accounting) is in danger of being so robbed. Selma Fraiberg has written an excellent book on the subject - "Every Child's Birthright: In Defense of Mothering". Perhaps you know it. If not, I highly recommend it.

I maintain that in spite of changing social and economic conditions the needs of the infant remain the same. A baby needs to be able to count on the fact that one person - his mother will always be there - in spite of whatever happens in the world around him. This is the basis for the baby reaching adulthood with a capacity to develop intimate relationships involving trust and healthy mutual dependency. Quite often it seems today's young adults have considerable trouble in this area. It is unfair to encourage mothers to think they can have the best of both worlds (job/school and baby) - that given a good sitter arrangement, their babies will not miss them when they go off to work or school. Babies have a need for mother's continued and sustained presence and they pay a price when they are deprived of her presence. A number of studies have been done which reveal that most babies are affected by separation from their mothers, even though they may seem to adjust to it.

A job or school means regular, repeated periods away from baby. It isn't a "once-in-a-while" thing. And it's generally recognized that, except for an emergency, job or class must come first, baby's need for mother, second. A mother's freedom to mother is therefore limited. Dur-

Letters

ing a baby's first year there should be no separation of mother and baby. During the second year, a dad or someone almost as close to baby, may occasionally be able to fill in for mother for a brief period of time. And in baby's third year, although an increase in independence becomes apparent, yet separation from mother should be kept to a minimum...

Patricia Stuart-Hagge,
Georgetown, Ontario

Dear Dr. Barker:

...I firmly believe that any woman who is unable or unwilling to stay home with her child during those crucial first years, should be **unselfish** enough to postpone having children until she is able and willing to do so. No one should have children unless they can provide the proper nurturing that is the birth right of every human.

Unfortunately, many people use their genitals instead of their brains and then proceed to worry more about their wallets than anything else. Anybody can live on a budget if they have to. You have to be willing to make the sacrifices.

I gave up a nice income to stay home and breastfeed my baby boy - he's almost 2, and I have no intention of weaning him until he's ready to be weaned. Even if I was a single mother, I would still be doing the same thing. Somehow I would make ends meet without having to leave my child to do it.

Ashley Montague once said that bottle feeding should be made a criminal offence - how true that is, because it is definitely not conducive to good mothering. I'm not saying that all women who bottle feed are unfit mothers, but I am saying that chances are a woman will be a much more loving parent if she breastfeeds...

Sincerely,
Alana E. White,
Toronto, Ontario

EMOTIONAL NEGLECT

Dear Dr. Barker:

...I am a retired teacher. In the early days of my teaching in little rural schools, I encountered cases of child beating, malnutrition and neglect. Today such cases could be reported to the Children's Aid Society. However, today I see parents giving their children food, clothing, education and pleasures and neglecting to give them anything of themselves. It is only by associating with their children, talking to them as equals and confiding in them that parents can build up the moral standards in their children that they wish them to have. And, if parents do not do this, society as a whole will be that much poorer...

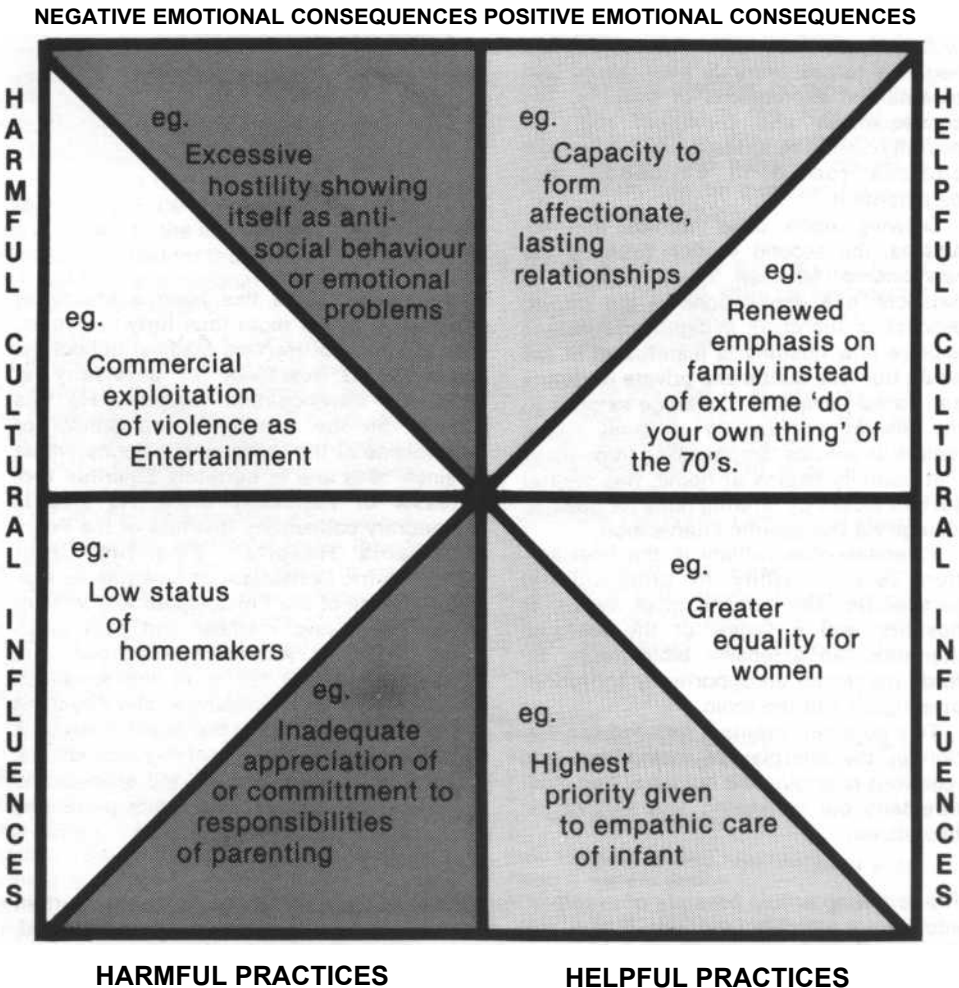
Yours sincerely,
Margaret C. Cumming,
Toronto, Ont.

"Babies have not caught up with the news that they are enslaving their mothers and causing domestic upheavals by the accident of their birth. They have not been liberated by the changing family styles of the last decade- And while we've been professing that it doesn't make any difference who feeds, bathes, diapers, holds and plays silly games with them, they don't believe it."

Selma Fraiberg

A CLASSROOM PROJECT FOR CHILD ABUSE PREVENTION

1. Fold a square of paper to give eight triangles (as below) and fill in as many examples as you can in each triangle.
2. In the shaded triangles in the bottom half of the square, list all those things which can occur before conception, during pregnancy and birth, and up to the age of three which can have a permanent effect on a person's later life.
3. In the shaded triangles in the upper half of the square, list all the consequences that can result from the things that were done or not done before the age of three.
4. In the remaining triangles on the left and right side, list the values or traditions in our society which reinforce the examples you have given.



The Childhood Emotional Pattern and Human Hostility

By Leon J. Saul, M.D.

The hostility of humans towards one another is the most fundamental problem of humanity. As an underlying force it causes more suffering and death than all other diseases combined. Age-old as a moral problem, now it is one on which the very survival of mankind may depend. Yet little has been written on this subject except on a theoretical level. In this volume, noted therapist Dr. Leon Saul approaches the problem in a fresh, readable way by evaluating the contribution of clinical psychodynamics to understanding human hostility, its sources, and the possibilities of reducing and preventing it.

The book is divided into three sections. The first defines and explores the problem of hostility today. It includes a discussion of factors which contribute to positive and negative forces....various internalized and externalized expressions of hostility....the consequences and biological roots of hostility....and the specific psychodynamic sources rooted in childhood that perpetuate it.

Drawing upon case studies and examples, the second section explores the relationship between hostility and imbalances and deprivations in the growth process of the child. In-depth discussions explore how hostility is manifested in the adult, from the subtle and private to clearly anti-social behaviour. Coverage extends to the display of hostility in such public realms as politics. Emphasizing throughout that hostility begins at home, this central section closes by offering hope for positive change via therapeutic intervention.

Extended observations in the final section cover hostility in cross-cultural perspective, the physiological bases of hostility, and a review of the research literature. An extensive bibliography affords the reader an opportunity for further investigation of the topic.

This book represents a detailed exploration of the interplay of motivations and reactions regarding the human ill that most threatens our well-being and survival on this planet.



Photo by Mark Spencer

About the author...

Dr. Leon J. Saul has been a practicing psychiatrist for more than forty-five years. A graduate of Harvard Medical School, he served his residency in psychiatry at Boston Psychopathic Hospital. He has been on the faculty of the School of Medicine at the University of Pennsylvania since 1948 and is currently Emeritus Professor of Psychiatry there. He also is honorary consultant, Institute of the Pennsylvania Hospital; Emeritus Chief Psychiatric Consultant at Swarthmore College; Dean of the Philadelphia Academy of Psychoanalysis; member and past president of the American Psychosomatic Association; life fellow of the American Academy of Psychoanalysis; and Founding Fellow and member of the Board of Regents of the American College of Psychoanalysts. Dr. Saul has written over 150 articles and reviews and 13 books on topics pertaining to psychological dynamics.

The following article consists of excerpts from the book "The Childhood Emotional Pattern and Human Hostility" by Leon J. Saul, M.D., published by Van Nostrand Reinhold Co., 1980. Canadian address: 1410 Birchmount Road, Scarborough, Ontario, M1P 2E7. Reprinted with permission.

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The Consequences

...War, although the most extreme and widespread expression of human hostility, is only one form that hostility takes. Man's hostility to man is expressed in every conceivable way, from mild gossip to murder; in crime, both individual and organized; through "irrational hostile acting out" by individuals and by some political and even so-called religious groups; and in the common social inconsiderateness and meanness of everyday life.

Hostility that is repressed rather than directly acted out can manifest itself in neurotic symptoms such as psychosomatic conditions, hysteria, anxiety, phobias, and compulsions. When strong enough, hostility can break down the orderly operation of the mind, including the sense of reality, causing psychoses such as severe depression (in which the hostility is directed to the self and may result in suicide) and paranoia (in which the hostility is perceived as coming from others, and may lead to delusions of being attacked, and therefore to murder). Hostility also appears as masochism, that is, self-defeat and self-injury, including self-ruinous addictions...

Hostility and Aggression Defined

...Let us begin our investigation of man's hostility with a working definition of the term. As a point of departure, we can say that hostility is the tendency of an organism to do something injurious and harmful to another living organism or to itself.

The dictionary tells us that the word "aggression", often used interchangeably with hostility, has a Latin origin, *ad*: toward, *gradere*: to move. This movement toward need not be destructive; indeed, we can see how it would be desirable, for example, to be aggressive in the pursuit of constructive goals, such as developing better methods of agriculture or getting a much-needed dam constructed. Herein lies the telling contrast with the notion of hostility. Coming from the Latin word for enemy, *hostis*, hostility has none of the ambiguity implicit in aggression; it is always destructive, or at least aimed at destructive ends. Furthermore, unlike the word "aggression", which is a term descriptive of behaviour, "hostili-

ty" is a psychological term primarily denoting attitude, feeling, and motivation. As such, it can properly be described dynamically: for example, as conscious or unconscious, as repressed, suppressed, or expressed, as active or passive. In contrast, to speak of "repressed aggression" strains the term, while the notion of "passive aggression" is a paradox if not a semantic and conceptual monstrosity. The term "aggression" probably came into English usage from the French, in which, as well as in German, it does have a connotation of attack and destructiveness, which makes it ambiguous for scientific use. To attack a problem can be constructive, not destructive.

As a technical definition we might hazard the following: hostility is a motivating force — a conscious or unconscious impulse, tendency, intent, or reaction — aimed at injuring or destroying some object, animate or inanimate. In humans, hostility is usually accompanied by some shade of the feeling or emotion of anger and hate...



VIETNAM Donald McCullin/Magnum
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The Causes

...Many people would like to believe, and therefore do believe, that hostility is inherited and therefore should be dismissed as something about which nothing, at least for the present, can be done. Others believe, falsely, that hostility is strength, that without it men and women would be left defenseless in a world all too ready to attack and exploit the weak...

...Besides such general reasons for shunning the problem of hostility, there are others more individual and deep-seated. Some people balk at accepting hostility as a psychological force because of resistance of recognizing hostile reactions within themselves...

...There is no scientific evidence to surely establish that hostility per se (except as the mechanism of adaptation we have described) is inherited. Nor is there evidence that any other form of neurosis is carried in the genes. Individual differences in temperament are doubtless inherited to some extent, just as there are differences in body build and colouring. A glance around any hospital nursery shows the newborn to be of all shapes and sizes, and of varying motility and tenseness and responses to cuddling. But there is only meager and uncertain evidence for heredity being of any appreciable weight in the etiology of emotional disorders (other than, possibly, some forms of psychosis). Hostility cannot simply be passed off as something we inherit and hence can do nothing about. On the other hand, excessive hostility is regularly found to be a disease of personality, transmittable from person to person and from group to group, and, basically, by contact from parents to children, from generation to generation.

It is true that from earliest recorded history we read of tribes, cities, and nations attacking others, stealing lands and movable wealth, taking as many slaves as they wished for cheap labour and for sexual purposes and killing off all the rest to eliminate competition and the risks of retaliation. Then the fear of being themselves looted, pillaged, raped, murdered, and enslaved by other nations led to constantly expanding frontiers. Rome pushed her boundaries farther and farther for all these reasons: to take the riches and to impose her peace.

And yet not every man in every nation yearned for aggressive pillage and murder; not all rulers were cruel tyrants. The hostility involved in robbing, murdering, and enslaving is not necessarily a general human characteristic, but rather an attribute of certain personalities. It is a matter of how readily corruptible the individual is. Indeed, if the major motivating forces in each of us could develop normally, without damaging interference or coercion from the outside, the result would be friendly, social cooperation. Only when this development is disturbed during the earliest formative years of infancy and childhood, by active mismanagement or by gross neglect (whether unconscious and well-meaning or conscious and willful), does the fight-flight reaction, with its resulting hostility, burgeon in full strength.

In contrast to the absence of evidence for hereditary factors in determining the intensity and status of hostility in different persons, the clinical experience of dynamic psychiatry with children and adults repeatedly emphasizes the significance of conditioning influences and their basic importance in causing vulnerabilities to external stresses and emotional disorders. (We are, of course, referring exclusively to physiologically healthy organisms and not to those suffering the effects of physical or chemical damage, deformity, or impairment of the brain, glandular system, or other parts of the body; also excluded from our discussion are those having gross congenital developmental defects and severe schizophrenic or manic-depressive psychoses)...

The Expression of Hostility

...The many and varied manifestations of hostility can be grouped to fit into three major categories. This grouping depends mostly upon how freely the individual, in his ego and his conscience, can consciously and unconsciously accept and act out his hostile impulses. Hence the categories are organized to describe behavior ranging from full criminality, through varying forms and degrees of repression, to transformations of the destructive hostility into socially constructive activity. In other words, the groups chart behavior ranging from direct and open hostile actions against other individuals and against society, through more or less inhibited, disguised hostility toward other individuals, to actual social constructiveness. We identify these groups as (1) antisocial, (2) private, and (3) social.

ONE

Antisocial behavior toward other individuals and society is a broad category covering three principal mechanisms for handling hostility: the criminal, the criminoid, and the neurotic criminal. The criminal mechanism is characterized by the fact that the hostility is accepted by the person, in his ego and conscience, sometimes even with pride in it, and is deliberately acted out with little or no restraint in antisocial form. The criminoid mechanism is characterized by the fact that the hostility is not fully accepted by the person, who defends himself against acting it out directly in antisocial form, but who is willing to act it out indirectly, within the confines of the law, so that however hostile and immoral and destructive, it is not illegal. The neurotic criminal mechanism is characterized by the fact that although the person indulges in direct or indirect hostile, antisocial behavior, he does not fully accept it and punishes himself for it in various

ways, the whole pattern operating unconsciously.

TWO

The second category includes what we may call the private dynamics of handling hostility. The basic mechanisms in this category are: the neurotic character, classic neurosis, and psychosomatic disorder. The mechanism of the neurotic character is distinguished by the fact that the hostility, inadequately repressed, is only little acted out antisocially, but causes suffering to the individual himself and to those involved with him personally. An example of this would be the self-destructiveness observed in "losers" such as alcoholics and compulsive gamblers. The classic neurosis is characterized by the fact that the hostility, repressed successfully in behavior, produces specific symptoms for the sufferer (such as anxiety, phobias, hysterical mood swings, compulsions, and the like) and also makes life miserable for his intimates. The psychosomatic mechanism is marked by the absence of a direct expression of the hostility toward others. The person remains calm and gentle while seething inside, his hostility affecting only his own physiology, causing, for example, headaches, stomach or bowel disorders, or elevated blood pressure.

THREE

The third category of behavior describes the social handling of hostility. The fundamental mechanism involved here is that of "sublimation", which is characterized by the fact that the hostility is used constructively for the welfare of individuals and society. Overcompensation might be included in this category...

What Can Be Done?

...Hostility can be attacked at its roots: in the rearing of the child and in the re-education of the adult. It can be banished as smallpox and typhoid have been banished in this country, or at least reduced as tuberculosis has been. Then we will realize the dream of producing mature, constructive men and women so that there may be many of them among us. The ancient war of good against evil, of love against hate, of God against Devil, of democracy against tyranny, is the war of mature and loving people against infantile and hostile people. In this struggle lies humanity's most thrilling challenge; in the outcome lies the hope of a desperate world.

Psychodynamically, man's inhumanity to man springs almost entirely from irrational sources. Today the individual cannot meet difficulties by physical attack, and neither can nations. War and tyranny are basically and ultimately irrational. Our survival on this planet is possible only through co-operation, responsibility, productivity, and interdependence. The fight-flight reaction, however indispensable it was in the wild, is now, as a method for solving the complex problems of modern social adjustment among individuals or nations, like trying to repair a fine watch with a hammer...

...The problem should be tackled by all the related sciences. It should be pursued at least as widely and energetically as

cancer and heart disease. Our best brains should be mobilized and given adequate funds to attack this problem on a national scale. What is already known should be disseminated systematically and as widely as possible to improve the upbringing of our children and thereby the lives of our adults. In the long run our security will not rest with sophisticated computer-controlled weaponry but with a population that is strong, realistic, and resourceful, through its achievement of emotional maturity. The best available information should be made readily accessible through libraries, mass media, schools, churches, and all those who deal with people and particularly with children...

...Ideally the greatest single effort of the nation and of the world should be devoted to seeing that its children mature emotionally from the moment of conception. This is the basic answer to man's tendency to torture and destroy himself. The practical difficulties are overwhelmingly immense, but they are not insuperable. They can be overcome in the long range if we persevere in our attack on the problem. When they are, peace and brotherhood will be, not sentimental dreams, but practical reality, and man will have saved himself from being a more spectacular biological failure than the dinosaur. ■

"A society which cares for its children and teaches them to care for their offspring flourishes forever, but our society, which abuses and neglects its children endures perilously. Here lies the cycle of violence breeding violence."

Robert P. Bates

*With the compliments of the
Swedish Embassy*

A custodian shall exercise such supervision over a child committed to his/her care as is necessary having regard to the child's age and other circumstances. A child may not be subjected to corporal punishment or other injurious treatment.

Why Was the Law Passed?

Because it is a natural historical development. We have already done away with the right to beat one's wife and servants. We have done away with the right to strike children at school.

Because our democratic community needs children taught to think for themselves, who are used to making their own choices and to shouldering responsibility. It is impossible to beat a child into obedience and at the same time expect it to be able to think for itself.

Because bringing up a child is much easier if you do not resort to beating. Children want to like you so very much it is a pity to destroy a feeling of kinship and mutual understanding by beating if it can be avoided. You don't go round hitting your friends, do you? Why should you hit your children, then?

In 1977, following the directives of the Swedish Riksdag (the Parliament), the government appointed a special "Children's Rights Committee" (Utredningen om Barnens Rätt), the members of which included politicians, expert jurists, psychologists and psychiatrists and representatives of various of-

ficial bodies and organizations. Among the directives of the Riksdag was to investigate whether or not it would be possible to insert a clause into the Code relating to Parenthood and Guardianship (Föräldrabalken) forbidding the use of physical violence in bringing up children.

In the autumn of 1977 the Committee was unanimous in presenting a draft bill making all forms of physical punishment or other injurious or humiliating treatment of children illegal (SOU 1978:10), and after circulation for comment and criticism it was apparent that almost all those invited to give their opinion had taken a favourable attitude towards the proposal.

THE RIKSDAG'S DECISION

Following a motion by the Minister of Justice, the government then submitted the suggestions of the Committee of the Riksdag in the form of a Government Bill (prop 78/79:67), and by March, 1979, the House had cast their vote in its favour. Since all the political parties represented in the Riksdag gave the bill their support, it was passed almost without opposition. The actual text of the new legislation, which forms chap. 6, para. 3, 2nd sect. of the Code relating to Parenthood and Guardianship, reads:

"A child may not be subjected to physical punishment or other injurious or humiliating treatment."

WHY FORBID ALL FORMS OF PHYSICAL PUNISHMENT?

Psychologists, psychiatrists and other people whose work gives them insight into the parent-child relationship are practically unanimous in agreeing that all forms of physical punishment are highly objectionable as a method of bringing up children. A parent who strikes his or her child is not

going to gain anything positive in the way of child education by this act — rather, the child runs the risk of suffering some form of mental harm.

The law therefore now forbids all forms of physical punishment of children, including smacking, etc., although it goes without saying that you can still snatch a child away from a hot stove or open window if there is a risk of its injuring itself.

Should physical chastisement meted out to a child cause bodily injury or pain which is more than of very temporary duration it is classified as assault and is an offence punishable under the Criminal Code. In theory at least, this was also true before the new bill came into force, although it was not generally known. However, the advent of the new law has now swept all doubt aside, although as before trivial offences will remain unpunished either because they cannot be classified as assault or because an action is not brought. But while the purpose of the new legislation is indeed to make it quite clear that spanking and beating are no longer allowed, it does not aim at having more parents punished than hitherto.

Many psychological punishments are at least as detrimental to a child's development as beating. Threatening, scaring or ostracizing a child, locking it up or making it feel ridiculous can only be considered as injurious and humiliating treatment and are therefore forbidden.■



The Rights of Children vs The Rights of Adults

...In order to break the vicious cycle of emotional deprivation infecting vast numbers of the population, the rights of children must be extended in at least five specific ways:

- 1. The right not to be conceived by irresponsible, immature and inadequate parents.**
- 2. The right not to be endowed with crippling genetic defects and congenital abnormalities.**
- 3. The right to a safe fetal environment free from the hazards of harmful radiation, emotional stress, and the known toxic effects of alcohol, tobacco and other such deleterious substances.**
- 4. The right to be protected from violence in the birthing process and against unnecessary separation from the mother immediately after birth.**
- 5. The absolute right to an emotionally secure infancy with adequate nourishment and among caring, competent and loving adults.**

These most basic of all human rights cannot be enforced by law. But they can and should be guaranteed — as far as this is humanly possible — by a form of moral contract with all prospective parents combined with massive social sanctions against irresponsible and feckless parenting.

In promoting responsible parenthood, we will inevitably be accused of interfering with the natural rights of adults to breed indiscriminately and to have almost absolute control over their progeny. We will also be accused of encouraging the state to intrude into one of the few remaining areas of individual freedom. To both these accusations one must plead guilty. The erosion of human freedom must always be resisted. But, at the same time, it cannot be denied that irresponsible parenting results in human degradation which represents a massive threat to social justice...

Excerpted with permission from an article by Cyril Greenland entitled "Violence and the Family", Vol. 71, January/February 1980, Canadian Journal of Public Health.

**Professor, School of Social Work; Associate, Dept. of Psychiatry, Faculty of Medicine, McMaster University, Hamilton, Ontario.*

MENTAL CRUELTY

by G.V. Laury M.D., and J.A.M. Meerloo M.D.

In comparing mental with physical mistreatment, it is obvious that the former is a far more subtle and often a more effective way of doing harm to a child.

Mental cruelty to children is something the mind finds difficult to grasp. We are too much conditioned to the cliché of "loving parents". The parent is depicted as good, decent, self-sacrificing. We are used to thinking of motherhood as synonymous with love and kindness.

It sometimes does happen that a case of mental cruelty is obvious and easily detected, as in severe mistreatment or abandonment of a child. It is less evident in persistent emotional deprivation. Also, it can be very insidious in "little" neglect by the parents or lack of environmental stimulation. Loneliness and long isolation are just as bad for human babies as for Dr. Harlow's famous monkey babies.

Mental mistreatment may take all sorts of forms. Hostile motivation against the child may not even be conscious; it frequently operates on an unconscious level, as in the case of the overconcerned, strict disciplinarian, or, at the other extreme, the "who cares" parent, or the mother and father who create a "frigidaire atmosphere". (Kanner).

Hostile feelings, even when camouflaged, may be detrimental to a child's mental health. Somehow he is able to perceive, absorb and incorporate such feelings and react to them. It is by now well known that children respond to their parent's unconscious wishes. We have in mind, for in-

stance, several babies who refused from the very beginning of their lives to eat out of the mother's hand because they were uncomfortably aware of the hidden hostility in her. In the cases observed by us, these were usually latent schizophrenic mothers.

Best understood and most frequently written about in terms of mental mistreatment is the wound of parental deprivation. This emotional wound may be partial or total, deliberate or inadvertent, open or masked. This theme was studied by Bowlby during the Blitz of London when children were evacuated, while the parents stayed behind. Rene Spitz made a study of another aspect, that of emotionally deprived, abandoned children.

By contrast, we are all familiar with the type of mother who smothers her child with kindness. Overconcern may also degenerate into mental cruelty. We can kill with kindness. A baby may feel trapped in the constant gaze of the all-controlling eye of the mother. Furthermore, parents who lack understanding may react with anger to a child's response of withdrawal, and reject him even more. The child's strategy of silence infuriates them. Still other parents are continually demanding peace and quiet. "Be still, play by yourself, don't bother me."

Too early the child is forced to learn to restrain his impulses, while parents use their sweet reasonableness as a mental big

There is probably no legislation possible to protect the child from this insidious abuse, which can cripple the budding human being for life.

At first, the results of mental cruelty are painful but still reversible. Later on, they become more severe and permanent.

stick. "Behave yourself" is the watchword. So the child learns to be diplomatic with his parents and weigh his words and actions. This early conditioned hypocrisy will bother him all his life.

At first, the results of mental cruelty are painful but still reversible. Later on, they become more severe and permanent. A child may show only slight signs of depression or withdrawal, and it takes a well-trained professional to recognize the symptoms. At a later stage the pathology may become more evident and serious as suicidal ideas crop up.

Bowlby held it to be essential for mental health that the infant or young child should experience the warmth and intimacy and continual physical nearness of his mother, and that both should derive satisfaction and pleasure from being together. A young child's prolonged deprivation of maternal care may lead to considerable damage to his mental health. "Psychopathic personality, anxiety, depression," wrote Bowlby, "are almost certainly consequences of deprivation experiences or have been exacerbated by them."

Lebovici also feels strongly that early frustrations play a part in illness. Spitz described what he called hospitalism as a cause of emotional deprivation resulting in anaclitic depression, the latter leading in some instances to depressive withdrawal. He also noted in the institutions he studied that where the mothers and their affectionate care were not restored, 34 out of the 91 babies died over a one-year period.

Recently there has been a surge of emphasis on the "acquired" or "environmental" mental retardation, the inhibiting milieu creating the retardation. In a study of 150 delinquents, A.J. Simon concluded that

"ample evidences of rejection are constantly observed in parent-child relationships...Of importance, particularly in the etiology of mild mental retardation are the complex physical and psychological deprivations to which some youngsters are **exposed in their families and communities.**" It would be difficult to enumerate all these factors, which include such hazards to sound growth and development as poor nutrition, unhygienic environment, general neglect, inadequate mothering and lack of intellectual stimulation.

Mental abuse can lead to a whole string of emotional disturbances, mental retardation and even retardation of physical growth. A child so traumatized may turn into an adult who retains or adopts his parents' patterns and inflicts harm on his own offspring, just as he himself was hurt. This pattern may go on repeating itself endlessly from one generation to another. Compulsion neurosis is especially known for this pattern of pseudo-heredity. It puts us in mind of a French novel about an illegitimate boy who grew up to become a travelling salesman and went from city to city impregnating a girl in each place, peppering the globe with bastards.

If physical mistreatment can lead to mental consequences, the reverse holds true for emotional malnourishment. Two pediatricians, Drs. Patton and Gardner, present a series of case histories revealing that maternal deprivation may produce a severe delay in physical growth. "Delay in growth and development," they conclude, "may at times be a truly psychosomatic disorder."

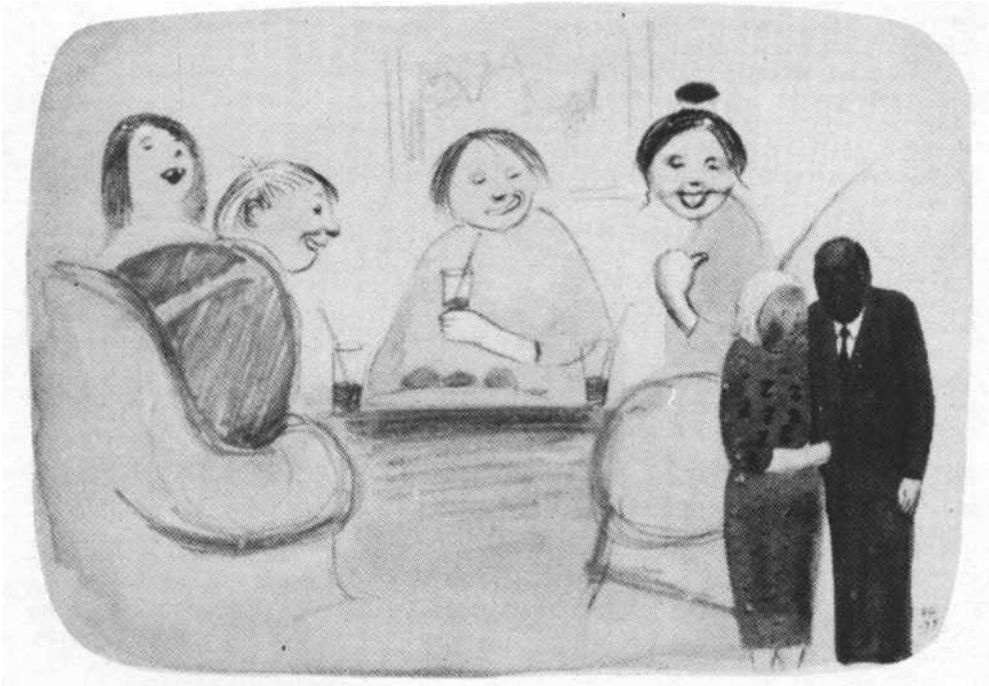
In *Feelings that Kill* Dr. Bloch traces the origin of some cases of neurotic depression back to the infanticide wishes of the parents. "It appears that the child's

Bowlby held it to be essential for mental health that the infant or young child should experience the warmth and intimacy and continual physical nearness of his mother, and that both should derive satisfaction and pleasure from being together.

response to the parents' more or less hidden wish for infanticide may be an essential element in the genesis of neurotic depression." Similarly, in *The Unwelcome Child and His Death Instinct*, Ferenczi has written

that such children observed the conscious and unconscious signs of the aversion or impatience of the mother, and their desire to live had been broken down thereby.■

Excerpted from "Mental Cruelty and Child Abuse" by G.V. Laury M.D. and J.A.M. Meerloo M.D., Psychiatric Quarterly (Supplement), Vol. 4, 1967, Part 2. Reprinted with permission from the Human Sciences Press, 72-5th Avenue, New York, N.Y. 10011, publishers of the Infant Mental Health Journal.



Once there were some children who used to get together on weekends. And of course they had to take their parents with them, although their parents really didn't want to go because they mostly had to sit still and listen to how their children talked about things they had asked them never, never to tell anybody. And when they did, the children burst out laughing and their parents wanted to sink through the floor for shame. (Carl Z.)



THE
CANADIAN SOCIETY
FOR THE
PREVENTION OF CRUELTY
TO
CHILDREN

CSPCC CREDO

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,

We Believe That:

I. 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.

II. 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.

III. 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:

I. Re-evaluate all our institutions, traditions and beliefs from this perspective.

II. Oppose and weaken all forces which undermine the desire or ability of parents to successfully carry out a task which ultimately affects us all.

III. 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.

"Some day, maybe there will exist a well considered and yet fervent public conviction that the most deadly of all possible sins is the mutilation of a child's spirit ..."

Erik H. Erikson

If Our Credo Makes Sense To You . . .

JOIN THE CSPCC TO: Strengthen an organization that is dedicated to a renewed emphasis on the values of Trust, Empathy and Affection.

JOIN THE CSPCC TO: Learn more about the Prevention of Emotional Damage. Better preparation for parenthood, greater concern for proper care during pregnancy, obstetrical practices which facilitate bonding, a higher priority for the empathic care of infants, higher status for homemakers, and stronger community support for parents with young children are examples of such preventive measures.

JOIN THE CSPCC TO: Keep in touch with others who share these concerns by receiving the CSPCC Journal regularly.

Child battering and other forms of bodily assault have this enormous advantage:

The attacker and the victim both know who is doing what to whom. The results are observable at the time the crime is committed, and the damage can therefore be treated.

In contrast to this kind of identifiability, the brutalizing of innocent minds often appears as **virtue** to the assaulter, as care to the victim, and as a strong sense of **duty** to any witnesses. No one sees a crime; the consequences appear years later as murder, rape, theft, alcoholism, chronic failure, or most often, plain and costly unhappiness.

A public bewildered by the social cost of these problems looks around for someone to blame, and can find only a victim who has long since forgotten how he was crippled.

Heart disease, alcoholism and smoking are now well known as social problems. Being known, and being visible, they are a small threat in comparison with the systematic mental crippling of children. Surely, also, the sum of human misery arising from disease can be no more than the frustration, self defeat and sadness passed on by one blinded generation of children to the next.

Morality has nothing to do with the urgent need to prevent psychological abuse. In a world menaced by its own need for self destruction, it is a matter of survival.

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Tis unto children most respect is due.
Juvenal

**The child should spend a substantial amount of time
with somebody who's crazy about him.**
Bronfenbrenner

**Infancy is the perpetual Messiah, which comes into the
arms of fallen men, and pleads with them to return to
paradise.**

Emerson

TVOntario 

**ACADEMY
FOR
PARENTS**

How is your child unfolding emotionally?
How are your child's mind and skills being nurtured?
How is your child adjusting to the world around?
How are your child's special needs being cared for?

These are some of the concerns of every parent. But where can you obtain guidance and advice about good parenting—in particular, easily accessible information—when your time and mobility are limited?

At TVOntario. Beginning in January 1981, a 12-part television series will be devoted to parenting. Television programs, learning guides, and other materials will help you to understand the meaning underlying your child's development and behavior.

The Parents' Academy will provide—in the comfort of your own home—learning guidance, imaginative television viewing, resource information, and personalized feedback to your exercises and opinions, throughout the 12-week learning experience.

Join the Parents' Academy. Take time to reflect on your relationship with your child.

How does The Academy Work?

An Academy participant will be provided with a handbook containing a detailed outline of the television programs (including broadcast times on TVOntario stations across the province) and the scheduled times of repeat broadcasts. In addition, the handbook suggests questions, as a follow-up to the television programs, a list of supplementary readings, a set of **essays** which serve as an important backup for the ideas and issues presented in the television programs, and suggestions on ways to organize a self-learning project.

As an additional option, participants may receive five sets of multiple-choice questions to which the Academy Team will give individualized response. This option, however, is limited, and applications will be accepted on first-come first-serve basis. Three editions of the Academy newsletter will allow a sharing of experience and observations with other participants.

Arrangements can be made (by providing the tapes and help with playback and monitor equipment) to set up viewing sessions in schools, libraries or community centres in areas which do not receive the TVO signal, either in Ontario or other parts of Canada.

For further information write to: The Parents' Academy, TVOntario, Box 200, Station Q, Toronto, Ont. M4T 2T1 or call toll-free 1-800-268-8848 in Ontario.

HOW TO GROW A PARENTS GROUP

to meet

THE REAL NEEDS OF PARENTS

THE NEED TO ACQUIRE THE SKILLS AND TOOLS OF OUR PROFESSION

There is no apprenticeship period for the job of PARENT. One day we imagine ourselves as parents; the next day we become them. Unfortunately, expertise comes with practice, and we can't practice raising children before the fact of their existence. Even as we gradually develop competence, we want to move beyond learning by trial and error. Through their writings, child care professionals can assist us in escaping the trial and error learning syndrome, but they can't monitor our applications of their theories nor answer our follow-up questions: "But, what if?" "What do you do when?" And so we go on groping for answers. How many of us have not had moments, even days or months, when our fondest wish is for T. Berry Brazelton or Lee Salk to pay us an extended visit and act as our Child Care Expert-in-Residence? Booklearning may begin the acquisition of parenting skills, but what sustains it is exposure to ideas-in-practice.

THE NEED FOR A SENSE OF COMMUNITY, A FEELING OF SHARED ENDEAVOUR

Our mobile society has stripped many parents of traditional sources of support: the extended family, the closely-knit neighbourhood, the comfort of long-familiar surroundings. Too often we confront our problems alone. Too often we absorb our parenting skills in a vacuum, limited by the confines of our individual knowledge and practical experience. If we could pool that knowledge and experience; if we could learn from the example of others, we could progress more rapidly. Had we a forum in which to sort through ideas and evaluate our attitudes and methods, how much more confident we could be.

THE NEED FOR HEIGHTENED PARENTAL SELF-ESTEEM

In any job, positive reinforcement is a strong inducement to continuing efforts. Everyone appreciates a flattering mirror in which to see oneself. As parents, our job offers no immediate measures of success — no paycheques, no promotions, no merit increases. At the same time, we function in a society which glorifies self-actualization, offers attractive alternatives to parenthood, yet takes for granted the arrival of a sane and competent next generation. Is it surprising, then, that we should need a large measure of positive reinforcement? But where to find it. Non-parents seldom give it to us; our own parents are a generation away. We must receive it from our peer group. Young parents can be the flattering mirrors for each other. They can help and support each other. They can strengthen their collective self-image by believing in parenting as a valued art.

No lack of Information

No one can say that parents of infants and preschoolers lack for information on child development. Or manuals on how to parent. Or theories on how to handle every possible childrearing situation from birth to kindergarten. Experts advise us in specific detail on how to raise a brighter child, toilet train in 24 hours, quell temper tantrums, and cook nutritious kid-pleaser meals. We can scarcely scan a newspaper or magazine without noting an analysis of parenthood, complete with ten easy steps for finding more fun in family relationships.

Advice Not Enough

Advice is often helpful, theories instructive. Yet, by themselves, parenting theories and advice still leave many of us feeling alone and uncertain. While one expert exhorts us to teach our babies, another warns us not to push our preschoolers. If one pediatrician subscribes to consistency in discipline, another is sure to advocate flexibility. Our parental self-esteem is bolstered by one article which credits us with choosing society's most vital profession; another article suggests that our choice has led us into the "baby trap".

Although parents have much to learn, we are not starved for analyses of our roles or suggestions for better on-the-spot performances. We have needs beyond those that can be satisfied by the advice of experts.

One alternative which seems to satisfy all these needs is the creation of local parent support organizations. This is the subject matter of HOW TO GROW A PARENTS GROUP. It is our belief that parent groups can answer the general needs of parents in constructive, specific ways; by providing training for the acquisition of skills, a forum for the exploration of ideas, and encouragement of the concept of parenthood as a creative profession.

A parents' group doesn't have to be big. It doesn't have to have a clever acronym title, it doesn't demand a hierarchy of officers, and it won't falter just because it lacks funds. What sustains it is its willingness to offer a hand, lend an ear, keep a flexible eye on its future, a rigid hold on its ideal.

"We discovered....that by banding together, trading both crises and trifles, the new and sometimes frightening responsibilities of mothering and fathering can be faced courageously and happily."

With this discovery, a small alliance of new families flourishes into a large organization for the support and education of parents. The story of its growth, and the complete guidelines for forming a similar group are the subjects of

HOW TO GROW A PARENTS GROUP

Reprinted with permission from: How to Grow a Parents Group. Copyright 1979 by the International Childbirth Education Association Inc. This 211 page book sells for \$6.00 U.S., plus \$1.25 postage and handling. Generous quantity discounts are available (eg. 5 - 50 copies @ \$3.60 each plus shipping and handling), payable to ICEA Book centre, P.O. Box 20048, Minneapolis, Minnesota, 55420.

The International Childbirth Education Association is a non-profit, interdisciplinary, primarily volunteer organization representing groups and individuals who share a genuine interest in the goals of family-centered maternity care, infant care, and parenting.

How Parents and Babies Fall in Love

THE LANGUAGE OF PARENT-INFANT INTERACTION

The question of what goes on in the relationship between mother and child that makes it so unique and important is one which has consistently arisen since researchers began to study infant mental health, at the time of the Second World War.

Rene Spitz

At that time, Spitz noticed a syndrome or number of behaviours in institutionalized children which was comparable to that seen in institutionalized adults living in the back wards of mental hospitals. Children who had this syndrome seemed to have a poor appetite and a lack of emotion. They were listless and unresponsive. As he observed these institutionalized infants, Spitz noted that something very interesting happened when adolescent mothers, who had come to have their babies in these institutions, departed. This usually happened when the babies were about six months old. Soon after their mothers had departed, these babies dramatically changed with respect to their behaviour, emotions and appetite. The developmental push of these five and six month old babies declined. As well as showing reduced appetites, they began to pluck their hair, skin and eyebrows. Their emotions became bland and then, interestingly enough, this blandness changed to an indiscriminate responsiveness such that the babies would smile at anyone who approached them.

Freud and Billingham

Shortly after these changes were documented, Anna Freud and Dorothy Billingham, who ran a number of prestigious

residential nurseries in and around London, began to notice the same syndrome. Up until that time, they had had children who had lost their parents at birth. However, with the onset of the Second World War, they were getting children whose parents were involved in or had been killed in the war. Within seventy-two hours of admission to the nurseries, these particular children exhibited some amazing changes. If, for example, they had been toilet-trained, they would lose this ability. Their appetite dropped off noticeably and their emotions or affect became bland. The aggression they exhibited towards their own bodies was even more severe than that noted by Spitz. The children plucked at their skin until it bled and pulled out their eyelashes, eyebrows and hair. This phenomenon aroused the curiosity of Freud and Billingham. They initiated a number of experiments, most of which had to do with trying to change the hospital environment. No appreciable results were achieved. Finally, they tried to replicate the one thing the babies did not have then but had had before - someone who cared especially for them, a "primary caregiver". Four babies were assigned to one nurse whose role it was to be a "mother" to these infants. She was to remain with the babies all week, day and night (as opposed to being relieved on a shift system basis). The results were dramatic. The babies changed positively and swiftly, although not immediately. In the first few days, it was noted that the aggression of the babies increased. However, rather than acting aggressively towards themselves, the babies were acting aggressively towards each other in their

Infants, from the beginning are individuals who are very much alive and reciprocating.

"family group", seemingly in an attempt to gain the attention of their nurse.

The implications of this research seemed to be that the babies could tell the difference between their mothers, fathers, familiar caregivers and other people. Furthermore, it seemed evident that when a dramatic change in caregiving occurred early in infancy, the baby not only noticed this change, but his whole self rebelled against this change. This realization initiated a research effort which has attempted to answer the following questions: What in the world is it about infancy that is so special? What is it about primary caregiving that seems to make a difference? How is it that the, once-thought, meaningless organism called an infant grows? What is it that he responds to and seems to need in his development? One of the significant findings from this research has been that infants, from the beginning, are individuals who are very much alive and **reciprocating**. The relationship between the infant and primary caregiver is, thus, a mutual or two-way relationship.

Fraiberg discovered this in the process of studying blind babies. Initially, she believed she was looking at a group of babies which was abnormal in physical and developmental terms only. She simply was wishing to discover how blind people grow. However, she was shocked to find that a disproportionately large number of blind and deaf-blind babies were mentally retarded for no apparent or logical reason. Furthermore, there was a similarly large number of abused blind children. How could this be when one would expect that a handicapped child would generate greater sympathy from his parents? One would, indeed, think that the parents of such a child would be even more inclined than usual to give their child love and support. Fraiberg began to wonder, then, about how the relationship between the parent and handicapped child develops.



The relationship between the infant and primary caregiver is, thus, a mutual or two-way relationship.

...babies are not simply placid organisms

She started her work by studying a nine year old blind boy whose mother couldn't stand to be near him. This had been the case since he was two years old when she had finally resorted to hiring a nanny to take care of him. The boy was developmentally handicapped, small, often acted strangely, and had no desire to engage in any activity whatsoever. After several weeks of spending time with him, Fraiberg noted that he began to claw at her, sometimes at her face and sometimes from behind. His mother recollected that he had begun to claw at her when he was two years old and, in fact, this had been the "last straw", the point at which she had hired a nanny, feeling she could no longer stand to be near him. Fraiberg concluded from this that the attachment which existed between this blind boy and his mother had been very much affected by his inability to see.

In order to better understand what it was that this mother had gone through in turning away from her son seven years before, Fraiberg decided to study the development of blind infants. She soon realized that there was a distinct difference in the interchange between a blind infant and his parent and the sighted infant and his parent. She found that when a sighted mother came into the room of her sighted child, the child's posture would become alert. On seeing and hearing his mother, the child would turn his head. As she began to talk to him, his body would begin to move. In fact, his legs and arms would begin moving in rhythm with her voice. As she approached, his cheeks would redden and his eyes widen. In anticipation of being picked up, his shoulders would arch. When picked up, he would nestle, chest to chest, with his head on his mother's neck. As he nuzzled into her body, she typically would be rubbing his back and the overall impression would be one of a "circular kind of peace".

But what is so remarkable about a scene such as this? Indeed, there appears to be nothing unusually significant about it - until you take an element away from it. Suppose, for a moment, that the child is deaf and/or blind. When the mother enters the baby's room, the baby doesn't hear or see all that the sighted, hearing baby does. Thus, some of the mother's actions are not attended to. Because he does not hear the mother's footsteps and voice, the deaf baby will be placid. Unaware of her presence, he will not greet her with moving arms, reddened

cheeks, widened eyes and arched shoulders. Thus, the parents of handicapped children miss out on some of the greeting reactions that parents of sighted children joyfully anticipate and participate in, without even thinking much about it.

To make matters worse, some handicapped and premature infants are also hypersensitive. Not only are they placid, almost lifeless, when the parent enters the room, but they also may, on being picked up, scream loudly. Imagine the thinking that must go on in the parent at that time! "Oh dear, what have I done? I knew he didn't love me! My body failed him by making him blind. I can't do anything right." At that point, the parent may put the baby back down, or if she pursues and decides to hold the baby, will often do so rather gingerly and tensely. The baby very likely is held off, rather than nestled in the crook of the neck where, for both parent and child, there can be the pleasurable sensation of being "all together".

What does all of this suggest?

First of all, it indicates that babies have a great deal to do with the outcome of the parent-child interchange. It suggests that the quality of the parent-child relationship depends on the reciprocation, the give and take, of two fully alive individuals. If some element of what the baby can give in that interchange is taken away, the parent doesn't get what he needs from the baby and it shows.

Secondly, it appears that Fraiberg has arrived at a whole new explanation for some kinds of mental retardation, developmental delay and child abuse. Her hypothesis is that mothers and fathers do not get what they want from their handicapped babies. As a result, they turn away because something in the interchange is missing for them. Their babies are, consequently, deprived of stimulation, affection and primary care.

Thus, in the case of the relationship between the nine year old blind boy and his mother, there must have been something in their interchange that had been so painful that the mother had had to turn away from

...parents and babies "fall in love" with each other...just as any two human beings fall in love, through touching, talking and looking exchanges...

that child. It is possible that the boy's clawing had been an attempt to draw his mother into a more satisfactory interchange. Indeed, it was noted that his clawing of Fraiberg declined when he was reassured that she would return.

What is exciting about Fraiberg's findings is the realization that babies are not simply placid organisms. Their parents do not have a "love hormone" in their blood that helps them to happily awake at two

o'clock in the morning to change wet diapers. Instead, parents and babies "fall in love" with each other over time. Just as any two human beings fall in love, through touching, talking and looking exchanges, so, too, do parent and child fall in love. The looking, talking and touching which goes on between the parent and child in their interchanges are the basis upon which a loving relationship develops.■

This article was prepared for the Journal by Susan Arnold and Thérèse Maheu from a lecture presented by Michael David Trout, M.A. at the 4th Annual Conference of the Michigan Association for Infant Mental Health. Mr. Trout is the Director of the Centre for the Study of Infants and their Families, and has for the past seven years, been engaged in research and clinical practice in the treatment of disorders in infancy. He is also President of the International Association for Infant Mental Health, 110 West Downie Street, Alma, Michigan, 48801.

**Tis sweet to feel by what fine-spun threads
our affections are drawn together.**

Laurence Sterne

EMOTIONAL AVAILABILITY: MUTUALITY AND REWARDS FOR INFANCY

Today, parenting cannot be taken for granted. It is well-known that abuse and neglect of children is widespread. Parenting is time-consuming and demanding. Furthermore, in an age of concern with women's rights, the anticipation of parenting can complicate decisions about careers. Thus, young adults today are asking questions which have seldom been asked before. Most commonly, they are asking, "What are the rewards for being a parent?"

"EMOTIONAL AVAILABILITY" DEFINED

In identifying the ways in which infants can be rewarding to parents, it becomes clear that these rewards have a reciprocal or two-way nature which can be tied in to what has been called "emotional availability" in infancy. An infant's "emotional availability" involves his ability to express his own emotions and to make use of the emotions expressed by others, especially his caregivers. Emotions, in a sense, can be considered to be a universal language, one which is used in caregiving, loving and exploring. By understanding the emotional language which is used in infancy, it has been possible to identify forms of pleasure for a baby, and to determine what sometimes gets in the way of these pleasures. Sometimes, similarly, something gets in the way of, or conflicts with, the pleasures of parenting. It is believed that, by considering and stressing the pleasures of infancy, clinicians will perhaps be better able to promote the best possible development of the infant and their families.

How, then, are babies rewarding?

THREE PHASES OF SOCIAL INTERACTION IN INFANCY

It has been found that the reward system of the infant is biologically-based. There are three different phases of social interaction in infancy which are determined by the biological development of the baby.

Stage One: 0-2 months

The cuddliness and appealing appearance of the baby at this stage is, to begin with, rewarding to the parent. So, too, is the change that comes when an infant is soothed and settled after he has been thrashing and crying. There is, indeed, a reward in knowing that the baby enjoys being held and comforted. When he becomes alert and looks into the face of the parent, he is again rewarding.

Stage Two: 2-7 months

From two months to seven months of age, the baby experiences a stage known as that of "awakening to sociability" where a dramatic change occurs in his ability to socially interact. Now he is less fussy. He looks at people, smiles and coos. He is awake more in the day and less so at night. Not only does he seem to be more playful, but he also seems to be increasingly involved in learning. Needless to say, all of these changes are rewarding ones for the parent.

Stage Three: 7-12 months

At seven months, the baby enters the third stage which is known as the "onset of focussed attachment". In this stage, which lasts until one year of age, the infant shows distress when the parent leaves. Substitute caregivers such as babysitters are no longer happily accepted by the baby. Although this can cause frustration in dealing with babysitting situations, the parents find this development rewarding, for they feel needed and irreplaceable. Again, too, the baby experiences more wakefulness during the day. Other rewarding advances at this stage are the infant's increased mobility and emotional and intellectual capacity. Now, for example, he experiences pleasure in advance of being approached by the parent. He is playful, enjoying such games as "peekaboo" and give and take interchanges.

Infants who have been rewarded are more likely to be rewarding.

Having noted the ways in which the infant can be rewarding to his parent, it is perhaps now, important to illustrate the ways in which parents reward the infant. First of all, they set up a rewarding atmosphere, in which the baby learns to expect that good things will happen. This leads to the development of a sense of trust in the infant. They, as we are aware, reward the infant by satisfying his needs for hunger, comfort, thirst and warmth. They encourage exploration, ensuring opportunities for the baby to master and be effective. They are rewarding in their talking, smiling and laughing, as well as in their rhythms of eye to eye contact, reaching, touching, holding, and coming and going.

Another factor seen in the developmental process involving parent and infant is that the rewards for each of them result from sequences of interactions and they are reciprocal. What has been found, in this regard, is that infants who have been rewarded are more likely to be rewarding. Correspondingly, parents who reward are more rewarded. They are more likely to feel better about themselves and to continue caregiving effectively. Since parents, too, have been parented, what they can draw on from their past experiences can influence the ways in which they will feel rewarded and be rewarding to the infant.

Thus, we can see that the parent, in giving to the infant, may be giving to himself/herself. It has, furthermore, been appreciated that parenthood is a developmental phase in its own right and it can be self-fulfilling. Finally, there are apparently built-in rewards in the two-way interaction of the parent and child with the participants feeling pleasure in the back and forth rhythms and sequences of social interactions. In fact, it has been found that an interruption of these sequences and interactions can result in distress for the infant and/or parent.

These two-way rewards experienced by

the infant and parent can be viewed as part of a larger emotional availability system in infancy. In early infancy this system exists for the purpose of ensuring the infant's survival but, increasingly, it serves his social development, exploration and learning. In this system, the infant, through emotional signalling, tunes in to his mother and she, through emotional signalling, tunes in to him. It is important for the infant to be able to express a range of emotions in order to engage the mother. These emotions can vary from positively-toned emotions such as happiness, interest and surprise to negatively-toned emotions such as distress, anger, sadness and disgust. The infant's emotional signalling allows the mother to get an idea of his needs and readiness for learning. For the relationship to be satisfying for both, the infant must be emotionally responsive to the mother by signalling "where he is at", how she is doing with him, and that she is needed and appreciated. His emotional signals can confirm to her the fact that she is loved and learning and development are taking place. Correspondingly, the parent must, not only be present, but must make herself emotionally available if this system is to work. A parent who is emotionally available and fully responsive to the emotional language of the baby, who offers a rich variety of individualized activity in an overall context of parental interest and enjoyment, is considered to be a flexible, rewarding parent.

It is felt that emotional availability has a great deal to do with how well a family operates. If things are going well in the family, there will be a sense of prolonged pleasure and a range of emotional expressions in the parent and child and in their interactions. On the other hand, if early development is not going well, there will be signs of "turning off". There will be little pleasure and a diminished engagement with the world. The infant will not show a wide range of emotions but will express specific displeasure.

Correspondingly, parents who reward are more rewarded. They are more likely to feel better about themselves and to continue caregiving effectively.

SOME SUMMARIZING PRINCIPLES

Studies of the development of normal infant emotional signalling have resulted in a number of summarizing principles. The principles regarding the caregiving perceptions of infant emotional signalling are as follows: 1) Infant emotions are consistently recognized, 2) Infant emotions are related to caregiving interventions, 3) Mothers appear to be pre-tuned to respond to infant emotions, 4) Individual differences in maternal perceptions of infant emotions are likely to be significant.

Similarly, the principles regarding the infant production of emotional signals are as follows: 1) Infant emotional expressions are patterned, 2) Infant emotional expressions are linked to physiological states or situations, 3) There are individual differences in infant emotional expressions.

HOW DO INFANTS BECOME TUNED TO READ THEIR MOTHERS' EMOTIONS?

In carrying out these studies, it was found that the use of, or "referencing", of maternal emotions by infants has been much more important than ever realized. The question that was then asked was, "How do infants become tuned to read their mothers' emotions?" It was realized that, first of all, the infant has a developing capacity to use his emotional signals to guide his exploration and learning. Secondly, the infant not only discriminates among facial patterns, but comes to give them emotional meaning. Finally, it was shown that the infant responds, not only to his own internal emotional activity, but to the internal emotional activity of others. Thus, the infant comes to make use of, or "reference", the emotional signals of others, especially those of his mother, in order to regulate his own actions.

EMOTIONAL REFUELLING

It seems, then, that mothers are viewed by their infants as being a secure base from which they are most likely to deal with uncertainty. They deal with this uncertainty by deciding in favour of exploration and interest as opposed to fear and withdrawal. Some researchers have described this as a "checking back to mother" reaction.

Mother, it seems, becomes the point of orientation during situations of uncertainty. Other researchers have mentioned that an emotional "refuelling" process occurs. This process refers to the tendency of the infant to come to his mother occasionally, for a brief contact with her, and then move out again. What seems to be apparent from this is the fact that, in many circumstances, the mother's presence alone is not sufficient for resolving uncertainty. There are, in fact, critical emotional signals which she displays. A mother's signalling in such situations and her infant's perception and utilization of these signals has become the newest area of research.

A number of researchers have been impressed, over the years, with the frequency with which infants look towards their mothers when they seem to be experiencing uncertainty. They noticed that the nature of maternal referencing seemed to change as a function of age. There were, it seemed, two phases, an early stage and a second phase occurring at about ten to twelve months and showing considerable emotional discrimination. Consistent with this finding is the fact that a number of investigators have suggested that the second half year of life may be a time when infants become sensitive to changes in the emotional expressions of adult faces. Interestingly enough, this coincides with the beginning of the stage of "focussed attachment" in which there is a change in emotional expressiveness. It has, furthermore, been shown that, at seven months of age, there is a change in the infant's ability to respond to abstract pattern arrangement. Thus, the infant seems to have, by this stage, the necessary skills for recognizing and making use of his mother's facial expressions and emotions.

Emde studied maternal referencing by infants using three models including a stranger's approach, a toy-play situation, and a visual cliff experience. In the visual cliff situation, there was a glass surface under which there appeared to be a shallow end and a deep end. The infant was encouraged to cross this visual "cliff" while the mother watched, first smiling, then looking fearful, and then smiling. There was evidence to believe that the mother's emotional expressions did influence her baby's behaviour.

Even more illustrative of the significance of maternal referencing for infants was

...the infant responds...to the internal emotional activity of others.

Presence is not Enough



Courtesy Paul Forde, Ontario College of Art, Toronto

Emde's study which he called the "library paradigm". His thinking for this study was that infants periodically refer to their mothers' faces to confirm their emotional availability. Given this, he thought that an infant's experience in an uncertain situation would probably be inhibited by maternal signals of unavailability. He presented fourteen and fifteen month old infants with a situation of uncertainty. In the control group the mothers were available physically and emotionally. However, in the experimental group the mothers were available physically but not emotionally. They had been instructed to read a newspaper.

The results of this study were dramatic. It was found that there was more overall pleasure shown by the infants whose mothers were emotionally available. These infants also showed greater exploration and interest in activities. As well, they

touched their mothers more often, but for shorter periods of time. It seemed that these infants could more quickly get "refuelled" emotionally by their emotionally available mothers than could the infants whose mothers were unavailable emotionally. Whereas the infants whose mothers were reading played quietly and seriously, the infants whose mothers were emotionally available experienced a higher level of play. Consequently, Emde nicknamed this study "Presence is not Enough", for it showed that a mother's emotional availability, not just her physical availability, is important for the infant.

One can conclude from this discussion of the research that there are many rewards for being a parent. Indeed, parenting can be fun! It can be especially rewarding if the parent makes herself/himself emotionally available to the infant. ■

This article was prepared for the Journal by Susan Arnold and Thérèse Maheu from a lecture presented by Robert N. Emde, M.D., at the 4th Annual Conference of the Michigan Association for Infant Mental Health. Dr. Emde is Professor of Psychiatry, Department of Psychiatry, University of Colorado Medical Centre, Denver, and Adjunct Professor of Psychology (Developmental), University of Denver.

EMOTIONAL CHILD ABUSE

By Eleanor Cooper*

There are three aspects of child abuse listed in the Child Welfare Act. They are physical abuse, sexual abuse and emotional abuse. Of the three both physical abuse and sexual abuse, although not always readily apparent, can still be recognized and reported. Emotional abuse is much more elusive and far harder to detect. Because of this difficulty very little written information is available for this phenomenon. This article will attempt to rectify this problem and will try to explain where emotional abuse may occur and how to identify it.

Physical abuse, once recognized, can be clearly seen with the naked eye or by x-ray or can be diagnosed when a child is repeatedly brought to hospital with suspicious and recurring injuries. Emotional abuse is far more difficult to detect because of the lack of physical symptoms and first-hand observation of the abuse itself.

Emotional abuse is not a single condition but a whole range of maltreatment which is closely entangled with physical abuse. It describes an abusive environment rather than an abused child. That is why there is no one recognizable or constantly identifiable clinical picture which is diagnostic of emotional abuse.¹ Occasional verbal abuse would not be described as emotional abuse and unfortunately many of us are guilty of that at one time or another. Emotional abuse would be diagnosed if it was continual and repetitious to the extent that it damaged the child's development and personality. Some attempts have been made to describe behavioural syndromes which emotionally abused children repeatedly show. One of the earliest attempts is that of Ounsted who described what he called "frozen watchfulness". MacCarthy said that the emotionally deprived infant or young child is "floppy, apathetic and may show frozen watchfulness".² Guirguis noted that older children who are emotionally abused by their parents maintain a cowering attitude in the presence of adults. A child in a cowering attitude backs away from adults and looks at them carefully and secretly, with his left arm half raised

and ready to move in order to protect his face from unexpected physical or verbal abuse.³

Emotional abuse may occur in the home, schools, youth groups or during organized sporting events. In other words, it may occur wherever children congregate individually or in groups.

In the home the emotional abuse may be by the parent or one or more siblings. It may occur in early infancy and continue right through adolescence and young adulthood. Dr. Deemod MacCarthy, Department of Pediatrics, Stoke Mandeville Hospital, Aylesbury noted that there is a collection of physical signs and symptoms in a child who suffers from lack of maternal affection or warmth. He noted that growth rate can be affected by emotional causes and that when the child is removed from the harmful atmosphere the growth process can be seen to be intact.⁴ To emphasize his point he cites a study done by Whitton et al (1969) whereby his staff brought meals to the homes of mothers whose children were not thriving physically. These meals were a replica of the diet stated by the mothers and were given by the mother to the infant in the presence of a professional worker. These babies, fed in this fashion, began to gain weight quite strikingly. When the experiment was ended and meals were no longer brought to the house, the children once more failed to thrive. Some mothers involved in the experiment confessed to not caring sufficiently about what their children ate, how much they ate or when they had their meals. This lack of concern is implicit in the rejecting attitude and is at the root of the nutritional troubles in most cases.⁵ Certain parents have a need to select a child to be stupid, subjecting the child to chronic devaluation, destructive criticism or over-protection thus stifling the child's assertiveness and mastery of the external world. The child may represent certain unacceptable attitudes of the parent, or of others to whom the parent was related in childhood. Often these children were unwanted or conceived for irrational reasons.⁶ Because of this devaluation, the child is made to feel that he cannot do anything for himself.

**Freelance Writer and Toronto Producer of "In Quest" on Rogers Cable T.V.*

Certain parents have a need to select a child to be stupid, subjecting the child to chronic devaluation, destructive criticism or over-protection...

Such children feel hopeless; they can never do anything right. They have a defective self-image and an intense ambivalence toward the parent, along with the need to comply with the parent's directives. The impact of this type of care is devastating, and the developmental deficit often remains in the form of a character disorder in which the victim feels a lack of self-esteem and an absence of self-confidence.⁷

Modern society has put children at the mercy of other groups. Due to the fact that more mothers are working or are the sole support of their families, children are being placed in day care centres or in the care of babysitters at a very young age (sometimes as young as a few months) and in some instances are being subjected to emotional abuse or deprivation. Because of the difficulty, as stated above, of detecting such abuse, many children are being damaged emotionally. The need for day-care facilities is so great that many of these centres are unlicensed and are over-crowded thus adding a burden to the staff who may already be under-qualified for their positions. Under such conditions, emotional child abuse and deprivation can flourish.

Children who, for whatever reasons, must live in institutional settings are even more at the mercy of the professionals. Schools and residential centres for the blind, deaf, physically or developmentally handicapped, foster homes, residential treatment centres, and chronic or acute hospitals all care for children who are even more susceptible to verbal and emotional abuse than is the normal child.⁸ These children, in many instances cannot define what is happening to them and are at the mercy of those in charge. Fortunately, only a small proportion of these children may suffer such abuse but the community should be aware that such a situation can exist and try to rectify it when it occurs.

Because every child attends school, the number of incidents of verbal and emotional abuse is highest in this setting. Fortunately, there are many outstanding teachers but there are those who through lack of understanding or awareness are guilty of this kind of abuse. This may apply equally to sports coaches, child-care workers and any adult who is in charge of

children.

Emotional abuse of children can take many forms, and it often occurs (as does physical abuse) in the guise of discipline or punishment. There is a difference, however, between discipline and ridicule, between punishment and put-down. Much of what passes for discipline is in fact ridicule, humiliation and put-down. While this may also be true at home, in group settings the humiliation is public not private, and may not be balanced by loving attention or deserved apology.⁹

Three recommendations to aid in the prevention of emotional abuse¹⁰ are:

- (1) Teachers, child-care workers, sports coaches, and other adults giving care to children over periods of time should receive training in the area of appropriate ways of dealing emotionally with children and handling discipline before they can be qualified for positions of responsibility.
- (2) Hiring or recruiting procedures should include screening with an eye toward inter-personal skills, as well as more concrete qualifications.
- (3) All adults involved in sports, day care, education and residential care and other activities involving children should also participate in ongoing in-service programmes designed to eliminate and prevent emotional abuse.

Through public awareness and concern this aspect of child abuse should become more fully recognized and hopefully through education will become less prevalent. ■

BIBLIOGRAPHY

1. Physical Indicators of Emotional Abuse in Children by W.R. Guirguis, British Medical Journal, Nov. 17, 1979.
2. See 1
3. See 1
4. Soc. Med. Volume 67 October 1974
5. See 4
6. Basic Handbook of Child Psychiatry Vol. II P. 24, Joseph D. Nashpity, Editor.
7. See 6
8. Emotional Abuse of Children in Institutional Settings, Nov. 1979. Mayor Mel Lastman's Committee on Child Abuse.
9. See 8
10. See 8

FAMILY-CENTRED MATERNITY/NEWBORN AND EARLY CHILDREARING CARE IN CANADA

by JEANNE MARIE HURD — CSPCC DIRECTOR

The frame of reference is that of health rather than illness, within an environment in which childbirth is appreciated as the cornerstone of family development, and the family, as the cornerstone of society.

INTRODUCTION

Family-centred maternity/newborn and early childrearing care may be defined as the delivery of safe, quality care within the context of both the physical and psychosocial needs of the mother, the father, the child, and the family itself as an integral social unit. The frame of reference is that of health rather than illness, within an environment in which childbirth is appreciated as the cornerstone of family development, and the family, as the cornerstone of society.^{1, 2}

Basic to the implementation of family-centred care is the concept of a team approach, requiring the combined efforts of the woman and her family, health care providers and the community itself. Essential to this concept is respect for the right of the parents to make informed choices about the care they receive, within the limits of safety for mother and child and with the parents' knowledge of the measures needed should risks develop.^{3, 4}

Recommendations for the continuing development of optimal family-centred maternity/newborn and early childrearing care in Canada are made within the context of support for:

- Existing standards as presented by Health and Welfare Canada, Recommended Standards for Maternity and Newborn Care, Ottawa, 1975.

Continuing implementation of appropriate regional plans for

maternal/newborn/early childrearing health services.^{6, 7}

- The availability of family-centred maternal and child services at all levels of care within the regional network.^{1, 3}

POTENTIAL COMPONENTS OF CARE

The most important changes needed in today's services for the childbearing family are already in evidence in some of Canada's major obstetrical centres. Such changes are arising from society's growing acceptance of childbirth as a fundamentally normal process which nevertheless constitutes a significant life crisis in human growth and development. Because of the universality of childbirth coupled with its enormous potential for both positive experience and life-threatening risk (physical and psychosocial), childbirth and the events surrounding it are increasingly viewed as an important opportunity for family togetherness within an environment of professional support. New priorities, such as the promotion of early parent-infant bonding,⁸ are beginning to take their place beside those which concentrate chiefly on the physical safety of mother and child.

In the light of the above climate of conceptual change, certain functional components can be identified which, in appropriate combinations, can promote quality family-centred care. Geographic location, the differing needs of communities, and economic restraints may, of course, substantially modify their use.



U.S.A. Joseph Szabo
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1. PREPARATION OF THE FAMILY FOR CHILDBIRTH

Optimally, preparation for childbirth should begin in the early developmental years of the childbearing couple via the positive role modelling of their own parents, followed by comprehensive family life education in the schools. Such long-term preparation should culminate in intensive education during pregnancy - that highly sensitive period during which both parents are most ready for detailed information about the complex physical and psychological processes which will culminate in the birth of their baby. The total preparation period should include:

- a) Positive parenting, by parents or parent surrogates, especially during the parent-to-be's 0-5 age period;⁹
- b) Family life education, Grades K-12, offered as a basic component of every school's curriculum;
- c) Family planning, begun as a part of (b) and continued into adulthood;
- d) Early identification of pregnancy, with screening (normal; at risk - physical; at risk - psychosocial) and referral for appropriate treatment as needed;^{7, 10}
- e) Early evaluation of prenatal nutritional status with identification and treatment of those nutritionally at risk;^{11, 12}
 - nutritional supplements should be provided whenever necessary to ensure an adequate maternal diet;
 - parents should be informed as to the advantages for both mother and infant of breastfeeding over bottle feeding;
- f) Early screening and counselling regarding the use of alcohol, tobacco, drugs, and other harmful lifestyle practices that adversely affect the healthy development of the fetus.^{14, 15}
- g) Prenatal classes for expectant parents, coupled with home visits to hard-to-reach, at risk parents;¹⁶ both to include information about good prenatal health care, the normal birth process, and possible complications.

2. PREPARATION OF HEALTH CARE PERSONNEL AND THE COMMUNITY FOR CHILDBIRTH SUPPORT

Because the climate for modern childbirth is largely determined by the attitudes of the professional and auxiliary personnel caring for the childbearing family, the importance of professional education focusing on the principles of family-centred care cannot be overstated. Furthermore, because community concerns frequently have a profound effect on the direction professional services take, education outreach to the consumers themselves is of primary importance. This dual approach can be achieved through:

a) Inclusion of the principles of family-centred maternity/newborn and early

childrearing care in the curricula of all professional health care schools:

- b) Continuing and in-service education (re new concepts, trends and practices) for all levels of personnel actively involved in the delivery of care to the childbearing family;
- c) Educational outreach to the community, by the above personnel and by organizations concerned with childbirth education, re contemporary changes in attitudes toward childbirth and services for the childbearing family.

3. INTRAPARTUM AND IMMEDIATE POSTPARTUM CARE

To the greatest extent possible, the values inherent in the physical and emotional closeness of a family-surrounded birth should be incorporated into the philosophy of the birth unit staff. At the same time, the scientific and technological tools and expertise for which modern obstetrical practice is noted should be made available to each family as needed. This balance can be maintained through:

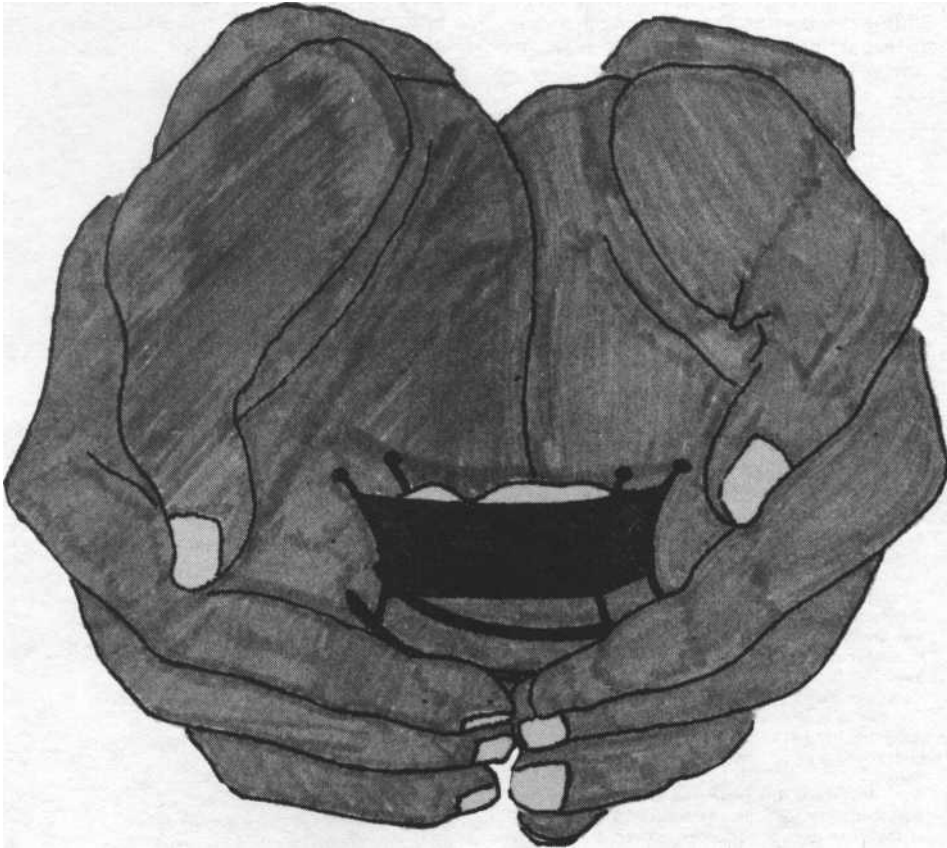
a) Provision of family-centred institutional care* for both normal and high-risk women and their partners, with special attention given to the importance of such factors as:

- The support of normal birth in the same room in which the woman labours, with a separate delivery room in readiness for those women requiring extra medical attention;
- Maximum freedom for the woman during labour, in an environment in which

emergency equipment is ready nearby but maintained out-of-sight;

- Physiological positioning during both advanced labour and birth itself;
 - Promotion of early bonding and breastfeeding;
 - Support for the new family during the mother's confinement.
- b) Concentration of active medical intervention mainly on those women evidencing deviations from the norm, while providing these same women and their families with additional emotional support to meet their extra needs.^{16, 17}
- c) Comprehensive screening for handicap, physical and psychosocial, with the initiation of long-term planning, including appropriate referral, for those families having to cope with either.

*Note: neither new buildings nor completely remodelled obstetrical units are required for conversion to a family-centred philosophy of care.



Courtesy David Rayburn, Twin Lakes Secondary School

4. FOLLOWUP FAMILY SUPPORT

To strengthen the family unit and to bridge the gap in health supervision between the child's discharge from the birth unit and his entry into school, a broad spectrum supportive and preventive program, focusing on normal growth and development should be implemented. Included should be:

- a) Frequent and regular home visits, in consultation with the physician, by a public health nurse, social worker or trained paraprofessional working in conjunction with the above,¹⁸ ¹⁹ during the child's first year for the purpose of health supervision, family support, and explanation of the immunization schedule;
- b) Regularly scheduled appointments with the family physician or clinic for health assessment of both mother and child and immunization for the latter;
- c) Link-up of the family to community resources as needed;
- d) Provision of regular, less frequent, but ongoing health supervision for the child plus support for his family beyond the child's first year.

CONCLUSION

Family-centred maternity/newborn and early childrearing care is advocacy for the quality of life possible in Canada today. An optimal start in life can be promoted and a significant proportion of both physical and emotional handicap reduced through positive supportive and preventive

measures aimed at promoting normal growth and development and strengthening the family unit. Family, professional and community support is encouraged for the continued development of Canadian maternity, newborn and paediatric services within the framework of family-centred care.

REFERENCES

1. Interprofessional Task Force on Health Care of Women and Children (U.S.A.). Joint Position Statement on the Development of Family-Centred Maternity/Newborn Care in Hospitals. Chicago, June 1978.
2. Canadian Paediatric Society. Family centred perinatal care. Sherbrooke, 1979.
3. Committee on Perinatal Health, the National Foundation - March of Dimes (U.S.A.). Toward improving the outcome of pregnancy: recommendations for the regional development of maternal and perinatal health services. 1978.
4. Enkin MW. The place of prenatal classes. Canadian Family Physician. Reprinted in Great Expectations. Winter, 1979.
5. Health and Welfare Canada. Recommended standards for maternity and newborn care. Ottawa, 1975.
6. Cudmore DW, Scott KE. Outline of the reproductive care program for Nova Scotia. Nova Scotia Med B October, 1974.
7. The Joint Committee of the Society of Obstetricians and Gynaecologists of Canada and the Canadian Paediatric Society. Regional services in reproductive medicine, 1971.
8. Klaus MH, Kennell JH eds. Maternal infant bonding. St. Louis: C.V. Mosby, 1976.
9. Helfer RE, Kempe H eds. Child abuse and neglect: the family and the community. Cambridge: Ballinger, 1976.
10. Wynn A, Wynn M. The prevention of preterm birth: An introduction to some European developments aimed at the prevention of handicap. London: Foundation and Research in Child-bearing, 1977.
11. Higgins AC, Crampton EW, Moxley JE. Nutrition and the outcome of pregnancy endocrinology. Washington, D.C.: Excerpta Medica, 1972.
12. Ross SF, Rutter AC. Healthiest babies possible. An outreach programme, city of Vancouver health department, 1978.
13. Jacobson HN. Diet in pregnancy. N Engl J Med 1977; 267(19): 1051-1053.
14. Landesman-Dwyer S, Emmanuel J. Smoking during pregnancy. Teratology 1979; 19: 119-126.
15. Streissguth A. Maternal drinking and the outcome of pregnancy: implications for child mental health. Am J Orthopsychiatry 1977; 47: 422-431.
16. Enkin MW. Family centred care for the high risk. Address to NAPSAC, Atlanta, 1978.
17. Shosenberg N. The premature infant: a handbook for parents. Available from The Hospital for Sick Children, 555 University Avenue, Toronto.
18. Fendall NRE. Auxiliaries and primary medical care. B NY A Med November, 1972.
19. International Childbirth Education Association, Inc. Position paper on planning comprehensive maternal and newborn services for the childbearing year. Milwaukee, 1978.

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Un Perversion Préventable

De nos jours il n'existe qu'une menace sérieuse à l'humanité et cette menace provient des êtres humains eux-mêmes. Le fait que nous sommes prêts à être hostiles les uns vers les autres est certainement le plus grand problème de l'humanité, un danger fatal au genre humain pour l'avenir imaginable. L'enfant comme il mûrit et fait l'expérience de la vie est plus en danger des autres personnes que de d'importe quelle autre source. Pour établir cette réalité il ne faut pas faire une liste des faits. On témoigne partout des exemples d'une hostilité énorme - l'empire tyrannique de la droite ou de la gauche qui persiste dans beaucoup de pays du monde; le fait que les nations modernes gaspillent des ressources innombrables pour réaliser une mobilisation capable de détruire notre globe, nous fait penser aux lemmings se précipitant à leur propre mort dans la mer, les taux de crimes violents, de divorces et d'abus endure par des épouses et des enfants augmentent à des dimensions énormes. Mais le fait que notre brutalité envers nos frères humains a ensanglanté chaque page de notre histoire passée et présente, n'indique point qu'une telle conduite est inévitable ou essentielle à la nature humaine. Si nous examinons de près la façon d'agir de la race humaine, elle a toutes les caractéristiques non de la nature mais de la maladie, de la psycho-pathologie.

L'essence de l'hostilité devrait être dévoilée devant tout l'univers; c'est un symptôme névrosé, un symptôme de faiblesse et de frustration, une méthode primitive et animée de défense, qui avait une grande valeur à l'époque où l'homme était à son état sauvage, mais qui est devenue un ennemi bien dangereux à l'humanité et qui menace de l'anéantir. Nous devrions savoir qu'un Hitler, qu'un Néron ne sont pas nés, ils sont faits, que le mal et la violence ont leur genèse dans notre façon de malmenager les émotions des petits enfants et sont par conséquent des perversions que nous pouvons empêcher.

Leon J. Saul, M.D.

The Childhood Emotional Pattern
and Human Hostility
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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.

CSPCC 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.