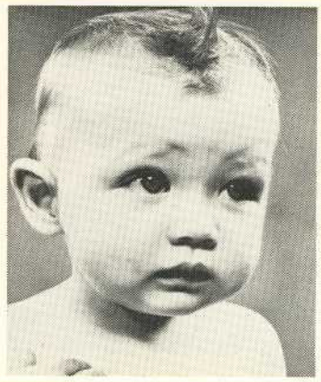

EMPATHIC PARENTING

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

Volume 12 Issue 3 Summer 1989 $2.50

If infants learn what love is, they can go through life with sanity and happiness.

Herbert Ratner

ISSN 0825-7531

EMPATHIC PARENTING

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

Volume 12 Issue 3 Summer 1989

We Need More Children Who Can Live and Love

From the dual perspectives of forensic psychiatry and infant mental health, the emotionally inadequate care that vast numbers of infants and toddlers are getting is disturbing.

Considering the poor job we are now doing with child rearing, the claim that there is a loving home for every conception that can be kept alive is a delusion.

What a coalition for disaster. Governments wanting to breed anything that can earn and buy (in order to feed an insatiable consumption-based society), and soul-savers wanting bigger numbers for their various gods.

When will we stop thinking of quantity only: Quebec's new plan to pay $5(i9 for a first child and $4,500 for third and subsequent children, (instead of the opposite); the pro-lifer's demand that we keep everything possible alive, (inevitable abuse notwithstanding).

When will we have equal concern for the vast numbers of people suffering from emotionally inadequate care and dying by suicide - sudden or slow.

We need more children who will be able to live and love. In some things, more is obtained with less.

E. T. Barker M.D. D. Psych.,F.R.C.P.(C)

EMPATHIC PARENTING:

Being willing and able to 'put yourself in your child's shoes' in order to correctly identify his/her feelings, and

Being willing and able to behave toward your child in ways which take those feelings into account.

Empathic Parenting takes an enormous amount of time and energy, and fully involves both parents in a co-operative, sharing way.

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In This Issue...

The Welfare of the Next Generation is Everybody's Business

Dear Dr. Barker:

My wife is upset because my oldest daughter, Barb left all of her things at our place a few weeks ago and went back to Toronto. Today she is even more upset because Barb has come back here.

Barb is the typical problem teenage mother; she has no where to live, no husband or father for the baby that cares enough to lend a hand, and little or no ability to care for a baby. Barb's mother, my ex-wife, wants her to marry the father of the child. The father's name is Joe. You may have read about this fellow in the paper a few months ago. He was arrested as a young offender on three counts of armed robbery. Besides his record that includes the use of firearms, robbery and auto theft, he claims that Barb is a lazy bitch because all she does is look after the baby. Joe wants Barb to get a job, but only a daytime job so he doesn't have to look after the baby in the evening when he is so tired from his long work day. He refuses to support her and the baby. If she wants to live with him she has to stay on welfare or work. Most of his money is spent on his Firebird which the police believe was purchased with the proceeds of armed robbery, and at the race track.

I find it difficult to believe that any women would want her daughter to marry such a person. I think the baby has a better chance of survival without her father.

Barb appears to be able to provide the child with a reasonable environment. That's not to say she is an ideal mother, but at least she does want to care for her baby. As long as she wants to love and care for her own, there is some hope.

Barb often speaks of throwing the baby against the wall, or going nuts in her head. That's the part I worry about. She has always been violent, but what can be done? The best I can do is talk to her, let her know that it's alright to feel anxious and scared; but to get help with the baby before she is so far gone that violence appears to be the only answer.

My wife claims that I should mind my own business and stay out of it. I think it is my business. **It's everybody's business.** I don't have any doubt that it would have been better if Barb had had an abortion but she didn't, and she's not about to give the baby up now, so the only thing I can do is try to help her...

Sincerely

name withheld by editor

P.S.--Yesterday Barb sold the baby clothes for cigarette money and today she's asking if I will buy baby food. Of course I will, but...

Einstein, Olson and Abortion's Tragedies

Abortion is a tragedy. Always. It's a tragedy for a woman and her unborn child. And in a usually unexamined way, it's a tragedy for a potential father. For everyone it's some sort of death including lovers deeply relieved that their terror of pregnancy is ended.

Even among women passionately in favour of abortion on demand, you will not find one who likes abortion. Ask any woman who has had an abortion: at some secret level of body, heart, and mind, killing her fetus killed something in her too. A hope, a mystery, a sweet life that might have been.

But if abortion is always a tragedy, shouldn't we abolish it? That's the view, of course, of those single-minded folk called "pro-lifers". Their laser-like focus on their truth ignores the essential rationale for abortion: this crime against life can be justified only because it prevents a greater crime against life.

We read about such tragedies every day. Unloved, uncared-for-children do not "grow up". Too often they survive family brutality or a revolving-door series of foster homes to exist as stunted personalities. Many of these ricochet between damaging themselves and damaging innocent bystanders.

Obviously, not every fetus a woman is forced to carry to term turns out to be a social misfit. Just as many, or more, of these love-children live immensely happy and creative lives.

But with the poor women most often denied abortion (the rich can always buy solutions), the dice are loaded against unwanted children. The father has taken off. The mother, under-educated, cannot rise above ignorance and growth-denying poverty.

Pro-lifers run ads claiming that an aborted fetus might have been another Einstein. Given the rotten circumstances many deprived children barely survive, an equally polemical claim could argue that there's a greater chance it could be another Clifford Olson.

Even if an unwanted, unloved baby does not grow up as anti-social, he or she will all-too-often be condemned to a hellish childhood and a limited life...

Excerpted with permission from an article in the Ottawa Citizen by Citizen editor Keith Spicer. Special thanks to Barbara Graham for drawing this article to the attention of the editor.

"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.' ***Erikson***

Heaven help us...

KIDS WHO CAN TAKE IT

by Joan Beck

It was one of those trendy, cutesy-poo feature stories, probably prompted by a publicity person employed by a hospital. Parents who can't miss a day of work can now drop off little kids who are too sick for their regular day-center at the hospital's new "Sniffles and Sneezes" unit, the article said.

Pre-schoolers and toddlers love the place, which is so concerned about their welfare that it even requires the drop-off parent to stay 15 minutes before rushing on, the story enthused.

Hospitals with empty beds and shaky bottom lines have been hunting hard for new needs to fill and dozens of them now hope to generate some business by helping working parents out of the late-80s dilemma of what to do with a sick child. So "Chicken Soup" and "TLC for Tykes" units are springing up along with the wellness classes and stress-reduction courses.

What's most impressive, however, is not the hospital's enterprise, but how much children seem to have changed in a generation. Parents used to be told toddlers weren't old enough to adjust easily to strangers and strange situations. Now even hospitals expect 2- and 3-year-olds to cope with strange caretakers, and a strange environment and strange germs even when they feel miserable -- with only 15 minutes of a parent's support.

A generation ago, 3-year-olds were generally considered mature enough to handle two or three hours of nursery school and 5-year-olds to be ready for a gentle introduction to half-day kindergarten. Now even babies are expected to cope with group care, perhaps by the time they are 6 weeks old, and to manage being away from home and parents as long as 10 hours a day.

The school day has long been planned around the assumtion that five hours of class time is about the limit elementary school children can tolerate, and having to stay after school was considered punishment and disgrace. But now some of the high-profile gurus of child development are praising pioneering schools that let kids in before breakfast and keep them after class doing homework, crafts or sport until they can finally go home at 6 or 6:30 p.m.

Once it was assumed that teenagers felt a little awkward with contemporaries of the opposite sex, that it took a few adolescent years to get used to feeling comfortable about asking for dates, going out together and working up to kissing and be-

Reprinted with kind permission of the author and the Chicago Tribune. Special thanks to Betsy Crosby for drawing this article to the attention of the editor.

yond. There were generally perceived standards of sexual behaviour, acknowledged by the media and at least nominally supported by adults. Adolescents who didn't want to go well beyond could say no with social and peer sanction.

But teen-agers today are expected -- at least by many counsellors, clinics, advertisers, media messages and each other, if not by parents -- to be sexually active and to work out a moral code of their own for coping with sexuality. They are also considered -- certainly by clinics, counsellors and school based health centers -- to be mature enough to deal with the disciplines and difficulties of contraception.

(Never mind that a million teenage pregnancies every year -- with 400,000 abortions, 470,000 babies and the rest miscarriages -- indicate otherwise.)

It used to be thought that children needed heroes and role models, guides they could follow into adulthood, examples on which they could pattern their own behaviour. It's hard to find many adults now, except for some parents and a few athletes, who feel any responsibility to made a safe and rewarding trail to help kids avoid the missteps. Young people are now expected to find their own heroes and models; never mind that a plague of promoters takes advantage of the void to fill it with synthesized and profitable rock stars.

We expect kids to have the strength to deal with parents' divorce without emotional damage, to handle life with a single parent without a problem, to grow up strong without a father-in-residence or even with never having had a father's name. (Never mind the studies, such as Judith Wallerstein's that show depression, fears of abandonment, anger and toper problems can persist or re-emerge years after offspring seem to adjust.)

It used to be assumed that adults owed it to children to protect them from harm before birth and after, to remove foreseeable obstacles from their lives and give them time to mature before they had to face adult dangers. Now, babies die of AIDS in urban hospitals, on enfant in every 10 is born suffering from cocaine exposure, one child in five lives in poverty and countless numbers of adolescents are turned off by poor schools, pressured into gangs or caught in the webs of crack. "Just say no" is thin armament indeed for the hazards of '80s urban jungles.

The truth is that in the late '80s, we are redefining children and childhood to fit adult needs and conveniences and to take a minimum of adult time and attention. Maybe our young are much more resilient that we used to assume. Heaven help us all if we are wrong.

We are redefining children and childhood to fit adult needs and conveniences and to take a minimum of adult time and attention.

We must be willing to face the hard reality that preventing child abuse and neglect is possible only when we are ready to attack its sources in the fabric of our society and culture, rather than mereley providing social and medical services to its victims..." David G. Gil

The Fabric of Our Society?

Henry David Thoreau -1854

...The title *wise* is, for the most part, falsely applied. How can one be a wise man, if he does not know any better how to live than other men? Does Wisdom work in a treadmill? or does she teach how to succeed *by her example?* Is there any such thing as wisdom not applied to life? Is she merely the miller who grinds the finest logic? It is pertinent to ask if Plato got his *living* in a better way or more successfully than his contemporaries -- or did he succumb to the difficulties of life like other men? Did he seem to prevail over some of them merely by indifference, or by assuming grand airs? or find it easier to live, because his aunt remembered him in her will? The ways in which most men get their living, that is, live, are mere makeshifts, and a shirking of the real business of life --- chiefly because they do not know, but partly because they do not mean, any better.

The rush to California, for instance, and the attitude, not merely of merchants, but of philosophers and prophets, so called, in relation to it, reflect the greatest disgrace on mankind. That so many are ready to live by luck, and so get the means of commanding the labour of others less lucky, without contributing any value to Society! And that is called enterprise! I know of no more startling development of the immorality of trade, and all the common modes of getting a living. The philosophy and poetry and religion of such a mankind are not worth the dust of a puffball. The hog that gets his living by rooting, stirring up the soil so, would be ashamed of such company. If I could command the wealth of all the worlds by lifting my finger, I would not pay such a price for it. Even Mahomet knew that God did not make this world in jest. It makes God to be a moneyed gentleman who scatters a handful of pennies in order to see mankind scramble for them. The world's raffle! A subsistence in the domains of nature a thing to be raffled for! What a comment, what a satire, on our institutions! The conclusion will be, that mankind will hang itself upon a tree. And have all the precepts in all the Bibles taught men only this? and is the last and most admirable invention of the human race only an improved muck-rake? Is this the ground on which Orientals and Occidentals meet? Did God direct us so to get our living, digging where we never planted -- and He would, perchance, reward us with lumps of gold.

God gave the righteous man a certificate entitling him to food and raiment, but the unrighteous man found a facsimile of the same in God's

Excerpted from Thoreau's essay Life Without Principle which was delivered as a lecture as early as 1854 under the title Getting a Living, and later What Shall It Profit.

The ways in which most men get their living, that is, live, are mere makeshifts, and a shirking of the real business of life...

coffers, and appropriated it and obtained food and raiment like the former. It is one of the most extensive systems of counterfeiting that the world has seen. I did not know that mankind was suffering for want of gold. I have seen a little of it. I know that it is very malleable, but not so malleable as wit. A grain of gold will gild a great surface, but not so much as a grain of wisdom.

The gold digger in the ravines of the mountains is as much a gambler as his fellow in the saloons of San Francisco. What difference does it make whether you shake dirt or shake dice? If you win, society is the loser. The gold digger is the enemy of the honest labourer, whatever checks and compensations there may be, it is not enough to tell me that you worked hard to get your gold. So does the Devil work hard. The way of transgressors may be hard in many respects. The humblest observer who goes to the mines sees and says that gold digging is of the character of a lottery; the gold thus obtained is not the same thing with the wages of honest toil. But, practically, he forgets what he has seen, for he has seen only the fact, not the principle, and goes into trade there, that is, buys a ticket in what commonly proves another lottery, where the fact is not so obvious.

After reading Howitt's account of the Australian gold diggings one evening, I had in my minds's eye, all night, the numerous valleys, with their streams, all cut up with foul pits, from ten to one hundred feet deep, and half a dozen feet across, as close as they can be dug, and partly filled with water -- the locality to which men furiously rush to probe for their fortunes -- uncertain where they shall break ground -- not knowing but the gold is under their camp itself -- sometimes digging one hundred and sixty feet before they strike the vein, or then missing it by a foot -- turned into demons, and regardless of each others' rights, in their thirst for riches -- whole valleys, for thirty miles, suddenly honeycombed by the pits of the miners, so that even hundreds are drowned in them -- standing in water, and covered with mud and clay, they work night and day, dying of exposure and disease. Having read this, and partly forgotten it, I was thinking, accidentally, of my own unsatisfactory life, doing as others do; and with that vision of the diggings still before me, I asked myself why I might not be washing some gold daily, though it

That so many are ready to live by luck, and so get the means of commanding the labour of others less lucky, without contributing any value to Society!

were only the finest particles -- why I might not sink a shaft down to the gold within me, and work that mine. *There* is a Ballarat, a Bendigo for you -- what though it were a sulky-gully? At any rate, I might pursue some path, however solitary and narrow and crooked, in which I could walk with love and reverence.

Wherever a man separates from the multitude, and goes his own way in his mood, there indeed is a fork in the road, though ordinary travellers may see only a gap in the paling. His solitary path across lots will turn out the *higher way* of the two.

Men rush to California and Australia as if the true gold were to be found in that direction; but that is to go to the very opposite extreme to were it lies. They go prospecting farther and farther away from the true lode, and are most unfortunate when they think themselves most successful. Is not our *native* soil auriferous? Does not a stream from the golden mountains flow through our native valley? and has not this for more than geologic ages been bringing down the shining particles and forming the nuggets for us? Yet, strange to tell, if a digger steal away, prospecting for this true gold, into the unexplored solitudes around us, there is no danger that any will dog his steps, and endeavour to supplant him. He may claim and undermine the whole valley even, both the cultivated and the uncultivated portions, his whole life long in peace, for no one will ever dispute his claim. They will not mind his cradles or his toms. He is not confined to a claim twelve feet square, as at Ballarat, but may mine anywhere, and wash the whole wide world in his tom.

Howitt says of the man who found the great nugget which weighed twenty-eight pounds, at the Bendigo diggings in Australia: "He soon began to drink; got a horse and rode all about, generally at a full gallop, and, when he met people, called out to inquire if they knew who he was, and then kindly informed them that he was 'the bloody wretch that had found the nugget.' At last he rode full speed against a tree, and nearly knocked his brains out." I think, however, there was no danger of that, for he had already knocked his brains out against the nugget. Howitt adds, "He is a hopelessly ruined man." But he is a type of the class. They are all fast men. Hear some of the names of the places where they dig: "Jackass Flat" -- "Sheep's head Gully" -- "Murderer's Bar," etc. Is there no satire in these names? Let them carry their ill-gotten wealth where they will, I am thinking it will still be "Jackass Flat," if not "Murderer's Bar," where they live...

"We must be willing to face the hard reality that preventing child abuse and neglect is possible only when we are ready to attack its sources in the fabric of our society and culture, rather than mereley providing social and medical services to its victims..." David G. Gil

A blue chip investment...

AND THE LITTLE ONE SAID "MOVE CLOSER"

by Deborah Jackson

Many babies rebel when they are put down to sleep and most new parents expect to lose sleep in the battle. They resign themselves to the midnight trek from bedroom to nursery, and collapse, exhausted, during the day.

But, there is an alternative. We can allow our children to sleep next to us at night.

Three weeks before I gave birth to Frances, (she's now 21 months old) I became convinced that the only reasonable way to treat her was to let her sleep on our bed. My husband agreed, and she joined us from the day she was born.

We felt it was unnatural to separate infant and mother so soon after birth, for so many hours at a stretch. But we quickly discovered how strongly people felt that babies should sleep alone.

"You'll smother her," they would say, or "you'll never break the habit." I had answers to all their objections - humans slept in family groups for millions of years, and the cot has been in common use for only a few hundred. **How could sleeping with one's child have fallen so severely out of favour?**

At the turn of the century, doctors decried the family bed on grounds of hygiene, safety and the preservation of parental intimacy. It was thought that one should not breathe in the breath of another - which is how twin beds came into vogue for married couples.

As large private houses were constructed for the middle classes, so it seemed fitting that family members should have one bedroom each, with a cot and nursery for the youngest. Poor people were expected to put their babies in banana crates.

Stories of smotherings, caused by drunken parents, fuelled the pro-cot lobby. The bed became an adult-only preserve.

In the process of managing infant sleeping practices, a new body of health professionals also dictated how mothers should feed their babies, and night-nursing was expressly banned. No one then realized the night feeds were essential for stimulating the long-term production of breast milk.

Today, most of the industrialised world has adapted to the use of the cot. But many people still sleep alongside their babies. African, Japanese and Indian families take infants into their beds. Not to do so is considered by some rural cultures to be a form of child abuse.

Yet Western mothers often feel they have failed if their baby does not sleep alone in the pretty nest they have feathered. Our consumer soci-

Reprinted from the British newspaper THE INDEPENDENT. Special thanks to Saskia Barker for drawing this article to the attention of the editor.

ety endorses the artificial image of the "good" baby who sleeps alone for 12 hours at a stretch. To achieve this unnatural feat, most infants require some sort of training programme - many health visitors still follow the line of Dr Spock, advising mothers to let the baby cry until its spirit is broken.

What parents are not told, is that the human baby is designed to be in their arms. Humans are a "carrying" species, like apes, not a "cache" species, like birds, who leave their young while they fly to search for food.

The baby who sleeps alone will wake at regular intervals in search of the contact and nourishment it needs to stay alive. He cannot know that his mother was there two minutes ago, or that she will return in two minutes' time. Babies receive powerful psychological messages when they are left to cry. As they yell unheeded into the night, the danger is that they will learn there is no value in hope.

There are also physical differences between a child who sleeps alone and one who enjoys body contact every night. A baby who is constantly held remains as soft as when he was first born. Most Western babies are stiff and unyielding, and resist contact when we do want to get near them.

Recent studies from America show that babies put down to sleep undergo a range of physiological changes. Alone in the cot, a baby becomes colder, his heartbeat and breathing may be irregular, and stress hormones are secreted. Even the unexplained syndrome of cot death may have some connection with use of the cot. New evidence from Hong Kong and California shows that Sudden Infant Death Syndrome, which kills up to 2,000 babies a year in this country alone, may be unknown in cultures where co-sleeping is practiced.

If you sleep with a baby from birth, he quickly learns to adopt adult sleeping patterns, pausing only for a quick suckle every two hours. The mother, made drowsy by the hormonal reaction to the sucking, sleeps lightly through the night. She does not have to wake herself for feeds, to tell if her baby has stopped breathing, or to react to crying from a distant nursery.

By the time they can talk, children make it quite clear what they expect: they want to sleep with mummy and daddy. If parents comply, they do so unwillingly and in a spirit of defeat.

But once parents shrug off the social pressures to ban their babies from the bed, they often notice an increased satisfaction in parenthood. When either parent works during the day, co-sleeping can help make up for lost time: half our parenting can be done while we sleep.

Add to the scientific evidence the intense desire of a mother to hold her baby, and the rejuvenating power of the infant body in her arms (contrary to the myth that babies wear you out, holding a happy child actually makes you feel more alive), and you have a reciprocally beneficial arrangement for 24-hour infant nurture.

It took our daughter Frances three weeks to adapt to our nocturnal pattern, and she has slept 12 hours a

night ever since. She is a happy, well-adjusted child, and I expect her to leave the family bed when she is ready to do so. Already, she drags me up to bed saying "Frances sleep now". It takes her a minute or two to drop off, and then we have the evening free to ourselves. In the morning, she wakes us with a kiss.

Every baby takes a different time to adjust and find a pattern according to his own needs, but no one needs to lose sleep in the process.

*Deborah Jackson's book **Three in a Bed** is published by Bloomsbury, and is available in Canada through Penguin.*

COMMON MYTHS

*** "You'll squash the baby in the night."**

Fears of smothering are unfounded. Healthy and mobile parents will not roll over a baby in the night. But you should not sleep with a small infant if you are drunk or drugged, vastly overweight, or in a splint.

*** "The baby will grow up clinging to you."**

The more security you offer a child, the more secure he or she becomes. When the child graduates to his or her own bed, it is because he or she is strong enough to do so.

*** "It's a bad habit which you won't be able to break."**

Normal, healthy children do not become addicted to the parents' bed unless it is the only good thing in their lives. Their natural inclination is to grow up and move away.

*** "The baby will intrude on parents' privacy."**

Many people are concerned about the preservation of their sex life. Since tiredness is the greatest known dampener of libido , parents would be wise to get a good night's sleep with the baby beside them, rather than hover over a cot singing lullabies. Love-making does not disturb young babies, and as the child grows, you can always repair to another room.

*** "The baby will keep me awake."**

The average baby is far more likely to keep you awake from the nursery, than when cuddled up beside you. It may take some adults a long time to get used to the tactile presence of a baby in the bed - but it is hardly any different from adjusting to sleeping with a marital partner.

The Infant-Parent Institue...

GRADUATE CURRICULUM IN CLINICAL INFANT MENTAL HEALTH

As part of its continuing efforts to promote the highest standards of trans-disciplinary clinical training for infant mental health specialists, The Infant-Parent Institute of Champaign Illinois has published a curriculum for a 100-hour upper-level graduate course in clinical infant mental health. Entitled, "INFANT MENTAL HEALTH: A PSYCHOTHERAPEUTIC MODEL OF INTERVENTION," the course syllabus breaks the inquiry into 40 sessions covering 21 major study areas. For each topic there is a reading list, a compendium of available videos and films, and a lecture outline.

Reprinted with permission on the following pages are the Lecture Outlines for Sessions 1 and 2 "A Brief History of Infant Mental Health", and Session 38 "The Impact of Separation Between Infant and Primary Caregiver".

BRIEF COURSE IN INFANT MENTAL HEALTH

Every summer since 1981, The Infant-Parent Institute has offered a four-day BRIEF COURSE IN INFANT MENTAL HEALTH. Covering the psychological dimensions of pregnancy and delivery, neonatal circumstances suggesting risk, problems of infant-parent fit and the struggle to attach, and methods of family assessment and treatment, the course is open to any allied professional with a clinical interest in the optimal development of infants and their families. Liberal use of clinical videotape is made as part of a distinctly case-study style of teaching.

This Course has also been sponsored several times each year by clinics and universities in Florida, Pennsylvania, Maine, Virginia, Illinois, Michigan, Ontario and Washington, D.C. Since 1981, almost 900 professionals have been through the course, in small groups of 15. For more information on how to sponsor this course in your area, contact Michael Trout, Director of The Infant-Parent Institute, Inc., at 217-352-4060. For an eight page brochure giving details of the courses, seminars, videotape and print materials available write to the Institute at 328 North Neil Street, Champaign, Illinois 61820

On Affect and Countertransference in this Course

It can scarcely be overlooked, after teaching this course for a number of years, that the material offered in the lectures, readings and films and videos of this course are rarely received with psychological neutrality by students - even when they are relatively "seasoned" professionals. The tendency on the part of participants in this course to personalize the material may add a certain robustness to class discussions; but it may also provoke profoundly defensive, angry, attacking or withdrawing responses from class members, whose rebuttals often begin with "Well, my dad..." or "When I raised my kids, I..." or "If we blamed parents for every little slip-up, then..." The instructor may be asked for appointment time by students in this course more often than by those in other courses, and may find students "hanging around" after class, asking vague, hypothetical, questions.

There should be nothing surprising about these student reactions, for the experienced clinician/ instructor. ***If offered up with empathy and scientific care, this material is compelling, with implications for most clinicians' work (including those who do not work with babies!) that can be unsettling.***

Because many students are also parents -- and all were once babies -- the material can also be personally upsetting, provoking new rounds of self-examination, wonder about life events, and renewed curiosity about the past.

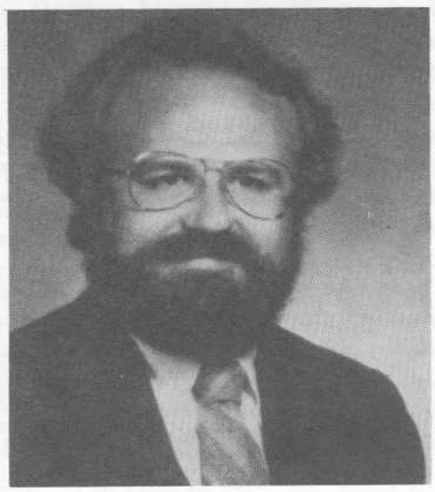
The instructor may wish to take a bit of time at the beginning of the course to discuss the possibility of these kinds of personal responses arising; to speak of the differences between these responses and other, scientific quarrels with the material; to let students know that many others before them have found the material queer, and parts of it personally intolerable, confusing, monstrously complex and, at times, provocative of sadness or anger. It should be made clear that this range of personal responses is being mentioned not to dilute them or to prohibit their expression. Rather, the discussion is offered to promote expressions of reactions to the materials that would otherwise prohibit full scientific inquiry. It should be made clear that struggle with, and agony over, these feelings - toward the end of eventual management of them -- is "natural" and acceptable in this course.

Sometimes it is an aid for the instructor to model this struggle by talking about his/her own experiences as an infant mental health student and/or clinician, or even his/her own experiences in analysis, therapy or supervision. Additionally, it may be helpful for the instructor to put the beginnings of a language system to the learning struggle ahead. This author often makes a point of describing at least two causes for the difficulty of infant mental health study, and one for the later clinical work in infant mental health:

A. The stakes are so terribly high - and, with those stakes, our feelings of responsibility for a particular baby in trouble can loom so large. This may make us prefer to be blind to the problem, rather than feel overwhelmed by its magnitude, and powerless to make it better. ***How much easier to declare (with great scientific fervour) that babies are, after all, resilient little fellas whose early experiences are really not so important*** *- rather than to come to grips with the possible harm we may have done to our own children; or to begin to have feelings about things done to us when we were little; or even to feel so small in the face of the enormous problems of babies being abused, or neglected, or starved, or left alone. Who wants to feel powerless, especially when the stakes are so high?*

B. We may share an experience in common with a particular baby, or a particular parent. Objective though we may struggle to be, we may find ourselves re-experiencing something in our own life, even as a family we are watching on a video in class is also experiencing it, for the first time. The fact that our feelings about our own experience have lain undescribed, or unacknowledged, or undiscovered gives them power over us. We may find ourselves then overreacting, identifying with baby or parent, angry at the instructor for showing it to us, denying the baby's or the parent's pain, taking a legalistic or simple-minded or rigid approach to the problem in this particular family - a family that feels vaguely familiar to us.

Many instructors will feel uncomfortable with such acknowledgement of the affective side of the scientific inquiry this course should principally be. Such discomfort is understandable, and it is undoubtedly possible to teach this course in the more traditional manner. But, perhaps, a student's learning is enriched when he is able to develop ears that hear, and eyes that see -- and the instructor may be able to help with that part, as well as by simply presenting the material...



Michael Trout
Director
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An Exciting History...

A Brief History of Infant Mental Health

Instructor Note: The instructor may choose any level of detail for this historical overview of babies and families, and the growth of our perception of the human infant as a psychologically needy, psychologically alive, reciprocating, socially available, competent creature. Emphasis may be placed on the infant in culture, the infant in relation to psycho-historical trends, the infant as part of a family under the press of national events or the demands of work or survival, etc. While it would certainly take more than the 150 minutes budgeted for the topic, a terribly helpful description could be made of our changing view of the infant and his family over the past several centuries, and in several cultures. The following outline, however, focuses on the infant in the West, since the turn of the century.

I

Principal view of the human infant over the past 100 years as:

A. deaf at birth.

B. blind at birth.

C. asocial for several months -- any "social responses" actually being the figment of the over-involved mother's imagination, since baby's behaviour is random, uncontrolled, essentially autistic.

D. not psychologically needy -- his first requirements for intense parental involvement (beyond feeding him, keeping him out of the rain, etc.) occurring at 10-20 months, when he must learn the meaning of "No!" Parental caretaking is principally disciplinary, with an eye toward "making the best of him" by teaching him "the difference between right and wrong".

E. a passive *recipient* of parental affection and caretaking, neither responding to -- nor evoking -- parental behaviours.

II

Parents, then were simple *providers* of basic infant caretaking. If the child "turned out badly" the parents might be blamed, but only for not disciplining appropriately. The baby was in no sense involved in eliciting caretaking. Whatever feelings of closeness parents experienced in the first year were thought to be experi-

enced by *mother*, and these arose out of biological mechanisms set off by the pregnancy and the delivery.

III

Representative of this era -- indeed, one who set established trends in his training of new generations of pediatricians -- was Emmet Holt. Writing in the **1898** edition of his text The Diseases of Infancy & Childhood (New York: D. Appleton & Co.) he reports, for example:

A. "Playing with young children, stimulating to laughter and exciting them by sights, sounds or movements until they shriek with apparent delight, may be a source of amusement to fond parents and admiring spectators, but it is almost invariably an injury to the child. It is the plain duty of the physician to enlighten parents upon this point and insist that the infant shall be kept quiet, and that all such playing and romping as has been referred to shall, during the first year as least, be absolutely prohibited."

B. "Rocking and all other habits of this sort are useless and may even be harmful."

C. "The cradle for infants should be one which does not rock in order that this unnecessary and vicious practice should not be carried on."

D. "At least once every day -- by means of spanking, mild flagellation, or, better, by the alternate use of the hot and cold baths -- children should be made to cry, in order to keep the lungs expanded.

E. In spite of seeing the infant as delicate, lifeless and inept in most respects (even requiring "stomach washing", in which a quart of hot water was poured into the infant's stomach through a tube, and then siphoned out, every day until the child was 30 months of age -- at which point the procedure was always discontinued because "Children of three years and over are usually so much alarmed and struggle so violently as to make it difficult and undesirable". Holt speaks of the ease with which the very young infant could be toilet trained ("An infant can often be trained at three months to have its movements from the bowels when place upon a small chamber") and the great danger that he will learn to masturbate ("Probably the most pernicious result of sucking is its tendency to develop the habit of masturbation."). He reported that the habit of masturbation would lead -- if left unchecked -- to sleep problems, headaches, embarrassment, social withdrawal, lack of interest in being outdoors, absent-mindedness, inability to concentrate, melancholia, mental weakness, epilepsy and insanity. (Nary a word about hairy palms, however -- perhaps an oversight!) The cures for this habit suggested by Holt say a great deal about how we understood the human infant's needs, and how we viewed our responsibilities to him: "In young infants much may be accomplished by mechanical restraint. The kind of restraint which is necessary will depend upon the manner of masturbating. If by the hands, these must be tied during

sleep, so that the child cannot reach the genitals; if by thigh-friction, the thighs must be separated by tying one to either side of the crib. In inveterate cases, a double side-splint, such as is used in fracture of the femur, may be applied."

F. However, Holt was enough of an empiricist and a scientist to report some of his observations of infants on his hospital service -- perhaps not yet sensing just how much these observations would challenge prevalent views of the nature of the human infant:

1. "The steadily increasing frequency of functional nervous diseases among young children is one of the most powerful arguments for greater attention by physicians to the subject of hygiene of the nervous system".

2. "In hospital practice I have often had a chance to observe the bad results which follow when very young infants are allowed to lie in cribs nearly all the time. Little by little their vital processes flag, the cry becomes feeble, the weight is first stationary, then there is a steady loss. The appetite fails so that food is at first taken without relish, then at times altogether refused; later, vomiting ensues and other symptoms of indigestion. This, in many cases, is the beginning of a steady downward course which goes on until a condition of hopeless marasmus is reached." (Certainly this is one of the very first times that *marasmus* is used as a descriptive category for the morose, food refusing baby. Later, this affect and these behaviours will be spoken of as part of the picture of *anaclitic depression.)*

3. "I have seen scores of infants who were plump and healthy on admission lose little by little, until at the end of 3 or 4 months they had become wasted to skeletons -- hopeless cases of marasmus, dying of some mild acute illness, such as an attack of indigestion or bronchitis, the *essential cause, however, being marasmus."*

4. Then, speaking of a decline in the infant cared for at home : "The general history of these cases is strikingly uniform. The following is the story most frequently told at the hospital: 'At birth the baby was plump and well nourished, continued to thrive for a month or six weeks while the mother was nursing it; at the end of that period, circumstances made weaning necessary. From that time the child ceased to thrive. It began to lose weight and strength, at first slowly, then rapidly, in spite of the fact that every known form of infant food has been tried.' As a last resort the child, wasted to a skeleton, is brought to the hospital ... The general appearance of these patients is characteristic. They have an old look; the skin is wrinkled, has lost its tone, and hangs in folds upon the extremities. The legs are like drumsticks; the abdomen is prominent; the temples are hollow; the eyes large; the features sharp; and the hands resemble bird claws."

5. "With these exceptions [referring to an earlier report on the occasional discovery of tuberculosis in patients apparently dying of marasmus] the autopsies [of these infants]

show nothing of importance, and I have had the opportunity to make at least 200 of them."

G. Similarly, Holt's empiricism led to some observations about what seemed to help: "Such infants must be picked up every few hours and carried about the wards; the position should be frequently changed, and general friction of the body employed at least twice a day". Not only, then, did Holt bring us reports about a medically unexplained syndrome that led to profound declines in infant health -- and even to death -- but he also noticed that *touch* and *holding* seemed a useful treatment.

IV

In 1915 Henry Chapin used the term "hospitalism" to describe characteristics of infants reared in institutions and deprived of individual care. He believed the syndrome might be related to the high mortality rate and poor development among these institutional children, whereas these problems had earlier been attributed to unhygienic conditions and cross infections.

V

During the first World War a German pediatrician (Professor Ibrahim) used the term "hospital disease" to describe a syndrome among residential nursery children. (For those unfamiliar with the wartime conditions in Europe and their effect on families -- especially related to the sudden need for substituted care for family babies whose fathers were now off fighting the war and whose mothers were conscripted, or at least highly encouraged, to work in war-related industries -- it will be important to offer a description of this wartime era.) In spite of excellent nursing care, Ibrahim noted loss of appetite, intestinal disorders, sleeplessness, "nervous restlessness", growth retardation and too-frequent death among these infants. He attributed the syndrome to the infant's separation from mother, and to "psychic hunger" -- an enormous breakthrough from the prevalent attitude that the infant actually had few psychological needs.

VI

As he had in 1905 (In "Three Essays on the Theory of Sexuality" Freud wrote, "Anxiety in children is *originally* [emphasis my own] nothing other than an expression of the fact that they are feeling the loss of the person they love") Freud again spoke of the origins of some childhood feelings (in "Inhibitions, Symptoms & Anxiety", **1926**): "Only a few of the manifestations of anxiety in childhood are comprehensible to us ... They occur, for instance when a child is alone, or in the dark, or when it finds itself with an unknown person instead of the one to whom it is used to -- such as its mother. The three instances can be reduced to a single condition -- namely, that of missing someone who is loved and longed for".

VII

In a **depression-era** paper entitled "Emotional Deprivation in Infancy and Its Implications for Child Psychiatry" (reference unknown) Lauretta Bender reported: "If loving, maternal care is interrupted at too early an age, the personality pattern becomes shattered and the child's personality and supergo become arrested at the infantile level and he may develop into what is known as a psychopathic personality ... These are individuals who ... are insatiable in their demands for love, usually maternal love, and never accept the role of responsible and constructive members of society ... They are selfish, inconsiderate, disloyal. They are behaviour problems as children ... They lie and steal ... lack a sense of value for the love object in as much as they did not experience one at the initial infantile period. They do not suffer from anxiety even at the prospective loss of a love object." These remarks constituted some of the earliest suggestions that infants' emotional lives were important, and that deprivations in early life could connect with personality development.

VIII

Perhaps *the* set of observations that most thoroughly propelled us to an appreciation of the emotional needs of the human infant were those made by Dorothy Burlingham and Anna Freud **during the second World War**, arising out of their work in war-time nurseries. The Foster Parents Plan for War Children, Inc. in the U.S. (maintained by voluntary contributions from Americans) sponsored three nurseries overseen by Freud and Burlingham. Through this connection, we in the United States learned early on of the dramatic changes noted in family babies brought to these Hampstead nurseries in and around London. In their 1943 book **War & Children** the authors note the children's struggle to make more intimate connections with certain staff members. As the children demanded more individual attention and showed their dislike of separation from selected caretakers, management problems increased: the system could not tolerate such "favouritism". Children were disappointed at their inability to find a "substitute mother", began to refuse food, to appear listless, and lags in development began to appear. In response, Freud and Burlingham made a new effort to replicate family life by breaking the nurseries into small family units of four infants and one caretaker - a caretaker who would now by physically and psychologically available to her charges exclusively. What happened? "The result of this arrangement was astonishing in its force and immediacy. The need for individual attachment for the feelings which had been lying dormant, came out of a rush...But the reactions in the beginning were far from being exclusively happy ones. Since all these children had already undergone a painful separation from their own mother...To have a mother means, to them equally, the possibility of losing a mother, the love for the mother being thus closely accompanied by the hate and resentment pro-

duced by her supposed desertion. Consequently, the violent attachment to the mother substitutes...was anything but peaceful...They clung to them full of possessiveness and anxiety when they were present, anxiously watched every one of their movements towards the door of the nursery and would burst into tears **whenever** they were left... For a while **we thought that our grand innovation had** been a great mistake. The formerly **peaceful** nursery reverber**ated** with the **weeping of** children whose **(substitute)"mother" had** left the room. .. and whose absence was **mourned as** if she **would** never return. Fights among the children multiplied in frequency and intensity... (But) with the realization (over 2-3 weeks) that their new mother substitute really **belonged** to them, **reappeared as** often as she disappeared, and had no intention to desert them altogether, the state **of** frenzy **subsided and gave way to a** quieter, more stable **and comfortable attachment. The most gratifying** effect was that several children **who had** seemed **hopeless** as far as the training for cleanliness was concerned, **suddenly** started to use **the pot regularly...Bathings times in** the evening have now become times of special intimacy when each child is certain of the full and **undivided** attention of its favourite adult. This...has **had** a remarkable effect on the development of speech." (from War & Children, Medical War **Books,** 1943).

IX

In **1946** Rene Spitz and Katherine Wolf **published** their findings **on a study** of 123 infants of delinquent adolescent females who cared for their babies for the first 6-8 months, after which several of the infant-mother pairs were separated. The syndrome noted in 19 of the separated infants was also *not* seen in some of the separated infants, but it was absent in *all* of the infants who remained with their mothers. The syndrome--which Spitz referred to as " anaclitic depression" -- included weight loss, insomnia, susceptibility to colds, decline in the DQ (within 72 hours of separation), apprehensiveness, sadness, weepiness, lack of initiative social contact, withdrawal, developmental retardation, retardation of reaction to stimuli, slowed movements, stupor, appetite loss, food refusal, screaming at forced contact with people, and averting of the face upon approach. After about three months, the weepiness sub-sided and was replaced by a frozen rigidity of expression. "These children would lie or sit with wide-open, expressionless eyes, frozen immobile faces and a faraway expression as if in a daze, apparently not perceiving what went on in their environment... Contact with children who arrived at this stage became increasingly difficult and finally impossible." Upon reunion, most (not all) experienced dramtic recoveries, but several be-came depressed again. (from Spitz' paper in the 1946 **Psychoanalytic Study of the Child)** In 1947, Spitz' dramatic (though silent!) film "Grief: A Perild in Infancy" showed us the developmental delay, the bizarre expressions, and the unreponsiveness of children in hospitals, apart from any primary caretaking. While there was certainly a tendency to confuse the issues of *maternal deprivation* (most seen in institutional children)

from those of *maternal loss,* having the data offered on film certainly startled the child development and psychiatric communities.

X

In the late 1940's John Bowlby wrote a report for the World Health **Organization** (a part of the brand-new United Nations), in which he collated world opinion on these new phenomena. He spoke of the need to prevent juvenile and adult delinquency by understanding the needs of the young child, the problems of the "unwanted child", and the need for t1 aining for **motherhood.** This work which was **published** in the early 1950's as **Maternal Care** & **Mental Health -** gave credibility to matters that were now **unavoidable:** that the infant required a stable relationship with a **psychologically** and physically available primary love object for optimal development; that the results of failures in these early attachments could be seep in growth failure, failures in mental development, and lasting difficulties in social relationships and moral development. Still we **understood** relatively little about how such attachments grew and with whom the child was most likely to develop them. Bowlby was unequivocal in his assertion that the only salient issue was *mother-infant* attachment, and that such attachments were biologically based and esentially unilateral (that is, flowing from mother to baby).

XI

The **1950's** saw an explosion of infancy research, focusing principally on the effects of separation. Heinicke **looked** at infants in play situations in which a separation from mother was introduced; Rosenblum and Kaufman were representative of many examining the responses of infant monkeys to loss of mother; Yarrow and Yarrow re-ported on the effects of adoption and foster care on very young children; Earle and Earle took a retrospective look at the histories of loss and separation in disturbed adults - especially adult sociopaths.

XII

In the 1960's Selma Fraiberg began to report on her efforts to work out a guidance system for blind children and their parents. Just as several of her own principles of psychoanalytic treatment and several accepted child development principles were challenged in her research, so Professor Fraiberg was thought radical in her suggestions about:

A. Doing work with the child in the *presence* of the mother, incorporating mother's insights and observing the mother-child interactions.

B. understanding attachment disturbances as potentially significant to the child's condition and the related diagnosis, and using intervention with the child (in mother's presence) as an opportunity to pro-

mote a bond (outrageous at the time, as we had understood attachment to be biological - and, therefore, not subject to "promotion");

C. understanding the *reciprocal* and *learned* nature of attachment, resulting in further inquiry into:

1. what it means to a mother who feels her child does not respond to her;

2. how it is that the baby *participates* in the growth of attachment;

3. the connections between attachment and other developmental phenomena; for example: is there a connection ,between the develop-ment of object permanence and the regular presence of the primary care-taker, with normal departures and reunions over the course of each day?

XIII

At this point in history contrasting views of the human infant were being drawn sharply into focus:

A. Is he an essentially independent resilient creature whose needs are basically those for food, warmth, stimulation, and discipline? Does he develop in discreets units, such that there is little relation between emotional experience and mental development, for example - or between developmental experiences at age 7 months and age 7 years?

B. Or is he a vulnerable creature with significant requirements for dependency, for reliable object relationships? Is he "of a piece" developmentally, such that all parts of his development interact, and later experience is affected by earlier experience?

C. If attachments mean so much to his total development, how shall we undertand their growth, and the baby's part in that growth:

1. Is baby a passive *recipient* of parental affection, social experience, environmental stimuli? His parents, then (or is it just his *mother ?),* are biologically-motivated *providers* of this af-fection, with only internal resources for their endless patience, love, knowledge and tolerance. Baby is socially lifelss, cognitively inactive, deaf, blind, and none too interesting.

2. Or is baby a robust, social creature, full of reflexes (as a newborn) that both protect him and ingratiate him to his world, and competencies that will serve well his efforts to regulate others and to draw caretakers to him? He has visual, auditory, and social response capabilities, he works at psycholgoical tasks (burrowing into his caretaker for safety and comfort, then using that site as a launching pad for his engagement with the world), he differentiates those who eventually come to be important to him from all the rest. So attachment is a social engagement, a process of people fall-ing in love with each other.

XIV

If B is true, we have reason for great concern, as we know that many **parents are not attached to their babies**. If C-2 is also true, however, we can envision the possibility of **intervention when attachments do not develop, or develop late, or develop** in conflicted ways. Indeed, these discoveries about the nature of attachment in infancy -- and the interdependence of the partners in each dyad--have paved the way for developing methods of intervention when **something** goes wrong. The particular method on which we will center in this course is based on the notion that if we aid parents in clearing out the barriers to an attachment with their child, parents may then be free to do what they probably wanted to do all along; to love their baby, to provide for his optimal development, and to competently care for him.

AUDIO-VISUAL MATERIALS

1. "Childhood: The Enchanted Years". Colour, 52 minutes, sound (1972). Documents development from complete dependency to self-determined will.

2. "Child Watchers". Colour, 52 minutes, sound (1969). Historical views on the behaviour and development of children, discoveries relating to mental and physical capabilities of young children. (From "The World We Live In" series.

3. "Emotional Ties in Infancy." 12 minutes, sound. (1969). L Joseph Stone and J. Bohmer.

4. "Grief (A **Peril in Infancy)." .Black and white, 25 minutes, silent** (1947). An **early** research film **by Rene Spitz, documenting effects of prolonged absence of mother.**

5. "Life Begins", Black and white, 56 minutes, narration sound only (1934). One of the oldest films extant to consider the infant as a social being, and to examine the **foundations** of mental **health** in infants. The **monotony of its length is counteracted by the historical intrigue of this film.**

6. "Maternal Deprivation in Young Children." Black and white, 30 minutes, **sound.** Describes disor**ders that appear** in 12-month to **30-month old** children **deprived** of maternal **care** for **long** periods.

7. "Rock-a-Bye-Baby". Colour, 30 minutes, sound. A study of the mother-child relationship around the world; importance of touch and movement; monkey research.

8. "Some Basic Differences in New Born Infants During the Lying-in Period." Black and White, 13 minutes, silent (1944). A fascinating early film of special interest because it **demonstrates** one of the **earliest efforts to make empirical observations of newborns and classify their behaviour; includes a reference to the importance of " parents' emotional adjustment".**

9. "The Nature of Human Attachments in Infancy". Part 1. Colour, 28 minutes, sound (1986). An historical overview of clinical infant mental health research. Available in videotape only (VHS and U-matic), for purchase or rental from The Infant-Parent Institute, 328 North **Neil Street, Champaign, Illinois 61820 (217/352-4060).**

The Impact of Separation Between Infant and Primary Caregiver: Daytime Substitute Care; Long-Term Effects of Early Loss/ Separation Experiences

I

The infant mental health specialist must be prepared to consider daytime substitute care as a scientist would: willing to make observations and report Bata without reference to the political or sexual overtones, and without being influenced by how the discussion will be received (by those with a personal vested interest in "how it comes out"). We may become involved in social policy, program consultation or family guidance about these issues, and *at that time,* begin to make translatigns into real-life and/or more palatable positions. Right now, however, our task is to understand the issues.

In some respects, this specific discussion about daytime substitute care is necessary. If we have thoroughly understood the basic issues in object loss and the discussion of the many variables that will shape the effect that a separation may have on a child, then discussion of separation caused by routine parental unavailability (usually covered by both parents - or a single parent - working outside the home) will flow in logical and obvious ways from that foundation.

First a review of the variables that always must be considered with respect to the meaning of separation to infant development:

A. Variables in the child

1. developmental status: object constancy, language

2. pre-separation history of attachments, losses, illnesses

3. defense organisation, ability to make needs known, capacity to enlist others in coping

B. Variables in the primary caregiver(s)

1. pre-separation reassuring behaviour: willingness to prepare child in-stead of " ducking out," understand-ing of nature of signal vs. traumatic anxiety, ability to empathize with child's needs and feelings

2. management of guilt about the separation(s)

3. ability to cope with stresses of the reunion(s)

C. Variables in the substitute caregiver

1. physical availability (primary care or random, **undifferentiated group** care?)

2. emotional availability (freedom to attach?)

3. understanding of separation/reun-**ion behaviour**

D. Variables in the separation circumstance

1. length

2. preparation

3. availability of a true substitute

4. familiarity of substitute and environment and availability of familiar things

5. opportunity to *use* substitute for coping , reassurance, continuity with primary caregiver(s)

I I

In addition to all these, what special consideration deserve our attention--factors that will help us understand not whether daycare is "good" or " bad", but what daycare *means* to an **infant/toddler?**

A. Special need for continuity of care, when substitute care is provided so often:

1. Does the substitute become a true " double-mother" without taking the primary caregiver's place?

2. Does the substitute support the child's thinking and feeling for th primary caregiver during his/her absence--even reminding the child of him/her when the child seems to be trying to shut him/her out?

3. Can the substitute tolerate subtle rejections, playing second-fiddle, never competing with the primary caretaker--even when the substitute may think he/she does a better job than the parent does?

4. Does the substitute invest in the parent, so that he/she *knows* the parent, and can appropriately "carry on for mother" during substitute care?

B. Special need for assistance with the child's requirements for mastery, control, and self-management when these are threatened so often:

1. steady rhythm of daily and weekly activities--not just "a full schedule" or "lots of things to do", but a comfort-ing rhythm that can help child with a sense of time, with his ability to gauge when the parent will return, and with his yearning for stability and predictability

2. daily assistance of the double mother, who reminds child of the steady realities of his life: that his mother/or father loves him, that they will return, that tomorrow the child and substitute will read the next chap-

ter in their special **book** together, that he will be able to tell the substitute all about his dream when he wakes up form his afternoon nap

3. substitute caregiver's attitude of **supporting** mastery in the child by being in tune with his developmental needs (now for **cuddling,** then for direction, later for doing something on his own) instead of trying to control the child (thereby setting up"contests" that reduce his control **to no purpose except that the substitute gets to " win")**

C. Special need for the " double mother" to be-come an attachment figure, as' he/she will be a substitute caregiver so often:

1. Is the substitute *capable* of a loving attachment, with limits?

2. Does the substitute situation (daycare centre, private home) sup-port such attachment with:

*** management attitude and philoso-ph y?**
*** a primary care structure?**

*** appropriate pay, training and sup-port, discouraging turnover?**

3. Will the "double mother" be around so that such attachments can be formed, reliably incorporated into the child's development, and depended upon in changing ways throughout his development--or, in-stead:

*** Does the substitute go home at 3:00 p.m.,** leaving the child with a substi-tute-for-the-substitute? (If more than a 7:30 a.m. to 3:00 p.m. schedule is too much for the staff, imagine what it is for the baby!)

* Does the substitute actually have so many children to care for that she can-not make herself emotionally avail-able this way?

* - Does the substitute have to quit her job at the first **opportunity** for a better one, because he/she is paid minimum wage (reflecting an astonishingly in-sulting view of what it takes to be *our own* ***double!)?***

* Is **the child moved** from room to room in the centre, at age levels convenient for management, but inappropriate for *his* needs--thus losing even his *substitutes* again and again?

D. Special need for sup-port for the parent-infant attachment since:

1. The quality vs. quantity arguments are really so hollow:

* The parent is likely to be so bushed at the end of a workday outside the home that there will be no glorious, ultra-high quality time in the evening that will somehow "make up for" the **lack of quantity.**

*** The child** needs **quality** time *all* **the** time from *someone;* he can't just be put on hold until the adults are ready.

2. His behaviour may be sufficiently changed (especially at pick-up time, when stressed, or after an extended period of parent contact) as to chal-lenge the parent's patience.

3. There is evidence that some chil-dren in daily substitute care are more

avoidant (of the primary attachment figure), less compliant, and more aggressive--any one of which may be challenged to the attachment.

4. Increasingly, "problem parents" or " stressed parents" or Parents at risk for abuse are being dealt with by putting their kids in daycare.

III

Clearly, our capacity to predict the long-term effects of an early loss or separation are limited, given the great number of variables at the time of the separation, and in the years **following--any** one of which might dramatically alter the outcome for a particular child. With the intent only of better **understanding** our child and adult patients, who tell us of their early lives, let us **wonder about** the **variety** of *potential* longer-term effects:

A. Developmental precocity, as a, defense against being overwhelmed by helplessness--

sometimes associated with adult over-determined characteristics such as intellectualization, lack of empathy, and continuing struggle for control (such adults often do very well in business, "objective" research, etc., and are often leaders.)

B. Inability to direct libidinal energy outward--

resulting in difficulty expressing anger, tendency toward shallow emotional investments, and high risk for depression (as libidinal energy is turned inward)

C. Anniversary reactions--

tendency to experience inexplicable sorrow, irritability, acci**dent-proneness, work dysfunction** and/or relationship problems at certain times of the year, at certain intervals, in association with certain "markers" (snow, fireworks, when a baby is born, certain odors, the falling of leaves)

D. Difficulties in object relations--

1. clinging

2. terror at brief separations (expressed, deflected or defended against)

3. defense against attachment--tendency toward superficial relationships, or regular break-ups, clear limits on depth of emotional investment or commitment

4. autonomy conflicts--appearance of "toughness", or over-dependence, or tendency to extreme neediness (nothing will ever be enough)

E. Suicide risk

1. a *particular* type of risk occurring in one who has had a profound loss at an early stage of development (probably 5-20 months, after differentiation but before rapprochement completed and consolidation be-gun), where no one became available

as a substitute/new attachment figure--resulting in:

*** infantile hopelessness**

*** infantile depression (sometimes expressed, as in the infantile suicide of non-organic failure-to-thrive; or sometimes defended against, as in the aggressive, "tough-guy" child)**

2. The suicide risk emerges later in life, upon a felt repetition of the earlier " terrifying aloneness" of the infantile loss (when someone or something--even a pet--dies, a friend moves away, even when a therapist goes on vacation) , whereupon the despair of the infantile loss--as if he/ she becomes a baby again, and there was no one to help. At this point, suicide may represent:

*** a capitulation to the hopelessness**

*** a return to primary narcissism**

*** an attempt to gain** *some* **kind of control**

* hostility at the lost (but introjected) object

3. This may represent a relatively rare type of suicide **potential,** as there is a greater **likelihood** a person experiencing such **overwhelming** loss in **infancy would defend against feel**ings of helplessness with withdrawal, " **toughness",** or affective **aloofness.** Oddly, the suicide risk probably goes down for those who use such defenses " successfully". (They may be objectless, but they won't kill them-selves!)

4. For such a person, the suicide risk if very real, and not particularly amenable to treatment, as the original loss may never be **acknowledged** or described (the person **probably** pre-verbal at the time, and will have little memory for the event) and the feelings are so primitive.

A new theory...

Sleeping with Infants Could Prevent SIDS

James J. McKenna PhD., associate professor at Pomona College in Clare-mont, California, is watching mothers sleep together in order to research a striking new theory that could prevent Sudden Infant Death Syndrome (SIDS). Early results of sleeping habits suggest that sleeping with infants could prevent the sudden death that strikes 10.000 babies annually in the United States alone.

Dr. McKenna notes that wild ape and monkey mothers are with their babies constantly for severasl years, and that early humans did the same. Only with the rise of civilization did human mothers and babies begin to sleep apart. His study at the Irvine Sleep Centre monitors the breathing and other vital signs of a parent and baby as they sleep first in separate rooms, then in the same room, then in the same bed.

For more **information you** may contact the News Office, Pomona College, **Claremont, California 91711-6336**

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PARENTS SENSIBLES

Journal de la Societe Canadienne
pour la Prevention de la Cruaute envers less Enfants

Tome 12 Numero 3 **Ete 1989**

Nous Avons Besoin d'Enfants Qui Peuvent Vivre et Aimer

De la double perspective de la psychiatric medico-ldgale et de la sante mentale de l'enfant, nous obtenons un apercu troublant des soins (motifs inad(quats qu'un grande nombre de beb(s et de nourissons regoivent,

Prenant en consideration le travail mediocre que nous faisons en (levant nos enfants, la **pr(tention** qu'il y a un foyer aimant **pour chaque** enfant concu et porter a terme, est une erreur.

Quelle coalition d(sastreuse qu'est celle des gouvemements qui veulent engendrer tout ce qui peut gagner un salaire et d(penser pour alimenter une socit(t(consommatrice insatiable, et les sauveteurs d'ames recherchant de plus en plus d'adh(rants pour leurs dieux divers.

Quand **cessecons-nous** ce jeux des nombres et arr§terons-nous de recompenser la quantit(dans la soin des enfants -- comme le programme de subventions du Quebec offrant aux families 500 $ pour un premier enfant et 4 500 $ pour le 3e enfant et plus; ou bien le plan des provies qui pr(tendent conserver tout fetus en vie jusqu' h la fin -- que cette fin soit la chaise (lectrique ou le suicide, fin rapide ou lente.

Nous avons besoin de plus d'enfants qui pourrons vivre et aimer. En certaines choses, de plus grands r(sultats sont obtenus avec moths.

E. T. Barker M.D. D.
Psych.,F.R.C.P.(C)

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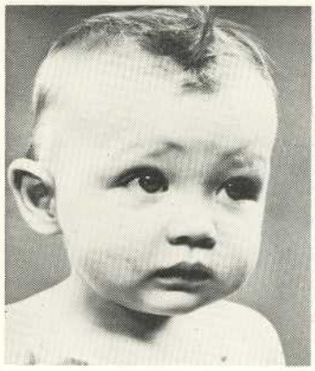

Recognizing that the capacity to give and receive trust, affection and empathy is fundamental to being human.

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.

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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.