

SURVIVING THE EARLY YEARS

The Importance of
Early Intervention with
Babies at Risk



Edited by
Stella Acquarone



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I would like to dedicate this book to those individuals who have taught me over the years, as well as those I have taught—some of whom are contributors to this book. I also extend this dedication to all professionals who, through their unyielding commitment and hard work, are helping to shed light on the complex world of the early years. May they continue to survive the challenges that this work brings.

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I would like to thank the School of Infant Mental Health, part of the London-based Parent Infant Centre, for organising the conference on the early years (“Early Years: Importance of Early Intervention for Babies at Risk”) in November 2011, which was managed by Claire Rees. I would also like to thank the charity International Pre-Autistic Network (ipAn) for sponsoring the event.

The idea for this book was as a result of that conference. In the months that followed, I asked colleagues and past trainees to contribute a chapter on their area of expertise, in order to highlight the potentially damaging effects of trauma on babies and parents. I would like to thank all for their efforts and courage.

I would also like to thank the institutions that create a space to help parents and babies after they have been through a traumatic experience—be it war, rape, prison, or torture—and especially for allowing a psychotherapist into their premises to help with the understanding, holding, and expression of personal states.

My thanks also go to the staff on neonatal intensive care units, for allowing psychotherapists on to their wards to support the parents and offer advice on how to “be with” their babies during this testing period.

Finally, I would like to thank Caroline Hunt for her admirable proofreading and corrections, and my husband, Don Hughston, for all the help he has provided.

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Stella Acquarone is founder and principal of the Parent Infant Centre, London, and is an adult and child psychoanalytic psychotherapist, with a PhD in psychology. She has worked for over thirty years in the NHS, and also works privately. She has presented workshops and conferences all over the world and has published several books, including *Infant–Parent Psychotherapy: A Handbook*; and *Signs of Autism in Infants: Recognition and Early Intervention* (both published by Karnac). She is a member of the Neuropsychology Section of the British Psychological Society, the British Psychoanalytic Council, and the Association of Child Psychotherapists.

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Joan Raphael-Leff is both a psychoanalyst (Fellow of the British Psychoanalytical Society) and a social psychologist. Previously Professor of Psychoanalysis at University College London and the University of Essex, she now leads the UCL/Anna Freud Centre Academic Faculty for Psychoanalytic Research. Over the past forty years, her clinical practice and academic work has focused on emotional issues in reproduction (infertility, pregnancy, neonatal loss, early parenting), with over a hundred single-author publications and twelve books in this field. She is consultant to perinatal and women's projects in many different countries, including South Africa, where she is Visiting Professor at Stellenbosch University.

Maria Rhode is Emeritus Professor of Child Psychotherapy at the Tavistock Clinic and the University of East London, where she currently works with toddlers at risk of developing autistic spectrum disorders. She is also a member of the Association of Child Psychotherapists and is Honorary Associate of the British Psychoanalytic Society. She lectures and publishes widely and is co-editor of *Psychotic States in Children* (with Margaret Rustin and Alex & Hélène Dubinsky, 1997); *The Many Faces of Asperger's Syndrome* (with Trudy Klauber, 2004); *Invisible Boundaries: Psychosis and Autism in Children and Adolescents* (with Didier Houzel, 2006). She was awarded the Frances Tustin Memorial Prize in 1998.

Colette Salkeld is a clarinetist, clarinet teacher, and music therapist. She has a special interest in the role of music therapy in developing secure attachments in adopted children. Since 2004, Colette has

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Magdalena Stawicka is a psychologist and co-founder of ZERO-FIVE, the Foundation for Infant Mental Health in Poznań, Poland. She works at the Institute of Psychology at Adam Mickiewicz University, teaching and conducting research on attachment in children. In the ZERO-FIVE Foundation, she works therapeutically with young children and their families, develops ideas for supportive programmes, and lectures for specialists. She is also an invited lecturer in postgraduate schools for clinical psychology and early intervention.

Pamela Windham Stewart was born in Texas and moved with her parents to Europe in 1963. After gaining an Honours Degree in History of Art she worked in advertising and publishing until she became a mother. Further study included an MA (distinction) in Infant Observation. Her dissertation "Born inside" (1998) described therapeutic work with mothers and babies in a large British prison. This work continues in her weekly therapy group for mothers and babies in prison, as well as a group for pregnant prisoners. In addition to her forensic work, she has a private psychoanalytic practice, and is the founder of The Saturday Forensic Forum.

Colwyn Trevarthen is Professor Emeritus of Child Psychology and Psychobiology at the University of Edinburgh. He trained as a biologist in New Zealand and gained a PhD in psychobiology at Caltech. After postdoctoral work in France, he was a Research Fellow at the Center for Cognitive Studies at Harvard, where his infancy research began. He has published on brain development, infant communication and child learning, and emotional health. His current research concerns how rhythms and expressions of "musicality" in movement animates communication with children and their development and learning. He holds an Honorary Doctorate in Psychology from the University of Crete, and is a Fellow of the Royal Society of Edinburgh, a Member of the Norwegian Academy of Sciences and Letters, and a Vice-President of the British Association for Early Childhood Education.

Jo Winsland, born in Uganda and medically trained in the UK, has been working since 1998 as a general practitioner in preventative child health and child protection in France, a job that provides intense ongoing observation of child development from birth, under widely varying conditions. Dr Winsland has worked on a study by the French PREAUT association—with Marie-Christine Laznik and Graciela C. Crespín—into detecting the very early warning signs of relating disorders in infants, and has developed a special interest in the preventative measures possible from the age of one to two months.

Lucie Zwimpfer is a registered parent–infant psychotherapist completing her doctorate in pre-term infant affect regulation. She is UK trained and works as a consultant and supervisor for the parent–infant mental health service in Wellington, New Zealand. She is an executive member of the Infant Mental Health Association of Aotearoa NZ (IMHAANZ). Dr Zwimpfer lectures and publishes in infant mental health, and has a particular interest in bringing psychoanalysis into the neonatal intensive care unit setting.



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FOREWORD

“Drink to me only with thine eyes,
And I will pledge with mine”

(From *Song: To Celia*, Johnson, 1979)

It is a delight to see the mutual attentiveness of mother and infant gazing at each other with love and affection, giving and receiving communication with their eyes and facial mobility. An observer involuntarily smiles with pleasure and does not interrupt the privacy of their intense interaction. As the obstetrician Professor Norman Morris once counselled with caution, “You would not come between a mother bear and her cub, would you!” On his Unit at Charing Cross Hospital in the 1960s and 1970s, mothers could stay on the ward for up to ten days. During this time they had the care of a breastfeeding nurse whose task was to help them be comfortable with their own bodies and find a pleasurable way of feeding their newborn infants, assisting the infant to find the nipple and engulf the areola while positioning himself in the security of the mother’s arms. The looking at and the feeding occur simultaneously. Sometimes the infant may suck with closed eyes and could be thought to be temporarily oblivious of

the mother's ownership of the breast, experiencing himself as merged with it. The further establishment of a normal, healthy family relationship was enhanced by advising the mother that she should go out for an evening with the father before leaving hospital, thus allowing the midwives to give the missed feed with the mother's own expressed breast milk.

This thoughtful care was very different to that provided in some other institutions where the mothers who had decided not to breast-feed were left to get on with feeding their babies on their own. Prepared bottles were placed in front of them by busy nurses who had other tasks on the ward; one might think that these were perhaps the mothers who were most in need of attentive support and guidance.

As obstetric and medical skill and technology has expanded so remarkably there has been a proper concentration on getting "an alive mother and a live baby". There is now the possibility that premature infants born at twenty-three weeks might survive, due to the skilled and determined neonatologists and nurses in specialised units. These tiny infants require tremendous input to survive physically, but also a huge amount of support to establish their emotional pleasure in their mother and her delight in them. The mothers of these fragile beings need help with sustaining their loving attention when their infants are incapable of the gratifying responsiveness of the full-term infant.

The exquisite reciprocal attunement of mother and child changes and develops over the years depending on the maturation of the child and the capacities of the mother. This development does not proceed without difficulties and is dependent on the growing ability of the child to initiate interactions and on its mother's wellbeing with the father's support and understanding. Times of inevitable dysjunction, painful and distressing, short term or long term, can be mitigated by the thoughtfulness and sensitivity of the clinicians who might be involved in caring for the families: doctors, health visitors, midwives, nurses, physiotherapists, psychologists. It is these clinicians who will find much of interest in this book that will stimulate discussion and point the ways to attending to such dysjunctions practically, with early interventions helping to limit the long-term effects of what can seem to be a heartbreaking impasse.

The effectiveness of the interventions described in this book has implications for all those planning and financing the mental health of the nation, since we now know that early intervention can lead to the

lessening of the cost of treatment or institutionalisation in the future. Managers and those responsible for strategic planning within the National Health Service (NHS), including members of the government, will enjoy reading what can be done and will understand that there is a public health element in the work described: that proper funding now will inevitably produce savings in the future if a long-term view is taken.

In this volume we have a distillation of years of work by experienced clinicians who have helped mothers with their infants and growing children, and, of course, children with their mothers, within different settings. This difficult work is movingly described. The rationales and the theories sustaining the interventions are clearly explained, and there are good references to the classic texts on infant and child emotional growth and behaviour.

From my own perspective of over fifty years of clinical work, I found it satisfying to read these chapters contributed by admired colleagues and friends, as well as others who are referenced with whom I was in contact and who formed a great part of my own learning experiences. I hope others will take such pleasure in the book and still learn new things, as I did.

I have one further thought. This book brought to mind all the videos of detailed observations that should be compulsory viewing for those engaged in work with mothers and children—“seeing is believing”.

Marcus Johns,
 Psychoanalyst and Fellow of the Royal
 College of Psychiatrists, and Trustee of ipAn

Reference

Johnson, B. (1979). *The Forest. Song: To Celia. Oxford Dictionary of Quotations*. Oxford: Oxford University Press.



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Introduction

Stella Acquarone

There passed a weary time. Each throat
Was parched, and glazed each eye.
A weary time! a weary time!
How glazed each weary eye.

(From *The Rime of the Ancient Mariner*, Coleridge, 1996 Part III, p. 86)

A young man walking to a wedding is detained by the “glittering eye” of a grizzled old sailor who transfixes him with a strange tale of agony and survival. Fearing the Ancient Mariner, who reassures the Wedding Guest that there is no need for dread, the young man—now late to the wedding and imagining that the groom has already entered the hall—sits on a stone and hears the dreadful retelling of a ship set out “into a sunny and cheerful sea” soon pushed into a frigid water where it is hemmed inside a maze of mast-high ice.

Coleridge’s *The Rime of the Ancient Mariner* is an epic tale of despair that can also be read as an emotionally accurate allegory of the despair resulting from the unmet needs of infants, parents, and carers (with their little albatross) and the “sea” of society in the early years. Despite the strong imagery of a dead albatross hung round the neck of the

mariner and the many dead sailors, the point of Coleridge's epic "rime" is that mariners (and carers)—clinging only to hope—can survive.

The early years experienced by many infants, parents, and carers can be a grim tale. Like the Ancient Mariner, simply surviving the early years—and living to tell their tale to other "wedding guests"—is the entire point: they managed to survive. However, often they survived without hope; they could not find any; the journey was grim indeed.

This book is about the hope underlying the ability to survive the early years.

It is no secret that not all early years are voyages "into a sunny and cheerful sea". Some are long voyages into horror and weariness that can last for years: babies born into difficult families, into conflict-ridden countries, or into difficult circumstances. These babies are pretty much alone, because their mothers might be too ill to look after them and nurses might be too few or too busy to fulfil the maternal function other than changing and feeding them. They might have been born in war zones, or in prisons, or have been in intensive neonatal premature units. Unlike mothers who recall the early years with their babies as a dance of understanding and development, other carers do not recall hearing the music at all. They slog through the early years with only hope as a compass. Like the Ancient Mariner, theirs is a poignant search of the horizons for hope in any form:

With throats unslaked, with black lips baked,
We could nor laugh nor wail;
Through utter drought all dumb we stood!
I bit my arm, I sucked the blood,
And cried, A sail! a sail!

(Coleridge, 1996, Part III, p. 86)

It is this image of something possibly good that enables the Mariner to hang on. Along with parents and carers, babies look for sails, too. Strapped to a painful and dreary reality, they seek some external humanity that might represent a first home; they search for a womb in the middle of the water where they float in oblivion, desperate to link to voices and a beating heart. Whether they are floating in a sea of domestic violence, or drugs, or alcohol, they scour the horizon for a womb—an overall container—for which they can set their sails.

In this book, I set out to sail straight into the different calamities that some infants (and their parents) endure. Throughout my career, I

have accompanied parents into all seas of despair, thinking with them about where the winds of hope are hiding, and, in finding it, help them and their babies set sail out of their misfortune. This book will bring us face to face with the wonderful capacities of the newborn and the great potential for parents (both mother and father) and child to continue growing together in a society that cares for them. My own career is a long and continuous effort to help parents form their own networks of help in institutions and in everyday life, enriched by the cyberspace that links countries and their solutions with problematic conditions and new preventative practices.

But for this book to be successful in helping infants and parents survive the early years, I set out to do more. I asked other professionals to join me.

Together with the School of Infant Mental Health and the International pre-Autistic Network (ipAn) charity, we organised a conference so that we could all talk, discuss, and present our collective breakthroughs in thinking and understanding the perils of the early years. Too often, my colleagues and I sit transfixed by the glittering eyes of infants and parents who find themselves in perilous waters without any hope of seeing "a sail!"

This book emerged from the strength and comradely synthesising of different disciplines and accounts professionals give of the horrors and pain endured by the early years' survivors who walk into our clinics. It is a book written in three parts.

Part I: Thoughts in search of a thinker. In the first three chapters of this book, we consider a particular dialogue of emotions: the principal physical and psychological ideas and thoughts of what happens to parents from the moment they conceive.

Joan Raphael-Leff gives us imagery of the womb-as-habitat, gleaned from more than forty-five years of working with (and writing about) pregnancy. She explains how the differing roles of generator, expectant mother, woman, and lover destabilise a pregnant woman's self-image and prepare the ground for the new relationship. This process can be easier or more difficult, depending upon the experiences that she had growing up. The same is true of the father. In Raphael-Leff's own words, "The intensity relates to images of one's baby-self in the mind of the archaic primary carers, including their unwitting reactions to, and projective distortions of, that baby".

For Raphael-Leff, pregnancy is a shared emotional experience

between parents, the strength and presence of them as a couple, and a new experience in their lives. Pregnancy recycles and reactivates the supercharged past of both partners and helps them to face the growing foetus in a new light. She also tells us how the foetus moving inside the womb influences the mother physically (through hormones and other generated substances, sleep patterns, etc.) and emotionally. We accompany the foetus on its journey of development, even towards perinatal difficulties and how to prevent them, watching it grow and observing how parents prepare themselves for its arrival.

Colwyn Trevarthen, perhaps the world's foremost authority in the communication of experience and emotion from infancy, describes the effects of caring in a developing newborn who arrives with the desire to fully interact. He begins the chapter by giving us a primer on the marvellous and extraordinary ways babies communicate through movement:

A newborn baby's body is expressive of its personality. It tells us that the young mind anticipates the pleasure of moving coherently and well, and that it feels anxiety about having difficulty or pain in fulfilling its functions and intentions. Eyes, head, and hands shift with intricate curiosity, signalling purposes and feelings for others' attention. Right from the start a baby has a special sensitivity for how the movements of another person transmit the quality of their feelings . . . They . . . do not have to be learnt after birth.

Trevarthen then gives us a succinct summary of all views of infancy from Darwin onwards. He tells us that today's rich communication between disciplines, whether from observation, description, or careful reflection, exploring all of the innate and environmental forces at play that give rise to an infant's imagination, aesthetics, and mortal affections can be a strong foundation for recovery from neglect. He shows us how psycholinguistics is filling in the gaps in understanding why musicality is at the core of relationships. In addition, almost as a bonus, he gives us his own "Theory of infant intersubjectivity by tracing changes in motives and interests" as a consequence of maternal factors (such as depression), and shows us how music and song help promote attachment and intimate relationships.

Trevarthen carefully explains the evolution of emotional expressions and how hope and pride of early childhood can be betrayed by

deprivation of love. He points to research showing how recovery is more difficult when the neglect starts very early. He ends the chapter with his compelling thoughts about autism—that it should no longer be considered a genetic disorder. Because infants must find a live partner to interact with, epigenetic factors that influence development during gestation—and the quality of the relationship with the parent after birth—means that autism is a product of the parent–child relationship and company in play. Trevarthen strongly suggests that this relationship is the place where hope can be found.

Brett Kahr presents his contribution on infanticide, “‘Happy birthdeath to me’: surviving death wishes in early infancy”, which he divides into three sections. The first section provides a review of the ideas about unconscious death wishes towards infants from the time of the ancient Greeks. The second section analyses the clinical scenario: how “psychological infanticide” (the sense of being killed off and yet remaining alive) presents itself. He describes the style of interaction as “infanticidal attachment”, a type of disorganised attachment that provides no safety for the child and could stimulate severe psychopathology. Kahr then develops a typology of psychological infanticide that is exemplified with clinical cases. Finally, in the last section, he provides a working model for mental health workers to use in order to identify death wish symptoms in adults and, thereby, avoid potential catastrophes in children.

Part II: Reaching the vulnerable at risk from “external” circumstances. Chapters 4–9 discuss the mothers who have become vulnerable due to “external” circumstances, such as external trauma. For the mothers to be able to become reflective and insightful about their babies and themselves, they need to overcome the trauma, and here we look at different models used to help this process and develop a helpful relationship with therapists, which allows the essential provision for babies to develop in a healthier way.

Zack Eleftheriadou’s chapter, “Creating a safe space: psychotherapeutic support for refugee parents and babies”, uses the concepts of Winnicott (holding environment), Bion (containment), and Stern (different points of entry in the parent–infant relationship) when considering how to help refugee mothers and their babies. She describes, in a very skilful and compassionate way, how there are different stages in the development of a psychotherapist’s relationship

with the shocked and traumatised mother and baby. She highlights the importance of creating a safe environment for the mothers to share their trauma, pain, and hatred, thus relieving them from the unaccompanied past experience. In so doing, Eleftheriadou enables the mother's reflective function to become operative, thereby allowing her to cease projecting her lived horrors to the infant, and to receive the infant's new and raw feelings. This important early intervention helps mother and child to bond by providing a good holding environment and containment that is culturally respectful.

Pamela Windham Stewart describes the challenges faced by mothers and babies in prisons. The mothers live in a closed and contrived space, and although they have access to psychotherapeutic help, they only have controlled access to their babies, if any at all. They have the opportunity to develop a relationship with their babies, but only if they are helped. Despite the challenges, Stewart describes working with her weekly mother and baby group. She recounts how the mothers develop a new and different relationship with the therapist, as well as with the other mothers in the group. She offers the women a different model of parenting, encouraging them not to merely repeat the family history, but to offer their babies love, and to think, and be curious, about them. In this way, the mothers learn to feel, acknowledge feelings, mourn loss, and reflect on their experiences. There are poignant accounts of these processes.

In her chapter, Lucie Zwimpfer gives us a psychoanalytic viewpoint of relationships in the neonatal intensive care unit (NICU), specifically the aspects of "talking to" and "being with" babies. We now know that preterm infants in the NICU can experience a great deal of pain. Being born immature and before their time, preterm babies can suffer in other ways, too. They lose precious months in the mind of the parents who, because of their early arrival, are also premature as parents, and might not be sufficiently ready or equipped to deal with parenthood. They feel guilt that their child is suffering because of them. Despite a team of carers that includes parents and nurses, the parents are often not available and the nurses are overworked and overwhelmed with all the tasks involved. Zwimpfer examines this dynamic, exploring if and how psychoanalytic treatment methods can be useful in improving infant-carer relationships in the NICU, describing, for example, a model of attuned vocal soothing as a pain management tool during certain procedures.

Magdalena Stawicka and Magdalena Polaszewska-Nicke's chapter shows us how a small group of young professionals in Poland is making great strides in changing the country's attitudes towards the idea of infant mental health. The authors set up their programme, "Toward the baby", to provide psychological support to parents-to-be and new parents in order to develop healthy parent-infant relationships and, thus, avoid possible future emotional and behavioural disorders in the child.

Stawicka and Polaszewska-Nicke explain that, in Poland, after so many wars and social difficulties, the very concept of infant mental health did not exist, and so they improvised. The idea was that after the birth of their babies, new parents would receive individual consultations on psychological, physiotherapeutic, lactation, and feeding issues. What surprised Stawicka and Polaszewska-Nicke was the change in the perceived value of psychological support. At the beginning, parents came for the physiotherapy and lactation classes, but in their end evaluations they expressed their liking for, and usefulness of, the psychological elements most of all. The programme evolved into a type of preventative tool for all kinds of parents, not just multi-risk families. They added workshops with an idea of scaffolding parents' mentalizing abilities (which they describe as a reflective function of the yet-unborn and, later, the born child and the process of attunement). For parents who needed more, they offered parallel individual sessions. The results were promising, creating a mentality around the importance of paying attention to mothers and babies.

Maeja Raicar helps us think about adoption and fostering, and the centrality of the concepts of loss and mourning. She takes up the shadow dynamics of the adopted or foster child's birth parents, as well as the types of help needed by the adoptive and foster parents. She describes how the family generates a circle of security as well as vicious circles that become repetitive and pathological. For this purpose, she acknowledges the lifelong hurt for the growing child and adult and offers alternative help for them to attune to the child and create new attachments to promote emotional development.

The chapter includes contributions from Colette Salkeld, an accomplished music therapist who helps mother and babies and small children to attach securely through well-thought music activities, and Franca Brenninkmeyer, who has developed an integrative approach to tackling the effects of chronic and pervasive neglect and abuse in early

life. Brenninkmeyer describes the PAC programme of intensive therapeutic work for under-fives and their adoptive families, which uses the ARC (attachment, regulation, and competencies) model, with its ten “building blocks”, for therapeutic intervention.

Julie Kitchener tells us that, in cases of special needs, it is important to keep in mind that these babies have to deal with their deficit and that, in general, the parents feel overwhelmed and disorientated, due to their unbearable feelings of loss, dislocation, rage, and anger about what they had expected in their new child and what they received. Kitchener examines the part played by trauma (birth, diagnosis, stress, or cumulative—e.g., intergenerational or repeated medical interventions and assessments, etc.). questions of integration and disintegration, and what leads to the need for psychotherapeutic support. She tells us how these factors could collude against facing up to the real child.

The special needs child and parent require an imaginative engagement to strengthen the quality of their relationship, as well as enable the child to gain a sense of self and other (like any other child). She also considers the implications for the child to have parents or carers that are aware of their disillusion and uncomfortable thoughts caused by the child’s own disability. Kitchener shows us that, through disability, child and parent can find a relationship that is fulfilling and happy for both.

Part III: Vulnerable groups coming from “internal” fragile circumstances. In the final part of the book, we look at vulnerable groups of babies—their vulnerability due to “internal” fragile circumstances—and learn what is essential for them to develop in a healthier way. Not only do we have to keep up with new developments in applied psychoanalysis and neuropsychology, we also have to review what has worked in the past. Overall, we need to recognise the power of the relationship and be grateful for the ways we can prevent the occurrence of disorders and difficulties that can be avoided.

Daphne Keen explores, from the viewpoint of the neurodevelopmental paediatrician, the importance of recognising the condition as early as possible. She helps us understand the impact of co-existing medical and developmental conditions on delay in diagnosis. She shows us how the diagnosis is made: via a thorough recognition of sensory impairment, psychosocial deprivation, selective mutism, attention and hyperactivity deficit disorders, and intellectual disability

and developmental syndromes. She also describes how professional and service responses can cause delays to early recognition. Dr Keen writes eloquently about the “competent infant” and how the different areas of competence develop from social understanding to joint attention and mentalizing. With clear examples, she invites the reader to submerge themselves in the realms of the diverse pathways in pathological development through play, language, and sensory processing.

My chapter (Stella Acquarone) is a focus on the extraordinary power to be found in focusing on the relationship. Through clinical observations, we see how children who pursue an avoidant way of relating—no matter the contributing factors—can be rescued to varying degrees by an early understanding of the causes of retreating. These children can be integrated into mainstream education with a secure attachment arising from this understanding of underlying causes. The most important thing is to find out what is impeding relationship development.

I look at the concept of an “autistic evolution”, when, for example, infants and children retreat to a world of their own. Based on neuropsychology and brain growth and the impact of relationships on neural connections with their positive implications for cognition and emotions, I describe a programme we devised to help these processes become more “normal”. I also present a clinical case to illustrate the various elements that must be taken into account when helping little children form relationships that could save them from jeopardy.

Jo Winsland draws our attention to the important role of the informed paediatrician in listening to parents’ concerns about their infants when there is nothing physically wrong with them. These parents simply have a gut feeling that their child’s emotional development is being hampered by unknown causes, and Winsland underlines the importance of listening to, sharing, and monitoring these concerns with possible solutions. She explains clearly the context of her work in France, and the ready availability and generally welcoming environment of the PMI (Protection Maternelle et Infantile), coupled with the French tradition of frequent follow-up from birth, which creates a context for well-trained infant mental health professionals to recognise early signs of alarm and offer an important preventative service.

Winsland presents some clinical cases, including one in detail that shows how early intervention, skilfully and sensitively done, can make a huge difference—so much so that it should convince all

paediatricians to train further in observation and sensitive interaction with parents to use this powerful timing in early infancy.

Maria Rhode, in the final chapter, talks about working with toddlers at risk of autism in a National Health Service setting. She describes a research programme she is involved in where toddlers that are at risk of developing autistic behaviours are offered an infant observer to visit them at home.

Although similar to parent–infant psychotherapy, the difference with Rhode’s programme is the absence of insight-based interpretation. Instead, the therapist’s function as observer is primarily to make links between parents and child, as well as providing acceptance and understanding of what the parents are going through

She goes on to describe in detail the case of Isabel, who needed to be treated at seventeen months after presenting various signs of alarm and who was assessed by the CHAT (checklist for autism in toddlers). Rhode’s working methods included collaborating with the parents to establish the “good grandmother transference”, which works as a means of supporting them through the process so that they can help their child to progress. In addition, she points out that, in this case, she did not experience the despair felt by the parents, as the co-operation and support she received from colleagues helped her not to become disheartened by the manifestations of the autistic part of the child.

Rhode’s work with autistic children and their families includes overcoming the “vicious circle of discouragement”, which has such a powerful effect on parents and professionals. The fact that Isabel did not receive the diagnosis of autism often brings us to the power to help the relationship “no matter what”, maintaining an active and perseverant attitude of hope in the everyday life of the family.

What can we do for babies and parents in trouble and troubled babies and parents? With this question in mind, we begin our journey. We learn to understand them through the relationships they have built. Working through these relationships, we are able to “re-start” development so that it re-emerges and evolves in a more hopeful way.

Reference

- Coleridge, S. T. (1996). *Selected Poems. The Rime of the Ancient Mariner*. Harmondsworth: Penguin Classics.

PART I
THOUGHTS IN SEARCH
OF A THINKER

In the first three chapters, we consider a particular dialogue of emotions: the principal physical and psychological ideas and thoughts of what happens in parents from the moment they conceive.



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