
Fifty Years of Psychotherapy, But What about Infant Mental Health and Early Childcare?

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Abstract

In addition to quality psychotherapeutic treatment, primary prevention was, from the beginning, a parallel concern of those who founded the New Zealand Association of Psychotherapists in 1947. This arose both from theory and the experience that many emotional problems were essentially preventable. They sought to apply insights gained during psychotherapy to prevent emotional trauma and promote mental health, especially in infancy and early childhood.

Empirical confirmation came with Bowlby's 1951 Monograph, published by the WHO [8]. Like Suttie and Every, Bowlby was led to adopt an evolutionary perspective, which can illuminate the diagnosis, treatment and prevention of emotional disturbance in infants, young children and their families, with implications for healthy childrearing. This approach also led to critiques of Freudian theory, with calls for it to be reformulated.

Some preventive achievements are outlined, but it is suggested that the most significant failure has been the widespread denial of the emotional consequences for the infant of prolonged early non-parental childcare, underpinned by the now discredited ideology of cultural determinism.

Introduction

I am delighted to join in celebrating the 50th Anniversary of the founding of the New Zealand Association of Psychotherapists. I was present as a fourth year medical student when the NZAP was formed at a conference in December 1947. It was partly held in the Cranmer House Clinic, which was also our family home. The people involved and the ideas they shared have influenced my personal life and professional activities, and the importance of good early nurture was one of their central concerns. Their ideas were at variance with accepted customs in many ways, and they worked for a healthier society. Over

the last 50 years there have been dramatic changes in professional and community attitudes to pregnancy, childbirth, breast-feeding, sex education, and child-rearing practice, mostly in directions urged by the founders of the NZAP, but the most conspicuous exception has been the move to early non-parental childcare.

The Founders

If Dr Maurice Bevan-Brown, or B-B as he was universally known, were here today, he would be astonished and deeply gratified. He had a lovely smile [6], a merry laugh, and I remember him with gratitude. I have outlined elsewhere his background in natural sciences and medicine; his return to Christchurch in 1940, after being a consultant physician/psychotherapist at the Tavistock Clinic in London from 1923 to 1939; the situation he found on his return to New Zealand, and his teaching activities and concern for primary prevention [15]. (Since that paper was circulated with the conference papers this material is not repeated here.)

My parents were early disciples, and with others they welcomed the opportunity to learn what he was glad to teach. My father, Frank Cook, left the Anglican ministry in 1945 to practise psychotherapy, and my parents bought a large house at 58 Armagh Street, overlooking Cranmer Square. Some rooms were soundproofed for consulting rooms, and we lived in other parts of the house. Here, the Cranmer House Clinic was established as a centre for clinical service and training in psychotherapy. With Bevan-Brown, my parents were involved in convening the conference at which the NZAP was formed, and those who attended, coming from many parts of New Zealand, are shown in the photograph in the paper referred to above [15].

My parents and Bevan-Brown set about producing educational pamphlets. Though their lives were overshadowed by World War II until August 1945, they wasted no time, and during that year five educational pamphlets were published, some reflecting concerns about returning servicemen. Two each were by Bevan-Brown and my mother, Dr Enid Cook, and the fifth by Frank Cook. They were called The Lighthouse Series, with the cover showing a lighthouse beaming into the darkness, and they sold for nine pence each [29].

By 1948 eleven pamphlets had been published, and some found their way to Mrs Gayle Aiken, of New Orleans. She asked for a book, and by December 1948 *The Sources of Love and Fear* was written [5]. Bevan-Brown was the principal author, with Enid Cook contributing sections on sex education,

childbirth and breastfeeding. He recorded his “indebtedness to his colleagues at the Cranmer House Clinic without whose encouragement this book would not have been written”. This was literally true, as my mother used to go with him to Kowhai Bush, where he worked to protect his precious remnant reserve of native forest. In his hut, after dinner, he would light his cigarette, sit back and dictate. By the light of a kerosene lamp she wrote down his words. It was a small book but it was unique and met a great need. By 1950 it was published in Christchurch, New York and Toronto, and there was a third edition in 1960.

Theoretical Perspectives

Bevan-Brown belonged to the pre-war, eclectic, analytic tradition at the Tavistock Clinic, which included Drs. J.A. Hadfield [22] and Ian Suttie. This tradition dissented from some Freudian teachings, and it held that much emotional disturbance, neurosis and personality disorder, need never occur if infants and young children were given good early nurture.

In *The Origins of Love and Hate*, Ian Suttie, who died on the day it was published in 1935, adopted an evolutionary and cross-cultural perspective. While valuing psychoanalytic treatment, he said its results were not adequately explained by Freud’s theories, of which he offered a detailed critique [38]. He entitled one chapter ‘The Taboo on Tenderness’ and another ‘Freudian Theory is itself a Disease’. He argued that “... all the errors and shortcomings have one general tendency. ... in all these cases the failure of theory seems to be due to its denial of the existence of love and to its depreciation of the social significance of the mother.” (p 175). He argued that Freud had “a grudge against mothers and a mind-blindness for love, equal and opposite to the mind-blindness and repugnance that many of his opponents had for sex”. He asked “Why should we not as analysts ask ourselves what was the reason for the original oversight (i.e. whether we ourselves were biased), and why, as scientists, not overhaul the whole theory so as to make the correction systematic?” (p 179). This call went largely unheeded, but it is remarkably similar to the challenge which Dr John Bowlby, as a psychoanalyst, was to make 38 years later in 1973 (see below).

The *Times Literary Supplement* [38] said that Suttie’s book

“offered the first really comprehensive and constructive criticism of Freudian psychology in its social application ... It shows how all the admitted errors of Freud, the contradictions and dissensions within psychoanalysis, and the problems that have defied solution, are not just the accidental mistakes and oversights inevitable in a new science. On the contrary, they proceed from

one definite and consistent bias affecting Freud's theories far more than his practice. His fallacies and failures, therefore, form one coherent system; his positive achievements another. ... This book offers a biological and psychological conception of Infancy, Sociability, Love and Interest."

Hadfield, in his preface to the 1960 edition of Suttie's book, said:

"His [Suttie's] system may be styled as essentially Matriarchal, as distinct from Freud's obviously Patriarchal system. ... He concentrated on the concept of love, rather than of sex. This in itself was not new; for, in my lectures both in the University and at the Tavistock Clinic, I had maintained, as against the Freudian view, that the fundamental need of the child was for protective love, and further, that the psychoneuroses were not primarily the result of sex complexes, but were due to insecurity resulting from the feeling of deprivation of love."

From this eclectic Tavistock milieu, Bevan-Brown's psychotherapeutic technique and experiences also led to his emphasising the importance of the first year of life, with a loving and mutually gratifying breastfeeding relationship being of fundamental value. A small book which he often said was worth its weight in gold was *Baby's Point of View* by Dr Joyce Partridge, published by Oxford University Press in 1935. It was out of print in 1948 so he quoted from it in *The Sources of Love and Fear*. At the end of his book he wrote a conclusion which seems as relevant today as 50 years ago. He wrote :

"What, then, is the conclusion of this matter? For unless this book contributes to a better understanding and practice of child nurture it is of little value. The main conclusion is that we must try to produce a better race of parents than now exists, and better parents than we have been ourselves. 'Good' parents do exist in our generation but they are in a minority. The first requirement for a 'good' parent is to be emotionally mature. The majority of parents are emotionally immature - that is, they still retain in some respects the emotional attitudes characteristic of children. Therefore their children, lacking real parental affection themselves also remain emotionally immature when they become adult. We must try to break this vicious circle at as many points as possible by educative measures applied to: (1) Parents with young children, (2) Prospective parents, (3) Adolescents, (4) Educationists and (5) Doctors.

"The whole matter cannot be condensed into rules, but rules are not without their value. We have contended that the first year of any individual's life is the most critical for mental health. Concerning the first year, I know of no code of rules as good as that given by Joyce Partridge in her little book,

Baby's Point of View. I understand that unfortunately this is out of print: otherwise I would recommend everyone interested in the care of children to buy a copy and keep it. Here are Joyce Partridge's rules (quoted by her permission):

- (1). "Try to recognise before your baby is born that in the matter of sex the chances are even.
- (2). Don't be afraid to follow the maternal instinct and intuition: in other words, give scope to your love for your baby and don't bring him up by rule of thumb.
- (3). Breast-feed your baby.
- (4). Never leave a baby alone to cry.
- (5). Be as much as possible within earshot of your baby in the early weeks and months of life.
- (6). Never in any circumstances scold a baby of whatever age, and never allow anyone else to scold him for wetting or soiling napkins or for wetting or soiling any other place whatsoever."

"Joyce Partridge is a first-class psychiatrist, a Fellow of the Royal College of Surgeons (England), and a mother. I commend her rules to you.

"It is the daily lot of the psychiatrist to meet and endeavour to relieve people who have experienced years of disability, ill-health, distress, and often of utter misery, all, or nearly all, of which need not have happened if they themselves and their parents had had more understanding.

"There are two highly emotionally-toned words in this connection – 'If ONLY.' 'If only I had come to you ten or twenty years ago'... 'If only my mother and father had understood these things... If only I had understood these things when my children were younger.'

"If this little book is able to mitigate in any degree some of this widespread distress it will have fulfilled its purpose."

Though infancy was a central concern, *The Sources of Love and Fear* covered a much wider scope. Bevan-Brown's papers, collected in *Mental Health and Personality Disorder* [6], included his 1936 Presidential Address to The Medical Society of Psychology in London, called *A plea for correlation* between the different schools of psychodynamic thought [7].

Initiatives in Primary Prevention

The importance of early childhood experiences, let alone the idea that breastfeeding should involve a mutually enjoyable *relationship*, was not echoed in anything I heard in medical training at Otago University – nor was there any guidance in diagnosing or treating emotional disorders. So a number of doctors and medical students welcomed the training courses, organised at the Cranmer House Clinic. The ideas about natural childbirth led to the formation of the Parents' Centres movement [35; 29,9; 29,10)].

In 1951 I read Bowlby's classic Monograph *Maternal Care and Mental Health* [8] which presented empirical evidence that early experiences were important, and maternal deprivation in institutions could be damaging. In 1952 there was a worldwide shortage of child psychiatrists, and I went to London, to get on with training before I might get caught up in the Korean war. I was able to hear such luminaries as Anna Freud and Margaret Mead, but I heard little about primary prevention. I got to know Hadfield, who had been Director of Studies at the Tavistock Clinic, and his continuing concern for primary prevention through healthy child rearing was spelled out as late as 1962 in his Pelican publication *Childhood and Adolescence* [23]. However, the schools of psychodynamic thought which had become dominant were generally remarkably inert, and even pessimistic, about the possibilities of preventing emotional disorder through any educational or environmental measures affecting infancy and early childhood.

I was back in New Zealand from 1957 and, with others, was concerned to counter official proposals to institutionalise all moderately retarded children for life [10]. Later, I became aware of the distress and sometimes gross separation reactions presented by toddlers when their mothers' went to maternity hospital to have another baby. The stay was routinely two weeks, and children under twelve were the only ones not allowed to visit. The toddlers might go to stay with a relative or stranger, and two weeks was long enough to develop a major grief reaction. I suspected that much of what was regarded as natural sibling jealousy might be culturally induced by this practice. The policy had no scientific justification, since the toddler was unlikely to carry any infective organisms which mother did not already share. So in 1962 I wrote *A Two-Year-Old's Mother Goes to the Maternity Hospital* which was widely quoted, and soon this misconceived custom died out [11].

Like Bevan-Brown I wished to make available to ordinary parents the knowledge gained by treating disturbed children that could help them avoid

such problems with their own children. Classes such as those run by the Parents' Centres to prepare mothers for more natural childbirth might also offer education for parenthood. As there was almost nothing in the literature about what might be covered, I offered curriculum suggestions in a paper *Antenatal education for parenthood as an aspect of preventive psychiatry: some suggestions for program content and objectives* [12]. This placed in a medical journal many of the ideas in *The Sources of Love and Fear*.

The 1971 Position Statement of the Australian and New Zealand College of Psychiatrists, *Admission of mothers to hospital with their young children* [2,32] expressed similar concerns, suggesting that "the psychological and emotional damage caused in one year through lack of application of available knowledge about the care of children in hospital greatly exceeds that which all available child psychiatrists can undo in several years".

There was also in 1971 a *Memorandum on some aspects of the welfare of children under three years, whose mothers are in full-time employment* [33]. This concluded that "full-time work of mothers of children is undesirable" and said "it is doubtful whether there are any circumstances in which mothers of children under three might be encouraged to go to work for national reasons".

Evolutionary Perspectives

The idea that there might be cultures which were more conducive to emotional health, was touched on in *The Sources of Love and Fear*. The example of the indigenous society described by Jean Liedloff in *The Continuum Concept* has become well known [28], but the American military psychiatrist Dr J. C. Moloney had much earlier linked to their early nurture the emotional stability of the indigenous Okinawans, whose culture he contrasted with that of the Japanese [30].

The doctrine of cultural relativism, developed by anthropologists to counter ethnocentrism, taught that whatever customs prevail in a given society are to be accepted as appropriate for those people, and one should not make value judgements about them. On this basis, the customs which prevail in New Zealand are ideal for New Zealanders. But are there any basic biological "givens" which form a basis for evaluating customs in matters relating to physical or mental health—for example with respect to childbirth, early nurture and childrearing?

Bowlby came to see that his explorations of the nature of a child's tie to its mother could only be understood by adopting an evolutionary perspective. In

fact, tucked away in an Appendix to Volume 2 of *Attachment and Loss*, in 1973 Bowlby [9] wrote these challenging words:

“On reflection it becomes clear that Freud’s increasingly deep commitment to a Lamarckian perspective, to the exclusion of Darwinian ideas about differential survival rates and the distinction between causation and function, has suffused the whole structure of psychoanalytic thought and theory. With the remainder of biology resting firmly on a developed version of Darwinian principles and psychoanalysis continuing Lamarckian, the gulf between the two has steadily and inevitably grown wider. There are thus only three conceivable outcomes. The first, which is barely imaginable, is for biology to renounce its Darwinian perspective. The second, advocated here, is for psychoanalysis to be recast in terms of modern evolution theory. The third is for the present divorce to continue indefinitely with psychoanalysis remaining permanently beyond the fringe of the scientific world”.

As a psychoanalyst, Bowlby was subject to much alienation from his colleagues for his stand. When asked how he had withstood such attacks he replied “I had the evidence!” He died in 1990, but that evidence continues to accumulate. On 21st October 1980, as Freud Memorial Visiting Professor at the University of London, he gave the Freud Memorial and Inaugural Lecture *Psychoanalysis as a Science* [9], and said:

“I believe that all the developmental concepts of psychoanalysis will have to be re-examined and that most of them will in due course be replaced by concepts now current among those who are studying the development of affectional bonds in infants and young children by means of direct observation. ... Put briefly, I believe our task as psychoanalysts is, when researchers, to render unto science the things that are scientific and, when clinicians, to render unto persons the things that are personal”.

Derek Freeman, a New Zealander, who is Emeritus Professor of Anthropology at The Australian National University, points to the same problem today in the social sciences. He documented as false, the account (based on a hoax) which Margaret Mead published as research into adolescent behaviour in her 1927 “classic” text *Coming of Age in Samoa*. She was eager to please her supervisor, Franz Boas. He was an ardent believer in the ideology of cultural determinism, and wanted Mead to find support for his denial of significant genetic and evolutionary factors in human behaviour. Thus, says Freeman, Margaret Mead, the world’s most eminent anthropologist, misled generations of anthropologists into denying genetic influences in human societies and the

value of an evolutionary perspective in studying human behaviour, perhaps the most serious scientific misinformation of this century [18]. I think this denial of an evolutionary perspective in the social sciences has contributed to the serious social problems with early childcare today.

Dr R G Every, Thegotics and Evolution

An evolutionary and cross-cultural perspective is implicit in *The Sources of Love and Fear*. However, my own realisation of its fundamental importance came through Dr Ronald Every, a Christchurch dentist, who died in 1996 - a family friend to whom I pay tribute. He was in Bevan-Brown's training groups and is in the NZAP founding photograph [15]. He showed how dental and medical trauma could be caused by extreme movements of the jaw, which presumably occurred during sleep, since his patients were completely unaware of them.

As with Bowlby, his quest for an explanation was answered as he adopted an evolutionary perspective. He compared the skulls of many species and showed that these movements, demonstrable in most mammals, are normally tooth-sharpening behaviour, often associated with situations involving threat and intense emotion. He termed this activity *thegosis*, from the Greek *thego* "I whet", and he founded the discipline of thegotics. He held that, through evolutionary natural selection, our pre-human ancestors' teeth had been progressively improved in their functions as tools and weapons, to achieve in humans the "segmentive" and lethal "bite to kill". This deadly weapon evolved *with natural control mechanisms* to inhibit inappropriate use. He had irrefutable evidence in dental enamel—the hardest of all biological substances—showing precise behaviour of which his patients and colleagues were not aware, and which must be genetically programmed [17]. Here was demonstrable evidence of genetically hard-wired instinctive behaviour in human beings – an unprecedented discovery! He may yet be recognised as a genius—a "Darwin of oral aggression"—but in his lifetime he was subverting the "dominant paradigm", and it is sad that his death denied us the opportunity to celebrate together.

An Evolutionary Perspective in Childrearing

In the 1960s I began to explore the relevance of an ethological-evolutionary perspective to healthy child rearing and clinical child psychiatry. If there are genetic influences with natural control systems for oral aggression, then what about other human behaviours required for the survival of our species? What about the parent-child relationship? If babies are the refined outcome of this

long process of natural selection, what is the significance of their wants and behavioural urges? I observed the development of our four babies, adopting an attitude of respect for possible biological givens, and looking for natural control mechanisms in infant interpersonal behaviour and socialisation. After all, humans evolved and survived as social animals. Perhaps they are innately social; but the current theories of “socialisation” were based on quite different views of the nature of the child.

Traditional childrearing assumed that children were born basically anti-social. I wearied of hearing fearful parents, perplexed that their threats and best efforts to chastise their children into conformity seemed futile. Contemporary notions of discipline were very much a concern to the founders of the NZAP. Bevan-Brown wrote: “Corporal punishment is dangerous to mental health. This is a statement that can be made unequivocally. ... The earlier in life it is given the more dangerous it is” [5 p 46]. This is not yet a dead issue and I was appalled to read the 1991 book *Spare the Child* by Phillip Greven [21], which gives a history of some religious roots of corporal punishment. He often refers to *Spare the Rod*, by Jane and James Ritchie of The University of Waikato [37]. They had reported that in New Zealand in 1970 “punishment, frank, direct and physical, or verbal in the form of threats, shouting and scolding or berating” were regarded by mothers as “being as necessary for child rearing as the mid-morning cup of tea is for sanity”. No wonder that 40% of them felt that the burdens of caring for young children balanced or outweighed the enjoyment they received [36].

In the late 1960s I realised that the childrearing ideas and practices of many parents who consulted me formed a logical contrast in almost every way with those by which my wife and I were rearing our children. They arose from different views of the nature of the child and the childrearing process. I compiled a table of these contrasts, and found that many of the “traditional” childrearing ideas stemmed logically from the doctrine of Original Sin as formulated under Manichaeian influences by Saint Augustine [14]. His dogmas were incorporated into the *Thirty Nine Articles of Religion*, to which Clergy in the Anglican churches have long been required to assent. Article nine teaches that Original or Birth Sin is “the fault and corruption of the nature of every man ... whereby man is very far gone from original righteousness, and is of his own nature inclined to evil, so that the flesh lusteth always contrary to the spirit; and therefore in every person born into this world, it deserveth God’s wrath and damnation.” It concludes that sensuality, “concupiscence and lust hath of itself the nature of sin” [*The Book of Common Prayer*, 1662].

This doctrine has been clearly reflected in psychoanalytic theory. Edward Glover, an authoritative figure in British Psychoanalysis, wrote in his paper *The Roots of Crime* "In fact, judged by adult social standards, the normal baby is for all practical purposes a born criminal" [20].

From an evolutionary perspective, this dogma makes no sense for a social primate like *Homo sapiens*, where the selection process must favour qualities required for individual survival, but counter-balanced by the imperative to do so in ways that gain full acceptance by a breastfeeding mother and *also* a co-operating social group. I suggest that if children's emotional needs are met, they may be constructively be regarded as naturally age-appropriately "socialised" from birth onwards, but they need help to manage their conflicting impulses to gradually become civilised in ways that meet the requirements of citizenship of an over-populated planet which is losing its biodiversity through human exploitation. Ainsworth and Bowlby in their 1989 APA Award Address [1] said:

"In regard to socialization, the findings suggest that infants have a natural behavioral disposition to comply with the wishes of the principal attachment figure. This disposition emerges most clearly if the attachment figure is sensitively responsive to infant signals, whereas efforts to train and discipline the infant, instead of fostering the wished-for compliance, tend to work against it."

Yet historically, ideas deriving from the above interpretation of original sin have determined the whole way that babies and children were perceived and reared. These ideas readily generated self-fulfilling prophecies, whether perpetuated through Susanna Wesley's 18th century advice to beat babies without mercy to break their wills in order to save their souls [40] (fearing they might die unsaved in infancy and spend eternity in hell), or as transmuted later throughout New Zealand in the teachings of Sir Truby King [26], who advocated strict regimes to mould the infant from birth. In the 1950s in New Zealand and elsewhere, there were widespread fears of children becoming increasingly unmanageable. To avoid 'spoiling' children it was essential for mothers, also, to be disciplined — for them to win the inevitable battle of wills and suppress their impulses to pick up or respond to their infants' cries, except for feeding at four-hourly intervals. Babies should sleep in their own rooms from birth, and routine toilet training should begin at six weeks. Corporal punishment in due course was often a natural sequel. And so on.

In many of the problems presenting clinically, the pathogenic parental behaviour was under-pinned by such fears, combined with the belief that it was

necessary to intervene early, with coercion and physical punishment, to prevent future delinquency. Such notions were widely disseminated in the English-speaking world and elsewhere. By fostering a basic distrust in the human biological “givens”, the doctrines led to a mis-match between many Western childrearing practices and these biological givens, often leading to parent-child frustration, conflict and later rebellion or personality distortion. The history and long-term impact of the Augustinian doctrine of original or birth sin on the mental health of children in Western societies is an important topic waiting to be well documented. An account of this mis-match was published in 1978 in *Childrearing, culture and mental health: exploring an ethological-evolutionary perspective in child psychiatry and preventive mental health* [14], covering the areas of childbirth, lactation, early mothering, attachment, childrearing and the social settings in which we expect these functions to take place.

A biological perspective suggests areas for corrective action, and ways to make our culture fit our genetic biological givens. A corollary of Darwinian theory concerns the outcome of those deviations from the conditions of the environment of evolutionary adaptedness which cut across important biological mechanisms. If the changes are not severe enough to cause extinction, or gradual enough to allow genetic adaptation by natural selection, then they may lead to stress and maladjustment, first affecting the more vulnerable, like the canaries in the coal-mine. Much medical and psychological illness may be understood in this way. In such cases, corrective remedies to deal with the cause of the maladjustment are generally better than antidotal remedies which just aim to treat the symptoms [14].

Early Childcare as a Symptomatic Remedy

Institutional early child care may be viewed as a *symptomatic* remedy for certain social problems, such as poverty or maternal isolation, and, like many symptomatic treatments it can bring its own complications. *Corrective* remedies are usually preferable, and in the care of young children they are both healthier and possible.

It is paradoxical that while many practices towards young children have improved, academia, the bureaucracy and the media have been largely dominated by people committed to universally available early non-parental childcare as their preferred way of advancing the cause of women. Underpinned, in part, by the ideology of cultural determinism, a corollary has been a denial

of the importance of good mothering for emotional health in the early years, as was central to the teachings of the founders of the NZAP.

To promote optimum emotional health and wellbeing, parents, students and policy-makers need to understand some of the issues involved in early child care from the point of view of what is best for infants, young children, their mothers and families. Non-maternal care in early childhood by unrelated women having no lasting commitment to the child, is without successful long-term precedent in the history of our species. A child can spend 12,500 hours in day care by the age of five (50 hours X 50 weeks X 5 years). This is more than he or she will spend at school by the age of 17. Concerns about the impact of this on infants and young children have been countered by assurances that there is no evidence of harm from quality early child care, and that in some cases it might be beneficial, but the evidence certainly suggests that mediocre child care—which is widespread—can be harmful.

In fact, there is accumulating robust evidence to suggest that risks of a variety of serious and perhaps lasting undesirable outcomes are associated with early group child care as it exists in reality, even in 'high quality' child care [16], and infants' actual experiences in real life child care situations are often very different from the ideal picture. The many contributions that home-caring mothers or fathers make to society are currently undervalued. Society offers them little in return, and they are handicapped on seeking to re-enter the work-force.

Thus, in 1992 Belsky, noting the quality of childcare used by increasing numbers of parents from early infancy, and reviewing evidence of associations between early child care and increased risks of insecure infant-mother attachment, later aggressiveness and non-compliance, said: "On the basis of this developmental and social ecology of daycare in America, I conclude that we have a nation at risk" [4]. In 1995 a survey of 400 American child care centres concluded that "most child care is mediocre in quality, sufficiently poor to interfere with children's emotional and intellectual development." [25]

A Swedish study showed that, despite a national reputation for the world's best childcare, many Swedish infants starting long day care in the second half of the first year reacted "with a significant negative change in mood, sadness, and a low activity level", and at one stage half of them were assessed as sad and depressed in the day care setting. Some infants fell behind in tests of speech and cognitive development, with a few remaining depressed at the end of the five-

month study period. All these findings were in comparison with matched controls who were cared for at home by their mothers [24].

In 1996, a multi-million study sponsored by the American National Institute for Child Health and Development validated the Strange Situation procedure for assessing infant-mother attachment security/insecurity, and clarified the interaction of various child care factors associated with this security. Findings included: boys are more vulnerable, and boys in more than 30 hours of non-parental care per week had the highest proportion of insecurity; the 25% of infants whose mothers rated in the lowest quartile in "Sensitivity" had increased risk of insecurity in more than just 10 hours in childcare, regardless of childcare quality, and "low quality child care, unstable care, and more than minimal hours in care were each related to increased rates of insecurity when mothers were relatively insensitive". It appears that children who are already disadvantaged are the ones most at risk to be further disadvantaged by early day care, in some cases independently of the quality of care [34]. The second NICHD Report, with findings to 36 months, confirmed that non-maternal childcare carries increased risk of adverse outcomes in many facets of the mother-child relationship [34].

A meta-analysis of *all* the 88 adequate childcare outcome studies published between 1957 and 1993 showed "significant and robust evidence of undesirable outcomes associated with non-maternal care in the areas of socio-emotional development, behaviour and infant-mother attachment. The findings gave no support for the belief that high quality day care is an acceptable substitute for parental care" [39].

Though a causal relationship is not established, the evidence is becoming stronger that these disquieting outcomes are indeed *effects* of early day care, and the risk of adverse effects on infants certainly exists.

This material is presented in *Early Child Care - Infants and Nations at Risk* [16], where I suggest some remedial measures including community recognition of infants and their parents as a discrete and vulnerable group, with special needs during a limited period. With early long day care, as with young children in hospital in the 1970s, it is arguable that far more emotional disorder is being initiated by the placing of infants in non-parental early childcare—as it mostly exists—than all the psychotherapists and child psychiatrists could undo if they did nothing else!

Conclusion

Primary prevention is in the best traditions of those who founded the NZAP, with a role for psychotherapists to use their insights as a basis for advocating reform. I have been much encouraged by Dr Elliott Barker [2], a Canadian forensic psychiatrist, who, after long experience with criminals and psychopaths, decided that early primary prevention is imperative, with emphasis on good nurture during infancy. He founded The Canadian Society for the Prevention of Cruelty to Children, and for 18 years has produced its journal *Empathic Parenting*, which is reminiscent of the *Child Family Digest* mentioned earlier. For more information, or to subscribe, see that Society's Internet Home Page on http://cnet.unb.ca/corg/ca/e/pages/prevention_cruelty/ I hope some of you will read the evidence and be willing to publicly raise concerns. You will be in good company, as shown by a large *anonymous* survey of members of the World Association for Infant Psychiatry and Allied Disciplines, to which 450 members responded. It was outlined in The Anna Freud Centenary Lecture by Dr Penelope Leach in London in 1995 [27]. When asked what was best from infants' viewpoint, most of these professionals thought that, until infants are at least 12 months old [with a mean of 15 months], it is "very important" for them to have their mothers available to them *for most of each 24 hours*; and it is best for them to be cared for *principally by their mothers*, until they are over two years [with mean age of 27 months]. By 2yrs 6 months 94% still did not think that full-time group care was the best arrangement. Leach said "the findings were consistently at odds with the kinds of care infants in Western countries now receive and which parents and policy makers desire for the future" [27].

A 1996 British review *Who Needs Parents: the Effects of Childcare and Early Education on Children in Britain and the USA* by Dr Patricia Morgan also gives much evidence for concern about child care [31]. She demonstrates (p 109). that the goal of "...'affordable, universally available, good-quality, easily accessible childcare' (to use the popular mantra) is a chimera, unrealisable in the real world. Affordable care is *low-quality* care. Universally available *high-quality* care is achievable nowhere on earth". Our society must abandon the fictive goal of universal, affordable, high quality child care for very young children, and do whatever is needed to help parents provide high quality mothering and fathering without unduly jeopardising their own futures.

I thought of rephrasing the title of a book and calling this paper "Fifty Years of Psychotherapy - and the world is getting worse!" So I hope the present generations of professionals will consider these matters, and continue the tradition of speaking out in the interests of the emotional health of the infants and young children, who will be the young women and men of tomorrow.

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