



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

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## A STEP IN THE RIGHT DIRECTION

The following are excerpts from a statement made March 27 / 79 by Ontario Community and Social Services Minister Keith Norton to representatives of the agencies funded by the Ministry's Children's Services Division.

"...the recognition of this fact (greatly increased demand for children's services) only serves to reinforce our resolution to shift funds and attention to prevention and to provide more support for the family and the creation of family-like conditions so that we enhance the prospects of our children's well-being. It is not enough to intervene only after a child has been damaged. Besides, even if it was desirable to continue in a reactive mode, and we all agree it is not, there is simply not enough money to allow us to do so."

"To begin with, we seem to agree that the future of our children cannot be enhanced or protected merely by doing more of what we are doing now. And all of us agree that it is important, over time to shift the weight and direction of our commitments.

Let me be more specific:

There is agreement that we need to move towards treating children as whole persons and to move away from categorized programs.

There is agreement that we need to move towards prevention and away from merely reacting and helping after damage is done.

There is agreement that we need to move towards community based care which is carried out by family, friends and acquaintances who are supported by professionals and away from merely paying others to do our caring for us..."

Today's casualties, and those of us who tend them, have more votes than tomorrow's undamaged children.

Mr. Norton will need all the support he can get (and probably more) for his "move towards prevention and away from merely reacting and helping after damage is done."

E.T. Barker, M.D., D. Psych., C.R.C.P. (C)  
President, Canadian Society for the  
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# Table of Contents

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Letters	2-3
The Battered Parent	4-7
Despair That Breeds Despair	8-11
From the Press	12-13
Some Determinants of Maternal Attachment	14-20
The Difference Between Normality and Neurosis	21-28
Parenting Education in School	29-30
The First Five Years	31-32
Giving Up Television	32

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# Letters

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Dear Dr. Barker:

I have written a raging letter to the Globe & Mail regarding the sentencing of a rapist who may soon be coming into your charge — three rapes, three attempted rapes, two indecent assaults — over its editorial calling for stiffer sentences. (He got three life terms, plus 26 years.) The editorial made no reference to what the news story had revealed — that as a child this man had been repeatedly and savagely beaten by his mother and grandmother and was circumcised (mutilated?) at home, at the age of six, after being found masturbating.

Undoubtedly a wild animal as an adult, but the G&M editorial made no effort to link effect with cause, and I took violent issue with them over this, particularly since we are hearing so much about the battered-baby syndrome these days. I think Newton's Third Law of Motion applies to more than physics; I believe that brutality toward a child as "discipline" creates an equal but opposite reaction to that expected. Monsters create monsters, in short...

Best regards,  
H.W. Somerville  
Toronto, Ont.

Dear Dr. Barker:

...I am deeply concerned that there is a strong need in our society for more accepting and positive attitudes towards natural mothering approaches to the care and nurturing of babies and young children. Included in the ecology of natural mothering are: mother and baby, together and nursing from birth; baby sleeping next to mother, nursing naturally off and on through the night, close to mother's heartbeat and receiving important body contact and security; a nursing relationship that does not seek out separations but rather is strengthened by close and frequent physical contact through the use of baby carriers and the constancy of mother's presence; an unrestricted nursing relationship in which mother becomes so "in tune" with her baby that sensitivity to her baby's needs becomes second-nature to her; and a prolonged nursing relationship that thrives on close mother child contact — nursing, for comfort, nursing to sleep, nursing in the night — without concern for weaning and knowing that in other cultures children nurse to 3, 4 and 5 years of age. All of these patterns lend towards a strong foundation of love and closeness between mother and child and it is important that our modern western society be gradually educated to accept and reinforce the merits and joys of following natural mothering instincts.

Many women have denied themselves many pleasures in the care and love of their children because of the influences and attitudes passed down to them from our culture and many children have missed the experiences of closeness and security they derive from nursing that is their birthright.

The normal act of breastfeeding a baby is now being accepted and endorsed in our society. It is to be hoped that the normal act of nursing a one year old, a toddler, or an older child, such as a 3 or 4 year old, will also come to be accepted and endorsed as our society becomes more aware of the needs of babies and little children.

One of the most important Primary Prevention programs in existence today is La Leche League, which has grown in 22 years to include 4,156 Groups of mothers meeting monthly, and 11,014 La Leche League Leaders in 44 countries. I would like to commend the CSPCC Journal for the article on La Leche League in the Fall 78 issue. It is through my ten-year association with LLL that I have gained the support and encouragement to follow my basic instincts as a woman and as a mother in caring for our four children.

Yours very sincerely,  
Carol A. Sullivan  
Fredericton, N.B.

# Letters

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Dear Dr. Barker:

My observations as a child's nurse or governess in affluent homes, is that most of the children had many emotional and physical problems.

Their problems were not the lack of good food and a comfortable home. It was the constant absence of their mothers and fathers. The mother went out at nine in the morning to her various clubs and charity meetings. She was away all day, then at night she may come home, have dinner, dress and go out to a Cocktail party, or dinner with friends. The children very seldom had any contact with their fathers as they too had business engagements and out of town trips.

These children had to adjust to new mother substitutes called nannies every three or four months. They did not know what it was like to love and to be affectionate. One little boy whom I cared for was nine months old when I started to work with him. The first three months were very painful as he would not keep his food down, had a red rash on his bottom, and had boils on parts of his body. After he and I became well acquainted, these conditions cleared up. I found out that he was forced to eat extra large amounts of food and that he had to spend most of his time in his crib or playpen. He needed to be active and crawl on the floor and explore. I spent all of my time with "him" from nine in the morning until five-thirty in the afternoon when I put him to bed before I went to my home. That child was still in his bed when I came back in the morning...

Noella Redditt,  
Midland, Ont.



## THE BATTERED PARENT

*by Selma Fraiberg*

Some time ago a reporter asked me, "What do you think is the worst mistake parents can make?" I was surprised at the question, and without thinking about it I replied, "Underestimating their importance." Our society today does not value parents, and I am not always sure that it values children.

The social traditions embodied in the phrase "The children come first" are ancient and have the force of a biological imperative. No species can survive without this commitment, and history records that many human societies have signaled their decline or their peril through indifference to children and the family. In stable societies the family is exalted — even revered — in religion or custom and this speaks for the moral evolution of man. Tradition transforms the biological imperative into a moral imperative. Because parenthood makes heavy demands upon the human capacities to love and to rise above self interest, traditional societies provide a form of psychological nurture to parents: they exalt the family. Members of the tribe are celebrants at the birth of a child and guardians of the family at times of trouble and pain. The family feels embraced in the arms of the community. The children are "evryone's children," and if a child is orphaned, neglected or disabled, the tribal elders take on their roles as godparents and advocates for the child. The child feels embraced in the arms of his community as well as his family.

In most western industrialized societies today, the family lives on a small island connected with other families through tenuous lines of communication. Parenthood is often exercised in solitude and loneliness. Young mothers speak of the crushing sense of isolation and the feelings of giving endlessly to the needs of their children "without reward". Parents need nurture too, they are saying to us, and they are right. They are bereft because they do not have a nurturing community.

If a young mother has time to read the newspapers and popular magazines, she will learn that she has added needlessly to the number of superfluous babies in this world. She will learn that she has abandoned her right to pursue a career to become a domestic slave. She will learn that the baby work — feeding, bathing, diaper washing — can be done "by anyone", and women who want such work are available for hire. She will learn that while she is sitting at home, tending to children cleaning, and cooking for a family, she is not working and not contributing to the gross national product. Who can survive this cultural on-slaughter?

In Canada and the United States, mothers of young children are entering the labor market in unprecedented numbers. The vast majority of these women are not career women. They work in low-paying jobs. Their income after work-related expenses and the costs of child care is very small, but these small earnings are

*"It would take a strong willed woman, with convictions independent of current social values, to feel self worth in choosing to stay home with her children."*

Dr. Fraiberg is author of two recent books: *The Magic Years* and *Every Child's Birthright*.

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sometimes vital for family sustenance. In a considerable number of cases however, the woman's earnings are used to supplement a husband's income and are earmarked for luxuries. A new refrigerator, a dishwasher, a color TV. Something tangible. A reward. "I feel I'm worth something when I bring home a pay cheque!" these women say when interviewed by the pollsters. I interpret this statement to mean not only that the woman feels herself valued when she brings home her pay cheque, but that she is not valued when she stays home with her children. How could she feel otherwise? It would take a strong willed woman, with convictions independent of current social values, to feel self worth in choosing to stay home with her children.

Liberation means, simply, the right to choose. Our society has had a dark history in the relationship of men and women, but there is cause for celebration that in our time women can choose among many alternatives. They can choose to marry or not marry. They can choose to marry and work, or marry and not work. They can have children or not have children. They can have children and work, or have children and not work. But if a woman chooses to devote herself to child-rearing, why is she less "liberated" than another who chooses to work while rearing children? She is not "enslaved" by the work of child rearing if she has chosen freely, and for the woman who enjoys this work the word "enslaved" is a mockery and a cruel epithet.



In the passionate debates about the rights of women, the rights of children are rarely mentioned. The mother who chooses to work wants the best possible substitute care for her children, but here, sadly, the freedom to choose is limited by the market. Good substitute care, especially for babies and very young children requiring full-time care-giving, is difficult to come by. The middle-class woman who can afford full-time help in her own home finds herself in grim competition for the services of the vanishing nanny. She discovers that she may not be able to find at any price a devoted, stable, motherly woman to care for her children.

But the vast majority of working mothers with pre-school children are not middle class and the high cost of good child care restricts their choices even more cruelly. Their children are mostly cared for in private homes in which the quality of care is dubious or outrageously bad. A small fraction of the families in poverty receive child care through daycare centres, which rarely provide the care every young child should have to ensure emotional growth. Daycare workers are mainly untrained aides, the wages are poor, the turnover is high, and there will be typically no one person among them who "stands in" for the mother, or to whom a child can turn for social exchange or comfort when needed.

What of the babies and small children who are caught in this upheaval? Babies have not changed their nature in the course of human history. They have not been liberated by the changing family styles of the past decades. They have not caught up with the news that they are enslaving their mothers and causing domestic upheavals by the accident of their birth. 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. Not only that, but those of us who have been studying babies for the past three decades know they don't believe it. It has taken millions of research dollars to find out what everybody's grandmother knew 50 years ago: babies know their parents and prefer them to other people as early as the first weeks of life.

Like all other members of the human race babies are sociable, and every feeding, diapering and bath time with parents is a party as far as they are concerned. And like any other member of the human race, they don't take to easily. They will not instantly bestow their love on indifferent babysitters. But they will give a generous return to a substitute care giver who earns it through love and devotion. What matters, then, is that whoever stands in for mother and father when both parents are working must symbolize love and trust. Substitute care only becomes a problem when a child experiences a succession of indifferent care givers in his home or a daycare setting. That is why a baby may protest and give both his parents and the care givers a bad time.

Some may argue that this is life in the 1970s, and every baby who expects to make his way in this tough world should learn that he has to be independent, that he shouldn't count on human partnerships because, things being what they are in 1979, nobody can count on them. But infancy and early childhood is the time for building trust and the capacity to form enduring human bonds. For the preschool child a daily separation from a beloved mother can be tolerated only when the child's trust can be transferred from parents to another person who earns it through personal devotion. From my own experiences with families, I am sobered to see that it is mainly through good luck that such substitute care-givers are found.

Am I against working mothers? Of course not. The issue is not whether



*"For the millions of children who receive indifferent or even harmful substitute care, the answer is not more day care centres, . . . ."*

mothers should work; it is the alternatives they have in child care when they do work. When women are able to choose for themselves and their children, they usually choose wisely. But the vast majority of mothers in the labor market have no choice. They are not career women, they are not affluent, and as a result their children receive indifferent or bad substitute mother care.

These ill-served children are our children too. Those of us who are fortunate, and those women among us who have been truly free to choose, cannot lose sight of the fact that millions of women are not free to choose at all. The right to work, which is a "right" for women in poverty who provide the sole support for their children on minimum wages. Their choices in child care are governed by necessity, not by career opportunities, and rarely by the needs of the children themselves.

For the millions of children who receive indifferent or even harmful substitute care, the answer is not more day centres, if "more" means the proliferation of custodial care centres and indifferent care givers. If we are serious about expanding daycare centres, we must also be serious about the cost of high quality programs. The model daycare programs in the United States, at Harvard and other universities, have been cited in current research to illustrate that young children in daycare can fairly match their peers in home environments in social and intellectual development. And why not? If the quality of substitute care is excellent, children need not suffer. But the costs of these model programs are high — between \$10,000 and \$15,000 a year for each child — and, alas, neither legislators nor

taxpayers are willing to spend the money to provide equivalent care for mothers who cannot pay for it themselves. It would double or triple the public funds now committed to substitute mother care.

Ironically, the taxpayer's subsidy for existing custodial daycare centres is higher than the costs of subsidizing a child in his own home, cared for by his own mother. Since the largest number of poverty-stricken women are at least adequate mothers, the rational taxpayer might ask why he should subsidize inferior daycare for children in poverty when for less money the child could receive better care from his mother. But here all reason flies out the window. A puritan chill comes over us at the thought of in-home subsidies. It's "welfare." It conjures because she is "only" taking care of young children. The out-of-home subsidy, which is as certainly "welfare" and comes out of the same pocket (mine and yours), conjures up the wholesome image of small children in a clean and cozy daycare centre, nurtured by devoted women, uniquely endowed by nature to cherish the children of other women as if they were their own, women whose abundant maternal feelings rise above self interest in claiming no more than \$3 per hour for this work. Regrettably for the children, such women are in short supply.

During international year of the Child we may all do well to ban the lyrical speeches and baby kissing by politicians and ask ourselves these questions: What do children need for optimal development of their human capacities? What do parents need from their society to sustain them in meeting these needs? And how does public policy legislate against the best interests of children and families?

*"Ironically, the taxpayer's subsidy for existing custodial day care centres is higher than the costs of subsidizing a child in his own home, cared for by his own mother."*

# What are YOU doing Saturday Night?

*when you become a  
parent, you make a  
date for twenty years!*



**1,050 teenagers became pregnant in Canada this week**

## DESPAIR THAT BREEDS DESPAIR

*by Brenda Rabkin*

The poster shows a teen-age girl staring dreamily out the window. She is unmistakably pregnant. The caption reads: "What are you doing Saturday night? When you become a parent you make a date for twenty years. 1,050 teenagers became pregnant in Canada this week." The poster is part of the attempt by Planned Parenthood of Canada to warn

teen-agers of the realities of pregnancy and to encourage them to prevent it. But though the message has been conveyed through a startling picture and explicit language, it will have little impact on the teen-age girls for whom it is intended. The fact is that girls in their teens are on their way to contributing to a new kind of baby boom.

Brenda Rabkin is a contributing editor for **MacLean's** magazine. She is also the medical reporter for the CBC television show called "The Medicine Show" and won an ACTRA award for the best documentary for radio for an hour-long program on teenage suicide. Most recently she has written a book on teenage suicide entitled **Growing Up Dead**, published by MacLelland and Stewart.

In 1958 there were 6,301 babies born out of wedlock in Canada to girls 15 to 19 years of age. By 1967 the number born under those circumstances had increased to 11,775, and by 1976 the figure may have exceeded 19,000. For the same time period, the over-all birthrate in Canada declined by almost 45 per cent. The consequences of this teen-age mother phenomenon are already being strongly felt, largely because most of the mothers are opting to keep their babies. Girls in this age group are least prepared emotionally and financially to raise infants on their own and there are very few social institutions available to help them. But they still have the legal right to make the decision. When they do, the results are frequently calamitous, not only for the young mothers, but more tragically, for the babies.

"The biggest problem with teen-age mothers is that many decide to keep their babies and hang onto them till they can't manage anymore," says Betty A. Schwartz, executive director of the Children's Aid Society in Winnipeg and an outspoken critic of what she views with alarm as the lack of social responsibility toward these girls. "Then they bring their children to us and ask for adoption, but by that time the damage has been done. So many of these kids have been neglected, or abused, from the very beginning." Adoption figures across Canada substantiate Schwartz's point of view. In 1970, Children's Aid Society of Metropolitan Toronto placed 878 infants under the age of one year and 170 toddlers (ages 1 to 4) in adoption homes. In 1977 there were only 90 infants available, while there were 52 toddlers. Figures for Vancouver reveal a more desperate picture. The ministry of human resources reported that 956 infants and 76 others from one to 18 years of age were adopted in 1970. In 1977 only 482 infants were adopted, but the number of one- to four-year-olds numbered 107. "It's the girl who is most deprived and least able to look after a child who will dig in her heels the hardest and try to keep it," says Joe Michalchyshyn, former supervisor of the Unmarried Mothers Unit of Winnipeg Children's Aid. "They hope the baby will fill that big void in their lives."

If a girl tries to raise her baby with the

help of her family, the chances for her and her baby making it are considerably higher than if she decides to go it alone. If the girl does not live with her family, she can qualify for welfare and mother's allowance as long as she is of majority age. Depending on the province, this is 18 or 19. If the mother is too young to qualify, both she and the infant can be made wards of the state and placed in foster care. Neither option has proven to be very effective. There are virtually no comprehensive programs in Canada that intercept the young mother in early stages of pregnancy to ensure that she gets good medical care, or that teach her parenting skills or supervise her closely after the baby is born. "To me the most frightening aspect is that a 14-year-old girl will be allowed to make a decision on her own about whether or not she will keep her baby," says Heather Carruthers, a social worker at Villa Rosa, a home for unwed mothers in Winnipeg. "She can't sign a lease or any contract. She can't vote, she can't get a credit card. She can't even get married. But she can make a decision to keep her baby. I just don't think that a girl of that age is equipped to make that kind of choice."

For many an adolescent girl, the decision to parent is based on her own needs and not those of the child. When she discovers that her needs are not being met, but rather that the child is making constant demands upon her — demands that she cannot possibly meet because she hasn't the intellectual, emotional or financial resources — the problems begin to become visible in the community. It is at this time that the infants themselves can become the victims of abuse and neglect. A study on abuse by the American Humane Society found that while unmarried families make up one-sixth of the households in the United States, they account for 50 per cent of reported abuse and neglect cases. The young single mother represented the most serious threat to children, including the most violent acts of abuse. And in Ontario, a coroner's jury on Nov. 30, 1977, recommended that all children born in Ontario to mothers under 18 be listed in a provincial directory of potential child abuse.

*"For many an adolescent girl, the decision to parent is based on her own needs and not those of the child."*

*"... Courts must realize that to be a parent does not guarantee that you are acting in the best interest of the child and earlier intervention by the state should be the rule, not the exception."*

"We see a significant number of very young children of adolescent mothers who have serious health problems," says Dr. Sally Longstaffe, a pediatrician at the Children's Centre in Winnipeg. "Many haven't developed as they should because they haven't received the warmth and intellectual stimulation that's so important in the first few months." Cases of malnutrition among these infants are not uncommon. Many of them are obese and anemic because they are fed largely carbohydrate diets. A child development study at Johns Hopkins University in Baltimore assessed the development of 525 children born to girls who were 16 years or less. They found that at age 4, 11 per cent of the children scored 70 or below on IQ tests compared with only 2.6 per cent of the general population of four-year-olds. The study also found that these children had more behavior problems and higher rates of failure in school.



Although there have been no studies done on the subject in Canada, Children's Aid and other adoption officials across the country estimate that 20 per cent of teenage mothers who opt to keep their babies will give them up for adoption either voluntarily or through court order within two years. "It's the other 80 per cent I worry about," says Joe Michalchysyn. "They'll keep Children's Aid in business. We'll see them in Family Services, in juvenile court, and back again in the Unmarried Mothers Unit. And we'll see them in prisons."

One major method of extricating these children from their untenable predicament is through legal intervention. If neglect on the part of the parent can be proven, the child can be made a ward of the Crown or a Children's Aid Society. But the wheels of the law turn slowly. Anne was 17 years old when she had her first baby out of wedlock. Seven months later he died. An autopsy revealed fractures of the skull and both legs. She claimed that she was holding him in her arms while riding in a car, that the car was hit from behind, and she dropped him. Her second child was born several months later. When he was 10 months old, neighbors complained to Children's Aid because he was constantly crying. The worker found a poorly developed, badly cared-for child. A hospital examination revealed a broken skull, a broken clavicle as well as significant growth retardation. Children's Aid went to court on the child's behalf and won a permanent order. He was placed in foster care. But Anne appealed the decision and won. In the meantime Anne gave birth to a third child. This time Children's Aid apprehended the newborn infant while it was still in the hospital nursery and sought a permanent order for both children. Anne never appeared in court and the judge had no choice but to award the children to Children's Aid. But almost two years had gone by from the time Children's Aid had first instituted proceedings against the mother.

*"I see a future when there will be a strong polarization between the haves and have-nots . . . . On the one hand we are raising a greatly advantaged group of children who are smarter, healthier and sturdier than ever before. And then there are those who are never going to have anything. I fear they may be headed on a collision course."*

The outcome of a case can also often be influenced by the personal bias of the judge. Says Judge R.H. Harris, a family court judge of the Manitoba bench: "I don't think Children's Aid has a right to interfere unless the girl asks for it. We have to give the girl a reasonable opportunity to prove that she can be a good parent. We're not talking about chattels here. Parents are entitled to their children and children to their parents. A permanent order is like an execution — there's no looking back." But a colleague, Senior Family Court Judge E. C. Kimelman, said in a recent judgment: "Courts must begin to realize that some parents will never be good parents and should never have become parents and some children should not be held in abeyance pending our final realization of the lack of capability of the parents....Courts must realize that to be a parent does not guarantee that you are acting in the best interest of the child and earlier intervention by the state should be the rule, not the exception."

Such state intervention might save the children, but would certainly alter the

country's social patterns. Who, for instance, would assume the responsibility for these children? Furthermore, it appears that those least capable of parenting are rushing to fill that role, while those most qualified are refraining or delaying. In 1976 the National Organization of Non-Parents reported: "In 1975, 21 per cent of all 25- to 29-year-old women ever married were child-free, compared to 15 per cent in 1970, and 11 per cent in 1965. This increasing trend toward delaying childbirth means that more and more women are childless at 30 years of age."

"I see a future where there will be a strong polarization between the haves and the have-nots," says Betty Schwartz. "On the one hand we are raising a greatly advantaged group of children who are smarter, healthier and sturdier than ever before. And then there are those who are never going to have anything. I fear they may be headed on a collision course. If adults are going to give over to children the responsibility for bearing and rearing children, we're going to have to make very different arrangements."

**"We should start with the idea of restoring value and significance to the idea of nurturing, recognize that all our children need it, and create programs and institutions that will help us give it to them.**

**If we're worried about the cost, we might look at it this way: The less care a child has in the early years, the more society will have to pay for it later on."**

**Naomi F. Chase**

## MAKE PARENTS

### PROVE THEY'RE SUITABLE-MD

All new parents should be required to undergo screening to determine their suitability for the role, the director of the child-abuse program at the Hospital For Sick Children said yesterday.

Speaking at a York University workshop on child abuse, and later in an interview, Dr. Robert Bates said "mandatory screening clinics to determine how well a person can care" should be involved "in all situations where there is a newborn."

The screening in some cases, might require only discussions between a doctor and an expectant parent, Bates said. In other situations, a psychiatrist or social worker would become involved.

"But I think every parent has to be looked at."

As part of a wider screening process to weed out potential child abusers, Bates suggested that nurses in delivery rooms and maternity wards make written notes on such matters as how a mother holds a newborn baby.

"We've got to look at these things to pick out the high-risk parents," Bates said.

Professionals in the field of social welfare "are not taught to document the way police do. But we'd better learn to," he said.

Bates proposed that written reports by

nurses be forwarded to a hospital committee for use in determining "if a child will be in jeopardy when that child goes home with his parents."

He also advocated compulsory home visits by community-health nurses after a child has been taken home from hospital, and suggested that only parents who attend pre-natal clinics should be eligible to receive government baby bonuses.

Referring to the mandatory screening clinics, Bates said: "Too many people think this is an infringement of parents' rights. Well, to hell with that....the parents who get upset about high-risk screening clinics are the ones we have to look more closely at."

Bates said later that, for "too long, we've been worried about the parent's right to a child. They don't own that child. I'd like to think the child belongs to the community."

Bates said the current child-welfare system too often deals with child abusers only after a case of physical abuse has been reported.

"Too many of our child-welfare systems are crisis-oriented.

"And if it's crisis-oriented, we've missed the boat."

Reprinted from the **Toronto Star**, February 10, 1979.

## SOCIETY DOESN'T OWN MY KIDS!

I have no reason to think Dr Robert Bates, director of the child-abuse program at the Hospital for Sick Children, isn't performing a wonderful service to mankind.

There is reason, however, to be frightened by views he offered to a weekend workshop at York University, particularly if many other "professionals" agree with him.

According to Bates, all parents should be forced to undergo screening-either by doctors, psychiatrists or social workers-to determine whether they are "suitable" to be parents.

Obviously, Bates has more faith in the infallibility of professionals than I do, but that track record aside, it's hard to believe someone in such a responsible position would seriously suggest such a thing.

## 'Community's child'

I thought he might be having us on when he said that we've worried too long "about the parent's rights to the child. They don't own that child. I'd like to think the child belongs to the community."

To make sure, I phoned him at the hospital but they referred me to his Mississauga practice where a lady said I should call the hospital if it's about child abuse. Explaining I already had and just wanted to confirm the doctor's quoted statements, she assured me he would call back. He didn't.

That being the case, perhaps we should take a closer look at his comments.

Maybe his children belong "to the community," whatever that is, but I'd like him to know that mine don't.

I'd also like to know by what power he feels able to determine, in advance, what is "best" for a child, by what standard he would measure the "suitability" of a parent?

Maybe he could carry it one step further and have society determining in advance whether a woman is "suitable" or not for pregnancy.

That way, if the omnipotent professionals say she's not "suitable" for motherhood, we could have forced sterilization. Think of the money we'd save.

In fact, once started down this road, parenthood is just one area where Bates' philosophy could be practised.

Why not, for example, make all 19-year-olds undergo heavy testing to determine in advance whether they should be allowed to drink or not?

After all, many later cause themselves and society great damage because they prove to be incapable of handling booze.

Noting some people see his scheme as "an infringement of parents' rights," Bates says, "well, to hell with that...the parents who get upset about high-risk screening clinics are the ones we have to look more closely at."

Is that a fact?

## Twisted Logic

By what twisted logic does he conclude that if you're upset about giving the state power to determine your "suitability" for parenthood there's a prima facie case against you?

Perhaps he can be forgiven for letting his emotions run away with him. No doubt it's disturbing to deal constantly with the battered victims of sick parents.

But damnit, it's a quantum leap from concern about battered children to a system of state control over parenthood.

Professionals, despite their expertise, aren't perfect, any more than parents are. But I have as much faith in the odds on people making decent parents as I do in a group of self-appointed demigods deciding in advance who is or isn't "suitable" for parenthood.

Bates advocates compulsory home visits by community health nurses after a child leaves hospital and says only parents who attend pre-natal clinics be eligible for baby bonuses.

If he can't see the danger in such a philosophy, that's his problem, I suppose.

But I hate to think we'd ever see the day when teams of government-appointed "experts" are given that kind of power.

One of the big problems, incidentally, is who is going to safeguard us against the committees.

For my money, I'll bet on the parents, thanks. Professionals have their place, but this isn't it.



## **SOME DETERMINANTS OF MATERNAL ATTACHMENT**

BY GAIL H. PETERSON, M.S.S.W., AND LEWIS E. MEHL, M.D.

The authors conducted prenatal interviews and behavior observation sessions with 46 families in which the woman was pregnant. These families were again interviewed and observed 7 days, 1 month, 2 months, and 6 months after the child was born. The authors found that the most significant variable predicting the variance of maternal attachment was the length of separation of mother and infant: less separation was associated with greater attachment. The next most significant variable was birth experience, followed in importance by the length of labor and prenatal attitudes and expectations.

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*"Kennell and associates indicated that a unique period of special sensitivity for bonding may exist immediately after delivery."*

Mother-infant interaction has received increasing attention in recent years (1,2), along with the beginnings of the elucidation of some determinants of maternal attachment (3-5). Ainsworth (6) reviewed infant behavior patterns that seemed characteristic of attachment.

Kennell and associates (7) indicated that unique period of special sensitivity for bonding may exist immediately after delivery. Rosenblatt (8) presented animal studies indicating that the onset of maternal behavior is based on hormonal secretions and that the postpartum maintenance of maternal behavior depends chiefly on the stimulation that the mother receives from her young. Rosenblatt (9) and Bronfenbrenner (10) presented evidence that disruption of the natural course of animal behaviors either before or immediately after delivery has deleterious effects on maternal behavior. Bronfenbrenner (10) also proposed that a critical period exists for the organization and consolidation of maternal behavior.

Animal (11,12) and human (13) studies have provided evidence that bonding occurs through early maternal-infant proximal body contact (skin-to-skin for the human). Behavioral differences have been

found in the quality of the mother-infant relationship between human mothers permitted as little as half an hour of skin-to-skin contact followed by 12 hours of separation compared with mothers not permitted this initial contact (5, 7, 13). These effects have held for up to 1 year. Greenberg and associates (14) found more confidence and responsiveness to the infant among mothers permitted more contact with their full-term newborns than control subjects. Rose and associates (15) and Kennell and Rolnick (16) noted the long-term consequences of brief illnesses and perturbations of mother-infant relationships during the first 2 days of life.

In a previous study of the same group of families to be reported on here, Peterson and associates (17) found that the most important predictor variable in determining father attachment was the father's degree of participation in the birth process and his subjective report of the birth experience. In this research we attempted to quantitate the relative effect of a number of birth-related variables on the development of maternal attachment and to consider the implications of these findings for intervention with mothers and families at risk.

. . . . .

*"Peterson and associates found that the most important predictor variable in determining father attachment was the father's degree of participation in the birth process...."*

## CASE REPORTS

Case 1. Ms. A, a 26-year-old woman who was employed part-time as a map drawer planned a home birth. Her husband was an anthropologist. Their first child, age 3, had been born without analgesia / anesthesia in a local hospital with the father present.

Ms. A delivered a girl on Christmas day at home; she experienced no separation from her family. When interviewed 3 days after the birth, she expressed the feeling that she was emotionally closer to this baby than she had been to her first child at the same age. She felt no postpartum depression with this delivery, although she had with her first. She attributed her immediate sense of attachment to this second child to the fact that she could hold, nurse, and sleep with her baby immediately after she was born. She said she was able to get more rest in her home than in the hospital and felt that she had healed more rapidly in her home surrounded by helping family members and friends rather than by nurses.

Case 2. Ms. B was a 28-year-old woman who was employed full-time as an airline ticket agent. Her husband worked full-time as an airline machinist. They had a 2-year-old son. Ms. B expected to make use of anesthesia in labor and delivery with this child as she had with her first and expected to return to work full-time when her newborn reached 3 months of age.

When interviewed after the delivery, Ms. B reported that she had not been able to take anesthesia because she did not get to the hospital soon enough. She reported feeling very surprised at her enjoyment of the birth process and expressed the feeling that seeing and feeling her baby being born was a very positive and emotionally strengthening experience for her. She was surprised at how much actually seeing and feeling the birth process meant to her. She reported having a great deal of faith in herself after the birth of this child, her second son, and she was grateful for the unplanned accident of a natural birth.

She held her baby for half an hour after the delivery, after which she experienced a 16-hour separation from her newborn. She said she felt emotionally closer to this baby by the end of 24 hours — sooner than for her first child, from whom she had experienced a greater separation. One month after the delivery she was considering the possibility of part-time work to facilitate breast feeding. At 6 months she was still breast feeding and working part-time.

Case 3. Ms. C was a 25-year-old librarian expecting her first child. Her husband was a graphic artist. Both wanted a home delivery. Due to a prolonged labor and uterine inertia, however, Ms. C. delivered in a hospital. She had a forceps delivery and received epidural anesthesia; for 5 days she was separated from her newborn most of the time.

When interviewed soon after delivery, 1 week after delivery, and 1 month after delivery, Ms. C expressed feeling that she did not know her baby very well, that she was confused as to what to do with the newborn, and that she was helpless. She experienced a great deal of depression for the month after the delivery and felt in general less confident about motherhood than she had anticipated. She said it took her longer than she had anticipated to get to know her baby and that the baby cried more than other babies. She also said that she felt her baby was insecure during the first month, which she believed was due to the lengthy separation they had experienced in the hospital. She described the separation as traumatic for her and said she had been prone to many crying spells during this time. She described motherhood as "very trying."

In general, Ms. C experienced the birth process as ego deflating traumatic and lonely. She appeared to compensate for her negative experience by adopting an attitude of faith in fate and in her religion.



Case 4. Ms. D was a 32-year-old woman who taught tennis part-time. Her husband was a lawyer. They had a 3-year-old daughter. She planned a hospital delivery with epidural anesthesia, as she had with her first child. The father planned to be present.

Ms. D. delivered her second child in a hospital under epidural anesthesia for both labor and delivery. As she had with her first child, she experienced a separation from her newborn for approximately 18 hours the first day, 18 hours the second day and 18 hours the third day after delivery.

She described the childbirth experience as very unpleasant but was grateful that this labor had been very short (4 hours). In

her interview shortly after delivery she expressed the feeling that she was as close to this son as she had been to her daughter at the same age — 1 week. She said she did not know either of them very well at this point and consequently did not feel they were totally hers yet. When interviewed 1 month later she again expressed the feeling that she did not really know her baby yet and did not feel it was really hers. She still felt the baby to be a stranger in the house. However, she felt that closeness would grow as time went on, as it had with her first child. She also stated that because her daughter had been her first child, she still felt closer to her than to her new baby.

*"We envision the mother's experience during labour and delivery as a crucial transition point in the development of maternal attachment--a period of creative stress or crisis."*

## DISCUSSION

The findings reported here emphasize the importance of the actual birth experience as an influence on maternal attachment. From this we would propose a model for maternal attachment similar to those of Bronfenbrenner (10) and Klaus and Kennell (3). Maternal attachment is dependent on many factors. We hypothesize that the factors operative prenatal along with hormonal influences aid in the development of maternal behavior, which is organized by the birth experience and then consolidated by the presence of the infant and the interaction of mother and infant during the immediate postpartum period. From the results of this study, it would appear that birth experience and separation are important variables. Appendix 1 lists the stages in the development of attachment along with the influences, disruptions, and types of intervention possible at each step. In all stages, intervention can include easy access to family therapy and community mental health services, home health support of families needing health services, and public education programs.

We envision the mother's experience during labor and delivery as a crucial transition point in the development of maternal attachment — a period of

creative stress of crisis. We hypothesize that the underlying intrapsychic events of labor constitute the organization of all prenatal influences into a series of directed maternal behaviors and affectional beliefs. The mother's associations with labor and delivery will affect this process, which, finally, is consolidated by the physical presence of the baby and the responsiveness of the baby to the mother's behaviors and feelings. The presence of the baby provides the concrete reality to the fantasized object and, as such, both releases and concretizes maternal attachment.

Bronfenbrenner (10) noted that when the behavior of an animal is disrupted before consolidation has begun, the behavior is absent from the animal's repertoire. When behavior is disrupted during but before completion of consolidation, the behavior will be expressed when the animal is placed in a situation requiring the emission of that behavior, but with an inappropriately high frequency or with an inappropriately low threshold. We hypothesize that this effect explains the high occurrence of both the battered/ neglected child syndrome and the vulnerable/ over-protected child syndrome among the mothers of

premature infants (5, 13, 15). The separation of premature infants is extreme. We speculate that lesser varieties of these conditions may operate in the mothers of full-term infants whose behavior has been disrupted before or during consolidation. Therefore, the sensitive period that Klaus (13) argued for can be seen as the period of consolidation of behavior. Subsequent to this period, behavior can still be integrated, but it is a more difficult task and does not have the natural mechanisms of the species assisting the process.

During the birth process, the mother is tremendously vulnerable; she is opening up both physically and mentally. Separation from her infant following delivery may act as a powerful punishment for this kind of behavior, but the presence of the baby may be a powerful reward. This may explain the beneficial effects of a positive birth experience on maternal self-esteem (20) and on the spontaneous resolution of neurotic conflicts (19). Subsequent experience, unexpected or changing life conditions, and unconscious motives may also have vital influences on the attitudes and values of parents and on the

development of attachment.

The assimilation of the baby into the family is affected by projective identification (21), which may be an explanatory factor for the development of psychopathology in a family member (22). The physical presence of the baby diminishes this effect by permitting reality testing. Separation maintains the infant in the status of a fantasy object — the longer the separation, the greater the tendency toward projection.

A negative birth experience in which fear and pain and discomfort predominate may have far-reaching consequences. Fear and pain breed resentment and hostility toward the object associated with the fear, pain, and discomfort. Fathers, in a sense, may act as affect meters for this process. We have heard fathers expressing jealousy and hostility toward their infants because of the pain and discomfort their wives experienced in childbirth. We have observed this ambivalence persisting in the relationship of both parents with the infant. Such a phenomenon has also been observed in clinical psychiatric practice. This is in sharp contrast to fathers and mothers who perceive birth as a positive emotional experience.



## STAGES IN THE DEVELOPMENT OF ATTACHMENT

### I. Birth of Mother

#### A. Influences

1. Experience of being nurtured.

#### B. Disruptions

1. Genetic factors affecting intelligence, etc.

2. Caretaker-infant separation.

#### C. Opportunities for intervention

1. Prevention of maternal-infant separation.

2. Active social work and nursing intervention for families at risk.

3. Interventions discussed in stages V and VI.

### II. Childhood experiences

#### A. Influences

1. Parents' development of psychological difficulties with assumption of parental role.

2. Parents' provision of appropriate role models.

3. Sociocultural identification and learning regarding role-specific behavior.

#### B. Disruptions

1. Discontinuity in caretaking.

2. Family dynamics.

3. Family crises.

#### C. Opportunities for intervention.

1. Inclusion of education regarding childbirth in high school and grade school curricula.

2. Involvement of siblings in childbirth whenever feasible.

3. Easy access to mental health services and para-professionals in the community for family therapy.

4. Provision of adequate role models.

5. Social intervention (e.g., in the case of poverty).

### III. Marriage before children

#### A. Influences.

1. Relationship with father of child.

#### B. Disruptions.

1. Marital conflict.

#### C. Opportunities for intervention.

1. Couple therapy.

2. Family planning services.

### IV. Conception and pregnancy

#### A. Influences.

1. Desire for pregnancy.

2. Prenatal attitudes toward the pregnancy, childbirth, and the infant.

#### B. Disruptions

1. Unwanted pregnancy.

2. Complications of pregnancy.

3. Family crises.

#### C. Opportunities for intervention.

1. Social work and nursing support for families with complications.

2. Childbirth preparation classes providing new role models for parenting.

3. Provision of information regarding alternatives to childbirth.

### V. Birth

#### A. Influences.

1. Birth experience.

2. Length of labor.

#### B. Disruptions.

1. Environmental disruption.

#### C. Opportunities for intervention.

1. Support and encouragement for low-risk mothers choosing alternative birth environments.

2. Avoidance of disruption of naturally occurring behavior of parents during labor.

3. Provision of support services for high-risk parents.

4. Avoidance of unnecessary obstetrical intervention.

5. Facilitation of friends' and relatives' involvement in labor.

### VI. Early postpartum period.

#### A. Influences.

1. Infant's behavior.

2. Father's development of attachment.

#### B. Disruptions.

1. Maternal-infant separation.

2. Environmental disruption.

#### C. Opportunities for intervention.

1. Avoidance of maternal-infant and family-infant separation.

2. Avoidance of disruption of naturally occurring parental behavior.

3. Teaching new behaviors and providing new role models for parents at risk.

4. Aggressive community services and support for families at risk.

5. Involving parents in the care of sick neonates.

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"The human being whose needs are not met when he comes into the world who is an unwelcome addition to the family, who is neglected and who lives in an environment that is indifferent and cold toward him will develop hostility, resentment, hate, pessimism — all of which make it very hard for him to function."

David Baken

*A psychoanalyst writes about*

**THE DIFFERENCE BETWEEN  
NORMALITY and NEUROSIS**

"It is not what we do but why  
we do it, which in the  
ultimate analysis determines  
normality."

***Lawrence S. Kubie***

We sometimes marvel at the sagacity of nature. We may, for instance, feel awed by the fact that matter is attracted to matter, to make the law of gravity. To me such reverence always seems a bit naive, because if particles of matters repelled one another there could be no universe, but only an infinity of particles flying out in all directions in an infinity of space; and at the rapidly emptying center of this activity no one would remain to make reverential and awe-inspired remarks, not even a doubting Thomas like myself. Somewhat similar considerations apply to the relationship of adaptation to normality, on the one hand, and of maladaptation to neurosis, on the other. Certainly if behavioural normality has nothing to do with the ability to adapt to the world as we find it, then in short order we would go our unadapted ways to destruction; and again no one would be left to wonder how it all happened. This relationship therefore is obligatory, and neither accidental or teleological: in short, it is what we call a "natural law." if some such relationship did not exist, we could not survive.

Yet all natural laws may sometimes lead to trouble. That same law of gravity that holds the world together can also make us either fly or fall downstairs. Which will happen depends upon our understanding and use of all the forces that are operative under the law. The same principle applies to the relationship of normal behavior to adaptation. The appraisal of normality cannot be made purely in terms of adaptation but must include an evaluation of the relative roles of all of the mechanisms that energize and shape behavior. Behavior that appears to be well adapted in a specific situation does not necessarily turn out to be normal, when all the forces that have produced it are studied. It is not what we do but why we do it, which in the ultimate analysis determines normality.

It is especially important to realize that temporary adaptation is often achieved at the price of neurotic illness. Therefore if it is to be used at all as a criterion of normality, adaptation must be considered in long-run terms and in varying situations. Let me give several

*"Behaviour that appears to be well adapted in a specific situation does not necessarily turn out to be normal, when all the forces that have produced it are studied."*

illustrations A writer was free from anxiety and lived happily and worked productively as long as he was in the city, but was paralyzed by unreasoning terror and could not write a word whenever he had to go to the country. Being an inventive fellow, he would manufacture ingenious excuses to avoid leaving the city. He even developed a system of aesthetics which proved conclusively that the country is homely and that cities are beautiful. Should we call that man normal in the city where he was adapted and neurotic in the country? Surely he was the same man in both situations, the only difference being that one situation fired off in him a pattern of distress from which he was protected in the other. Or consider an outstanding lawyer who lived on a flat plain with no hills or trees or high buildings. He functioned freely and productively until chance brought him first into a mountainous region and then

into a city with tall buildings. Here for the first time he became aware of the fact that he had a height phobia. Without his knowing it his peace of spirit and his freedom in work and love and play had been conditioned on his avoiding this special situation. When he faced its challenge, he was tumbled into panic. He became short of breath. His knees shook; and he was sweating, trembling, and almost voiceless. Or take a familiar wartime phenomenon: the psychopathic fighter, who was so well adapted to war that he won Congressional medals during combat, but was constantly in trouble in time of peace or even in training camp.

Another familiar example is known to every educator. This is the youngster who has a neurotic fear of competition. If his terror embraces all forms of rivalry, the youth will be wholly paralyzed and he will have to recognize his neurosis early. If, on the other hand, the terror is attached to



*"Our unconscious ingenuity is so great that we can fashion situations which allow the neurotic process to flourish without pain to ourselves."*

just one type of activity, then compulsory drives in other activities will enable him to make a good adaptation for years. Thus the lad who is physically timid often compensates by becoming an outstanding student. His impressive academic record is a compensatory mask for neurotic terror. The concealed forces that lie behind his intellectual attainments may not cause trouble for many years. Ultimately, however, they may rob him of his chance for peace and happiness through success, or of success itself. Conversely, a student with a neurotic inhibition in the intellectual sphere may compensate by a compulsive athletic overdrive. Athletic success will carry him along during his school years, giving the appearance of an excellent social adjustment. Once he is out in the adult world, however, he will begin to pay the price of his neurosis. Thus both the student-grind (so-called) and the athletic-grind (less frequently recognized as such) may appear as normal and well-adapted for years, even though these activities are energized by unconscious neurotic forces. There is a group of patients, whom I call "campus heroes," who live well-adjusted lives until the changing circumstances of adult years force their concealed neurotic mechanisms into the open.

These few examples from everyday life should make it evident that neither a good temporary adjustment nor an adjustment that is conditional upon some particular set of circumstances can be used as an enduring test of the normality of a personality.

The same reservation applies to the individual's own awareness of distress. Our unconscious ingenuity is so great that we can fashion situations which allow the neurotic process to flourish without pain to ourselves. Indeed, many men who pass as normal have maneuvered their lives adroitly so as to exploit their neuroses and

put them to work for them. The hypochondriacal invalid suffers no pain; his family pays the price of his neurosis. The rarely recognized compulsive benevolence and the more familiar compulsive work-drives are further examples of painless neuroses. As long as a man can express his neurotic needs and conflicts in ways which are socially acceptable, which meet the demands of his own conscience, and which at the same time feed his self-esteem, he will feel complacent and even happy. What we call the neurotic character is usually an individual who without knowing it has been able unwittingly to establish his neurotic patterns as a standard of the good life. He then goes on to make of them a law for his family. Macfie Campbell once said, "A family is an autocracy ruled by its sickest member." The same can be true of states. Under these circumstances (and they are far from rare), a man and his neurosis become one. He becomes proud of his very illness, treasuring it as the distinguishing mark of his individuality. In the course of time, with advancing years and changing circumstances, the neurotic adjustment breaks down, and painful psychological or psychosomatic symptoms will appear. Only in rare instances does this fail ultimately to happen, but the day of reckoning may not come for years.

Thus all around us are seemingly contented individuals, leading socially valuable lives; yet their very contentment and productivity are energized by concealed neurotic forces. Some examples of this are banal and familiar, others quite strange; yet whether strange or familiar their significance for human happiness and welfare and their importance as a challenge to science have never been fully appreciated.

Let me illustrate this further. I think of a warm, affectionate, gifted, artistic, and musical woman in her late fifties. She had

*"Macfie Campbell once said, 'A family is an autocracy ruled by its sickest member.' "*

*"Thus all around us are seemingly contented individuals, leading socially valuable lives; yet their very contentment and productivity are energized by concealed neurotic forces."*

been brought up in a cultured home. Through her attachment to her father, a man of great learning, she developed a spontaneous interest in literature and the arts. During her early years these preoccupied her almost to the exclusion of social life; and in late adolescence she married an older man of similar tastes and interests who had been one of her father's outstanding students. It was a good marriage, and she gave herself to it wholeheartedly and happily. The years went on, however. In the course of time her husband died, one son was killed in the war, and two of her children had to live on the other side of the world. When the youngest made a happy and suitable marriage, the woman broke down and had to seek help. Retrospectively it became clear that her devotion to literature and the arts and even to her family had served two groups of inner purposes: one healthy and the other neurotic. Throughout her life, from puberty on, she had suffered from an overwhelming phobic terror of social challenges. Without her knowing it, her studies, her marriage, her home, her children, and her intellectual and artistic interests had served to mask this phobia. Even in her home she had been a silent and secretly tense hostess. During all of those years she had never been forced to face her neurosis, to acknowledge it, or to seek help for it. When the defense provided by her home and family was removed, she had to endure the unmasked and unresolved terror of her childhood. Fear made her retreat into an unwanted

isolation. In her enforced loneliness she lost all pleasure in the inanimate beauty of music, paintings, or a sunset. She developed profound psychosomatic disturbances, an intractable insomnia, and finally an almost psychotic depression. Eighteen years of happy marriage had served her family and her community well, but had served the patient badly by masking the dynamic residue of an untreated and unresolved childhood neurosis.

Or consider another woman who grew up with an intense and hostile rivalry with her older brother of which she was totally unconscious. Equally without her realizing it, this had spread to include all men. Early in life this rivalry had masked itself happily in a socially active bachelor-girl existence, with talented writing and a vigorous participation in liberal politics and other community affairs. Ultimately, however, this same rivalry with men led her to marry a gifted but weak man who turned out to be impotent. She did not realize that she had been drawn to him by those very traits which rendered him impotent and which now frustrated her and intensified her hidden feeling that to be a woman was to be unlovable. After two years of this her unstable adjustment as a woman broke down. None of her previous activities could serve their original unconscious purposes any longer; she lapsed into a severe neurotic depression, in which she shut out her friends, turned away from all community activities, and could not write.

*"Such a contrast between normal and neurotic can have nothing to do with statistical frequency of an act.*

*The fact that ninety-nine per cent of the population has dental caries does not make cavities in the teeth normal."*

Perhaps the most dramatic example of the fact that external success is not an infallible indicator of internal health is the frequency with which man reacts to success by going into a depression. One sees this at all levels and in all aspects of work and play. We see it in the tennis player who can never let himself win the important tournament from men he can always defeat in practice. We see it in the businessman who goes into a depression when he earns a million dollars, in the writer who commits suicide when his novel becomes a best seller, in the man or

woman who reacts to the launching of what should be a happy marriage by deep and destructive gloom. The Bible says that we cannot add a cubit to our stature by taking thought; but without realizing it, an earnest student was trying to build up his biceps by becoming a Greek scholar. For him, therefore, success could spell nothing but defeat. The world did not have to wait for psychiatry to discover how often success and fame turn to dust and ashes, but psychiatry has given us some understanding of the reasons for this nearly universal human tragedy. It

*"All of this will seem strange only to those who think of neurotic as synonymous with queer or eccentric or foolish or weak or immoral or rare or useless."*

discovered, for instance, that the long struggle to climb the mountain is energized by a compulsive drive for some unconscious and unattainable goal, and that it is only when the climber nears the summit that he begins vaguely to realize that he has been fooling himself. Then the greater has been his effort, the deeper is his depression; and this even in the face of brilliant external success and valuable social contributions.

Perhaps it is not necessary to give more examples of what I mean. We see it all around us: in the lives of scientists, painters, musicians, writers, businessmen, teachers, clergy, and housewives. These show that we cannot use the social value of a life as an indicator of freedom from neurosis. Neurotic mechanisms may drive activities that are useful and creative, and these mechanisms may be as neurotic as those that produce alcoholism, stealing, and other patterns of socially useless or destructive behaviour. Man can be neurotically good as well as evil, neurotically constructive as well as destructive, neurotically industrious as well as neurotically lazy, neurotically gregarious as well as neurotically misanthropic, neurotically generous as well as neurotically selfish, neurotically brave as well as neurotically cowardly. If we hope ever to solve the problem of the neurotic component in human nature, we

dare not overlook the fact that activities that are intrinsically wholesome and productive may serve two masters within one individual—the one healthy and the other neurotic — and that even a slight change in the configuration of external situation or the mere passage of the years can shift the controlling influence from one group to the other, thereby tumbling what has seemed to be a well-adapted life into profound illness.

These observable clinical facts of human life challenge us to ask whether human behavior can be explained in terms that will make this seeming paradox understandable. Any attempt to answer this question demands a precise definition of what we mean by normality and by the neurotic component in human life. I will attempt to give such a definition.

This definition will be in terms solely of the balance between conscious and unconscious psychological processes in the determination of conduct. Such a contrast between normal and neurotic can have nothing to do with the statistical frequency on any act. The fact that 99 per cent of the population has dental caries does not make cavities in the teeth normal. Nor has it to do with the legality of an act or its conformity to social mores or its divergence from them, since one can be good or bad, conformist or rebel, for healthy or for neurotic reasons. Even the apparent sensibleness or foolishness, the

usefulness or uselessness, of an act is not the mark which distinguishes health from neurosis: since one may do foolish things for sensible reasons (for instance, as an initiation stunt), and one may do sensible things for very foolish reasons indeed, as for instance out of phobic anxiety.- All of this will seem strange only to those who think of neurotic as synonymous with queer or eccentric or foolish or weak or immoral or rare or useless. We must learn instead that there is literally no single thing that a human being can think or feel or do which may not be either normal or neurotic or, and more often, a mixture of the two; and the degree to which it is the one or the other will depend not upon the nature of the act, but upon the nature of the psychological forces that produce it. This is true of work and play, of selfishness or generosity, of cleanliness or dirtiness, of courage or fear, of a sense of guilt or a sense of virtue, of activity or indolence, of extravagance or penuriousness, of ambition or indifference, of ruthlessness or gentleness, of conformity or rebellion, of playing poker or writing poetry, and even of fidelity or infidelity. Determining all of these there is a continuous, unstable,

dynamic equilibrium of psychological forces; and in this flux it is the balance of power between conscious and unconscious forces which determines the degree of normality or the degree of neuroticism of the act or feeling or trait.

We start with the fact that in every moment of human life our conduct, our behavior, our thoughts and our feelings, our decisions and plans, our hopes and purposes, and our reactions to one another are determined by a complex group of psychological processes. Of some of these psychological processes we are fully conscious, while of others we are wholly unconscious. (The presence of the buried layers can be determined only by special methods of investigation and evaluation, of which psychoanalysis is the pioneer and still the most important.) This basic fact, namely, that man operates psychologically on at least two levels, is of more than academic interest. It has a quite practical importance in human affairs; because the consciously and unconsciously organized levels of the personality have different characteristics and exert quite opposite influences on behaviour.

The conduct which is determined by conscious processes is flexible and realistic. Because its motivations are conscious, they can be influenced by conscious appeals to reason and feeling, by argument and exhortation, by success and failure, by rewards and punishments. In short, it has the capacity to learn from experience. Therefore normal behaviour is in the truest sense of the word free - free, that is, to learn and to grow in wisdom and understanding. In contrast to this, that behavior which is determined by unconscious processes is rigid and inflexible. It never learns from experience. It cannot be altered by argument or reason or persuasion or exhortation or rewards or punishment, and not even by its own successes and failures. Since by its very nature it can never reach its unacknowledged and unrecognized goals, it is insatiable and endlessly repetitive, repeating its errors as often as and perhaps even more often than its successes, and marching ahead on blindly stereotyped paths. This happens whether the pattern of behavior has brought success or failure, and whether it has been a source of happiness or of unhappiness either to itself or to others. Thus neurotic behavior can learn nothing. It cannot change or develop or grow. It is enslaved.

It would be a mistake to assume from this that any act or thought or feeling is determined exclusively by conscious or exclusively by unconscious forces. Instead a mixture is always at work; and the modern concept of the neurotic process derives from this fact. Whenever most of the determining psychological forces are conscious, the resulting conduct will merit being called normal, because it will be free to learn and capable of adapting flexibly to changing external realities. On the other hand, where unconscious forces dominate, or where conscious and unconscious forces pursue incompatible goals, then the behaviour which results will deserve to be called "neurotic," precisely because it will be a rigid, repetitive, unadaptive, ineffectual compromise, serving the needs of neither the conscious nor the unconscious aspirations and motivations.

If these statements are valid, then we may state categorically that if there were no such thing as unconscious psychological processes there would be no neuroses. There would be no neuroses which manifest themselves in obvious symptoms and which we encounter in daily practice as the symptomatic psychoneuroses. Nor would there be those masked neuroses

which express themselves insidiously in distortions and exaggerations of the customary patterns of living, and in the quirks which we look upon as the eccentricities of normal people, and in the neurotic processes which result in delinquency. From this we may conclude further that if the psychological conflicts of infancy and childhood could take place in the full light of consciousness, then the neurotic process would never be launched in human life.

This leads us to the fact that early in the ontogeny of every infant and child a fateful dichotomy occurs, a dichotomy between those psychological processes which develop on a conscious level and those which evolve on an unconscious level and which exert their influence on our lives without our knowing of their existence. There is no single chain of events in human affairs which has greater consequences, since it is this dichotomy that makes possible the neurotic process.

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Some quotes from Lawrence Kubie's article in Vol. 1 No. 1 of the CSPCC Journal.

**"The problem is how to make a new human being healthier than his predecessors, how to help neurotically burdened parents bring up less neurotically burdened children, and this progressively down through the generations."**

**"...all parents, young and old, struggle to play their parental roles in the face of limitations imposed not by lack of knowledge or good will, but by those obligatory patterns of thought, feeling, purpose, and action which the neurotic components in their make-up impose."**

**"Who does greater harm to children, the lovable, impecunious alcoholic parent who spends his time and love on them lavishly, or the upright, hard-driving, creative, socially valuable, socially rewarded, but compulsively overdriven writer, painter, lawyer, analyst, minister, scientist, doctor? These are not easy issues."**

*"... If the psychological conflicts of infancy and childhood could take place in the full light of consciousness, then the neurotic process would never be launched in human life."*



# PARENTING EDUCATION IN SCHOOL

*an update by Eric Balkind*

My involvement in Parenting Education dates back to around 1970 when, in my local school system, we formed a program council for Early Childhood Education. Our initial interest was directed towards the primary grades and in particular, we looked at the possibilities of junior kindergarten. It did not take long before we found ourselves facing the fact that the addition of new J.K. classrooms was certainly expensive and moreover there was no guarantee to suggest any large increment in school performance of children as the results of such an extension to primary program. Some of us then turned our attention towards the earliest years of life and discovered the obvious - the parents loomed 'larger than life' as both the most important teachers of the child and the most significant, single influence upon the child's later success or failure in life.

An attempt, in 1972, to initiate a programme in Parenting Education failed and it was six more years before a more comprehensive effort was made in 1978, when I presented the report on Parenting Education including major recommendations which was featured in the Fall 1978 issue of this Journal. The intervening years have served to clarify, for me, the present and developing situation in our schools.

What I find hopeful is the considerable effort which I see many good teachers making as they try to establish (sometimes against strong resistance) classes in what I would call real education - the study and consideration of human relationships and family life including the matters of parenting and child development. I remember one instance, for example, where the Head of the Family Studies Department fought tooth and nail

to show a film on the birth of a baby. After overcoming considerable official resistance (the administration was afraid that students might laugh or react crudely) the film was shown to senior classes; what was notable, and I would maintain predictable, was the fact that this assembly turned out to be one of the very best held during the course of that year - young people do not laugh or sneer at matters of real life!

Sensitive, far-sighted teachers are continually pushing for meaningful changes in programme. Part of the struggle has to do, of course, with one of the continuing limitations of modern education - everyone wants to add to programme but no-one wants to delete. A further problem is clearly the political nature of education today which, in the late 70's has resulted in a Ministry in Ontario which does not appear to see education in any broad sense beyond the basics. There is also the problem of inertia which seems endemic in so many large systems - change never comes easily at the best of times and when you are dealing with large organizations it is difficult to make progress.

The report which I took to the Halton Board in October 1978 represented the strongest rationale which I could put together in support of parenting education. In making the presentation I was ably supported by His Honour Judge James Fuller of the Family Court (Halton Division) and Mr. Peter Marks, who is Director of the Addiction Research Foundation in Halton. All three of us spoke to the need for effective parenting and human relations education and together we formed a broad cross-section from the helping and social services. As the result of our efforts; where are we today?

In truth, we are not far along our road. In particular:

1) the Ministry of Education in Ontario is not convinced of the need to make Parenting Education a mandatory component of any programme; the problem is the all-embracing nature of the term 'mandatory.'

2) local boards are faced with the financial crunch imposed upon them by our politicians - the message seems to be 'do more but we will fund you less' and in such a climate new programmes are hardly likely to see the light of day.

3) most existing programmes are top-heavy in terms of the time spent on academics - the famous 3 Rs; a shakeup will be needed if we are to make room for new programmes.

4) the development of programme and the financial cooperation of various ministries including Community and Social Services, Health and Welfare and Education etc. are necessary but will not come about unless there is someone available to coordinate efforts. Such a staff member will cost the local authorities dollars to begin with but the payoff in the long run should be considerable. At this point in time, I see little or no movement in this direction.

5) the concept of the local school as a Centre for Human Development also depends upon inter-ministry cooperation and again, I see no action.

While the short term answer to any question on the progress of parenting education in our school system is lamentable there are however some signs of progress.

1) As noted previously, creative teachers are finding ways and means of extending Family Life programmes so as to bring students face to face with life. There are some schools which teach some theory and also manage to run cooperative nursery schools or caring centres in which adolescent students can work with and learn about little people. The Lester B. Pearson High School in Halton is just one notable example.

2) Worthwhile programmes (like Exploring Childhood) are available to us so that we do not have to start by reinventing the wheel.

3) More and more the public, the media, and our institutions are recognizing the crying need for an education in life.

4) Current guidelines do give an opportunity for creative teaching although their greatest limitation is that most courses miss almost all of our future fathers because the courses are not mandatory.

5) With declining enrolments space is rapidly becoming available in our local schools and this can mean a significant savings when it comes to the matter of providing facilities.

6) At least the Ministry of Education has been asked, as it will be asked again and again, to institute a mandatory programme in Parenting and Human Relations.

I am convinced that our daily experiences in society will continue to point to the necessity for an education which takes into account the human aspects of our being. Battered children, broken homes and the increasing pressures of living in the 20th Century in Canada will continue to provide us with all of the tragic evidence we need to prove the point that a traditional education is incomplete and insufficient for life in the 80's. It is also clear, I believe, that a stronger emphasis on the 3 Rs is not the answer. It is to be hoped that we can convince our government and our ministry to take a more proactive stance for after all - what have we to lose? Moreover, viewed from the optimistic viewpoint - what might we gain?

**Footnote:**

Your thoughts and reactions with regard to the above are earnestly solicited. I am both interested in hearing from you and / or being of assistance to you if practical. Feel free to write:

Eric Balkind, 20 Knox Avenue, Acton, Ontario, L7J 105.

"Child rearing is the most difficult and important task that most ordinary mortals will ever undertake. It is the first priority of this and every nation; costly to do well, and costlier to neglect."

E. James Lieberman





Joseph Meekis with his two youngest brothers, Charlie, left, and Elton, right.

# THE FIRST FIVE YEARS

*by Joseph Meekis*

Many experts believe that the most important years in a child's life are the first five years.

I've been thinking about this lately, ever since I came to Ottawa. (Not only because I'm writing about this topic.) I have observed many different families, the way parents treat their children and the way they operated as a family.

Where I come from, an Indian reserve, I see there is a big difference between families because on the reserve I can see every family and how they bring up their children.

Most children on the reservation are affectionate. Everybody is willing to lend a helping hand. When they were born, they were passed from hand to hand between parents and maybe brothers and sisters. This way they learn to love just like the way they were loved and every kid reacts the same way as he sees other people.

The child is always in contact with somebody, usually his mother, even when the mother is working in the kitchen. The mother carries her child on her back in a tikanagan!

Most of the time she takes him wherever she goes and he sleeps in the same room as his parents. So when he wakes up he senses that there is somebody in the same room with him, and he is not alone in a separate room.

Parents here in Ottawa are different. They don't take their child wherever they go. They hire a baby sitter which means that the child doesn't get the proper care, and not as much attention from a baby sitter as he does from his mom. It may not seem like much but I think it has some effect on the child.

When a city mother is working in the kitchen she puts her child in a crib and when she feeds him she straps him in a highchair. The child also has a room for himself alone, so he doesn't have warm bodies beside him. These are just a few examples.

One of the articles I read said, "It is very important to touch babies just as it is important to feed them; you can see how the babies learn a new stimulation from the expression on their faces." They learn to love just like the way they were loved. If parents throw harsh words at their kids, they learn to do the same.

Children are particularly sensitive to the tone of the voice, emotions and behavior. So whatever the parents say or the way they do things and the way they behave, the children will learn to act like them.

In many places around the world parents damage their child's mind in the early years of the child's life. For example, if this particular couple drink a lot and the children see them when they

are drunk (and including that they are raising their child right) they are going to have trouble with him in the future because he is going to act the same. If this kid gets into an argument he might shoot his best friend.

It has been found that both boys and girls whose mothers were described as "warm", for example if the mother is friendly and expressive, these children showed fewer difficulties such as temper tantrums, lack of independence and similar problems. On the negative side, it is generally thought that infants deprived of ordinary maternal care suffer an irreversible impairment of their capacity to respond warmly to the people around them.

Parents also tend to forget that a child's

reactions to the outside world tend to be exaggerated. For instance, if a mother suddenly stops feeding her child, the child may think she has left him to starve, but really a mother may have stopped to answer the door, the phone, or the tea is boiling.

If a child is at a stage where sucking, teething or weaning becomes frustrating, he can suffer an exaggerated sense of deprivation, division or abandonment. He may feel alone and isolated, withdrawn out of contact with his surroundings, or he may experience vague fears that there is insufficient nourishment for him.

All these things show why it is very important not to make a mistake in the early stages of raising a child - but we all make some!!

**NOTE:** Joseph Meekis is a status Indian from the Sandy Lake reserve in northwestern Ontario. An isolated Indian community of about 1200 persons, Sandy Lake has no running water, indoor plumbing, or other conveniences. 80 per cent of the community is on welfare, because there are only about 40 full-time jobs available and most of the adults do not have sufficient command of the English language or sufficient education to leave the reserve to find employment in the south.

Joe came to Ottawa in the fall of 1977 to complete his high school education. (The school in Sandy Lake only goes to grade 10, and the grade 9 and 10 subjects do not compare to those available in southern Ontario high schools). He wrote this research paper for his grade 12 health class, and received the highest mark in the class, even though English is his second language!

His interest in the topic, and access to CSPCC information came via the co-founder of the Ottawa branch, Barbara Graham, who has been in close touch with Joe's family in Sandy Lake for the past 10 years.

## GIVING UP TELEVISION

CHICAGO (UPI) — The task given the seventh and eighth graders was so brutal some simply could not handle it: Don't watch television for a month.

For some of the students who complied, grades and family relationships improved. Others agonized at not having their daily fix of the tube in large doses.

"I had time to do my homework neater and better," said Darien Crowder. "I used to get rotten grades but now I am doing better and I have better grades."

Tammentha Williams found the project easy at first.

"But as the days went by, it seemed as though the month got longer and longer," she said.

"When I had homework, I would say to

myself, "Well, I think I'll watch this show first and then do my homework," but I continued to put it off until I just didn't do it."

TV, Tammentha concluded, "is sabotaging their (pupils) minds and they just can't stop watching it."

The project at Howe Elementary School was the brainchild of teacher Jacquelyn Lumpkin. Students were to write a composition about their findings.

For Angela Luster, ditching the tube meant rediscovering an old friend — her mother.

"The time I used to spend watching television (which was all the time) I spend conversing with my mother," Angela wrote.

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## UN PAS DANS LA BONNE DIRECTION

Voici des extraits d'un discours de l'honorable Keith Norton, ministre des services sociaux. Le 27 mars 1979 l'honorable Keith Norton, ministre des services sociaux pour la province de l'Ontario a prononcé un discours aux représentants des agences qui reçoivent leurs fonds du secteur de son ministre qui s'occupe du service des enfants.

**"...la reconnaissance de ce fait (la demande bien augmentée des services pour enfants) a comme résultat de renforcer notre résolution de détourner plus de fonds, de concentrer notre attention aux mesures préventives, de donner plus d'appui à la famille et aux conditions familiales pour que nous améliorions les perspectives du bien-être de nos enfants. Il ne suffit pas de rien faire jusqu'à ce que l'enfant ait subi des blessures. De plus, même si il était désirable de continuer à agir d'une façon réactive, et nous sommes tous d'accord pour dire que c'est pas le cas, le manque d'argent nous force à changer notre attitude,"**

. . . . .

"Pour commencer, il me semble que nous sommes tous d'accord, que nous ne pouvons ni améliorer ni protéger le futur de nos enfants, si nous continuons nos polices actuelles. Et nous savons tous qu'il est très important, au fur et à mesure que notre siècle avance, que nous donnions un changement radical à nos priorités et à nos engagements financiers.

Pour être plus précis: Il y a un accord, que nous devons penser à traiter les enfants comme des êtres humains dans tous les sens et à diminuer notre enthousiasme pour les programmes catégorisés.

On est d'accord avec l'affirmation qu'il ne faut pas nous contenter de réagir après que le dommage est fait, mais que nous devons faire ce qui est nécessaire pour empêcher ce dommage.

On est d'accord pour dire que nous devons donner notre attention aux soins qui trouvent leur base dans la communauté et aux soins qui sont accomplis par la famille, les amis connaissances qui sont appuyés par les professionnels et il faut que nous cessions d'être satisfaits de payer les autres pour faire ce que nous devons faire nous-même."

Les victimes d'aujourd'hui et nous autres qui les soignons, nous avons plus de votes que les enfants non endommagés de demain. Monsieur Norton aura besoin de tout l'appui que nous pourrons lui donner (et probablement plus que ça) pour sa police de ne pas se contenter des réactions après le dommage, mais d'empêcher les problèmes avant qu'ils ne fassent leur apparence.

E.T. Barker, M.D., D.Psych., C.R.C.P. (C)  
Président, La Société Canadienne pour  
la Prévention de Cruauté aux Enfants

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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.