

MARCH '82

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“We must be willing to face the hard reality that preventing child abuse and neglect is possible only when we are ready to attack its sources in the fabric of our society and culture, rather than merely provide social and medical services to its victims...”



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

COST-EFFECTIVENESS

"...If children fail, the tragedy is enormous — not only for the parent and for the child who becomes an adolescent and later an adult, but to us as fellow citizens of the same city or nation. We must be concerned, if only as taxpayers. The lifetime cost to our society of each failure is at least \$300,000: the cost of special education, welfare, crime, disease, prison, hospitalization is enormous. Just think of that! Every child who fails to make it in our industrial society, assuming a 30 year average life span, will cost us in taxes at least \$10,000 a year or \$300,000, and that's not counting any inflation.

"It is probably immoral to speak of cost effectiveness in preventing human failure, but in a time of competing social needs and limited available resources, it is a useful criterion. We all understand the principle of cost effectiveness. If you spend \$2,000 to insulate your home better to keep out cold in winter and thereby cut your cost of heating bills by \$500 a year, that's cost effective. You can earn back the cost of this extra insulation in four years.

"We understand cost effectiveness in farming. We know that the relatively low cost of fertilizing results in much greater yields, and that is cost effective.

"Why then should we not as a society — or as individuals — be willing to invest, let us say, \$500 or \$1,000 a year for one or two years to help a young mother at a time when she really needs support in beginning to bring up her baby — if that support seems likely to prevent that child from failing to develop as well as he or she can? There's an old proverb: a stitch in time saves nine. And while we're on proverbs: an ounce of prevention is worth a pound of cure. Cost-effectiveness is a new phrase, but a very old wisdom..."

**Irving B. Harris
Chairman of the Board
Pittway Corporation**

THE JOURNAL OF THE CSPCC

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Letters

THE AMOUNT OF TIME AND CARE A MOTHER INVESTS IN HER CHILD IS DIRECTLY RELATED TO THE AMOUNT OF TIME AND CARE INVESTED IN THE MOTHER

Dear Dr. Barker:

CSPCC members and everyone else concerned about children will undoubtedly be happy to hear that over one thousand people met in Washington, D.C. recently to discuss the importance of the first eighteen months of childhood! These were not ordinary people either; many were leading experts in the fields of psychology, psychiatry, pediatrics, neurology and other sciences.

They came from all parts of North America to attend the annual conference of the National Centre for Clinical Infant Programs. The official conference title was "Indicators of Mental Health Disturbance in the First Eighteen Months of Life". The conference had much more to offer than the title indicated, however. It could have as easily been named "The Critical Importance of Infancy".

The most crucial aspect of an infant's life was shown to be the mother-infant relationship. If a mother does not treat her infant lovingly and affectionately, and if she cannot respond to an infant's needs because she does not understand what those needs are, then the infant's emotional development will be stifled. The infant will not be able to develop the capacity for love, empathy and affection. This point was forcefully brought home time and again when the audience saw videotaped excerpts from life histories of children who never had a good mother-infant relationship. These infants became violent, uncaring, unhappy children.

Although the dangers of poor parenting were made very clear, the spirit of the conference was by no means pessimistic. Many speakers pointed out ways in which mother-infant relationships could be improved and infant development encouraged.

Kathryn Barnard told us that the amount of time and care a mother invests in her child is directly related to the amount of time and care invested in the mother. This means that to the extent a mother has someone concerned about her, she can be concerned about her baby.

Dr. John Kennell told us how mothers will be more concerned about their babies and show more loving and affectionate care toward them, simply if they are given a few extra hours of contact with their babies im-

Letters

mediately following birth. The extra few hours after birth greatly facilitate the mother-infant bonding which is necessary for a healthy mother-child relationship.

Other speakers explained methods by which parents can be made more aware of the needs of their infants. Parenting education was thoroughly explored as a method of helping parents understand their infants. Kathryn Barnard stated that simply encouraging a mother to fill in a chart detailing her baby's sleeping and waking hours, or eating and crying times, will make the mother much more aware of her child.

Dr. T. Berry Brazelton pointed out that even if a mother-infant relationship goes slightly astray there are periods of time when the mother and child can completely reorganize their relationship so that it will become a loving and affectionate one. These periods occur after a child has accomplished a goal, when the child no longer has to concentrate so completely on goal achievement (such as learning to walk).

The most exciting thing about the conference was the impression one got that this dynamic group of people will do great things for children. The knowledge put forward at the conference will surely be spread by these people throughout North America. And they will undoubtedly help apply this knowledge in a way that will create a better future for children everywhere.

Sincerely,
John Powell,
Toronto, Ont.
(see page 26)

THE CRY OF INFANT DAY CARE - A SYMPTOM

Dear Dr. Barker:

Thank you very much for your letter of October 26, 1981 and the copy of The Journal of the CSPCC (Autumn '81).

I should like to commend you and your society for your forthright and direct stand with respect to addressing the causes rather than the symptoms regarding the provision of infant day care.

I will be forwarding your letter and Journal to concerned members of my constituency and advisory group with the hope that in some small way this will address some of the deep-seated problems of our society that, unfortunately, most people think the government can cure with more programs and more money.

Thank you again and congratulations on your stand.

Yours truly,
Milt Pahl, M.L.A.,
Edmonton Mill Woods

ACTION TODAY BY TOMORROW'S PARENTS

Dear Dr. Barker:

After having read the article, entitled "The Child Protector", the students of my grade eleven Family Studies classes decided to collect money and send for a life time membership of the Society for the Prevention of Cruelty to Children.

Our course deals primarily with Parenting and Child Development. The students having established a keen interest in this area, were moved by the plight of your efforts and the worthiness of your organization.

With the school becoming a lifetime member, the quarterly Journals will be used for both research and leisure reading.

The grade eleven Family Studies students and I wish you continuing success with the Society for the Prevention of Cruelty to Children.

Sincerely,
Mrs. Donna Kalpakis,
(Family Studies Teacher)
Dr. Norman Bethune Collegiate Institute,
Agincourt, Ontario

Letters

BEING HONEST WITH KIDS

Dear Dr. Barker:

My fourteen year old son asked me "Mom, why do you read the CSPCC Journal?"

I said, "Because I am sincerely interested in the topic, and reading the Journal keeps me informed."

And he said, "But you have always had a great deal of concern about the issue of child abuse, so how does being a member of CSPCC make any difference in the life of an abused child?"

And I said, "Because being part of a community of like-minded people, will enable us to have some effect in the lives of abused children."

And he said, "But that is exactly my point, you are all members of CSPCC because presumably you really care. But you are not the people who need to read the Journal, you are already the converted, as it were. In fact, by being a member of CSPCC and reading the Journal you are doing nothing to prevent child abuse, you are only making yourself feel better by thinking you are."

And I said, "....."

Dr. Barker, I am forwarding my son's questions, please reply promptly as he is still waiting for my answer.

Most sincerely,
(Mrs.) Darienne Elver,
Ottawa, Ontario,
K1H 7R8

BECAUSE IT HURTS SO MUCH

Dear Dr. Barker:

...While I'm writing, I would like to voice another area of my concern. A group of our churches here in Langley is currently sponsoring a series of films by Dr. James Dobson, Ph.D. The series is titled "Focus on the Family". I was keen on attending the series especially because I had read Dr. Dobson's book, "Hide or Seek". In my opinion this is an excellent book dealing with the building of a child's self-esteem. The one film I did attend was titled "The Strong-willed Child". It appears to me that Dr. Dobson is urging parents to use physical punishment - in fact, he advocates applying pressure to a certain spot on the trapezoid muscle which, he says, will render the child helpless, because it hurts so much. What concerns me about this is the fact that this film series is very popular on the west coast and there are thousands of young parents attending. I admire Dr. Dobson's work and most of his opinions, but am concerned that many parents will now feel justified in using physical force.

Many thanks for the good work the CSPCC is doing.

Yours truly,
(Mrs.) Marilyn Packham,
Langley, B.C.

'JUST' A GOOD MOTHER

Dear Dr. Barker:

I would like to talk about how people seem to think that raising a family is not as rewarding as having a big job or name for oneself.

Well I feel a lot different about this, as I grew up in a home where everyone was doing their own thing and it was pretty lousy and I used to feel that the only reason I was here was to be their personal slave, as I always felt left out and it would hurt me because all I wanted from my parents was their love and time. To me as a child it was nice to have new toys and things, but I was still not happy and I couldn't understand why they wouldn't spend some time and talk to me. So I felt it was my fault and I would go out of my way and try and make them happy by doing little things around the house and making them nice gifts, but that still didn't work so I felt that no one loved me.

Letters

I can remember how I was always told that kids were meant to be seen and not heard and that didn't make any sense to me. That just got me all mixed up and hurt.

It used to make me so mad when I would come home and my Dad was at work or was busy at something and wouldn't have the time to talk to me for some reason or another. Each time I would hear them say we have to work so we can get a new car or we have bills to pay or I don't have the time, and I felt like telling them I don't care about a new car and I don't care about your work or any of that stuff, all I want is to get to know what you are like and to share myself with you and you with me.

Well I feel that this is one of the main reasons I never got to know my family for a long time and never got to know what love was all about.

But I know that my feelings are a lot different about raising a family and I will be darned if I will allow a job or material things to come between me and someone I love as it is a perfectly lousy way to live and I can't stand to have to live like that again.

So we should look at how we really want to live and that is feeling loved and a sense of worth.

You know the one person in life that I can be proud of and hold respect for and that is a woman who is just a good mother and who spends a lot of her time with her children and so if \$30,000.00 a year means more than all the love and happy times you can experience with your loved one, well I would say you are not good to be raising a family and let's face it, who is the one who pays for it in the long run; your child does.

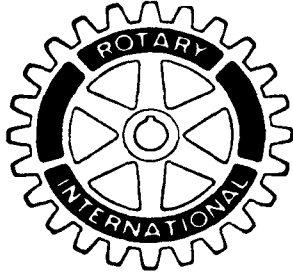
So next time you find yourself having to work and you should be home with your loved ones, then be there and if your boss wants to threaten you about going home where you are needed, tell him to shove it. What can he really do. Fire you. So what, doesn't your child mean more to you than a job or are they just there so you can use them. So it's up to you what you feel is more important, but as far as I am concerned there is no job that can mean as much as feeling love and seeing real happiness and feel that sense of pride. So let's hear it for being a mother, as that is the most respectable position in life for a woman and the father is also as highly respectable for being a good father, not just a provider.

I feel if I had this, I may have been a lot happier and content in my childhood, instead of being angry at myself and the world and I may not have ended up in a maximum security mental hospital at the age of 14.

Yours truly,
William ———.

“When I was a child love to me was what the sea is to a fish - something you swim in while you are going about the important affairs of life.”

P.L. Travers



Rotary aids child abuse fight

by Paul Welch
Free Press Staff

Dr. Elliott Barker, head of the Midland-based Canadian Society for the Prevention of Cruelty to Children (CSPCC), has been given the chance to spread his word.

Midland Rotary Club announced Wednesday the launching of a project to get the quarterly journal published by the CSPCC into all Canadian high schools, with the aid of Rotarians across the country.

Dr. Barker's message contained in the journal, is that "the worst of all possible cruelties is to inflict permanent emotional damage on another human being." The journal emphasizes the importance of the care during the first three years of infancy, when the child's values and ability to interact with society are formed. Through neglect, or other forms of psychological abuse during the formative years, the ability to form a relationship and function socially is seriously hampered.

Under the Rotary scheme, about 450 Rotary Clubs across Canada will be solicited for a \$100 donation to the CSPCC. The donation provides five high schools in the vicinity of the contributing club to free lifetime subscriptions of the journal.

Aiming for the high school student, the future generation of parents, is the "target group", Dr. Barker said Wednesday.

"I'd like to see the journal in every school," Dr. Barker said. "This is the target population

we must reach — the kids, before they start having children."

Rotary Club president Herb Henderson, who, along with Rotarian Fred Hacker was the driving force behind the program, said following the Wednesday Rotary luncheon, information kits explaining the program have been sent to the 400 clubs within the last 10 days.

The journal, Dr. Barker said, will aid potential parents in preparing for the rigors of raising children, and emphasize the importance of meeting the emotional needs of the infant.

"Ideally, under this program every school will have this journal. I can't see how the young can get too much information: I'd love to see an information overload."

Dr. Barker formed his theory while working as a psychiatrist at the Oak Ridge division of the Pentanguishene Mental Health Centre, which harbors Ontario's most dangerous criminals. During his tenure, Dr. Barker observed that the majority of the violent inmates had suffered from a turbulent infancy.

Alarmed at child-rearing methods in Canada, Dr. Barker decided to form the CSPCC to underscore the importance of proper child-raising procedure, and began publishing the journal in 1978.

*Reprinted with permission
from the Midland Free Press*

A PERSONAL NOTE

On behalf of all CSPCC members I want to express special thanks to every member of the Rotary Club of Midland, Ontario, to their President, Herb Henderson, to Fred Hacker, and to all those Rotarians across Canada who are now furthering the work of the Society. The organizational structure of Rotary International, coupled with the altruism and energy of individual Rotarians, give the vision of a formidable lobby for more enlightened care of tomorrow's children.

Elliott Barker



The Greatest Cruelty

Principals in the production of "The Greatest Cruelty" a 30 minute videotaped interview with Dr. Elliott Barker - part of the Midland Rotary Club campaign to promote education of young people about parenting. From the left: Local Rotarian Fred Hacker, Dr. Barker, Channel 12 Program Director Frank Myers, and local Rotary Club President, Herb Henderson.

Midland Times Photo

TITLE: "The Greatest Cruelty"

PRODUCED BY: The Rotary Club of Midland, Ontario,
in co-operation with the Canadian
Society for the Prevention of Cruelty
to Children

AT THE FACILITIES OF: MacLean-Hunter Cable T.V.

LENGTH: 30 minutes

FORMAT: ¾ inch Colour Videocassette

CAMERA: Glen Henderson
Bernie Kaczmariski
Glen Wilcox

AUDIO: John Verreault

PRODUCER: Fred Hacker

DIRECTOR: Frank Myers

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**THE CANADIAN SOCIETY
for the
PREVENTION OF CRUELTY TO CHILDREN**

CSPCC 298 FIRST STREET BOX 700 MIDLAND ONTARIO

Action to prevent the emotional abuse of children is at present the exclusive concern of only one organization in Canada - the 1200 member Canadian Society for the Prevention of Cruelty to Children.

To strengthen this voice for prevention, we are most anxious to improve the quality of our 40-page CSPCC Journal. To do this, we are asking for financial assistance from the corporate sector.

The enclosed brochure should answer any questions you might have regarding the CSPCC. In it you will find an account of our growth since incorporation in 1975, editorials from previous Journals, and a concise statement of our short term and long range objectives.

Appended to this letter is a copy of our most recent audited financial statement, and an outline of the specific ways money received will be put to use. As you can see, a donation of \$100.00 would significantly assist us at this time.

An Official Receipt for tax purposes will be promptly sent for any donations. (Registration No. 0457960-09-13)

We would also like to publish your company's name in the Journal (with your permission) to indicate that your corporation has made a significant contribution toward the emotional health of tomorrow's children.

Sincerely,

Elliott Barker

E. T. Barker, M.D.,
President.

P.S. It is simply a fact of life that it is easier to obtain financial support for children who are already damaged, than it is to obtain funds to prevent that damage before it occurs.

Corporate Support for the CSPCC

In 1981, the CSPCC's first ever fund-raising drive focussed exclusively on the corporate sector. Knowing that corporations are bombarded from all sides with fund-raising requests, we were exceedingly gratified that such a large number of corporations saw fit to make donations to the CSPCC. This fact is even more striking when one realizes that corporations prepare their charitable donations budget well in advance each year. Many corporations unable to donate last year indicated that they would include the CSPCC in their budget for 1982. Perhaps even more encouraging is the tone of the letters received. Far from routine form letters, many corporate executives expressed sincere interest in the work we are doing.

From their response, one is led to the conclusion that businessmen, perhaps more than any other group, understand the economic sense of primary prevention.

We want to express our sincere thanks to the Corporations listed below, and to those who gave generously but preferred to remain anonymous.



Sandra Falkiner now providing part-time secretarial assistance for the Journal.



Judi Wilson helping with graphics for the Journal.

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CSPCC Journal March 1982

IRVING B. HARRIS

A Businessman Speaks to

THE SELECT PANEL FOR THE PROMOTION OF CHILD HEALTH

The Select Panel for the Promotion of Child Health was mandated by Congress under Public Law 95-626. Members were appointed by the Secretary of Health, Education and Welfare.

I am most appreciative of this opportunity to testify before your Committee since you will be advising the Congress on how we can best improve and promote the health of our children and pregnant women. Your advice will obviously include both programs and recommendations for funding. As a businessman, I recognize that all appropriations, whether they be from business or from government, must be justified as cost effective. Intervention programs all cost money. The amount of money we are willing to spend on any particular intervention program must be justified by relating its cost to the improvement it will develop.

For the last 25 years, I have concerned myself, as many of you have, with the disparity of conditions and of opportunities which characterize American society. I have been concerned with wide-spread poverty in the midst of abundance. We still have much too much malnutrition, crime and poor education in a society which increasingly can offer employment only to the healthy and educated. I've been concerned with the cycle of poverty. I was enthusiastic about President Johnson's concept of the War on Poverty and I was particularly enthusiastic about Head Start because over the years, wrong or right, I've come to believe that the best way to cure poverty is to rear our children so they are healthy and well educated. I believe it's possible to help a child at three years of age, or five, or ten, or fifteen or twenty. It's never too late. But, practically speaking, the cost in people and money exceeds our capabilities if we allow too many children to get off to a bad start. I can't prove it, but I deeply believe the most practical way to offer all children an opportunity is to help the children as early as possible; and this means, where possible, prenatally, at the time of birth, as infants and as toddlers.

Over the past 15 years, I've become quite involved in early child care, and I've often asked myself why. I guess my interest

stems from an American sense of fair play and decency. We simply must, as a matter of decency, help the poor children — children who, for one reason or another, have been unlucky in losing a parent, or losing both parents, who suffer from nutritional deficits, educational deficits, or whatever. As Americans, we cannot stand by and see children denied the chance to live a decent life and to participate in the great American dream. I think we all still have this sense of decency and a feeling of outrage when children are denied opportunities.

I'm told our nation's policy toward children, going back to 1908, has been based almost entirely on such humanitarian grounds.

It's now 15 years since the War on Poverty was started. Our present policies do not seem to be winning the war. Over the past 15 years, we've all been learning that the problem is a lot more difficult than we used to think it was. Solving the problem is going to require much better programs and substantial Federal funding. And if it's going to merit Federal funding at a time of inflation and Federal budget austerity, we will have to be a lot more hard-headed about our premises and plans than has been necessary in the past.

I do not believe that simply throwing money at the problem is going to solve it. I believe much more creative plans will be needed than we have generally had. As a non-expert, I happen to believe strongly in funding mother-visitor programs, drop-in centres for mothers of infants, and much more education of parents and parents-to-be. In Chicago, we have opened four drop-in centres at a cost per mother per year of about \$500-\$1,000, depending on the particular neighbourhood. We are operating these centres with a budget exceeding \$500,000 a year and if our program succeeds and we continue our centres, and help open other centres, private philanthropy is not going to be able to handle the

“...we must not only demonstrate that our help to mothers helps children, but that failure to help children has a very high cost to society.”

total costs. As a foundation executive, or a private citizen, I can, up to my capacity, support programs I believe in, but as we begin to think of asking for State or Federal help, we must not only demonstrate that our help to mothers helps children, but that failure to help children has a very high cost to society. Is it enough for us to say, on humanitarian grounds alone, that the government should supply our programs with the necessary funding? Or, is there also an economic basis for requesting help?

As a layman, I have been told by former teachers of Head Start programs that by the age of three some of their children were already so far behind that they seemed destined to become societal failures. That set me to thinking how many societal failures are we as a nation developing each year and what is the economic cost of a societal failure?

Six years ago, I appealed to the Dean of the University of Chicago Graduate School of Business for some estimate of the cost to society of a societal failure. I also asked the Dean of the School of Social Service Administration the same question and also how many failures we were experiencing each year. Neither of these men then or since, or anyone else that I have heard of, seems to have any idea of the extent of the cost per failure or the number of failures. We all know some of the indicators of societal failure: days lost from work, the size and cost of welfare rolls, men and women and adolescents in prison, drug and alcohol addiction, the number of crimes. The nation has 6,500,000 mentally retarded, 9,000,000 mentally ill, 4,500,000 with seizure disorders. One other indicator is the epidemic rise in teenage pregnancies. I am told that 24% of the live births in Chicago last year occurred to teenage mothers. I believe nationally in 1979 we had over 600,000 births to teenage mothers, most of whom were unmarried. Children born to un-

married, teenage mothers, or into families with one or the other parent mentally ill or addicted to drugs or heroin, or criminals are, to my way of thinking, being born into high risk. I believe, but I cannot prove, that 1980 will see more than 600,000 children born into a high-risk situation. I also believe, but cannot prove, that over one-half of these children (more than 300,000 in total) will end up as societal failures — that is, physically handicapped, mentally retarded, mentally ill, unable to get a job or hold a job, addicted at an early age to alcohol or drugs, chronic welfare recipients, or criminals — all in all, living lives that are miserable. On humanitarian grounds, this is a catastrophic outlook. But, in addition, this set of facts will cost the society an enormous amount of money besides.

How much? Well, in terms of forgone income alone, \$600,000 to \$700,000 for each individual. Certainly any person who can be regarded as a societal success will earn annually, over a lifetime, at least \$15,000 a year. Assuming a life span of only 65 years and a working life span of 45 years, at \$15,000 a year, this adds up to \$675,000.

For the societal failure, the loss of income, however, is not all that the society must concern itself with. If individuals end up in penitentiaries, the cost is obviously high. Costs of patients in mental hospitals are very high. The cost of homes for the retarded is very high. The expenditures for welfare are very costly. My own estimate is that per annum the cost, without inflation, for each societal failure exceeds, on average, \$10,000 a year. Assuming a life span of only 30 years, the cost would be \$300,000 per individual. If you add the forgone income or opportunity cost of \$700,000, this means that it is costing the society and the individual \$1,000,000 for every failure.

It is difficult, if not impossible, to quantify the exact number of children in America born each year at very high risk of becom-

“...inadequate child rearing is not a small problem. It adds up to a huge economic cost to the nation.”

“We cannot afford to say that we cannot afford to help children.”

ing societal failures. It is also difficult to know precisely what percentage of these children will be failures. We all know that the human spirit is remarkable and many children born into terrible conditions not only will survive, but will thrive. On the other hand, many children who are born into excellent conditions will fail. However, it seems reasonable to believe that the chances of a child born into high risk circumstances will result in a large number of societal failures. If, as my estimates indicate, half of the 600,000 children born each year in America into high-risk families do become societal failures, then the cost to our society of failing to cope with this problem will add some \$90,000,000,000 this year alone for the children who are born in 1980.

Now coming back to my earlier thinking, a cost of \$1,000 per year per mother is obviously very, very low, as compared to the cost of failure. I don't know how many children we can help substantially by early help and support programs for mothers, but I hope as many as half of all high-risk children could be helped. I'm not trying to argue that mother-help is the only solution. It's one kind of intervention. There must be many others, and they all cost money.

I am suggesting that when your Committee reports to the Congress, try to make the point as dramatically as you can, based on whatever expert opinion you can get, that inadequate child rearing is not a small problem. It adds up to a huge economic cost to the nation. We cannot afford to say that we cannot afford to help children. We must help them, and we must be willing to appropriate the money that's necessary to help them because we simply cannot afford to allow conditions to go on as they are now, with the economic costs mounting so dramatically. As a result of our failure to solve this problem, our total society is jeopardized.

Each year I believe there are approximately 3,500,000 children born in the

United States. I suppose somewhere between 2,500,000 and 3,000,000 of these children are born into families which will provide their children with good opportunities and good access to health and education. Some of these children will fail, but most, given a good start, will probably become productive members of society and some will be extremely productive.

Many children, white as well as black, however, will be born into poverty. Some of these children without economic advantages will nonetheless thrive. Some will have extremely good mothers and fathers who bravely, and against all the odds, defeat poverty and give their children a good start. These children will be successful, whether the cause for their success is pure genetics or very good and brave parents, or whatever.

However, there are many other children born into conditions of high risk of becoming failures — some in conditions of poverty, others with parents who for one reason or another are incompetent to handle them, including a large number of child abusers.

It is these children for whom we must feel concern. Not only must we be concerned as a matter of simple decency, but we must begin to understand that if we don't give these kids a much better chance than they have had in the past ten or fifteen years, the cost to society in dollars is going to be astronomical.

In my opinion, our failure to do more than we have done in the past has already contributed to disappointing gains in productivity per worker. It also has led to huge unemployment, including a large number of young people who are not even categorized as unemployed, but are termed by labour economists as “out of school, out of work, and out of the labour market”.

I appreciate this opportunity to express my thoughts on this subject and hope that you will find this line of thinking of some value as you prepare your report to the Congress. ■

IRVING B. HARRIS is a distinguished American businessman. He is Chairman of the Board and Director of the Pittway Corporation, President of Standard Shares Inc., Chairman of the Board of Harriscope Broadcasting Corp., Director of Brand Insulation, and Director of Astro Drilling Company. In addition, he is President of the Erikson Institute for Advanced Studies in Child Development, Trustee and Past President of the Chicago Institute for Psychoanalysis, a Trustee of the University of Chicago, and Chairman of Family Focus Inc.

Attachment



and Child Abuse

by PAUL ARGLES

Much has been written in recent years about the incidence of child abuse, the identification of children at risk, and the establishment of systems for dealing with this problem. Less attention has been paid to the possible reasons for abuse and their implications for the effective treatment of families in which it occurs. Why does a parent, normally the protector of the child, become a threat to him? How does the usually tender bond between parent and child become so distorted that the caregiver becomes the attacker? The recent work of Bowlby¹ on attachment and loss suggests some answers.

Bowlby's work has moved far beyond his original hypothesis² that there is a simple relationship between separation experiences in childhood and psychological and relationship problems in later life. He has since examined in great detail the nature of the tie between mother and child, and shows that many things can go wrong with it, with a variety of consequences. Abuse of the child can be one of these.

Evidence for the absence, weakness, or distortion of the usual affectional bond between parent and child can be found in virtually every case of child abuse. It often lies in the history of the abusive parent who ex-



THE
CANADIAN SOCIETY
FOR THE
PREVENTION OF CRUELTY
TO
CHILDREN

CSPCC CREDO

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

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

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

We Believe That:

I. The necessity that every new human being develop the capacity for trust, affection and empathy dictates that potential parents re-order their priorities with this in mind.

II. Most parents are willing and able to provide their children with the necessary loving empathic care, given support from others, appropriate understanding of the task and the conviction of its absolute importance.

III. It is unutterably cruel to permanently maim a human being by failing to provide this quality of care during the first three years of life.

There is an Urgency Therefore To:

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

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

III. Support and strengthen all aspects of family and community life which assist parents to meet their obligation to each new member of the human race.

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

Erik H. Erikson

If Our Credo Makes Sense To You . . .

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

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

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

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

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

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

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

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

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

“We must be willing to face the hard reality that preventing child abuse and neglect is possible only when we are ready to attack its sources in the fabric of our society and culture, rather than merely provide social and medical services to its victims...”

David G. Gil

“...what would happen to our economy if we were to get well?...Is this a culture that breeds health? Is this a culture that we can afford to be complacent about?”

Lawrence S. Kubie

“When I look at the relative importance of what life is about, I can't quite convince myself that making a record or having a career is more important, or even as important, as my child, or any child.”

“...So I like it to be known that, yes, I looked after the baby and I made bread and I was a househusband and I am proud of it...”

John Lennon

“...the psychological injuries suffered by a child, while less obvious than the physical ones, can have equally serious consequences for his development and for his own future parenting abilities.”

k

perienced abuse or deprivation as a child himself. Even critics of Bowlby's earlier work are prepared to confirm that there is '...little doubt that battering parents differ from the general population in the proportion who experienced seriously adverse parenting in their own childhood' (Rutter and Madge⁶). Where this is not the case, it has been suggested that factors surrounding the birth of the child which interfere with the mother's ability or opportunity to form an attachment to him may lead to abuse. These include post-partum depression, premature birth, and infant care routines which limit interaction between mother and child.

Large scale studies of abusive families as well as clinical insights into individual cases suggest that attachment difficulties lie at the root of abuse. One such study of 67 abusive parents found that over 40% had experienced abuse as children, and/or had been separated for over one month from one or both parents during early childhood; 27% had been abandoned, institutionalized, or fostered (Oliver⁷). Another found that out of 85 cases, 31% of abusive mothers reported having been abused as children themselves. Of the abused children 26% had been separated from their mothers for more than one week during the first three months of their lives (Hyman⁸). A third study (Smith⁹) found that 24% of battered children in a sample of 134 had been premature (birth weight less than 2500 grams, four times the national average). These are only some of the indicators of attachment problems, and most researchers agree that serious disruption in both families of origin and of procreation is a feature of nearly all cases of child abuse.

Some writers emphasize the personality defects of abusive parents as the cause of battering. Summing up several studies, Smith⁷ says:

One fact of agreement however, arising from all these studies is that baby batterers have a general defect in character (from whatever source), that allows aggressive

impulses to be expressed too freely on a helpless child.

From his own study he reports that 76% of mothers and 64% of fathers had an 'abnormal personality' ranging from psychosis through severe personality or psychopathic disorders to neuroses.

This view locates the problem in the psychopathology of the parent, but does not really lead anywhere, as there are many psychotic, psychopathic, and neurotic parents who do not abuse their children. An alternative is to view the parent as more or less able to become attached to his child, whatever his pathology may or may not be. This locates the problem in a capacity of the parent which can be built upon if it exists, and has important implications for diagnosis and prognosis. It should be noted here that in Bowlby's theoretical work he uses the term 'attachment' to refer to the proximity-seeking behaviour of the child toward the parent. He calls the reciprocal activity of the parent 'caretaking behaviour'. In this paper the term attachment refers to the affectional bond between parent and child and includes the parent's readiness to respond to the child's needs.

If a battering parent shows some sign of attachment to the child, however slight or hidden, it is worthwhile to work with the family. Attachment, however, does not mean only the expression of affection, or guilt over the injury inflicted, as these sentiments may reflect the parent's needs rather than a recognition of the needs of the child. It involves an ability to identify with the child and accept his needs as independent of the parent's readiness to meet them.

In cases of persistent and sadistic abuse, with which workers in this field are only too familiar, the capacity for attachment probably does not exist in the parent, and permanent removal of the child is the only responsible course to take. Even if the parent's behaviour can be controlled, the child will suffer serious deprivation if he remains with, or is restored to such a parent. In less grave cases, temporary removal of the child may be necessary. If his return is

contemplated, or if he is left in the care of the abusive parent, the issue of the parent's capacity for attachment must be determined sooner or later if the child is to be protected from further abuse or at best serious deprivation.

If this view is accepted by the practitioner, it will greatly affect what he tries to accomplish in abuse situations, and how he goes about it. For this reason it is important to examine damaged attachment relationships in more detail.

Limitations in the individual's capacity to form attachments can be more or less extreme. It is important to be aware of the signs of the less extreme ones, to enable the therapist to work in a preventive way, since more serious problems may emerge under stress. Also, the psychological injuries suffered by a child, while less obvious than the physical ones, can have equally serious consequences for his development and for his own future parenting abilities.

THE MANIFESTATIONS OF A DAMAGED CAPACITY FOR ATTACHMENT

ABUSE

Abuse is perhaps the most extreme expression of a parent's incapacity to form an attachment to the child. The sequence of events leading to abuse is usually as follows: the child makes normal use of his innate mechanism to bring himself and his mother together. In a baby they are passive — smiling, fretting, crying. In an older child they are more active — following, touching, clinging. The loving mother also has her automatic responses to these signals from the child, and will not rest until he is comforted. This is normally brought about by physical contact between them. It is not a matter of feeding only, as the child has a need for physical proximity to the mother independent of the need for nourishment (Bowlby⁹).

Abusive mothers do not respond consistently to the child's signals. They experience them as an unwelcome demand and an irritation rather than as the expression of an acceptable, if not always convenient, need. A vicious cycle is set up. The child tries harder to get what he needs by crying louder, clinging more strongly. The mother feels more and more persecuted and finally lashes out against him. We have all seen this happen in a minor way when a mother is irritable. An abusive mother can accept fewer demands and reacts in a more extreme way.

It is sometimes suggested that certain infants are constitutionally more demanding than others, and would try the patience of any mother. Smith⁹ finds evidence to the contrary, and notes that:

Difficult, especially crying or clinging behaviour, was encouraged by the mothers,

and may have precipitated battering. After being some time in hospital, however, they [the children] were no more irritable than the controls.

ABANDONMENT

Abandonment of the child for shorter or longer periods is another response of such mothers, and is possibly equally damaging on an emotional level. This response is often seen by observers as neglect, but the mothers are frequently trying to avoid the situation where they will retaliate against the child in the same way that abusive mothers do. They sometimes express this directly by saying 'If I hadn't walked out I would have killed him'. A similar vicious cycle is set up. The mother returns and the child redoubles his efforts to ensure her continued presence. She in turn reacts more strongly against this. Such mothers frequently say they feel 'suffocated' by the child's demands, showing how closely the problem is related to their own childhood anxieties and disappointments about closeness.

THE THREAT OF SEPARATION

The threat of separation is frequently used with older children by mothers who have attachment problems. This often results in what Bowlby calls anxious attachment on the part of the child. He resorts to covert measures to bind his mother to him; he develops fears and phobias, hypochondria, refuses to leave home or attend school, and a host of other behaviours which express

“Anxious attachment is a concept put forward by Bowlby as useful in understanding a variety of behaviours in children...”

indirectly his anxiety over separation and which make him appear to be a 'problem child'. Mothers sometimes present these symptoms to helping agencies as evidence of the child's maladjustment, thus effectively locating the problem in the child rather than in themselves, or more accurately, in the damaged relationship between themselves and the child. Such mothers, once they are better known, frequently reveal a hidden sense of satisfaction in the child's behaviour as the child's anxiety reassures the mother that she is important to the child. Ironically these situations sometimes lead to the separation of parent and child so that the child can be 'treated' in another environment, an outcome which is both feared and sought for by both mother and child as an expression of their ambivalence. School refusal (which should be distinguished from school phobia) (Hersov¹⁹) is a clear example of anxious attachment. The child is afraid, not of school, but of separation, and the feared separation is sometimes brought about (e.g. placement in a residential school setting) because the symptom is attended to rather than the cause.

Threats of separation can be verbal, intimidating desertion, banishment of the child, invoking the police, the courts, the social services. They can be acted out — the parent walking out, locking the child out, being absent without explanation when he returns from school. Anxious attachment, with the child being identified as the problem, is the result.

FAMILY AND PARENTAL QUARRELS

Family and parental quarrels are a less obvious but an equally frightening threat to

the child's security, containing as they do, intimations of murder, suicide, of being driven to illness, drink, another partner. All of these imply separation for the child, but are often hidden from the helping professional. As Bowlby¹¹ says:

In certain families as work proceeds it becomes plain that the parents are concerned, sometimes at almost any cost, to present the patient's behaviour as unreasonable and incomprehensible to themselves as responsible people who have done all in their power to help. A perceptive clinician can see how acutely sensitive such parents often are to any sign of criticism of themselves, especially when it comes from the patient, and with what determination they seek to clear themselves of having played any part in creating the problem.

DISPARAGEMENT AND EMOTIONAL REJECTION

Disparagement and emotional rejection of the child are common in troubled families. Even if no explicit threats of separation are made, the child experiences disapproval and withholding of affection as a threat to his place in the family. 'Misbehaviour' often occurs as a result, but is really an attempt on the child's part to preserve the tie with his parents by clinging to them and avoiding relationships outside the family. Here again the child is often treated as the problem, and the family dynamics which have given rise to his behaviour are neglected.

Anxious attachment is a concept put forward by Bowlby as useful in understanding

“It is more useful than such concepts as over-dependency, timidity, etc., in that it places the problem in the relationship between parent and child rather than in the child alone...”

a variety of behaviours in children, rooted in all or any of the preceding threats to their place in the family. It is more useful than such concepts as over-dependency, timidity, etc., in that it places the problem in the relationship between parent and child rather than in the child alone, and shifts the focus of intervention from the child to the family. Children themselves sometimes confide that they feel responsible for their rejection, and that their parents are in reality good, no matter how abusive or threatening, while they themselves are bad. In Fairbairn's terms¹² it is better to be bad in a good world than good in a bad one. In attachment terms, it is better to be attached and hurt than unattached and un hurt...

...By substituting the concept of a damaged capacity for attachment (which is a relationship issue) for the concept of child

abuse (which is a behaviour), insight into the causes of the behaviour is gained, and tools to effect changes in the relationship between parent and child are put at the disposal of the therapist. These give him the opportunity not only to prevent the current abuse but to strengthen the bond between parent and child, and possibly to enable the parent to respond more adequately to subsequent children. It is well established both clinically and through systematic studies that children are often abused sequentially in a single family, and that attachment problems occur from one generation to the next. Attachment theory and the methods of intervention which flow from it give the clinician the opportunity to work not only in a corrective way but also in a preventive way. ■

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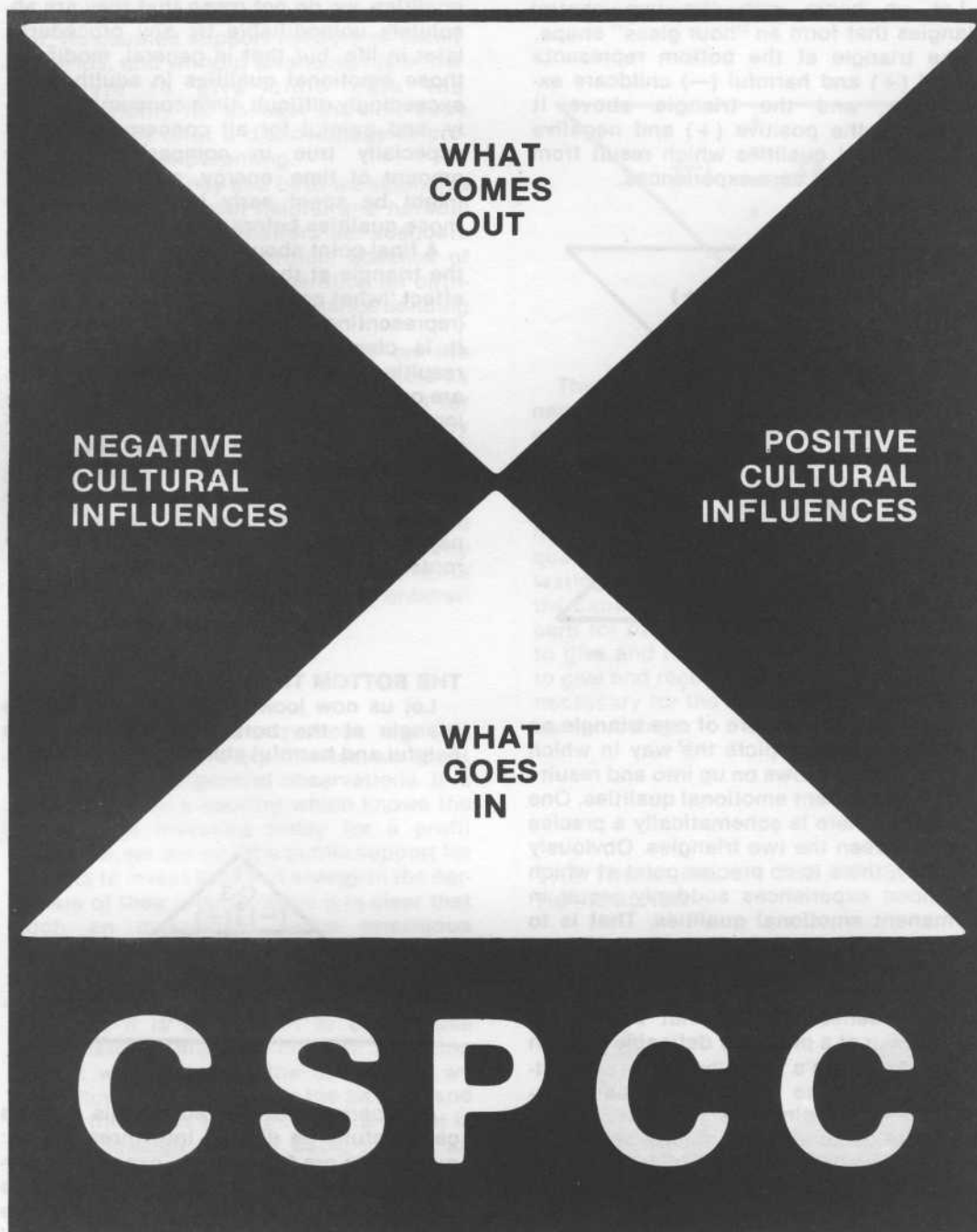
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The clew of our destiny,
wander where we will, lies
at the foot of the cradle.

J.P. Richter



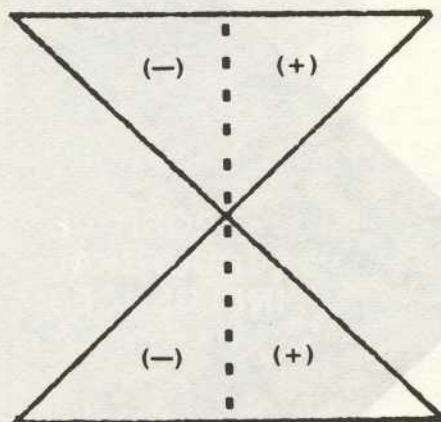
WHAT THE CSPCC LOGO REPRESENTS

It seems fitting that our Logo should depict schematically the many factors involved in the prevention of permanent emotional damage caused by inadequate child care. The outline of the Logo is simple enough to be easily sketched on a

blackboard or paper and provide the framework for organizing one's thinking about all the issues of concern to the CSPCC. One simply draws a square with lines connecting the four corners, thus creating four triangles.

Let us begin with the two central triangles that form an "hour glass" shape.

The triangle at the bottom represents helpful (+) and harmful (-) childcare experiences, and the triangle above it represents the positive (+) and negative (-) emotional qualities which result from those early child care experiences.



GENERAL COMMENTS:

In general, the picture of one triangle on top of the other depicts the way in which early child care flows on up into and results in later permanent emotional qualities. One notes that there is schematically a precise point between the two triangles. Obviously in reality, there is no precise point at which childhood experiences suddenly result in permanent emotional qualities. That is to say, although early childhood experiences result in emotional qualities which at a later age are entrenched, fixed or permanent, common sense tells us that this would never occur at a precisely definable point in time in any child's life. What we are depicting is that the most significant experiences in shaping a person's future emotional life occur early — mostly before the age of three. We say this not because we believe that everything in a child's psyche is fixed on the 1,096th day from birth, (1,097th if there has been a leap year!) but because in general we know that early experience is much more powerful than later experience in determining adult personality characteristics.

To put it another way, if you were allowed only three years in which to try to permanently shape the adult personality of another human being, which three years would you pick? We believe that the most permanent and important personality characteristics are laid down during those earliest three years.

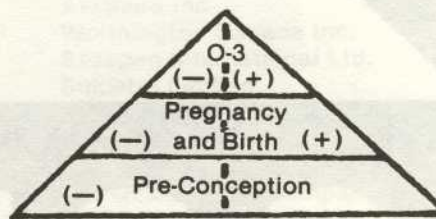
When we speak of permanent emotional

qualities, we do not mean that they are absolutely unmodifiable by any procedures later in life, but that in general, modifying those emotional qualities in adulthood is exceedingly difficult, time consuming, costly, and painful for all concerned. This is especially true in comparison to the amount of time, energy, and money that might be spent early in life influencing those qualities before they are entrenched.

A final point about this general flow from the triangle at the bottom (representing in effect "what goes in") to the triangle above (representing in effect "what comes out"). It is clear that the emotional qualities resulting from early childhood experience are not necessarily seen easily or at all during the early years of a person's life. One does not expect for example to see a genuine capacity for empathy at any point during childhood, nor does one expect to see the grosser symptoms of many psychological illnesses which have their roots in childhood until later in life.

THE BOTTOM TRIANGLE

Let us now look in greater detail at the triangle at the bottom which illustrates helpful and harmful child rearing practises.



The period represented by this triangle can usefully be divided into three stages: experience pre-Conception, experience during pregnancy and birth, and experience from birth to age three. At each of these ages one can think of helpful and harmful experiences. For example, in the pre-conception period, it is obvious that a parent whose own childhood was the product of the best in parenting practises cannot help but carry over the benefits of that early experience to his or her own child rearing performance. More easily modifiable in the short run, however, is the amount of preparation for parenthood which the parent-to-be receives. For example, one who is suddenly thrust into parenthood without an awareness of basic child development, with no understanding of the

time and energy required to care for an infant, no planned support network of family or friends, and without arranging his or her life style to give child care the highest priority for at least the first three years, clearly is at a disadvantage in providing adequate parenting.

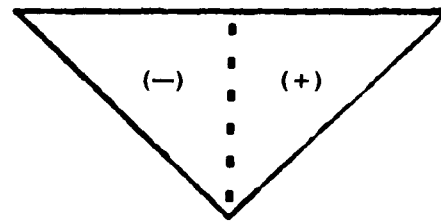
During pregnancy and birth we again see the potential for both helpful and harmful experiences in such matters as: adequate physical health and nutrition, absence of substance abuse, and preparation for birthing experience planned to enhance bonding to its greatest extent.

In the period following birth, on the positive side we would list such factors as the extent to which the child is cared for with empathy, affection and honesty. By harmful childhood experiences, we refer to the consequences which flow from parents attempting to care for an infant with inadequate support, and the lack of energy and time which can result from a higher priority being given to other parental commitments or from the demands of too many children spaced too closely.

GENERAL COMMENTS

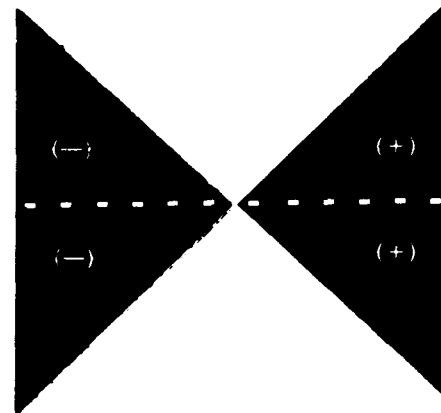
Turning to the consequences resulting from early child care experiences, we might first make some general observations. It is strange that in a country which knows the meaning of investing today for a profit tomorrow, we see so little public support for parents to invest time and energy in the early care of their infants, when it is clear that such an investment reaps enormous dividends at a later date. The analogy of filling a leaky bucket with water is apt here. When a child's emotional needs are not met early on, it is as difficult to meet those needs later in life as it is to fill a leaking bucket with water. In the same vein, we know how easy it is to win the battles, and ignore the needs of an infant. The infant is not big enough to fight back, cannot articulate his point of view, cannot hire a lawyer to do so, and cannot physically escape parental control. But meeting those needs at the time of the infant's greatest helplessness is like building up credit for the day when the tables are turned and the grown infant gives back what he got or didn't get — inwardly with symptoms or outwardly with difficult behaviour. In this connection, some see adolescence as a period in life in which the unmet needs of infancy return to haunt the neglectful parent. The analogy is that the easily muted sounds of protest in infancy are amplified a hundred fold in adolescence, when the volume is turned up high and can't easily be turned off.

THE UPPER TRIANGLE



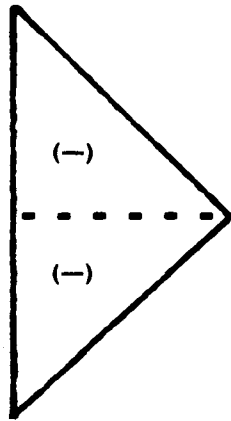
The upper triangle represents, on the negative side, the illnesses of adults which are recognized as having roots in early childhood as well as lesser forms of these illnesses in which unconscious conflict results in less than optimal emotional health. On the positive side we see the qualities which are essential to forming lasting satisfying relationships with others; the capacity in the adult for empathic concern for other human beings, the capacity to give and receive trust, and the capacity to give and receive affection — all qualities necessary for the co-operative existence of human beings.

THE TRIANGLES AT THE SIDES OF THE HOUR GLASS



These triangles represent the support and rewards that our culture, our way of life, our norms, our traditional ways of doing things give to both helpful and harmful child care experiences and their resulting positive and negative permanent emotional qualities.

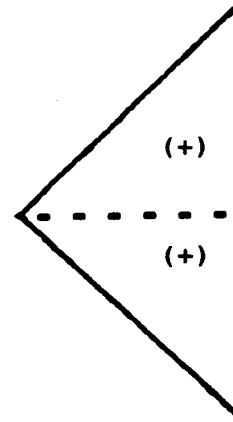
THE TRIANGLE ON THE LEFT



The lower section of the triangle on the left represents cultural rewards for harmful childhood experiences. Here for example we see the effects of such things as the excesses of materialism and consumerism which lead parents to abandon their children during the earliest formative years for the pursuit of an unnecessarily "high" standard of living. We see here also the general cultural belief that violence perpetrated against the young child is not only proper, but often a duty. Similarly, there is a cultural belief (diminishing now) that deceit is proper in dealings with young children. In general, our culture supports a double standard with regard to the way we relate to other adults compared with the way we relate to children.

The upper section of the left hand triangle represents cultural rewards for adult pathology. In a minor way we see the exploitation of hypochondriasis by the marketing of drugs for every ache and pain, real or imagined. We see the endless whetting of consumer craving, the exploitation of the "gimmees" of childhood by transmuted them into the "gimmees" of adult life. We see the constant search for happiness anywhere else than where one is, whether it is an adolescent with his hot-rod or the travel industry selling vacations on the installment plan. We see physical violence as a means of resolving interpersonal problems forming the substance of much of our entertainment. In general in our culture there is much emphasis on "beating" the other in almost all activities — whether work or play.

THE TRIANGLE ON THE RIGHT



The lower section of the triangle on the right represents cultural support for positive childhood experiences. Here we are representing schematically such things as the trend in our culture for fathers to become very much more involved in child care and in general for them to be involved in a more egalitarian way with women. The effect of the women's movement in this regard cannot be underestimated for it is hard to imagine infants being treated fairly and equally as persons until adult women and men similarly treat each other.

The upper section of the triangle on the right represents cultural support for positive emotional qualities in adults. At the present time we see relatively few examples of cultural support for empathic, trusting and affectionate behaviour. There is however a renewed emphasis on the family appearing now in the 80's and replacing the extreme "do your own thing" of the 70's. We see also a rising percentage of people voluntarily stepping off the treadmill of consuming ever more goods and services in the pursuit of happiness, and re-orienting their lives to give greater priority to lasting and caring relationships with others. ■

Our hope is that this Logo will provide a framework to help organize our thinking about the many factors which are involved in the permanent emotional damage caused by inadequate child care. Our fondest hope would be that every school child before the age when he or she is physically able to conceive would know and be able to discuss all the potential factors that might be of relevance in each of the various segments which comprise the Logo.

Special thanks to Midland Printers Art Department, and the many others that have contributed to the development of the Logo.

Key Journal Articles of 1981

VOLUME 4 ISSUE 1 WINTER '81

THE DIFFERENCE BETWEEN NORMALITY AND NEUROSIS

- explores the nature of the neurotic process and its origins in infancy.

HOW CAN NEUROTIC PARENTS RAISE LESS NEUROTIC CHILDREN

- deals with some ways in which parents can avoid inflicting their own neuroses on their children.

HOW CULTURAL VALUES REWARD NEUROTIC BEHAVIOUR

- a short statement of the ways in which neurosis is reflected in our cultural values.

WHAT CAN YOU OFFER THE CHILDREN OF HANNA?

— Dr. Barker's letter in reply to the Mayor of Hanna, Alberta, who asks what the CSPCC has to offer the children of his town.

VOLUME 4 ISSUE 3 SUMMER '81

CONSUMERISM

- deals with material progress as a guarantor of happiness, despite the multitude of problems which accompany consumerism as a way of life.

TO HAVE OR TO BE

- an excerpt from Eric Fromm's book which defines the 'having' mode as concentrating on material possession, acquisitiveness, power and aggression, and the 'being' mode which is based in love, in the pleasure of sharing, and in meaningful and productive activity.

VOLUNTARY SIMPLICITY

- 'the fastest growing sector of the market is people who don't want to buy much'. The emergence of voluntary simplicity as a major social movement in developed nations may well prove to be an increasingly powerful economic, social and political force over the coming decade.

VOLUME 4 ISSUE 2 SPRING '81

WHAT KIND OF LOVER ARE YOU?

- a sociologist analyzes the large number of types of loving relationships that can exist between human beings.

THE AUTHORITARIAN FAMILY AND ITS ADOLESCENTS

- a Canadian psychiatrist discusses features of the authoritarian personality and some of the symptoms seen in adolescents which can result from authoritarian parenting practises.

THE AUTHORITARIAN PERSONALITY

- describes the characteristics of family relationships of authoritarian (prejudiced) and non-authoritarian persons, and the characteristics of children raised in authoritarian and non-authoritarian families.

TRUST

- a technical article dealing with the concept of trust in family therapy and the importance of family roots to all human beings.

VOLUME 4 ISSUE 4 AUTUMN '81

FEMINISM AND MOTHERHOOD

- an ardent feminist answers the question, 'Can a woman today proclaim herself a feminist and at the same time advocate the necessity and integrity of motherhood as a career?'

BONDING OF MOTHERS AND INFANTS

- reviews the research evidence of psychologists, psychiatrists and pediatricians which shows how mothers and infants become emotionally attached - bonded.

THE DISEASES OF NON-ATTACHMENT

- details the psychological deficiencies resulting from a failure of attachment in the first year of life.

THE PROS AND CONS OF UNIVERSAL DAY CARE

- knowledgeable advocates for and against universal day care put forward their arguments in this transcript of a debate.

THE INSTITUTIONALIZATION OF HOME

- details the differences between societies in which the dividing line between home and community is difficult to define, and societies in which all the important activities of our lives have moved out of the home.

A Special Issue of



INFANT MENTAL HEALTH JOURNAL

Fathers and Infants

Hiram E. Fitzgerald, PhD and Cathleen Erin McGreal, MA
Guest Editors

VOLUME 2
NUMBER 4
WINTER 1981

ISSN 0163-9641

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CSPCC Journal March 1982

Fathers and Infants

This special issue of the *Infant Mental Health Journal* is dedicated to fathers and their infants. Twenty years ago few professionals gave serious thought to mental health for infants and their families. Infant care was viewed in the context of physical health and basic caregiving, and these were responsibilities of pediatricians and mothers. To be sure, pregnancy and childbirth are intimate experiences for a woman. For nine months she provides all essential life support systems for the conceptus. She gives birth and she is biologically prepared to provide nourishment to her offspring. Developmentalists long have viewed infant care as an outgrowth of the mother's initial biological relationship to her conceptus and newborn. At the extreme was Margaret Mead's dictum that the father is "a biological necessity but a social accident". Thus father's role was conceptualized as that of family provider and companion to his wife, rather than as caregiver to his infant and young child.

Today, definition of the father's role in the family system is in transition. Results of intensive research during the past 15 years suggests that fathers can be important figures in the care of their infants. Prenatally, fathers may exert positive influences on the pregnant woman's emotional well-being. Fathers can assist in the childbirth process and there now are reasons to believe that they can provide for all aspects of infant care, excluding breast feeding. Fathers seem to be emotionally invested in their newborns, they form attachment relationships with their infants, and they contribute to the socialization process. In short, father's participation in infant care is a matter of performance, not of competence.

This is not to suggest that there are no differences in the caregiving skills of

fathers and mothers, or that developmental consequences of increased father participation in infant care are known. In fact, no systematic data are available that would suggest specific developmental consequences for infants or for fathers in families in which fathers actively participate in caregiving. However, before the question of long term consequence is addressed, a great deal more must be learned about the immediate and short term effects of father participation in infant caregiving. The work included in this special issue draws attention to several aspects of fathers and infants: the father's role as a socializing agent, especially with respect to sex typing; activities that fathers engage in during the months after the infant's birth; and the father's interactions with infants who are at risk. A bibliography of over 500 references indicates that much research has been conducted with respect to father as caregiver, though the great proportion of these references deal with fathers and older children. Although much of the current issue focuses on empirical and theoretical issues, it should provoke considerable thought for application issues as well.

Our goal for this special issue was to bring fathers to the attention of infant specialists in a variety of disciplines which historically have placed great emphasis on the role of the mother in infant care and development. We hope the issue will stimulate empirical, theoretical and applied work with fathers and their infants. To the extent that it does, our objective will be achieved. ■

*Hiram E. Fitzgerald, PhD
Cathleen Erin McGreal, MA
Guest Editors*

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The INFANT MENTAL HEALTH JOURNAL, which is published quarterly, is available from the Human Sciences Press. Subscriptions are on a calendar year basis: \$23.00 U.S. per year; Institutional rates \$48.00 U.S. per year. Prices are slightly higher outside the U.S.

This special issue of the Infant Mental Health Journal is now published in book form (ISBN: 0-89885-121-1). Human Sciences Press, 72 Fifth Ave., New York, N.Y. 10011 — \$9.95 U.S.

Indicators of Mental Health Disturbance in the First Eighteen Months of Life

A conference sponsored by the National Centre for Clinical Infant Programs in collaboration with the American Academy of Child Psychiatry, The American Academy of Pediatrics, the National Institute of Mental Health, The Society for Research in Child Development and the International Association for Child and Adolescent Psychiatry and Allied Professions.

December 4-6, 1981
Washington, D.C.

- **Principles of Evaluation and Assessment in the First 18 Months of Life**

Sally Provence, Chair
T. Berry Brazelton
Stanley I. Greenspan
Leon J. Yarrow

- **Evaluation for Counselling and Consultation with Parents**

Peter B. Neubauer, Chair
Kathryn Barnard
Eisie Broussard
John Kennell

- **Evaluation for In-depth Comprehensive Treatment**

Reginald S. Lourie, Chair
Peter Blos Jr.
Eleanor Galenson
Robert A. Nover
Edward Zigler

- **Research and Its Implications for Clinical Assessment**

Albert J. Solnit, Chair
Mary Ainsworth
Robert Emde
Daniel Stern

Two hour workshops, led by two or more faculty members will follow each of the first three Panel Presentations.

(see Letters page 2-3)

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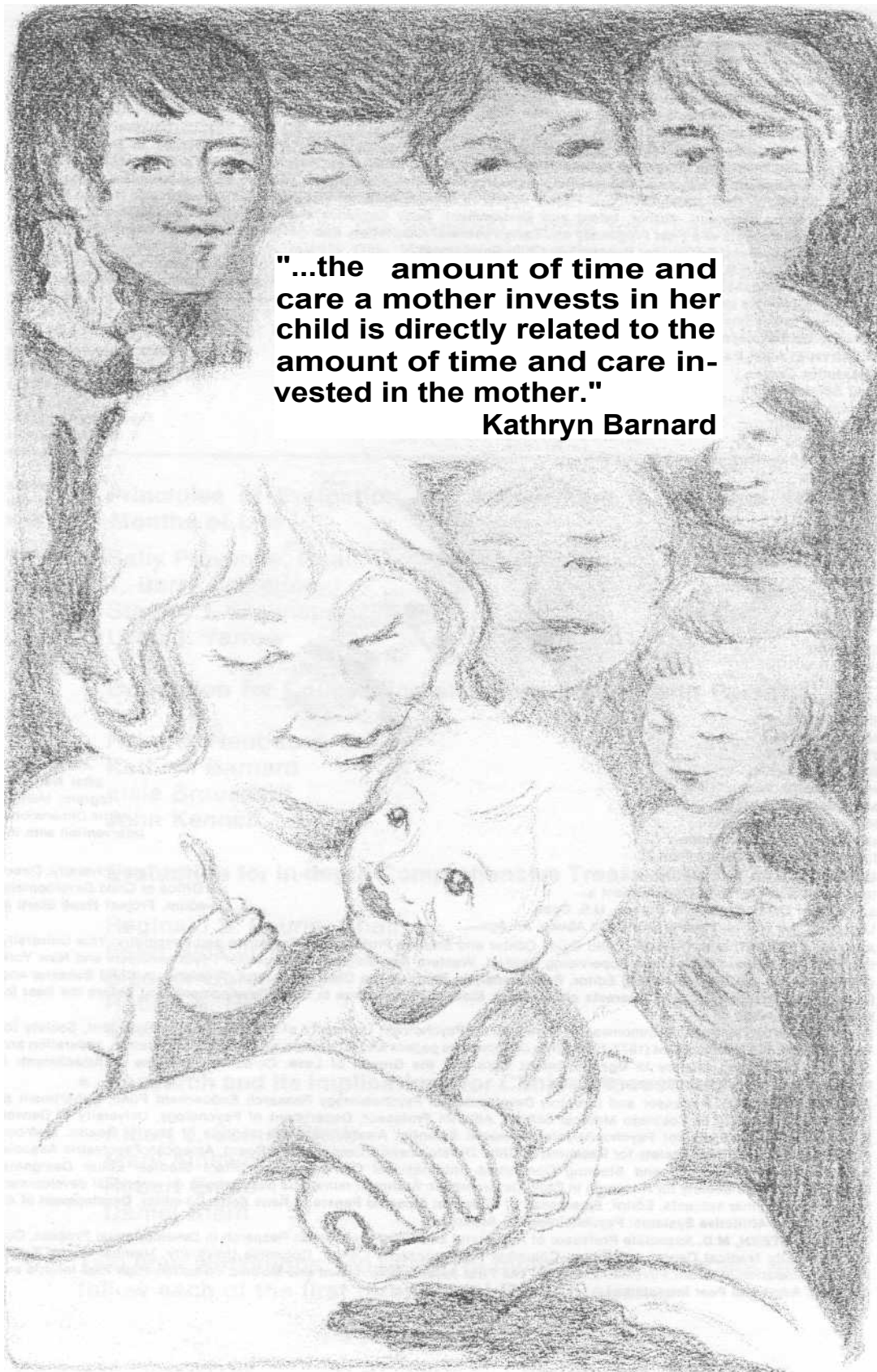
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"...the amount of time and care a mother invests in her child is directly related to the amount of time and care invested in the mother."

Kathryn Barnard

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

Tome 5

Numéro 2

Mars 1982

L'efficacité du Prix

Si les enfant échorient, la tragédie est enorme — non seulement pour le parent et pour l'enfant qui va devenir adolescent et puis adulte, mais à nous aussi comme concitoyens. Nous devons nous inquiéter, si seulement comme contribuables. Notre société doit payer au moins \$300,000 comme prix de chacun de nos échers. Pensez au prix de l'éducation spéciale, du bien — être social, du crime, de la maladie, de la prison, de l'hospitalisation! Tout enfant qui échoue dans notre société industrialisée, s'il vit en moyenne 30 ans, nous coûte au moins \$10,000 d'impôts par année, c'est à dire un total de \$300,000, ce sans compter l'inflation.

Il est probablement immoral de parler de l'efficacité du prix de l'élimination des échers humains, mais dans un de compétition entre les besoins sociaux et les limites des ressources disponibles, c'est un critère utile. Nous comprenons tous le principe de l'efficacité du prix. Si on dépense \$2,000 pour insuler sa maison contre le froid de l'hiver, et par conséquent diminuer le prix du chauffage par \$500 par année, ça c'est, de l'efficacité du prix. On peut récupérer notre argent dans quatre ans. Nous comprenons l'efficacité du prix dans l'agriculture. Nous savons que les bas prix de l'engrais produit de meilleurs rendements, et ça c'est de l'efficacité.

Pourquois — comme individuels ou comme membres d'une société — ne serions — nous pas prêts à investir disons \$500 ou \$1,000 par année pendant un ou deux ans pour aider une jeune mère pendant la période dont elle à le plus besoin d'aide pour élever son enfant — surtout si cette aide va permettre à l'enfant de se développer normalement plutôt que de gâcher sa vie? Il y a un vieux diction: un point fait à temps en épargne cent — Il vaut mieux prévenir que de guérir! L'efficacité du prix est une nouvelle expression mais un vieux conseil.

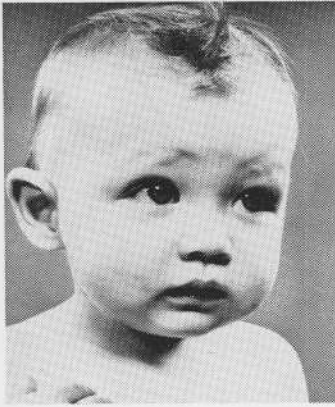
Irving B. Harris,
Président de la Commission,
Pittway Corporation.

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pour les dons et pour les abonnements



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

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

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

CREDO



WE BELIEVE THAT:

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

THERE IS AN URGENCY THEREFORE TO:

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