

December 5, 1975

Dr. Richard L. Pohl
The Children's Hospital Medical Center
300 Longwood Ave.
Boston, Mass. 02115

Dear Doctor Pohl:

Thank you for inviting me to speak at one of
your conferences.

I am sorry, but my time commitment is such
that I cannot accept further speaking engagements.

Thank you for inviting me.

Sincerely,

Selma Fraiberg
Professor of Child Psychoanalysis
Director, Child Development Project

SF/amw



The Children's Hospital Medical Center

300 Longwood Avenue, Boston, Massachusetts 02115, Telephone: (617) 734-6000

Department of Psychiatry

October 31, 1975

Selma Fraiberg, M.S.W.
2888 Bayridge Drive
Ann Arbor, MI 48103

Dear Ms. Fraiberg:

As coordinator for our teaching conference, our Selection Committee has indicated to me that they would like me to extend an invitation to you to speak at one of our conferences on a topic of mutual interest. The conferences are held on Wednesdays at 10 a.m. and run for one hour. If you are planning on being in the Boston area anytime between November and June and would be willing to speak at one of our conferences, I would try to make arrangements for any Wednesday that would be convenient.

Unfortunately due to the financial conditions afflicting most hospitals, the only thing I can offer you is an enthusiastic audience of both professionals and trainees from several local programs. I hope you can make it. Please let me know at your earliest convenience. Thank you.

Sincerely,

Richard Pohl, M.D.

Richard L. Pohl, M.D.

RLP/tmm

**The
Annual
Of
Psychoanalysis**

180 N. MICHIGAN AVENUE
CHICAGO
ILLINOIS 60601
PHONE 726/6300

*Rec'd
12/5/75*

P

December 3, 1975

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

Dear ~~Mrs. Fraiberg~~: *Selma*:

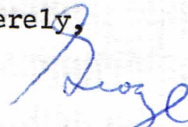
It is my pleasure to tell you that your paper "Congenital Sensory and Motor Deficits and Ego Formation" has been accepted for publication in Volume V of THE ANNUAL OF PSYCHOANALYSIS. Our readers unanimously found your manuscript to be an excellent and valuable contribution.

Please sign one copy of this letter and return it to me. This will serve as a copyright release from you as an author who has contributed an original article to the Institute for THE ANNUAL. We intend, as you may know, to grant you permission for any future reprinting of this article in collected papers, textbooks or anthologies.

Thank you for agreeing to submit this paper to THE ANNUAL for consideration. We hope you will continue to think of our publication as a forum for your work.

With best personal regards,

Sincerely,



George H. Pollock, M.D.
Chairman
Editorial Committee

*Returned
12/5/75*

WILLIAMSBURG PRE-SCHOOL
FOR SPECIAL CHILDREN
BOX 774
WILLIAMSBURG, VIRGINIA 23185

November 21, 1975

*Rec'd
12/2/78*

Dr. Selma Fraiberg
University of Michigan
Medical School
Ann Arbor, Michigan

Dear Dr. Fraiberg:

I am currently working with a deaf-blind infant, six months of age. The infant and parents are enrolled in our Home Program. I enter the home twice weekly and provide the parents with specific prescriptions to aid their child's development.

I am extremely interested in obtaining any information to aid me in my program design for this infant. If you have any applicable information I would appreciate your sending it to me or forwarding addresses to me so that I might obtain it.

Sincerely yours,

Missy Parker

Missy Parker
Home Teacher

MP/jm

*Sent reprint, last
sent 12/22/75*

ROUTING SLIP

The attached correspondence is routed to:

Adelle

12/5

☒ For Your Information

☐ Please Return

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☐ For Your Approval

☐ For Handling

☐ For Your Signature

☐ Per Your Request

☐ Please See Me

☐ Per Our Conversation

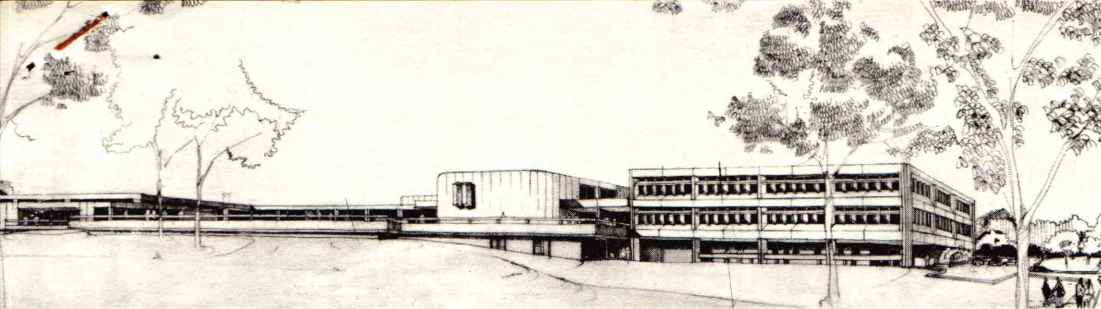
REMARKS

*Reprints (if available)
sent as requested.
These letters are for
your file.*

Date

Originator

Anita



Royal Blind Society of New South Wales

BOX 176 PO BURWOOD NSW 2134 CABLES AND TELEGRAMS 'ROYALBLIND' SYDNEY
TELEPHONE 747 6622

OUR REF. FAP.JC
YOUR REF.

*mailed
12/5 (adh)*

PATRON: HIS EXCELLENCY THE GOVERNOR OF NEW SOUTH WALES,
SIR RODEN CUTLER, V.C., K.C.M.G., K.C.V.O., C.B.E.
VICE-PATRON: THE HONOURABLE MR. JUSTICE MAXWELL, C.M.G.
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THE HONOURABLE S. T. STEPHENS, M.L.A.
H. WAKEHAM, ESQ.

*Rec'd
11/21/75*

14th November, 1975.

Dr. Selma Fraiberg,
Director Child Development Project,
201 East Catherine Street,
Ann Arbor. 48104.
UNITED STATES.

*Adelle - Send our list
of reports - add the
new M.P. paper - S*

Dear Dr. Fraiberg,

The Children's Services of the Royal Blind Society have provided a home guidance programme for the families of blind children in the state of New South Wales for some forty years or so. In its basic orientation this programme seems to have been largely in accord with the "Intervention in Infancy" programme which you describe in your papers in so far as it recognised both the unique developmental patterns of blind children and the importance of promoting the emotional ties between the baby and his parents. You can imagine the delight therefore with which our staff members have greeted your publications which give such clear-cut explanations for the characteristic delays seen in blind babies during the sensorimotor period as well as providing techniques of adaptive substitution for vision.

Having recently expanded our professional staff we feel we are now ready to attempt to reproduce your experimental findings on Australian children using your developmental guidance programme. Our problem is that here in Australia we are having great difficulty in obtaining adequate reports through the literature to enable us to duplicate your methodology.

12/5/75

Adelle

*Reprints
Copies of #5, 8, 12, 17 sent -
In "Hold file" until # 7, 13, 24 arrive
(adh)*

At the present time we have in our possession copies of:-

"Gross Motor Development in Infants Blind from Birth"

"Intervention in Infancy"

and

Your Introduction and Dr. Adelson's Commentary on "Elizabeth".

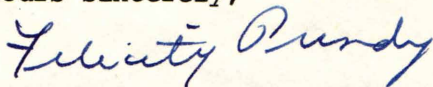
Papers which we have seen mentioned but have found impossible to obtain are:-

- # 7 "Parallel and Divergent Patterns in Blind and Sighted Infants"
- # 13 "Smiling and Stranger Reaction in Blind Children"
- # 24 "Studies in the Ego in the Congenitally Blind Child"
- # 12 "The Role of Sound in the Search Behaviour of a Blind Infant"
- # 8 "An Educational Programme for Blind Infants"
- # 17 "Mouth and Hand in the Early Development of Blind Infants".

Would it be possible to get copies of these from you? In particular we are interested in your methods of recording observations and progress. Our problem is how to translate our observations onto paper so that we can compare our children with yours.

We are of course very aware at this stage of our planning of the warning contained in the last paragraph of your article, "Intervention in Infancy". It is, in fact, in an attempt to set standards that I am approaching you. In our own organization we are fortunate to have an Honorary Medical Advisory Panel whose members as well as having the highest academic qualifications, have worked for years in the field of infant development. At the present time it is proposed that our field teams should each comprise a social worker experienced in family reactions to blindness in infants, an occupational therapist trained in the assessment of child development and a psychologist. We are all looking forward eagerly to our involvement.

Yours sincerely,



F. A. Purdy (Mrs.),
SUPERVISOR, CHILDREN'S SERVICES.

August 15, 1975

Mary E. Pharis
[REDACTED]
[REDACTED]

Dear Mrs. Pharis:

My lamentable disc problem has put me away behind schedule and only yesterday did I finally get around to reading the transcript of my "profile."

I am sending it on to you now with a few marginal notes, some minor corrections, and additional note and one small headache. On page 15, bottom paragraph where I speak of the fact that NIMH "invested a fortune in testing the efficacy of family group treatment" I know that this is true (it came from "well informed sources at NIMH") but I don't want to put NIMH on the spot. I would prefer to delete then a good part of that paragraph and have indicated this on the manuscript.

I will xerox this transcript so that if you need to check with me about details, you can call me on the telephone and we can check it out - each of us with a copy.

Many thanks for being so patient with me! I remember our visit with much pleasure and hope we will meet again soon.

Cordially,

Selma Fraiberg

SF/amw

Clinical
Social
Work
Journal

Mary L. Gottesfeld, M.S.S., Editor
285 West End Avenue
New York, N.Y. 10023
(212) 874-7846

Mary E. Pharis
13412 Lois Lane
Austin, Texas 78759

Rec'd
6/30/75

Selma Fraiberg, M.S.W.
201 Catherine Street
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

I am enclosing a copy of the interview transcript which will serve as one chapter in our book, Profiles in Social Work, which is due at the publisher's in two months. I reordered some sections a bit, but you'll see that I really left most of the transcript as it was originally. And don't worry, yours is not the only syntax that is garbled, as you'll see in reading my own comments.

The material will be abridged and will appear in Clinical Social Work Journal at some time, exact issue not yet specified.

I must tell you of how you fulfilled a very fond fantasy I had: some of our interviewees have been rather guarded in dealing with their own transcripts, occasionally to the extent that whole interviews were rewritten, new issues introduced, old material deleted, etc. I so enjoyed the freedom and candor you showed, and I had mentally bet myself that you would be willing to let what you had said stand, because it was you, the first time. You won my bet for me. Thanks! You really have one big admirer in Austin, Texas.

Best regards,

Mary Pharis

1. note
clerk p. 15

Q. Let me first ask you, "why social work?" What led you to choose this field?

S.F. I came from a family in which philanthropic commitment was very large. Members of our family were prominent in Jewish community welfare organizations and philanthropic organizations. So that I grew up with a tradition that was very easily adapted to the profession of social work.

Q. Are you the first professional to move in that direction in your family?

S.F. Towards social work? I was the first in my generation. My father was a businessman, and my family would have been board members and active in community fund raising. I always knew what they were raising funds for, and I always knew enough about agencies so that I heard about the field even before I knew very much about it. We were a very close family and so we all spoke of these things; it was a very natural thing. There was a tradition of Jewish philanthropy that was very deeply felt and not limited to raising money. In my home there was discussion of the aged, the orphans; I remember the impoverished Jewish families of the depression. Jewish families were not any more impoverished than anyone else of course, but in Jewish tradition one had to especially care that the members of the tribe may be imperiled. So all that was available to me; I think I was the only one who chose social work.

Q. How many of you were there?

S.F. In my own family there was a brother who is a physicist, he's next.

Q. You're the oldest?

S.F. Yes, I'm the oldest; and a sister who is a teacher. And then in the larger family, the cousins distribute themselves over many professions:

medicine, law, engineering, professorial appointments in English, History, etc.

Q. Does that core of professionalism among you and your cousins come from a long professional orientation in your family or is this more in your own generation?

S.F. No, I would say that in my mother's family the college members would be two or three. In my own generation, in the extended family, there was only one who did not go to college.

At the time I came into social work in the early '40's, it was the most exciting profession for a young woman. And since everyone in my generation was very much affected by the depression or the war and by commitment to actively participate in reshaping the world, social work was really the natural choice.

After graduating, I started out in public assistance in the early days of ADC without any certainty that I would go on to graduate school. I had one year that I consider one of the most valuable years of my life in ADC. Got a sense of the complexity of human problems, the effects of poverty and the broken family upon children. I learned a good deal about interviewing and listening, and I had good supervision, and it soon became apparent that if I wanted to be a social worker I would have to go to graduate school, which I did. I entered the school of social work in 1941.

Q. At Wayne State?

S.F. At Wayne State. At a particularly auspicious time. And very luckily, (and all of this was luck because so much depends on your supervisor as you know) I got a first rate, most admirable supervisor, Miss Clarice Freud. She remains my friend and is ~~still~~ a consultant to our own program here.

This was in a child placement agency which I think threw me

into the depths of human problems. It was very painful for a young social worker to see children removed from their own homes. It was even more painful because of the fact that this was the time that Hitler's refugee children began to come over, and we were responsible for the placement of that group of children.

I wasn't sure that I could survive in social work now that I really understood how much suffering one would have to share with patients, and small children especially. And it was only, I think, through the steadiness of a supervisor who allowed me to feel but also showed me the necessity of containing my feelings so that I could be truly helpful to my children, that I stayed in social work at all. Thereafter I had a second year in a family agency, again with great supervision, and I think my whole story would have been different if I had not had first rate supervisors and first rate training. Again I had a caseload of impoverished families mainly. I learned the methods of social work, methods of social treatment for a wide variety of families with a wide range of problems. I also carried direct treatment cases with children under supervision, and again had the feeling of how little I knew and of how much I would have to know.

During one period of training I was also an initiator with Fritz Redl of early group work on behalf of children. We set up a series of what would now be called group treatment programs for children who were in our placement caseload at the Jewish Children's Bureau. And I was very much fascinated with the potential in group treatment for certain disorders of childhood. I think I also saw the limitations. I made a decision finally that I was best suited for casework.

But I needed more analytic supervision. And then there was a

period of time in which I had a mixture of experiences. The Veteran's Administration opened it's mental health clinic....

Q. These were the early post-war years?

S.F. Yes, and I spent a year working in the V.A. clinic with adults. Found that very rewarding in many ways. But there I did not get the psychiatric supervision that I had hoped for. It was really the early chaotic-formative period of the V.A. And in the meantime something happened that led me into analytic work. I had been carrying some cases under analytic supervision in both my field placements....

Q. Was that a matter of routine at Wayne State, or was this also just good luck?

S.F. Really, you know, it wasn't a matter of luck. Nearly every major agency at that time had an analytic consultant. Usually, by the way, they were the best men and women available; so I had good teachers. Then because there were very few child therapists, and my work was known to some of my supervisors, I began to get child patients which I carried under analytic supervision. And in a way I can't really describe I moved more and more into child treatment, always with analytic supervision. I had available to me two excellent seminars conducted by the Sterbas, one on psychoanalytic training and one on child therapy. And from that point on, without consciously making a decision, I moved in the direction of psychoanalysis.

In those days there were no formal training programs. In fact, to this day there are no formal training programs for non-medical analysts.

Q. Cleveland is the only place?

S.F. Cleveland and Chicago. ~~Chicago and Boston are moving toward a~~
~~doctoral program; Chicago's Child Care program had now been licensed~~
~~by Illinois as a doctorate in psychoanalysis.~~ Well, during those
 years when I was an analyst, I was also a social worker in that I
 maintained close ties with social work. My social work colleagues
 almost insured that I would.

Q. How did they do that?

S.F. Ara Cary, the Director of the Downriver Consultation Service asked
 me to do consultation work; I led a seminar there and I never really
 lost touch with social work during those years. I didn't really want
 to either. I also did a fair amount of institute work in connection
 with a variety of social work organizations, and this was probably
 an important reason that I never lost touch with my own base in social
 work. I never completely became only a child analyst, seeing children
 in an office or seeing only a certain class.

Q. You have never done that?

S.F. I have always done teaching, consultation, and supervision. I don't
 think there's ever been a time that I wasn't involved with social work.
 After our daughter Lisa was born...our daughter was adopted, and
 I became a rather late mother; she's now 18 and about to enter the
 University of Michigan...there then was a period of time when I did
 very little ^{work} naturally, when she was younger. It also coincided with
 the period that we moved to New Orleans. My husband has his doctorate
 in English and was on faculty, and during that period I had very
 limited time to work professionally, with my daughter still a
 pre-schooler. I taught one class in the School of Social Work at
 Tulane, and Viola Weiss was instrumental in bringing me in as
 consultant and seminar leader for her family agency. So once again I

was close to social work. At the same time I had almost no analytic practice but maintained connections with the New Orleans Psychoanalytic Institute where I also taught a course occasionally. Then we "moved back North" as we say; my husband became Chairman of the Department of English at the University of Toledo. My daughter was then in third grade. There was a little bit more time, and I was invited to commute to Ann Arbor to teach for the Department of Psychiatry one day a week.

So for three years I gave something like one or two days a week back here and actually at the end of that three year period we, as a family, moved to Ann Arbor, which has always been 'home town' in a sense for us. We were moving back to old connections and associations, and almost at the same time my research in the development of blind infants was to be supported through grants.

✓ Actually, ^{it} began in New Orleans during the period that I was a full time mother and had time to give freely to a very tiny investigation. We'd better move back there.

While I was consultant to the Family Service Society of New Orleans, the agency took on a caseload of blind children who had formerly been loosely grouped in a pre-school program which had closed and now had no facility. It soon became clear that these were families and children that needed continuous family casework on behalf of the child. And for the first time I saw blind children and disorders that I ^{had} never seen, except in the most severely disturbed sighted children. I found that I had nothing to offer our social workers as consultant to the program because I knew nothing about blindness and I knew nothing about the bizarre characteristics that I saw in these latency-aged children.

Q. Autistic-like symptoms?

S.F. Yes. This same agency had seen one ~~autistic~~ sighted child in two

years before the blind caseload appeared. David Freedman, who was another consultant and both a neurologist and psychoanalyst, had exactly the same impression as I: at least one quarter of those blind children were autistic. And nearly all the others showed autistic patterns to varying degrees.

So Dave and I, both friends and colleagues, had inferred from the characteristics of latency children and pre-school children that something had gone awry in the ^{perinatal} ~~sensory-motor~~ period in the first 18 months of life; and if we knew what the developmental impediments had been we would probably be able to evolve a treatment program and have valuable information as well.

Our first step then was to go to the library and find out what was known about the development of blind children from a psychological point of view. There was nothing. Nobody had ever conducted a developmental study on blind children. Then we decided to conduct our own study. There was no money. Naturally that didn't matter. I had time. We decided that the first baby that came to the attention of our agency that was blind but otherwise intact would be looked upon as a potential candidate, and we would try to enlist the cooperation of the parents in helping us understand the development of blind infants.

The first baby, Toni, arrived after a period of 5½ months, a Black child whose blindness was caused in a horrible irony by the carelessness of a nurse who failed to administer silver nitrate so that she contracted ^{ophthalmia} ~~ophthalmia~~ neonatorum, an otherwise beautiful child with a very devoted mother. And David and I arranged to visit monthly, with the mother's very earnest cooperation. We borrowed a camera from the man next door, and we divvied up the film and processing bill each

month. Kept very careful notes. And in about 7 months the one baby had already begun to inform us about the unique developmental patterns of blind infants.

We saw where the roadblocks came in. We saw the extraordinary problems for the mother in caring for the blind infant. And we also saw that a mother, otherwise adequate with four other children, was thrown into disorder for all her good maternal feelings, by the strange developmental patterns of the blind child.

That meant we had some beginning insight, and we followed Toni for about 2½ years. Although we looked for other babies, none otherwise adequate came to our attention, but by the end of our work with Toni it was easy to conceive of a treatment program that would be based upon what we had learned. At the close of that period my husband got the job that took ~~us away and we moved~~ to Toledo; and David Freedman at the same time got a job at Baylor. But both of us independently have been engaged in research in infant development and ~~on blind infants~~ since.

When I came to Ann Arbor I had the chance to do a little bit more, since one young resident in psychiatry, Dr. Barry Siegel, was interested in working with me. We also got a collaborator in psychology lent to us by the Department of Pediatrics, Dr. Ralph Gibson. We had the cooperation of our ^{ophth} ophthalmology department, and began pilot work in very well-defined research. Within about two years we had support from the National Institute of Child Health and Development for a larger program. At that time we made it clear to NICHD that because these babies were at very great risk we would need to offer concurrent educational counseling and guidance.

So that it was a service as well as a research project?

Q.

S.F. Right. Our staff at that time was composed of clinical psychologists and social workers. And in addition to the research program which was massive, (we're still in the final data evaluation phase) we also had to work out ~~methods~~ of educational and counseling approaches to the parents, knowing that they had not come to us as patients with neuroses but as parents faced with extraordinary problems in rearing a blind child. During the next years we also began to get support from the Office of Education Bureau of Handicapped Children, and we developed methods for a home-based education and guidance program on behalf of impaired infants. It was highly effective and made use of all the knowledge that the three disciplines, or four, could bring together: psychoanalysis, psychiatry, social work and psychology. And no part of the program could have been developed if we hadn't had all the disciplines involved.

We didn't do it, by the way, by dividing up chores. We all did the same work on the program. We all collaborated in developing the method, and all brought in our special skills from our own areas. A model that we liked so well that it became the model for the new program, the current program here.

Q. It was really your original interest, though, coming from New Orleans with the experience you had with Toni, that led to this; you have really generated this project?

S.F. Yes, I think I did. But I would draw attention to the fact that it came out of a clinical concern. I couldn't help the social workers in New Orleans. I couldn't help the parents. Part of this story is told in a paper that I once presented at Smith College.

(Fraiberg, Selma. The muse in the kitchen: A case study in clinical research. Smith College Studies in Social Work, 1970, 40, 101-134.)

It describes more fully how hypotheses are generated in a clinical setting, and how they were examined in the research program and then brought back to the clinic and to the children.

In the interval between 1971-73 we became strongly committed as a team to early intervention: we didn't have to be sold any longer on the benefits of early intervention. As a matter of fact our own study revealed that our primary sample, in which all the blind children received educational guidance from the point of referral (often very early in the first year,) ~~these children~~ come closer to sighted child norms on standard tests than to blind child norms. That includes language and motor development. The characteristic developmental lags were not present in our group taken as a whole. And "blindisms" also were rare occurrences, or phased out appropriately at the end of the ~~sensory-motor~~ ^{sensory} period. So that looking at our children, and we have some lovely tapes and films, one is startled by the fact that they don't look blind...until one realizes that the eye ^{is} not making contact, the object is not being fixated. But they're otherwise adequate. We may find out more in the follow-up study, but the older ones are in school and with two exceptions are functioning very well.

Q. How large were your samples in these groups?

F.S. In the restricted research sample we have criteria that could be met only by a very small sample: ten. These were children who had no other handicaps, they were neurologically intact, and they were referred during the first year as close as possible to the first trimester. ^{travelled} We travel within a radius of about 50 miles to get these children. In another sample, however, we offered an educational program to children who were referred, but who could not meet the criteria, and even some of these children who ^{had} known brain

11

damage and other handicaps, show demonstrable differences in their attainments, compared to those who have had no intervention in the general blind population. All this remains to be more fully worked up, but a good part of the Group I material has either been published or will be ready for publication in a volume which will probably appear within the next year.

Q. Are you writing it?

S.F. Yes, with collaborators. Volume I is nearly finished and if I could just find time to complete one last chapter on language then the book will be ready.

Now to return to the new program: since we did not need to be convinced (as if we ever did need to be) about the benefits of early intervention, we decided we would like to move into still another area which drew a lot of our concerns as clinicians and researchers. We already knew that many of the most severe and intractable emotional disturbances identified from children's clinics and hospitals often had their roots in the ^{Sensory-motor} sensory-motor period, and can be identified by trained clinicians during that period. Also we had learned so much in the last decade, not only in our own research but in all areas of developmental psychology, about both the affective and the cognitive characteristics and milestones of the first two years of life that we should surely be able to translate this into early identification if we ~~were~~ ^{were} good clinicians. And if we are good clinicians and understand those phases of development, and treatment measures, then we should be able to translate our knowledge into effective treatment programs on behalf of the baby.

We call this "an infant mental health program" and we applied for and received funds from the Grant Foundation for a pilot program for the first two years. We have just gotten renewal for another three years.

P.S. We have now received a 4-year grant from NIMH

Q. Let me ask you if your interest in research and your scientific approach to the clinical situation, and to what you see in practice, has always been characteristic of your work, or something you developed? Do you see a dichotomy between the research and the clinical interest?

S.F. No, not at all. I have always argued closely for the intimate relationship between the clinician and the clinical researcher. You have to do both. Something has to be said for one's undergraduate experience too. Because oddly enough one never knows what one pulls out of one's basket of mixed blessings in an undergraduate curriculum. I was a psychology major and I had some training in experimental psychology, at least on an elementary level, and in perceptual psychology, which in my day in the late 30's and early 40's was an utter bore. I hated every minute of it. I did well in it. I think I could have had a career in it except that it was so detached from the human center that I could not see a career for myself in it. However, what came out of that was a background and a vocabulary and a theoretical framework that could be pulled out of the cellar, as it were, when I moved into the work with blind infants. So oddly enough the years in the experimental lab with canned experiments which I had thought an utter waste of time could come back to me. Even though sensory and perceptual psychology has been very greatly modified today, nonetheless I was not without a vocabulary in the field or a way of approaching the problem. Furthermore I had learned whatever it is that one gives to undergraduates: observational methods, rigor, methods for examination of a problem, how to get the answers.

It is very difficult to see how these factors come into clinical research because clinical research borrows quite another method.

I think, as a matter of fact, it has moved too far away from our base in naturalistic study; we simply haven't exploited fully the naturalistic circumstances available to us, or the clinical opportunity for generating hypotheses.

I think I've always moved back and forth between research and the clinic.

Q. Always with a firm social work identification?

S.F. Yes. And with a firm psychoanalytic identification.

Q. Are you upset at all, or concerned at all, with the current angst of attack on clinical work in social work?

S.F. I'm depressed by it rather than angered. First of all, I can't imagine a clinician doing psychotherapy without making use of the greatest discoveries of our time. I lament the fact that our training in social work has badly christened all of us so to speak. I think the analogy came to mind because of the joke about Christianity: "Has Christianity failed?" "No, it's never been tried." Psychoanalysis too, and its implications for social work practice, have never really been explored fully or understood fully. So at the time it was abandoned, and I think it really has been abandoned by most schools of social work, we had not even given ourselves the time it would take to fully develop a method. And we have moved in our history as social workers from one fad to another without fully testing it, without fully appreciating it. Whatever was in vogue was borrowed pragmatically: it worked, or it didn't work, it was integrated or it was not integrated on a simple pragmatic basis. And on a very shallow level, so that now we find ourselves with a smorgasboard which has no common theory, and which cannot be taught as a body of knowledge any longer either.

At the same time, the gap between what is being taught in social

work and what is needed in the field is so large that one finds oneself helpless before the task of finding qualified clinicians. In this department of ours and in our hospital, where social workers are being required to do psychotherapy, there is often nothing in their background that prepares them for this work. At a time when we know more about prevention of emotional disorders in childhood than we have ever known in the history of mankind, the sum total of the information available on child development to a graduate of a school of social work will be a two hour a week course for 16 weeks, cradle to the grave. And early childhood will be one one or two lectures. So that when we bring social workers into our program, they are students; we have to build in the most intensive intramural seminar and didactic program, and supervision, to bring about beginning adequacy at the close of the year (we insist on a year.) Any new social worker coming to our program is selected on the basis of expertness in his field in practice, someone who has already obtained some clinical skills, and we build in the child part. There's a protected caseload for the first year.

Q. Do you think it's disinterest on the part of the schools, or hostility?

S.F. Disinterest or hostility toward what?

Q. Toward psychoanalytic theory and its usefulness in a clinical setting.

S.F. I think in many schools they really think it is not useful. But always there's a mixed faculty; there are members of our faculty who would consider the theory irrelevant, and some who would not. That's true of every school I know, as a matter of fact. Except Smith, which I think is still strongly committed to an analytic approach.

But of course I won't blame our field entirely for that either. I think psychoanalysis has not provided teachers in graduate schools,

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and I have been fascinated to see that in Boston for example, where there is a strong analytic tradition in social work, it may very well be because the Erikson's and the Deutsch's and distinguished senior psychoanalysts, many on the Institute faculty, devoted themselves to teaching social workers. It is a very important teaching function for analysts. Smith and Case Western-Reserve might be exceptions, but in nearly every other school that I know, the teaching of "dynamic psychiatry" is given to the most talented resident of the year who is just about one step ahead of his class, if he's done his homework.

So that one needed great teachers to teach psychoanalysis, which is a very difficult body of knowledge to impart in a lecture series anyway. But with extraordinary gifts, and with a sequence of courses in a two year curriculum, one can build an appreciation of its complexity and its value. That is simply not done. It is a very demanding theory to master. It's hard work. It is not hard work, however, to grasp a gold star reward system. That's easy. And I'm ashamed for those who have brought that into the curriculum because it's so easy to teach, and at a point by the way when its therapeutic efficacy has not been demonstrated as being better than any other method.

One would think that if social work is applied science that one would have gone to some trouble, before shifting the course of the ship, to examine the new bearing. We did the same thing with family therapy ^{group} "group". After about a decade in which NIMH invested a fortune in testing the efficacy of family ^{group} treatment against other forms of treatment, and ^{outcome studies which did not} concluded on the basis of a spread of studies throughout the country ^{showed the method was better than other methods, and cost time.} that its benefits were dubious if any, ... at the very point that the ^{serious doubts about it} research came in and NIMH decided that it wasn't going to invest any

~~more money in this research~~,...social work embraced it.

Q. Let me ask you about your own personal life. What do you do to relax? What do you do for fun?

S.F. Oh, gardening, family fun, reading...we're all great readers in our family...

Q. What especially? What do you like to read most?

S.F. I like 19th century novels very much. I must confess I like them more than the experimental "examination of the interior" novel that is assaulting us today. Although I do like a number of contemporary novelists: Saul Bellow, Solzhenitsyn. I read a very large amount of biography, autobiography, history. But mainly I think I relax with my favorite old fashioned novels of character.

Q. Time and again I'm struck with how well literature has served people in our field in developing and maintaining their interests.

S.F. Oh yes, and also as one's first introduction before psychology to imaginary psychology. I think that one benefit must have accrued to all of us through reading: the refinement of our interest in the outward manifestations of character, the surface of character, which is especially well drawn by the 19th century novelist. And it's this attention to behavior and manners that always becomes a corrective to the passion for the interior that is part of our work too, you know.

Q. If you were going for a long trip and could take with you only a few books, what would you take?

S.F. War and Peace! As a matter of fact, War and Peace actually was the direct cause of a cervical disc problem I developed in Mexico. I was reading it and was absorbed (as if I didn't know how the story would end, you know). And I got into the most idiotic posture in one of those old fashioned beds with old fashioned pillows in Cuernavaca, and

began to experience some neck pain but I couldn't put down the book; and the pain became very severe but I still couldn't put down the book. The next day I woke up quite incapacitated and very shortly afterward learned that I had a ruptured disc. I suffered from it after for some length of time, which I think is the greatest tribute I could give any novelist! All right, let's see. Dostoevski; I'm very fond of the Russian novelists. I would take with me The Brothers Karamazov and Crime and Punishment. The Possessed wearied me; I don't think I would take that. Anyway, for relaxation one hardly needs The Possessed when one is in our field. The Red and The Black by Stendal; and Dickens, and I don't know that I would care, I would pick any one off the shelf. Thomas Mann; and I have read just about everything of his. I would particularly take the Joseph stories with me, and The Magic Mountain. And Gide, The Counterfitters....

Q. I see I can't limit you to only a few books.

S.F. Oh, I'm past that already, aren't I? I don't think I should be limited; I don't think that's fair.

Q. Do you stay active in professional circles?

S.F. I still do a fair amount of lecturing, let's say a few times a year, and I do institutes in the area of developmental psychology. I am really as deeply committed to other disciplines as well as psychoanalysis, but I would say that most of my teaching and lecturing has been done within psychoanalysis. I am not active in any organizations. I am in no way active in my own department here at Ann Arbor. I do not attend faculty meetings. I'm on no committees. I decided I had no talent for that sort of thing. And no ambitions either. My time is better spent where I have some degree of competence. It's a matter of assessing in your old age, "What do I really have to contribute," you know?

Q. You say "in your old age." Do they have here one of those mandatory retirement arrangements? And what would be the first thing you would do if you were made to retire?

S.F. Oh, this would be no tragedy at all! If I were made to retire... really I would hate to give up the work I am doing now which is a great joy, but this work would really have to be carried on by younger people, so I think it would be very wise of me to retire as Director of this project let's say in five years or less. So that other people who are gifted, and I have many gifted people working for me, can take over and give the program continuity and life. So at that time I would enjoy part-time teaching, a very limited private practice, and writing, writing, writing because I will not be able to finish some of the stuff I have waiting to write up if I had 40 more years.

Q. Is it easy for you to write? Can you just sit down and write?

S.F. It's such a mundane method that I never want to admit to anyone how I do it, until I discovered that most writers use the same method. I regularly sit down at a typewriter for the first hour and a half every day whether I'm stuck in a paragraph or not. I just sit down. I regularly finish one or two pages a day, and while that sounds like a sleazy way of writing, I discovered to my very great satisfaction that Thomas Mann regularly wrote 40 lines a day and that a number of other writers, novelists among them and poets, did the same thing: so much work a day. If you wait for the inspiration to come, of course, it can either be there or not be there. But if the task is before you, you finally pick up the continuity and it's that kind of continuity that produces the paper or the book.

Q. You fuse your writing so beautifully with personal touches and

real people; is it a conscious attempt on your part, or is it just something that comes to you? I recently gave your book The Magic Years to a friend, and I told her "don't miss the episode of Laughing Tiger." It is made so funny and so personal with anecdotes and names and interchange. Do you do that on purpose to make it more rich for the reader?

S.F. I do it for myself, too, because if I can't make it rich for myself

✓ and live ^{alone} for myself, then I'm not satisfied I really represent it.

I enjoy trying to recreate the known person in a descriptive sense.

Q. Does your husband review your writing before it goes out?

S.F. My husband has been a stern teacher. I think I owe my style in some measure to my husband because I think when I was a much younger woman

I tended to run off a good deal, to like expansive, almost Germanic

✓ sentences. I liked the roll of the words, as it were. And my husband,

who has excellent style himself, and is a stern critic of style, brought

me to the kind of simple discourse that I now use. He doesn't always

read my papers. I sometimes have to call him up for a word or spelling

or usage. On certain papers where I want his critical intelligence

(and he knows our field well, too) then I'll bother him; otherwise he's

a very busy man, and some of the stuff I write probably wouldn't be

of very great interest to him.

I also have readers among our friends and colleagues and I take their criticism very seriously. Every paper that comes out of the project has been distributed in first draft form for criticisms. So that by the time it comes to an editor it has gone through many hands, and I'll get statements back like "this section could be better" or "this is a repetition," that sort of thing.

Q. Not all the writers I talk with subject themselves so openly to criticisms.

S.F. Oh, we're very good at that here; we're really very helpful to one

another. Also I think I know nobody who is cruel with his editing. I'll tell you this, though; there is one form of editing that does make me angry. I've had experiences for example, where the simple declarative sentences, which I like, did not please the editor of X journal or Y journal, and all of my simple sentences were made into compound sentences, or a word that I have chosen with very great care was modified by the editor and a cliché put in its place. That kind of criticism I don't take very well. The criticism of good editors I have taken very well and profited from.

Q. Can you pick an aspect of your professional career that you're most pleased with: the writing, or...? I saw in Who's Who of American Women that you labeled yourself an educator.

S.F. Oh. Yes. I guess so. That seemed a fair way of putting it. I can't say which I loved best: there isn't one part of what I'm doing that I'd give up. And it's because I'm doing several things at once that I enjoy my work so much. I love the teaching, I love supervision, I love everything I do here. I know all the children. I'm the analytic supervisor of all the cases, all the families who come here.

Q. How many?

S.F. In any one month we'll have 30 to 35 families. Whole families. When you work with babies that's what happens, you know. And I think I know all of our cases very well. I'm the consultant or supervisor on nearly all the cases, and that part I simply love.

I also get tremendous satisfaction out of seeing the most fragile and the most unpromising cases develop into healthy families, and they do! And we all feel rewarded. I love the fact that I'm working with babies, which is great fun. It's like having everything, you know, because in our project those of us who are too old to have babies of our own can simply borrow everybody's baby, and we call all behave like

grandmothers. That's the most fun.

I also supervise in child analysis and I supervise in child psychiatry, so I have every part of my clinical interest satisfied. Then the teaching, and I think that includes supervision, I simply love; we have ongoing seminars within our own program that I think are especially fun for me because they are our own students with whom we're also working very closely. To watch the progress of a student from the time he enters until the end, both in supervision and in teaching, is to really graduate a student, and you feel great pride.

In this office, the door is open a good part of the day unless I am writing, and it means that anybody can ~~come~~ and wander in and out with an interesting piece of news for me or just sometimes to sit down and cry, because some of the things we see are unendurable; and the students here feel a closeness to me and it's a form of teaching that just cannot be duplicated.

Q. You have such an enthusiasm about all your work and such feeling for it; have you intrigued your daughter to become interested in these things?

S.F. Well, she loves baby work. I've intrigued her to the point that she wants very much to be a mother. Which I think is the best part. And she flirted with the idea of combining pediatrics and psychology for some time. Now she sees herself as a potential lawyer, feeling that more can be done through the exercise of the law on behalf of children. That's her present direction. Now, that can change in a year or two, one never knows; she'll be a freshman next year.

And she loves that part of my work which I could share. I could never discuss cases with my daughter of course, since this was intimate material and she was educated from the start not to expect any answers to her questions regarding patients. She really learned confidentiality.

At the same time, she would have been deprived of understanding part of my work, except that when I began work with blind babies confidentiality was not a factor. Nobody was coming to us for psychotherapy ~~in that regard~~, but rather to help us in promoting the development of babies. So when Lisa was as young as four years, when Dave Freedman and I would review film on Saturday afternoon, all of our kids would come together and watch the movies. And they became very discerning observers of babies. Children are sometimes so astute; they picked up small signs that we would miss, and it became a very serious Saturday afternoon entertainment for Dave's three young kids and my four year old.

At one point Lisa became very interested in one part of my work when we were dealing with Piaget's concept of object permanence, trying to examine the evolution of the concept of permanence in blind children. She quickly learned the Piagetian tasks, and in one of the most hilarious experiments ever conducted she put our dumb beagle through the procedures, and of course he flunked out. He flunked out after stage four. And it became really rather a useful piece of information. I watched very closely as she consulted me on correct procedures. Even when she was sure she did not violate procedure, there was no question that the dumb dog could not pursue an object after it left his field of perception, whatever his perceptual field was. This made Lisa very sad because she thought he was smarter than all that.

But it began to get us into the issue of representational intelligence in animals. When I published this as part of my object constancy paper, it became a valid way of looking at a problem. I could examine this in need states in an animal and get observations there too. And he was really not any smarter in need states than in any other.

And by the way, I had an hilarious correspondence that went on for years: I got into debate all over the country, everybody claimed his dog could do better than that. One of my colleagues said, "Everybody knows that Brandy is such a dumb dog; now my dog...." So I told him to try it on his dog and report back to me. The best report I got was stage five on a Golden Retriever. However, there's some small evidence that our present dog, a Great Pyrenees, might qualify for level six: he's very smart, and also has good central vision.

Q. Was Brandy the dog you mention in The Magic Years, the one you could always get into the basement every evening?

S.F. Absolutely. Absolutely. And he never got any smarter.

Q. How you draw from everything around you to think and to test behavior?

S.F. Well that's part of the fun.

Lisa has followed my work with blind children very closely. In fact she even wrote a term paper when she was a very little girl in which she brought together what she understood of our work, using encyclopedias and other sources on the topic of blindness itself. But now mainly she ^{is} interested in babies and young children. Perhaps she sees herself as a child advocate one day.

And as a matter of fact this is one of my own concerns too, because we are not only working clinically on behalf of children, working on behalf of families, we are also deeply concerned in generating public concern for the child welfare policies and legislation. I can't see anybody in our work today who should not be concerned, not only for psychotherapy and for intervention, but for prevention through effective social policy. There's a very good climate for this in law today, you know. And interest is going to be reflected

in legislation too, and in getting the attention of legislators.

There is a new breed of lawyers being produced, and many have great concern for legislation and legal practice in regard to children.

This is going to have an effect I think.

Q. Can you say a word about becoming a mother when older? You say you came late to mothering.

S.F. Thirty-eight, actually; I was 38. I think there were many advantages.

First of all a lot of the ^{crises} ~~circles~~ of personality that simply belong in late adolescence and young adulthood should finally have been worked out within oneself. There is a readiness for full-hearted commitment to motherhood, without any of the ambivalence that would have been present in the young college-age mother. A completion of one's adolescence long before; I see that as a great advantage. One disadvantage that I see is that for the child who is active, very athletic, having both unathletic and, frankly, aging parents meant that there were activities that couldn't be shared in the way very young parents might. I never played baseball with my daughter, for example, or tennis. But then that may have been due as much to my own disposition as anything else.

Q. You sound as though you have a very well-rounded and full life. Would you change anything in your life if you could?

S.F. There's one aspect of my professional development, perhaps two, that I wish I had more of. I now wish I had more training in neurology. I now also wish that I had opportunities for training and field work in anthropology, specifically comparative child development: this I think would have enlarged my life greatly. I'm only speaking professionally: there's nothing else I would want changed. I do not

wish that I had gone to medical school; I'm glad I did not go to medical school.

Q. In the Chess and Thomas book that reprinted your article on the blind infants (Fraiberg, Selma. Intervention in infancy: A program for blind infants. In Chess, S. and Thomas, A. (Eds) Annual progress in child psychiatry and child development, 1972. New York, Brunner/Hazel,) there appeared in large letters, "Selma Fraiberg, M.D."

S.F. Oh, that was indeed an error. I never went to medical school. I had the opportunities, and simply chose not to. By that time I was teaching in medical school, and I realized that what I would need to go through was not really ever going to be applicable to what I was doing. Although I do now wish that I might have been able to obtain more background in neurophysiology and ~~neuroanatomy~~ than I have.

Q. What do you think about the thrust of the social work organizations, NASW and the like? About the so-called split between the activists and the clinicians?

S.F. I don't even know about it; what is it? I've already identified myself as one who doesn't belong to organizations. Tell me about it.

Q. Perhaps I'm not a good one to ask; I'm not really involved in it either. But there has been established a National Federation of Societies for Clinical Social Work; there are individual Societies in a number of states. They have a clinical emphasis, and generally decry the falling away of graduate schools from teaching clinical skills....

S.F. Oh, that I decry too.

Q. They seem locked in battle with the National Association of Social Workers, primarily over licensing, and the form licensing should take. Some of the clinicians feel that licensing should be restricted to Masters Degree social workers with a given number of years of advanced

practice under supervision. The NASW model licensing bill is a multi-level bill which takes it down through the B.A. social worker and to the pre-professional level social worker. According to the clinicians, NASW has gone active, only wanting to lobby in Washington, and they don't serve the clinical interest anymore.

S.F. I have nothing to say there, except that I think it's part of a larger trend, a tendency to abandon the social work traditions and objectives. For example, there are now schools of social work which are no longer training practitioners, but are training executives, administrators, community organizers. And the practice is to be conducted by graduates with a B.A., or perhaps even less. And I am simply horrified because the thing that has worried me throughout the years I have been a social worker was the tendency that began after World War II in which we moved further and further from the human center. Where the patient or the client and his needs are further removed from the supervisor, administrator, policy maker. With the predictable effect upon policy: it has no connection with human needs at all, only imagined human needs. If you know nothing about children, how can you administer a children's program?

Q. Are you familiar with the Council on Social Work Education's recommendation on the education of social workers?

S.F. No.

Q. In 1971 they adopted a policy of endorsing the undergraduate degree as the entry level practice degree for social work: the B.A. in social work would be the practice level degree. I gather that they plan to phase out the Master's, and if you want to become an administrator you would pursue the Ph.D. They have set up over 190 some undergraduate sequences in social work as part of implementing that policy.

S.F. All right, I don't know what they put into these undergraduate degree sequences. I know some juniors and seniors who could probably do a very competent job upon completion of such a program. But I have no idea about what the content of these programs would be. Is it then the old Masters degree content moved back into the undergraduate years?

→ We have undergraduates in psychology here; we bring them in as student assistants and assign them a variety of tasks, research coding for example (but interesting coding,) and in the old program they were assistant observers. In the new program they participate as photographers. In order to be a good photographer in our work you have to have an educated eye. So we have at any one time about four undergraduates. These are top kids who want the opportunity to see what's going on in this field....

Q. Do you screen all the students who work here? Many of the graduate schools of social work merely present you with the students you will have in a field agency.

S.F. Oh no, no, we screen them. And we always have about four talented juniors and seniors here. They participate in our seminars, and in addition we provide a small stipend; they are always pleased to count that as a small bonus.

Now, knowing how good their developmental psychology courses are, and how good are the sequences in clinical psychology, if in our school for these students we were to add in some aspects of social work practice to this already very good existing program, resulting in a degree certification program, I think it could be possible. However, if they teach the same stuff that they're already teaching in the schools of social work, but simply moving it down to the junior and

senior year, I'm not so sure. But then, one could ask "Is this, properly speaking, graduate material anyway?"

I think nothing more than family ties, metaphorically speaking, have kept me in association with social work. People I love in the field. People who hold the same values that I do. And my own staff in this project, extraordinary men and women. I think I do feel deeply committed to those values of social work which brought me into the field; wherever they are truly represented today, I still feel identified with them.

But let me give you an example of one of our students. She was an undergraduate here, a student assistant. And she fell in love with the profession because of the social workers on our staff whom she admired so. She was one of the most talented students we've ever had, way ahead of most Masters Degree students, and she entered her school of social work (not here by the way) and was assigned a field work placement in which she learned absolutely nothing. She was one who could judge what she had learned. She knew what she had learned in her participation here and in very good courses at the University. She has not yet had the experience which brought me into loving the beginning of my professional years, namely, good supervision. She is now going to leave her degree behind her and enter another field.

Q. That's sad. Do you think that within social work we can bring up new Selma Fraibergs? Aside from good luck and good circumstance?

S.F. Again, it's the agency that matters. Go back to the very beginnings of social work when most of the training was conducted within an agency and not a school. If you remember our own origins, long before there were schools of social work, there were intramural training programs within social agencies. And where I see good work being done

today by social workers, it reflects the agency and the supervision they were lucky enough to get somewhere along the way. And that's all there is to it. I do not see it coming out of any academic programs for social work that I know of. We have to rely on such diverse and often inadequate field work placements in such situations. Or it may be that people who are in the field and who are clinically-minded will have to find their own methods of pursuing their professional goals. Private courses, private supervision. It will be interesting to see what ~~happens out of~~ ^{emerges from} the Chicago model. It certainly hasn't been tried out elsewhere.

And I don't know who the current leaders of the field are. I stopped reading the journals, with the exception of your Clinical Social Work Journal which I think is coming along promisingly. In fact nobody here is reading them. We dutifully take all the social work journals here and I encourage everybody to read everything. But I know they're reading in other journals; you know all the really exciting things that are going on in our field are being published elsewhere. Who the leaders are, who are the spokesmen, who are the catalysts for the examination of social work principles and its future, I don't even know.

Q. Let me ask you about your future: you spoke earlier about retiring at some point. Tell me more about what you want after that.

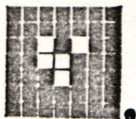
S.F. I will probably retain some teaching and consultation, some small part of practice, and writing. There is much left to do. I like writing for fun. It's very relaxing to do an article for Red Book Magazine and the like. But the highest priority has to be for the write-up of the project, of course.

And time for travel. Maybe my old interest in anthropology can

be satisfied, though it can never be fulfilled professionally.

In five years perhaps my husband will be retiring, and we will be free to travel. I can see us attaching ourselves as interested laymen, because we're in a related field, to an archeological research team let's say, or an anthropological team. Numerous things that we want to do together; we're good old traveling companions, we have lots of fun together and we always find that travel leads to some discovery or another. And maybe I could be a visiting professor some place, and he could be a visiting professor some place, and we could work that out too. There are no end of fascinating things to be done!

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September 22, 1975

Rec'd
9/29/75

file
Selma Fraiberg, Director
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201 East Catherine Street
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Dear Mrs. Fraiberg:

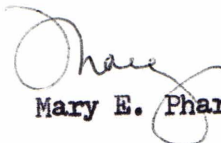
There were no problems at all with your marginal notes and your requests of minor alterations in the transcript you sent on with your letter of August 15, 1975. We will incorporate each of the points as you indicated; your editing was painless. I can understand, too, your wish to guard your NIMH informed sources. Your essential point remains intact, so there's no objection there either.

All along in our correspondence I have forgotten to send along this agreement form, which should go to Mary Gottesfeld in New York. She recently wrote to remind me that I hadn't tended to that. It is just as well, since now it specifies that the agreement refers to your material as annotated.

I have read recently somewhere, and then lost my source, that you will be keynote speaker at a convention in New Orleans, in November I think I recall. Would very much appreciate if you would have your secretary send me the announcement on that. I have a small Selma Fraiberg fan club building here in Austin, and perhaps a number of us could make the meetings in New Orleans. I don't suppose we could induce you to give a day or two to our small but growing U.T. Human Development Institute either before or after those meetings? If it looked like you could have time available, I know there would be a great deal of interest in your Child Development Project.

In any case, best regards, and I hope your disc problem has eased. I think the novelist cannot have wanted to extract such a long-term tribute!

Cordially,


Mary E. Pharis

**The
Institute
For
Psychoanalysis**

180 N. MICHIGAN AVENUE
CHICAGO
ILLINOIS 60601
PHONE 726/6300

Rec'd
7/11/75

July 10, 1975

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

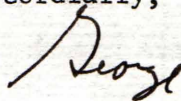
Dear Selma:

Since the meeting in Michigan a few weeks back I have thought about our conversation and the delightful dinner that we all had together. I do hope that you will think of our Annual of Psychoanalysis as a possible publication vehicle for some of your very exciting and interesting research.

I write now because I do not know if you have seen the enclosed report which is quite interesting albeit sparse in psychological detail, and I thought it might have some value for you.

I hope that you will have a most pleasant summer. With best regards to you and your husband,

Very cordially,



George H. Pollock, M.D.
Director

Enclosure

Blind baby 'sees' toys thru sonar echoes



AP Wirephoto

Fitted with a special sonar unit, Dennis Daughters, 8 months, is able to accurately reach out for toys and take them in hand by sensing them thru the use of bouncing sound waves. Dennis, held by his mother, Melody, is thought to be the first blind baby in the world ever to "see" with sound, according to doctors in Palo Alto, Cal.

PALO ALTO, Cal. [AP]—A baby blind since birth now can "see" his favorite toy and reach out accurately to take it in his hands.

He delights in playing sightless peek-a-boo with his mother.

Dennis Daughters, 8 months, "sees" much as a bat does, by broadcasting silent sounds that return as audible echoes. The echoes tell him where things are and give him other knowledge about the world he cannot see.

It's done thru special equipment within a kind of beanie cap worn on his head.

DENNIS APPARENTLY is the first blind baby in the world ever to experiment with an echo-sounding or sonar device, says Dr. Tom Bower, a Scottish psychologist who conceived the project. He believes a blind baby learns to think better if he knows early how to move about in his world and reach for things.

Bower enlisted the aid of Telesensory Systems Inc. [TSI] in Palo Alto, which supplied the equipment free.

A beam of ultrasound is broadcast to and from a transducer system, about the size of a half-dollar and weighing only 1½ ounces, in the middle of a headband on the baby's forehead.

Objects struck by the beam return echoes, which then are translated into audible sounds and conducted thru plastic tubes to the baby's ears.

The sounds are a repeated series of pleasant little whistles. They are quite subdued, so the baby can also hear everything else around him, including his parents' voices.

DENNIS CAN identify his favorite toy, a rubber caterpillar with six projections or spikes on it, with a soft side that he likes to rub against his cheek, a side that produces a squeak under pressure. He can distinguish it from an object of similar size, both about as big as a man's hand, Bower says.

Dennis likes to stand on his mother's knee, receiving a strong signal when he looks directly at her. He's learned he can "turn her off" by looking to one side, then "turn her on" again by looking directly at her.

This is his peek-a-boo game, which produces smiles and giggles.

Dennis was first fitted with the sonar device at age 14 weeks, and has usually worn it for 5 to 15 minutes in twice-a-day training sessions for the last 18 weeks. For a month of that time, there was very little training because the remarkably intelligent boy was down with flu and colds.

THE BABY is the son of Dr. Dennis Daughters, a physician, and Melody Daughters, a nurse. Born prematurely, he was blinded by retrolental fibroplasia, an eye disease brought on by the extra oxygen needed to keep him alive soon after birth. A twin died.

"It was so devastating, to know he was blind," Mrs. Daughters said. For nine years they had wanted a child, and "then it all went so wrong."

But when the echo device was put on him for the first time, "his face lighted up. It was like a light going on in his head. He knew there was something out there."

"Suddenly everything is right. My heart is so full I don't know how to begin to tell about it. I really enjoy Denny, I really do.

"**I TAKE HIM** outside now, and he learns things. He may zero in on a fire hydrant, for example. He's smart enough to know he is receiving information he can use.

"There are several blind people in our neighborhood who just sit at home. Our baby will not be like that."

It will take more time and study to determine from this experiment just how helpful the sonar device might be for blind babies, Bower said.

The family requested that their home address not be reported.

NATIONAL FEDERATION OF SOCIETIES
FOR
CLINICAL SOCIAL WORK

Rec'd
6/2/75

404 Chesterfield Road
R. F. D.
Northampton, Massachusetts 01060

May 28, 1975

answered
"No" by phone

Mrs. Selma Fraiberg
Professor of Child Psychoanalysis
Children's Psychiatric Hospital
Room P-6211
University of Michigan Medical Center
Ann Arbor, Michigan 48104

Dear Selma:

I am writing to you at this time not in connection with Smith but rather in relation to a project connected with the National Federation of Societies for Clinical Social Work. (I am Chairman of the Education Committee) and the Societies for Clinical Social Work of Connecticut, New York and Massachusetts. The National Federation and its member Societies has a variety of objectives related to the specific interests of clinical social workers including the improvement of clinical education and the provision of educational programs and conferences.

In line with the latter objective, a Planning Committee made up of representatives from the National Federation and the Societies in New York, Massachusetts and Connecticut are sponsoring a Conference entitled "Changing Interventions In Clinical Practice." This Conference is to be held from Thursday evening, October 9th until Saturday afternoon, October 11th, at the University of New Hampshire Conference Center in Durham, New Hampshire. It is our hope that the combination of a stimulating program on clinical social work practice--and the lure of the autumn leaves in New England will draw a substantial number of participants. We are particularly eager to attract clinicians from Maine, Vermont and New Hampshire because of the relative dearth of professional conferences held in those areas.

The Planning Committee has asked me to invite you to be our luncheon speaker at the closing meeting to be held at noon on Saturday. The choice of specific topics can be yours although we would like it to be related to some aspect of our general theme. We hope to have general presentations at the Conference by Emanuel Hallowitz, Irving Kaufmann, and James Mann and in addition to have a number of workshops Friday afternoon and Saturday morning.

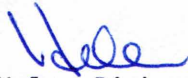
Now to the complicated part of this letter--money! We are attempting to operate this on a shoestring and to keep costs low in the interests of stimulating attendance. Thus we cannot offer an honorarium as is customary (and to which you are entitled of course) but can only offer transportation costs for you and food and lodging for both you and Lou for the entire Conference or as much of it as you would like to attend. I can only hope that your concern for the future of good clinical social work practice and a few fall days in New England may tempt you to say yes....I do hope so.

Mrs. Selma Fraiberg

-2-

I'll telephone you in a few days to discuss this further and see what your reactions are. I hope very much that you may find it possible to participate in this endeavor since your presence would do a great deal to insure the success of this enterprise.

With warm regards,

A handwritten signature in blue ink, appearing to read 'Helen', written over the printed name.

Helen Pinkus
Chairman
Education Committee

HP:bf1

May 9, 1975

To: Dr. Maria Paluszny

From: Selma Fraiberg

Thank you very much for the reprint on "Maggie."

I will circulate it to staff and I know that there will be much interest in this fine paper.

Commentary

165 East 56 Street
New York, New York 10022
PLaza 1-4000



Norman Podhoretz, Editor

*Rec'd
4/17/75*

April 14, 1975

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

Dear Selma:

I agree that the question of child care is very important, but your approach here is simply too "popular" for us. Have you thought of sending the piece to Harper's or the Atlantic? I suspect that both would be interested.

Anyway, thanks for giving us a crack at it.

Best,



Norman Podhoretz

NP:y1

encl.

Adelle -
this copy can go with
letter to Barbara Wyden -

April 7, 1975

Mr. Norman Podhoretz
Editor
Commentary Magazine
165 E. 56th Street
New York, N.Y.

Dear Norman:

I am enclosing a manuscript for your consideration. It is called "Child Care Industries Incorporated," and its history is as interesting as the piece itself.

As you will see from the enclosed correspondence, it was first written at the request of the New York Times Magazine editors. After first and second drafts were completed, covering the main issues and arguments to the satisfaction of the editors I received an enthusiastic acceptance letter and a check. One week later, I learned that the editors of the Sunday Times had turned it down.

Next, Dick Kaplan of the Ladies Home Journal heard about the piece from someone and asked to have a look at it. (I, myself did not see it as a Journal piece but sent it on.) Two weeks later in a phone conversation with Kaplan, I heard that this piece "stirred up a hornet's nest" among the Journal editors, the like of which could not be remembered in their office. The liberated women editors were united in their belief that their "needs for fulfillment" were as important as "the child's needs," which included the very young children I was speaking about. I have met this chorus of harpies wherever I turn, but they are by no means a majority among the women I know.

I think this piece is very important. It is so important to me to have these questions raised that I took time off from scientific writing commitments to get it done.

There are issues in Child Care which are coming rapidly to a head. Mondale, I understand, is sponsoring a comprehensive Day Care bill. H.E.W. is working on a new Family Assistance Plan (welfare reform) in which mandatory employment

of "heads of family" will be part of the package. (In lower income families, over 80% of the "heads of family" are women and a very high percentage of these have babies and children under the age of five.)

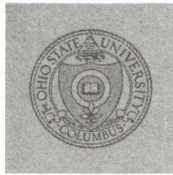
I want to have the issues of children's needs raised and open to argument before we leap into policy decisions which will affect millions of children. Millions of children are already affected by the scandalous conditions which prevail in the child care industries which serve them.

Is this piece suitable for Commentary?

Cordially,

Selma Fraiberg

SF/amw



THE OHIO STATE UNIVERSITY

February 20, 1975

Rec'd.
2/23/75

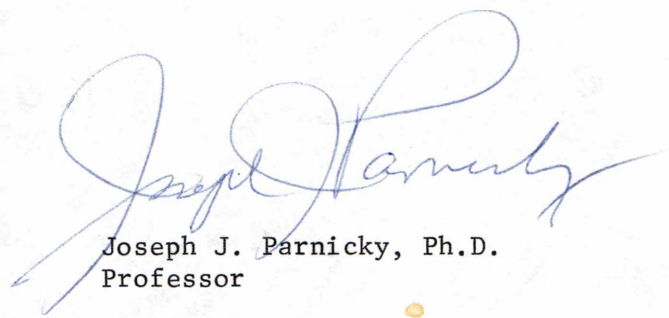
"P"

Dr. S. Fraiberg
Child Development Project
University of Michigan
Ann Arbor, Michigan

Dear Dr. Fraiberg:

Having found your earlier publications useful, I would appreciate a reprint of one I understand you recently published in the Journal of the American Academy of Child Psychiatry, entitled: "The Clinical Dimension of Baby Games."

Many thanks.


Joseph J. Parnicky, Ph.D.
Professor

JJP/dk

sent 2/27/75.

January 22, 1975

Ms. Mary E. Pharis
[REDACTED]
[REDACTED]

Dear Ms. Pharis:

I finally proofed this transcript and am amazed as always to find how many sentences are not finished and how my syntax is garbled in this kind of taping. I am strongly tempted to put some of these things into proper English but, on the other hand, you wanted this to sound colloquial. Wherever it would be helpful to put it back into English I would appreciate your editing. I made a few changes as you can see (very minor ones) and I will be pleased to see your final cutting of this transcript.

Sorry that it took so long to get this back to you. Winter vacation intervened.

Sincerely yours,

Selma Fraiberg
Director, Child Development Project

SF/amw

Mary L. Gottesfeld, M.S.S., Editor
285 West End Avenue
New York, N.Y. 10023
(212) 874-7846

Mary E. Pharis

January 16, 1975

Rec'd
1/20/75

Selma Fraiberg, M.S.W.
201 Catherine Street
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

Very recently I heard Dr. David Freedman speak here in Austin to the Institute of Human Development, and I thought you should know that he speaks of you with every bit as much admiration and respect and enthusiasm as you spoke of him. He was telling us of how children with disabilities can teach us of development, and he drew heavily on your New Orleans experiences.

Hearing him speak of you also prompts me to check with you on where things stand regarding the transcript of our interview, which should have gotten to you mid-November, no doubt the busiest time of the academic year. I know you are hard at work on the book concluding the first part of your Child Development Project; I am almost embarrassed to bring up the interview, since I know ^{it} cannot rank anywhere near to that in your priorities. Still, I would like to ask if you could let me know in general terms when you might be able to go over it, (or even if you would prefer to let me do the editing first if your early glance through indicates you are not going to work over too much.) I could then get New York off my back in terms of deadlines; I tend not to pay much attention to them, but apparently publishers think we should.

Again, I hope you are going to be as basically pleased with it as I was. When I spoke to Dr. Freedman after ~~ward~~ the seminar, he suggested I send you his best regards whenever I might be writing you once again. So his and mine come together.

Sincerely,

Mary E. Pharis

Mary L. Gottesfeld, M.S.S., Editor
285 West End Avenue
New York, N.Y. 10023

(212) 874-7846

Mary E. Pharis, Contributing Editor

November 11, 1974

Mrs. Selma Fraiberg, M.S.W.
201 East Catherine Street
Ann Arbor, Michigan 48108

Dear Mrs. Fraiberg:

I am sorry there has been such a delay in returning this transcription of our interview together. First our typist in New York was in the hospital for some length of time, and then when she was able to get to work on our tape she could not understand a word we said, due to some kind of interference. When she later let me know this and sent me back the tape, I was able to retape the conversation...and so at last we have our first draft.

As you see, in retaping I left out a lot of my own chit-chat, but your comments are virtually unaltered. I have done a little preliminary editing in pencil, which you are free to undo or redo, as we agreed; you may well have sections you'll wish to work on somewhat, or perhaps expand as you like.

My colleague Mary Gottesfeld has seen this draft, and wrote me that she's delighted with it. So am I. You say so much of what we feel about the profession, and of what we are hearing more and more often...and you say it so well and with such gentle good humor.

We hope to preserve as much of the informal, conversational style of these interviews as possible, as part of our hope to have readers get a personal feel for interviewees; we'd like to try to have our readers almost hear you...so as you work with the draft I hope you'll permit our colloquialisms and such to remain. It makes this interview so lively and so full of energy, I think. A condensed version of the interview will appear in the Journal (I will let you know which issue when I learn of it) and Behavioral Publications hopes to have the book of full interviews out by the Fall, if the March deadline is met.

When you are satisfied with the interview, would you send it back to me? I then will probably do some minor shifting around, such as weaving those tacked-on final comments on your background in somewhere earlier, etc. And then I will send it to New York for a clean retype. We will both get copies of that. Minor changes can still then be made I'm fairly sure, but probably we'll view that one as the basic text for the typesetter.

If you have any questions, please let me know, and I will keep you posted as well of any developments as they come up.

With all best regards,


Mary E. Pharis

1975
30
45

S. Fraiberg

M. Preliminarily I'd really like to get just some of the background on you and your studies. Let me first ask you "why social work"? What led you to choose this field?

S. Well at the time I came into social work in the early and mid '40's as a ~~sociology undergraduate~~, it was the most exciting profession for a young woman. And since everyone in my generation ~~it seemed to me~~ was very much affected by the depression or the war and by commitment to actively ~~participate~~ ^{participate} in reshaping of the world, social work was really the natural choice. I started out in public assistance ⁱⁿ the early days of ADC without any certainty that I would go on to graduate school. I had ~~at least~~ one year that I consider one of the most valuable years of my life in ADC... got a sense of the complexity of human problems, the effects of poverty and the broken ~~families~~ ^{family} upon children. I learned a good deal about interviewing and listening, and I had good supervision, and soon it became apparent that if I wanted to be a social worker I would have to go to graduate school, which I did. I entered the school of social work then. in 1941.
year?

M. At Wayne State?

S. At Wayne State. At a particularly auspicious time; and very luckily,

✓ and all of this was luck because so much depends on ~~who~~ your supervisor

^{as} is you know, I got a first rate, most admirable supervisor, Miss ^{Clarice} Berniece

^{sp?} ^{Fruit} ~~Fruit~~?). She remains my friend and is still a consultant to our own pro-

gram here. ~~and~~ This was in a child placement agency which I think threw

me into the depths of human problems. It was very painful for a young

social worker to see children removed from their own homes. It was even

more painful because of the fact that that was the year that Hitler's

refugee children came over, and we were responsible for the placement of

that group of children.

M. Did you get many in your area?

S. This was Detroit; yes a great many. I found it a painful year. I wasn't

sure that I could survive in social work now that I really understood how

much suffering one would have to share with patients, and small children

especially. And it was only, I think, through the ^{steadiness} ~~stediness~~ of a super-

visor, ~~and~~ one who allowed me to feel but also showed me the necessity for

containing my feelings so that I could be truly helpful to my children,
that I stayed in social work at all. Thereafter I had a second year in
a family agency, again with great supervision, and I think my whole
story would have been different if I had not had first rate supervisors^{and}
first rate training. ~~and~~ ^A Again I had a caseload of impoverished families
mainly. I learned the methods of social work, methods of social treat-
ment for a wide variety of families with a wide range of ~~famil~~ ^{familial} problems.
I also carried direct treatment cases with children under supervision and
again had the feeling of how little I knew and of how much I would have
to know. ^{It} During one period of ~~the~~ ^{training} interim, I was also an initiator with
Fritz Redl of early group work on behalf of children. We set up a series
of what would now be called group treatment programs for children who ~~are~~ ^{were}
in our placement caseload at the Jewish Children's Bureau. And I was
very much fascinated with the potential in group treatment for certain
disorders in childhood. I think I also saw the limitations too. I made
a decision finally that I was best suited for casework. ^{A But I} Needed more analytic
supervision. ^{then} And there was a period in which I had a mixture of experiences.

V.A. opened it's mental health, ~~mental hygiene~~ clinic that year.

M. These were the early post-war years?

S. Yes, and I spent another year working in ^{the V.A} ~~a~~ clinic with adults. Found this very rewarding in many ways. But there I did not get the ^{psychiatric} supervision that I had hoped for. It was really ^{the} early chaotic-formative period of the V.A.. And in the meantime something strange happened that led me into analytic work. I had been carrying some cases under analytic supervision in both my field placements...

M. Was that a matter of routine at Wayne State, or was this just good luck in placements that you got good supervision, or that you sought it out?

S. ~~Yes~~ Really, you know, it wasn't a matter of luck. Nearly every major agency at that time had an analytic consultant. Usually, by the way, they were the best ^{and women} men available; so I had good teachers. Then because there were very few child therapists, and my work was known to some of my supervisors, I began to get child patients which I carried under analytic supervision.

And then in a way I can't really describe, there was no formal training

involved, I moved more and more into child treatment, always with analytic supervision. Had available to me 2 excellent seminars conducted by the ^{Sturges} Sturges(?) one on psychoanalytic training and one on child therapy. And from that point on, without consciously making a decision, I moved in the direction of psychoanalysis.

In those days there were no formal training programs. In fact to this day there are no formal training programs for non-medical analysts either.

M. Cleveland is the only place?

S. Cleveland and Chicago.

M. The child care course?

S. Yes. Chicago and Boston are moving toward a doctoral program, ^{and} Chicago's child care program ^{has} ~~is moving toward a doctoral program.~~ It's now been licensed by the State. ^{Chicago is also planning} ~~It will be~~ a doctorate in psychoanalysis. Well, during those years when I was an analyst, I was also a social worker in that I maintained close ties with social work. In fact my social work colleagues almost insured that I would.

M. How did they do that?

S. ^{Aracoma} The Director of the Down River Consultation Service asked me to do consultation work, ~~and~~ I led a seminar there and I never really lost touch with social work during those years. I didn't really want to either. I also did a fair amount of institute work in connection with ^a any variety of social work organizations. ~~And~~ This was probably ^{an} a really important reason that I never really lost touch with my own base in social work. I never ^{only} completely became a child analyst, ~~seeing~~ seeing children in an office or seeing only a certain class.

M. You have never done that?

S. I have always done teaching, ~~and~~ consultation, ^{and} supervision. I don't think there's ever been a time that I wasn't involved, ^{in social work.} After our daughter was born, (our daughter was adopted, and I became a rather late mother, she's now 18 and about to enter the University of Michigan,) there then was a period when I did very little, naturally, when she was younger. It also coincided with the period that we moved to New Orleans. My husband ^{has} ~~was~~ a ^{his} doctorate ~~doctoral~~ in English and was on faculty, and during that period I had very

to work professionally,
limited time, with my daughter still a pre-schooler. I taught one class in the School of Social Work at Tulane, and Viola Weiss was instrumental in bringing me in as consultant and seminar leader for her family agency. So once again I was close to social work. At the same time I had almost no analytic practice but maintained connections with the ^{New Orleans} Psychoanalytic Institute where I also taught a course occasionally. Then we "moved back North," as we say. My husband became Chairman of the Department of English at the University of Toledo. My daughter was then in ^{third} ~~second~~ grade. There was a little bit more time, and I was invited to commute to Ann Arbor to teach for the Department of Psychiatry one day a week ~~as it began~~.

So for 3 years I gave something like 1 or 2 days a week back here and actually at the end of that 3 year period, ~~eventually~~ we, as a family, moved to Ann Arbor, which always has been "home town" in a sense for us. We were moving back to old connections and associations, and almost at the same time my research in the development of blind infants was to be supported through grants.

Actually it began in New Orleans during the period that I was a full

time mother and had time to give freely to a very tiny investigation. We'd better move back there ~~then~~: While I was consultant to the Family Service Society of New Orleans, the agency took on a caseload of blind children who had formerly been ^{grouped} loosely in a pre-school program, ^{which had closed} and now had no facility. As a matter of fact it soon became clear, from the point of view of community planning, that these were families and children that needed continuous family casework on behalf of the child. And for the first time I saw blind children and disorders that I have never seen, except in the most severely disturbed sighted children. I found that I had nothing to offer our social workers as consultant to the program because I knew nothing about blindness and I knew nothing about the bizarre characteristics that I saw in these latency aged children.

M. Autistic-^{like}~~type~~ symptoms?

S. Yes. This same agency had seen one autistic ^{sighted} child in 2 years ^{before} when the blind caseload appeared. ^{FREEDMAN} David Friedman, who was another consultant and both a neurologist and psychoanalyst, ^{as I:} had exactly the same impression, at least one ^{blind} quarter of those children were autistic. And nearly all the others showed

autistic patterns to varying degrees.

So Dave and I, both friends and colleagues, had inferred from the characteristics of latency children and pre-school children that something had gone awry in the sensory motor period, ⁱⁿ the first 18 months of life; and if we knew what the developmental impediments had been we would probably be able to evolve a treatment program and have valuable information as well.

Our first step then was to go to the library and find out what was known about the development of blind children from a psychological point of view. There was nothing. Nobody had ever conducted a developmental study on blind children. Then we decided to conduct our own study. There was no money. Naturally that didn't matter. I had time. We decided that the first baby that came to the attention of our agency that was blind but otherwise intact would be looked upon as a potential candidate, and we would try to enlist the cooperation of the parents in helping us understand the development of blind infants.

^{Toni,}
When the first baby, arrived after a period of 5½ months, a Black child

whose blindness was caused in a horrible irony by the carelessness of a
 nurse, ^{31. ophthalmia?} (he had ophthalmic neonatorum meaning the child had contracted gon-
 orrhea through the mother); an otherwise lovely beautiful child and a very
 devoted mother. And David and I arranged to visit monthly, with the mother's
 very earnest cooperation. We borrowed a camera from the man next door and
 we divvied up the film and processing bill each month. Kept very careful
 notes. And in about 7 months the one baby had already ^{begun} ~~begin~~ to inform us
^{about} on the unique developmental patterns of blind~~ed~~ infants. We saw where the
 roadblocks came in. We saw the extraordinary problems for the mother in
 caring for the blind infant. And we also saw that a mother, otherwise ade-
 quate, ^{for} with 4 other children, was thrown into disorder ~~and~~ all her good
 maternal feelings, by the strange developmental patterns of the blind child.

That meant we had some beginning insight, and we followed Tony for about
 2½ years. And looked for other babies. None otherwise adequate came to
 our attention and at the end of 2 years of work with Tony, (and by the way,
 it was very easy then to ^{conceive of} ~~see~~ a treatment program that ^{would be} ~~was~~ based upon ^{what we had} ~~the~~ ^{learned}
 effects of the deficit on development, ~~but~~ at the close of that period my

husband got the job that took us away and we moved then to Toledo. And

David ^{ee}Friedman at the same time got a job at Baylor. And both of us
have been doing research in infant development
independently have followed development throughout the years in research. *clear*

When I came to Ann Arbor I had the chance to do a little bit more ~~in~~
~~since~~
~~that~~ ^{or} one young resident in psychiatry, Barry Siegel, was interested in
working with me. We also got a collaborator in psychology lent to us by
a half year
the Department of Pediatrics, and we had the cooperation of our ophthalmology
department, and began pilot work, ~~really~~, in very well defined research.
~~And~~ ^{we} within about 2 years, had support from the National Institute of Child
Health and Development for a larger program. ~~And~~ ^{we} at the same time, made it
clear to NICHD that because these babies were at very great risk we would
need to offer concurrent educational counseling and guidance.

M. So it was a service as well as a research project?

S. Right. Our staff at that time was composed of clinical psychologists and
social workers. ~~And we began~~ in addition to the research program which was
massive, and we're still in the final data evaluation phase, ~~in addition~~
~~to the research program~~ ^{also} we had to work out methods of educational and

counseling approaches to the parents, knowing that they had not come to us as patients with neurosis but ^e ^{as} ~~were~~ parents faced with extraordinary problems in rearing a blind child. And in the course of the next 3 years, during which we also began to get support from the Office of Education Bureau of Handicapped Children, which helped, ^{we} ~~in the course of 3 years~~ have developed methods for a home-based education and guidance program on behalf of impaired infants, ^{It} ~~but~~ was highly effective and made use of all the knowledge that the 3 disciplines, or 4, could bring together: psychoanalysis, psychiatry, social work and psychology. And no part of the program could have been developed if we hadn't had all the disciplines involved. We didn't do it, by the way, by dividing up chores. We all did the same work on the program. We all collaborated in developing the method and all brought in our special skills from our own area. A model that we liked so well that it became the model for the new program: the ^{current} ~~program~~ here.

~~Now let's see, that brings us to we're well advanced in Ann Arbor. Our NICHD program, support for the research, covered us for 5 years.~~

M. It was really your original interest, though, coming from New Orleans with

that led to this;

the experience you had with Tony, you have really generated this project?

S. Yes I think I did. But I would draw attention to the fact that it came out of a clinical concern. I couldn't help the social workers in New Orleans. I couldn't help the parents. Part of this story is told in a paper that I once presented at Smith College. It describes more fully how ^{hypotheses} the ~~hypotheses~~ are generated in a clinical setting, and how they were examined in the research program and then brought back to the clinic, as it were, and to the children. In the interval during between 1971-72 we became strongly committed as a team to early intervention: we didn't have to be sold any longer on the benefits of early intervention. ^Q As a matter of fact our own study revealed that our primary sample, ~~for example~~, in which all the children received educational guidance from the point of referral, which was often very early in the first year as a matter of fact, ^{come} closer ^{tests} to sighted child norms on standard ² than blind child norms. That includes language, ~~in~~ motor development; the characteristic developmental lags were not present in our group taken as a whole. And "blindisms" also were rare occurrences, or phased out appropriately at the end of the sensory motor

period. So that looking at our children, and we have some lovely tapes and films, one is startled by the fact that they don't look blind; until one realizes that the eye is not making contact, the object is not being fixated. But they're otherwise adequate--we may find out more in the follow-up study--but the older ones are in school and with 2 exceptions are functioning very well.

M. How large were your samples in these groups?

S. In the restricted research sample we have criteria that could be met by only a very small sample: ten. These were children who had no other handicaps, they were neurologically ^{intact} intact, and they were referred during the first year as close as possible to the first trimester. We travel within a radius of about 50 miles to get these children. In another sample, however, ^{to} children who were referred ~~with the accepted children~~, but who could not meet the criteria, ~~we~~ we offered an educational program, and even some of these children who have known brain damage and other handicaps show demonstrable differences in their attainments, compared to those who have had no intervention in the general blind population. All this remains to be more fully

worked up, but a good part of the Group I material has either been published or will be ready for publication and a volume will probably appear within the next year.

Q. Are you writing it?

A. Yes. ~~yes~~ With collaborators.

Volume I is nearly finished and if I could just find time to complete one last chapter on language then the book will be ready.

¶ Now to return to the new program; since we did not need to be convinced, as if we ever did need to be, about the benefits of early intervention we decided we would like to move into still another area which drew a lot of our concerns as clinicians and researchers. We already knew that many of the most severe and intractable emotional disturbances identified from childhood clinics and hospitals often had their roots in the sensory motor period, and can be identified by trained clinicians during that period. Also we had learned so much in the last decade, not only in our own research but in all areas of developmental psychology, about both the affective and the cognitive characteristics and milestones of the first two years of

life that we should surely be able to translate this into early identification if we are good clinicians. ^A And if we are good clinicians and understand those phases of development, and treatment measures, we should be able to translate ^{that} ~~that~~ into effective treatment programs on behalf of the baby.

We call ~~this~~ ["] this an infant mental health program, and we applied for ~~funds~~ and ~~we~~ received funds from ^{the Grant Foundation} ~~a grant foundation~~ for a pilot program for the first two years; we have just gotten renewal for another three years ~~from the grant foundation~~. This work is now actually completely supported by the grant foundation; we are approved for a NIMH grant as well, too, but we are with all others in a state of "approved--not yet funded". At any rate we've had very great financial and moral support from the foundation.

- Q. Let me ask you if your interest in research and your scientific approach to the clinical situation and ^{to} what you see in practice has always been a characteristic of yours or something that developed? Do you see ^a ~~a~~ dicotomy between the research and the clinical interest?

- A. No. I have a paper in which I argue closely for the intimate relationship

* Received NIMH grant June 1974

between the clinician and the clinical researcher. You have to do both.

And I think throughout most of my life I've been in and out of ^{both.} ~~this~~. ~~But~~

~~also~~ Something has to be said for one's undergraduate experience too.

Because oddly enough one never knows what one pulls out of one's basket of mixed blessings in an undergraduate curriculum. I was a psychology major and I had some training ~~then~~ in experimental psychology, ^{at least on the} elementary level, ^{and in} ~~the~~ perceptual psychology, which in my day in the late '30's and early '40's was an utter bore. I hated every minute of it. I did well in it. I think I could have had a career in it except that it was so detached from the human center that I could not see ^{for myself} ~~for~~ myself a career in it. However, what came out of that ~~of course~~ was a background ~~then~~ and a vocabulary and a theoretical framework that could be pulled out of the cellar, as it were, when I moved into the work with blind infants. ~~I had never thought I would.~~ ^{I had thought} So oddly enough the years in the experimental lab with canned experiments which ~~was~~ ^{was} an utter waste could come back to me. ^{Even} though sensory and perceptual psychology has been very greatly modified today, nonetheless I was not without a vocabu-

lary in the field or a way of approaching the problem. Furthermore I
had learned ^{it is that} ~~that~~ whatever one gives to undergraduates: observational
methods, ~~and~~ rigor, methods for examination of a problem, ~~the whole~~
~~method~~ ^{of} how to get the answers--

Q. You're as much scientist as artist?

A. Perhaps. It is very difficult to see how these factors come into clinical
*Scientist
careful!* research because clinical research borrows quite another method, ~~and~~ I
think, ~~that~~ as a matter of fact, it has moved too far away from our base in
naturalistic study, ~~where I think clinical methods are really~~; we simply
haven't exploited fully the naturalistic circumstances available to us.
Or the clinical opportunity for generating hypotheses.

I think I've always moved back and forth between research and the
clinic.

Q. Always with a firm social work identification?

A. Yes. And a firm ^{psychoanalytic} analytic identification.

Q. Are you upset at all, or concerned at all, with the current angst of attack
on clinical work in social work?

A. I'm depressed by it rather than angered. First of all, I can't imagine a clinician doing psychotherapy without making use of the greatest discoveries of our time. I lament the fact that our training in social work has badly christened all of us so to speak. I think the analogy came to mind because of the joke about Christianity: "Has Christianity failed?" "No it's never been tried." Psychoanalysis too, and its implications for social work, have never really been explored ~~thoroughly~~ fully or understood fully; so that at the time it was abandoned, and I think it really has been abandoned by most schools of social work, we ^{had} ~~have~~ not even given ourselves the time it would take to fully develop a method. And we have moved in our history as social workers from one fad to another without fully testing it, without fully appreciating it. ^{What-} ever was in ~~the~~ vogue was borrowed pragmatically: it worked, or it didn't work; it was integrated or it was not integrated on a simple pragmatic basis. ^{And} on a very shallow level, so that now we find ourselves with a smorgasboard which has no common theory, ^{and} which cannot be taught as a body of knowledge any longer either. ~~and~~ ^{At} the same time, the gap between what

is being taught in social work and what is needed in the field is so large that one finds oneself helpless before the task of finding qualified clinicians.

In other words in this department of ours, in our hospital, where social workers are being required to do psychotherapy, there is ^{after} nothing in their background that prepares them for this work. At a time ^{when} where we know more about prevention of emotional disorders in childhood than we have ever known in the history of mankind, the sum total of the information available to a graduate of a school of social work on child development will be a two hour a week course for 16 weeks, Cradle to the Grave; and Early Childhood will be one phase or two phases. So that when we bring social workers into our program, they're students; we have to build ⁱⁿ up the most intensive ^{intramural} ~~intermural~~ seminar and didactic program, and supervision, to bring about beginning adequacy at the close of that year (we insist on a year). And any new social worker coming to our program is selected on the basis of expert-
^{his}ness in ~~her~~ field in practice, someone who has already obtained some clini-

cal skills, and we build in the child part. So that there's a protected caseload for the first year.

M. Do you think it's just disinterest on the part of the schools or hostility?

S. Disinterest or hostility toward what?

M. Toward psychoanalytic theory and its usefulness in a clinical setting.

S. I think they really think that it is not useful in many schools. But always there's a mixed faculty; there are members of our faculty who would consider the theory irrelevant and some would not. That's true of every school I know as a matter of fact. Except Smith, which I think is still strongly committed to an analytic approach. But of course I won't blame our field entirely for that either. I think psychoanalysis has not provided teachers in graduate schools, and I have been fascinated to see that in Boston for example, where there is a strong analytic tradition in social work, ^{it} ~~still this~~ may very well be because the Bebring's and the Deutsch's and distinguished ~~medically~~ senior psychoanalysts, many ~~distinguished psycho-~~analysts on the Institute faculty, devoted themselves to the teaching of

social workers. It is a very important teaching function for analysts.

In nearly every other school of social work that I can think of, no I think ^{Can Western Reserve} Reserve might be an exception, but in nearly every other school that I know of the teaching of "dynamic psychiatry" is ^{given to} ~~in~~ the most talented resident of the year who is just about one step ahead of his class, if he's done his homework. ^Q So that one needed great teachers to teach psychoanalysis, which is a very difficult body of knowledge to impart ⁱⁿ a lecture series anyway. But with extraordinary gifts, and with a sequence of courses in a two year curriculum, one can build an appreciation of its complexity and its value. That is simply not done. It is a very demanding theory to master. It's hard work. It is not hard work, however, to grasp a gold star reward system. That's easy. And I'm ashamed for those who have brought that into the curriculum because it's so easy to teach, and at a point by the way where its therapeutic ^{efficacy} ~~ethicacy~~ has not been demonstrated as being better than any other method. One would think that if social work is applied science that one would have gone to some trouble, before shifting the course

of a ship, to examine it. We did the same thing with family therapy. After about a decade ⁱⁿ ~~after~~ which ~~NIMH~~ NIMH I think it was invested a fortune ^{the efficacy} ~~in testing efficacy~~ of family treatment against other forms of treatment, and concluded on the basis of a spread of studies throughout the country that its benefits were dubious if any, at the very point that the research came in and NIMH decided that it wasn't going to invest any more money in this research, social work embraced it.

M. Let me ask some about your own personal life. What do you do to relax?

What do you do for fun?

S. Oh, gardening, family fun, reading (we're all great readers in our family)--

M. What especially? What do you like to read best?

S. I like 19th century novels very much. I like them I must confess more than the experimental "examination of the 'interior'" novel that is assaulting us today. Although I do like a number of contemporary novelists: Saul Bellow..

Solzhenitsyn.

~~Solzhenitsyn~~. I read a very large amount of biography and autobiography, ^{history} ^{favorite} But mainly I think I relax with my favorite old fashioned novels of character.

M. Time and again I'm struck with how well literature has served people in our field ~~of interest~~ so well, in developing and maintaining their interests.

S. Oh yes, and also as ^{one's} ~~one's~~ first introduction ^{before psychology} to imaginary psychology. I think that one benefit must have accrued to all of us through reading is that we are interested in the outward manifestations of character, the surface of character, which is especially well drawn by the 19th century novelist, ^{as well as the interior of character,} And it's this attention to behavior and manners that always becomes a corrective to the ^{passion for the interior} ~~attachment to the interior~~ that is part of our work, too you know.

M. If you had to take with you only a few books to go for a long trip, what would you take?

S. War and Peace! As a matter of fact War and Peace actually was the direct cause of a cervical disk problem I developed in Mexico. (laugh) I was reading it and was absorbed (as if I didn't know how the story would end, you know,) and I got into the most idiotic posture in one of those old fashioned

in Cuernavaca,

beds with old fashioned pillows, and began to experience some neck pain
 but I couldn't put down the book, and the pain became very severe but I still
 couldn't put down the book. The next day I woke up quite incapacitated

and very shortly, ^{afterward} learned that I had a ruptured disc and suffered from it
 which I think is the greatest tribute I could
 after for some length of time. All right, let's see. Dostoevski: I'm

very fond of the Russian novelists. I would take with me The Brothers
Karamazov and Crime and Punishment. The Possessed wearied me. I don't

think I would take that. Anyway, for relaxation one hardly needs The
Possessed in our field. The Red and The Black by ^{Stendhal;} ~~Stengel~~ and Dickens

and I don't know that I would care, I would pick any one off the shelf.

Thomas Mann; and I have read just about everything of his. I would particu-
 larly take the Joseph stories with me, and the Magic Mountain.

M. I see I can't limit you to ^{only a few} ~~2~~ books. (And Gide, The Counterfitters)

S. Oh I'm past that already, ^{aren't I} I don't think I should be limited; I don't think
 that's fair.

M. Do you stay active in professional circles?

S. I still do a fair amount of lecturing, let's say a few times a year and I do institutes ^{in areas} ~~at the~~ departments of developmental psychology; I am really as deeply committed to other disciplines as well as psychoanalysis, but I would say that most of my teaching and lecturing has been done within psychoanalysis. I am not active in any organizations. I am in no way active in my own department here at Ann Arbor. I do not attend faculty meetings. I'm on no committees. I decided I had no talent for that sort of thing. And no ambitions either: and my time is better spent where I have some degree of competence. ~~Next year I will serve on a departmental research committee where I think I may have something to contribute.~~ It's a matter of assessing in your old age "what do I really have to contribute," you know.

M. You say "in your old age" do they have here one of these mandatory retirement arrangements; and what would be the first thing you would do if you were made to retire?

S. Oh, this would be no tragedy at all! If I were made to retire--really I

would hate to give up the work I am doing now which is a great joy, but this work would really have to be carried on by younger people so I think it would be very wise of me to retire as Director of this project let's say in five years or less, so that other people who are gifted, and I have many gifted people working for me, can take over and give the program continuity ^{and} ~~of~~ life. So at that time I would enjoy part-time teaching, a very limited private practice, and writing, writing, writing because I ^{will} ~~would~~ not be able to finish some of the stuff I have waiting to write up if I had 40 more years.

M. Is it easy for you to write? Do you just sit down and write?

S. It's such a mundane method ^{that I never} ~~but I don't~~ want to admit to anyone how I do it, ^{until I} ~~because I have~~ discovered that most writers use the same method. I regularly sit down at a typewriter for the first hour and a half every day whether I'm stuck in a paragraph or not, I just sit down. I regularly finish one or ^{while} two pages a day, and ~~was~~ that sounds like a sleazy way of writing, I discovered to my very great satisfaction that Thomas Mann regularly wrote 40

lines a day and that a number of other writers, novelists among them and poets, I think T.S. Elliot did the same thing; do so much work a day. If you wait for the inspiration to come, of course, it can either be there or not be there. But if the task is before you, you finally pick up the continuity and it's that kind of continuity that produces the paper or the book.

M. Is it conscious attempt on your part, or is it just something that comes to you, that you fuse your writing so with personal touches and real people?

I recently gave your book The Magic Years to a friend, and I told her "don't miss Laughing Tiger, the episode of Laughing Tiger." It's made so personal with anecdotes and names and interchange, ~~much as you're describing the novelist.~~ Do you do that on purpose to make it rich for the reader?

S. I do it for myself, too, because if I can't make it rich for myself ~~then~~ ^{and} ~~I'm not satisfied because if I can't~~ make it live for myself, then I'm not ^{really} satisfied I ^{really} represented it. I enjoy trying to recreate the known person in a descriptive sense.

M. Does your husband review this for you before it goes out?

S. My husband has been a stern teacher. I think I owe my style in some

measure to my husband because I think when I was a much younger woman

I tended to run off a ^{good} ~~good~~ deal, to like expansive almost germanic sen-

tences ~~some call it~~. I liked the ^{roll of the words?} ~~role~~ as it were. And my husband, who

himself, and is a stern critic of style, has excellent style. I think ~~got~~ ^{brought} me to the kind of simple discourse that

I now use. He doesn't always read my ^{papers,} ~~work~~. I sometimes have to call

him up for a word or a spelling or usage. On certain papers where I want

his critical intelligence (and he knows our field well too,) then I'll

bother him; otherwise he's a very busy man, and some of the stuff I write

probably wouldn't be of very great interest to him.

I also have readers among our friends and colleagues and I take their criticism very seriously. Every paper that comes out of the project has been distributed in first draft form for criticisms. So that by the time it comes to an editor it has gone through many hands, and I'll get statements back like "this section could be better" or "this is a repetition",

that sort of thing.

M. Not all the writers I talk to subject themselves so openly to criticisms.

S. Oh, we're very good at that here; we're really very helpful to one another.

Also I think ~~since~~ I know nobody who is cruel with his editing. ~~well~~ I'll

^{though,}
tell you this, there is one form of editing that does make me angry. I've

had experiences for example, where the simple declarative sentences, which

I like, did not please the editor of X Journal or Y Journal and all of my

simple sentences were made into compound sentences, or a ^{word} ~~work~~ that I have

chosen with very great care was modified by the editor and a cliché put in

its place. That kind of criticism I don't take very well. The criticism

of good editors I have taken very well and profited from.

M. Can you pick an aspect of your professional career that you're most pleased

with: the writing, or ? I saw in Who's Who of American Women that you

labeled yourself an educator.

S. Oh. Yes. I guess so. That seemed a fair way of putting it. I can't say

which I loved best: there isn't one part of what I'm doing that I'd give

up. And it's because I'm doing several things at once that I enjoy my work so much. I love the teaching, I love the supervision, I love everything I do here. I know all the children. I'm the analytic supervisor of all the cases, all the families who come here.

M. How many?

S. In any one month we'll have 30 to 35 families. Whole families. When you work with babies that's what happens, you know. And I think I know all of our cases very well. ~~And~~ I'm the consultant or supervisor on nearly all the cases, and that part I simply love.

I also get tremendous satisfaction out of seeing the most fragile and the most unpromising cases develop into healthy families and they do! And we all feel rewarded. ~~And~~ I love the fact that I'm working with babies, which is great fun, **I**t's like having everything you know, because in our project, those of us who are too old to have babies of our own can simply borrow everybody's baby, as it were, and we can all behave like grandmothers because ~~we, in the project~~ we see the babies all for a long time. But that's

what
didn't
say

the most fun. ^Q I also supervise in child analysis and I supervise in child psychiatry, so I have every part of my clinical interests satisfied there. Then ~~in~~ ^{the} teaching, and I think that that includes supervision too, I simply love; ~~and~~ we have ongoing seminars within our own program that I think ~~that~~ ^{are} especially ~~to~~ fun for me because they are our own students with whom we're also working very closely. ~~and~~ ^To watch the progress of a student from the time he enters until the end, both in supervision and in teaching, is to really graduate a student, and you feel great pride. I teach sometimes in our own department too. It is not quite as rewarding, however, as having the intimate connections with the student as I have ^Q here. In this office, for example, the door is open a good part of the day unless I am writing, and it means that anybody ^{can} come and wander in and out with an interesting piece of news for me or just sometimes to sit down and cry, because some of the things we see are unendurable; and the students here feel a closeness to me and it's a form of teaching that just cannot be duplicated.

M. You have such an enthusiasm about all your work and such feeling for it; have you intrigued your daughter to become interested in these things?

S. Well, she loves baby work. I've intrigued her to the point that she wants very much to be a mother. Which I think is the best part. And she flirted with the idea of combining pediatrics and psychology for some time. Now she sees herself as a potential lawyer, feeling that more can be done through the exercise of the law on behalf of the children. That's her present direction: now that can change in a year or two, one never knows, she'll be a freshman next year. And she loves that part of my work which I could share. I could never discuss cases with my daughter of course, since this was intimate material and she was educated from the start not to expect any answers to her questions regarding patients, you know. She really learned confidentiality. At the same time, she would have been deprived of understanding part of my work, except that when I began work with blind babies confidentiality was not a factor there. ~~and~~ ^Q nobody after all came to us for psychotherapy in that regard, but rather to help us in

When Lisa was promoting the development of babies. So, as early as four years, when
 Dave Friedman and I ~~reviewed~~ would review film on Saturday afternoon,
 all of our kids would come together and watch the movies. And they be-
 came very discerning observers of babies. ~~And of~~ Children are sometimes
 so acute, they pick up small signs that we would miss, and it became a
 very serious Saturday afternoon entertainment for ^{Dave's youngest(?)} his three young kids
 and my four year old. ~~and then~~ ⁴ At one point Lisa became very interested
 in one part of my work when we were dealing with Piaget's concept of object
 permanence and trying to examine the evolution of the concept of perman-
 ence in blind children. ^{quickly} and she ^{Piagetian} quick learned the ~~Piagetian~~ tasks, and
 in one of the most hilarious experiments ever conducted taught our dumb
 beagle ~~to~~ ^{through the procedure} tasks and of course he flunked out. ~~And it became of course a~~
~~very useful piece of information. and~~ He flunked out after stage four.

And it became really a rather useful piece of information. I watched
 very closely as she consulted me on ^{correct} procedures. Even
 did violate ^{procedures} ~~procedures~~ when she was sure she
 could not ~~volley~~ the tasks, and there was no question that the dumb dog

could not pursue an object after it left his field of perception, what-
ever ^{this} ~~her~~ ^{was} perception field was. This made Lisa very sad because she
thought he was smarter than all that.

But it began to get us into the issue of representational intel-
ligence in animals. And by the way I have a hilarious correspondence
that went on for years. When I published this as part of my object con-
stancy paper, it became a valid way of looking at a problem. ~~Also~~ I
could examine this in need states in an animal and get observations
there too. And ~~there~~ ^{he was} really not any smarter in need states, than in any
other. ~~And then~~ I got into debate all over the country; everybody claimed
his dog could do better than that. One of my colleagues said, "Everybody
knows that Brandy is such a dumb dog, now my dog--" so I told him to try
it on his dog and report back to me. The best report I got was stage five
on a golden retriever. However, there's some small evidence that our
present dog, who's a ^{Pomeranian} Great Pekingese might qualify for level six: he's
very smart, and also has good central vision.

M. Was Brandy the dog you could always get in the basement every evening, that you mention in The Magic Years?

S. Absolutely. Absolutely. And he never got any smarter.

M. How you draw from everything around you to think and to test behavior.!

S. Well that's part of the fun.

And then Lisa has followed this aspect of the work very closely, ~~and~~

In fact she even wrote a term paper when she was a very little girl in

which she brought together what she understood of our work and using

encyclopedias and other sources on the topic of blindness itself; but

mainly she's interested in babies and young children. Perhaps she sees

herself as a child advocate one day. ^Q And as a matter of fact this is one

of my own concerns too, because we are not only working clinically on

behalf of children, working on behalf of families, we are ^{also} deeply concerned

in generating public concern for the child welfare policies and legislation.

~~and~~ I can't see anybody in our work today who should not be concerned, not

only for psychotherapy and for intervention, ^{for} but prevention through effective

social policy. There's a very good climate for this in law today you know. And interest is going to be reflected in legislation too, ~~you~~ ~~know~~. And in getting the attention of the legislators. There is a new breed of lawyers being produced, and many have great concern for legislation and legal practice in regard to children, ~~and~~ This is going to have an effect I think.

M. Can you say a word about being a mother when older? You say you came late to mothering.

S. 38 actually. I was 38. I think there were many advantages. First of all a lot of the ^{crises} ~~crux~~ of personality that simply belong in late adolescence and young adulthood should finally have been worked out within oneself: there is a readiness for full-hearted commitment to motherhood, without any of the ambivalence that would have been present in the young college-age mother, ~~and~~ A completion of one's own adolescence long before; I see that as a great advantage. One disadvantage that I see is that for the child who is active, very athletic, having both unathletic and, frankly, ^{aging} aged parents meant that there were activities that couldn't be shared in

the way in which very young parents might do. I never played baseball with my daughter for example, or tennis. But then that may have as much to do with my own disposition as anything else.

M You sound like you have a very very well rounded and full life. Would you change anything in your life if you could?

S. There's one aspect of my professional development maybe two that I wish

I had more of. I now wish that I had more training in ^{neurology} ~~psychology~~. I

now wish ^{also} that I had opportunities for training and field work ~~also~~ in ^{specifically} anthropology, in comparative child development; this I think would have

enlarged my life greatly. I'm only speaking professionally: there's

nothing else would I want changed. But professionally these are areas

I would have wished for myself. I do not wish that I had gone to medical school; I'm glad I did not go to medical school. I had opportunities.

M. In the Chess and Thomas book that reprinted your article on the blind infants, there appeared in large letters, "Selma Fraiberg, M.D.".

S. Oh, that was indeed an error. I never went to medical school. ~~I did not~~

I had the opportunities really and simply chose not to. By that time I was teaching in medical school, and I realized that what I would need to go through was not really ever going to be applicable to what I was doing. ^{Although I do wish} ~~I wish very much at least~~ that I might have been able to obtain more background in ^{neurophysiology neuroanatomy} ~~neuro-physiology and neur-anatomy~~ than I have. (~~tape interrupted~~)

- M. What do you think now about the thrust of the social work organizations, NASW and the like? About the so-called split between the activists and the clinicians?
- S. I don't even know about it, what is it? I've already identified myself as one who doesn't belong to organizations. Tell me about it.
- M. Well perhaps I'm not a good one to ask, I'm not really involved in it either. There has been established a Society for Clinical Social Workers with affiliated societies in a number of states. They have ^a clinical emphasis, and generally decry the falling away of graduate schools from teaching clinical skills.
- S. Oh, that I decry too.
- M. They are locked in battle with the National Association of Social Workers,

primarily over licensing, and the form licensing should take. Some of the clinicians feel that licensing should be restricted to Masters Degree social workers with a given number of years of advanced practice under supervision. The NASW model licensing bill is a multi-level bill which takes it down to the ^{B.A.} ~~B.A.~~ social workers, and I believe even ^{beyond to untrained} ~~untrained~~ social workers as well. According to the Federation, NASW has gone activist, only wanting to lobby in Washington, and they don't serve the clinical interest any more.

- S. I have nothing to say there except that I think it's part of a larger trend, a tendency ^{to} in abandoning the social work traditions and objectives. For example, there are now schools of social work which are no longer training practitioners, but are training executives, administrators, community organizers. And the practice is to be conducted by graduates with a B.A., or perhaps less. And I am simply horrified because the thing that has worried me throughout the years that I have been a social worker was the tendency that began post World War II in which we moved further

and further and further from the human center, where the patient or the client and his needs are further removed from the supervisor, administrator, policy maker. With the predictable effect upon policy: it has no connection with human needs at all, only imagined human needs. If you know nothing about children how can you administer a children's program?

M. Are you familiar with the Council on Social Work Education's recommendation on the education of social workers?

S. No.

M. I gather that in 1969 or 1971, they adopted a policy of ^{endorsing} ~~endorsement~~ of the undergraduate degree as the entry level practice degree for social work: the B.A. in social work would be the practice level degree. I assume they plan to phase out the Masters, and if you want to become an administrator you would pursue the Ph.D.. They have set up over 190 some undergraduate sequences in social work, as part of endorsement of that policy.

S. All right, I don't know what they put into these undergraduate degree se-

quences. I know some juniors and seniors who could probably do a very competent job upon completion of such a program. But I have no idea about what the content of these programs would be. Is it then the old Masters degree content moved back into the undergraduate years? We have undergraduates in psychology here; we bring them in as student assistants and assign them a variety of tasks, research coding for example, (but interesting coding) and in the old program they were assistant observers. In the new program they participate as photographers. In order to be a good photographer in our work you have to have an educated eye. So we have at any one time about four undergraduates. These are top kids who want the opportunity to see what's going on in this field.

M. Do you screen all the students who work here? Many of the graduate schools of social work merely present you with the students you will have in a field agency.

S. Oh no, Oh no, no we screen them. And on the undergraduate level we always ~~we always~~ have about four students here, ~~that are~~ talented juniors and seniors

in psychology, and they participate in our seminars, ^{we provide a} in addition to small stipend, they are always pleased to count that as a small bonus. Now out of that group, knowing how good their developmental psychology courses are, and how good ^{are} the sequences in ^{clinical psychology} ~~abnormal psychiatry~~ and psychology of abnormal development, ~~knowing how good those programs are,~~ if in our school for example, we were to add in some aspects of social work practice with ^{this} already very good and existing program, ^{resulting} into a degree certification program, I think it could be possible. However, if they teach the same ^{stuff} ~~garbage~~ that they're already teaching in the schools of social work, and simply move it down to the junior and senior level, I'm not so sure. But then one could ask ["]is this, properly speaking, graduate material anyway?["]

I think nothing more than family ties, ~~so to speak~~, metaphorically speaking, have kept me in association with social work. People I love in the field. People who hold the values that I do. And my own staff in this project, extraordinary men and women, and I think I do feel deeply

committed to those values of social work which brought me into the field;
wherever they are truly represented today, I still feel identified with
them. Let me give you an example of one of our students. She was an
undergraduate here. A student assistant and she fell in love with the
profession because of the social workers on our staff who she admired so
much ~~and without consulting us chose this as her graduate career, and the~~
~~first thing you know we were getting letters of reference and the like.~~
~~The young lady had not asked for vocational guidance.~~ She was one of the
most talented students we've ever had, way ahead of most Masters Degree
students, and she entered her school of social work (not here by the way)
and then she was assigned a field work placement in which she learned
absolutely nothing. And she was one who could judge what she can learn.
She knew what she had learned in her participation here and in very good
courses at the university. She has not yet had the experience which
brought me into loving the beginning of my professional years: namely,
good supervision. ~~She is not going to get it next year either. Two wasted~~

~~years for a very talented person.~~ Knowing her aptitudes and knowing what social work would have to offer, and knowing where she was applying, ~~I would have had to counsel her, if she had come to me for vocational guidance,~~ I would have asked her if she had come to me for vocational guidance, "what is it you want, what is it you really want? Tell me where you would like to be in 12 years?" And I probably would have recommended for her, knowing her, clinical psychology. She is now going to leave her degree behind her and enter another field.

That's sad.
O.K. M. ~~That's sad.~~ ^{within social work} Do you think we can bring up new Selma Fraibergs? Aside from good luck and good circumstances?

S. Again, it's the agency that matters. Go back to the very beginnings of social work ^{when} ~~where~~ most of the training was conducted within an agency and not a school. If you remember our own origins, long before there ~~was~~ ^{were} schools of social work there were intramural training programs within social agencies. And where I see good work being done today by social workers, it reflects the agency and supervision they were lucky enough to get somewhere along the way. And that's all there is to it. I do not see it coming out of any academic programs for social work that I know of. ~~As~~

~~long as~~ ^{we} have to rely on such diverse and often inadequate field work placements in such situations. Or it may be that people ^{who} are in the field and ^{who} are clinically minded will have to find their own methods of pursuing their professional goals. Private courses, private supervision. It will be interesting to see what happens out of the Chicago model. It certainly hasn't been tried out elsewhere.

And I don't know who the current leaders of the field are. I stopped reading the Journals, with the exception of your Journal which I think is coming along promisingly. In fact nobody is reading them. We dutifully take all the social work journals here and I encourage everybody to read everything. But I know they're reading in other Journals. You know all the really exciting things that are going on in our field are being published elsewhere. But who the leaders are, who are the spokesmen, who are the catalysts for the examination of social work principles and its future, I don't even know.

M. Let me ask you about your future: you spoke earlier about retiring at some

point. Tell me more about what you want after that.

S. I will probably retain some teaching and consultaion, some small part of practice, and writing. There is much left to do. I like writing for fun. It's very relaxing to do an article for Red Book Magazine, and the like; but the highest priority has to be for the write-up of the project of course.

And time for travel. Maybe my old interest in anthropology can be satisfied, though it can never be fulfilled professionally. And in five years perhaps my husband will be retiring, and we will be free to travel.

~~N. What country would you travel to first?~~

~~S. I love Mexico. There are many things there I want to examine more fully.~~

I can see my husband and myself attaching ourselves as interested laymen, because we're in a related field, to an archeological research team let's say, or an anthropological team. Numerous things that we want to do together; we're good old traveling companions, we have lots of fun together and we always find that travel leads to some discovery or another. So I

can see that happening. And maybe I could be a visiting professor some place and he could be a visiting professor some place and we could work that out too. There are no end of fascinating things to be done. (inter-

*you asked
in
question
here* ruption in tape) I came from a family in which philanthropic commitment was very large. Members of our family were prominent in Jewish community welfare organizations and philanthropic organizations. So that I grew up with a tradition that was very easily adapted to the profession of social work.

M. Are you the first professional to move in that direction in ^{your} ~~the~~ family?

S. In the profession of social work? No, I was the first in my generation.

My family would have been board members and active in community fund raising and such. But I always knew what they were raising the funds for, and I always knew enough about agencies so that I heard about the field even before I knew very much about it. We were a very close family and so we all spoke of these things. And so it was a very natural thing. There was a tradition of Jewish philanthropy that was very deeply felt and not

limited to raising money. In my home there was discussion of the aged, the orphans; I remember the impoverished Jewish families of the depression, Jewish families were not any more impoverished than anyone else of course, but in Jewish tradition one had to especially care that the members of the tribe may be imperiled. So all that was available to me; I think I was the only one who chose social work.

M. How many of you were there?

S. In my own family there was a brother who is a ^{physician} phycist, he's next.

M. You're the oldest?

S. Yes, I'm the oldest; and a sister who is a teacher. And then in the larger family, the cousins distribute themselves over many professions; medicine, law, engineering, professorial appointments in English, History, etc., ~~etc.~~

M. Does that core of professionalism among you and your cousins come from a previous professional orientation in your family or is this more in your generation?

S. No, I would say in my mother's family the college members would be two or three. In my own generation, in the extended family, there was only one who

did not go to college. In Lisa's generation, without exception, everyone.

And of course graduate school also: there is no child among the ten grandchildren in this particular family who does not expect to go to graduate school, or who is ^{not} already in graduate school.

M. What did your father do?

S. My father was a ~~broker~~ a business man. And even that became valuable to

too ostentatious
me, in that I learned how to handle money and some part of my work involves grants and such. I ~~assimilated in some way~~ through the business man who ~~was my~~ father.

M. I know our time is up now: I can only say that it seems to me that you have drawn riches from every part and time of your life. I am most impressed.