



AAIMHI NEWSLETTER

Official publication of the Australian Association for Infant Mental Health Inc.
AAIMHI is affiliated with the World Association for Infant Mental Health

ISSN 1449-9509

Vol. 20 No.1

March 2007

In this issue

- Reflections on Controlled Crying ... 1
- Book Review ... 5
- State Reports ... 6
- Future Events ... 7

Guidelines for contributors

AAIMHI aims to publish quarterly editions in March, June, September and December. Contributions to the newsletter are invited on any matter of interest to the members of AAIMHI.

Referenced works should follow the guidelines provided by the APA Publication Manual 4th Edition.

All submissions are sub-edited to newsletter standards.

Articles are accepted preferably as Word documents sent electronically. Send to Shelley Reid at email:

sre74766@bigpond.net.au

Editorial inquiries:

Shelley Reid
0428 425 022
sre74766@bigpond.net.au
or shelley.reid@email.cs.nsw.gov.au
Postal address:
The Editor, AAIMHI Newsletter
PO Box 846
Ashfield NSW 1800

Opinions expressed in this newsletter are not necessarily those held by AAIMHI.

© AAIMHI 2007. Permission for reproduction of newsletter items is granted on the conditions that appropriate citation of source is noted and that the item is fully reproduced.

Reflections on Controlled Crying

Isla Lonie

It would probably shock many of us these days to consider the words of Sir Truby King, a prominent baby health expert, who recommended that babies should be trained from birth to feed at four hourly intervals, and that they should be expected to sleep from 10.00 p.m. until 6.00 a.m. "Don't form in the baby at the dawn of life any avoidable habit which would be injurious afterwards," he wrote in bold print. "Were the secretion of milk and the feeding of the baby functions of men and not of women, **no man – inside or outside the medical profession – would nurse his baby more often than five times in the twenty-four hours** if he knew that the child would do as well or better with only five feedings. Why should it be otherwise with women? Mothers have too much to do in any case: why should they throw away time and leisure by useless frequency of nursing?" (King, p. 39).

However, far from having no ill effects, psychotherapists have for long been aware that many patients who come for therapy with a sense of inner emptiness and an inability to feel real have had an experience early in infancy such as this (Winnicott, 1960). In their professional lives, psychotherapists see people who are experiencing a variety of problems in living. Very many suffer from problems of low self-esteem, which means that they do not believe that they are valuable or worthwhile people. Often enough this extends to thoughts that the world might be a better place without them. Moreover, they often believe that they should never

expect that they will ever have a sense of being able to act on the world in a positive way to achieve some personal goal. In this part of the world with this group of patients, where parents are still living, or there has been transmission of information about infant care practices, it can often be established that the recommendations of Truby King were greatly influential.

We should ask ourselves what happens if a baby wakes hungry and the mother believes that he will develop an impossible sense of entitlement if she 'gives in to him' and feeds him before the clock says that it is time. What happens to the baby where the mother is steeling herself not to respond to her cries because she has become convinced that this is the 'best thing'? What happens if this is the experience in the first six months of life when the baby's need is for a responsive environment to provide a **gradual transition** from the total provision of essential nutrients in the womb to achieving the possibility of becoming a person able to open the refrigerator? What happens to a baby who consistently experiences a situation where the caregiver seems unable or unwilling to answer the baby's message? Colwyn Trevarthen (Trevarthen & Aitken, 1994) has been an important recent influence in showing us how responsive to emotional cues the newborn baby is, and has remarked that while cognitive skills must be developed outside the womb (or the head would be impossibly large for birth), the human infant comes fully

Continued on page 2

Reflections on Controlled Crying (cont.)

equipped to engage in human interaction at an emotional level. He and many others (e.g. Stern, 1985) argue that it is a meeting of this emotional responsiveness with a receptive other which forms the essential core of a sense of self.

Donald Winnicott has been a seminal writer in this area and is particularly important because his work as a paediatrician brought him into contact with normal mothers and babies while his work as a psychotherapist was with people who had suffered from experiences of too-early frustration of normal baby needs, such as in the matter of parental responsiveness to crying and the need to be fed or held. His writings are of the greatest significance as we struggle to understand the importance of the earliest infant experiences in shaping later personality development.

"For the mother," he said, "the child is a whole human being from the start, and this enables her to tolerate his lack of integration and his weak sense of living-in-the-body [...]. By believing in the infant as a human being in its own right she does not hurry his development and so enables him to catch hold of time, to get the feeling of an internal person going along." He is especially famous for commencing a paper at one of the psycho-analytic meetings with the words, "There is no such thing as a baby!" surprising himself as much as his audience, as he subsequently confessed. The concept that one cannot think of a baby in isolation, but must also think of the baby's mother, and so of the mother and infant as an indivisible pair, can be taken as the theme of his work.

Over the past twenty years or so, Winnicott's popularity as an exponent of the importance of early experiences has been steadily increasing, along with the findings of the infant researchers which are so compatible with his theoretical formulations (Stern, 1985; Murray, 1991, 1992). This may again be related to the introduction of visual records such as videotape which seem

to have a capacity to compel belief where verbal accounts have often been dismissed as examples of subjective bias. In effect, it has become possible for observations made of infants and mothers to be subjected to a process of validation, since these records may be examined over and over again and very subtle effects may be picked up which were probably missed earlier.

These new insights relate especially to the discovery of many abilities in the newborn infant which were previously dismissed as wishful thinking on the part of over-fond mothers. These include various concepts introduced by Dan Stern, such as **cross-modality** where infants as young as three weeks have been shown to have the capacity to link sensory perceptions obtained from one sense such as touch, to another, for instance, sight; the idea of **vitality affects** of anger or joy or sadness, typically experienced as a 'rush' of feeling; and **affect attunement** between mother and infant, where the mother responds to her infant across sensory modalities - for instance she may respond to a smile by making a vocalisation. Where a mother and her infant are interacting, this effect may be seen every thirty to ninety seconds, and according to Stern, involve the vitality affects as a continuous process rather than discrete emotional interruptions. Winnicott (1951) would have called this **play**, which he considered as a phenomenon taking place in the transitional space between the mother and child: "the mother is in a 'to and fro' ", he said, "between being that which the baby has a capacity to find and (alternatively) being herself waiting to be found."

The baby, according to Winnicott (1959, p. 138), is at first doubly dependent. By this he meant that not only is dependence on the mother and her care absolute, but that it is so profound that it cannot even be appreciated by the infant at the very beginning. If a very young infant becomes aware of dependence, this is because the mother

has somehow failed him in her **holding function**. It is important, he says (1962, p. 56), "to think of the infant as an immature being who is all the time on the brink of unthinkable anxiety. Unthinkable anxiety is kept away by this vitally important function of the mother at this stage, her capacity to put herself in the baby's place and to know what the baby needs in the general management of the body, and therefore of the person." Winnicott lists the unthinkable anxieties as follows:

1. Going to pieces
2. Falling for ever
3. Having no relationship to the body
4. Having no orientation (1962)
5. Complete isolation because of there being no means of communication (1968)

By using language which ties these concepts to proprioceptive, tactile and sensory imagery, (that is, to experiences of the existence of one's body in space and in relation to the outside world), Winnicott has captured a sense of the precariousness of the world of the infant. He evokes the idea of the threat of annihilation of the self if the environment fails to be supportive. It is very important that these anxieties are unthinkable, since they arise long before the development of speech and so must be experienced as bodily states, rather than being thought about, for human beings need language in order to be able to think.

Events which are experienced before the development of language are deeply entrenched in the body's memory and are often expressed in later life in terms of the "unthinkable anxieties". For instance, when we say someone is going to pieces, we do mean losing a sense of psychic integration. In therapies with people who come because they keep "losing it", we often find that there has been some form of early trauma which occurred before there was speech to be able to

Continued on page 3

Reflections on Controlled Crying (cont.)

think about it, and so to manage the event at an intellectual level. Studies on early brain development and the regulation of emotion are now giving us information about the ways in which brain pathways from areas where emotions are experienced are connected with the cortex which can think about the total picture. Good evidence is emerging that situations of stress in infancy causes damage to these important nerve tracts (Schore, 1994, 1996, 1997; Trevarthen & Aitken, 1994).

What, then, is **holding**? Winnicott stressed that at the beginning of life, he meant maximal adaptation to the infant, implying not only fulfilment of physical needs, but also that the immature ego of the infant was given support from the mother's ego function because "she has the child in her mind as a whole person". He referred to this as **ego-relatedness** in contrast with a relationship based on the satisfaction of instinctual needs. "The good-enough mother", he says (1960, p. 145), "meets the **omnipotence** [he means here the self-centred demand for immediate attention and the belief that this is a right – (ed).] of the infant, and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions. The mother who is not good enough, is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs." Winnicott refers to the second situation as **impingement**, and links it with later psychological difficulty such as borderline and schizoid elements in the personality, or to a dissociation between mind and body with a tendency to psycho-

somatic illness, as I have outlined above. Others have written about this state of affairs in terms of "premature ego development".

Winnicott continues, saying that where the mother is good-enough, "the infant can now begin to enjoy the **illusion** of omnipotent creating and controlling, and then can gradually come to recognize the illusory element, the fact of playing and imagining. Here is the basis for the symbol." (1960, p. 146). This opposition of reacting to existing, together with the concept of **going-on-being**, underlies much of Winnicott's understanding of the developmental process from double dependence through relative dependence, to increasing independence. He singles out two further areas of achievement: **integration** and **personalisation**, both interdependent and overlapping with the ideas of interpersonal relating embodied in the careful delineation of the mother's response to her infant's gesture. These states are reached only momentarily at first, but may be expected to be established firmly by about six months.

By integration, he refers to the sense of "I am", relating this to the sense of agency in the development of the True Self, and the mother's availability leading to a feeling of inner security. He links this concept with the idea of **unintegration**, which he defines as the infant's equivalent of relaxing, and which could happen when the mother was reliably present and the infant could be "alone in her presence" – a prerequisite to the ability to be alone. By contrast the idea of **disintegration** belongs with the unthinkable anxieties – a 'going to pieces', and is essentially a destructive experience, from which the mother must rescue the infant by 'spoiling' her until she feels integrated again.

By **personalisation**, Winnicott meant the "psyche indwelling in the soma", with linkage of motor and sensory and functional experiencing in a sense of self. He also makes the point that the

infant develops a sense of body boundary located in the skin, and related again quite literally to the mother's handling, which is very well expressed in Esther Bick's famous paper (1968).

It is of interest to consider Winnicott's (1960) job description of mothering, again with the stress on its continuity as a process of unfolding development. He commences by saying that soon after birth a large proportion of infants show clearly that they have at times contact with the woman who is their mother: "Let us attempt to study the mother's job. If the infant is to be able to start to develop into a being, and to start to find the world we know, to start to come together and to cohere, then the following things about a mother stand out as vitally important:

She exists, continues to exist, lives, smells, breathes, her heart beats. She is there to be sensed in all possible ways.

She loves in a physical way, provides contact, a body temperature, movement, and quiet according to the baby's needs.

She provides opportunity for the baby to make the transition between the quiet and the excited state, not suddenly coming at the child with a feed and demanding a response.

She provides suitable food at suitable times.

At first she lets the infant dominate, being willing (as the child is so nearly a part of herself) to hold herself in readiness to respond.

Gradually she introduces the external shared world, carefully grading this according to the child's needs which vary from day to day and hour to hour.

She protects the baby from coincidences and shocks (the door banging as the baby goes to the breast), trying to keep the physical and emotional situation simple enough for the infant to be able to understand, and yet rich

Continued on page 4

Reflections on Controlled Crying (cont.)

enough according to the infant's growing capacity.

She provides continuity.

By believing in the infant as a human being in its own right she does not hurry his development and so enables him to catch hold of time, to get the feeling of an internal person going along.

For the mother the child is a whole human being from the start, and this enables her to tolerate his lack of integration and his weak sense of living-in-the-body."

To conclude, it seems that the current trend towards applying the techniques of controlled crying (originally introduced for children at the toddler stage where verbal communication is finally becoming possible), to increasingly younger age groups including the newly born, is to recreate the problems which have been seen in those who were subject to the Truby King regime in their earliest days. While controlled crying may be an excellent technique for older children, we do need to remember that the age of the child is important here, and that a very young infant uses her cry to communicate. It is important to make the struggle to understand what the cry is telling us, and not to apply a technique of behaviour modification to babies who must develop premature ego function to shut down their natural emotional responsiveness when their caregivers do not respond appropriately – in Winnicott's inimitable language, when "the mother instead substitutes her own gesture."

References

- Bick, E. (1968). The experience of the skin in early object-relations. *International Journal of Psycho-Analysis* 49, 484.
- King, T.F. (1923). *The Expectant Mother and Baby's First Month*. Sydney: Angus & Robertson.
- Murray, L. (1991). Intersubjectivity, object relations theory, and empirical evidence from mother-infant interaction. *Infant Mental Health Journal* 12, 219-232.
- Murray, L. (1992). The impact of post-natal depression on infant development. *Journal of Child Psychology and Psychiatry* 33, 543-561.
- Schore, A.N. (1994). *Affect Regulation and the origin of the Self: The Neurobiology of Emotional Development*. New York: Lawrence Erlbaum.
- Schore, A.N. (1996). The experience-dependent maturation of a regulatory system in the orbital prefrontal cortex and the origin of developmental psychopathology. *Development and Psychopathology* 8, 59-87.
- Schore, A.N. (1997). Early organization of the nonlinear right brain and development of a predisposition to psychiatric disorders. *Development and Psychopathology* 9, 595 - 632.
- Stern, D. (1985). *The Interpersonal World of the Infant*. New York: Basic Books.
- Trevarthen, C. & Aitken, K.J. (1994). Brain development, infant communication, and empathy disorders: Intrinsic factors in child mental health. *Development and Psychopathology* 6, 597-633.
- Winnicott, D.W. (1947). Hate in the Countertransference. In: *Through Paediatrics to Psycho-Analysis* (1982). London: Hogarth.
- Winnicott, D.W. (1948). Paediatrics and Psychiatry. In: *Through Paediatrics to Psycho-Analysis* (1982). London: Hogarth.
- Winnicott, D.W. (1951). Transitional Objects and Transitional Phenomena. In: *Through Paediatrics to Psycho-Analysis* (1982). London: Hogarth.
- Winnicott, D.W. (1959). Classification: Is There a Psycho-Analytic Contribution to Psychiatric Classification? In: *The Maturation Processes and the Facilitating Environment*. (1965). New York: International Universities Press.
- Winnicott, D.W. (1960). Ego Distortion in Terms of True and False Self. In: *The Maturation Processes and the Facilitating Environment* (1965). New York: International Universities Press.
- Winnicott, D.W. (1962). Ego Integration in Child Development. In: *The Maturation Processes and the Facilitating Environment* (1965). New York: International Universities Press.
- Winnicott, D.W. (1963). Casework and Mental Illness. In: *The Maturation Processes and the Facilitating Environment* (1965). New York: International Universities Press.
- Winnicott, D.W. (1968). Communication Between Infant and Mother, Mother and Infant, Compared and Contrasted. In: *What is Psychoanalysis?* London: Balliere, Tindall & Cassell.

BOOK REVIEW***Abolitionist ammunition and a call for responsive parenting*****HELPING YOUR BABY TO SLEEP****Anni Gethin & Beth Macgregor.**

Finch Publishing, Sydney: 2007, xvii + 206 pp., paperback, \$24.95.

Reviewed by Stephen Juan PhD

Stephen Juan has for nearly 30 years been an anthropologist of human development in the Faculty of Education & Social Work at the University of Sydney where he is the Ashley Montagu Fellow.

It seems there is no middle ground in the controlled crying debate. Everyone is either for controlled crying (i.e., sleep training) or against it. On one side there are the retentionists who see the role of controlled crying as a legitimate parenting option in varying circumstances. This is especially recommended for harried, stressed-out, sleepless parents desperately trying to get their baby to sleep. On the other side are the abolitionists who see controlled crying as having no role in parenting whatsoever and a practice that must be ended at once. Everyone in the debate is well intentioned and wants to have healthy and happy babies, parents, and families. Retentionists, perhaps unwittingly, seem to place the parent's needs first and the baby's second. Thus, the parent's peace of mind and sanity due to the end of sleepless nights are bought, albeit reluctantly, at the price of their infant's emotional health. Abolitionists seem to place the baby's needs first and the parent's second. The baby is better assured of a secure, warm, responsive, attentive, and nurturant environment that will better facilitate their brain, emotional and social development into childhood, adolescence, and adulthood. The parent's sleep and other needs, while important, must yield to those of the more vulnerable and formative human – the baby.

Helping Your Baby to Sleep is an informative, helpful, well-researched, easy-to-read, up-to-date, and overall supportive book for parents and child development professionals. It contains a strong, cogent, and compelling argument for the abolitionist side of the debate. The book's authors are Anni Gethin and Beth Macgregor. Gethin is a health social scientist in early child-

hood development. Macgregor is a psychologist of infant mental health. Together, these two authors have effectively dismantled the foundation of the retentionist position and have provided persuasive counters to all of the retentionist arguments. Gethin and Macgregor have provided a stockpile of ammunition for the abolitionists. The reader is left with the conclusion that there is simply no place for controlled crying in parenting.

In their seven chapter book, Gethin and Macgregor show in Chapter 1 that it is normal for babies to wake up at night, that brain research now shows that sleep is not a skill babies acquire quickly, and that parents should be counselled that infant night waking is normal. This understanding by itself would reduce parent anxiety, according to the authors. In Chapter 2, they point out the dangers to emotional development of letting a child "cry it out" with reference to attachment theory. It is also very much consistent with Eriksonian theory too. In Chapter 3, they review brain research, showing that stress due to an unsafe and non-nurturing experience in sleep can damage the developing brain. This could be worrying for parents. However, the authors note that subsequent sensitive and patient parental care can address most of such damage. In Chapter 4, they effectively unmask controlled crying as what it is, that is, "the withholding of parental love and comfort". They then deconstruct controlled crying as a just-as-often-as-not unsuccessful technique for getting babies to sleep and keeping them asleep. This is not surprising since back in the 1980s, this author often had to counsel parents who rang the Centre for Early Childhood at Sydney University after hav-

ing read *Toddler Taming*, upset that "controlled crying doesn't work with my baby!" In Chapter 5, they describe how, from a practical standpoint, a parent can be continually, and not just intermittently, empathetic, helpful, nurturant, and a secure "emotional resource" for their child. In Chapter 6, in what is probably the most important chapter to which parents should be referred, the authors present the "gentle practical" techniques for getting babies to sleep and keeping them asleep. Safe sleeping is emphasized, including a comprehensive set of rules for safe co-sleeping. In Chapter 7, the authors present much needed information on how a parent can take care of themselves when they are taking care of their baby. Parents are, of course, important too and like their babies they need plenty of TLC. The authors do not forget this for a minute.

We would not have this retentionist versus abolitionist debate if parenting was undertaken in an extended family where there are plenty of hands to care for babies without one or two parents having to do it all themselves and be sleep deprived in the bargain. Unfortunately, we are, for the time being at least, stuck with the nuclear family model – a product of the industrial revolution where it proved efficient for economic productivity. Just as in the "on-demand" versus "on schedule" breastfeeding debate, as we move to an age of new, more creative and more parent-supportive family configurations, we will hopefully render the debate over controlled crying to the slag heap of child-rearing history where it belongs.

As Gethin and Macgregor write, their book is about "responsive parenting". Let us hope that we achieve just that for all babies in all families.

STATE REPORTS

NSW

This year is passing by so fast. Our conference committee has been meeting about every two weeks to make sure this year's conference is the best possible. The conference title is "When Minds Meet: Pausing, Connecting, Relating". Within the next few weeks you will receive an advanced notice of the event.

On Thursday the 22nd of February, Patricia M. Crittenden who studied under Mary Ainsworth and John Bowlby presented some of her work at St John of God at Burwood.

In June we are planning two evening sessions with Dr Stephen Matthey and Dr Rudi Crncec who will present a training workshop on assessing infant social behaviour with the ADBB and m-ADBB.

I would like to thank Brian Hunt our Vice President for all his hard work over the years. He has had to resign because of work commitments. I hope he will still attend functions when possible.

This year we are trying to promote AAIMHI and our position papers (which are available on the website: www.aaimhi.org) as much as possible. Through the efforts of Beth Macgregor we will have our position papers put into the satchels at the Australian Breastfeeding Association conferences.

Trish Glossop

President, NSW

Victoria

After taking a break in January, committee meetings have resumed with vigorous discussion and planning for the year ahead. Our monthly scientific meetings will resume on 20 March with the first presentation of the year to be held at the AMREP Education Centre, the Alfred Hospital, Commercial Rd, Prahran. This presentation, *The Art of Intervention: Looking and Listening* will feature Anna Molan, artist, and Christine Hill, midwife and relationship therapist. This video, first presented in Paris at the 2006 WAIMH Congress, uses an artist's photographs to offer mothers a new way to see their babies (and themselves).

The site for future meetings after March 2007 will be announced shortly.

In lieu of the February meeting, members had the opportunity to attend a seminar and video by Lynne Barnett (UK). *The Therapeutic Effects of Infant Observation* - can the observation process effect change for babies in clinical settings? with Campbell Paul as discussant. This presentation exquisitely depicted the circumstances of a Nepalese family following the birth of their fourth daughter, with weekly observations over 6 months.

Committee member Michele Meehan is an invited speaker at the pre-conference workshop *Waking up to the sleep needs of Infants and parents*, which will precede the Partnership in Practice Conference being held at the Sydney Convention Centre on May 3 – 5, 2007. This is the 2nd conference of The Australian Association of Maternal, Child and Family Health Nurses in partnership with Karitane and Tresillian Family Care Centres. Michele's presentation will be titled: *Focusing sleep management advice as an issue of separation and attachment*.

Teresa Russo

Committee Member

Western Australia

Western Australia has a very active committee that is exciting to be a part of. Our last meeting saw some active planning for the year unfold. A sub committee has also made progress on the position paper we have undertaken to draft on principles of best practice for infants and children 0-3 years in child care.

At the February AAIMHI WA meeting an inspirational speaker, Rosemary White, gave about thirty people an overview of the DIR/Floortime model, culminating in an infant case presentation. Rosemary's talk highlighted the importance of bringing together sensory processing with the dance of the relationship between parent and child. Her case presentation with a highly motivated, functional, and capable family illustrated the gains that can be made in a compromised child when everyone works together to build relationships. The evening stimulated considerable discussion.

We have had a feast of international speakers over the past year or two and in the coming months we plan to turn our attention to the expertise that exists within this state and nationally.

Lynn Priddis

Chairperson AAIMHI WA

Future events

The 2nd Conference of the Australian Association of Maternal, Child and Family Health Nurses, Karitane and Tresillian Family Care Centres

Partnership in Practice

3 -5 May 2007

Sydney Convention and Exhibition Centre,

Darling Harbour, Sydney

See: www.corporatecommunique.com.au/partners

The Australasian Marcé Society 2007 Conference

Social Adversity and Resilience for Mothers and Infants in the Perinatal Period

7 – 9 June 2007

Crowne Plaza Hotel

Surfers Paradise, Queensland

Abstract deadline: 9 February 2007

See: www.conorg.com.au

Association of Neonatal Nurses of NSW

18 th Annual Conference

Connecting Babies, Parents and Nurses

26 - 27 October 2007

Crowne Plaza, Darling Harbour, Sydney

Abstract deadline: 13 July 2007

See: www.acnn.org.au/conferences

Advance Notice

AAIMHI National Conference 2007

*When Minds Meet: Pausing,
Connecting, Relating*

31 October – 3 November 2007

Novatel, Sydney Olympic Park