

Dr. Felix Berth

German Youth Institute

berth@dji.de

<https://www.dji.de/ueber-uns/mitarbeiterinnen/detailansicht/mitarbeiter/felix-berth.html>

<https://orcid.org/0000-0003-2968-4330>

Discovering Bowlby

Infant Homes and Attachment Theory in West Germany after the Second World War

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Abstract

This paper examines the changes in infant homes for children under the age of three in West Germany after the Second World War by combining two research perspectives. First, I will show that the increase in institutional care in the decade after 1945 was not simply dictated by a growing number of orphans. Instead, it primarily resulted from the way how authorities dealt with single mothers and their children. In a second step, I will analyse the adverse influence of *Maternal Care and Mental Health*, the WHO-report by British psychiatrist and psychoanalyst John Bowlby. It will become clear that this monograph from 1951 was enormously influential within West German infant home education, such that institutional care for children under the age of three was almost completely abolished only a few years later. Thus, the paper contributes to the historization of residential child care and of attachment theory.

Keywords

residential care, attachment theory, history of knowledge, history of psychology, post-war social policy

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Introduction

The views of the German population on child-rearing and early education did not change suddenly with the end of the Second World War, and authoritarian attitudes were retained for a long time. A pedagogy of hardship, as touted by the Nazis (but not only by them) continued to dominate. For example, the essential educational guidebook during the Nazi Reich, Johanna Haarer's "Die deutsche Mutter und ihr erstes Kind" (*The German mother and her first child*),¹ was printed from 1934 until 1987, selling more than half of the total circulation of 1.2 million copies in a slightly denazified version in the post-war-period.² In that book, Haarer advised parents to avoid emotional and physical closeness to the baby and to demand its strict obedience from the first day on.³ Regarding the long-selling success of Haarer's book, it is not surprising that child-centred concepts such as those by the

¹ Johanna Haarer, *Die deutsche Mutter und ihr erstes Kind* (Munich: J.F. Lehmanns, 1934).

² Johanna Haarer, *Die Mutter und ihr erstes Kind* (Rohrbach: Carl Gerber, 1987).

³ Haarer, a trained lung specialist and early admirer of Hitler, e.g. asked mothers not to show any empathy if a baby cried: "Dann, liebe Mutter, werde hart! Fange nur ja nicht an, das Kind aus dem Bett herauszunehmen, es zu tragen, zu wiegen, zu fahren oder es auf dem Schoß zu halten, es gar zu stillen" ("Now, dear mother, get tough! Just don't start taking the child out of bed, carrying it, weighing it, driving it, or holding it on your lap, even breastfeeding it"). Haarer, *Die deutsche Mutter*, 158. The book served as a basis for the so-called *Reichsmütterschulung* (*Reich's maternity training*), attended by an estimated 3 million women.

internationally bestselling paediatrician Dr Spock had little success and remained mostly unknown in West Germany. *The Common Sense Book of Baby and Child Care*, available in the USA since 1946, sold millions of copies worldwide,⁴ but in West Germany started to gain some popularity only in the late 1960s. After the Second World War, it took several decades until authoritarian educational concepts in West Germany began to vanish.

Likewise, residential care for infants in West Germany was dominated by authoritarian principles for decades. We know from the German history of education that young people in institutional care were often beaten up, humiliated, sexually abused, and deprived of education in the 1950s and 1960s.⁵ These conditions, which in Germany, like in other countries, were investigated by parliamentary commissions in the last decade, cannot solely be explained by the continuity of National Socialist authoritarian ideas since similar cruelties have also been described for Western countries without fascist prehistory.⁶ Nevertheless, in the context of residential care history it should be noted that the slow West German

⁴ Spock's enormous success, often described for the US and UK, can also be found in Western Europe: Nelleke Bakker and Janneke Wubs, "A Mysterious Success: Doctor Spock and the Netherlands in the 1950s," *Paedagogica Historica* 38, no. 1 (2002): 209–26, doi.org/10.1080/0030923020380110.

⁵ Bernhard Frings and Uwe Kaminsky, *Gehorsam, Ordnung, Religion. Konfessionelle Heimerziehung 1945–1976* (Münster: Aschendorff, 2011); Karsten Laudien and Anke Dreier-Horning, *Jugendhilfe und Heimerziehung im Sozialismus* (Berlin: Berliner Wissenschafts-Verlag, 2016).

⁶ For example, for Switzerland: *Fremdplatziert. Heimerziehung in der Schweiz 1940–1990*, ed. Gisela Hauss, Thomas Gabriel, and Martin Lengwiler (Zurich: Chronos, 2018); for Canada: Paulette Regan, *Unsettling the Settler Within: Indian Residential Schools, Truth Telling, and Reconciliation in Canada* (Vancouver: UBC, 2010); for Ireland: Harry Ferguson, "Abused and Looked After Children as 'Moral Dirt': Child Abuse and Institutional Care in Historical Perspective," *Journal of Social Policy* 36, no. 1 (2007): 123–39, doi.org/10.1017/S0047279406000407.

liberalisation after 1945 did not initially affect the infant homes. Only during the student revolt in 1968 did a broad public turn to the so-called German “Heimskandal” (“residential care scandal”), after which numerous reforms improved the conditions in these institutions from the 1970s onwards.⁷

All the more astonishing is a development on which this paper will concentrate. In West Germany, residential care for children under the age of three came into a critical focus in the professional arena as early as the 1950s. This debate at the intersection of early care and public welfare was caused by the publication of *Maternal Care and Mental Health* by the British psychoanalyst and psychiatrist John Bowlby.⁸ The renowned book commissioned by the WHO was not translated into German for two decades, which is why research so far has assumed that Bowlby’s ideas found their way into Germany only with a considerable delay.⁹ However, as this article will show, the book was received intensively less than two years after its publication in West Germany with the debate taking place not in the media, but in the publications of experts from medical and educational disciplines. In this way, the role of Bowlby’s book in stopping the post-war growth of residential care becomes clear in detail.

The paper is organised in three parts. First, the development of residential care for children in

⁷ Manfred Kappeler, “Heimerziehung in der Bundesrepublik Deutschland (1950–1980) und der Deutschen Demokratischen Republik,” *Forum Erziehungshilfen* 14, no. 2 (2008): 68–74.

⁸ John Bowlby, *Maternal Care and Mental Health* (Geneva: World Health Organization, 1951).

⁹ Miriam Gebhardt, *Die Angst vor dem kindlichen Tyrannen. Eine Geschichte der Erziehung im 20. Jahrhundert* (Munich: DVA, 2009), 177; Claudia Moisel, “Geschichte und Psychoanalyse. Zur Genese der Bindungstheorie von John Bowlby,” *Vierteljahreshefte für Zeitgeschichte* 65, no. 1 (2017): 72, doi.org/10.1515/vfzg-2017-000.

West Germany is traced in the immediate post-war years. After 1945, a significant increase in the number of children in these institutions is discernible. It is argued that this growth can not be fully explained by the severe living conditions of families, but was to a great extent a consequence of the moral concepts of the time. The second part offers an analysis of the reception of Bowlby's early work and especially of some films inspired by him. Thus, this part also sheds light on the early history of attachment theory in West Germany,¹⁰ a topic that has recently been elucidated for Great Britain and the United States.¹¹ Finally, the third section traces what it meant for residential care that the West German institutions' protagonists soon came to know Bowlby's considerations. We find that especially authorities changed their guidelines fundamentally and abolished the placement of babies and toddlers in institutions within a few years. In this way, Bowlby was perceived – at least in the West-German 1950s – mainly as an advocate for small children, less as an opponent of female employment as he was seen in the Western hemisphere in the 1970s.

The analysis is based on primary sources from this period, such as journals, articles, and monographs by key figures from the disciplines of medicine and education, as well as archival material and official West-German data on residential care.

¹⁰ Strictly speaking, it is not correct to add Bowlby's 1951 publication to attachment theory: it was only in the late 1960s that Bowlby and Mary Ainsworth developed this term. Lacking a better phrase, this paper also summarises the early works with their focus on "maternal deprivation" under attachment theory.

¹¹ Michal Shapira, *The War Inside. Total War, and the Making of the Democratic Self in Postwar Britain* (Cambridge: Cambridge University Press, 2013); Marga Vicedo, *The Nature and Nurture of Love. From Imprinting to Attachment in Cold War America* (Chicago: University of Chicago Press, 2013).

The Revival of the Orphanages

Altötting, a Catholic Example

Immediately after the Second World War, more and more children were placed in residential care, many of them babies or toddlers. Described for continents and countries as well as for cities¹², the growth of the orphanages has often been interpreted as a direct consequence of the war: According to contemporary estimates, around 13 million children in Europe in 1945 had lost at least one parent.¹³ However, institutional care for young children has always been closely linked to far-reaching moral and psychological-pedagogical questions, concerning not only orphans: What was considered a “normal” family, what was an “incomplete” one? Did an unmarried mother and her child constitute a “normal” or an “incomplete” family? Or was this perhaps no family at all, as an imminent German legal expert argued?¹⁴ Moreover, how should government agencies deal with non-orphaned

¹² For example concerning the continent of Australia: Nell Musgrove, “Twice Forgotten: Assessing the Scale and Nature of Foster Care Coverage in Australian Historical Newspapers,” *The History of the Family* 25, no. 1 (2020): 70–93, doi.org/10.1080/1081602X.2019.1647264; for the Czechoslovakian state: Frank Henschel, “‘All children are ours’ – Children’s Homes in Socialist Czechoslovakia as Laboratories of Social Engineering,” *Bohemia* 56, no. 1 (2016): 122–44, doi.org/10.18447/BoZ-2016-4149; for the city of Ghent: Liselot De Wilde and Bruno Vanobbergen, “Between a Contaminated Past and a Compromised Future: the Case of the Ghent Orphanages (1945–1984),” *Paedagogica Historica* 51, no. 5 (2015): 631–43, doi.org/10.1080/00309230.2015.1021360.

¹³ Thérèse Brosse, *War-handicapped Children. Report on the European Situation* (Paris: Unesco, 1950), 28. She quotes data from the International Committee of the Red Cross.

¹⁴ Heinrich Webler, an expert on guardianship law in Nazi times as well as in the young German republic, argued in a legal opinion in 1961 that an incomplete family, consisting of a mother and her child, was no family at all, “weder tatsächlich noch im

children from “broken” families? Could they be adequately looked after in institutions? Each answer assessed illegitimacy and contained views on appropriate care for babies and toddlers.

The example of a residential institution in the small Bavarian town of Altötting will show how these questions were answered implicitly in 1945/46, leading to an increasing number of children in early institutional care. At the end of the Second World War, Altötting, a Catholic place of pilgrimage with a long tradition of Marian worship, had about 8.500 inhabitants. The nuns of the *Seraphisches Liebeswerk* (“Angelic work of love”), together with a social worker, decided to set up an infant home in autumn 1945, justifying this with a lack of foster care families. Choosing a highly symbolic date, the sisters took in the first baby on December 24, 1945. Three months later, the Order already looked after 25 babies and toddlers with numbers rising sharply. For a small town like Altötting, with only a few hundred newborns in the post-war-period, this seems quite a lot.

At Christmas in 1946, the nuns set up a crib with real hay and straw. “Darin lag ein lebendiges Christkindl. Kinder hatten wir ja genug“ (“Therein was a living Christ Child. Obviously, we had enough children”), a nun reported later. The high-ranking priest who attended the Christmas party is said to have wept when seeing the baby.¹⁵ Beyond their emotions about the babies and toddlers, the Altötting nuns also seemed proud of the Catholic

Rechtssinne” (“neither in law nor in fact”). Dag Schölper, “Disziplinierung der Geschlechter im Namen des Kindeswohls. Eine Geschichte der Beistandschaft des Jugendamtes für `uneheliche` Kinder” (PhD diss., Freie Universität Berlin, 2010), 331.

¹⁵ Irene Haslberger, “Erfahrungsbericht über die ersten Jahre nach der Eröffnung des Kinderkrankenhauses in Altötting aus der Sicht einer Kinderkrankenschwester,” in *Geschichte der Kinder- und Jugendmedizin in der Region Inn und Salzach*, ed. Paul Hammer (Altötting: Paul Hammer, without year), <https://www.kinderaerzte-altoetting.de/hintergrundinformationen/geschichte> (accessed June 24, 2020).

restart after the significant Nazi influence on residential care. In retrospect, these years appear – also due to the reminiscence of Christ’s birth story – as the glorious years of the Order, with the numbers of institutionalised children continuously rising: In May 1947, there were already 30 babies and toddlers cared for, in December 1951 then 75.¹⁶ In a deeply catholic town, the new institution seemed to be a highly necessary addition to the welfare system.

However, there is one remarkable omission in the documents. It remains unclear which children in Altötting were admitted to residential care, with the sources stating that the institution was intended for “healthy” children, thus not being a hospital but a residential institution. A medical officer called the institutionalised children “die Ärmsten der Armen” (“the poorest of the poor”)¹⁷, and Sister Irene gave a vague and somewhat bashful hint, the mothers “could not have the children with them for various reasons”.¹⁸ A paediatrician working there became more transparent in her memories: “Die asozialen, armseligen und verlassenen Kinder” (“The antisocial, poor and abandoned children”) had been brought to the infant home; there was no longer any talk of babies whose parents had died.¹⁹ This suggests that a child’s family, rather than its orphan status, was the most common cause for being placed in such an institution.

¹⁶ Staatsarchiv München, Regierung von Oberbayern (RA) 100916: Regierung von Oberbayern, Bescheid, May 27, 1947 / Landratsamt Altötting an Regierung von Oberbayern, December 11, 1951.

¹⁷ Staatsarchiv München, Regierung von Oberbayern (RA) 100916: Staatliches Gesundheitsamt Altötting an den Landrat Altötting, May 27, 1946.

¹⁸ Haselberger, Erfahrungsbericht.

¹⁹ Marianne Lechner, “Leserbrief,” *Alt-Neuöttinger Anzeiger*, July 13, 1985.

A Growing Branch in the Post-War Era

The best way to determine whether the example from Altötting is an isolated case or shows a common West German trend is to use the official data on residential care. However, for the Federal Republic of Germany these are only available from the early 1950s onwards. An analysis of the immediate post-war years must therefore rely on regional data.²⁰ It makes sense to use the example of West Berlin, occupied by the three Western powers and offering detailed information on residential care placements since 1945.²¹

Here we find a growing residential care sector, with the number of institutions rising from 53 in September 1945 to 93 in December 1945 and to 132 in September 1947. Accordingly, the number of children increased massively, from around 2,700 shortly after the war to 7,200 in late summer of 1947.²² This development can be linked to the immediate post-war period: Many fathers had died in the war or were still in captivity. Berlin mothers had to take care of their children under extremely severe conditions – destroyed housing, food shortages, and a long cold spell, especially in 1946/47. It seems plausible that at least some women felt that their children were better cared for in residential institutions.

²⁰ The data for West Germany as a whole are analysed in the third chapter, with a focus on residential care for children under three years of age.

²¹ The *Statistical Office of the Reich*, situated in Germany's capital, carried out a Berlin census already in August 1945. However, these results were described by the statisticians as of limited value. In December 1945, a second census followed, based on the distribution of food brands and also ascertaining the number of people receiving “community catering” in institutions. Because food issues were at the centre of interest at that time, this item probably recorded the number of children in residential care accurately. Kirsten Tag and Klaus Voy, “Volkszählungen in Berlin seit Bestehen des Statistischen Amtes der Stadt Berlin,” *Zeitschrift für amtliche Statistik Berlin-Brandenburg* 6, no. 1–2 (2012): 36–57.

²² Hauptamt für Statistik, *Berlin in Zahlen 1947* (Berlin: Kulturbuch-Verlag, 1947), 309.

Nevertheless, this trend towards taking non-orphaned children into care lasted much longer than it met the immediate families' needs. Even after the founding of the Federal Republic in 1949, the number of children and adolescents in the Berlin institutions continued to rise, reaching its maximum in 1955. Considering that the total number of children in West Berlin declined significantly in the 1950s, the numbers are even more striking: the highest utilisation rate for residential care in West Berlin was reached as late as 1958, 13 years after the end of the war. At that time, 2.8 per cent of all Berlin children under 15 years lived there, almost every fortieth child,²³ partly confirming that the number of children at risk in the 20th century was continuously increasing.²⁴

This increase, continuing for more than a decade, thus cannot be attributed only to the immediate post-war period with its burdensome living conditions of families. An additional explanation can be found in German law. Since the early 20th century German state authorities took custody for every newborn non-marital child. Therefore the legal ward of an “illegitimate” child could decide whether this child could stay with his mother or was placed in residential care or in a foster family. This principle was preserved in the Weimar republic of the 1920s as well as in the era of National Socialism and in the young Federal Republic of Germany.²⁵ Although the greater part of these children remained with their mothers (and often

²³ Statistisches Landesamt Berlin, ed., *Statistisches Jahrbuch Berlin*, vols. 1951–1961 (Berlin: Kulturbuch Verlag, 1951–1961).

²⁴ Jeroen Dekker, “Children at Risk in History: a Story of Expansion,” *Paedagogica Historica* 45, no. 1–2 (2009): 17–36, doi.org/10.1080/00309230902746206.

²⁵ Sibylle Buske, *Fräulein Mutter und ihr Bastard. Eine Geschichte der Unehelichkeit in Deutschland* (Göttingen: Wallstein, 2004). In contrast, the socialistic German Democratic Republic (GDR) stressed female emancipation and adopted the law in favour of non-married mothers in 1950. In this article, the East German developments, some of which are fundamentally different, must be excluded.

their grandparents) the rate of placements was significant. Again, sources from West Berlin show the extent of this practise: In 1950 – the first year with available data on this topic, when about 380.000 children under 15 years lived in West-Berlin – 26.500 of them were under the ward of the West-Berlin administration because their mothers were not married (about 7 per cent). Approximately 5.000 of them grew up in residential or foster care.²⁶ This means that one in five “illegitimate” children did not live with their mother, with no decline of this high rate over the next decade.

This indicates the authorities` willingness to remove children from their families. A *Hauptkinderheim* (“main infant home”) was set up in West Berlin in 1950 to test and monitor children at risk. At a conference of therapists and educators with about 3,000 visitors in the summer of 1951, a child guidance worker praised the new institution as “a good help in selecting homes”, since after their initial stay for the purpose of diagnosis, the children were distributed to the city`s more than 100 different institutions.²⁷ In the early 1950s, the *Hauptkinderheim*, which a few years later was described as a nightmare even by government officials²⁸, was seen as a modern place where children could be closely watched, diagnosed,

²⁶ Statistisches Landesamt Berlin, *Statistisches Jahrbuch Berlin*, vol. 1952 (Berlin: Kulturbuch-Verlag, 1952), 253.

²⁷ Hildegard Knies, “Moderne Heimerziehung für seelisch auffällige Kinder,” in *Analytische Psychotherapie und Erziehungshilfe – Kongressbericht*, ed. Senat von Berlin (Berlin: A. Daehler, 1951), 158.

²⁸ In 1969 two reformers, Peter Wiedemann and Martin Bonhoeffer, became head of the home supervisory authority in Berlin. Looking backward, Wiedemann remembered especially the *Hauptkinderheim* as threatening: “Manche Heime waren in Baracken untergebracht, schlimmer noch empfanden wir aber diesen riesigen Neubau des Hauptkinderheims, wo mehr als vierhundert Kinder, auch Säuglinge untergebracht waren. Ein klinischer Bau, ein Labyrinth, wo man nicht so recht den Ein- und Ausgang fand, wo Sachbeschädigungen, Bambulen der Kinder keine seltenen

and separated. A distinction was made between “normal” and “abnormal” children (considered as a characteristic of the 1950s²⁹), and parents with children in residential care were disregarded socially. The Berlin child guidance worker in 1951 said things straight:

Man hilft dem Kind dann wenig damit, daß man aus einem sentimentalen Gefühl heraus meint, weil es nun einmal die Mutter oder der Vater ist, müßte in jedem Falle eine Verbindung zusammengeleimt werden.³⁰ (It does not help a child if we “glue” a family together just because we have sentimental feelings towards mothers and fathers.)

Tacitly, this practice of separating instead of “glueing together“ related mostly to children from lower-class families. In the 1950s, German professionals rarely became as clear as a self-proclaimed “Heimerzieher alter Schule” (“old school infant home educator”), who complained about “moral, physical, religious disgrace and threat”. According to him, children in these families were abused by their fathers, and girls were sold to men by domineering mothers; one could find “disgusting scenes of brutality, strife, shamelessness in front of the

Ereignisse waren.” (“Some institutions were housed in barracks, but we felt even worse about this huge new building of the *Hauptkinderheim*, which housed more than four hundred children, including babies. A clinical building, a labyrinth, where one could not find the entrance and exit, where damage to property and riots of the children were not uncommon.”) Manfred Kappeler, *Heimerziehung in der Bundesrepublik Deutschland*: 70.

²⁹ André Turmel, “Towards a Historical Sociology of Developmental Thinking: The Case of Generation,” *Paedagogica Historica* 40, no. 4 (2004): 419–33, doi.org/10.1080/0030923042000250983; see also Nelleke Bakker, “A Culture of Knowledge Production: Testing and Observation of Dutch Children with Learning and Behavioral Problems (1949–1985),” *Paedagogica Historica* 53, no. 1–2 (2017): 7–23, doi.org/10.1080/00309230.2016.1273246.

³⁰ Knies, *Moderne Heimerziehung*, 161.

children”. (Obviously, these scenes gained a certain liveliness also in the mind of the author, a catholic priest.)³¹

Excluding the Mothers: the Vision of Professional and Perfect Care

Well-known from the industrialised countries in the 19th century,³² this attitude towards lower-class families and unmarried mothers lay behind the numerous admissions of young children to residential facilities in the 1950s. Discursively, this attitude was framed by an emphasis on hygiene ideals that had prevailed since the beginning of the century. Accordingly, children from poverty-stricken urban neighbourhoods needed a healthy diet and cleanliness, which was not provided in their families but could be guaranteed in professional residential care. These ideas had emerged from medical experience since the 19th century. Along with scientific progress it had become clear that infant mortality could be drastically reduced, especially in hospitals, by avoiding contagious diseases. The medicine as the leading discipline towards children`s health in that era also recognised that the widespread tuberculosis was to be treated in sanatoria outside the cities. Prevailing in numerous countries until the Second World War, the principles of hygiene had a high impact on the conceptualisation of the family: Mothers` care seemed replaceable by medical experts.³³

Still highly relevant in the Post-War era, this view also influenced the German discourse on infant homes. One of the few media contributions from this period about residential institutions for babies and toddlers, published in the *Süddeutsche Zeitung* in March

³¹ Franz Haibach, “Gedanken eines Heimerziehers alter Schule,” *Jugendwohl* 36, no. 1 (1955): 11.

³² Lydia Murdoch, *Imagined Orphans. Poor Families, Child Welfare, and Contested Citizenship in London* (New Brunswick: Rutgers University Press, 2006).

³³ Katharina Rowold, “What Do Babies Need to Thrive? Changing Interpretations of `Hospitalism` in an International Context, 1900–1945,” *Social History of Medicine* 32, no. 4 (2018): 799–818, doi.org/10.1093/shm/hkx114.

1952, was titled “In guten Händen” (“In good hands”) and presented pictures from a renowned Munich photographer (Fig. 1 and 2).

Figures 1 and 2. Residential care as a modern way of growing up



Süddeutsche Zeitung, 1. März 1952. Stadtarchiv München, Collection Rudi Dix.

The first photo shows a young nurse on a balcony with a toddler in her arms, turning to her. In the background we see a snow-covered garden with a car, a smiling and waving young woman in it – obviously the child’s mother. Skis are mounted on the roof of the car, apparently a sign of an upcoming vacation. The text explains “ein Problem das in fast allen Familien einmal auftaucht: Wem das Kleinkind anvertrauen, wenn man einmal Ferien machen will oder krank ist?” (“an issue that occurs in almost every family: Whom to entrust the toddler with when you want to go on vacation or are sick?”). In this case, the text says, residential care would be adequate: Located in the nature to the south of Munich, the institution was equipped “mit allen modernen Mitteln und gut ausgebildeten Kräften” (“with

all modern means and well-trained staff”).³⁴ Seemingly, parents could easily and without remorse go on holiday when leaving their children in a care institution. Another photo shows babies in a cot with dark glasses, prepared for a light bath, protected from UV light. Babies in this institution are perfectly cared for by competent medical staff, using modern technology, the picture seems to emphasise.

The idea that parents might have brought their children to residential care to go on vacation was in stark contrast to the reality. In 1952, hardly any married couple in West Germany could afford a ski holiday, and this “issue” certainly did not occur in “almost every” family, as the text claimed. In essence, the report is less a description of reality, but offers an idea of a better world, without destroyed inner cities and without malnourished infants that were left to themselves in desolate backyards. Instead, in this future worth living, young parents would own a car and could go on a skiing vacation. The notion of a “baby hotel”³⁵, in which children were looked after perfectly, seems like a vision of the future in a time that was still unaffected from attachment theory.

Attachment Theory Coming to Germany

So far, research has answered the question of when the attachment theory came to West Germany in one word: late. John Bowlby’s WHO-monograph *Maternal Care and Mental Health* was translated into German only by 1973, more than two decades after its initial publication.³⁶ Only for the discourse within the small field of psychoanalysis, Claudia

³⁴ “In guten Händen,” *Süddeutsche Zeitung*, Weekend Supplement, March 1, 1952: 4.

³⁵ This term appears in the title of another mass media article on residential care: “Man lebt gesund und lustig im Babyhotel“ (“One Lives Healthy and Funny in the Baby Hotel”), *Frankfurter Allgemeine Zeitung*, April 1, 1961: 55.

³⁶ John Bowlby, *Mütterliche Zuwendung und geistige Gesundheit* (Munich: Kindler, 1973).

Moisel was able to show that an important Bowlby-authored paper was published in the German journal *Psyche* in 1959.³⁷ This seems to confirm the general finding from the history of science that knowledge in post-war years spread slowly across language borders, with this being true especially for West Germany, where the non-emigrated scientists internationally remained isolated as a result of National Socialism. Moreover, these Germans rarely spoke English, and only from the 1960s they started to reconnect to the scientific world beyond the border.³⁸

Nevertheless, attachment theory already left first traces in West Germany around 1950. A congress on “difficult children”, held in June 1949 in Düsseldorf with support of the British Military Government, invited one of Bowlby’s staff for a lecture.³⁹ The German congress documentation listed a short address of “Miss Simmids” with greetings from the London Tavistock Clinic. Probably for the first time in Germany, a researcher from Bowlby’s team outlined the new focus of research and debate in Great Britain:

Es ist bei uns jetzt weit anerkannt, daß es gerade diese Kinder sind, die wirklich gefährdet sind, gerade weil sie die Liebe und Sicherheit entbehren, die Heim und Familie geben können und sollen. (Here in Great Britain, it is now widely recognised that exactly these

³⁷ Claudia Moisel, “Kindheit, Bindung und Experten. Eine Geschichte der Bindungstheorie im 20. Jahrhundert” (unprinted Habilitation thesis, Ludwig-Maximilians Universität München).

³⁸ For molecular biology e.g. we know that only very few German scientists gained access to the international community immediately after the Second World War: Ute Deichmann, “Emigration, Isolation and the Slow Start of Molecular Biology in Germany,” *Studies in the History and Philosophy of Biological & Biomedical Sciences* 33, no. 3 (2002): 449–471.

³⁹ *Das schwer erziehbare Kind. Kongressvorträge* (conference, Düsseldorf, June 8–10, 1950.) Without an editor, without a publisher (Düsseldorf, 1950).

children are at risk, who lack the love and security that home and family can and should provide)⁴⁰.

That is why authorities in Great Britain tried to stop placing small children in residential care and were increasingly looking for foster families instead, reported the British guest. In Düsseldorf, “Miss Simmids”, who was cited without a first name and without an academic discipline in the documentation, presented a premature and narrow version of *Maternal Care and Mental Health*, two years before its publication. But the ideas did not resonate with the audience. Instead, a prominent professor of German psychiatry⁴¹ explained that parenting difficulties could be a “Vaterproblem” (“father problem”) as well as a “Mutterproblem” (“mother problem”): The first difficulty would arise if the father was missing and the upbringing was a woman thing; the latter would form if the mother did not care for or did spoil her child. This logic made the mothers responsible for all the problems, either due to their presence or their absence. Maternal care seemed to be the problem, not the solution. The distance of this opinion to attachment theory is larger than that from Düsseldorf to London – it is the distance of two paradigms of education and child care.

Introducing John Bowlby

It is all the more remarkable how quickly certain West German experts received Bowlby’s 1951 book. Already in January 1953, the newly founded journal *Praxis der Kinderpsychologie und Kinderpsychiatrie* turned to the WHO publication. The editor-in-chief Annemarie Dührssen referred to Bowlby’s arguments in a long article, pointing out the

⁴⁰ Miss Simmids, “Moderne Behandlungsmethoden bei gefährdeten Kindern,” in *Das schwer erziehbare Kind*, 102.

⁴¹ Heinrich Kranz, “Seelische Schwierigkeiten des Kindes außerhalb der natürlichen Familie,” in *Das schwer erziehbare Kind*, 47–60.

extraordinary importance of his work.⁴² The entire journal appears to be constructed around this contribution. The introductory article was written by a paediatrics professor who seemingly had not read Bowlby, but had experience as a manager of an infant home and was familiar with the early German discussion about hospitalism, that had created an awareness of the risks of early institutional care among pediatricians since the turn of the century.⁴³ Various contributions followed, among them one from a paediatrician who had lived in Manila and Shanghai during National Socialism and was therefore able to read Bowlby in the original.⁴⁴

With this issue, the editor Annemarie Dührssen should be given credit for having discovered the WHO report for the West German Republic. Dührssen`s legacy is not yet made available for research,⁴⁵ which is why the network of experts that spread these ideas cannot currently be reconstructed in every detail. But Dührssen`s vita enlightens her personal and disciplinary background: Born in 1916 into a wealthy, academic and cosmopolitan Berlin family, she attended a high school where she did learn English. After graduating in 1935, she began

⁴² Annemarie Dührssen, “Berichte aus dem Ausland: Mütterliche Fürsorge und seelische Gesundheit (Maternal Care and Mental Health),” *Praxis der Kinderpsychologie und Kinderpsychiatrie* 2, no. 1 (1953): 21.

⁴³ Rowold, *What Do Babies Need to Thrive?*, shows that the concept of hospitalism had its roots in US and German paediatrics at the turn of the century.

⁴⁴ Margarete Hasselmann-Kahlert, “Einige Beobachtungen bei entwurzelten Kleinst- und Kleinkindern,” *Praxis der Kinderpsychologie und Kinderpsychiatrie* 2, no. 1 (1953): 15–8.

⁴⁵ Email message from Ulrich Rüger, April 15, 2020. According to this, the written legacy has not been handed over to an archive yet. Rüger, former professor and director of the *Klinik für Psychosomatik und Psychotherapie* in Göttingen, had been working with Dührssen and recently edited a book about her work from the 1960s onwards. Gerd Rudolf and Ulrich Rüger, *Psychotherapie in sozialer Verantwortung. Annemarie Dührssen und die Entwicklung der Psychotherapie* (Stuttgart: Schattauer, 2016).

studying medicine; during the Second World War, she earned a doctorate in internal medicine and at the same time began psychoanalytic training at the “Deutsches Institut für Psychologische Forschung und Psychotherapie” (“German Institute for Psychological Research and Psychotherapy”). This research centre, led by a cousin of the notorious Nazi leader Hermann Göring and therefore often named “Göring Institute”, was tasked with developing a “Neue Deutsche Seelenheilkunde” (“New German Soul Medicine”), a psychotherapy based upon depth psychology in line with the National Socialist ideas but without reference to Sigmund Freud or the other founders of psychoanalysis.⁴⁶

Dührssen, described as very open-minded,⁴⁷ completed her psychoanalytic training at the Göring Institute and, after the Second World War, studied psychiatry. The young doctor stayed out of the post-war conflicts of West German psychoanalysts over their involvement in National Socialism. Like Bowlby, she was less interested in working with individual patients than in questions of the effectiveness of therapies. From 1949 onwards, Dührssen studied precisely this at a research institute in Berlin financed by a public health insurance company, which also enabled her to establish contacts with the WHO, on whose Advisory Board she served from 1954.

Until the late 1950s, the focus of her publications was on therapies for children and adolescents. First, she published a renowned textbook,⁴⁸ then conducted an empirical study

⁴⁶ Regine Lockot, *Die Reinigung der Psychoanalyse. Die Deutsche Psychoanalytische Gesellschaft im Spiegel von Dokumenten und Zeitzeugen (1933–1951)* (Gießen: Psychosozial-Verlag, 2013).

⁴⁷ Ulrich Rüger, “Psychosomatische Medizin,” in Rudolf and Rüger, *Psychotherapie in sozialer Verantwortung*, 23–9.

⁴⁸ Annemarie Dührssen, *Psychogene Erkrankungen bei Kindern und Jugendlichen* (Göttingen: Vandenhoeck und Ruprecht, 1954) with numerous editions.

comparing the lives of children from residential institutions, foster families and parental homes, citing Bowlby as the central reference point.⁴⁹ In the 1960s, she extended her question of the effectiveness and benefits of psychotherapy to all age groups.⁵⁰ If one asks why Annemarie Dührssen praised and emphasised Bowlby's 1951 WHO publication so strongly, similarities between the two authors become apparent. Both had the same disciplinary basis: medical studies with a focus on child psychiatry and child psychology. Both had completed additional psychoanalytical training; and – most importantly – both tried to verify the analysts' arguments with empirical, valid data, which resulted in both crossing disciplinary boundaries. From Dührssen's point of view, Bowlby argued conclusively and within her horizon.

How Attachment Theory Resonated in Pedagogy

Her first publication on Bowlby from 1953 was followed by an intensive resonance in the pedagogical discourse concerning orphanages and residential care. The cipher "Bowlby" was taken up by numerous West German authors and especially found circulation in the relevant expert journals. The frequent reference to Bowlby can be understood as approval of

⁴⁹ Annemarie Dührssen, *Heimkinder und Pflegekinder in ihrer Entwicklung. Eine vergleichende Untersuchung an 150 Kindern aus Elternhaus, Heim und Pflegefamilie* (Göttingen: Verlag für medizinische Psychologie, 1958), 6.

⁵⁰ Dührssen in the 1960s experimented with extensive treatment and control groups and showed that psychotherapy improved the well-being of patients and reduced the illnesses in the long term. Dührssen thus provided the central arguments for the financing of psychotherapy by West German health insurance companies from 1967 onwards. See Gerd Rudolf, "Annemarie Dührssens Beitrag zur wissenschaftlichen Fundierung der Psychotherapie," in *Psychotherapie in sozialer Verantwortung*, ed. Gerd Rudolf and Ulrich Rüger, 10–22.

his concepts, although his name sometimes turned into “Bowley” or “Bawlby”⁵¹, indicating second-hand reading. In particular, the journal *Unsere Jugend* (“Our Youth”), founded in 1949 with a focus on residential care, played an essential role in disseminating Bowlby’s ideas in West Germany. Its editor-in-chief, Andreas Mehringer, repeatedly published contributions by authors from the medical-psychoanalytical field who had read Bowlby in the original.⁵² Mehringer in this way instigated a communication across disciplinary boundaries, with medicine as a long-established discipline as the sender of the messages, and pedagogy – at that time hardly anchored in universities – being the recipient.

Over the years the knowledge of maternal deprivation and attachment in this way seeped into the pedagogical arena. Experts from the residential institutions took over Bowlby’s arguments, and practitioners described even physical harm to toddlers, e.g. by tying them up with belts or by continuously administering tranquilisers. For example, a report written by several young women in training who had just got to know the practice in the institutions was published by the journal *Unsere Jugend*. This document of horror described how toddlers were tied to the potty for hours and how their noses were held in order to force them to eat. The nuns of the infant home spent most of their working hours keeping the rooms clean, and there was almost no playing with the children. Violence against babies and infants was commonplace, as one student reported:

⁵¹ Elisabeth Glücksmann-Lüdy, “Das Familienleben ist durch nichts zu ersetzen,” *Unsere Jugend* 7, no. 11 (1955): 495-8.

⁵² Much like Bowlby, Mehringer had grown up in a boarding school. Appointed director of the Munich orphanage after the Second World War, he endeavoured to make home life more family-like. See Christian Schrappner, “Andreas Mehringer (1911–2004) – Ein Leben in zwei Zeiten. Anmerkungen und Fragen zu Leben und Werk,” *Unsere Jugend* 57, no. 9 (2005): 385–93.

Einmal habe ich einigen Kindern vor dem Schlafen leise ein Lied gesungen. Da ging das Schlafen schnell. Die Leiterin sagte dann: “Was, sie sind heute ohne Schläge eingeschlafen, das war ja fast noch nie da.” (Once I sang a song to some children before bedtime. They soon fell asleep. The director then said: “What, they dropped off today without being beaten, that was seldom there.”)⁵³

In the late 1950s, other journals with focus on educational practice took up this criticism. The Catholic magazine *Jugendwohl* for example, which was otherwise more committed to the interests of children’s homes than to the interests of children, agreed with Bowlby’s work: “Die Fürsorge von heute (muss) verstärkt daran arbeiten, den Familienzusammenhalt aufrecht zu erhalten solange es geht, anstatt Kinder möglichst rasch aus unbefriedigenden Elternhäusern zu entfernen“ (“Today’s welfare must work harder to maintain family cohesion as long as possible, instead of removing children from unsatisfactory homes as quickly as possible”), one author demanded.⁵⁴ In the early 1960s, statements like “The results of research on hospitalism are well known“ appeared in the academic discourse on pedagogy.⁵⁵ Congresses in West Germany focused on the problems of residential care for small children so that within less than a decade, a new consensus on the problematic consequences of these

⁵³ “Frühkindliche Erziehung in der Praxis,” *Unsere Jugend* 9, no. 2 (1957): 105. It is probably no coincidence that this report was written by women who were at the beginning of their education and were not yet used to everyday life in residential care. James Robertson, Bowlby’s co-worker, at a medical conference presented his psychoanalytic interpretation that trained nurses und paediatricians had “defences (...) in them against the painful recognition of the extent to which young patients are unhappy”. *Proceedings of the Royal Society of Medicine, Section of Paediatrics*, no. 46 (1952): 425.

⁵⁴ Martha Krause, “Wenn die Mutter fehlt,” *Jugendwohl* 38, no. 7–8 (1957): 287.

⁵⁵ See, e.g. Otto Bollnow, “Alfred Nitschke als Pädagoge,” *Zeitschrift für Pädagogik* 9, no. 3 (1963): 232.

institutions had been formed.⁵⁶

The question remains, however, why Bowlby's WHO publication resonated so much in West Germany. Strikingly, the German experts paid little attention to Bowlby's theory of the mother-child relationship, but concentrated primarily on Bowlby's observations from residential care. Already before knowing *Maternal Care and Mental Health*, German practitioners had discussed that small children in residential care were not developing any "Bindung"⁵⁷ (which is the only German word for "bonding" and "attachment"). In this way, they could connect their discussions with Bowlby's observations, whereas Bowlby's negative stance on female employment did not matter.

What was new to them was Bowlby's definite conclusion. While previous research had pointed out the risks of institutions, especially for young children, the experts had hoped for the effectiveness of reforms. The influential Viennese School of Child Psychology, led by Charlotte Bühler, developed tests for children from birth to the age of six that demonstrated the high risks of early residential care for language development and social behaviour. Bühler and her authors in the 1930s concluded that children primarily needed "love and interest" for growing up healthily. Nevertheless, they considered it possible that residential care could meet these needs: "Die Anstalten (können) so konstruiert und verändert werden (...), daß

⁵⁶ Two examples: The annual conference of West German child psychologists debated the fate of babies and toddlers in infant homes in 1961: Martin Mausshardt, "Die Welt des Heimkindes," *Beiheft zur Praxis der Kinderpsychologie und Kinderpsychiatrie* 5 (1962): 52–64. Similarly the annual paediatricians' congress in 1963 and many more: Elisabeth Zorell, "Die kleinen Kinder – und die Tagungen," *Unsere Jugend* 16, no. 1 (1964): 39–41.

⁵⁷ Andreas Mehringer, "Kann eine Mutter ersetzt werden?," *Unsere Jugend* 3, no. 3 (1951): 102–4.; Hermine Albers, "Erziehungsfürsorge, das Fundament der Jugendfürsorge," *Unsere Jugend* 4, no. 1 (1952): 9–15.

auch der psychische Hospitalismus erfolgreich bekämpft werden kann” (“Institutions can be designed and changed in a way that psychological hospitalism can be fought successfully”).⁵⁸ In contrast, Bowlby ultimately rejected the residential care of small children. His condensed verdict that “children thrive better in bad homes than in good institutions” was frequently quoted by authors of German pedagogic journals and found its way even into legal commentaries.⁵⁹ Bowlby stood for an end to ambivalence.

Moreover, professionals in post-war-Germany who had not left the country during the Nazi era may have found Bowlby’s report easier to accept than the contributions on infant homes by emigrants such as René Spitz and Anna Freud⁶⁰, who had been persecuted by the Nazis as Jews and had succeeded in leaving the country. If we recall that many Germans in the post-war years were more preoccupied with self-pity than with empathy for others⁶¹, the resonance of the very British psychoanalyst John Bowlby becomes a bit more plausible.

⁵⁸ Hildegard Durfee and Käthe Wolf, “Anstaltspflege und Entwicklung im 1. Lebensjahr,” *Zeitschrift für Kinderforschung* 42, no. 2 (1934): 307.

⁵⁹ Hermann Riedel, *Jugendwohlfahrtsgesetz. Kommentar* (Berlin: Schweitzer, 1963), 111.

⁶⁰ René Spitz was an Austro-Hungarian psychoanalyst who – after emigrating from Austria to the USA in 1939 – anchored the term hospitalism in the professional world: Spitz, R.A., “Hospitalism. An Inquiry into the Genesis of Psychiatric Conditions in Early Childhood,” *The Psychoanalytic Study of the Child* 1, no. 1(1945): 53–74. Anna Freud came to London with her father Sigmund in 1938 and was one of the founders of child analysis: Anna Freud, *Einführung in die Technik der Kinderanalyse* (Wien: Psychoanalytischer Verlag, 1927). At Hampstead Nurseries in London, which she ran from 1940, Anna Freud analysed children separated from their parents and traumatised by war.

⁶¹ Barbara Wolbring, “Nationales Stigma und persönliche Schuld. Die Debatte über Kollektivschuld in der Nachkriegszeit,” *Historische Zeitschrift* 289, no. 2 (2009), 325–64.

That conviction was pushed even further by several films on hospitalism frequently shown in expert circles of paediatrics, psychoanalysis, psychiatry and education:

- *A Two-Year-Old Goes to Hospital* by Bowlby's team at the London Tavistock Clinic, especially by Bowlby's early colleague James Robertson,
- *Grief: A Peril in Infancy* and other heart-wrenching films by René Spitz, about the behaviour of babies in residential care,
- *Monique – Maternal Deprivation in Young Children* by Genevieve Appell and Jenny Aubry on observations made in an infant home in Paris, produced in close contact with Bowlby.⁶²

Having seen the film *Monique*, a German child therapist noted:

Erst wenn man *sieht*, was hier passiert, bekommt man ein Bild. Bilder hilfloser Wesen ohne Beziehung zu ihrer Umgebung, scheinbar ohne Sinne, stumpf, in schaukelnden Bewegungen. (Only when you *see* what is happening here, do you get a picture. Pictures of helpless creatures without any relationship to their surroundings, apparently without senses, dull, in rocking movements.)⁶³

⁶² *A Two-Year-Old Goes to Hospital*. Directed by James Robertson, London, Tavistock Clinic, 1952. Short preview available via https://www.youtube.com/watch?v=s14Q-Bxc_U; *Monique – Maternal Deprivation in Young Children*. Directed by Genevieve Appell and Jenny Aubry, London, Tavistock Clinic, 1951. Available via <https://www.youtube.com/watch?v=VxPDL7RWNL8>; *Grief: A Peril in Infancy*. Directed by René Spitz, in collaboration with Katherine Wolf, 1947. Available via <https://www.youtube.com/watch?v=LyVkXaqXOv4>, (all accessed April 22, 2021).

⁶³ Martin Bonhoeffer, "Die Bedeutung der frühen Kindheit," *Unsere Jugend* 12, no. 7 (1960): 324–6.

With their sobriety and scientific approach, these documentaries differed from cinema for the general public. Nevertheless, the films offered a liveliness that academic articles on residential care had always been lacking.

Even those who knew the earlier scientific literature were impressed. Theodor Hellbrügge (1919 – 2014), the most influential German paediatrician of the 1970s and 1980s, remembered how much these films touched and influenced him. Immediately after the Second World War, Hellbrügge had observed several two-year-olds who had previously grown up in a home run by the SS organisation *Lebensborn* where the Nazi regime wanted to breed young Germans born by “Aryan” mothers and considered “of particularly high racial quality”. Hellbrügge noticed that these blue-eyed and physically healthy two-year-olds could barely speak or maintain eye contact.⁶⁴ However, lacking a theory this observation did not make sense to him, as he later pointed out. Only thanks to the films from the institutions and the accompanying theories of Bowlby and Spitz did he understand what he had noticed twenty years earlier.⁶⁵

In sum, the fast reception of Bowlby’s ideas was due to several factors. In the early 1950s, there were a few psychoanalysts in West Germany who were able to receive Bowlby’s English text, due to their training and language skills. At the same time, Bowlby’s stringency seems to have been convincing for the experts. Contradicting earlier authors, he left hardly anything in his WHO publication ambivalent and described the negative consequences of early residential care as unavoidable – a view that in combination with the previous German

⁶⁴ Theodor Hellbrügge, “Risiko- und Schutzfaktoren in der kindlichen Entwicklung,” in *Bindung und Trauma. Risiken und Schutzfaktoren für die Entwicklung von Kindern*, ed. Karl Heinz Brisch and Theodor Hellbrügge (Stuttgart: Klett-Cotta, 2003), 39.

⁶⁵ Theodor Hellbrügge, *Erlebte und bewegte Kinderheilkunde* (München: Theodor-Hellbrügge-Stiftung, 2014), 55.

findings from orphanages and similar institutions formed a conclusive overall picture. The reputation of Bowlby's publication, edited by the prestigious WHO, may also have contributed to its rapid success. Finally, the documentaries, partly from Bowlby's environment, partly from René Spitz', gave the subject of hospitalism a concretion and thus an urgency that had not existed before. In combination, this should explain the speed of reception and the power of convictions.

Abolishing Residential Care for Babies and Toddlers

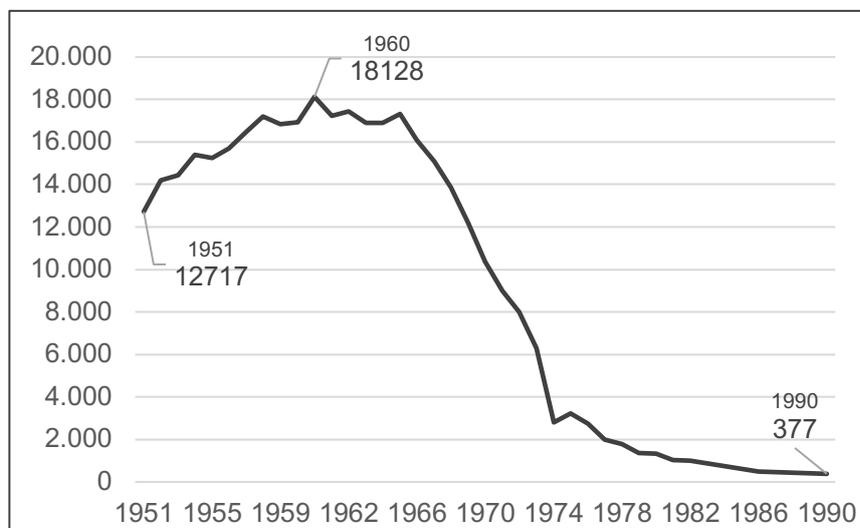
In Germany, residential care for children was not subject to central state control. Often arising from philanthropic endeavours at the end of the 19th century, the institutions were run by welfare organisations and at best supervised by local authorities. The history of these facilities in West Germany after the Second World War can therefore not be written based on central government decisions and documents – simply because these did not exist.⁶⁶ Instead, it is necessary to look at decentralised developments, keeping in mind that historical change in this field is probably more diverse than in other areas of social politics.

In the early 1960s, we find consequences of the debate in some cities. For example, the authorities of Stuttgart built new dormitories for young mothers to prevent placing their children in residential care. In Mannheim, the child guidance consultants developed

⁶⁶ F. Berth, "Zur Geschichte des Säuglingsheims. Eine vergessene Institution des bundesdeutschen Sozialstaats," *Zeitschrift für Pädagogik* 65, no. 1 (2019): 73–94. The development in the East German GDR differed fundamentally. Here the newly created socialistic central state created legal regulations also for residential care. See Claudia Kittel, "Heime für Säuglinge und Kleinkinder in der DDR," in *Jugendhilfe und Heimerziehung im Sozialismus. Beiträge zur Aufarbeitung der Sozialpädagogik in der DDR*, ed. Karsten Laudien and Anke Dreier-Horning (Berlin: Berliner Wissenschafts-Verlag, 2016), 127–48.

recommendations to avoid the accommodation of babies in institutions; in Braunschweig and Salzgitter, the leading authorities set the goal to prevent “inhumane, although hygienically perfect care of so many small homeless children” (“die menschenunwürdige, wenn auch hygienisch einwandfreie Fließbandpflege so vieler kleiner heimatloser Kinder”).⁶⁷ In many cities, such local initiatives led to a change in welfare policy, which official data reflected some years later: At the federal level, statistics show a rapid decline in the number of residential care places in West Germany in the decade from 1965 to 1974 (fig. 3).

Figure 3. Absolute numbers of places in residential care for children under three years, West Germany, 1951–1990



Statistisches Bundesamt, *Öffentliche Jugendhilfe*, various volumes, own evaluation

The last year with a large number of places in West German residential care was 1965. Assuming that every place in residential care was taken by two or three children per year, we find that about 36,000 to 54,000 children under three years were in an institution at that time,

⁶⁷ R. Scholl, “Auch das uneheliche Kind braucht seine Mutter,” *Unsere Jugend* 12, no. 2 (1960): 75; O. Hiemenz, H.J. Pfistner and W. Zierl, “Möglichkeiten zur Vermeidung von Heimschäden,” *Unsere Jugend* 16, no. 9 (1964): 415–8; Elsa Andriessens, “Geschützte Kleinkindzeit,” *Unsere Jugend* 18, no. 7 (1966): 333–4.

about 2 to 3 per cent of children of that age.⁶⁸ The declining number of places as early as 1966 contradicts the standard interpretation of West German residential care history, which stressed the year 1968 as a turning point. At that time, the rebellious students in many cities also turned to the issue of residential care, criticising these “total institutions” according to Erving Goffman, and hoping for revolutionary support from the youth living there.⁶⁹ This impulse, which significantly changed the institutions for the youth in the long run, was not decisive for the development of West German residential care for babies and toddlers in the mid-1960s: By 1969, their institutions had been already reduced massively.

This leads to the question of where these children had gone since 1965? German data does not confirm the assumption that they were taken care of in other extra-familial settings: During this period, neither the rate of adoptions nor the rate of children in foster care increased. Therefore, it is obvious to look for another explanation: Probably most of the babies and toddlers were simply left in the care of their mothers. We find a hint in a contemporary publication from North Rhine-Westphalia,⁷⁰ observing that after closing an infant home,

⁶⁸ The information on the duration of accommodations varies. Therefore based on the number of places, it is not possible to calculate a precise total number of children accommodated. For Frankfurt/Main was reported that 45 percent of the children were released after three months, for Berlin we find a number of 80 percent of infants and toddlers in residential care for longer than six months. See Kurt Hartung and Hildegard Glattkowski, “Erhebungen über Aufenthaltsdauer und Gründe, die zur Heimaufnahme von Säuglingen führten,” *Praxis der Kinderpsychologie und Kinderpsychiatrie* 14, no. 8 (1965): 298; Helmut Lukas and Irmtraud Schmitz, *Heimunterbringung von Kleinkindern* (Berlin: Volker Spiess, 1977), 183.

⁶⁹ Erving Goffman, *Asylums: Essays on the Condition of the Social Situation of Mental Patients and Other Inmates* (New York: Doubleday, 1961).

⁷⁰ Elisabeth Fuhrmann, “Verminderung der Säuglingsheime,” in *Verlorene Kinder? Massenpflege in Säuglingsheimen – Appell an die Gesellschaft*, ed. Johannes

nearly half of the 168 children under three years were brought to their mothers or other relatives. Obviously, the authorities were increasingly willing to accept that young children were brought up by their unmarried mothers – a slow liberalisation of West German society had begun. With growing public approval, single mothers also began to articulate their interests. They demanded, among others, amendments in the guardianship law, which succeeded in 1970. This change in paradigm allowed leaving children with their unmarried mothers. By the early 1970s, residential care for children under three years hardly existed anymore in West Germany.

Conclusion

The accommodation of babies and toddlers in residential care was assessed in two ways in West Germany after 1945. In the immediate post-war years with their often miserable family situations – absent or dead parents, lack of housing and food – placing a child in an institution sometimes was without alternative, and sometimes appeared a comparatively good solution. But this practice extended until the late 1950s, being an answer of authorities to the West German stance on illegitimacy: single motherhood was considered a problem, and placing a small child in an institution appeared as a solution. This traditional tendency of authorities, which went back to the 19th century was supported by contemporary ideas that infants primarily needed fresh air, healthy eating, and cleanliness. All of this was available in residential care. From this point of view, the newly built orphanage was a modern “baby hotel” that offered adequate living conditions for infants and toddlers and – as implicitly assumed – provided better care than the unmarried mothers.

The second answer followed upon the reception of John Bowlby’s early work on maternal

Pechstein, Elisabeth Siebenmorgen, and Dorothea Weitsch (München: Kösel, 1972), 47–52.

deprivation. Less than two years after the publication of *Maternal Care and Mental Health*, Bowlby's arguments were made known in West Germany by psychoanalytically trained medical professionals. The quick dissemination of his ideas massively influenced the discussions on residential care. In the 1950s, West German educators adopted this perspective in their practical publications – the academic pedagogy on residential care did not yet exist – which soon made “Bowlby” a cypher for criticising early placements in institutions.

Bowlby's discursive success probably had several reasons. On the one hand, his work linked to older research on the risks of early residential care, often stemming from Germany and Austria. On the other hand, Bowlby's clear theses in combination with several vivid films, e.g. by Bowlby's colleague James Robertson and by René Spitz, had a high impact.

Contemporary pedagogues and paediatricians unanimously reported that these films – documenting the suffering of small children in residential care and in hospitals – much impressed them. At the same time, Bowlby's theory offered a coherent interpretation of what the films showed. After a few years of debate, changes were evident in practice: the expansion of residential care came to an end in the late 1950s, and local authorities began to leave babies and toddlers with their unmarried mothers instead of placing them in institutions. This turn in welfare policy, accompanied by a gradual reassessment of single motherhood, led to the complete abolishment of residential care in West Germany within a short time.

But this discourse and its effects remained limited. Unlike in Great Britain or the USA, where psychoanalytic and attachment ideas shaped general debates about child-rearing soon after the Second World War, “Bowlby” remained unknown to the general public in West Germany. Here, hardness and an orientation towards strict rules remained the essential principles of education for a long time, permeated by the fear of spoiling a child. In this sense, the reception of Bowlby's monograph from 1951 was an early exception, with the debate confined to a small circle of experts without interference from “outside”. Concerned non-

professionals from new social movements began to speak in West Germany only in the late 1960s, then translating and discovering Bowlby's monograph of 1951 once again, with a twenty-year delay. However, this is a different story to be told.

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