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Early group daycare from the perspective of depth psychology

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„Early daycare", so the Czech pediatrician Zdenek Matejcek[1] states, „is something to the benefit of adults. Children would never install this. In contrast to this children would establish kindergartens if they weren´t already".

In the public discussion of group daycare (historically differing in the Eastern and Western parts of Germany) economical, political, gender-political, educational and foreigner-integrational aspects are stressed. Group daycare outwardly appears to be a multifunction-cure - even against neglect in dysfunctional families. At the same time the consequences of early child separation from mother/family are often ignored. The „Memorandum on group daycare for babies and toddlers in Germany", published by the German Association of Psychoanalysts[2], points out how important the questions of age of onset, daily duration, continuity of care and other relational or attachment-factors are, if damaging consequences of forced separation are to be avoided or lessened. Especially when separation-accompanying emotions are chronically denied, longlasting damage to mental health can be the consequence. Denial leads to the risk of the suppression of feelings, i.e. alarm-causing emotions (fear, anger and sadness) remain subconscious and find their way to the surface in various ways and symptoms. Early anxieties, accompanying separation and loss, are „timelined" into the future

1 Matejcek, Z. (1989): About Daycare in Chechoslowakia. Der Kinderarzt 20, 829-834. Cit.from Behncke, Burghard, he acceleration of the circle of socialisation of children in daycare and recent tendencies of economics and society. In: Psyche 3/06.

2 Memorandum of the DPV to the plans of expansion of daycare in Germany. In: Psyche 2/2008

and can later recur as subconscious catastrophical fears.

By means of a short case about the psychoanalytical treatment of a patient who had been to early group daycare I would like to illustrate the risk-factors that can come with this particular early life experience:

A 33-year-old woman suffered depressive episodes, social shyness, loss of libido, discontent with self, discontent with others and life as such, as long as she could remember, although she was married, had 2 children, secure employment and in this way had established stable life conditions. She had general doubts if she was really loved by anybody or if her being around was important to anybody. If she was on her own she felt numb, lost and therefore had to remain constantly active. She was well-adapted, constantly polite but secretly carried unholy feelings deep in her heart: like looking down on others and deep-down feelings of envy and anger. She asked for therapy when she went through the following episode: Her 8-year-old Sohn had cried heartily at the funeral of his granddad, the patients´ father. She couldn´t react adequately to the outburst of her sons feelings, she couldn´t take him into her arms because she felt too embarrassed to hug her son in public, and she was overwhelmed by fear. In the relationship to her children she realized her emotional deficits most strongly, and because of this she suffered immensely. The death of her father, to whom she had felt close, left her numb inside.

At the beginning of the five-year-psychoanalysis for a long time she wasn´t able to lie down on the couch, and when she finally did, she developed massive gastrointestinal symptoms which deeply frightened her, because she had undergone several hospital treatments for gastrointestinal symptoms as a 6-year-old girl including an an appendectomy which afterwards proved to have been quite superfluous. She now remembered and verbalized feelings of loneliness, fear and pain she had felt during her hospital-time during which her parents could not visit her or had not been allowed to. During summer-holiday recreationals at

primary school age she immensely suffered from home-sickness but couldn´t tell anybody because these recreationals were a special priviledge to very few children and were meant to heal her chronic eye-inflammation.

As an ambitious child in primary school she felt bad to have to miss out on her lectures and feared to stay behind the classmates.

Gastrointestinal and ocular symptoms subsides a little when the patient verbalized them but reoccurred promptly whenever I went on holiday.

Misses A. spoke about the former hospital-experiences to to her mother, this was very difficult for her because the relationship to her mother was not good, she remembered her mother as poorly responding and without adequate love, as physically distance-keeping and estranged. But to her suprise her mother assured her that all these memories were wrong and that she and her husband as parents had spent several hours each day in hospital to keep their child company. The mother even pointed out that she didn´t only have sorrowful memories but that she had got some days off work and she had enjoyed to be able to stay with her child, and that this had been a treasure to her. However, the reasons for the sickness of her daughter had remained a mystery to her.[3]

I suspected that the patients´ memories of the motherless hospital time and homesickness in later years perhaps were „masking-memories“ or retrospective memory „constructions“, in terms of shifts from experiences of early years into later years in which conscious and verbalized memories are attainable. Her memories also gave my patient reasons for a lifelong anxious anger towards her mother. But even though the patient was resentful and was always exspecting special attention, favours and gifts of others as proof of love, she could no longer accuse her mother as being emotionally detached and cold but rather described her as conscious-stricken and helpless. The serious somatic illness with this longlasting history of

3 GDR-studies which for a long time weren´t published showed a very high correlation between early daycare and somatic illnesses, and this finally led to the implementation of a „first baby-year“. (In: Israel/Kerz—Rühling: Daycare-children in the GDR

symptoms in parts of the body which in early childhood typically is connected with fear and horror (the abdomen) and the inflammation-expressed exhaustion of her eyes which led to the interpretation of difficulties in eye-contact as a relational element, all very much pointed to a preverbal phase of life of which the patient couldn´t speak of directly for lack of conscious memory and because all what had happened was „normal“: from the age of around three months she had been in group daycare, because her mother as other mothers had to go back to professional work. Group daycare was normal, and she as far as she had been told she had done well there, no reports of irregularities.... The patients mother however, when asked again, reported some irritability, sleep and eating problems of her daughter, but all this was normal. Her daughter (the patient) had been regurgitating quite often but many children do this and, anyway, it subsided eventually. She said that her daughter had always been *picky* at the meals and were therefore known to be „posh“. Her mother further told the daughter: „You didn´t like the carer and would rather stay alone“, but that she had not cried. The daughter later was estimated to be difficult, easily offended, and her personality seemed somewhat strange, alien. The mother thought that her daughter had developed character traits of her dad, because he also had been a man of few words and had been withdrawn, whereas she herself saw herself as happy and sociable.

In the further course the patient gained more insight in her feelings of loss and loneliness and her impression of being motherless and superfluous. Fear, anger and sadness became more conscious and differentiated feelings, and being confronted with them demanded courage and strength. At one point the patient even said to me: „Had I known how painful this process was, I probably wouldn´t have gone into therapy at all.“

This psychoanalytic case resembles many developmental risk factors and problems with which we are confronted as potential risk factors of extrafamilial care. I would like to list

them for further discussion:

early onset - at three months of age a baby has not as yet developed a stable rhythm of eating and sleeping and needs instant attention whenever expressing need. When needs or other acute states of excitement are not instantly and sensitively taken care of they arise to fear of death, like a „fall into nothingness".
And how does a mother deal with the separation from her baby? She too can suffer from a separation-induced depression and then has to deny it. Often the separation even has to be planned prenatally because a place in group daycare has to be looked for well-ahead of birth, long before mother and child have even met and get to known each other.

Long duration on daily basis – a long separation from mother and home each day can shift the attachment hierarchy (a particular danger in the so-called weeklong daycare centres). If no child-carer-attachment can be established, feelings of loss and loneliness follow – emotional neglect. The mother doesn´t get to know her child and has too little knowledge of her childs´ reactions: an estrangement develops. If a child shows symptoms at home, then the mother might interpret this as refusal, if she doesn´t know that children (and in fact adults, too) *react to social stress retrospectively* although they had been complying smoothly in the daycare situation. Long hours of daycare have turned out to be the main risk factor for problem behaviour in school children (Jay Belsky, lecture in Bielefeld, Sept. 2011).

Rejection of the surrogate relationship: „You didn´t like your carer" the mother had said to to her daughter, my patient, almost as if being proud of the obstinacy of her daughter, who would „rather stay for herself": This is an overestimation and false-positive interpretation of autonomy at the expense of emotional need for feeling secure. To develop stable self-confidence children under three have to be able to feel as the „centre of the world" in the eyes

of at least one person, a feeling of omnipotence should evolve at some stage as the basis for general trust, uniqueness for an eternity-experience and being favorite child – all this is important for a stable sense of self-esteem and the development of feeling as being an individual with a unique personality. A child has the right to thoroughly know the parents as *their off-spring*, as the child of *these* particular parents, because the more secure the relationship at the beginning, the easier it is later on to become an independent adult.

Strained relation between mother and carer – The mother of my patient has probably projected her own antipathy towards the carer to her child, so that she herself didn´t have to realize that she wasn´t content with the daycare situation. Subconscious feelings of jealousy and rivalry between these two „mothers“ may become an underestimated problem (also true for childminder mothers or daytime nannies), because they have to be denied in order not to interfere with everyday-life and work. The carers themselves are often very sceptical about early daycare, and sometimes this interferes with the relationship to the mothers „whose work they have to do“. From the perspective of the totally dependent child these underlying stress-factors penetrate his or her soul deeply. My patient in „rather staying for herself“ obviously never had any help or support in developing a stable relation to one of her carers irrespective of this being unconsciously forced by her (guilt-stricken) mother of by the (feeling ill-used) carer.

Bodily-expressed Symptoms – A preverbal child – because it has no other means – uses eating, digesting and excretion to express (and „comment“ on) stress. The chronic eye-inflammation from which my patient had suffered probably pointed to a disturbance or deficit of early eye-contact communication – overall, the patient showed a symptom-cluster of an overwhelmed, intimidated and overburdened system that as yet had too little means of expressing its state otherwise.

False interpretation of symptoms - The patient had been a „picky eater“ and later developed severe chronic gastrointestinal inflammation. Quite often eating-problems or the proneness to gastrointestinal illnesses are attributed to a childs personality. These things show that a child is susceptible and – in case of eating problems – needs more sensitive attention, smaller doses and a better adapted rhythm. In case of sleeping problems a child needs more calmness, in case of attachment problems she or he needs more security, and so on. Because the susceptibility of a child cannot be changed (although the option of „resistance-enhancement“ often is proclaimed) we have to interpret these symptoms as a means to describe the world as the child perceives it: I cannot digest this! It´s not the child that has an overly-sensitive skin - no, the bath tub water is too hot. It´s not the child that is over-sensitive, the social and emotional environment is too stressful.

I**mpact on mother-child-relationship** – A child who early in life is separated from mother for long hours each day cannot but doubt mothers love. „She doesn´t love me - otherwise she would be near“. The younger a child and the more silent her or his personality, the fewer means of protest against the separation she or he has. Protest behaviour calls for a certain psychosocial and physiological stage. [4]

Ruptures of personality development – My patient deeply felt that her mother was deliberately withholding something she had but didn´t want to give away: Proofs of love. She obviously lacked the basic knowledge that she was generally loved and truely accepted by her parents. This feeling also resembled the later relation to her husband: he could behave differently if he wanted to to but he doesn´t want to because he doesn´t love her enough. His being different wasn´t acceptable, it posed a constant threat. From my patients´ viewpoint her

4 Joachim Bensel, Separation stress in early childhood. Harmless side-effects of modern caregiving practices or risk factor for development? Manuscript Jan 2006

husband had to be the base of her security, her needs and the pacification of her restlessness. Subconsciously she was convinced of being worthless, and that her feelings of fear, anger and sadness would endanger the relationship. That´s why she accepted gifts (physical objects!) as symbols of love whereas she was not able to enjoy longing and phantasy in time-spans of loneliness as a means of personality-expression.

Inhibition of affect, difficulty in affect-differentiation – My patient had developed early problems of eating and digesting which resembled her „symptom-language“: resembling undigested feelings of panic, fear, loss and loneliness. The reports of „not having cried“ as her mother remembered (BUT: had there ever been a reliable report about this from the carers?). The patient´ defense was general avoidance of expression of feelings, so that every strong emotion induced fear and restlessness. She was generally unable to differentiate or name feelings. Every emotional state was shame- and guilt-stricken. She was prone to „swallowing“ everything until anger grow to explosion. Children in daycare are known to learn to control their feelings rapidly, that is of vital importance because they are in the pre-empathic phase of emotion-*contagion*: If one child cries other children promptly join in. Because this is true for all emotions and endangers the daily routines, all children have to „level“ their emotions, especially the negative emotions.

Disturbances of lust and body-self – Physical care and caresses a child experiences shape much of the self- and body-image as well as the ability to enjoy and spend lust. „The ***I*** primarily is a *body-I“* Freud says, and early life experiences are physical becoming mental/emotional at a later stage. Insensitive and rough care which destroy the tender intimacy, lead to a feeling of worthlessness, and the own body can appear negligible - this feeling is dramatically induced by physical and sexual abuse. In daycare the lack of positive body experience based on secure and loving attachment is highly likely not least because of

shortness of personel. Physical contact, need for feeling secure, feeling welcome to an adult, eye-contact, thus mirroring oneself in the eyes of another as a means of „social referencing“ are vital elements of development in the first years of life.

Overestimation of cognitive development, early orientation to efficiency – In an Hamburgian newspaper issue of Nov, 1st, 2008, the opening of an early daycare centre was announced in this way: „In here the little ones get to know language, art and nature. (…) 25 children from the age of 8 weeks will be cared for from 8 am to 6 pm on weekdays. Four professional full-time-carers and helpers attend to them. (…) The educational concept comprises nature science and creative-aesthetical education. Our service is bilingual and also offers music and art education.“ In a so-called study of Bertelsmann children of migration-background-parents more often went to high school when they had been to daycare compared with those ho hadn´t. This implies that early daycare is a basis for life-success. Since the PISA-tests early daycare and professional education for babies and toddlers are regarded as the primary basis for educational success. However, we as psychotherapists and psychoanalysts know very well that this can lead to a discoordination of cognitive abilities and emotional integration, thus resembling a well-known pathological mechanism. (Böhm rightly pointed out that studies which are initiated, financed or carried out by economic organisations have to be evaluated with caution!).
Beyond the academic career problems may arise in the relationships. Overall we have to put it this way: Negative experiences in early daycare will later in life erupt under stress, whereas a person for a long time can lead a well adapted life from outward view. The same was true for my patient.

Depressive or aggressive behaviour problems (NICHD) – In my patient the integration of „alarm-warning emotions“ had obviously failed. Her fears were locked into somatic

symptoms, as in the gastrointestinal symptoms. Her anger expressed itself in general moodiness out of displeasement and resentfulness; all sorrow of loss was denied and suppressed („arrested mourning“/Hardin[5]). She developed a depression and a tendency to impulsive outbursts of aggression. Non-medically based ADHD-experts believe that early experiences in terms of changing and inconsistent relationships, concentration-dispelling environment (i.e. large groups) and especially a deficit in the integration of emotions sum up to much of the ADHD-syndrome. Early daycare naturally interferes with the developmental steps and environmental experiences of the first three years of life, which are positively connected with the origin of self and the perception of the world, with later confidence and assurance, with object-stability as the basis for mental stability, with attachment- and relational competence, with trust in own body functions and their potential for lust and love, with the ability to differentiate emotions, with sense of time and understanding of language, with learning and thinking and with adequate integration of emotional states of life. Furthermore, our primary defense mechanisms against conflicts or unbearable feelings form in these first three years too, and are a lifelong part of our charactre and personality. In the light of the consequences of early life experiences it is vitally important to discuss how our children are best cared for. It is as known as it is sad that we seem to forget or deny our knowledge, whenever this knowledge interferes with „practical solutions“ of the (mostly female) question of how to combine the upbringing of small children with professional ambitions – a conflict which to date has to be solved. The answers to this varied[6].
Conflict and likewise loss of memory are fired up from the above described historical background, and in Europe this is perceived as „typically German“, but this all is an ideologically escalated mock battle: We quarrel on the basis of personal vulnerability rooting in our unconscious experiences and memories of our own early childhood. We argue with our own mothers and parents, who in their ambivalent care for us confronted us with survival

5 Harry T. Hardin (2008): Extrafamilial care and experience of loss. In Psyche 2/08
6 Herta E. Harsch (2008): Considerations on 4000 years of history of extrafamilial care. In: Psyche 2/08

anxieties, pain and other negative emotions including hate. The discussion about early daycare calls for empathy with a helpless and dependent child and sparks memories *as well as the defense against them*.

Empathy in our most vulnerable offspring warrants a weakening of our defense against early feelings of pain, anger and fear. Adding to this, in our historically guilt-burdened society questions of life and death are instantly connected with guiltiness and the rejection of guilt, with reproach and self-defense, and also with the division in East and West, in good and evil. Here we must strain to make the historical burden visible. Otherwise we will continue with denial and we will again forget about what we already know simply to have our peace. If we want to establish early daycare as a normal form of upbringing we have to keep the risks in mind. The European pressure towards the expansion of early daycare implies that early separation is something worth achieving. In contrast to former generations nowadays a mother wanting to care for her small child herself has to justify this. In this way our concepts of a „good childhood“ changes and with it our concepts of what a „good mother“ or a „successful woman“ is. However, over all centuries the needs of small children have never changed.

Thank you for your attention.

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