Mother and Baby Homes in the Netherlands in the 20th century

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Published in:
Final Report for the Irish Commission of Investigation into Mother and Baby Homes

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Report for the Irish Commission of Investigation: Mother and Baby Homes and Certain Related Matters (Order 2015)

31 August 2015

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Introduction

Since the mid-19th century in the Netherlands care for single mothers and their babies is in the hands of private initiative, particularly religious organisations. In 1847 the reverent Ottho Gerhard Heldring, a representative of the Dutch branch of the international protestant revival movement the Reveil, established the first home for 'penitent fallen' women, Asyl Steenbeek. In the asylum women and their children were taken care of and subjected to a moral-religious re-education aiming at prevention of (falling back into) prostitution.[1]

This association between a single mother and a sinful life, or even prostitution, has continued to be the basis of all care arrangements provided to single mothers and their children up to the 1960s. This care was provided in specialized homes where a woman could give birth and was taken care of together with her baby during the first few months after delivery. Because of the short stay, these homes were called 'transit homes' (*doorgangshuizen*). Up to 1947 parental rights and guardianship were not given automatically to a single mother of age; she had to apply for it. Instead, all illegitimate children were put under legal guardianship of a society (*voogdijvereniging*) of the mother's denomination (protestant or Roman Catholic) and, if necessary, after a few months, placed in a children's home of this society. If the single mother was a minor who did not live with her parents any more, she herself was also put under guardianship. These guardianship societies did not particularly stimulate contact between the 'sinful' mother and the fruit of her sin. As a consequence, this had usually an incidental character. The idea was that caregivers had to protect the child against her 'sinful' mother.

In these children's homes illegitimate children lived together with criminal and neglected children under state custody and they were taken care of and treated in the same way. Placement in a foster family instead of a home by one of the guardianship societies was possible; in post-war years it was a fifty-fifty chance. Probably the half of the children under guardianship that lived in a foster family was better off than the half that lived in one of the many crowded children's homes under an authoritarian and often harsh regime, led by badly educated, and sometimes violent or abusive child care workers.[2] The single mother was supposed to make a fresh start in society, find a decent job and a place to live, and hopefully marry a decent man and either retrieve her child when conditions had improved or forget about her. Sometimes, mostly in cases of teenage motherhood, both mother and baby returned to the girl's home to live there as part of the family. In those cases the child was raised as a late arrival of the aging mother of the family. In other cases, if the girl had more or less voluntarily abandoned her baby after birth, the management of a home gave away a baby at the back-door to a 'decent' childless couple to become either their legal foster child or their illegal would-be child. A notorious example are the small homes next to the Leyden hospital that sold babies for money.

Gradually, particularly from the 1930s, the philanthropic, mostly religious societies that ran the majority of the mother and baby homes started to stimulate pregnant single women to not abandon their baby and take care of it themselves. As a consequence, they also started to provide single mothers with whatever help was needed to be able to work and live as a single mother in a society in which an 'incomplete' family was not facilitated with child care and was generally looked down upon. Partly, the shift of focus toward single mothers taking care of their child instead of abandonment is associated with a more explicit fear of illegal abortion as an even more serious sin than single motherhood. At the same time in the professional discourse the emphasis shifted from these women's sinful nature to their motherhood and the idea that a 'natural' bond existed between a mother and her child. Breastfeeding was strongly recommended. Therefore, care arrangements had to cover at least three months after birth. Next to the homes, advice bureaus were created to support women

who had the courage to raise their illegitimate child alone in practical matters. From scattered information one gets the impression that in the 1930s and 1940s protestant organisations were more actively stimulating women to take 'their responsibility' and take care of their babies, whereas Roman Catholic homes and the religious orders that ran these homes were more often involved in old-style, hidden, and partly illegal actions to provide a childless couple with a baby, legal adoption being as yet impossible. We may guess that in many cases vulnerable and desperate young women, overwhelmed by feelings of guilt, have been 'talked into' abandonment of their baby.

From the mid-1950s the moral-religious discourse was replaced with a psychiatric discourse in which the single mother was no longer represented as a sinner who had to do penance, but as a woman suffering from psychiatric illness. As a psychiatric patient she was entitled to help and advice from professionals: a psychiatrist, a psychologist, a social worker, a clergyman, and a judicial advisor. The pregnant single woman received help in order to be able to take the 'right' decision as to the future of her baby. This decision, however, had become more complicated, as adoption was legalized in 1956. Irrevocable abandonment of a baby to be adopted by a family that was officially selected and approved of by professionals had become a serious option. It even became authoritative experts' preferred option, as growing up in a 'normal' family was conceived of as in the best interests of the child. Therefore, despite the rhetoric of autonomy, the psychiatric view of pregnant single women meant that practices of being 'talked into' abandonment for adoption, preferably immediately after birth, did not stop. The organisations that ran the mother and baby homes and advice bureaus emphasised primarily the importance of professional help and the right of a woman to make her own choice.

Finally, in the 1970s, unmarried pregnancy and single motherhood lost their problematic character, as they were now generally accepted. The associations with sin and sickness disappeared. Part of the mother and baby homes became superfluous and closed down, others chose to focus on teenaged mothers and other groups that were more particularly in need of help, like single mothers from ethnic minorities. The advice bureaus have always remained active. Adoptions of illegitimate children were no longer encouraged. Instead, the number of crèches for infants to facilitate working mothers increased. Single mothers were finally free to make their own choice. Gradually, the concepts of 'illegitimacy', 'forced marriages', and 'incomplete' families became obsolete. At the same time, as a consequence of the more general use of reliable means of birth control like 'the' pill, the number of unwanted pregnancies greatly reduced. Consciously unmarried mothers (in Dutch *bewust ongehuwde moeders*) proudly presented themselves as BOM. As hardly any baby was abandoned from this time, childless couples could no longer adopt a Dutch baby and had to turn to the Third World if they wanted to adopt a baby. To facilitate international adoptions a new network of private organisations was established. From the 1980s the old organisations that supported single mothers and their children accepted a new task: helping adults who had been raised in a children's home or a foster family to find their biological mothers, who had more or less voluntarily abandoned them when they were babies.

This brief outline of the history of mother and child care in the Netherlands is based on the only piece of literature that is available, a commemorative book on the history of the national association that coordinated the work of the private organisations that ran the homes and the advice bureaus for single mothers from 1930, the Federation of Institutions for the Single Mother and her Child (*Nationale Federatie van Instellingen voor de Ongehuwde Moeder en haar Kind*, FIOM).[3] The book's focus is on the history of this association and its policy and intentions, not on the topics that are central to the work of the Irish Commission investigating the history of the care arrangements in mother and baby homes: the living conditions and the

quality of the care arrangements provided in these homes, as well as the share of the illegitimate children that were taken care of in these homes.

Next to this FIOM-book, a number of sources are available on the basis of which an attempt can be made to reconstruct aspects of the history of the quality of the care that was provided in the mother and baby homes. From the 1930s up to the 1960s a series of surveys have been made by governmental and other committees or individual experts, reporting on the living conditions and other aspects of the lives of single mothers and their children in and outside these homes. These reports appeared particularly at times when consensus as to the preferred kind of care was disappearing and a new, generally approved approach of pregnant single women had not yet been reached, particularly the 1930s and 1950s. However, the most valuable knowledge about practices of care in Dutch mother and baby homes and children's homes is to be obtained from oral history interviews with adults who have either been raised as an illegitimate child in a home or been accommodated in a home as a single mother during different periods of time and under different conditions.

For practical reasons this short report on the Netherlands is based on only a few original sources[4] and on a critical reading of the available literature. The research question of the Irish Commission is taken as starting point: How were the living conditions and which was the quality of the care provided in the homes for mother and baby? In this report we first discuss developments in the numbers of illegitimate children and of mothers and children accommodated in homes for mother and baby in the Netherlands. Next, an outline is given of what is known about the care provided in the specialised homes for mother and baby between the 1930s and the 1970s. Finally, we discuss the debate on illegitimacy and single motherhood of the late 1950s and the 1960s, when the interests of the child were for the first time considered and science partly replaced Christian morality as source of inspiration in the provision of care. Placement of illegitimate children in a children's home was now discouraged on science-based grounds. The debate accompanied the process by which, within a decade, adoption of an illegitimate child replaced upbringing in a children's home or a foster family as alternative for – what used to require courage but from the 1970s became the rule – a single mother taking care of her child herself.

Numbers

During the first half of the 20th century the Netherlands had a relatively low level of illegitimacy, which is generally ascribed to the strong influence of the churches on family life.[5] In 1925 only 1.8 percent of the living new-born babies were illegitimate as against 10.6 percent in Germany.[6] In 1929 no more than 3.322 illegitimate children, or 1.8 percent of all new-born babies, were born alive. Ten years later this number was even lower, 2.365 babies or 1.3 percent.[7] In the same year only 782 single mothers were accommodated in a mother and baby home of one of the organisations that had joined FIOM. It was estimated that about the same number of single mothers were receiving a kind of support from one of the societies but were not accommodated in a home, and that the rest of the single mothers did not need help. In the late 1930s the central advice bureau of the FIOM treated about 250 cases each year.[8]

In 1939 there were 17 mother and baby homes, run by societies that had joined FIOM. Eight were Roman Catholic, seven protestant, and only two were neutral or non-religious. These homes accommodated a total of 781 women during on average[9] three and a half months. These women gave birth to 1.196 babies, who were taken care of in these homes during on average[10] a little shorter than seven months.[11] This means that, apart from twins being born, some women chose not to be hospitalised themselves, at least not in one of these homes, but entrusted their child to a home nonetheless. The larger part of these must concern

babies that were more or less voluntarily abandoned before or immediately after birth. Another part will concern girls who stayed at home with their parents but could not or were not allowed to take care of their new-born baby themselves. The larger number of babies may also include the offspring of mentally retarded girls, who were either institutionalised elsewhere or lived with their parents. The number of babies accommodated for some time in the homes amounts to 50.6 percent of all illegitimate Dutch children born in 1939. We may assume that this half concerns primarily the babies of younger women, as widows and concubines had better chances than teenagers to receive help from family or friends before and after delivery.

A climax in the number of illegitimate children born alive was reached in 1945: 7.322 or 3.5 percent (as against 1.3 percent in 1939).[12] This was one of the reasons why contemporaries were extremely concerned about a general 'moral decay' during the post-war years, especially among youths. As a reaction the churches initiated programmes to re-establish moral decency and family values.[13] However, before any effect could become manifest the illegitimacy rate fell rapidly. The high rates in 1945/1946 were due to war time conditions and to conditions in the aftermath of the liberation from the German occupation in May 1945. In 1950 illegitimacy had fallen to less than half of the level of 1945: 3.429 babies or 1.5 percent.[14] In terms of absolute numbers the post-war low was reached in 1955, when only 2.771 illegitimate babies or 1.2 percent were born alive. 57 percent of their mothers was younger than 25, a percentage that increased during the 1960s to almost 70 percent, half of which were teenagers. Three quarters of the illegitimate babies were first born, which corresponds with the young age of the mothers. As elsewhere, the problem of illegitimacy was concentrated in the larger cities and consequently in the West of the country. Roman Catholic and moderate Calvinist mothers were represented proportionally among the women who gave birth to an illegitimate child, whereas orthodox Calvinists were underrepresented and non-denominationals overrepresented.[15] Again, in the late 1950s, by comparison with other European countries illegitimate rates were low in the Netherlands. At the time a Dutch sociologist estimated that they were three times as high in Norway, seven times as high in Sweden, and ten times as high in Austria.[16]

In 1969 22 homes were accommodating mothers and their new-born babies, of which ten were Roman Catholic, six protestant and six neutral. Another five homes were taking care of illegitimate babies who had been abandoned for adoption before birth, two of which were Roman Catholic and three protestant. The modal seize of these mother and baby homes was between ten and 19 places for a mother and her baby.[17] Among women seeking help from one of the organisations that worked together under FIOM's wings during the 1960s religious groups were represented proportionally, but teenagers were clearly overrepresented, half of the women being minors (under 21). In 1968 the capacity of the 22 specialised homes for mother and baby had shrunk to 390 places for women and 952 places for babies, next to 310 places in the five baby-homes. On average this capacity was used for 64 and 86 percent respectively. Whereas the length of the stay of mothers decreased, that of the babies increased during the 1960s. Especially the need for 'neutral area placements' of babies abandoned for adoption grew rapidly. That is why in 1968 the average number of days a woman was taken care of in one of these homes was three times as high as the average number of days a baby was taken care of, as against two times in 1939. In 1968 974 women and 1166 children were newly accommodated in one of the homes for mother and baby. They were taken care of during on average[18] three and eight and a half months respectively. The variability of the length of the babies' stay had increased to such an extent that 41 percent stayed as long as 12 months or more and 23 percent stayed only six weeks. Of the total number of 4.953 illegitimate Dutch babies born alive in 1967, one quarter (1.212) was accommodated in one of

the homes coordinated by FIOM. Of the women accommodated in the homes 58,9 percent were minors.[19]

Care provided in mother and baby homes

How were the living conditions in the homes for mother and baby? The coordinating organisation to provide help and support to single mothers and their babies, FIOM (established in 1930), saw it as its task to guarantee a good quality of care for mothers and babies seeking help with one of the participating societies. That is why FIOM made an effort to be informed about this. Inspections on the spot, however, do not seem to have occurred frequently.[20] In 1932 a committee was installed on behalf of the National Society for Poor Relief and Philanthropy (*Nederlandsche 'Vereeniging voor Armenzorg en Weldadigheid*) to investigate the quality of care provided in the homes that took care of, amongst others, illegitimate infants. At the time these were called 'uncontrolled' houses, meaning houses that took care of infants on a commercial basis. They were distinguished from 'controlled' homes, run by guardianship societies, that took care of orphans and children who were placed in a children's home by the court on the basis of criminal or civil court custody and, consequently, received state subsidies.

In 1934 the committee reported on 120 uncontrolled, usually small homes, 28 of which were situated in one of the three big cities in the West (Amsterdam, Rotterdam and The Hague). As these cities had set up quality control on their own initiative, 28 were in fact controlled homes. Of the 92 uncontrolled homes some were exploited by persons who had been banned from the three big cities as entrepreneurs in this business. Nevertheless, about 95 of the 120 homes it was reported that 'no complaints [were] known'. Their quality must have been satisfactory. Of the remaining 25 homes (of which 20 were situated outside the three big cities) 19 were qualified as of 'dubious' quality and six as 'bad'. The conditions referring to 'complaints known' could be reconstructed mainly on the basis of the disqualifications given by the controlling civil servants working for the three big cities. An extreme case was a home reported to accommodate 12 infants, who were locked in a room behind a barrier during the day, creeping around without pants, stockings or shoes and without toys, with faeces lying around and even 'being eaten … out of boredom'.[21]

Although the quality of the majority of the homes was satisfactory, the committee advised introduction of legal control, preferably through legislation, or at least an extension of the kind of control that was practiced by the three big cities, if only to prevent entrepreneurs from moving their business from one place to another without being forced to improve the quality of care. Despite the presentation of a concept for a regulating law by the committee, no legislation was introduced, and the example of the three cities was not forced upon smaller towns. Therefore, the FIOM had reasons to continue the stimulation of research into the quality of the living conditions and care provided in homes that accommodated the infants of single mothers.

In 1937 a medical doctor, N. Knapper who was well acquainted with the quality of infant care in general, reported critically about the quality of hygienic care in mother and baby homes. He had visited 47 homes, including FIOM-homes, that took care of single mothers and their babies. Only 14 homes could avail of relatively new buildings, large playing fields, spacious sleeping and washing rooms, as well as rooms for play and gymnastics. The majority, however, was housed in old buildings in crowded inner city districts and had to do without all these necessary provisions. He observed an enormous lack of professional competence among those who took care of the infants and strongly advised a better education of the nurses and their assistants. He himself had taught courses in infant care to nursing assistants and single mothers in Amsterdam. Knapper full-heartedly supported FIOM's

position that single mothers should not abandon their baby but take care of it themselves. This, however, required adequate training, he insisted. Like other experts he was of the opinion that there was a 'natural bond' between mother and baby and that taking care would provide a woman with a 'goal for the rest of her life'. Breastfeeding was indicated. It required a period of at least three months of being free from labour for the mothers, which was often impossible because of financial reasons. That is why he advised the homes to organise jobs inside or next door to the institution, such as the laundry he had spotted at one of his visits. In all other cases women would not be able to earn money and take care of their baby at the same time.[22] Research like this, inspired by concern about hygienic conditions in the homes, was not repeated afterwards. Like child hygiene in general, hygienic conditions in infant care seem to have improved greatly as local authorities extended their hygienic inspections in the 1950s to include philanthropic and commercial homes.

After the war FIOM shifted attention from the quality of care in homes for mother and baby to more specific themes like mentally retarded single mothers, foster parenting, adoption, and the development of methods like social case-work to support women in need of help. More than before the FIOM tried to reach as many single pregnant women as possible. Around 1960 estimations of its success varied between 50 and 70 to 80 percent of these women seeking help through one of FIOM's societies.[23] FIOM consistently emphasised the importance of professional help for both mothers and babies. Though FIOM was an outspoken champion of single mothers taking care of their child themselves after a period of support from one of its societies, FIOM leaders were aware that social reality was different. A large part of the single pregnant women did not seek professional help and another part made a more or less deliberate choice for abandonment and placement of their baby in a children's home or with foster parents through judicial guardianship.

With the introduction of a revised Children's Act in 1947 the rights of both the single mother and foster parents were reinforced. A family relationship in the judicial sense between a single mother of age and her child was now created automatically and she also became automatically her child's legal guardian. At the same time the rights of foster parents were reinforced indirectly in that the court was given more freedom to judge the natural mother's child-rearing capacities if she went to court to reclaim her rights. Henceforth a family judge had to consider her mental state from the perspective of the 'interests of the child'.[24] A further step toward recognition of foster parents' rights, legal adoption as possibility, was not yet taken but it was put on the agenda and remained there until matters were settled in 1956 with the introduction of the Adoption Act, which enabled legal, irreversible adoption.[25]

Although FIOM itself set up a Central Committee for Abandonment that mediated between a mother who was incapable of taking care of her child and the many childless couples who volunteered as foster parents, at first FIOM could not compete with the uncontrolled channels in terms of speed and chances that a child could stay with her foster parents. In cases of FIOM mediation a child could be kept in a home for over three years, before she was finally placed in a foster family,[26] as FIOM-officials proceeded along bureaucratic lines, made high demands of foster parents, and went to the edge to be sure that the natural mother was unwilling or incompetent to raise her child. In the early 1950s, however, it became increasingly clear that the remains of the old-style hidden flow of babies from desperate single mothers to equally desperate childless couples – enabled by doctors, nurses, and priests – would not disappear unless adoption was legalised.

Protagonists of legal adoption and defenders of the status quo alike produced reports that supported their positions. In 1954 the FIOM issued a report based on a survey into 136 placements by its Central Committee for Abandonment covering the years 1930-1951, 127 of which had followed the official procedures. It was emphasised, however, that at the same time another 400 mothers had revoked their original decision to abandon their child. Nonetheless,

101 out of 127 placements were considered successful.[27] During the next years another, more limited survey was carried out covering the cases of 50 single mothers, who had given birth between 1935 and 1938 and had raised their child on their own. This arrangement turned out to be equally successful according to the researchers, in that 45 out of the 50 children were successful as adults in society. Responding women demonstrated both anxieties and feelings of guilt: 'I will always work hard for my family to make up for what I did.'[28] Remarkably, in this research only ten women never married. Of the 40 who did, nine married the father of their illegitimate child. In other words, with time a large majority of single mothers became 'normal' mothers.

Apart from positive reports about foster parenting, the concept of a 'natural unity' of mother and baby, as propagated by FIOM, was further undermined by the growing influence of psychiatry and psychology in the domain of social work. During the 1950s and 1960s they gained influence as professionals, first in legal child protection and gradually also in homes and care arrangements for single mothers and their babies. These experts shifted the focus of attention from the 'sinful' mother of an illegitimate child to the developmental needs of a young child and the incapacity of relatively many single mothers to meet these requirements. In 1955 a plenary meeting of FIOM was devoted to the theme of the 'seriously disturbed' mother. Lecturers agreed that seriously mentally deficient and emotionally disturbed women could not become good mothers, no matter how much professional help was provided.[29] This meeting turned out to be a turning point in the history of FIOM, as the membership spoke out in favour of the best quality of care for the child and stressed the importance of family ties, including foster families, instead of 'blood ties' or the 'natural bond' between a mother and her child.

From Christian morality to science (1955-1970)

References to science played and even more important role in the debate on single motherhood and adoption that followed in the wake of the introduction of the Adoption Act in 1956. During the 1950s across the West sociologists studied the social characteristics of single motherhood. It was usually described as 'sociopathology'. These scientists were confident that their approach was way ahead of the penalising moral-religious approach of the past, which had consistently blamed the individual single mother for her 'sins'. Instead, they considered single motherhood as part of a larger and alarming social problem, extending from increased extramarital sexual activity of both sexes (estimations ran up to 50 percent) to a rising frequency of 'forced marriages', and a most dangerous positive attitude toward abortion. In their analyses the sociologists linked these problems to post-war prosperity, as well as to social disruption in general and disruption of the families of the lower classes in which the majority of the sexually active young people grew up in particular. A Dutch sociologist reported for example in 1960 at a FIOM meeting that extramarital sexual activity was widespread among working-class youth, a danger that might in the future extend to include bourgeois youth as well. According to his research, in 1948/49 no less than 21 percent of all marriages were 'forced'.[30]

Whatever the analysis of the causes of single motherhood was, from the mid-1950s advice bureaus and transit homes aimed no longer at penitence but at rehabilitation of the mother and protection of the mother and her child. New care arrangements were staffed with a multidisciplinary team with a psychologist, a social worker, a clergyman, a judicial advisor and a social psychiatrist as head of the team. The latter profession also led the centres of study and expertise that developed out of a small number of advice bureaus. This professionalization of care arrangements is likely to have brought an overall improvement of the care provided in homes.

The psychiatrists in charge of the new arrangements of care expanded, likewise, on the 'sociopathology' of the single mother. Unlike the sociologists, they did not seek the causes of the problem in society at large but in the woman's smaller environment, particularly her family of birth.[31] They were the first experts who did not overlook the biological father, but conceived of him as part of the problem.[32] Psychiatrists emphasised that a single mother often came from a broken home or an otherwise dysfunctional family. The woman's background had to be investigated by a social worker and taken into consideration by the multidisciplinary team that guided a pregnant woman in the process of making a decision about her child's future. Part of the woman's psychopathology was that she was not capable to make the 'right' decision because of a lack of self-reflection and insight into her unconscious motives.[33]

Referring to the assumed psychopathology of single women, psychiatrists usually spoke out in favour of abandonment for adoption. They assumed an insufficient capacity to truly love a baby. A single mother often showed what they called 'false' love for an 'object' instead of a person, which made her either spoil her baby or neglect its most fundamental desires.[34] Inspiration for this point of view was particularly found with research by psychiatrists and psychologists from the Anglo-Saxon world. They pointed consistently into the direction of a negative evaluation of care provided in a home. John Bowlby's famous report for the World Health Organization (WHO), *Maternal Care and Mental Health* (1951), which was translated in its abbreviated edition into Dutch in 1955,[35] became most prominent in this respect. His statement that for a baby even a bad family was to be preferred to a good home, was rephrased by Dutch psychiatrists to mean that a home could never be good enough, certainly not if legal adoption by a selected and approved couple was possible.[36] And they interpreted Bowlby's idea that a permanently available mother during the first few years of a child's life was a precondition for mental health as an argument that disqualified single mothers as caregivers. As breadwinners of an 'incomplete' family they were simply not available and, perhaps even worse, their psychopathology would harm a baby. Especially teenagers were not fit for sensitive mothering, they claimed. Therefore, abandonment for adoption, preferably after no more than two months, was their preferred option.[37]

While FIOM staff continued to favour the other option, a woman taking care of her child herself, the debate among experts, as well as public opinion, shifted towards the psychiatrists' view. Their negative attitude toward care in a home may, paradoxically, have stimulated FIOM to further improve its quality. One participant in the debate stands out as particularly influential, the Roman Catholic professor of psychiatry Cees Trimbos. He had first tackled the problem in a chapter of a popular book on children at risk in 1955,[38] but increased his efforts to convince professionals involved with single mothers and their babies of the desirability of abandonment for adoption after this was legalised in 1956. He lectured for example on a FIOM meeting in 1961[39] and published an authoritative book in 1964 together with his kindred spirit and colleague psychiatrist H.F. Heijmans, who headed the Roman Catholic bureau for 'mother help' in Amsterdam.[40]

Trimbos was a leading figure in the Roman Catholic movement for mental health. Apart from his scientific work and his textbooks he was well known and very popular with the larger public because of his radio talks, in which he attacked traditional Roman Catholic views on issues that had been covered with a taboo for a long time, like birth control and (homo)sexuality. In the dynamic 1960s[41] these things had to be discussed in the open and dealt with, instead of forbidden, he learned. A happy marital life, including satisfying sex, contributed greatly to people's mental health, he explained. The negative approach of essential human faculties such as sexuality of the old Roman Catholic ideology was unnecessarily sickening people, he warned.[42] These ideas were welcomed as liberating and fitting the age of the television and the upcoming Sexual Revolution, even outside the Roman Catholic community, which included a 40 percent minority at the time.[43]

The psychiatrist Trimbos' key argument against the approach of FIOM, stimulating the single mother to take care of her baby herself, was that the single mother was usually mentally ill and was not able to give her child the motherly love and stability that were necessary to become a healthy member of society. The child itself was proof of it. According to him, references to 'blood ties' were expressions of romanticism. He called the argument of a 'natural bond' between a mother and her child an unproven axiom and referred to research into single mothers' and their relatives frequent psychiatric trouble as proof of his thesis that the FIOM's approach was not serving the interests of the child.[44] Even more serious was the overrepresentation of children living with their single mothers among the child guidance clinics' patients: 'according to me it is impossible that in such a situation a child develops undisturbed'.[45] The argument that a single mother would learn to give motherly love in the right way simply by doing it, or with some help, was discredited by Trimbos by discriminating – in the spirit of Bowlby's developing attachment theory[46] - between biological motherhood and affective motherliness. The latter was hard to reach: 'The child needs motherliness. It develops only gradually and independently of motherhood. Biological motherhood needs many psychological extra's to become true motherliness.'[47]

However, at the end of the 1960s the cultural climate changed profoundly in the Netherlands. The so-called Sexual Revolution, exemplified by the hippy slogan 'Make love not war', student activism, and a new feminist movement manifested themselves.[48] These forces worked together to make single motherhood acceptable in the larger part of society. Under these conditions FIOM found more support than ever before. In the rapidly secularising society of the 1970s unmarried pregnancy and single motherhood were no longer looked down upon on moral-religious grounds.[49] With the disappearance of the taboo the need to consider abandonment for adoption disappeared. Whereas the number of single mothers increased, the number of women who had to take refuge in a home for mother and baby decreased sharply. At the same time, thanks to feminist activism day-care provisions for young children multiplied and part-time jobs were generally accepted.[50] In case a woman could not find a job or day-care was not available, she was from 1965 entitled to social security (*bijstand*).[51] As a consequence, single motherhood lost its problematic character. Since the 1980s teenagers from ethnic minorities make up the larger part of the remaining clients of the FIOM homes and other kinds of support.[52]

Conclusion

The quality of the care provided in the Dutch homes for mother and baby seems to have been at least acceptable, especially in the homes that were supervised by FIOM. The post-war professionalization of care arrangements is likely to have improved the quality of care in the homes. Even psychiatrists inspired by Bowlby's WHO-report may, with their negative attitude toward institutional arrangements for young children, have stimulated further improvement of the quality of care in homes. From the 1950s, uncontrolled homes of dubious quality have disappeared.

About the living conditions of single mothers and their babies after the initial period during which they stayed in a home, we have to guess. From 1965 in the Netherlands unemployed adults were entitled to social security. This has enabled single women to more often take care of their child on their own. From the 1970s single women with a job could more often use day-care arrangements for their child, as the feminist movement pressed successfully for more crèches. They could now, moreover, often work part-time. Recent research into the history of sexual abuse in judicial child care, both homes and foster families, makes clear that children under legal guardianship (among whom part of the illegitimate children of the 1950s and 1960s) were often treated harshly and unkindly and have too often

been victims of violent or abusive regimes.[53] However, in the Netherland they have certainly not been subjected to the kind of illegal practices that are mentioned in the *Terms of Reference* for the Irish Commission, such as vaccine trials and post-mortem anatomical examinations.

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Notes

[1] Dubois.
[2] Dekker.
[3] Hueting & Neij.
[4] Namely the ones that are available online or in the library of the University of Groningen. Other sources could not be studied, as it takes time and money to make them come to Groningen.
[5] Bakker et al., 275-289.
[6] Hueting & Neij, 39.
[7] Hueting & Neij, 39, 55; *Statline.cbs.nl* (viewed on 21 August 2015).
[8] Hueting & Neij, 58.
[9] The average concerns an average pro home.
[10] Idem.
[11] Hueting & Neij, 67.
[12] *1966-1967-1968*, 58; Heijmans & Trimbos, 26, 55.
[13] Bakker et al., 282-285.
[14] *Statline.cbs.nl* (viewed on 21 August 2015).
[14] Hueting & Neij, 58.
[15] *1966-1967-1968*, 57-72; Heijmans & Trimbos, 26.
[16] Godefroy 1960.
[17] *1966-1967-1968*, 9-11.
[18] The average concerns an average pro home.
[19] *1966-1967-1968*, 73-86.
[20] Knapper.
[21] *Rapport*, 17.
[22] Knapper.
[23] Mullink; Peters.
[24] Hueting & Neij, 83.
[25] Hueting & Neij, 109-115.
[26] Hueting & Neij, 104.
[27] *Bespreking*.
[28] De Groot-Klaver, 30-31.
[29] Ter Linden & Mastenbroek.
[30] Godefroy 1961, 2.
[31] Heijmans & Trimbos, 132-141; Van Oenen 1969a.
[32] Heijmans & Trimbos, 165-183; Mullink.
[33] Heijmans & Trimbos, 55-164; Heijmans; Trimbos 1969; Van Oenen 1969a; Van Krevelen.
[34] Heijmans & Trimbos, 242-242; Van Oenen 1969a; Van Krevelen
[35] Bowlby.
[36] Heijmans & Trimbos, 217-230.
[37] Heijmans & Trimbos, 306-338; Van Oenen 1969b.
[38] This was reprinted in the volume *In kort bestek*, see: Trimbos 1969.
[39] Trimbos 1962.
[40] Heijmans & Trimbos.
[41] Kennedy.

[42] Westhoff.
[43] Bakker et al., 286.
[44] Trimbos 1969; Heijmans & Trimbos, 262-342.
[45] Trimbos 1969, 57. See also: Van Krevelen.
[46] Van IJzendoorn.
[47] Trimbos 1969, 57.
[48] Kennedy.
[49] Bakker et al., 285-289.
[50] Van Rijswijk-Clerkx, 316-384.
[51] Bakker et al., 290-292.
[52] Hueting & Neij, 163-183.
[53] Dekker.