January 29, 1979

Miss Diane Hansen
PrePrimary Teacher for Visually Impaired
Muskegon Public Schools
1216 Eastgate Street
Muskegon, Michigan 49442

Dear Miss Hansen:

If you are interested in examples of invisible playmates among blind children, there is a chapter in my book, INSIGHTS FROM THE BLIND, Basic Books, 1977, which describes Kathie and her imaginary companions. We considered it a very healthy development in our blind children even as it is in intact children. I cannot imagine what special strategies would be needed with your blind 5 year old who seems to be doing very well indeed.

Thank you for writing to me.

Sincerely,

Selma Fraiberg
Professor of Child Psychoanalysis
Director, Child Development Project

SF/amw



muskegon public schools

PRESCHOOL PROGRAM
FOR HANDICAPPED CHILDREN (MULTICAP)
1216 EASTGATE STREET
MUSKEGON, MICHIGAN 49442

January 16, 1979

Selma Fraiberg, MSW
University of Michigan Extension Service
Conferences and Institutes
412 Maynard Street
Ann Arbor, Michigan, 48109

Dear Ms. Fraiberg:

This letter is in response to your quotes cited in the article "Invisible Playmates" appearing in the September 1978 issue of Psychology Today. Your personal comments on the child who develops imaginary companions stimulated a more intense interest in a pre-school student of mine exhibiting these behaviors.

This youngster who recently turned five years of age has been totally blind since birth (bilateral anophthalmia). She has verbal abilities which fall within the lower normal limits for her age, social interactions which are primarily on the level of expressing personal needs such as "Help me", and"I want _____", and has developed a large repertoire of imaginary friends. At one point in her life, age 4.8, our school psychologist witnessed her use of several of these companions some of which took on the identity of common household items such as the kitchen cupboard doors, a table, stove, and pillow. These "friends" have been notably prevalent during her slow development of "I" and during several disruptive moves from one house to another with her family. The majority of her characters appear in the home but only until recently have a few begun to emerge in school. It has been observed both at home and school that she will make notable changes in the voice from one friend to another, occasionally reprimand the friends and herself in a negative manner, and will often refer to herself in the third person.

She is currently enrolled in my half-day preschool program for the blind and this is my first year with her although she has been in a school program since the age of two. In my attempts to provide her with the best possible learning environment, I am naturally concerned with the strategies, if any, I should be initiating in concerns to her imaginary friends. I would greatly appreciate any correspondence with you concerning any information or personal guidance you can share from your experiences with blind children. I would also like to share your advice with her parents.

I remain,

Respectfully yours,
Diane Hansen
Diane Hansen,
PrePrimary Teacher for Visually Impaired
Mobility Specialist

cc: Ron PreFontaine
CA60

UNIVERSITY EXTENSION
RECEIVED
JAN 22 1979
B
Ann Arbor, Mich.

H

January 29, 1979

Mr. Ernest Herman
Managing Editor
American Journal of Orthopsychiatry
1775 Broadway
New York, N.Y. 10019

Dear Mr. Herman:

Your letter has arrived, asking me to prepare a review of"Mothering: The Emotional Experience of Motherhood After Freud and Feminism" by E. Heffner.

I regret that I will not be able to do this assignment but my time is completely taken.

Thank you for inviting me.

Sincerely,

Selma Fraiberg

SF/amw

AMERICAN JOURNAL OF
ORTHOPSYCHIATRY

23 January 1979

Professor Selma Fraiberg
Director of Child Development
Project
University Hospital
201 East Catherine Street
Ann Arbor, Michigan 48104

Dear Professor Fraiberg:

On behalf of the Journal, I would like to invite you to prepare a review of Mothering: The Emotional Experience of Motherhood After Freud and Feminism by Elaine Heffner.

Length of the review would be up to you (most run about 1000-1500 words), and we would like it to be in our hands by April 16, 1979. If the deadline is a problem, please let me know--it may be possible to postpone the review to a later issue.

As soon as I've had a positive response, a copy of the book will be sent to you. If you are unable to do it, I'd appreciate your letting me know as soon as possible.

Sincerely,

Ernest Herman
Managing Editor

EDMUND W. GORDON, Ed.D., *Editor* ERNEST HERMAN, *Managing Editor*
1775 BROADWAY, NEW YORK, N.Y. 10019 (212) JU 6-5690
OFFICIAL PUBLICATION OF THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION INC.

"H"

December 8, 1978

Elaine L. Hirsch
Program Co-ordinator
B'nai B'rith Hillel Foundation
1429 Hill Street
Ann Arbor, Michigan 48104

Dear Ms. Hirsch:

It was very kind of you to invite me to address the B'nai B'rith Hillel Foundation.

Unfortunately, there is no possibility that I will be able to accept. It is highly likely that we will be moving to California in the summer of '79 where I will be taking on a new academic appointment.

I am, of course, most pleased that you should have asked me.

Sincerely yours,

Selma Fraiberg
Professor of Child Psychoanalysis
Director, Child Development Project

SF/bk

Recd 12/6

B'NAI B'RITH HILLEL FOUNDATION • 1429 HILL STREET • ANN ARBOR, MICHIGAN 48104

December 5, 1978

Prof. Selma Fraiberg, Director
Child Development Project
201 East Catherine
Ann Arbor, Michigan 48104

Dear Prof. Fraiberg:

The University of Michigan B'nai B'rith Hillel Foundation is sponsoring a Women's program entitled: "The Family, Women's Changing Roles - Pressures of Balancing Homes, Careers, and Other Interests". The program is scheduled for Sunday afternoon, January 28, 1979. We intend to have a small panel of professionals who have expertise on the "family" and of working women in Ann Arbor.

We would be deeply honored to have you as one of our guest speakers for our program.

We look forward to hearing from you soon, if possible by December 13, 1978. Thank you very much.

Sincerely,

Elaine Lefton Hirsch

Elaine Lefton Hirsch
Program Co-ordinator

ELH:jm

1" 1/4"

December 15, 1978

Dr. S. P. Hersh
Assistant Director for Children and Youth
N.I.M.H.
5600 Fishers Lane
Rockville, Md. 20852

Dear Steve:

It was very good to have a chance to talk with you at Adelphi. I remember, as my enthusiasm for Israel bubbled over, I told you that I would send on to you my "Jerusalem Notes" describing what I saw in the well-baby clinics and a daycare program.

I am enclosing a copy especially for you. (These are the kind of diary notations that one does not publish but will send on to friends.) I think, however, it gives a pretty good picture of some of the exciting developments in comprehensive pediatric care which I described to you in a short summary.

With warm regards.

Sincerely,

Selma

Enc.

SF/amw

PAPER-ERASE
ONION SKIN



The Secretary of Health, Education, and Welfare
cordially invites you to attend
a ceremony for the swearing in of
Lulu Mae Nix, Ed.D.
Director, new office which will administer the
Adolescent Health Services, and Pregnancy
Prevention and Care Act
Tuesday, the thirty-first of October
at ten-fifteen o'clock
Secretary's Dining Room
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C.
Reception to follow

Called - No answer 10/27/

RSVP 202-472-9093

"H"

October 24, 1978

Linda E. Hill
[redacted]

Dear Ms. Hill:

I am in receipt of your letter of October 15th.

I am enclosing a reprint list which might be of help to you and if you want to order some of these, you may do so.

We have three volumes in process at the moment on outcome studies but they will not be ready for publication for two years. They will be published by Basic Books, New York.

Thank you for writing.

Sincerely,

Selma Fraiberg

SF/amw

Recd. 10/20/78

October 15, 1978

Selma Fraiberg
Professor of Child Psychoanalysis
Director of the Child Development Project
Children's Psychiatric Hospital
University of Michigan
Lansing , Michigan

Dear Mrs. Fraiberg:

I am currently a student at Smith College School for Social Work. This summer I read the transcript of your speech delivered in July 1977 at Smith College on "Psychoanalysis and Social Work: A Re-examination of the Issues".

I am planning to do my thesis on a follow up study of protective services with families where abuse and/or neglect were the presenting problems. I would like to receive any materials available describing the services provided in your project as well as any outcome studies available. Please notify me of any charges for this information.

Send reprint list - outcome studies are in preparation will be ready for publication for 2 years - S.

I was a protective services worker for a few years prior to my beginning graduate work. I found your article very interesting. It renewed my enthusiasm for work with "hard to reach" families although your successes as described sobered me when compared to the results of my own interventions or that of my coworkers.

Thank you for your consideration of my request.

Sincerely,

L.E. Hill

Linda E. Hill
6 Burton Woods Lane
Cincinnati, Ohio 45229

The University of Michigan

ALBERT J. SILVERMAN, M.D.
Chairman
DEPARTMENT OF PSYCHIATRY

PSYCHIATRIC HOSPITALS
Children's Psychiatric Hospital
ANN ARBOR, MICHIGAN 48109

764-0231

Youth Service
HUMBERTO NAGERA, M.D.
Chief

File

Rec'd 10/20/78

October 18, 1978

Mrs. S. Fraiberg
Child Development Project

Dear Mrs. Fraiberg,

As per our telephone conversation on Friday, October 13, I am writing about the Tuesday Morning Outpatient Conference at CPH. This is a conference intended essentially for the first year trainees at CPH, including 1st year fellows, residents in psychiatry, social work students and psychological interns. A number of our regular outpatient staff also attend the conference. There are no outside people who attend.

This fall we are focusing on developmental disturbances and interferences with normal development, and I am, as I mentioned over the phone, interested in including a series of presentations on the impact of blindness on childhood and later development. It is unfortunate that you will not be able to speak to our students on that topic. I am interested, however, in the alternate plan that you mentioned, namely that Mr. Bennett could present some of his work in this area at the Outpatient Conference. I hope that I addressed in the beginning of this letter your concern and his regarding confidentiality. Again it is a closed conference and there is no lay participation.

If Mr. Bennett is interested in presenting his work at the conference, I have tentatively set up the date of December 12 for his presentation.

I hope to hear from you soon about this matter. If you need any additional information or clarification, you can call me at 763-5444.

Sincerely,

Fady Hajal, M.D.
Instructor in Psychiatry

FHcal
cc: Mr. John Bennett

October 6, 1978

Ms. Kathleen M. Hughes
Director
Family Service Bureau
1112 Clay Street
Cincinnati, Ohio 45210

Dear Ms. Hughes:

I am honored that you have invited me to be a speaker at your School of Social Work Scholarship Fund meeting, however, I must decline and I regret this very much.

My speaking calendar is filled for the next two years and it would be impossible for me to schedule anything more.

My best wishes for your sucdess in your endeavor.

Sincerely,

Selma Fraiberg

SF/amw

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CINCINNATI, OHIO 45210
Telephone: 241-0160, 241-0161

RECEIVED OCT - 2 1978

October 2, 1978

dup regs

Selma Fraiberg
Professor of Child Psychoanalysis
Medical School
University of Michigan
Ann Arbor, MI 48109

Dear Professor Fraiberg:

I am writing in my capacity as President of the Cincinnati Chapter of the Smith College School of Social Work Alumnae.

We would like to invite you to come to Cincinnati next year and to give a lecture under the auspices of our Chapter. We know of your own association with Smith College, and some of our members had the privilege of meeting you there.

Each year we embark upon a fund-raising endeavor on behalf of the School of Social Work Scholarship Fund. We would like to have you as our speaker for such a meeting.

While we normally think of the Fall of the year as appropriate for these meetings, we would gladly adjust the meeting date to suit your schedule.

I would appreciate hearing from you, and hope that the Cincinnati Chapter might have this opportunity to express their appreciation of your contribution to the literature of our profession.

Yours very sincerely,

Kathleen M. Hughes

Kathleen M. Hughes, A.C.S.W.
Director

KMH:mle

September 27, 1978

Maure Hurt, Jr.
Director
Support Staff & Services for the Interagency
Panels
The George Washington University
Social Research Group
2401 Virginia Ave. N.W.
Washington, D.C. 20037

Dear Mr. Hurt:

re: SRG No. 020535K

There is a correction that we would like made in the abstract and it is at line 19.

The change should read: Areas to be observed in the child are: 1) Health (history, health care utilization, nutrition and growth, acute or chronic illness); 2)Affective Social (characteristic affect, range of affect, attachment indicators, qualitative relationship to parents); 3) Adaptive Modes (coordination of autonomous functions, organization of self object world, integration of affect and experience, developmental tasks, behavioral disturbances); 4) Cognitive-Motor (formal test results, observations at home). A fifth area of observation is Parenting (physical care, psychological availability, style of interation. The staff serves.....etc. to the end of the paragraph.

The second change is in the next paragraph. Please delete ALBERT EINSTEIN SCALE OF SENSORY MOTOR DEVELOPMENT,

Thank you for your attention to these changes.

Sincerely,

Selma Fraiberg, Director
Child Development Project

SF/amw

Form Approved
OMB No. 85-R0297

Project Findings

Principal Investigator:
Project Title:

SRG No.: 020535K
Date Mailed: SEP 19 1978

Please list the project's findings, whether positive or negative:

Final ☐ Interim ☒

A research instrument for assessing the effect of intensive treatment on a large number of infants, referred prior to 12 months of age, has been developed. We are not prepared to report specific results until the instrument has also been applied to children referred for treatment between the ages of 13 - 36 months.

OVER

THE
GEORGE
WASHINGTON
UNIVERSITY

Social Research Group / *2401 Virginia Avenue, N.W.* / *Washington, D. C. 20037* / *Phone (202) 331-8706*

Dear Principal Investigator:

The Interagency Panel on Early Childhood Research and Development and the Interagency Panel for Research and Development on Adolescence are requesting your cooperation again in the collection of findings on your federally supported project subsequent to the last interim report you sent to us.

The Interagency Panels are comprised of representatives from all Federal agencies concerned with research and demonstration projects on children and youth. The Panels facilitate the exchange of information on these R + D efforts with the support of the computerized Interagency Research Information System (IRIS), maintained by contract with The George Washington University. The IRIS contains data on all ongoing early childhood and adolescence projects funded by the member agencies of the Panels. The interim report you sent to us previously is currently in the IRIS.

Enclosed is the abstract of your project and a form which requests a brief description of the final findings or an updated interim report. We understand that your project may be terminated or may still be ongoing when this reaches you, but it is desirable to have a brief description of whatever findings are available.

The information received will become a part of the IRIS and will be available to interested persons. Any documents which draw on this information will give appropriate credit and customary citations to the original investigators.

Your continued cooperation will be greatly appreciated.

Sincerely,

Maure Hurt, Jr.

Maure Hurt, Jr.
Director
Support Staff and Services
for the Interagency Panels

020535K R01MH24746 NATIONAL INSTITUTE OF MENTAL HEALTH 0042
AN INFANT MENTAL HEALTH PROGRAM 0042
FRAIBERG SELMA 0042
U OF MICHIGAN 0042
MEDICAL SCHOOL 0042
201 E CATHERINE ST 0042
ANN ARBOR 0042
MI 0042
48108 0042
0042
FY 76 ABSTRACT 0042
THE PROJECT IS A CONTINUATION OF A PROJECT DESIGNED AS A HOME-BASED INFANT MENTAL HEALTH PROGRAM WHICH PROVIDES A RANGE OF SERVICES FOR INFANTS FROM BIRTH TO AGE 3. THESE CHILDREN HAVE MODERATE TO SEVERE ADAPTIVE PROBLEMS AND EMOTIONAL DISORDERS OF INFANCY, INCLUDING FEEDING AND SLEEP PROBLEMS AND DISTURBED MOOD STATES SUCH AS APATHY, WITHDRAWAL, EXCESSIVE ANXIETY AND OUTBURSTS OF RAGE. ABOUT 80 BABIES PER YEAR ARE BEING REFERRED TO THE CHILD DEVELOPMENT PROJECT; A TOTAL OF 250-300 INFANTS WITH MENTAL HEALTH PROBLEMS OR IN SEVERE "AT RISK" SITUATIONS ARE EXPECTED TO BE REFERRED OVER A 4-YEAR PERIOD. THE 1ST STEP IS AN ASSESSMENT OF THE INFANT'S DEVELOPMENT AND CLINICAL EVALUATION OF THE PARENT-INFANT RELATIONSHIP. EVALUATION TESTS ARE GIVEN. THESE ARE SUPPLEMENTED BY INTER VIEWS AND OBSERVATIONS OF PARENT-CHILD BEHAVIOR DURING HOME OBSERVATIONS. SESSIONS ARE VIDEOTAPED. FOLLOWING THE INITIAL ASSESSMENT A THERAPEUTIC PLAN IS MADE AND STAFF CONFERENCES HELD. A MEDICAL MODEL INVOLVING DIAGNOSIS, PRESCRIPTION, CONTINUED OBSERVATION, MODIFICATION AS INDICATED, REASSESSMENT, AND INDIVIDUALIZED PLANNING REGARDING THE TYPE AND DURATION OF TREATMENT IS USED. EVALUATION PROCEDURES RELY PRIMARILY UPON MEASUREMENTS AND DESCRIPTION OF CHANGE ON A CASE-BY-CASE BASIS EMPLOYING PRE- AND POST-TREATMENT RATINGS ON A NUMBER OF DIMENSIONS. AREAS TO BE OBSERVED IN THE CHILD ARE: 1) HUMAN ATTACHMENTS; 2) REACTIONS TO INANIMATE OBJECTS AND TOYS; 3) LANGUAGE BEHAVIORS; 4) AFFECTIVE SIGNS IN THE RANGE OF PLEASURE-UNPLEASURE, SMILING, CRYING, ANXIETY, WITHDRAWAL; 5) OBJECT CONCEPT DEVELOPMENT; 6) GROSS MOTOR BEHAVIORS; 7) FINE MOTOR BEHAVIORS; 8) HEALTH AND NUTRITION, SLEEP AND EATING PATTERNS. OBSERVATIONS MADE OF THE MOTHER FOCUS ON CAPACITIES AND INCAPACITIES IN NURTURE AND INTERACTION WITH THE CHILD. THE STAFF SERVES OTHER AGENCIES IN CONSULTATION AND DISSEMINATES THE KNOWLEDGE GAINED. METHODS ARE DISSEMINATED INTO THE MAINSTREAM OF MENTAL HEALTH ON LOCAL, NATIONAL, AND INTERNATIONAL LEVELS.
INSTRUMENTS USED: BAYLEY SCALES OF INFANT DEVELOPMENT (3058), ALBERT EINSTEIN SCALE OF SENSORY MOTOR DEVELOPMENT, AINSWORTH'S INVENTORY OF ATTACHMENT.
***
0042

September 27, 1978

Maure Hurt, Jr.
Director
Support Staff & Services for the Interagency
Panels
The George Washington University
Social Research Group
2401 Virginia Ave. N.W.
Washington, D.C. 20037

Dear Mr. Hurt:

re: SRG No. 020535K

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Thank you for your attention to these changes.

Sincerely,

Selma Fraiberg

Selma Fraiberg, Director
Child Development Project

SF/amw

Form Approved
OMB No. 85-R0297

Project Findings

Principal Investigator:
Project Title:

SRG No.: 020535K
Date Mailed: SEP 19 1978

Please list the project's findings, whether positive or negative:

Final ☐ Interim ☒

A research instrument for assessing the effect of intensive treatment on a large number of infants, referred prior to 12 months of age, has been developed. We are not prepared to report specific results until the instrument has also been applied to children referred for treatment between the ages of 13 - 36 months.

OVER

21

September 21, 1978

Dr. Stephen J. Howard
Director, Clinical Support Services
9650 Zelzah Avenue
Northridge, Cal. 91325

Dear Doctor Howard:

It was kind of you to write to me again.

I would so like to say "Yes" to your invitation but the coming year is an extraordinary one for me, both in terms of out of town speaking engagements and the completion of my research commitment for this year.

Please understand how deeply I feel about this. Perhaps another year my time will be more flexible. I am honored that you have asked me.

Sincerely yours,

Selma Fraiberg

SF/amw

September 18, 1978

Dr. Stephen J. Howard
Direcor, Clinical Support Services
San Fernando Valley Child Guidance Clinic
9650 Zelzah Avenue
Northridge, Cal. 91325

Dear Doctor Howard:

Your letter to Mrs. Fraiberg has arrived today and she is out of town until Thursday.

I am sorry if you did not receive our letter of September 7th. I am enclosing a copy.

You will hear from Mrs. Fraiberg shortly re another time.

Sincerely,

Adele Wilson, Secretary
to Selma Fraiberg

enc.

SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC

9650 ZELZAH AVENUE, NORTHRIDGE, CALIFORNIA 91325
(213) 993-9311
Van Nuys Branch: 7335 Van Nuys Boulevard, Van Nuys
Please direct mail to Northridge address

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Rec'd 9/18/78

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FOCUS
The Founders Guild
Northpoint Parent Advisory Committee

*PAST PRESIDENTS

September 14, 1978

Selma Fraiberg
201 E. Catherine St.
Ann Arbor, MI 48108

Dear Ms. Fraiberg:

On Thursday, Sept. 7th, your secretary called stating that you could not participate at the March conference for which we invited you to be the keynote speaker and workshop leader. She said that a letter from you was in the mail.

I have not yet received your letter, and your secretary's message did not say whether you could participate in our annual meeting on a different date. The month of March was merely mentioned as a possibility but the actual date and month are quite flexible.

We would appreciate it very much if you could write us as to the possible dates and months, e.g., in February, April or May.

Looking forward to hearing from you.

Sincerely,

Stephen J. Howard

Stephen J. Howard, Ph.D.,
Director, Clinical Support Services

SJH:lb
cc: Judith S. Wallerstein,M.S.

"41"

September 8, 1978

Ms. Anita Horwitz
Coordinator of Mental Health track
2100 South Providence Rd.
Richmond, Va. 23235

Dear Ms. Horwitz:

I am very sorry that my own time commitments will make it impossible for me to accept new speaking engagements during the coming two years. If, however, you should wish to explore the possibility with one of my senior colleagues, Edna Adelson of my staff will be on sabbatical and in your region during that period.

If you are interested in getting in touch with Mrs. Adelson at this address (201 E. Catherine Street, Ann Arbor, Michigan), you can describe some of the issues which you consider important for this presentation. This would need to be spelled out in some detail.

Thank you for writing to me.

Sincerely yours,

Selma Fraiberg

SF/amw

Rec'd 8/24/78

2100 South Providence Road
Richmond, Virginia 23235
August 1, 1978

Selma Freiberg
Basic Books, Publisher
59 Fourth Avenue
New York, New York 10003

Dear Ms. Freiberg,

The Virginia Council of Social Welfare is having its annual conference in Richmond, Virginia on March 13 through 16, 1979. The theme of the conference is "The Three R's of the 1980's: Rights, Responsibilities, and Reform." The Mental Health Track of the conference would like to explore with you the possibility of having you speak at an institute about your projections of the rights and responsibilities as well as reform needed in parenting in the 1980's.

We would like to know if you are available for a speech and discussion period during the conference dates of March 13-16 and what would be your fee. We are most eager to hear from you.

Sincerely yours,

Anita Horwitz

Anita Horwitz
Coordinator of Mental Health track

Edna: are you interested -
Return to me for reply -
S.

Please find out what they want.
(per Edna)

4.

September 7, 1978

Stephen J. Howard, Ph.D., Director
Clinical Support Services
San Fernando Valley Child Guidance Clinic
9650 Zelzah Avenue
Northridge, California 91325

Dear Doctor Howard:

I am so sorry that there is no possibility that I will be able to join your panel in March, 1979. This turns out to be an extraordinary month, in which I will have at least four out-of-town engagements, none of which I had expected to have six months ago.

I would otherwise love to join you and I am honored that you asked me to.

Sincerely yours,

Selma Fraiberg, Professor
of Child Psychoanalysis
Director, Child Development Project

SF/bk

Rec'd 8/28/78

SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC

9650 Zelzah Avenue, Northridge, California 91325 (213) 993-9311

Van Nuys Branch: 7335 Van Nuys Boulevard, Van Nuys
Please direct mail to Northridge address

Gerald M. Goldenstern
Executive Director

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*PAST PRESIDENTS

August 22, 1978

Ms. Selma Fraiberg
201 E. Catherine St.
Ann Arbor, Michigan 48108

Dear Ms. Fraiberg:

The San Fernando Valley Child Guidance Clinic is now in the process of planning its annual meeting, which provides information on topics of major interest to child serving professionals in the Los Angeles area. Our last such meeting dealt with children and violence and featured Dr. Fritz Fedl. The theme of our next meeting will be "Prevention and Early Intervention with Young Children and Families - Clinical and Public Policy Implications." It will be held at a major local hotel, and we expect about 400 people to attend.

Because of your national reputation as an expert in early childhood mental health, we would like to invite you to be our keynote speaker and workshop leader. This would involve a Friday evening dinner session and a panel discussion and one workshop on Saturday. The other panel discussants and workshop leaders we are inviting to participate are Judith S. Wallerstein, M.A., from the University of California, Berkeley, School of Social Welfare, who has done extensive research on the effects of divorce or separation on children and adolescents, and Dr. John Richard Elpers, the new Director of the Los Angeles County Department of Mental Health.

We have tentatively scheduled this meeting for March 1979, depending on the availability of the participants. Please let us know if you would like to participate in this meeting, when you would be available, and what your expenses would be.

I hope to hear from you soon.

Sincerely yours,

Stephen Howard

Stephen J. Howard, Ph.D.
Director, Clinical Support Services

SJH/mb

"H"

UNIVERSITY HOSPITAL

September 7, 1978

Suzanne Henry, M.D.
Child Development Unit
Mid-Missouri Mental Health Center
803 Stadium Road
Columbia, Missouri 65201

Dear Dr. Henry,

Mrs. Fraiberg has asked me to respond to your letter as it was I and other colleagues who directed the Infant Mental Health Training Program. You are right to observe that the most difficult aspect of the program was to enrich the therapeutic skills of the trainees. It is our findings now that the process of increasing therapeutic skills in a new discipline is one that is long and slow, and requires support, extensive supervision and/or perhaps periodic consultation. In other words, the work with severely disturbed parents is difficult at best, even for a highly skilled and experienced clinician, let alone a fine pediatric nurse trying to undertake a therapeutic role. We have found that our trainees who did begin to attempt long-term intensive casework required continued expert supervision. Where this was possible the treatment programs took root and flowered.

I am taking the liberty of including a number of articles that may be helpful in understanding the treatment approaches that we have been developing. We are in the process of putting together a Volume on Case Studies in Infant Psychiatry and hope this will be available by the fall.

I am sorry that there is no simple or simply stated principle to offer help in the difficult effort of broadening training of clinicians entering the field of Infant Mental Health. We have found each case and each trainee to be unique in terms of needs and capacities to respond to treatment/training respectively. The most effective use of training resources it seems at this point is to have sufficient supervision and consultation for those undertaking the most difficult cases. Furthermore collegial support for yourself and your staff is crucial.

I hope the material I am sending is somewhat helpful.

Sincerely,

Vivian Shapiro

Vivian Shapiro

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

ROBERT S. JONES, M.D.
Superintendent
GLENN O. BACH, Sr.
Ass't. Supt., Adm.

MID-MISSOURI MENTAL HEALTH CENTER
803 STADIUM ROAD
COLUMBIA, MISSOURI 65201
314 449-2511

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Sedalia	816	827-2494
Versailles	314	378-4971

August 16, 1978

Mrs. Selma Fraiberg
201 E. Catherine St.
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

I am writing out of an interest in your recent article, "A Model for the Introduction of Mental Health Services to Community Mental Health Agencies." One of the observations in the article was that the goal of being able to teach therapy skill to the outreach workers for working with disturbed parents and their children was not achieved, though many of the other goals of the training program were.

I have been quite interested to note the professional background and training of the "front-line" workers in the many early childhood interventions programs of the last few years and have been impressed by the lack of emphasis on mental health in so many of them.

I work in a unit which has a therapeutic nursery program and outpatient department for children from birth to age 6, as well as a responsibility for services for the middle third of the state. We are housed next to the medical school of the University of Missouri and a number of us have joint appointments. Much of our outreach work is done by "Child Development Specialists", who have masters in early childhood education or special education. It has been a challenge to me in the last year, as I work with our two child development specialists, to help them work with modified forms of therapy in their home visiting with some of the families who are quite disturbed. However, the mental shift involved in switching from "teaching" or "testing", to "listening", in and of itself seems to be a very large step. At any rate, I have felt puzzled and discouraged. My experience with working with nurses, to do the same kind of job has been similar. I know that they can do good child assessment, community work, behavior management work, and supportive work with families, but this leaves really many, many children and families where the crucial problems are left unmoved.

I would appreciate very much learning more of your observations along this line, and where future efforts in this direction might take you. The training and skills of such community based child health workers is one of the most vital issues in our field as far as I'm concerned, and the contribution of the child analysts, such as yourself, who can translate their work to a broader sphere, is so very helpful.

Sincerely,

Suzanne Henry

Suzanne Henry, M.D.
Child Psychiatrist - Child Development Unit

SH/gg

AN AFFIRMATIVE ACTION EMPLOYER–A NON-DISCRIMINATORY SERVICE

FOR INTRA-UNIVERSITY CORRESPONDENCE

THE UNIVERSITY OF MICHIGAN

H.

August 14, 1978

To: Dr. Martin Hoffman

From: Adele Wilson

The attached manuscript has come to Mrs. Fraiberg and I am returning it because Mrs. Fraiberg is on vacation and will not return to the office until after Labor Day.

Thank you for writing.

Att: attachment in Deaf Preschoolers

The University of Michigan

DEPARTMENT OF PSYCHOLOGY

3433 MASON HALL
ANN ARBOR, MICHIGAN 48109

August 8, 1978

Dr. Selma Fraiberg
Child Development Project
201 E. Catherine

Dear Dr. ~~Fraiberg~~ Selma:

The enclosed paper has been submitted to the Merrill-Palmer Quarterly for possible publication.

I would be most appreciative if you would give me an opinion as to whether we should publish this paper. Hoping you will accept this task, I have enclosed the evaluation forms and a recommendation sheet with some general guidelines to assist you in the review process.

If you do not think you can complete the review by Sept. 8, 1978 or as soon as you can please do not hesitate to return the manuscript immediately. Thank you for your assistance.

Sincerely,

Martin

Martin L. Hoffman, Ph.D.
Professor and Editor
Merrill-Palmer Quarterly

MLH/

Enclosures

July 27, 1978

Zena Harman
Israel National Committee for UNICEF
P.O. Box 3489
Jerusalem, Israel

Dear Zena:

I just returned from San Francisco and Washington and had a chance to talk with Dr. Lauffer and received your message. (He had called me just before I left on my two week trip and I was in such a state of shock and delight at your inquiry that I asked for time to think.)

How much I would love to say "Yes" to your informal invitation to be a candidate for the new chair in Child Development. But, after talking it over at length with my husband, I am sure that there is no possibility that I could accept the candidacy, although I would consider it the greatest honor of my life.

Please know how much I care about programs in Child Development at Hebrew University and that we must think of ways that I can be useful in helping.

With warmest regards.

Sincerely,

Selma Fraiberg

SF/amw

Selma Fraiberg
23 Cloutier

201 E. Catherine St.
Ann Arbor, Mich. 48104

July 26, 1978

Zena Harman
Israel National Committee for UNICEF
P.O. Box 3489
Jerusalem, Israel

Dear Zena:

I hope by this time you have received a copy of my notes on Tipot Halav and the Day-care Center.

I should tell you that I have managed to smuggle these notes into the hands of every person of influence that I know in Government and I only hope they will have time to read it.

I loved every moment of our visit together and I think constantly of the days and weeks in Israel which, in many ways, have changed my life.

If there is any way in which I can be useful to Israel and our people, I will want to be.

With warmest regards.

Sincerely,

Selma

SF/amw

RECEIVED JUL 2 1 1978

הועד הישראלי למען יונס"ף
ISRAEL NATIONAL COMMITTEE FOR UNICEF

P. O. Box 3489 Jerusalem Tel. 533123 533708 טל. ת. ד. 3489 ירושלים

Jerusalem, 13 July 1978

Prof. Selma Fraiberg
Child Development Project
201 E Catherine Street
Ann Arbor, Michigan 48108

Dear Prof. Fraiberg,

I am now back home and have also received the copy of your book for which many many thanks. It is exciting. I should be extremely happy to have your notes on your observations on Tipot Halav and your visit to the Day-Care Center.

Since my return I have had no time to speak to Mickey Rosenthal about what I hope could be a very productive ongoing relationship with you. Many of us here think that Selma Fraiberg's visit was one of the best things that has happened to us recently. We are hoping that you will find time to return to us in the none too distant future and, meanwhile, you will certainly be visited by some of our people who will seek your guidance.

With warmest regards,

Sincerely yours,

Zena Harman

Logged 6/7/78

Jerusalem, May 13, 1978

Dear Selma,

many thanks for your lovely letters, the sentiments you expressed in them in such kind words, the reprints and the copy of your new book. You must know what much needed support and inspiration your visit have been for me, how fondly I remember our visiting together in the Mother and Child Station, our talks and, of course, our sightseeing together. Your work in the Infant Project seems to me like a dream come true, and I am happy to know that it exists. I am very much aware of the shortcomings of our program, run by students with their necessary limited scope, the absence of proper psychological evaluation and psychiatric consultation when needed, and basically the absence of a continous social work service. I am making another effort to let the tremendous opportunities of the setting better known and appreciated, - with on-the-spot intervention rather than remidy after problems have become crystallized and chronic. There will be a presentation of our work and its rationale at an interdepartmental seminar at Paul Baerwald and also at a workshop of several departments of social services, with the hope that it will demonstrate the need for stable social service in Mother and Child Stations. (The preparation for the presentation being one reason for my delayed response to your letters.)

What you say in your new book is of course of equal relevance to our situation. An Israeli counterpart would be much needed. I wished I could find out more about the sources of the real resistance against work with parents as valuable people, and not just as instruments for the welfare of their

children. Is it that none of us was loved enough , and we all have accounts to settle with our parents?

Am looking forward to receiving your notes on the families and babies you saw in Ir Ganim. You are probably back in the whirlpod of your many responsibilities and busy,busy.

Please, keep well and take care. Greeting to ~~Luou~~ Lou; with much affection Shlomit

---

first fold קפל ראשון

MAY 25 PM 1978

MRS ASHER HOEK
16, Itamar ben Awi St.
Jerusalem, Israel

sender שולח

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Mrs. Selma Fraiberg
2888 Bay Ridge Drive
ANN ARBOR Michigan
48103

July 25, 1978

Ms. Katherine A. Hourigan
Administrative Editor
Alfred A. Knopf Incorporated
201 East 50th Street
New York, N.Y. 10022

Dear Ms. Hourigan:

Your letter of July 13th requesting me to interview the book YOUR BABY and CHILD has come to my attention.

I am not free to do this because of many many pressures in our own program and I will be away all of August.

Thank you for writing to me.

Sincerely,

Selma Fraiberg

SF/amw

Regrets

Rec'd 7/17/78

Alfred · A · Knopf *Incorporated*

PUBLISHER OF BORZOI BOOKS

Cables: KNOPF NEW YORK
Telephone: (212) 751-2600

201 East 50th Street
New York, N.Y. 10022

July 13, 1978

Dear Dr Fraiberg:

In September Knopf will be publishing YOUR BABY & CHILD, an authoritative, practical, and comprehensive guide to child care and development in the first five years. Penelope Leach is an English psychologist, an expert in child development (you may remember her BABYHOOD, which I sent you a couple of years ago), and herself the mother of two children. Writing from both personal and professional experience, she here deals with the basics of everyday care, for each stage of development from newborn to preschool, as well as with language, mobility, with crying and comforting, loving and spoiling, learning and thinking. She describes what the child is experiencing, undergoing--what is really happening to the child--and what the child needs from the parents. She includes a 62-page "encyclopedia" which serves both as an index and as an instant reference for information on first aid, diet, illnesses, and other special problems.

YOUR BABY & CHILD was first published in England and has been completely revised to include American practices and procedures. We think the book is a considerable achievement--scrupulously researched, lovingly written, and beautifully illustrated--an important contribution to the field of child care.

Because Penelope Leach is not yet known here, because, as you know, there are so many books in the field, and because we feel that this book is so very special and could do so much to help parents cope with parenting, I am writing to ask your help in launching it here in the US. I feel that you particularly will share my admiration for the book and, if so, I would be most grateful for any endorsement, any word of support, you can give.

I look forward to hearing from you.

Sincerely,

Katherine A. Hourigan

Katherine A. Hourigan
Administrative Editor

Dr. Selma Fraiberg
University Hospital
Child Development Project
201 East Catherine Street
Ann Arbor, MI 48104

The University of Michigan

ALBERT J. SILVERMAN, M.D.
Chairman
DEPARTMENT OF PSYCHIATRY

PSYCHIATRIC HOSPITALS
Children's Psychiatric Hospital
ANN ARBOR, MICHIGAN 48109

764-0231

Youth Service
HUMBERTO NAGERA, M.D.
Chief

July 20, 1978

Professor Selma Fraiberg
2888 Bayridge Drive
Ann Arbor, Michigan 48103

Dear Selma:

Consistent with our telephone conversation earlier this month, I am sending the permission form to reprint part of Insights From the Blind to you at your home in the hopes of facilitating formalization of your approval of your earlier suggestion that Jack and I choose one of the chapters from the book so that we can proceed to contact Bacis Books for their permission with a minimum of delay.

As you might guess, Jack and I wanted to reprint just about every chapter from your beautiful book. But, under the pressure of reality, we would appreciate your permission for the concluding Chapter XII (pp. 271-283) (with those minimal modifications that would make your references to other chapters in Insights From the Blind fit with the editorial-bibliographic system of our publisher).

You will recall that this refers to a second volume of the anthology that Jack and I published in 1972, which again will be published by International Universities Press, who advise that the expansive phrase, "world rights," entails nothing more than subsequent translations, foreign editions, paperback editions, etc. As you know, granting such permission in no way infringes on your rights for any other reprintings, inclusions in other books, etc.

You might be interested to know that in the more than 95 chapters in both anthologies, there are only three authors whose work appears in both volumes and that you are one of the three. It's interesting also that all three (Margaret Mahler and Martha Wolfenstein are the other two) are women and particularly noteworthy that you are quite a different vintage than the other two.

Once again, to facilitate your response, we are enclosing a reprint permission form and return envelope. With appreciation on behalf of both Jack and myself and with best wishes for a good summer,

Cordially,

Saul

Saul I. Harrison, M.D.

SIH:dds

Returned form 8/2/78.

Saul I. Harrison, M.D.
Children's Psychiatric Hospital
University of Michigan Medical Center
Ann Arbor, Michigan 48109

Dear Dr. Harrison:

The ~~world~~ rights to reprint

Insights From the Blind, Chapter XII, pp. 271-283.

in your forthcoming second volume of readings devoted to the psychopathology of childhood to be published by International Universities Press are hereby granted.

Selma Fraiberg
Signature

July 25, 1978
Date

H

July 7, 1978

Shlomit and Asher Hoek
Paul Baerwald School of Social Work
Hebrew University
Jerusalem
Israel

Dear Shlomit and Asher:

This is the final version of my "Jerusalem Report". I hope you like it. It was a pleasure to write it, since it brought back so many happy memories. Thank you, Shlomit, for your corrections which have now appeared in the report.

Warmest regards from Louie and me.

Selma Fraiberg

"H"

June 6, 1978

Saul I. Harrison, M.D.
Professor of Psychiatry
Children's Psychiatric Hospital

Dear Saul:

I should tell you that "Parallel and Divergent Patterns in Blind and Sighted Infants" is really out of date. There have been many single publications since that early paper and of course, the book "Insights from the Blind" which finally brought together all of our findings.

It was good to hear from you.

Cordially,

Selma Fraiberg, Professor
Child Psychoanalysis
Director,
Child Development Project

SF/bk

UNIVERSITY HOSPITAL
JEPTHA W. DALSTON, PH.D., DIRECTOR
ANN ARBOR, MICHIGAN 48104

THE UNIVERSITY OF MICHIGAN

DEPARTMENT OF PSYCHIATRY
ALBERT J. SILVERMAN, M.D., CHAIRMAN

CHILDRENS PSYCHIATRIC HOSPITAL
H. NAGERA, M.D., CHIEF

Recd 5/30/78

May 25, 1978

Selma Fraiberg, MSW
Child Development Project
University of Michigan
201 E. Catherine
Ann Arbor, Michigan 48109

Dear Ms. Fraiberg: Selma —

Since the publication of Childhood Psychopathology, Dr. John F. McDermott and I have heard and read many thoughtful assessments of that anthology indicating that we had achieved our intended purpose of developing a readily available sourcebook of readings central to the education of students in diverse fields. With the passage of time however, these comments note also that the quality and quantity of work that has appeared in print since that book's publication warranted a second supplementary volume. Sharing this perception, Dr. McDermott and I undertook an extensive screening of the literature while requesting advice from colleagues regarding their suggestions as to which publications of the past decade they thought should be included in a second volume devoted to Advances in Childhood Psychopathology. As a consequence of this extensive review and culling of the literature, we have selected for inclusion in this new volume your work entitled:

Parallel and divergent patterns in blind and sighted infants, Psychoanalytic Study of the Child, Volume 23, pp. 264-300, International Universities Press, New York, 1968.

It is our hope that you will grant us the world rights to reprint this work, pending the approval of the appropriate editor and/or publisher. Please be assured that "world rights" refers to nothing more than later translations of this planned book, foreign editions, paperback editions, and the like. In no way does granting such permission infringe upon your rights for other reprintings, inclusions in other books, etc. of your work.

To facilitate your response to our request, we have enclosed an appropriate reprint permission form and a return envelope. But, if you have specific questions, please do not hesitate to contact me by phone (313-763-0174) or by letter. Thanking you in advance for your cooperation.

Sincerely,

Saul

Saul I. Harrison, M.D.
Professor of Psychiatry

SIH:mlf
Enclosures (2)

Saul I. Harrison, M.D.
Children's Psychiatric Hospital
University of Michigan Medical Center
Ann Arbor, Michigan 48109

Dear Dr. Harrison:

The world rights to reprint

> Parallel and divergent patterns in blind and sighted infants, Psychoanalytic Study of the Child, Volume 23, pp. 264-300, International Universities Press, New York, 1968

in your forthcoming second volume of readings devoted to the psychopathology of childhood to be published by International Universities Press are hereby granted.

_____
Signature

_____
Date

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DEPARTMENT OF EDUCATIONAL
PSYCHOLOGY AND GUIDANCE

"H"

Recd 5/30/78
sent reprint 6/6/78

May 25, 1978

Dear Mrs. Fraiberg:

Please send me a copy of your article "Ghosts in the Nursery".

Please send it to my home address:

Beatrice Harris
170 East 77th Street
New York
New York 10021

Sincerely,

Beatrice Harris

Rec'd
Sent reprint

Selma

21

May 18, 178

Zena Harman
P.O. Box 3489
Jerusalem, Israel

Dear Zena:

I was pleased to get your letter and I hope that by this time you have received a copy of Birthright.

I have just finished writing notes on my observations at Tipat Halav and my visit to the Daycare Center at Max Bressler. I have sent it on to Shlomit Hoek and Miki Rosenthal to check the notes for accuracy. When I am sure that we are satisfied on that point I shall be delighted to send on a copy of my notes to you.

My informal report to colleagues of what I had seen in Israel have been received with considerable enthusiasm. You may have a procession of visitors next year to learn about Israeli programs in early childhood. We, in the United States, will surely profit.

Again, if there is any chance that you should be in Ann Arbor, Louis and I would love to see you.

With best wishes.

Sincerely yours,

Selma Fraiberg

SF/amw

הועד הישראלי למען יונס"ף
ISRAEL NATIONAL COMMITTEE FOR UNICEF

P. O. Box 3489 Jerusalem Tel. 533123 533708 טל. ת. ד. 3489 ירושלים

Rec'd 5/15/78

5 May 1978

Ms. Selma Fraiberg
Child Development Project
The University of Michigan
201 E Catherine Street
Ann Arbor, Michigan 48108

Dear Selma,

Many thanks for your kind letter of April 14th. We ,too, were delighted to have the privilege of meeting with you. You have no idea, or perhaps you do, how visits such as yours strengthen and reinforce us, particularly by helping us to feel a little less pressured by our own intense self criticism. And, of course, the knowledge of committed understanding and support in the wider sense is comforting.

I am looking forward eagerly to receiving a copy of "Every Child's Birthright". Incidentally, we are highlighting the area of Early Childhood in our programming for IYC. There will be a numer of courses and seminars at the Mt. Carmel Institute for Third World students and Nechama Nir is arranging a Conference for 1979. I would hope that we could set ourselves certain improved goals and standards which we could begin to implement in 1979 in the field and this should not be impossible in the light of Margot, Mickey's and Avima's work.

I will be in the States from mid May to mid June but so far there appears to be little likelihood of my coming to Ann Arbor. Nevertheless, looking forward to seeing you soon and remaining, at least, in correspondence.

With best wishes,

Sincerely yours,

Zena Harman

21.

April 11, 1978

Mrs. Helen T. Healy ACSW
Mrs. Elise Wallace
Centennial Symposium Committee
Children's Protective Services
Massachusetts Society for the Prevention
of Cruelty to Children
43 Mt. Vernon Street
Boston, Mass. 02108

Dear Mrs. Healy and Mrs. Wallace:

I deeply regret that I cannot accept your invitation to speak at your symposium. My program for the next two years leaves me no time for new speaking engagements.

Thank you for asking me.

Sincerely yours,

Selma Fraiberg

SF/amw

CHILDREN'S PROTECTIVE SERVICES
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

RECEIVED JAN 2 3 1978

January 17, 1978

Mrs. Selma Fraiberg
Child Development Project
201 East Catherine Street
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

1978 is a special year for us as it marks the centennial of our agency's service in child protection. As the only private, statewide agency in the country dealing with child abuse and neglect, we are proud of our long tradition. But while it is gratifying to celebrate by looking back, it is more exciting to think about the future, and that is what we would like to do in our one-day Centennial Symposium in the fall.

We would like to invite you to speak at our Symposium, as we feel that your insight and eloquence in discussing the needs of children and their families will make our meeting a memorable event for us and our guests. We hope that you will be willing to participate and will be available for the morning of at least one of the following alternate dates in the Boston area: October 17, 18, 19, 24, 25, 26, 31, November 1, 2.

We will be in touch with you the beginning of next week by telephone to find out about your availability and to discuss other details regarding the Symposium. We look forward to talking with you.

Sincerely yours,

Helen Healy

Elise Wallace

(Mrs.) Helen T. Healy, ACSW
Coordinator of Staff Development

(Mrs.) Elise Wallace, V. Pres.
Statewide Board of Directors
Co-Chairwomen
Centennial Symposium Committee

HTH:EW:LS

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ROBERT M. MULFORD
GENERAL SECRETARY



CPS Children's Protective Services is the only private state-wide agency whose primary function is to work with families in which neglect or abuse of children exists. Chartered as the Massachusetts Society for the Prevention of Cruelty to Children, this agency has been actively protecting children's rights since 1878. Each year CPS provides protective services to some 10,000 children in its twelve district offices throughout Massachusetts. Each year the need increases.

Photo Credit: Kerry Loughman

CPS goes to work

when someone becomes aware that a child is being neglected or abused. Usually it's a concerned neighbor or worried relative who refers the family to CPS for help, because they see a child suffering from emotional and physical deprivation; rejection; physical violence; dangerous lack of supervision or inadequate medical attention.

CPS quickly evaluates the referral and, if valid, a social worker goes to visit the family — to talk with them about the problems they have, and to offer help.

Initially the social worker talks with the parents about their responsibilities to their children . . . for the primary job is to insure that the children will no longer be at risk. Then the worker can concentrate on getting to know the family and gaining their trust.

From then on, the main job is to work with the parents — to help them recognize their problems, motivate them to discover their strengths, and learn to be better parents. In addition to the usual one-to-one casework relation, CPS works with some parents and young people by involving them in therapeutic group meetings, where they can talk with other people who have similar problems.

In many cases the entire family is a victim of community neglect — suffering from inadequate income, housing, or lack of decent medical or educational facilities. Often they could benefit from homemaker services, day care, or recreational opportunities. CPS often helps a family take advantage of other community resources.

Your awareness of the problem

is critical to meeting the needs of children. But understanding the psychology of abuse and neglect is just as important. In fact, the parents of neglected and abused children feel as miserable and unhappy as their children. In most cases they really want to love and care for their children, but aren't able to — because they are overwhelmed by the problems and pressures of daily life, or they don't understand what being a parent means. Their plight has its roots in their feelings about themselves — worthless, unable to take control of their lives, afraid to trust. Often they suffered parental neglect or abuse in their own childhood.

The prognosis is positive

The CPS files give dramatic proof that the pattern of child abuse and neglect can be broken — that parents can be helped to create more satisfactory lives for themselves as well as their children.

In fact, CPS only finds it necessary to recommend removing children from their homes in 3% of all cases. And that's important. Because it is clear that separating children from their parents may cause far more serious emotional problems . . . the same feelings of worthlessness and rejection that their parents so often have to wrestle with.

$ $ $ $ CPS works with parents because in most cases it is in the best interests of children to remain with their parents. A recent study shows that it saves money too. For example, it costs approximately $4,500 to keep one child in a foster home for one year. But *it costs CPS an average $550 to serve a whole family.*

What's more, working with families helps reduce expenditures of both public and private funds — for programs related to juvenile delinquency — and for mental health care. Most important, working with families helps relieve immeasurable suffering among parents as well as children.

The money that enables CPS to do its job comes from:

Income from Bequests and Gifts	33%
Payments from the State of Massachusetts for services to families receiving Welfare	27%
Community Chests and United Ways	24%
Contributions from Individuals and miscellaneous payments	7%
CAPITAL WITHDRAWN TO MEET DEFICIT	9%

The CPS state-wide program costs approximately $2,000,000. A healthy sum, but not enough to meet the growing need for help. Contributions are greatly appreciated. (They're tax-deductible, too.) And to our way of thinking, the best investment a concerned citizen can make is in the life of a child.

Supportive Services

Education Children's Protective Services provides internships for students from colleges and graduate schools. In addition, staff members serve as special lecturers at leading universities and schools of social work, and consultants to Social Welfare Departments in other states.

Research In recent years, studies by the Research Department have contributed knowledge about and for the social work services of the agency. They include projects which

- — analyzed the decision making processes of CPS social workers
- — analyzed abuse and neglect in the agency's middle class clients
- — provide accountability of agency services

Public Education CPS distributes general and specific information via radio, television and newspapers, and through symposiums, to

- — alert the general public to the prevalence and effect of child abuse and neglect
- — stimulate support for the work of the agency
- — help all parents better understand and cope with the challenges and responsibilities of parenthood
- — generate public awareness about the unique needs of children

Community participation

works both ways. Concerned citizens, representing a diversity of community and professional interests, serve on the Central and District Boards of Directors, and work with staff members on agency committees devoted to long range planning, research, community relations, and social issues.

In addition to working on numerous local and regional committees and councils to improve community resources for children, CPS staff members serve in key positions on:

Advisory Committee to the Commissioner of the Department of Public Welfare
Advisory Committee, Department of Youth Services
The American Humane Association, Children's Division
Child Welfare League of America advisory committees
Massachusetts Committee on Children and Youth
Children's Advocates, Inc.
Trauma Teams, which deal with child abuse, in leading hospitals
Office for Children Councils



CHILDREN'S PROTECTIVE SERVICES
MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN



CHILDREN'S PROTECTIVE SERVICES

MASSACHUSETTS SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

Berkshire District Office, 467 North Street, Pittsfield, Mass. (442-6971)

Boston District Office, 43 Mt. Vernon Street, Boston, Mass. (227-2280)

Bristol District Office, 14 Church Green, Taunton, Mass. (822-2770)
New Bedford (993-9272), Fall River (672-1141)

Cape Cod District Office, 805 West Main Street, Hyannis, Mass. (775-0275)

Central Mass. District Office, 9 Walnut Street, Worcester, Mass. (753-2967)
Leominster (537-8332)

Franklin District Office, 52 Beacon Street, Greenfield, Mass. (773-3608)

Merrimack Valley District Office, 430 North Canal Street, Lawrence, Mass. (682-9222)
Lowell (452-6401)

Norfolk-South Shore District Office, 1245 Hancock Street, Quincy, Mass. (773-5162)
Dedham (326-2550)

North Shore District Office, 3 Hawthorne Boulevard, Salem, Mass. (744-2910)
Lynn (598-2509)

Old Colony District Office, 232 Main Street, Brockton, Mass. (586-2660)
Plymouth (746-2490)

Pioneer Valley District Office, 1727 Northampton Street, Holyoke, Mass. (532-9446)
Springfield (734-3169), Northampton (584-1875)

South Middlesex District Office, 276 Union Avenue, Framingham, Mass. (872-8826)

Central Administration, 43 Mt. Vernon Street, Boston, Mass. (227-2280)

"H"

April 11, 1978

Mrs. Myra Hettleman
Jewish Family & Children's Service
5750 Park Heights Ave.
Baltimore, Md.
21215

Dear Mrs. Hettleman:

I am sending on to you a list of our Child Development Project publications which may be of interest to you (on behalf of Edna Adelson and Vivian Shapiro and myself I want to thank you for writing to us and I am pleased that our material has been useful).

Unfortunately, we can only provide published material since our tapes and films are prepared with a limited permission from our parents and we need to protect confidentiality. I hope the written material will be useful to you.

Sincerely yours,

Selma Fraiberg

SF/amw

sent list.

JFCS

Jewish Family & Children's Service

5750 Park Heights Ave. • Baltimore, Md. 21215 / 5310 Old Court Rd. • Randallstown, Md. 21133 / (301) 466-9200

Milton Goldman
Executive Director

Sheldon Rotter
Director of Professional Services

RECEIVED APR 10 1978

April 6, 1978

Mrs. Selma Fraiberg
201 E. Catherine Street
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

I am a social worker at Jewish Family and Children's Service, and am presently trying to use the model presented in "Ghosts in the Nursery" (Fraiberg, Adelson, and Shapiro) in my work with the parents of a young child. Your article has been enormously helpful--even inspirational--to me, but I am feeling a need for more information.

I am wondering if you might know of any subsequent information that might be helpful to me: published or unpublished material, tapes or films, workshops, etc. I would appreciate a bibliography and/or any suggestions you might have for my obtaining such information.

I would greatly appreciate a response to my request.

Sincerely,

Myra Hettleman

Myra Hettleman
Social Worker

MH:gws

Mrs. Milton S. Schiller *President* | **Dr. Earl Diamond** *1st Vice President* | **Mrs. Sanford A. Harris** *2nd Vice President* | **Barry Berman** *Treasurer* | **Mrs. Gilbert Hillman** *Secretary*

A CONSTITUENT AGENCY OF THE ASSOCIATED JEWISH CHARITIES & WELFARE FUND

Member: Child Welfare League of America /Family Service Association of America
Association of Jewish Family & Children's Agencies

STRENGTH TO FAMILIES UNDER STRESS

"H"

April 5, 1978

Dr. David Hartley
Chairman, C.P.I. Symposium Committee
Children's Psychiatric Institute
John Umstead Hospital
Butner, North Carolina 27509

Dear Doctor Hartley:

I was honored that you should have invited me to serve as keynote speaker at your symposium but I deeply regret that my commitments for the coming two years are so large that there is no possibility that I can take on another speaking engagement.

Many thanks for writing to me.

Sincerely yours,

Selma Fraiberg

SF/amw

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
Children's Psychiatric Institute
JOHN UMSTEAD HOSPITAL
BUTNER, NORTH CAROLINA 27509

JAMES B. HUNT, JR.
Governor

T. J. PETERS, III
Hospital Director

March 22, 1978

Rec'd
3/27/78

Professor Selma Fraiberg
Child Development Project
201 E. Catherine Street
Ann Arbor, Michigan 48104

Dear Professor Fraiberg:

I am writing to you on behalf of the Children's Psychiatric Institute and the North Carolina Council of Child Psychiatry. We have initiated an annual symposium in child psychiatry, an idea developed by Dr. Marc Amaya. This year, the second, the theme of the symposium is "The Emergence of the Child: Perspectives on Troubled Children". This symposium has been chosen as an opportunity to pay tribute to Dr. John Fowler in commemoration of twenty five years of professional service in North Carolina.

We would like very much to have you participate as a keynote speaker. We have chosen you because you share with Dr. Fowler a vital interest in child analysis and through your writings have conveyed to the more general public an understanding of psychoanalysis' contribution to the knowledge of children. Speaking personally it was The Magic Years which first made children comprehensible individuals for me. This recognition that the child is a person in his own right is the focus of our symposium; it is also a goal towards which both you and Dr. Fowler have been working.

The symposium will be held September 14 and 15 at the Royal Villa Convention Center near Raleigh. September 16, Saturday, will be given over to a business meeting - luncheon of the North Carolina Council of Child Psychiatry followed by a more personal honoring of Dr. Fowler with his friends and former trainees.

Although the program has not been entirely planned I can provide an outline. Dr. Robert Stubblefield, with whom Dr. Fowler worked at Menninger's, has agreed to address the assembly. His topic will probably concern current issues of childhood, perhaps something about the value/inpact of television. The time of his address has not been set. We are expecting Dr. Ewald Busse, who brought Dr. Fowler to North Carolina, to open the symposium by reviewing Dr. Fowler's fwenty five years, commenting on the progress in the field of psychiatry and child mental health in particular.

He will recognize Dr. Fowler's specific efforts to promote the emergence of the child as a unique individual deserving special services. Following this review of North Carolina's past the symposium will focus on current interventions with children and adolescents. Although we are issuing a general call for papers we expect to divide the meeting into three simultaneous tracts. One tract will focus on intervention by non-psychiatrist professionals (lawyers, teachers, pediatricians, etc.); a second tract will focus on intensive intervention and will deal with inpatient treatment and intensive psychotherapy. It is the second tract with which the staff of our institute is primarily concerned. The third tract may not be defined until papers are submitted. The symposium will conclude with a look into the future. We expect to ask Dr. Fowler to make this address - - in effect describing what he sees as important changes yet to be accomplished and the way in which they might be brought about.

We are asking that you address the entire symposium. At present we have no specific requests regarding your subject - - perhaps a look at what you see as current major issues in the field. We also would like you to as section leader or discussant during the symposium. I understand the Duke Department of Psychiatry would like you to give a "grand rounds" presentation or address the joint child psychiatry fellows seminar while in the area. Duke Grand Rounds are Thursday morning while the joint seminar is Friday morning. The former will be held during the symposium registration process while the latter will be concurrent with the first symposium session Friday morning.

Naturally we are prepared to reimburse you for travel and living expenses. We can also offer an honorarium. Do you have a customery amount?

While there is no immediate need to know if you can participate I am eager to hear from you. If I can be of help in clarifying any points I shall be glad to do so.

Looking forward to your reply, I remain,

Sincerely yours,

David P. Hartley, M.D.

David P. Hartley, M.D.
Chairman
C.P.I. Symposium Committee
919-575-7522

DPH/lh

cc: Dr. Marc Amaya

The Children's Psychiatric Institute
John Umstead Hospital
with the
North Carolina Council of Child
Psychiatry

September 14-16, 1978

1978 Annual Symposium
Royal Villa
Raleigh, North Carolina

SECOND ANNUAL C.P.I. SYMPOSIUM

CALL FOR PAPERS

THEME: THE EMERGENCE OF THE CHILD: PERSPECTIVES ON TROUBLED CHILDREN

This Symposium has been chosen as an opportunity to pay special tribute to Dr. John Fowler in commemoration of his 25 years of professional service in North Carolina.

1. PAPERS: Submit two (2) copies of abstracts (500-1000 words) and/or two (2) copies of complete papers. Deadline for submission is May 17, 1978. You will be notified during July, 1978 of the action of the Program Committee. Topics may include any aspect of child or adolescent psychiatry-clinical, research, training, developmental, service delivery, administration, etc. We also welcome abstracts or papers from professionals in other disciplines.

2. PANEL: List the topic, a brief summary of the issue, and a list of participants already contacted.

3. Please notify the Program Committee Chairperson if willing to serve on the program as a Section Chairperson or Discussant, indicating area(s) of interest.

4. Provide full name, degree, academic and/or institutional affiliation and title.

5. The Program Committee wishes to reflect the interests, wishes and activities regarding the full spectrum of perspectives on troubled children. Please send all submissions, suggestions, and correspondence to the Program Committee Chairperson.

David P. Hartley, M.D.
Children's Psychiatric Institute
John Umstead Hospital
Butner, North Carolina 27509

Final Program will be available in August

PLEASE POST

Children's Psychiatric Institute
John Umstead Hospital
Butner, North Carolina 27509

March 2, 1978

Mr. C. Hayes
Child Development Clinic
University Hospital School
Iowa City, Iowa
52242

Dear Mr. Hayes:

Since your phone call yesterday I discovered that "The Role of Sound" paper has been re-written in Mrs. Fraiberg's book INSIGHTS FROM THE BLIND, Basic Books Inc. New York, 1977.

I am enclosing the reprint but perhaps you should cite the book in your writings rather than The Psychoanalytic Study of the Child. I am sure the book would be in your library.

Sincerely,

Adele Wilson, Secretary
to Selma Fraiberg

H.

January 30, 1979

Dr. S. P. Hersh
Assistant Director for
Children and Youth
N.I.M.H.
5600 Fishers Lane
Rockville, Md. 20852

Dear Steve:

I was delighted with your letter! And your letter to Dr. Wallerstein overwhelmed me. I kept looking around my office for someone who would qualify for the description of this candidate for the University of California Medical School and decided that the person did not exist. Nevertheless, it is one of those letters that will be treasured forever!

Of course you are free to pass on the "Jerusalem Notes" to colleagues. They really are, as you guessed, for private distribution among friends and colleagues since I can't imagine that they constitute a publication. Do with them anything that serves a good purpose. You may have already guessed, by the way, that if I get to California,"comprehensive pediatric care"is a daydream mutually shared by my chiefs in pediatrics and psychiatry and myself. The integration of mental health services and well baby care is a good dream. And, although the Israeli model is not yet all that it can be, it does give a good idea doesn't it of what we could do in our country?

It would be lovely to see Julie Richmond and have a chance to talk with him. When I know my schedule more clearly, I will write ahead for an appointment with him. It would be very nice if there was a chance to meet with you too.

Until then, my warm regards and gratitude.

Cordially,

Selma Fraiberg
Professor of Child Psychoanalysis
Director, Child Development Project

SF/amw

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE OF MENTAL HEALTH
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20852
AREA CODE 202 TEL: 655-4000

January 18, 1979

Dr. Robert Wallerstein
Chairman
Department of Psychiatry
University of California at
San Francisco
401 Parnassus Avenue
San Francisco, California 94143

Dear Dr. Wallerstein:

I am writing to you at the request of Dr.Leonard Zegans concerning your consideration of Selma Fraiberg for a senior position in your Department.

Besides having "grown up" professionally being aware of her writings and research, I have had the pleasure and privilege of personally knowing her for the past four years. That has been in the context of her membership on the Advisory Committee to the Vulnerable Infant Project of the National Institute of Mental Health. Besides the two day meetings several times a year of that committee, I have had the pleasure of interacting with her on other occasions.

There is no need for me to rehash in any way her extensive curriculum vitae. Suffice it to say that in my opinion she is an extraordinarily warm, brilliant and charismatic person. She combines keen powers of observation with clear insight, a gentle and sincere caring plus dramatic intensity, tenaciousness and conviction that others have learned is risky to challenge. She is feminine, profound, and tough. You know as well as I the extent of her national and international reputation. Her liveliness and interests are such that despite the extraordinary number and quality of her accomplishments to date, there is no question in my mind that she will be making major contributions to all of us for many years to come in the area of the psychosocial dimensions of parent-infant interactions and infant-toddler development.

From what I have observed, Selma Fraiberg is a superb teacher. Beyond being simply superb, she has that gift for attracting and inspiring both young people and people established in their careers. Finally,

she has a gift (all too infrequent amongst our colleagues) for communicating with the public.

As an individual who has a senior position in terms of public policy, child health and mental health, I remain impressed with the influence her ideas have on policy makers at the community, State and Federal level. This influence, I believe, is increasing. The programs she has started in the State of Michigan are only one expression of this.

If you don't mind a somewhat lighthearted but very serious closing to this letter, although everyone wants to live in San Francisco and almost everyone would like to be, especially in a senior position, on the faculty of the University of California, I consider any medical center able to woo Dr. Fraiberg away from the University of Michigan most fortunate. She will enrich, delight and challenge all of you.

If I can be of any further assistance, please do not hesitate to call upon me.

Sincerely yours,

S P Hersh, MD

S. P. Hersh, M.D.
Assistant Director
for Children and Youth
NIMH

File

Rec'd 1/24/79.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NATIONAL INSTITUTE OF MENTAL HEALTH
5600 FISHERS LANE
ROCKVILLE, MARYLAND 20852
AREA CODE 202 TEL: 655-4000

January 17, 1979

Dr. Selma Fraiberg, Director
The University of Michigan Medical Center
Child Development Project
201 E. Catherine Street
Ann Arbor, Michigan 48108

Dear Selma

Thank you for your note of December 15. I consider it a privilege to have you share with me your "Jerusalem Notes". I have delayed writing to you until I finished reading the notes--a delay somehow prolonged by the holidays, the usual viral illnesses in my family and myself at this time of year, and the usual input overload at the office. I enjoyed reading them very much, looking through your eyes through your descriptions and hearing your reflections. My experience in Jerusalem in terms of child health care was similar in terms of its inspirational characteristics despite the fact that I was paying attention to a somewhat older population of children. If you don't mind, I have two young pediatricians on my staff (the only pediatricians at NIMH) who I believe would very much enjoy reading your notes and yet would respect that they are essentially diary notations; if you don't mind, I would like to let them read them.

As you recall, during our last meeting I urged you to contact Julie Richmond sometime when you are in town and are free simply to chat and share impressions such as your Jerusalem experiences with him. I thought it would be very salutory for him to see old friends and colleagues despite the position he currently finds himself in. I did check on this, because of your hesitancy. The response is that he would be most delighted to see you, particularly over something comfortable like a lunch when you happen to be in town and are free. The only reservation is that you realize that he has limited control over his own schedule and hence any difficulty in scheduling a get-together for lunch or any other time is in no way a statement of noninterest in getting together with you but rather a reflection of the job. If you wish to follow through on this, the individuals to contact are either his appointments secretary, Mrs. Jane Zopf, on [redacted], or, if there are somehow difficulties with her, his special assistant, Dr. Juel Janis [redacted].

Finally, I thought you might be interested in the attached letter to Robert Wallerstein.

Please accept my best wishes for a healthy and happy 1979. I look forward to seeing you again this Spring.

Warm regards,

Steve

S. P. Hersh, M.D.
Assistant Director
for Children and Youth
NIMH

P.S. Attached is a copy of my annual report to the Nat'l Advisory M.H. Council.

May 1, 1978

Dr. Everett E. Hagen
P.O. Box 201
Cataumet, Mass. 02534

Dear Doctor Hagen:

I regret that I was unable to read your manuscript with the care that it requires since the pressures of my own work immediately upon returning from sabbatical have been enormous.

I can only say that your references to birth memories are difficult for me to grasp and it seems to me that there is simply no way in which we can fairly infer that such memories exist. It is an old argument, as you know, among us in psychoanalysis and I must confess that I am still unpersuaded.

Thank you for writing to me.

Sincerely yours,

Selma Fraiberg

SF/amw

"H"

April 5, 1978

Dr. Everett E. Hagen
P.O. Box 201
Cataumet, Mass. 02534

Dear Doctor Hagen:

It was so good of you to write to me regarding EVERY CHILD'S BIRTHRIGHT.

I have just returned from sabbatical and received your letter and a copy of your Chapter VI.

At this point, since I am catching up on six months of mail, I do not know when I will have a chance to read your manuscript but if I am able to soon, I shall certainly write to you.

Sincerely yours,

Selma Fraiberg

SF/amw

Jerith Memoire

" as he remembers the Wrongs he [illegible]
at birth pleases - p 6x55

"that he persecutes himself" —
(Holy)

Good

By Hagen
letter-file under "H"
4/5/78

VI. On The Anatomy Of Pain

~~Chapter 6x. On The Importance Of Having Been An Infant~~

The childhood shows the man, As morning shows the day.-- Milton

One may scan work after work on history, society, and morality and find little reference to the fact that all people start as children and that all peoples begin in nurseries.--Erik H. Erikson

I suppose that the present volume is appropriately classed as an historical work. It may seem strange in an historical work to deal with infancy, a period of life when no man affects history. Or at least would have seemed strange before psychoanalysts had traced relationships between the experiences of infancy and the quality of adulthood, when men and women make history. ~~and women of tomorrow, who~~ ..o affect history. ~~This chapter necessarily turns to that stage of life with~~

I shall indicate in this chapter that every man's basic view of himself and of his relationship to all other persons is formed not merely in early childhood (say, the third through fifth years) but in infancy, when many laymen assume that the child can hardly think at all.

I shall suggest that the root, the seed, of the American ~~fear~~ malady lies in infancy and early childhood: ~~lies in this stage of life:~~ that American parenthood in the anxious, rootless, often almost familyless, almost everywhere community-less American society gives very many American infants and small children a sense of insecurity so great that they fear that they are little valued and that the valuation is correct, and fear also that some force outside them to which they are completely vulnerable has comtempt for them and without a qualm would destroy them. The impression ~~is created in infancy. It~~ is not tempered in childhood, if only for the reason that a child's home in infancy is also his home in childhood. That the self-doubt and the fear carry forward to adulthood, and almost ineradicably, requires its own explanation, which is well known, but which I shall summarize.

but the evidence is strong that the main determinant of psychological differences among individuals is their early environment, and the circumstantial evidence that this is the main determinant of psychological differences among ethnic groups and over time is only less compelling. This chapter discusses childhood environment in general and specifically middle class American childhood environment.

This hypothesis, like the hypothesis of self-doubt that it is intended to explain, may seem absurd both to writers on "history, sociology, and morality" and to "common sense." It runs counter to the layman's preconception that until he is several years of age a child has little knowledge and little understanding of the world and so can hardly have done any reasoning about it.

Hildred Geertz, in her book The Javanese Family, notes that the Javanese use the phrase "durung djawa," that is, "not yet Javanese," to refer to children under the age of five or six. The meaning is not that younger children belong to a more general human category; rather, the phrase means "not yet fully human" or "not yet persons."

Portraits of the eighteenth century royal families of England show that they too thought that until about that age children had no personalities. It was not necessary to distinguish the sex of younger children; both boys and

girls were dressed in skirts.

The attitude persists, not only in Java. Many parents in many societies have always seemed to believe, and believe today, that until the age of, say, five years children are toys, not persons with views to be respected and only after about this age should be held fully responsible for their actions.

The view is a "natural" one. An infant cannot communicate in words (though he does so effectively by bodily expressions and by cries of pain or anger or gurgles of pleasure). Not until between the ages of two and three years does he begin to talk in more or less complete sentences. He is into his fourth year before he can run vigorously, control his fine muscles well, and in a general way behave like an adult physiologically except for sexual activity. Not until about this time does he have a large verbal vocabulary with which to communicate. Not until the age of five or six does he develop a conscience, an ability to refrain from actions because he thinks they are wrong, as distinguished from doing so because mama or daddy will disapprove. Until about this time-perhaps until a little later--his thinking is deficient in an important respect: he still thinks that every event is caused by someone's will--that if an unfortunate event occurs, someone or something ~~deliberately~~ willed it. The evidence for this will be

presented in this chapter. More important, though it turns out that many memories of his earliest years are stored for life in the individual's memory, an adult has little conscious memory of his life before the age of five or six. At best he remembers a few very impressive events of the earlier years. It is a natural conceit for him to suppose that only at the age at which his own conscious memory of life begins does his child become "durung djawa," able to reason and retain. And, most important of all, for the same reasons that an adult does not retain conscious memories of his early years it is comfortable for him to believe that those years are not important.

But it is not true. The human mind is never functioning at a more furious pace than during infancy and early childhood.

Nature has equipped it for the purpose. At birth the brain has ten percent of the weight of the entire body, compared with two percent in adulthood. At six years of age it has attained 90 percent of its full adult weight. In young infants it is consuming one half of the body's entire oxygen supply. We shall see how fully it is using that capacity and that oxygen supply.

Rose, 188 187 60

Even so, an adult may say, a small child cannot form attitudes toward the adult world, because he does not yet know it. This is true in the trivial sense that he is not yet acquainted with assembly lines, tax liabilities, or draft laws. But it overlooks the far more important fact that from his earliest infancy he has been analyzing the meaning of the most important ingredient of adult life: people.

He has only a small assemblage of people, but within it he has most of the roles there are in life, and most of the kinds of

Parents who rejoice in his successive achievements, or who ignore them, not even realizing that to him they are triumphant achievements.

people there are, for he sees many kinds of persons within the same person. Parents who are benign and nurturant--otherwise he would not be alive. Parents who are wise guides and models, or intolerant and yet perhaps masters fearful of rivals. Parents who are authorities: authorities receptive and easily approachable, or approachable only if ~~one~~ he is so intrusive and even obnoxious that they cannot deny their attention, or so enclosed in their own anxieties that they cannot be touched. Siblings who are kind playmates, interesting models, or deadly enemies. Woman, whose accessibility or inaccessibility as woman suggests the accessibility or inaccessibility of all women. Man, whose response to feminity--no, femaleness--suggests the response of all men. "Others"--Uncle John, Cousin Laura, his parents' neighbors--who emerge in his consciousness as a distinct group at some time before the end of his first year, and who have qualities that he assigns to them in the light of his experiences up to that time. His people have many other essences, and the behavior of infants and children provides persuasive evidence that they are occupied in analyzing all of those essences and in learning from all of them how most safely and most rewardingly to behave in this world.

The power of the unconscious mental processes of children only a little beyond infancy are writ large in the speech of an occasional child three years of age. I do not have in mind that quite without conscious control of his vocal cords, his mouth cavity, and his tongue, teeth, and lips, a child learns to speak. Rather, consider a process ——————————→

equally wonderful in a different way, that anyone may have observed in the language usage of a boy or girl between thirty months and three years of age.

A child of that age may be heard to say some such thing as "I runned fast," or "That apple is the goodest," or "I saw two mans with red caps." He was not imitating some elder, for older persons do not say "runned" or "goodest" or "mans." The child had not heard anyone use these expressions. He said "runned" because, unconsciously, he had compared many otherwise dissimilar words denoting action and had observed that they were alike in one respect: when they referred to action that had already happened, they included an "ed" sound at the end. He said "goodest" and "mans" because he had similarly derived rules about comparisons among adjectives and plurals of nouns. In short, from the speech he had heard he had--unconsciously, before the age of three, and merely because he was intensely interested in acquiring a skill--constructed a system of grammar and had applied it correctly to cases to which he had never heard it applied.*1

---

*He probably constructs a grammar of the future tense somewhat later.

The child was correct and his elders wrong, in the sense that it was his usage that followed regular rules of grammar while theirs violate them because the English

language, like any other language, is full of usages that do not follow the rules. The more one reflects on the mental power summoned up, the more this quite unconscious performance impresses one.*

---

*Even more impressive are the rare cases of siblings, usually twins, who have been isolated from other children and isolated in some emotional way from adults, who literally invent a fairly complete language, incomprehensible to anyone else, in which they talk to each other.

That rather awesome mental potential does not emerge suddenly with the ability to speak. It is manifest still earlier in the child's life--in infancy. That men have not seen it is testimony to the power of their assumptions to blind them to evidence that is by no means subtle or obscure.

A generation of research scholars still active has concerned itself with the question: What happens within a baby's mind during the first years of life? Hour after hour, at frequent intervals for several years on end, they have watched infants and small children explore the world about them. Because of their intent observation, more is now known about the development of infants and young children than was ever known previously. Let me sketch what they have learned. It is pertinent to understanding of the American agony. Its central feature is that the baby is not "just growing." Almost from birth, certainly from the age of one month on, he is deliberately, actively, and intelligently exploring his evolving capabilities and the world around him--is constructing a world in his mind.

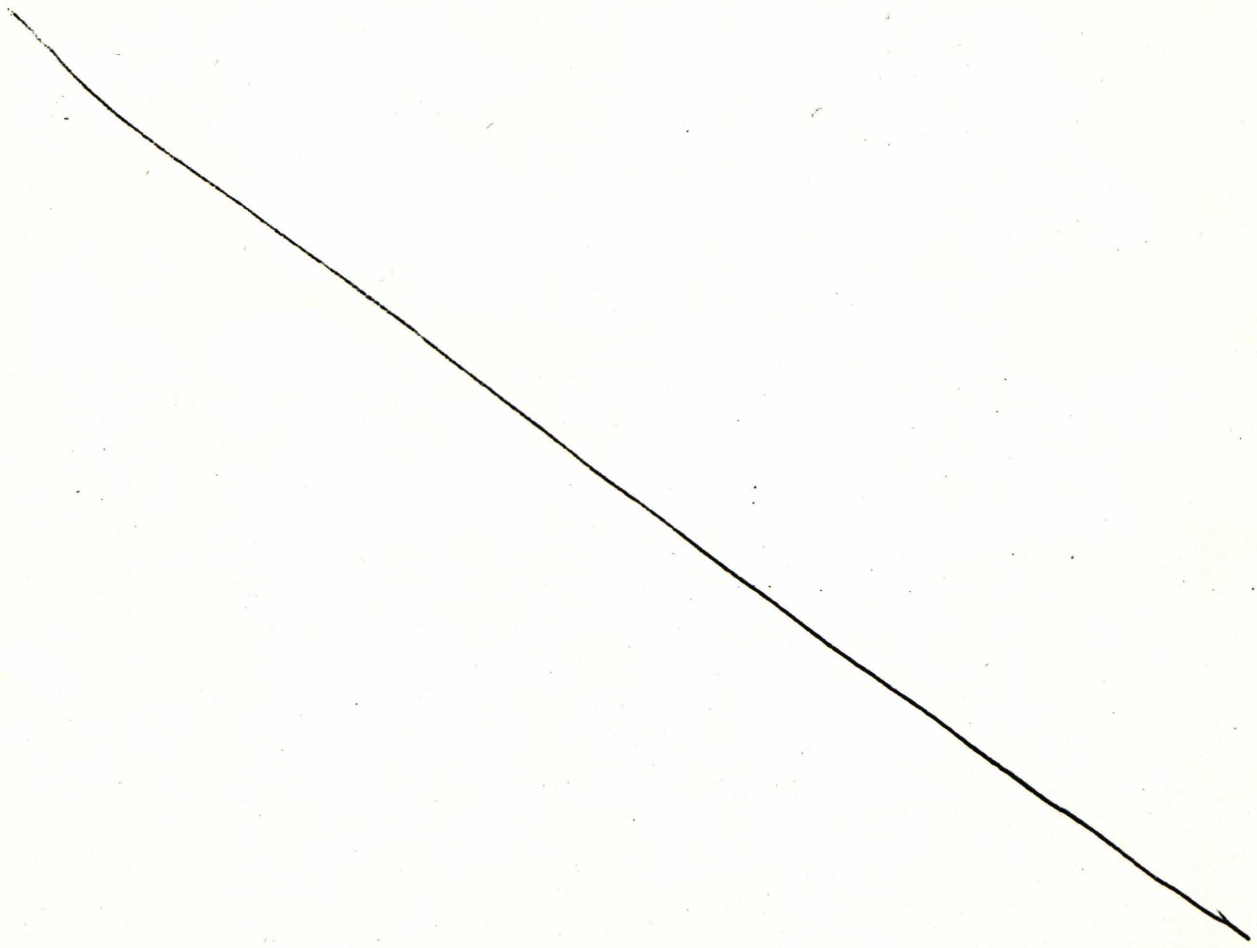
The Magic Years

Following customary usage, by the term "infancy" I shall refer to, roughly, the first two years of life, and by the term "early childhood" the next several years. In referring to infants and children, to avoid the awkwardness of "he or she" or the coining of a new word, I shall use the pronoun "he" to refer to a child of either sex, except where the context clearly indicates a differentiation between the sexes. I do so with some sense of apology. There are as many girls as boys. Yet the practices of using the masculine term "man" generically, to refer to both sexes, is so convenient that I shall adopt the analogous use of the pronoun "he." When I have occasion to refer to the child's mother I shall have in mind the "mothering person," the primary caretaker or caretakers, whether or not this is the biological mother.

I shall be concerned mainly with the first three years of life, which Selma Fraiberg has termed "the magic years." I shall sometimes refer to them as the earliest years. The aspect of the child's development during these years that is of especial importance for the purposes of this book is his interpretation of the meaning of the pain that he suffers,—that every child suffers in some degree,--but to make that interpretation intelligible I shall first sketch the nature of the child's growth in understanding of the world during these years, which is indeed--almost--magical.

I shall frequently indicate the age at which various abilities emerge. These are only suggestive indications of the actual age. For any given baby the development may be a little earlier or somewhat later than suggested here. (The differences are not necessarily associated with differences in native intelligence. Other factors, not well understood, affect them.) However, the sequence in which abilities and interests emerge is typically that indicated.

Before birth, the baby lay in his mother's womb at an absolutely even warm temperature, nourished chemically through the umbilical cord, having no need to breathe or swallow or eliminate, receiving in the favorable case none but pleasing stimuli, rocked as his mother moved. Birth ends that peace. Abruptly at birth his life



depends on the new processes of inhaling oxygen and exhaling used air, and taking in nourishment through the mouth and eliminating wastes. It depends also on the care of his body by others.

His sensory system is rudimentary. He knows when his body is being chafed or pricked and when it is tactilely comfortable, and whether it is chilly or warm. Though he reacts to the difference between bright and dim light, and between loud or sharp and low sounds, his eyes do not focus and his sense of hearing is almost certainly equally undeveloped. He (probably) has a rudimentary sense of taste and presumably also of smell. Various conditions within his body create sensations in his brain: he feels discomfort at hunger pangs, a too full stomach, colic, croup, and so on, and pleasure at warmth, at having his skin oiled and stroked softly, at being rocked gently, perhaps at low gentle sounds, in general at the restoration of the conditions of the womb.

His muscular control is even more rudimentary. He has an inborn reflex to suck whatever is put in his mouth. Otherwise he would not survive. Soon after birth he will begin to wave his arms about, ~~and presently his legs,~~ but he does not seem to exercise any control over those wavings. They are automatic, as is his excretion of wastes whenever there is pressure in his bowels or his urinary tract. His muscles cannot yet support his large head; it lies turned to the side. If someone turns it a little beyond an upright position it will promptly fall to the other side. But he has some muscular control over it; ~~soon after birth~~ (before many feedings) he will "root" for the nipple if his mouth is placed at his mother's breast.

During the first few days after birth, the baby sleeps most of the time and when not sleeping is half asleep, half awake. His system is adjusting to the new complex conditions of life after birth. He is alert for only an average of three minutes of each sixty. This time gradually increases; at the end of the first month he is alert for six or seven minutes of each waking hour, on the average. During this month he lies on his back unless his mother turns him on his stomach.

¶ During this month his expression is sober, even dour. He startles and cries easily. He is easily irritated. His distress is relieved by gentle handling or rocking.

His neuro-muscular system is steadily developing. By the end of the first month he will bring his fist dependably to his mouth, and will grasp a rod or stick if his fingers are uncurled and it is laid against them. Early in the second month he has become more skillful at finding the nipple on his mother's breast.

By the sixth week his eyes have gained the ability to focus, though as yet only on objects very near them. They will, apparently automatically, locate and track a slowly moving large objects close above them. However, none of this development prepares one to realize the mental power even at this age which an professor Jerome Bruner, ~~of Harvard University,~~ imaginative researcher, discovered.

Bruner has tested with great skill the abilities of infants only a few weeks old. Perhaps the most spectacular of his pieces of research concerns the control by babies six weeks old or in their sixth week of images projected on a screen.

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Bruner devised a "harness" by which a baby even this young could sit upright in a comfortable supportive chair. The harness held his head upright; the baby's muscles would not yet have been able to do so. Testing a number of infants this young, one by one, Bruner threw on a screen in front of the baby colored designs that the baby found interesting. They happened to be pictures of

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Eskimo mothers and their children. The babies enjoyed the color and lines. With a little experimentation Bruner found that they observed the difference between distinct and blurred images and liked the patterns better when they were sharp and distinct. He then enlisted the aid of an engineer, who devised an apparatus connecting a rubber nipple and the control mechanism of the projector in such a way that sucking at the nipple threw out of focus pictures that were otherwise in focus or, with a switch reversed, brought into focus pictures that were otherwise blurred. (Bruner refers to it as his "$16,000 nipple.")

With one adjustment of the apparatus, their sucking and visual pleasure complemented each other. With an alternative adjustment, they conflicted. Within a very short time the babies a few weeks old observed that their behavior controlled the images, and acted accordingly. The babies enjoyed the sucking. They also enjoyed sharply focussed pictures. (They acted to reconcile the two pleasures.) Babies for whom sucking drew the images into focus soon averaged four seconds between sucks. Those for whom sucking blurred the images averaged eight seconds. Babies in the sixth week of life, then, observed the relationship between ~~cause and effect,~~ (two quite dissimilar events,) were able by an act of will to defer the instinctual pleasure of sucking to gain another pleasure, and chose to do so!

~~There would be no point in arguing whether the action of these six week old children was conscious or~~ unconscious.

Though only skilled and imaginative research could reveal this mental power at this age, thereafter the village fool could constructing a world, see the child's mind at work/ if he watched intently.

During the next two months--from the middle of the second to the middle of the fourth--the baby's eyes become able to focus at all distances, though even in his fourth month he looks ~~little~~ mainly at objects (no) more than two or three feet from him. During these two months his muscles have gained strength, and he has become able to control them in an elementary way. At the end of this period he can lie with his head on ~~xxxxxx~~ midline, with his hands clasped and his legs off the surface. He can now also move his head fully from side to side while lying on his back, and while lying on his stomach can lift his head to the vertical. He carries on much exercising of his head, hands, and legs, but the waving of his hands and legs is no longer seemingly aimless and uncontrolled. It is as though he has discovered that he has this skill, and is trying it out. He now no longer merely responds to stimuli in reflex fashion, but rather chooses how he wants to use his arms, legs, head, and eyes. His grasping reflex and his automatic visual tracking of objects have ended. In short, he is beginning to exercise initiative--or is now doing so in an observable way. --about himself as well as about objects around him. He is extremely curious/ By the fourth month he will stare at his hand for five or ten minutes at a time--stare intently, not vacantly. Partly opening his hand--a new ability--he will examine his fingers closely, as if to see what the strange stubby things are like and what his muscles can do with them. (He can now grasp a small object.) He feels his clothing and his blanket. He

"gums" things a good deal; he may be exploring their texture as well as enjoying the pressure on his gums. He has begun to coordinate his looking, grasping, and gumming or sucking. Increasingly he will bat at objects hanging near above his head. Bringing his fist to his mouth at the age of one month may have been his introduction to the conception that things that are visible also have substance; now he has the muscular ability to test this, and does so frequently, testing his control of his muscles at the same time. 5a He now also begins to use his sense of hearing for exploratory purposes, and listens to sounds intently, including the sound of saliva in his mouth.

His sobriety has now turned to euphoria if he has been well cared for. Even at two months of soon after he had smiled a modest impersonal smile. He had come to know that the presence of a face above him foreshadowed something that he would like, and had smiled at it. A mother who believed that he recognized her would, however, have been disillusioned if she had held above him a cardboard on which she had drawn two dark spots and above them an arc, to represent eyes and a forehead. The baby would have given that figure the same smile that he gave her. But before the end of the fourth month unmistakably he recognizes her, and a personal smile lights up his face when she appears.

His eyes now focus at all distances, (that is,) he has stereoscopic vision at all distances; he receives three dimensional visual images. Two insightful observers, Bruner and René Spitz, believe that at this time, two months or so before he is at all mobile, he is already

busily learning the structure of space. ~~As~~ soon as he becomes able,--he will go over to the objects he has been looking at, to explore them with his other senses.

His fifth and sixth months are his last mostly in a horizontal position. He is vigorously active. He turns from side to side, and turns completely over. He carries on much visual, auditory, and reaching, grasping, and feeling exploration, and now ~~coordinates his hearing and seeing~~. He identifies his mother's voice. He is much interested in socializing, especially with an adult who is nurturing him. For the first time, he laughs. He is delighted at being tickled lightly. This is a new tactile sensation.

At about seven months of age he will ~~sit up~~ unaided. With a series of contortions, steps that he has invented himself and that ~~may~~ vary from baby to baby, he is no longer lying flat but by a last use of his leg and armm muscles and an exercise in balance is suddenly sitting up. He is almost ecstatic; anyone who watches him repeat that process again and again will see his sense of triumph and joy. He can now not only drop a small object that he has been holding, but is becoming able to release it from his hand more or less at the time that he propels it with his arm. That is, he can throw it, wildly. He exercises that striking capability repeatedly. The ~~caretaker~~ who becomes weary of recovering the ball or block for him again and again should remember that he is enjoying and practicing the triumph of exercising a newly developed complex capability. His interest in "making things happen" is now obvious. (It existed at six weeks, in the instance of the nipple and the slides). Throwing is a simple example.

Throughout the several months preceding this time he probably would have manifested some joy in his progressive achievements even if no one else had noticed them, but his joy is especially great if the mothering adult joins him in appreciating them and rejoicing at them. This will also be true in the months and years to come.*

By the age of about eight months, he can snake along the floor, or if he passes by the snaking stage, soon after this time he becomes able to crawl.

He extends his explorations both microscopically and telescopically, so to speak. Between eight and twelve months his fine motor skills begin to develop. He will domuch hamdling, scribbling, fitting, and so on. Simultaneously he discovers the existence of particles that had been too tiny for him to notice--grains of sand, bread crumbs--and will examine them intently. That the world contains such things is perhaps as great a discovery to him as was the discovery to physicists that it contains neutrons and protons and quarks.

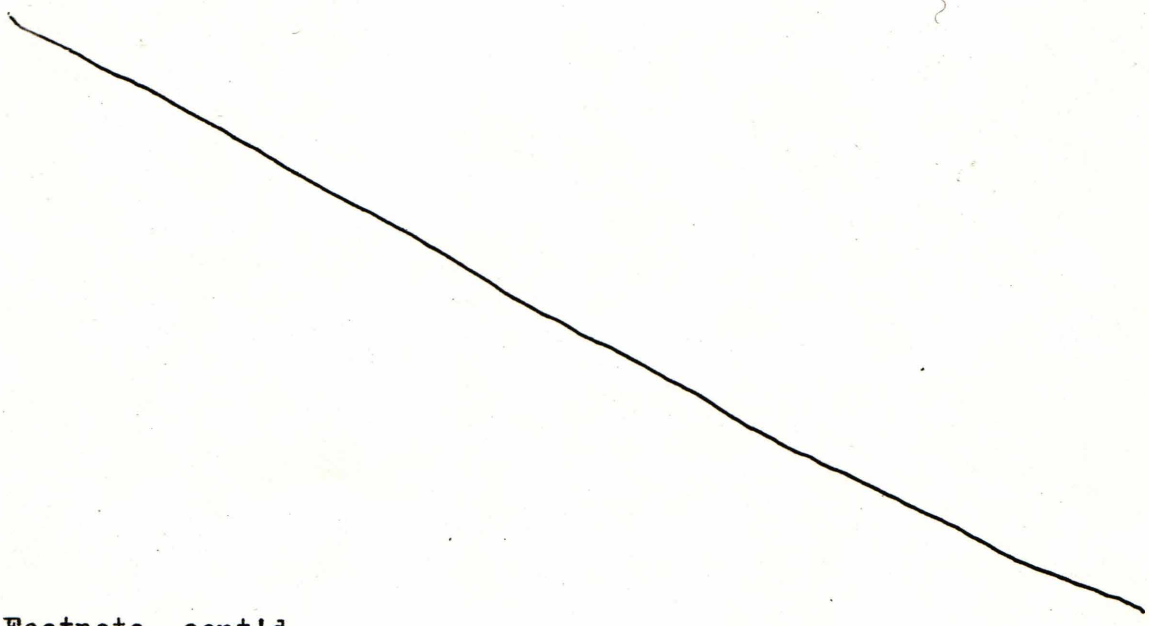
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*His pleasure in exploration of his developing abilities and then, using them, of the world about him, arises out of a drive that may appropriately be termed a "life instinct," Freud's "life instinct" in its broadest definition. One is tempted to suggest that the desire of men later in life to achieve is merely an extension of this early desire, spurred by desire to re-create the pleasure that is remembered unconsciously from the early achievements, rather than springing from sublimation of desires that are frustrated--the sexual sensual desires of the life instinct narrowly defined. One must agree that in all achievement later in life there may be a restless dissatisfaction, a sense that one never did quite attain the satisfaction that one sought, but this may arise simply from unconscious recollection that the mothering one did not always seem to value one enough to share one's rejoicing when one was small. These reflections

cont'd

And he becomes mobile. At first he may snake along the floor. Or, some babies pass by the snaking stage and, presently, go directly to crawling. When the baby can crawl and handle his body more readily, he can explore the "distant" world much more effectively. Selma Fraiberg has described vividly the use he makes of these new abilities. Her description helps us to understand how he constructs a world.

> In the last quarter of the first year the baby is no longer an observer of the passing scene. He is in it. Travel changes one's perspective. A chair, for example, is an object of one dimension when viewed by a



Footnote, cont'd

lead toward the suggestion that the concept of sublimation is not necessary to explain man's need to achieve. I am not so bold as to suggest this; I merely raise the point speculatively.

six-month-old baby propped up on the sofa, or by an eight-month-old baby doing push-ups on a rug. It's even very likely that the child of this age confronted at various times with different perspectives of the same chair would see not one chair, but several chairs, corresponding to each perspective. It's when you start to get around under your own steam that you discover what a chair really is. Parents who want a fresh point of view on their furniture are advised to drop down on all fours and accompany the nine or ten month old on his rounds. It is probably many years since you last studied the underside of a dining room chair. The ten month old will study this marvel with as much concentration and reverence as a tourist in the Cathedral of Chartres. Upon leaving the underside of the chair he pauses to wrestle with one of the legs, gets the feel of its roundness and slipperiness and sinks his two front teeth into it in order to sample flavor and texture. In a number of circle tours around the chair at various times in the days and weeks to come he discovers that the various profiles he has been meeting are the several faces of one object, the object we call a chair.[7]

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Dr.
~~Mrs.~~ Fraiberg is probably wrong in assuming that the chair is two-dimensional to the child who merely sees it from a distance, but ~~the rest of~~ her narration of the child's exploration is certainly correct.

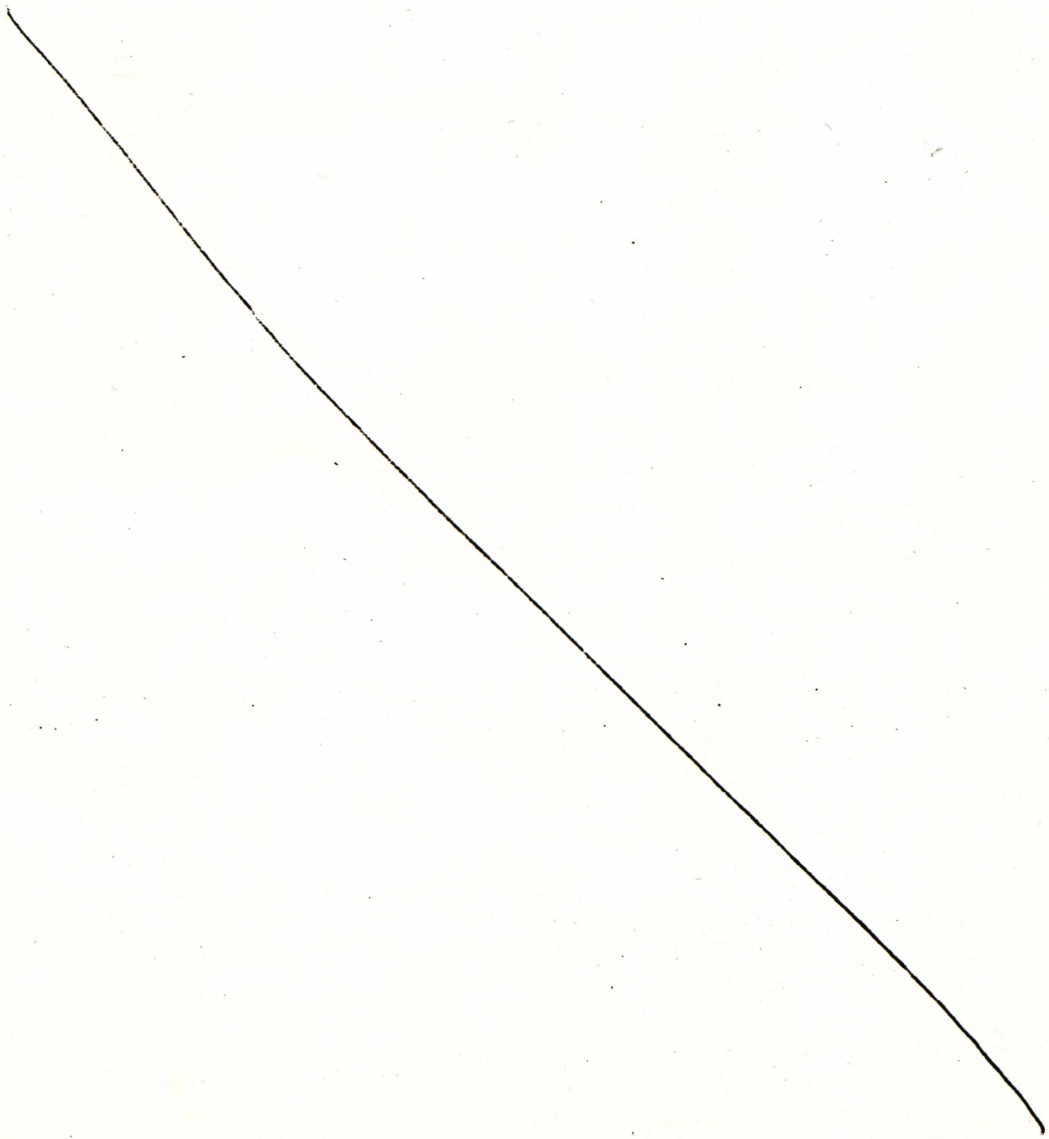
When he can crawl, he can soon also clamber up onto an elevation of six inches, and by eleven or twelve months one of a foot or a little more. He can climb onto a chair, then from it onto a table. At the same time he will pull himself erect, then "cruise" along a wall or a table. Then, soon after his first birthday anniversary, he can walk.

With upright locomotion, in the favorable case his "love affair with the world" blossoms. He wants to reach, to grasp, and to explore the qualities of everything: knives, tumblers, plates, electric outlets, tablecloths hanging down the side of a table, and vases. When his body is quiet, his brain is still active. (Burton L.) White's research workers found that from the age of one year to three years children spend one fifth of their waking time intently looking or looking and listening, as though to see what things happen in this world as well as what objects are like.

This early pleasure--to repeat--reaches its full height only if the child's world welcomes him and rejoices with him as his capacities and achievements progress. If his world ignores him beyond giving him adequate physiological care, or if it compels him, so that he feels that he is being ordered to do things for, say, his mother's sake, rather than for his own, then by his third year he may have lost much of his spontaneous inquisitiveness, and may have developed only limited language skill.

Research carried out by Burton L. White and his colleagues illustrates the difference. The research was aimed at ——→

exploring the emergence of differences in competence in children. White (and his associates measured the emergence of competence by noting the presence or absence in each child's behavior at very young ages of a number of abilities concerned with relationships among persons and a number not so related. An example of the former is the ability to get the attention of adults in socially acceptable ways. Examples of the latter are language competence, the ability to note discrepancies, and the ability to make interesting associations.



The research workers unobtrusively watched each child in their sample in his home for at least one half day each week. ~~The youngest children they observed were, it seems, six months of age.~~ They could not distinguish differences in degrees of competence in the activities they had selected in children ten months of age. In children eighteen months of age they could.*

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*They state the judgement that differences in competence did not exist at ten months. It is possible that they found none because their measures of competence were too sophisticated, too advanced, and that if they had selected simpler measures of competence they would ~~Bruner, to my recollection, did not make this point~~ Bruner no doubt found differences at six weeks! have found differences at earlier ages. This possibility does not ~~in the least~~ invalidate the research they did do.

The differences that emerged were associated with differences in the behavior of the mothers during the eight month interval. ~~The mothers of one group in effect invited their children to explore the world.~~ The mothers of one group kept items that might injure the child or that he might injure out of his reach, then let him wander over the living area freely. Occasionally in the midst of her work ~~she~~ the mother served as a consultant to him. She helped him over an obstacle that he could not overcome as he explored, or did not understand, and ~~showed him added aspects of things he was examining,~~ helped him to new marvelous discoveries, for example, that the aspect of the teddy bear that he saw in the mirror was what

he saw directly when he turned the teddy bear around.

She laughed with him and perhaps picked him up and gave him a hug when he accomplished something new and exciting--had a little success. She talked to him meaningfully, even though he could understand only the attitude she was conveying and not the words. She was dependably available to him when he needed "emotional refueling"; she turned to him with a loving gesture when he came to her in the midst of hisplay.

One may reasonably conclude that she made him feel secure in her care, made his world a safe and responsive place, so that the normal results of his explorations were success and pleasure, helped him to make sense of that world, and helped him to become cnnscious of his expanding capabilities, but did not push or pull him. His own tremendous urge to explore and to understand was the motive force; he felt no one trying to curb or dominate it. Perhaps it is especially important that she joined her pleasure with his as he experienced his successes, and thus made him feel that his will and his desires were good and acceptable ones--assured him that he need not feel doubt about the goodness of his will. Busy mothers who in the midst of other work devoted no more than ten percent of their time directly to their children accomplished these results.

A typical mother of the other group protected her child not by removing hazards but by denying him access to some of the objects that aroused his curiosity. She was not a "consultant" available to help him when his explorations puzzled him, did not share his excitement and pleasures, was sometimes preoccupied and not available to give him her attention when he needed "emotional refueling," and talked little to him.

(It is reasonable to believe that the differences in maternal care resulted in large part, but not wholly, from differences in the mothers' beliefs concerning the abilites of children. A mother who understands that her baby actively and intelligently explores his capabilities and the world around him rejoices with him as his explorations succeed. A mother who assumes that her baby "just grows" as a vegetable does may give him only physiological care.)

By the age of eighteen months the children of the first group of mothers showed a statistically significant greater degree of competence in the abilities scored than did children of the second group.

It is fair to conclude that the children of each group had generalized powerfully from their experiences. The members of the first group had said to themselves, quite unconsciously, "When I try things, I succeed, and it is fun." Or, so to speak, "The world it is mine oyster, which I with exploration can master." The members of the second group had said, "Using initiative

is a frustrating, anxious, lonely, and not very rewarding process. The world is bewildering. If I wait to be told how to behave, I will be more comfortable." And the children of the two groups applied these conclusions throughout wide ranges of behavior, not merely in specific types of action in which they had had specific good or bad experiences.[4]*

Clearly, the baby's mind had examined his every experience probingly, drawing from each the essence that it shared with other experiences, and from those essences deriving conclusions that shaped his very nature by eighteen months of age. That he constructed a generalization of this breadth and power from the diverse experiences of his life quite unconsciously even before he acquired words to think with is a far more awesome performance than the mere construction of a system of grammar at the age of 30 months or three years.

While his other abilities were unfolding the child's language capability was also developing. I have noted that during his seventh or eighth month he remembers the meaning of a few words. The evidence is his response to them: his own name, baby, mommy, daddy, shoe, ball, etc. During the remainder of his first year he shows an increasing interest in words or phrases. Early in his second year, if not earlier, he will utter words beyond the "dada" or "baba" which

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*And, incidentally, together with research like that of Bruner quite settles the controversy over whether thinking is possible without language. Syllogistic conscious thought may not be possible except with language, but for many purposes this feeble procedure is of little importance relative to the unconscious processes of the human mind.

his fond parents interpret as "mama" or "daddy." In due time he will utter phrases, and before two years of age will hold real conversations. Then, in his third year and especially during the last half of it, his vocabulary, his command of grammar, and his speech will expand with great speed.

To this point I have discussed only the more obvious and perhaps less interesting aspects of the child's development during the first several years. The important sequel to noticing things that are easily overlooked, Drawin implied in the statement quoted in an earlier chapter, is to consider their meaning. It is by considering the meaning of events such as those described thus far in this chapter that students of children have added greatly to knowledge of the way in which the child is father of the man.

The Magic Years: Memory, Will, And The Child's Conception Of Himself As Autonomous

To understand the baby's earliest life, we must try to understand the world as he perceives it and, especially, to appreciate that he does not know that there is a world other than himself. Inert though he is, he is self-conscious, but he has no conception of himself or of existence except by means of the rudimentary sense impressions that he receives. He does not distinguish between inside and outside himself. All events are merely sensations in his mind.

At this stage of his life, he must conceive that events happen because he wills them. He wishes his hunger to be relieved, and it is relieved. He wishes his skin discomfort to end, and his skin is oiled or powdered or stroked. But at some time very early

in his life the realization occurs that sometimes when he wills events they do not occur. Sometimes his will does not serve him! It must be a bewildering and frightening realization.

Before long his experiences and his developing senses teach him that he consists of a body as well as a mind. They teach him, also, that there is an intermediate step in the satisfaction of his needs. When he has a desire, he wills that a part of him that adults call a mother should materialize to fulfill his desire, and she does. But sometimes she does not; again the world may be a frightening place.

The reason for thinking that he believes his mother to be a part of him and therefore subject to his will is that his dawning suspicion later, that she is not, is recognizable. Slowly over a period of some months the suspicion of that possibility becomes a terrifying certainty.

The discovery that there is a world outside him, that he does not control it; first that his will is an incompetent agent with erratic results, then later that the figures he has seen around him are other entities with wills like his, whose purposes he does not know; that he is a helpless small creature in the midst of a sea of alien wills that may or may not have regard for him; these discoveries must be the most momentous and for any but the very fortunate child the most traumatic experiences in his young life--perhaps more terrifying than any other experience he will ever undergo.

I shall try to convey in turn the meaning to him of the development of his perception and memory of events, of his conception that the cause of events is will, and of the dawning of his realization that he is only one entity, and perhaps an insignificant one, in a huge world of humans.

Perception And The
Development Of Memory

At birth the baby's mental impressions are only vague perceptions of light and dark, sound and silence, warmth and chill, motion and quiet, and tactile impressions, and he experiences the emotions (I shall call them sansations) that such sense perceptions as bright or soft light, sharp noises or soothing sounds, warmth or chill, being nourished, and being cuddled or rocked arouse in him. He receives these impressions in his mind, not in his fingertips, his eyes, his ears, or his stomach. He almost certainly does not yet know that he has a body, since he cannot yet raise his head to look at his body or control his arms to feel it, and in any event his eyes do not yet focus so that he would not see his body if it could be held before him.

He must know, in some sense, that his mind is an entity. It is difficult to conceive what is meant by saying that he does not know that anything material exists, but that is probably truer than to state that he does know. During his first weeks and perhaps months after birth he must assume that the light, the source of sounds, the something that nourishes him, the something that cuddles him, are a part of him; that he encompasses everything.

When one reflects for a moment, one realizes that this must be so, for the newborn baby has no way of arriving at a conception of a world separate from him. That conception will be a momentous discovery later. "I think, therefore I am," wrote the philosopher Descartes. The baby must have a similar conception, and he has no reason to think that anyone or anything else is.*

During the first month of life outside the womb, and indeed usually during the second month as well, the baby's expression is somber, ~~even grim~~. Loving mothers say, "That is the way all babies look," and offer an easy explanation: "He doesn't have much expression at all yet." But this is not true. Even though a baby does not have "much expression" he has one that can be identified. A newborn babe looks very sober, even grim. If one believes that every event has a cause or causes, and ponders what the causes of this event may be, one will conclude that there are two. The baby remembers the peace of the womb, and is alarmed and perhaps angered at the change from that peace to the complex demands that life after birth makes upon him: the need to ingest, to absorb the nutriment from what he has ingested, to eliminate

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*Perhaps it is not fanciful to suggest that Descartes may have arrived at his philosophy out of a vague recollection of this stage of his life.

the residue, to breathe, to endure temperature variations, light variations, noises, skin discomforts.

That he remembers the peace of the womb easily escapes attention, yet the evidence is fairly clear. Whenever he is distressed, it is return toward the peace of the womb that comforts him. Soft light, gentle sounds, (or quiet,) relief of hunger pangs, of skin chafing, warmth, cuddling, gentle rocking: these xxxxxxxxxx make him breathe easily and quietly. His every behavior suggests that he remembers that peace, and that when the mothering person can provide a close substitute, he is content.

This, one may suggest, is the origin of the death wish. No instinct, only memory and from that memory a desire to return to the one circumstance in which one was wholly content.

With this memory, the various annoyances of life after birth must be distressing.* However, there is an even more compelling cause of the baby's soberness, and of his easy irritibility and anger. It is startling to an adult to realize that the baby also remembers the intense pain of birth.

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*This is one of the reasons that some physicians delivering babies lay the baby between the mother's legs, his head on her abdomen, for a few minutes after birth, so that he may rest and feel again the warmth and security of her body. The same physicians may order that the illumination in the delivery room shall be low and soft, in order that the baby who has been at peace in the dark shall not be shocked by sudden intense light.

It is common to mention the pain which the process of birth may cause the mother. Few gynecologists or obstetricians have stressed that the process is equally painful for the baby. The pressure on his body as he is propelled through the birth canal is intense. An increasing number of students of infancy who know that the baby has the capacity to feel alarm and fright immediately after birth ~~are coming to~~ now believe that he also has this capacity as he is being born, and that in the birth process he experiences pain and terror.

The memory of that pain and terror explains the experiences of users of LSD during "trips." These experiences have been reported in many places. Stanislav Grof, a psychiatrist, who has administered LSD to young adults as a part of treatment, has summarized their various sensations."'Oceanic' type of ecstasy; experience of cosmic unity; visions of Paradise; . . .immense physical and psychological suffering; unbearable and inescapable situation that will never end; various images of hell; feelings of entrapment and encagement (no exit);. . . apocalyptic view of the world . . . ominous dark colors and unpleasant physical symptoms (feelings of oppression and compression, cardiac distress, flushes and chills, sweating, difficult breathing) . . .intensification of suffering to cosmic dimensions; . . . 'volcanic' type of ecstasy; brilliant colors; esplosions and fireworks; . . . enormous decompression, expansion of space, visions of gigantic halls; radiant light and beautiful colors . . . feelings of rebirth and redemption; . . . pleasant feelings interrupted by . . . sharp pain in the navel, loss of breath, fear of

death and castration"--these are some of the reported sensations. If one ponders the nature of these sensations, one may realize that LSD does not conjure up the agony or ecstasy of a "trip" out of nothingness--it would be odd that it should--but rather that it releases to consciousness these deeply repressed memories, and that the memories are those of the womb and of birth.* Either the memories of birth are distorted or, equally likely, the bizarre evocations reflect accurately the baby's distorted and terrified sensations at the time.

If we accept this conception that every persons carries within his mind a memory of the pain of birth, we have an explanation of the fear of death. Again, there is no need to resort to the concept of an instinct. If to attain the peace of death it is necessary to pass through the gateway of this terror, one may well contemplate whether the prize is worth the cost, and shrink from the act.

At the age of two months or so, when for two or three weeks his eyes have been able to focus and his attention is turned outward for part of the time, the baby shows the first signs of having developed a rudimentary memory of things about him. One bit of evidence is that modest impersonal smile that appears at this age, which, I have suggested, indicates that he has come to know that the presence of a face above him implies to him that something is about to happen that he will like.

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*Unconscious recollection of the peace of the womb is probably the origin of the Christian and Muslim belief in heaven and the Buddhist belief in Nirvana, and recollection of the pain of the birth process the origin of belief in hell or purgatory.

~~Another bit of evidence is that~~ By this age, as his mother approaches with a bottle at feeding time or prepares to put him to her breast his uneasiness at his hunger pangs will quiet, and his lips will purse in a sucking sound. Clearly, some association of odor, sound, or sight, or probably a "gestalt" of all of these, causes him to anticipate the quieting of hunger. He must remember the last feeding time.

He remembers the pain of the birth process (if indeed he does) because it was intense. The memories he manifests at the age of two months are also of things emotionally important to him, even though hardly comparable to the birth process. Up to this point, he remembers only emotions and, vaguely, some sense impressions directly related to them.

Not until the age of at least six months does he give evidence of retaining in hid mind specific images of a few objects. Even then, it is only a very few. At this age, as I have noted, he may know the names of a few objects of importance to him: his name, "mommy," "daddy," and perhaps "shoe" and "ball." He will respond with evidence of understanding when those words are used--by looking for the object named,for example. He could not do so if he did not remember the objects. But for many months more--I shall give the evidence later--all other persons and objects are only blurred and temporary images in his mind. But the emotions they may arouse--for example, fear of strangers at the age of eight or nine or ten months--will remain with him, and later, when he is constructing or reconstructing a world in

his mind, he will recall those vague images and try to decide what they were and what they meant.

Only at the age of 18 months or some time after that does he retain a catalogue of images in his mind fairly permanently. At about that time he becomes able to consider what action to take by manipulating images in his mind rather than merely by handling the actual objects. As White has put it, you can "almost see the wheels turning" as he ~~ponders~~ considers before acting whether he can reach the cup on the table by standing on tiptoe, or should pull the tablecloth, or should draw a chair over to the edge of the table and climb on it.

Other evidence that he has acquired "object permanence" by about 18 months of age consists of his progressive acquisition of a vocabulary beginning at about

this time. He surely cannot remember words as symbols until he is able to remember the objects of which they are the symbols. Perhaps his relatively slow accumulation of a vocabulary during the second half of his second year of life indicates a correspondingly gradual acquisition of a "library" of permanent mental images. During his third year that "library" expands with great speed.

In adulthood the individual is not aware of remembering events that occurred before he was about five years of age, except for a few striking ones. Yet there is evidence both from psychiatric interviews and from recall evoked by electrical stimulation of certain areas of the brain that many events that he does not know he remembers are filed away in a "memory bank" of which he is not conscious.*

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*The essence of psychotherapy of course is that after many sessions have profoundly reassured the patient he is able to remember deeply painful events very early in his life that had previously been buried in his mind, and by remembering and understanding them end their gnawing distorting effect on his mind and emotions. The brain surgeon Wilder Penfield, using electrical stimulation in minute amounts to determine just where to operate in cases of focal epilepsy, evoked the re-experiencing (not merely recall) of long forgotten incidents.

To summarize, the most striking aspect of this

development of memory is that the infant's mind records emotions--"sensations"--vividly long before it records events. He remembers intense emotions from a period of his infancy during which his mind was not yet capable of receiving images, and also from a slightly later period from which he associates them only very vaguely with persons and events. It is as though the emotions flooded his mind and could be remembered while his mind was not yet able to record precise etchings, visual or other. I shall note a little later the probable importance of that discrepancy.

Will As Cause

During the entire early period of gaining knowledge and understanding, a child's view of the world is filtered through the assumption that the cause--the only cause--of events is will. Before he comes reluctantly and painfully to the realization that there are other willful entities in the world, the only cause is his will. This is his first scientific generalization, his first explanation of the experiences of his life. That it is incorrect makes it all the more important.

Given this conception, the pain of birth must be all the more bewildering and alarming, yet a baby could not have any other conception. During that period after birth during which the world seemed to consist of sensations in his mind, events occurred simply because he experienced discomfort and wished it to stop. ~~When there was pressure in his bowels or in his bladder, he wished the pressure to cease, and it did. (He defecated or urinated.) If he was chilly, felt hunger pains, or felt the pressure of gas in his stomach, and he willed the discomfort to end, it ended. He had no way of knowing that it ended through the mediation of another human will.~~

This was true not only of simple physical discomforts. ⟶ When he was lonely, and whimpered at the loss of the peace he had once known, if he was fortunate warm soothing tenderness appeared about him, and the peace returned. There was an immediate association between his will and events. His will and the event were identical.

A little later, there is a "period of magic gestures," to use the phrase of an early psychoanalyst, Sandor Ferenczi. The magic gestures are restlessness, a whimper--from the baby's viewpoint, a wish. He does know that there is a mediating agent between his wish and its fulfillment, for his senses have developed sufficiently that he knows that the mediating agent comes and goes, appears and disappears. Then he must know, one might assume, that there are persons in the world other than himself, and wills other than his own. How- as we shall see, it is not so. He extends his conception of his will as cause, and assumes that the mothering one is simply an agent of his will, a part of himself. Not until well into the second half of his first year of life, and increasingly during his second year, does he begin to question whether he is the only cause.

His experience with magic gestures is surely the reason that he accepts fairy stories in which events happen with a wave of a

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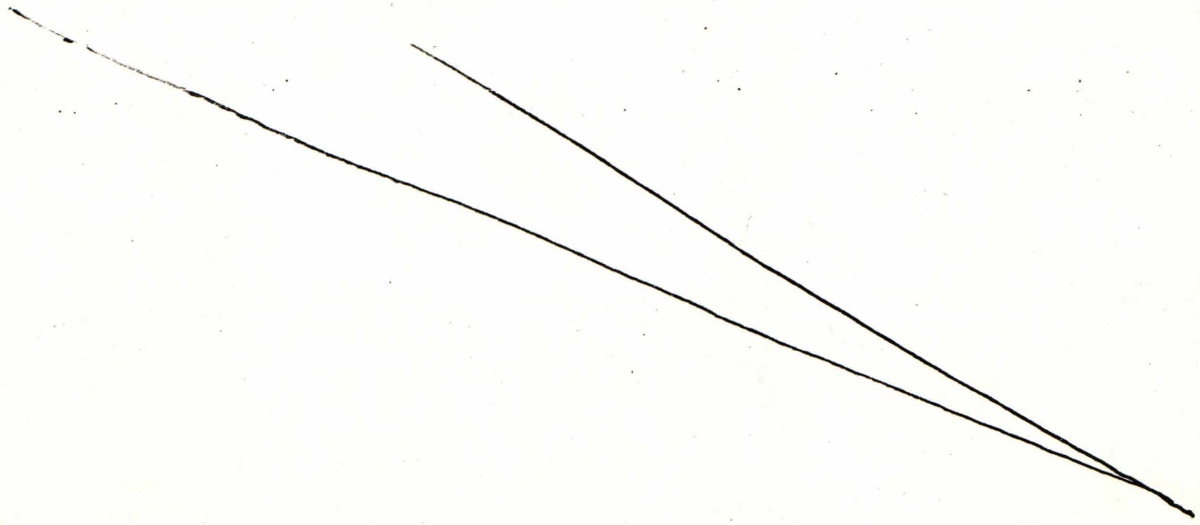
*To apply the concept of will to the baby shortly after his birth strains language somewhat. This is true of other language applied to the earliest period of life. The language used by us elders is egocentric; we intend it only for the period after we have learned to manipulate verbal symbols; we have no words for many pre-verbal events. Desired events, like the events that make impressions on his brain, just happen. But, a little later, quite unequivocably his willing is conscious, and he knows no other cause of events.

wand. Of course, events occur or people appear and disappear by magic. He often used such magic himself.

Yet the child experiences pain, bewilderment, anxiety during these earliest months. His will, the only cause of events, fails. Unless his mother's nurturance is sufficiently calm and loving to reassure him, that failure must imply to him that he is incapable, inadequate; that he functions so as to cause himself pain. That doubt of himself may be by far the most important event of his early life.

But the time must come when he begins to conceive that entities other than himself exist. When he does, it is inevitable that, extending conception of causation, he should assume that all of them, too, have wills, and that those wills are the causes of events. The concept of unwilled, automatic, mechanical causation is still a great step in the future, which some men never make.

Piaget asked children of various ages what caused events in their lives. "Why does the sun follow you around all day?" "Because it likes me." "Why doesn't the boat sink?" "Because the water likes to hold it." Or--another child, "Because the water does not want it."



"Why did the plants die?" "Because the rain did not want to come." Piaget wrote that he received such answers from children up until the age of 7 or 8 years. He concluded that only at that age do children begin to think of causation other than willing. This is probably not true of all children; it seems likely that many children have acquired the conception of unwilled cause and effect well before this age.

But only with respect to inanimate objects. They may never acquire the sense that men and women behave as they do not out of "free will" but because of the forces that have molded their emotions and their minds as their lives developed. Most adults, not realizing that the choices which they themselves seem to make so freely are actually the resultant of such a molding process, assume that other men and women act well or badly, favorably or with hostility, out of a free exercise of will. Men base their social and political philosophies on that belief. To many if not most Americans, the leaders of the Soviet Union threaten the United States, and do so because they have evil designs. "If a man will not work (chooses not to work dependably), let him starve," simplistic moralists tell us. They add that crime exists because of their free will men of criminal bent commit it. Belief that the evil will of conspiratorial men governs all history is the hallmark of the views of the Radical

Rightists. These views that (other) people are "good" or "bad" by choice are survivals of an egocentric generalization drawn during the earliest years of life, and never revised.

The Psychological Birth Of The Child

Mahler, ~~Pine, and Bergman,~~ uses the term "psychological birth" to refer to the time when the child realizes that he is a separate being, living "in a world he never made." The realization occurs later in his young life than one might suppose. **The person whose union with him is far more important to him than that of anyone else is his mother.**

During the first months of his life the infant must perceive the world about him as chaos. Successive sensations strike him. Images come and go. Dr. Fraiberg visualizes the state of affairs:

> If we can imagine this world or reconstruct it, we can only find analogies in the world of the dream. Dim objects swim into view, then recede and melt into nothingness. A human face hovers over him like a ghostly mask, then dissolves. Events in [the baby's] life have no connections.

In his bewilderment his mother is the one dependable phenomenon. "As mother and infant meet," Erikson writes, [the baby brings to the meeting] the need to have disparate experiences made coherent by mothering." [9] And in another passage concerning the third month of life (the comment may also apply a little earlier), "Through all of [her] ministrations, the motherly person lets her face 'shine upon' the newborn's searching eyes; she thus lets herself be visualized as the first

comprehensible image.[8] Erikson uses the phrase "shine upon" by quite deliberate parallel with the Biblical assurance to the faithful that God will "shine upon" him, from which arises the Lutheran pastor's invocation: "The Lord let his face shine upon thee; the Lord lift up his countenance upon thee, and give thee peace."

A sequence of ritual cues unites baby and mother. I have mentioned the baby's responses. A host of individual impressions of his mother coalesce sufficiently with her visual image by the time the baby is four months or so of age that she ge a joyful personal smile when she appears. Soon, also, he distinguishes his mother's voice from other voices. She responds to his welcomé. For the first time, at four months or so, he laughs, and seems euphoric. It is reasonable to suppose that for the first time his fear at birth has diffused and he feels fairly secure in the post-natal world, and that the coherence given to life by assured nurturance by the mothering one is at the heart of his sense of security.

At about six months of age, if not a little earlier, he discovers his mother's corporeality. More precisely, he discovers that she is not merely soft arms and a soft breast, a gentle voice and a shining face, but a corporeal entity. While being held he will pull away from her to look at her, and will pull her hair or ears or nose. This is not merely to exercise his grasping ability, but to determine what she is like, for during the next two months he conducts much tactile and visual exploration of her face and of the unclothed parts of her body. No doubt he is also using his organs of taste, smell, and hearing in the exploration. There is no reason to suppose that because the

baby is exploring the corporeal quality of his mother he simultaneously realizes that she is not his own--is a separate entity from himself. There is reason to suppose that he does not, for the dawning of that realization can be seen later. He still takes her for granted as part of himself. When he wants her, she materializes.

At seven or eight months of age he begins to compare his mother feature by feature with other persons. Simultaneously he shows great interest in other persons--or concern about them. Before this time, he has been willing to have anyone feed him; the important thing has been to be fed. But now if someone who has occasionally fed him earlier picks him up to feed him, he will become alarmed, and will burst out in cries of anxiety and perhaps rage. He wants nourishment by his mother and only his mother. As his integrated impression of her has become richer and clearer, the distinction between her and others has become important. There is his mother (and other household members with whom he has firm acquaintance) and then there are all other persons (who sometimes become a dangerous groups, the "Others." He may or may not know whether the "Others" are corporeal, but he knows that he does not want them to be intimate with him. Perhaps they seem somewhat like his mother, and perhaps this seems radically wrong, for he and his mother are one, and that there are some other creatures seemingly mother-like in form may be a strange and threatening notion.

If his relationship with his mother has been secure--if she had almost always been dependably available to care

for his physical needs, to relieve his loneliness, to help him in his explorations and join in his pleasure--then his attitude toward those other persons may be only one of curiosity. He has a safe haven from which to observe them. The only person he knows is friendly and safe. These others seem to have much the same configuration; presumably they are safe too. However, if he has not been sure of the dependability of his mother's care, then he will be afraid of ~~strangers~~ "others." It is as though in the latter case a fear that has been arising in his mind is sharpened. If even the mother part of him is not dependable, then he wants to take no chances with these other creatures.[10] If that becomes his view of the significance of ~~strangers~~ "others," the conception may plague him all his life.

He almost certainly has not yet realized that his mother is a <u>permanent</u> entity, for he still takes for granted that objects that he experiences exist only when he is sensing them. He seems to think that objects cease to exist when they disappear from his senses and come into existence again when he is again aware of them. The evidence is his behavior when objects are removed from his sight.

At the age of six or seven months, as I have noted, the baby becomes able to associate such terms as "ball" and "shoe" with the objects. Nevertheless, he acts as though he supposes that when they disappear from his sight they cease to exist, then at a later time materialize again. If a ball which he reaches for is placed behind a cushion, he will not remove the cushion even though it is well within his reach. Apparently, to him the ball no longer exists.

At about the age of nine months, he believes in the existence of the ball long enough to remove the cushion, but if his attention is distracted for a moment he will not, and if he sees the hand holding the ball move behind one cushion and then continue behind a second cushion, he may move the first cushion but he will not move the second. Similarly, if the ball is placed under two scarves, at this age he will lift one, but by the time he has done so the ball seems to have ceased to exist for him; he will not lift the second. At some time between the ages of twelve and eighteen months he will begin to move two cusions or remove two scarves.

He has not forgotten that there is such a thing as a ball, for he remembers the meaning of the word "ball" from one day to the next. Rather, he seems to think that for the time being it ceases to exist when he ceases to see it, and comes into existence again when he again sees it. This is a strange concept to an adult but, on reflection, entirely reasonable, for the conception of a world outside the range of his senses is an abstraction which he has had no reason to entertain.*

No doubt it is related that when a baby is just at the crawling stage, if he is taken into a strange room and left there he will burst into sobs of alarm. There is not supposed to be any such place. But if the door to the room is left open and he crawls into it from a familiar room, he will look around and when his curiosity is satisfied will return calmly to the room he has left. An extension of his familiar surroundings is all right. The world is just a little larger than he had realized.

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*Again, a philosophers' parallel may be noted: the philosophers' question how one can know that the world outside of his range of awareness at any moment exists. Again one may speculate that the question first arose in the mind of a philosopher who remembered dimly the time when to him such a world did not exist.

The baby seems to have the same view of his mother as of the ball. Until the age of nine or ten months, the well cared for baby does not mind his mother's temporary absence. If he thinks of her as an aspect of himself that materializes to care for him when he wills it, there of course is no reason why he should be anxious. But at ten months or so of age, ~~when~~ by which time one might suppose that his confidence in his mother's care would have increased, a reversal occurs. Venturing away from ~~his mother~~ her makes him uneasy.

The 10 to 14 month old child, who has been mobile by crawling, is now beginning to walk. He is intoxicated with his own faculties and the greatness of his world. He spends a large part of his time at some distance from his mother, busy in his explorations of the physical environment and also of his peers if he has peer playmates (unless his life up to this time has frightened him into passivity). But this is a precarious separation from his mother; if he stays far from ~~his mother~~ her he becomes a little alarmed. Every once in a while he must rush over to ~~his mother~~ her for a bit of physical contact with her and loving attention from her. After this "emotional refueling" (Mahler's phrase) he will move away again to play. It is as though the knowledge of his mother's corporeality and the fact that she does not always materialize on demand are leading him to the notion that she may have an existence of her own, independent of his will. With this dawning

realization the possibility that she may leave him makes him uneasy.

In, say, the second quarter of his second year the child clearly realizes the separate existence of his will and his mother's, for he realizes the autonomy of his will from hers. The period known to mothers as that of the "terrible twos" begins, and this is surely the reason. The child is exhilarated by the realization of his autonomy and asserts it by saying "no" to his mother's every request (though sometimes he begins to acquiesce even as he is saying "no").

But that autonomy is two-edged--if he is autonomous so is his mother--and the baby's need that was earlier termed "emotional refueling" becomes something more intense, separation anxiety. This reaches its peak at 17 or 18 months of age. Incidents that seem to threaten his security in the slightest way, or no incident at all, may create emotional turmoil in him. He will flare out in temper tantrums, or sputter in impotent rage. To be sure that he will not lose his mother, he has an increased need to have her share his every new experience. He often "shadows" her, that is, watches her every movement. When she calls him he may dart away but obviously wants to be scooped up. Or he will fight with his mother (by which he may be both venting the anger that his fear causes and assuring his mother's attention).

The reason for increasing separation anxiety, one may suppose, is that increasingly and inescapably the realization is forcing itself on the baby that his mother is an autonomous separate person. This realization may be associated with the development of "object permanence" in his mind at the age of about 18 months. For several months before this time he must have realized in some sense that his mother and others are entities like himself, with wills outside his control, wills that can hurt him. But as long as possible, it may be supposed, he refuses to recognize that knowledge, so that it hangs a dim dread certainty over his mind for some time before he finally gives up the struggle and admits it. Only then, and not when he left the womb, is he truly "an individual." Anxious children continue that refusal until they are considerably older than 18 months. The realization is traumatic. The transition must be somewhat like that from the earth-centered astronomical beliefs of the Middle Ages to Galilean astronomy. Or perhaps I should say that that transition was like this one. No wonder the Church resisted so vigorously!

There is a complementary explanation of the child's especially great need repeatedly to reaffirm his tie to his mother during the second year of his life. Up to this time he has depended on the mother part of him for advice, restraint, control over what are the proper things

Freud's comment that anxiety "is the anxiety of separation from a protecting mother" comes to mind. However, as I shall note later in this chapter, Freud was not able to probe quite deeply enough. This is only an aspect of a more basic anxiety.

to do and to refrain from doing. Now he is daring to be on his own.

Even though he is now erect and mobile, in a sense he is smaller and more vulnerable than before. As Erikson notes, before he could stand erect he was as tall as the adults who held him in their arms, his head close to the level of theirs. Now that he can stand, he is only "two feet tall," while they loom above him "six feet tall." And now that he can stand others can see the behind part of him, while he cannot. He is shameable.

He is daring to make his own decisions. Are they worthy? And are they approvable? Perhaps he needs to rush over to his mother to be sure that she still approves of him, then later, ambivalently, needs to carry out mock defiance of her to test his autonomy against her reaction to it.

Even at two years of age, when his mother tells him that he must wait, ~~that she is busy now, that she cannot play with him because daddy is coming,~~ the idea alarms him. Only into his third year does he become confident--in the favorable case--that when his mother says "later" she will assuredly return later and feed him or hold him or play with him even though her will is quite separate from his. The infant has admitted to himself that he is only one entity in a world of many entities each with its own will, and has adjusted to this new conception.

By this time he has attained a degree of competence in language, which of course helps him to understand his mother's reassurance that she will return. His speech and his ability to accept his mother's assurance that she will return are also related in another way. Both require the ability to retain images: visual and vocal images respectively. It is not surprising, then, that speech and acceptance of his mother's absence develop at the same time; both depend on the development of memory.

When the child realizes that the images that come and go are persons like himself, with wills, he must review all that he has experienced previously, to see how this new realization affects his interpretation of it. Even though he gains a realization of his autonomy and the separate autonomy of other persons at some time during his second year, it is possible that he does not accept the full significance of this until much later. He may pursue his reconstruction of the world only gradually, as it becomes necessary, over a period of several years. Perhaps it is associated with his acquisition of word symbols with which to think, and with the full flowering of his infantile sexuality during his third, fourth, and fifth years.

A reviewer of a book of Anthony Powell's memoirs writes that "on several occasions in early childhood Powell was conscious of approaching the brink of some discovery. One afternoon in about 1911, when he was 5 or 6, standing outside the door of his London home, 'the truth came flooding in with the dust infested sunlight. The revelation of self-identity was inescapable. There was no doubt about it. I was me.'"[10a] In other children as well, this richer recognition of one's unique identity may occur long after infancy.

¶ The child's reconstruction of the world is handicapped and his conclusions often fundamentally faulty, if for no other reason than that he has no memory of images from the first year or so of his life, and only a vague and imprecise memory from an additional early period. ~~Sometimes~~

His reconstruction of his world may be faulty for another reason also. Some interpretations of what happened may be more painful than others. Like other individuals, the baby--or his mind--will prefer to construct a version that is least threatening or least painful. But he cannot escape some pain, and we can be reasonably certain that throughout his early years he will be busily trying to understand why--and to arrive at an understanding that is as little painful as possible.

All this he does quite unconsciously.

The Experience Of Pain

In a sense, this chapter to this point has constituted a long introduction to the question, What does pain mean to the child?

If we were to parallel Burton's Anatomy Of Melancholy with an Anatomy Of Pain, we would list four kinds of pain in the life of the child.

He begins his life with a legacy of pain and perplexity: terror at the pain of the birth process and frightened bewilderment at the complexity of life after birth. Pain is too feeble a word. Perhaps every newborn baby feels that his being is threatened.

There is then added pain and fear caused by chills, hunger, chafing, colic, a fall, and the other misfortunes from which the most loving mother may sometimes not succeed in protecting him. When he has become able to crawl, and begins to satisfy his almost insatiable curiosity about the things that, seen from his crib, were only visual images, he may cause the family's most precious china to fall, and be startled enormously at the crash, and then chilled at the look of pain and horror on his mother's face. Or he may cut or burn himself. At each of these events, he may be terrified not merely at the pain but at the fact that the world would suddenly turn savagely upon him.

More important than the accidents of infancy or even the pain of birth and of the early demands of life

may be the pain that his mother imposes on him in two ways. First, by making imperious demands on him that he can neither comply with nor understand.

Seeking to reassure herself of her worth through the achievements of this her product, she may ask him to stand when his neuro-muscular system does not yet understand what the request means, and his most earnest efforts do not permit him to respond. She may coax him to walk when that command is impossible to comply with because his muscles are not yet strong enough and his brain does not yet know how to control them to maintain his balance. She may ask him to control his defecation when his sphincter muscles still react involuntarily in response to pressure on them and perform the pleasurable release of the contents of his bowels.

These are commands that obviously are of great importance to this the most important person in his life. Being unable to respond must create shame and doubt and humiliation in him. And at the same time the events may cause him an even greater pain: the realization that he cannot evade that for her own purposes his mother would subject him to this torture. Hence they may create anger in him as well.

Lastly, an all-encompassing pain, perhaps the most basic one of any child's life, may be caused by his mother's demonstrating in another way that she places no value on his purposes and his joys.

She may make no response of rejoicing to the wonder of his ever-evolving abilities and to his triumphs as he finds the nature and some of the meanings of each attribute of his world. He cries out, "See what marvelous things are happening" and she makes no response. He says, "What is this thing ? What is it for?" And she replies, "That is of no interest to me." In her life, his joys and his problems have no importance. Which means that he is of no value. This surely must create despair in his heart.

Erikson has described the fruits of good mothering: the creation in the child of a "propensity by which man in all subsequent stages [of his life] restores a measure of feeling reasonably at home in a predictable world." The relationship that is basic to establishment of that propensity is for the baby

> to be central in his sphere of living rather than peripheral and ignored; active and effective rather than inactivated and helpless; selectively aware rather than overwhelmed by or deprived of sensations; and, above all, chosen and confirmed rather than bypassed and abandoned.[11]

The typical American mother hardly achieves this effect. I suppose that most persons who think dispassionately about parenthood would agree that the anxious Americans who are most Americans of the present time

cannot be good parents. They are too much confined within the solitude of their own hearts to be good parents. A woman cannot be a source of security to her baby and child, cannot rejoice with him as he acquires new capabilities and progressively constructs a knowledge of the world around him, cannot give him a lasting sense of being reasonably at home in a predictable world, if her energies are absorbed in her own anxieties. If she has no secure place within a community, no sense that her life has a secure foundation, no sense that even her marriage is secure; if when she pauses for a moment she is preoccupied with uncertainty about her attractiveness and about the adequate stylishness and newness of her dress and her home; if the blanket of material goods with which she tries to smother her anxieties is never quite rich enough or extensive enough to bring peace to her mind; if she regards her children as her adornments, yet also as alien and somewhat fearful creatures, then she is too preoccupied with her own emotions and with her own misunderstandings of the nature of life and of children to be aware of her child's emotions and to carry out the mothering that will make the child feel secure in his world.

In another passage Erikson has referred to the chill imparted by a mother who is thus wrapped up in her own affairs.

Very early in life, an unresponsive environment

> is experienced as a rejecting one . . . . there is good reason to believe that in the child's unconscious the habitually unresponsive adult assumes the image of a dangerous, an inimical Other.[12]

A centrally important fact of American history, I think, is that anxious American mothers commonly are habitually unresponsive to the cries of their children to be valued--give their children no minimum "measure of feeling at home in a reasonably predictable world."

The Meaning Of Pain

If we would understand the meaning that the child may give to the pain that he endures, we must first of all never let escape from our minds continuing awareness that the mind of a baby, quite without his conscious knowledge, is able to compare every event of his life with every other, and to ask what the qualities that many events have in common imply about the significance of the events. Remembering this ability, we can hardly doubt that in the unconscious processes of his mind every infant turns over every painful event of his life and asks: "Why did these happen to me? What do they signify about me and my relationship to the world?" Yet, as we adults look down at infants and children just able to walk, our tendency to see them as innocent and naive is so overpowering that we may throw overboard the evidence and still think of little children as "just babies." Unless we can suspend this control of our minds by our assumptions, and let our thinking be suffused with

recognition of the awesome--I have used the word before--mental power of infants, we shall not understand their analyses of the pain in their lives.

Let me try now to give systematic form to the analysis that goes on in the unconscious thought processes of an infant and young child who has gained little sense that the world is a reasonably predictable place in which he can feel at home; who has been "peripheral and ignored. . . inactivated and helpless. . . bypassed and abandoned."

I move to an hypothesis when I state that throughout his infancy and childhood the child (unconsciously) ponders the problem to which philosophers vainly, as though it belonged in the rational realm, seek a rational answer: the meaning of pain. Whether he "really" "seeks the meaning of pain" is a metaphysical question, just as whether electrically charged particles "really" rotate about the nucleus of an atom is a metaphysical question. What is important is whether the hypothesis explains his behavior. The evidence for the hypothesis I shall present is that it explains American behavior for which there is otherwise no plausible explanation. That the hypothesis is also "reasonable in itself" is reassuring.

The child, viewing will as the sole cause of events, has, I suggest, three possible explanations of the experiencing of pain. Through his own incapability or inadequacy, he has inflicted it

on himself. Or it has been inflicted on him by the person or persons on whom he depends for his existence, the nurturing one(s). Or it was inflicted by those entities whom he remembers vaguely as coming and going, the "Others."

Probably at birth he has not yet acquired the conception that will is the cause of events. If so, as he remembers the terror he felt during the birth process, and as he experiences the complexity of life after birth, his mind is not able to ask itself the emotional analogue of "Why did it happen? Why?" He is merely bewildered and alarmed. If then his mother's face dependably "shines upon him" and makes life coherent; if good mothering gives him a sense of being valued and a full measure of feeling reasonably at home in a predictable world, by the time he does acquire the conception of will as cause he may feel that whoever or whatever it was that willed this pain upon him, it is past now, he is valued, the world is good, things are all right. By four months of age, then, he may manifest that sense of/euphoria that can be seen on the faces of well cared for babies of that age. If he acquires that sense of security, then the other "slings and arrows of outrageous fortune" in his young life will not alarm him unduly or more than temporarily. The meaning of pain is merely that life is complex and a little puzzling. Pain comes from sources that he does not understand, but it is not a vital factor, ~~but~~ one that does not basically threaten one and that can be endured without fear. His early fear seems gradually to diffuse as an ounce of acid poured into a flowing stream diffuses until downstream no discernible trace remains. Or, if his

fear does not dissolve this fully, at least it softens to a degree that is tolerable. No man ever frees himself completely from his early doubt of himself. Every man carries throughout his life some sense of his own inadequacy. However, in the favorable case this may be only a lingering sense of goodness not quite fully grasped, an Eden not quite attained, that does not warp his unconscious mental processes.

But if he does not acquire a reasonable measure of this sense of the rightness of the world,--if his parents are ones who convey to him anxiety rather than security, who use him for their purposes and offer him no share in their fellowship because they have little fellowship to offer,--then his search for the meaning of pain is a grimmer one.

During the first months of his life, when he does not yet know that there are entities in life other than himself, he can hold no conclusion but the first: out of his own willing he has persecuted himself. He is flawed, negative, incapable--perhaps these are the adult concepts that most closely describe the feeling about himself that must evolve. Why does he give himself this pain? Why does his willing not prevent it? Is he worthy only to be left desolate? These questions are far beyond his mental development, but he must feel the emotional analogue of them. He must at times be filled with shame and doubt. That doubt may be unendurably augmented, and searingly imprinted in his emotions as a brand heated red hot in a flame sears the flesh, by the harsh and impatient tones of the voice of that aspect of him that is his mother, and by the

lesson that her unresponsiveness teaches him: that the developing abilities and exploratory discoveries that for a moment he thought were successes are of no importance in this world.

At the age of eight or nine months, as I have noted, the baby becomes acutely conscious of the presence now and then of other entities somewhat like his mother--which should not be, since his mother is a part of him. Then, during his second year of life, he realizes that he and his mother are separate entities, with separate wills. If his mother makes imperious and intense demands upon him for her purposes, not his, and if she is unresponsive to his need to have his purposes and his deeds valued, then presently it will be difficult for him to evade the conclusion that her will and not his own (or, no longer his own) is the cause of his terror and despair.

That notion is hardly less terrifying than his sense that he persecutes himself, for if this person (these persons, if by now his father also has become salient in his mind) without whom he is helpless have such contempt for him that they make no response to his needs, then there is an abyss beneath his feet.

Even while he feels terror and despair he will also feel rage at their persecution of him, and in that rage will wish them destroyed. Believing that will causes events to occur, an infant believes in the efficacy of hateful acts of will as of acts of will that bring him nurturance, and so when his preoccupied parents next leave him desolate he will be aghast at the thought that his anger has destroyed them and left him desolate, and will be thrown back again on his self-doubt.

The gifted child psychoanalyst Melanie Klein has written of the desperate strategems to which some of her child patients resorted to evade the conclusion that their mothers had caused their pain. They conceived that they had a "good mother" and a "bad mother." The good mother had provided nurturance. The bad mother, identical in appearance, had caused pain. But surely that mother had gone; surely the real mother who remained was the good mother. All this of course in unconscious thought processes; consciously the child refused to admit to himself that his mother might be a hostile "Other." But the child knew, in those unconscious mental and emotional processes, that he was deceiving himself, and lived in terror that the real mother was the bad mother. Only if his fears could be so relieved in psychoanalysis that he could acknowledge that this was the source of his terrors, and could bring the two mothers in his mind together into one real mother who caused pain as well as giving love but was not disastrously threatening, could his turmoil subside so that he could live a normal life.*

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*Children a few years of age are unable to bring these early terrors to consciousness through conversation. Psychoanalysts often learn of the psychological problems of their very young patients by giving them blocks with which to play--not merely building blocks but structures and figures of people, animals, automobiles, etc. In the arrangement of his dolls, or the figures that he encloses or destroys with his blocks and those that he leaves free, the child may express attitudes toward the powerful figures of his life that he dares not think consciously. Such play is, more or less, the equivalent of the dreams by which an adult may reveal his unconscious thoughts and fears. In response to gentle questioning in the quiet and safe atmosphere of the psychoanalytical hour, when the child has expressed his emotions in play with blocks he may be able to express them in words and in time to be freed fromthem. This is the method Dr. Klein used.

I have said that when the child has accepted inescapably the realization that his mother is an entity separate from him, with a will of her own, and that there are many other such entities in the world, he seems to review his entire set of conceptions of his relationship to the world. I have suggested that this reconstruction of the world probably proceeds during the next several years, or throughout the period of the Oedipal crisis. This seems the more probable, since at the end of that period the turmoil within him subsides for the time being, as though he had decided what life was like and, relaxed or tense, for better or worse, decided to get on with it. After the years of the play period and then the latency period, with the physiological and psychosexual developments of puberty the turmoil will rise again, but for the time being he has buried it (in most but not all cases). This reconstruction is probably related in a complex way to the Oedipal crisis itself, but I shall not attempt here to sketch what that relationship may be.

In that reconstruction he will strive desperately to escape the cruel conclusion that his parents think him of little value, and there is one crippled escape which, if it does not free him of his doubt of himself, nor fully of his fear that his parents have contempt for him, at least enables him to believe with part of his mind and for part of the time that not his parents but other entities are the source of the threat to his being. He remembers vaguely the anonymous "Others" who had passed into and out of his consciousness at a certain stage in the development of his capacity to retain images. Perhaps it is these "Others," whom he recalls too vaguely to remember much

about them, who are the inimical ones. Perhaps it is they who had valued him so little that they were willing to torture him and were ready to destroy him.

Apparently every child, at a certain stage in his early life, no matter how favorable his nurturance, associates pain and a threat of destruction with inimical "strangers." These become the monsters of fairy stories. Just as, remembering the results of his magic gestures, he readily accepts the presence of magic appearances and disappearances in fairy stories, so he will accept accounts of evil monsters: the witch who pops little children into her oven, the giant who grinds children's bones and eats their blood, the ogre who cuts off heads. There seems nothing strange about the existence of such monsters; the child knows that their presence is reasonable; they used to bother him. Their presence in fairy stories in every culture testifies to the presence in every infant's life, everywhere, of this period in which he feared them.

In the most favorable case, the child's fear of threatening forces becomes only a recollection of monsters that once seemed around. With reassuring nurturance, they will vanish--well, almost vanish--in real life, just as they are vanquished in the end in the fairy tales. However, if the nurturance offered by his parents is not benign enough to relieve those fears,--if the mother is unresponsive

to the child's need to be valued,--then he needs those strangers. He needs to be able to attribute to them that threat to his being. (So he will carry them with him as he grows up.) As his memory improves, and it is impossible for him to escape the knowledge that his parents are repeatedly unresponsive to him, it will be difficult for him to believe that the strangers alone are the inimical ones, but even against the evidence of his senses he will try to believe that they are. Even this belief, no matter how compulsively he clings to it, does not entirely free him of the fear that his parents reject him, for his memories of the strangers are associated with memories of his parents. It was his parents who welcomed the strangers, and who, if the strangers are the inimical ones, must have betrayed him to them. Yet the conception of persecution by the strangers will enable him to cling to other memories of benign nurturance by his parents and to believe so far as may be that they were not the rejecting ones.

The reader may wonder why the strangers do not dissolve presently into Uncle John, Cousin Ruth, and the neighbors, Willie, Mary, and Mrs. Jones. With favorable nurturance, no doubt in a sense they do. Yet even the most secure children find the conception of ogres and monsters who cut off heads reasonable, which suggests that their memories of such beings persist. Apparently Uncle John and the others belong in a different realm of perceptions. As for insecure children, as I have said they cannot afford to give up the conception of the strangers.

Another escape from this problem has been important in American history and in the history of the West. Unresponsive parents, even harshly unresponsive parents, may nevertheless by intention be solicitous of their child's welfare. Puritan parents are an extreme example, but many devout Christian parents of later generations than the Puritans also combined rigid treatment, unresponsive to the child's urges, with solicitude. A child could hardly have failed to believe with at least part of his mind that his parents valued him who heard them pray with intense earnestness and obvious sincerity for their spiritual welfare and his own.

If the child senses this concern for his welfare, then in his reconstruction of his world he may accept the fact that his parents inflicted pain on him, for he can believe that they did so because it was merited. It was merited not because of his worthlessness but because of the evil in him, from which they strive to deliver him. He will conclude with half his mind that the pain is punishment for his wish to destroy his parents, and alongside his desolation he will feel guilt. Indeed, he was prepared to feel guilt, for a child who doubted himself is likely to have censured himself harshly, and to have felt in two senses that he has done things badly: not ably, and not rightly. That earlier self-censure, flooding his mind again, will make it easier for him to feel the guilt. His stubborn mind will not wholly accept this inverted reasoning which makes the rage that followed the pain the cause of the pain. Yet it is a welcome evasion of the pain, and so alongside his desolation and sadness and the nurt and the anger of the knowledge that he cannot fully evade, that his parents willingly

cause him pain, he will feel guilt. His guilt, his self-doubt, and his fear that his parents have abandoned and rejected him willingly because they are malign is a three-horned beast, on one of whose horns he must rest in agony if he can find no escape.

Out of pains such as these men have devised religions, and if the child lives in a family with a Christian culture, he may find life-giving solace from the pain, the self-doubt, and the guilt in devout belief in the Christian religion.

For Christianity is the religion of the heavenly Son who has atoned for the guilt of the earthly son by accepting crucifixion on his behalf, ~~and~~ Hence the religion of the perfect and all-forgiving heavenly Father who through his own Son's atonement has forgiven all guilt, who will inflict no pain, and whose care will be complete. In Jesus's cry on the cross, "My God, my God, why has Thou forsaken me?" the human child finds the echo of his own desolateness, and knows that this Son understands his pain. By the resurrection he knows that this higher Father did not after all forsake His Son, and will not forsake this earthly sinner who believes in that Son. He knows also that he need no longer doubt his worth, since by the blessing of his acceptance by God he has gained unique worth. Many a child has felt peace in Christian worship long before the dogma had full meaning to him, as he observed the peace that his parents gained, and then, at the age of 12 or 14 years, as the

turmoil of adolescence began to stir within him, has understood the meaning of Christian doctrine, felt a blessed solace in it, and been "born again."*

This was the solution of many Americans in the eighteenth and nineteenth centuries, and of course of many other Western men of the last two millenia.

However, as the nineteenth century proceeded and then gave way to the twentieth and successive generations of American parents, each more anxious and rootless than the last, turned their attention more and more inward to their own preoccupations, fewer and fewer parents conveyed so great a sense of solicitude to their children, because they were too centered on themselves to feel as great solicitude. Successive generations of American Children felt less reason to believe that they merited the pain, and less guilt. An

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*If this is the means by which devout religious belief is transmitted from generation to generation, it follows as a corollary that differing religious beliefs must be transmitted by differing early life experience. It is a corollary, then, not only that the nature of early nurturance differs among Buddhist, Muslim, Christian, and non-religious homes, but that the nature of nurturance in homes from which devout Jews emerge differs from that in homes that produce devout Christians, and that differences also exist between Protestant and Catholic homes. One may speculate that in devout Jewish homes there is a greater degree of "conditional love": "I love you if. . .", and that in Protestant homes greater guilt and in Catholic homes greater "shame and doubt" in Erikson's senses is inculcated. But these are only speculations.

Perfunctory religious beliefs are a different matter.

outward manifestation of that change has been a decline in religion. As individuals felt less reason to seek forgiveness, the tenets of the Christian religion, especially the Protestant Christian religion, ceased to have much emotional meaning. This, one would suppose, is the reason for the decline of Protestant religiosity in the United States.*

But this is not the end of the results. The child who is deprived of his sense of guilt has lost an escape from the feeling that his parents or the "Others," for no reason but their malign will, have condemned him to terror. So far as he can, he will believe that it is the "Others" who have tortured him, but often the evidence that his parents inflict pain on him will be too clear to evade. And in any event it must have been his parents who left him unprotected against the "Others." Thus increasingly the American society has reared generations of children to whom the meaning of pain is that they must fear, and may hate.

Let me suggest, without justification for the moment, that the conceptions and the emotions persist not only throughout childhood but throughout life. During that period between early childhood and adolescence that is termed the latency period most children are able more or less successfully to repress their fear of their lack of worth and of vague threatening "Others" (except that nightmares or excessive tenseness or quietness or passive obedience--"He was such a good boy"--may betray them. But in the regeneration of inner urges that occurs in adolescence the fears that the individual has repressed will churn again, and adulthood he will have to defend himself, by

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*The rise of the "evangelicals" is a different matter, which I shall discuss in Chapter 13.

all of the means to which twentieth century Americans resort, against the anxiety and even terror that he is denying.

This, I suggest, is the origin of the"American disease." The means of defense are not merely Valium and Elavil and all of the other medications and drugs, the books and the "movements." To persons who have undergone infancies and childhoods as threatening as the American ones that I have described, every contact with a person not a member of one's intimate group may arouse that old unease, that old suspicion and fear. If one believed, in those mental convolutions inherited from one's infancy of which one is not conscious, that threat from those "strangers" is the source of the turmoil within one, then one can ease somewhat the sense that one's own lack of worth is the source. If the pressures of one's early life were even more intense,/those feelings will be aroused --if one was unable to deny that one's parents too were inimical others,- even by one's most intimate associates. The feelings are not merely desolation and fear, but rage. It is not surprising, then, that an unusually large number of Americans kill other Americans, or attack them violently. Nor is it astonishing that assassinations, wife beating, and child battering are not uncommon. They are not surprising, set against the torment of childhood in anxious American homes, if one realizes that the assassinations are, to the assassins, the murder of a faithless father, the wife beating revenge by the husband on a rejecting mother, and child battering, at least in part, a reaction to the hatred that the parent knows unconsciously that the child must have, since the parent remembers his own hatred when he was an infant.

Neither is it surprising that marriages end in divorce. Perhaps it is more amazing that some two thirds of married couples stay together. Nor is it surprising that groups of "strangers" must be derogated, pushed awqy: prison inmates, the incompetent aged, the mentally disturbed, poor, blacks. That action is not merely to punish them for the pain that they, the strangers, have caused, and to safeguard oneself against these groups of strangers. That punishment for pain is inflicted more upon individuals. The derogation of these groups is to a greater degree a defense by the individual against fear of his own lack of worth. In the familiar way he projects that sense of worthlessness upon these others, and says to himself, "No! Not me! It is not true. I am not unworthy or incapable. The sense of lack of worth that I feel is the lack of worth of these others. Away with them. I do not regard them as worthy. I will not treat them as worthy. I want to think no more about them."

There is an even more spectacular and for what it portends for the future perhaps more ominous defense, the periodic outbursts of American fantasy that the sense of a sinister threat by vague forces that is carried in the mind is due to a threat actually present in adult life. I have mentioned these outbursts; I shall discuss several of them in later chapters. Each incident occurred after a period of great national exertion in a cause that seemed glorious. In the emotional let-down that followed the realization that that glory could not last, Americans' doubt of their worth re-arose and threatened to break through their defenses to the surface, and the old infantile

terror rose again in their minds. Their minds responded with the old defense: that a threat by malign strangers must be creating the turmoil within them; they need not doubt their own worth. If, then, someone said that persons within their group, whom they had trusted, were betraying them to the alien force, the strangers, their fears so confirmed the message that then need no other evidence of its accuracy. In their rage at the pain that had been inflicted on them, so they thought, by someone whom they had trusted, they became inhumane.

That in the twentieth century one half or more of the American people have been seized by such fantasies illustrates in a peculiarly vivid way the pervasiveness of fear--neurotic fear, paranoid fear--in this the world's most "advanced" industrial society.

Seen in this way, the many phenomena that plague our society in this the second half of the twentieth century no longer seem a congeries of miscellaneous and random events, unrelated except in their common distressing quality. No more than any other culture is the American culture a thing of "shreds and patches." The anxiety that deeply torments more than one half of all Americans, and the irrational fears, the violence, and the callousness that stain their lives, are coherent elements of one whole. They are the several resultants of a single force that has been running its/pervading course throughout inevitable our history and continues beneath the surface of our national life to determine the quality of the American future. The student revolt of the 1960's seems a sudden break in the flow of that culture. Suddenly, angry Americans were attacking their mentors and the authorities above

them, rather than the weak and the unfortunate. But there is no break, but only a continuity that is not quite obvious. I shall discuss that revolt of the students in Chapters 12 and 13.

To this point, in explaining the anxieties, the fears, the violence, the callousness of Americans, I have dwelt on the earliest years of life. I have emphasized them because I believe that the period of infancy and early childhood is the most important and even--or almost--the determining period. However, the point need not be insisted on, for even if in imaginable circumstances later childhood and adolescence could undo the earlier years they are rarely such as to do so. The parents of infancy are also the parents of childhood and adolescence (unless the child flees his home altogether and makes his way as he can). If the parents were not warm, understanding, or generous of spirit in infancy, they will hardly be so in childhood and adolescence. A mother preoccupied with her own fears is no more able to give her son the generous warmth that he needs during the fourth to sixth years of life, nor a father his daughter, than during the first three. Nor is there any magic change in those parents as their sons and daughters pass through the years of latency and the stressful years that follow.

Throughout childhood and the latency period, American children spend more time before the television set than in any other activity. Surely children in homes with preoccupied parents who provide limited nurturance spend an even larger share of their hours at home thus occupied than do the children of other homes. Their flight to television, and the view of life that they glean from the television programs that absorb them, hardly relieve the fears of their infancies.

And few persons would claim that if a child has been crippled by a barren infancy and childhood, life during adolescence in American communities, or in the community-less aggregations of people that make up so much of the nation, will repair the damage.

Two questions remain. One is why the child does not re-examine his conclusion as he grows older and gains access to a greater variety of experiences--re-examine it and relieve himself of the noxious and erroneous generalizations he has drawn. When he is old enough to understand that his parents were motivated by their own anxieties and fears, he should be able to understand that they caused him great pain not because they were malevolent or thought him not worth shielding from pain but because they were preoccupied. He should be able to understand also that they, and no mysterious malign force, caused his pain.

It is clear that in fact an individual who has suffered deep pain does not conduct such a re-examination; does not and cannot bring the root of his fears to consciousness and by re-examining it free himself. The experience of every psychiatrist testifies that virtually no disturbed individual can do so, and the testimony of research worker after research worker gives evidence that the anxious person not seeking psychiatric help who can do so is extremely rare. The psychoanalyst L. S. Kubie has stated the case cautiously:

It is possible to make one certain deduction:

> Namely, that early in life, sometimes within the earliest months and sometimes later, a central emotional position is frequently established. . . . The clinical fact which is already evident is that once a central emotional position is established early in life, it becomes the affective position to which that individual will tend to return automatically for the rest of his days. This in turn may constitute either the major safeguards or the major vulnerability of his life. . . .whenever the central emotional position is painful. . . the individual may spend his whole life defending himself against it, again using conscious, preconscious, and unconscious devices whose aim is to avoid this pain-filled central position.[13]

As for the reason, no doubt the fact that the early fear strikes home when the infant's mind records not even images but only sensations has something to do with his inability to re-examine the event; from this earliest period he has no event in his memory to re-examine. No doubt also it is relevant that the infant's mind is an unmarked slate, a tabula rasa, except for his remembrance of the pain of birth and the bliss (or possibly the torment) of life in the womb. He will never later be as unformed, as vulnerable to fear or pain. He will never later be as much without a background of experience out of which to interpret the reason for a terrifying experience.

But the major reasons are two others. One is that the individual does not know that there is anything to review and correct. That his worth is doubtful seems to him a fact of life, not a mistaken mental conception to be corrected. At times he feels deeply the threat of some pervasive evil force; nothing could be more real to him than that sense of threat. What is there to correct?

And in any event the early experiences are too painful to be revived. In its unconscious as well as its conscious processes the mind avoids pain when it can. Recollection of not only of the early events but also the reason for them that the mind deduced is so painful that the mind stows it away, intending never if it can be avoided to re-experience that pain. The only major exception is the possibility that if the individual is driven by his anxiety to seek psychiatric help, in the supportive atmosphere of a capable psychiatrist's office he may be able to approach his fears step by careful hesitant crawling step and ultimately to understand and be freed of them. Even then his fear as he approaches the pain amy cause him to find an excuse for ending the process before he has laid the root open to the air and discovered how silly he has been. If his dominant emotion is anger rather than anxious guilt--"anger-out" rather than "anger-in"--it is almost certain that he will never proceed to the root.

The final question is whether these fears really persist all the way from early childhood to adulthood. Surely over all those years of maturation they gradually dim or fade away; surely something else explains the anxieties of adulthood. But reasonable though this seems, it is not true. A facile explanation why they do not lies in facts already noted. The atmosphere of a home tends to remain the same in childhood as in infancy. The early fears are reinforced, not softened. And American life in adolescence hardly gives the adolescent reassurance.

The basic reason, however, is neither of these facts, but that early fears inculcated in the way in which these are inculcated are almost ineradicable. Amusingly, the evidence is provided by B. F. Skinner, the dear of a school of psychologists who are made uncomfortable by "Freudian" reasoning and would like to eliminate the concept of the unconscious from their analysis. Skinner experimented first with pigeons, and found that he could condition them to perform in a variety of ways not normal for pigeons in order to earn a reward of a kernel of corn: to do an awkward dance, to "play pingpong" on a table sloping gently from the middle toward either end, and so on. Then he found that if the pigeon received the reward every time that it performed the indicated act--or consistently say every

third or fourth time--it retained the "habit" (my term, not Skinner's) much less long than if the reward was only erratically associated with the action. If once in a while the awkward dance was followed by the availability of food, but the pigeon had no way of calculating when this would happen, he "remembered" the habit for longer in his life, and repeated it after a much longer period of years during which it had not been rewarded, than if the reward had been dependably forthcoming. It is as though, not knowing when the reward would be given, he repeatedly tried still once more, in the hope that that might be the time. Uncertainty whether the result would or would not occur implanted the effect as no other association could. The action to which pigeons had been conditioned has been obtained from them six years--half of a pigeon's lifetime--after it was last rewarded.

Now these conditions of uncertainty--in the human case, anxiety lest pain be imposed, longing for loving acceptance, uncertainty which will occur--are precisely the conditions in which the "lesson" is learned in infancy and early childhood. One would not wish to generalize facilely from pigeons to human beings. But while no human being has been the subject of controlled research for half of his lifetime, an ample number of individual episodes suggests that this "Skinnerian"

effect applies to humans as well as to pigeons, and for not only one half but all of a lifetime.