

All Relationships Matter
Reflections on Infant
Mental Health
Principles, Practices &
Stories Told

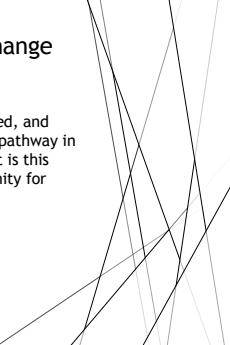
Deborah J. Weatherston, PhD, IWH-E®
Michigan Association for Infant Mental Health
May 7, 2019



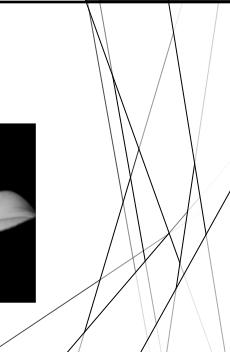
Infant Mental Health: Hope for Change

"The course of subsequent development is not fixed, and changes in the way a child is treated can shift his pathway in either a more favourable or less favourable one...It is this persisting potential for change that gives opportunity for effective therapy."

John Bowlby, 1988



Infant Mental Health:
Introductory Remarks



And now, more formally, the agenda

- ▶ Acknowledgment of treasured relationships
- ▶ Foundations of Relational Work:
 - ▶ The Origins of our Thinking
- ▶ Selma Fraiberg: What about the Baby?
- ▶ IMH Principles & Practices
- ▶ 3 stories illustrating relationship centered work
- ▶ Reflections: personal and professional

**Our Treasured Relationships:
Past, Present and Future**

- ▶ Selma Fraiberg
- ▶ Betty Tableman
- ▶ Mike Trout
- ▶ Barry Wright
- ▶ Bill Schafer
- ▶ Mary Ludtke
- ▶ Hiram Fitzgerald
- ▶ Michigan Collaborative for Infant Mental Health Research

General Systems Theory

- ▶ L. von Bertalanffy, an Austrian biologist , challenged scientists to think about developmental processes as organized, dynamic, and open. 1939
- ▶ (Influencing the later work of Bob Emde and Arnold Sameroff who are credited with the transactional model of development, so important to our understanding of early relationships and relationship disturbances. 1989)

Classical Psychoanalytic Thinking

- Psychoanalytic Theory was the first systematic attempt to frame the centrality of the mother-infant relationship and to link it to interpersonal dynamics across the life span.
- Freud described the relationship as “unique, without parallel, established unalterably for a whole lifetime, as the first and strongest love object and as the prototype for later relationships.” 1940/64, J. Strachey
- Anna Freud extended our thinking to include normality and developmental lines in early childhood: self-reliance, feeding, toileting, selfcare, relationship development, play. 1964

Contemporary Psychoanalytic Theory

- Erik Erikson took into account the infant and young child's development within the context of the parent-child relationship, the relationship with the family and larger social world. 1950

Stages of Development

- Jean Piaget (1952), a developmentalist, observed infants and organized development in stages, beginning with the sensory-motor stage of infancy, compelling us to look closely at early growth and change.

Attachment Theory and Caregiving

- ▶ John Bowlby (1969) and Mary Ainsworth(1978) studied early developing relationships between the babies and caregivers.
- ▶ Donald Winnicott (1965):
 - ▶ “There is no such thing as a baby, only a baby and someone caring for the baby.”

Every Baby's Birthright

- ▶ The child learns to love through his first human partners, his parents. We can look upon this miraculous occurrence as a gift of love to the baby. We should regard it as a right, a birthright for every child.
- ▶ Selma Fraiberg, 1980
Clinical Studies in Infant Mental Health

In Her Own Words



Infant Mental Health: A Defining Term

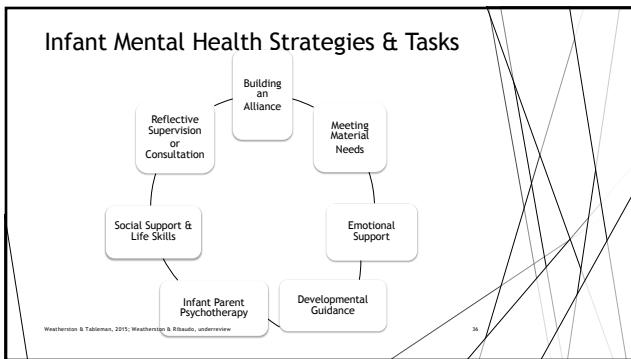
- ▶ The social, emotional and cognitive well-being of a baby who is under three years of age, within the context of a caregiving relationship. Fraiberg, 1980
- ▶ The state of emotional and social competence in young children who are developing appropriately within the interrelated contexts of biology, relationships, and culture. Zeanaah & Zeanaah, 2001
- ▶ The developing capacity of the child 0-5 years of age to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn - all in the context of family, community, and culture. C. Oser, 2012
- ▶ The promise for the future of babies, families, cultures, and communities, Weatherston, 2019

Relationships Matter

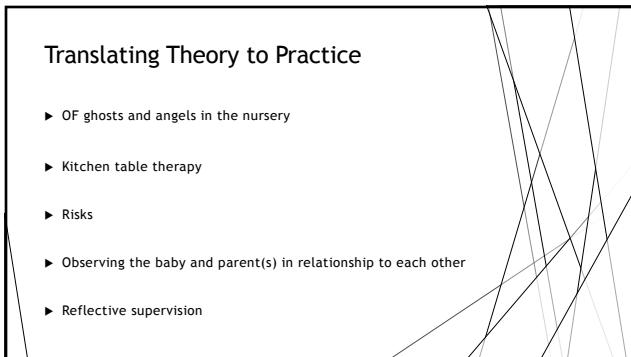
- ▶ *Relationships in the present can modify or mediate past experiences
- ▶ *Healthy relationships promote security, curiosity, exploration & growth
- ▶ *Relationships allow us to grow and change
- ▶ When one is heard, one can listen; when one is seen, one can see; when one is held in a responsive relationship, one can hold another

Policy: Integrating Theory & Practice

- ▶ In 1973 Betty Tableman, Director of Prevention services, Michigan Department of Mental Health funded the Michigan model of IMH home visiting services through Michigan's Community Mental Health System
- ▶ In 1977 IMH specialists established MI-AIMH to provide training and support to refine, implement, and advocate for infant mental health principles and practices







The Presence of the Baby in our Work

- ▶ The birth of a baby offers the hopefulness of a new relationship and the promise for growth and change.
- ▶ Babies have something to say... it is up to us to learn their language
- ▶ Babies remember their earliest relationship experiences

A Story: Dee and Darrell



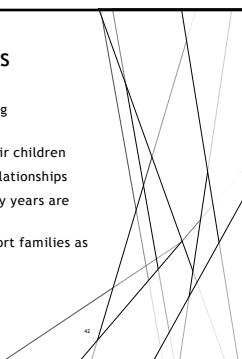
Reflections



Infant Mental Health Assumptions

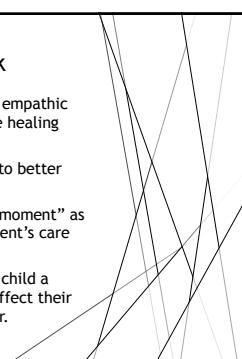
- ▶ Parents want what is best for their babies
 - ▶ Infants and parents wish for secure, strong & loving relationships
 - ▶ Parents must feel nurtured in order to nurture their children
 - ▶ Early relationships serve as prototypes for later relationships
 - ▶ Events in the lives of infants & families in the early years are significant to development across the life span
 - ▶ All families have capacities. It is up to us to support families as they discover and develop them.
 - ▶ The birth of a baby offers the hope and promise

Inspired by Michael Trout whose teachings were instrumental to our understanding of infant mental health



Principles important to IMH Work

- Careful observation, listening, wondering and empathic responses are crucial to risk reduction and the healing process.
 - Nurturing of the parent supports each parent to better nurture and respond to the child.
 - Awareness that a parent's experience "in the moment" as well as past experiences are significant to parent's care giving responses.
 - To the extent that we can offer parent(s) and child a relationship, we have a chance to positively affect their early developing relationship with one another.



A Story to Share: Fragile and Resilient

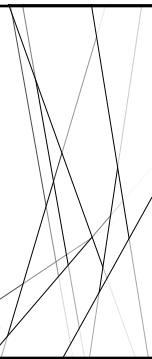
- ▶ An underweight baby, failing to gain weight and an uncertain, lonely young mother with a history of abuse and substance use
 - ▶ Cries for comfort
 - ▶ Holding and feeding
 - ▶ Reflections



Infant Mental Health Practices

- ▶ 1. Understand and respect the importance of relationship as an instrument of growth and change.
- ▶ 2. Meet with the infant/toddler and parent together throughout the period of service to the family.
- ▶ 3. Invite the parent to watch and wonder about the infant/toddler's growth and development.
- ▶ 4. Offer anticipatory guidance that is specific to the infant/toddler.
- ▶ 5. Alert the parent to the infant/toddler's individual abilities and needs.

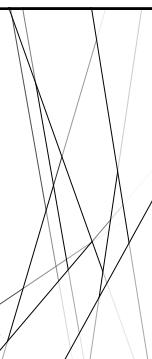
Developed collaboratively by IMH Colleagues in Michigan



Infant Mental Health Practices

- ▶ 6. Help the parent to find pleasure in the relationship with the infant/toddler.
- ▶ 7. Create opportunities for interaction and exchange.
- ▶ 8. Allow the parent to take the lead and set the agenda.
- ▶ 9. Identify and enhance parental caregiving capacities.

Developed collaboratively with IMH colleagues in Michigan



Infant Mental Health Practices

- ▶ 10. Wonder about the infant/toddler's experience in the care giving context.
- ▶ 11. Wonder about the parent's thoughts and feelings related to care giving.
- ▶ 12. Encourage parents to share stories with you and respond with empathy.
- ▶ 13. Allow core relational conflicts and emotions to be expressed.
- ▶ 14. Attend and respond to parental histories of abandonment, separation and unresolved loss as they affect care giving, the infant's development, the parent's emotional health and the early developing relationship.
- ▶ 15. Identify, treat and/or collaborate with others in the treatment of identified disorders.
- ▶ 16. Remain open, curious and self-reflective. Seek reflective consultation.

Weasterton, 2000 and from years of collaboration with IMH colleagues, mentors, and consultants



Infant Mental Health Approaches

- ▶ Observing
- ▶ Listening
- ▶ Wondering
- ▶ Responding

Taken together, they allow us to enter into a relationship and to hold the baby in mind- to think deeply about the work and its meaning to us; to have and express feelings; to understand with another/others; to enter into another's space and explore meaning.

Practice



The Presence of the Baby in our Work

- ▶ "...the baby in the room became a partner in the on-going dialogue. He was intensely, emotionally *there* and gave import to all exchanges between the parents and us."
- ▶ S. Fraiberg, Clinical Studies, p. 50
- ▶ Listen, just listen...

A Vignette: Carla and Charisse, 2 years

- "Charisse spends a lot of time in her crib. She's fine there." Midway through the visit, I heard a very fussy baby in the back room. Carla described her as "difficult to hold, hard to feed, just plain ornery!" Carla called out occasionally, "Hush, baby!" The crying didn't stop.
- I invited her to tell me about Charisse, what kind of baby she had been. "She was beautiful and so smart! I took her home, with my brother, you know my mother wasn't there, and I nursed her for the first months. She could almost talk then, 'MAMAMA!'"

Carla and Charisse

- We both glanced through the doorway and saw Charisse, her legs sticking out between the crib slats. Carla laughed, "She had those long legs as a baby. I just knew she would be a dancer." Her expression changed. "I knew she would be a dancer," she said so softly I could barely hear her.
- She got up suddenly and went to pick Charisse up out of her crib. She brought her into the room and held her on her lap. "You had many dreams for her," I said. It was such a powerful moment. We sat quietly as Carla stroked Charisse gently and kissed her on her head.

Carla and Charisse

- "Would you like to see her closet?" Carla asked. "I saved all of these dresses for her to wear." There were many in all sizes, colorful, pretty, the kind that any mother would take great delight in putting on her child. "She never wore most of them, you know," and started to cry.
- Her sorrow was profound; the loss so great. I could be there and allow her to feel deeply sad beside me.
- Simple, subtle, steady, silent - in the quiet of the room, our relationship deepened and hers with her child did, too.

Reflections: My Own



Ways of Knowing

- *Ways of knowing*
- *Enter my world*
- *Slowly*
- *Smell the flowers in the vase*
- *Sit beside me in the quiet of my room*
- *Breath deeply*
- *Still your heart*
- *Let your tears fall slowly down your cheek*
- *Dream your dreams*
- *Listen as the music fills the room*
- *Enter my world*
- *Slowly*

Relationships Matter: Reflections

As we close this talk about relationships, I would like to ask you to:

Think about a relationship, personal or professional, that has influenced your development, personally or professionally.

It might be a relationship from the past, someone no longer alive, or from the present, personal or professional.

Think to yourself, write some words down about who that was, what you brought to the relationship and what that person brought to you.



Hold On to Each Treasured Relationship

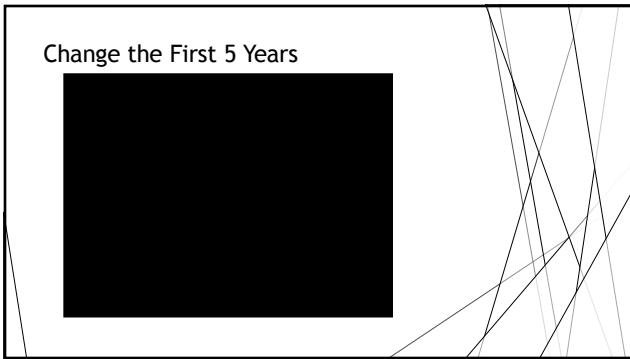


My Thanks To:

- ▶ All babies and families who have shared their relationships with me
- ▶ All professionals who have taught me the meaning of relationship
- ▶ All policy leaders for continued commitment to infant mental health
- ▶ All research faculty for the scientific study of infant mental health
- ▶ The Michigan Association for Infant Mental Health for giving life and sustaining infant mental health for over 40 years
- ▶ Each of you who will carry treasured relationship centered work forward

A Few References

- ▶ Bowlby, J. (1988). The origins of attachment theory, Lecture 2. In J. Bowlby (Ed.). *A secure base*. New York: Basic Books.
- ▶ Davies, D. (2011). Child development: A practitioner's guide, 3rd. Ed. New York: Guilford Press.
- ▶ Fraiberg, S. (1980). *Clinical studies in infant mental health*. New York: Basic Books.
- ▶ Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery. *Journal of the American Academy of Psychiatry*, 14, 387-421.
- ▶ Lieberman, A., Padron, E., Van Horn, P., & Harris, W. (2005) Angels in the nursery. *Infant Mental Health Journal*, Vol. 26(6).
- ▶ Shirella, J., & Weatherston, D. (2002). *Case studies in infant mental health: Risk, resiliency & relationships*. Washington, D.C.: Zero to Three.
- ▶ Weatherston, D., & Tableman, B. (2015). *Infant mental health home visiting: Supporting competencies/reducing risks*, 3rd. Ed. Southgate, MI: Mi-AIMH.



Change the First 5 Years
