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Maternal Deprivation

by

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I have now been engaged in the practice of Pediatrics for 50 years. During that time I have seen dramatic changes in diagnosis with MRI and CT scans and echocardiography. Therapy with generations of antibiotics and enhanced cardiac surgical procedures and prophylaxis with hemophilia B vaccine to virtually eliminate H.I. meningitis, pneumococcal vaccine, polio vaccine, etc. I was the director of an inpatient tertiary care service at Loyola and many children ill with life threatening illness can now be salvaged.

Pediatrics is, however, the treatment of the parent-child relationship and much of my practice now is second generation – the children of the children I treated in the past.

Unlike the scientific progress of dramatic dimension made in the past half century, there has been a dramatic regression in the health of the family socially, psychologically and spiritually. I take it as a given that the family is in a state of crisis even during a period of economic prosperity.

The topic I would like to discuss, Maternal Deprivation, is, in fact, a definable psychiatric syndrome (DSM Reactive Attachment Disorder) in childhood related dynamically to societal and intrafamilial factors including the dramatic breakdown and fragmentation of the nuclear family. The child who suffers from maternal deprivation is recognizable by his affect, by his poor social skills, by his poor scholastic performance and by his sub optimal progress.

Man’s task is to learn that freedom is not unbounded. Freedom is like a free flowing river that, deprived of its banks, turns to marshland and bogs. Law and justice are freedom banks. Kirkegaard said, “The trouble with life
is that you understand it backwards but you must live it forward.” God expects us to understand life as we live it forward guided by nature and reason with the benefit of education and culture.

On a worldwide basis we are observing nature’s retribution to man’s experiment with sexual license and promiscuity. Our sensate society, like the Roman civilization before it, is now experiencing the consequences of nature’s ability to punish us for widespread dissociation of the unitive pleasure seeking from the procreative ends of the marriage act.

Nearly all of our social efforts today are remedial. The remedial is by definition short range laborious and mostly unsuccessful. A short-term solution would be to make day care widely available. A long-term solution to maternal deprivation would be to make it economically feasible for mothers to stay home with their infants and children.

There are two revelations, one found in the Book of the Scripture, the other found in the book of Nature, Scripture written by the words of the Son, Nature communicating through the laws of the Father of Creation. Both the father and son teach the same truth, obviously.

Jesus, for example, tells us to love our neighbor. Nature the Father, however, tells the mother how to love her closest and dearest neighbor – her newborn child. The family as an institution is both Natural and Supernatural. Nature provides the principles essential to marriage that are fidelity and offspring. The supernatural bestows marital graces on marriage that perfects nature.

The battle for survival of the family centers on the explication of the family as a natural and supernatural institution.

The human offspring take longer than any other animal to mature. Therefore parents must stay together longer to bring forth a mature person. Birds stay together until the fledgling leaves the nest. The lesson for man is fidelity until the child is independently capable.

Therefore human sexuality is not merely a life-giving act but also a love-giving act. It is not merely a generative act but a unitive, agapaic act intrinsic to the maternal compact and essential to the parental role of guiding a newborn to adulthood. The special feeling of love engendered by the marriage act overflows to the rest of the family to create an environment optimal for raising children.

In early years, the primary teaching function of the family is not intellectual but emotional. The chief need of the child is to experience love leading to a healthy self-love and ultimately being able to love others as he has learned to love himself. Since love is taught essentially through a one-to-one relationship, nature has intended that each child has its private tutor of love and nature has selected the mother for this role as the primary nurturing parent. God, as the author of nature, has designed the mother

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with a certain reciprocal fitness with the infant. We can read this design in many ways.

Touch is a major means of communicating love and so the soft smooth skin of the infant is enhanced in the woman by their mutual tactile softness.

Speech is a way of communicating love and the newborn infant hears only high tones better to hear the mother’s soprano voice. The newborn infant hears his mother’s voice through the last trimester so the best way to elicit a smile from a baby is to hear his mother’s voice.

Smell is a wonderful way of discriminating between mother and child. Most mothers have a heightened olfactory ability and even blindfolded are able to identify their own from among several babies.

Sight. The focal length of a newborn’s vision is about nine inches, which approximates the distance from the baby at breast to the mother’s face. The eyes of the immobilized infant are fixed on the mother’s face.

Cradling Arms. The carrying angle of the woman’s arm is different from that of a man. Hers are made for carrying, his for throwing.

Intuition. The mother has the ability to communicate through feeling and loving. The natural togetherness of woman and child is a spiritual and sensorial gestalt. The survival of the child preordains the woman.

When we read the intention of God the creator in the very design of the mother and child and when we infer from the words of Jesus, the very centrality of his own mother in his growth to human wisdom and grace, we are able to diagnose the etiology of our sick society.

The single most important change to have taken place in the United States in the past 40 years concerns sex and the social role of women. It is from this single source that virtually all the culture wars arise. The breakdown in the nuclear family reflected in rising divorce rates, illegitimacy and cohabitation in place of marriage comes from two principal sources: 1) The movement of women into the paid labor force and 2) the separation of sex from reproduction thanks to contraception and abortion.

The pioneering and, in many ways, still the most important work on maternal deprivation was published by John Bowlby in a World Health Association monograph published after World War II. The source of the data and the observations by Dr. Bowlby was a huge experiment of nature that occurred in Great Britain during World War II. During the German blitz of London, large numbers of children were moved out to the English countryside for their protection. The facilities were comfortable, the diet was wholesome but large numbers of these children suffered from what became a predictable and largely unpreventable syndrome named by Bowlby as Maternal Deprivation. The work of Bowlby was augmented by subsequent investigations by Rene Spitz of the affects of institutionalization and hospitalism resulting from even short-term separation of children from mothering during crucial stages of child development. While the
work of Spitz implied that the upgrading of staff and technique could ameliorate some of the consequences of institutionalization. Bowlby’s observations established the reality that the maternal-child relationship is largely irreplaceable. Certainly one of the signal developments in child psychiatry in the last half-century has been the growing conviction that the child’s future mental health is critically related to the quality of parental care he receives during his earliest years. Those with the opportunity for firsthand observation of the child over time are increasingly convinced that what is essential for mental health is a continuing warm relationship between the infant and his mother in which both find joy and satisfaction, particularly during the first three years of life.

What has not been widely appreciated is the fact that much of the psychopathology of severe maternal deprivation is severe and irreversible. The absence of this relationship leads to anxiety, excessive demands for love, hostility toward those who fail to provide the love and from this hostility, guilt and depression. Such strong emotions in psychologically and physiologically immature persons can lead to disorientation and breakdown in later life. Beyond the risk of producing a person with distorted character formation and antisocial tendencies maternal deprivation compromises the child’s ability to interact with favorable influences outside the home. As Loretta Bender has pointed out, the child who has had no experience in identifying with a mother in the first three years of life is, to a degree, uneducable. He cannot identify with a teacher and her aims, he cannot be motivated to concentrate on a task or work toward a goal. He has a diminished capacity to form concepts of good and bad and little inner life that he can be taught to articulate.

As pointed out in the famous monkey experiment by Harlow at the University of Wisconsin, the effects of maternal deprivation may be perpetuated over generations. The child who has been maternally deprived may to that degree be incapable of being a mother and giving love to her offspring.

Our real concern is with those who voluntarily leave the home for reasons of material comfort or personal fulfillment. In our success-oriented society, successful motherhood is much denigrated. By innuendo or open statement womanly duties are disparaged. The small tasks of home are portrayed as utterly disassociated from love. Motherhood is decried as being an obstacle to personal fulfillment. Women are told that their mystique demands that they escape from their hidden life in order to exert some influence in society. This despite the fact that almost no one remembers his or her own mother as someone hidden or uninfluential.

These concepts exert a disquieting influence particularly on the immature mother who may have an uneven relationship with her children and perhaps even looks upon the withdrawal of affection as a suitable punishment for children who are annoying her.
In his major analysis of research for maternal deprivation, Yarrow concluded that maternal deprivation actually encompasses four kinds of deviation from a hypothetical model: 1) Institutionalization, 2) Separation from mother or mother substitute, 3) Multiple mothering, 4) Distortions in quality of mothering, e.g. rejection, overprotection, or:

1) Institutionalization. a) Reduced opportunities for sensory and affectional stimulation. 2) Deficiencies in environment due to low adult-to-child ratio. 3) Confinement to beds or playpens with reduced ability to practice motor skills. Example is Russian and Rumanian adoptees, a) Poor language function, b) Reduced capacity to maintain close relationships. Severity is related to age of child and length of institutionalization.

2) Separation a) Social apathy and indifference to attachments, b) “Affect hunger” with insatiable and incessant seeking affection, c) Finally apathy and withdrawal described as the stage of “mourning” or “Anaclitic depression.”

3) Multiple mothers are the least studied form. No single person to whom the child can relate as a major source of gratification. Mother shares her role with others who may or may not be related to her. Most reports from the Israeli kibbutzim indicate that these experiments were a failure.

4) Distortions of the mother-child relationships. a) Overt or covert rejection, b) Hostility, c) overprotection or ambivalent behavior. These kinds of distortions are a daily experience for every pediatrician. Many opportunities to intervene. Intervention is only possible if there is continuing health supervision. Institutionalization is so damaging that it should be avoided in favor of foster care or, in extreme cases, termination of maternal rights to allow for adoption. This is becoming a more frequent necessity where the mother is a substance abuser (cocaine or alcohol).

One of our most alarming developments in our experience at Birthright is the extent to which young people are rejecting marriage. Peer culture and pop culture are anti-marriage and alternatives such as cohabitation seem more acceptable to young people. I say alarming because, putting aside the moral implications of cohabitation, the alternatives to marriage project has demonstrated that cohabitation leads to more depression, spousal abuse, child abuse, alcoholism, poverty, aggression, childhood problems and less sexual satisfaction.

Those who are getting married are getting married later, beyond the age of greatest sensitivity to the lessons of motherhood. Motherhood is a learned experience and a practical art that allows a woman to develop the skills of encouraging and controlling children. The art of motherhood is practiced at all levels of the culture and is, to a large extent, independent of the variables of income and education. In this age of feminism, there is a tendency to underestimate the rewards and overestimate the tribulations of
motherhood. Most families would interpret outside intervention as hostile rather than helpful. Most women who have had success in the workplace will only grudgingly recognize the intellectual demands of fulltime homemaking. Seldom does work experience perfect the art of motherhood.

If women in large numbers are rejecting marriage then the pool of women skilled in the practical art of motherhood will shrink to the detriment of children and the Society.

In the words of Chesterton:

Babies need not to be taught but to be introduced to the world. Women are generally confronted with a human being when he asks all the questions there are and some that aren't. When domesticity is called drudgery all the difficulty arises from a double meaning of the word. I admit a woman drudges in the home as a man might drudge at the Cathedral of Amiens or drudge believed a gun at Trafalgar. But if it means that the hard work is heavier because it is trifling, colorless or of small import to the soul, then I give up. I don't know what it means.

If a mother wishes to insure her child the optimum in emotional stability, social adjustment and intellectual attainment, it is quite obvious that she cannot commit herself to prolonged enforced absences from her children at least during the first three years of life. This does not necessarily involve the denial of a career since she may reassume her career after the child has passed through the most vulnerable preschool period.

We are not concerned, of course, with those who must of necessity work outside the home because of death or illness of the husband or due to economic necessity. The ideal human economy would be for the state to provide some assistance that would insure the mother's presence in the home at least during formulative periods. Such maternal supplements would be money well spent in terms of social benefits related to the prophylaxis of many forms of anti-social and disruptive behavior (gangs). Since such assistance is not always forthcoming, the task becomes that of funding the most acceptable form of maternal surrogate. This would ideally be someone known to the child such as a grandmother or other family member. Realistically, the level of care in the typical day care center is sub-optimal and often counterproductive.

One of the impediments to the acceptance of the motherhood of a large family is the necessity of being pregnant many times. This raises the question as to the extent to which pregnancies are unplanned and the children unwanted. It is important to make a clear distinction between the unwanted child and the unwanted pregnancy. I once asked Dr. Irving Bernstein, the only psychiatrist I know who was fulltime with an obstetrics
department, how many women in his experience had negative feelings toward their pregnancy in the first trimester. Without hesitation he responded, "It can't be less than 100%." What the women are rejecting, however, is the fact that they are throwing up every morning, that they are losing their figure or feel that they are losing their freedom. They are emphatically not rejecting the child who will be born of the pregnancy. The first pregnancy is usually welcomed, at least within wedlock. The second is usually acceptable. But all of us should know that if you were the third or later child in your family, when your mother found out she was pregnant with you, she was unhappy about it. This sort of reaction is self-correcting as the pregnancy continues and the mother reflects on the presence and impending birth of the child.

Excess fertility is, in reality, not a problem for most families. The National Fertility Study showed a close agreement between couples' concept of "ideal family size," "desired family size," and "intended family size." Similarly the Growth of American Families Study showed that most wives who felt that they had not really wanted the last pregnancy would nevertheless confirm that if they could have all the children they really wanted they would have had the same number they had or even more. Most so-called unwanted pregnancies that are carried to term result in the birth of a wanted child. A large Scandinavian study by Aren and Amark showed that the vast majority of the women who applied for the right to an abortion under the old Swedish system went on to have their children and were happy with them.

Most mothers reject the notion that they have made heroic sacrifices even though others may infer that they have. They see the child as a gift and the pregnancy as the price of the gift.

The simple reality is that I am here, you are here, we all are here because some woman somewhere was able to carry us through certain inconveniences, probably discomfort and possible disaster, to give us life. This is the reality of the maternal mystique and the unique gift of motherhood.

Beyond the contributions of the mother to the physical and emotional well-being of the child through intimate contact, positive reinforcement and close attention to diet, cleanliness and the prevention of infectious diseases, the mother also has centrality in the spiritual welfare of her children. Without trivializing or demeaning the crucial role of the father in character formation; it is the mother who is the high priest of the Little Church which is the family environment. To the child the mother is, in many ways, synonymous with home and projective psychological testing will clearly elicit this.
In his homily on the Solemnity of Christ the King, John Paul II prescribed four elements that must underlie family life in order that it may be fruitful and ordered to holiness. These are 1) A deep spiritual life, 2) Intense prayer, 3) Continuing spiritual formation and, 4) Adherence to the laws and teachings of the Church. If the first three are present, then the 4th follows as a matter of course. If the parents join together to promote a deep spiritual life both by precept and example, if they promote and participate in family prayer and if they accept their primary obligation to facilitate spiritual formation, hopefully in cooperation with, but sometimes in conflict with, school and parish, then the home will indeed be a Little Church and the Mystical Body will thrive.