THE SIGNAL

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WHY STUDY CHILDREN'S NARRATIVES?

Daniel N. Stern

The study of children's narratives has increased greatly in the past few years and continues to do so. Why has it become so interesting to us now? I will leave aside the important fact that appropriate methods for the study of these narratives are relatively recent, since this is both cause and effect (see especially Peterson & McCabe, 1983 and Nelson & Colleagues, 1986, 1989, for their application of narrative methods to children). I can think of at least eight reasons for this surge in interest.

A first and general reason concerns the question of what is the level of description we use for the behaviors that are of interest to us. If one is interested in visual perception; for instance, the "image" as composed of visual "primitives" is the appropriate level of description. If one is interested in language, depending at what levels, there are phonemes, words, propositions, speech acts, etc. If, however, one is interested in a level related to sharing news or gossip about one another, telling or comprehending stories, parsing interpersonal experiences, making sense out of motivated human behavior, reconstructing a life history, recalling autobiographical memories, etc., what then is the appropriate "fundamental" level of description, if there is one?

The level of description required to render these experiences meaningful appears to be very complex, multimodal, heterogenous, highly susceptible to cultural influence and far from "fundamental." But that may not be the case. And that is one place where the study of narrative plays a crucial role. It provides one way of describing this level of reality in terms of basic goal-oriented units. One such example would be agents who execute acts with some instrumentality because they have desires, beliefs, motives to achieve some goal in a particular context (e.g., Burke, 1945; Bruner, 1990). This kind of unit can also be put into journalistic parlance, thus, who, where, when, why, what, and how? Or it can be varied to accommodate Freud's basic motivational unit, an agent pushed by desire to engage in a "specific activity" with an "object" in order to achieve some "aim" with the discharge of psychic energy. One can also rearrange this unit to accommodate the corresponding unit in ethology, theories or motor action, affect theory, etc. (see Stern, 1993).

Equally, there has arisen a domain of related study that provides units of description for representing this level of reality: "scripts" (Shank & Abelson, 1977), "event-representations" (Nelson & Gruendel, 1981) and "event schemas" (Mandler, 1979, 1983). We seem to be moving towards a more solid base for describing a level of reality involving human events that are causally connected by virtue of being motivated and goal-oriented. Narratives are largely composed of such units. They offer a data

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source and testing ground for the evolution of our understanding of this "fundamental" descriptive level of reality and its development.

A second reason concerns the recent interest in the self and its development. When children begin to tell autobiographical narratives after about 3 years of age, it is thought that narrative-making is a kind of mental work space laboratory for constructing a "trying-on" of different versions of self-description. The narrative version that "wins out," so to speak, becomes the "official" public version of the self. The historical, autobiographical, narrative self thus gets constructed (Brunner, 1990; Nelson, 1989; Wolf, 1989). This narrative self is best seen as a reorganization of many other self-concepts and self-experiences, e.g., the core self, and intersubjective self (Stern, 1985), the self-conscious or self-reflective self

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(Lewis, 1987), the ecological self, and the social self (Neisser, 1993), etc.

The narrative self is yet another aspect and another developmental level of the self, and is the key for any psychology of the self. Understanding the narrative self is also crucial to several clinical issues, which brings me to the third reason.

The study of children's narratives gives several windows on clinical issues of interest. The "self" is not only interesting for normal developmental psychology, but also for psychopathology. The idea of a constructed self, or even more extreme, multiple selves or a distributed self offers ways of thinking about various clinical problems that have long been known. The notion of a "false self" is readily conceived with a perspective that permits the "constructed self," i.e., the narrative self to wander far from "historical lived experiences." Similarly, dissociative states are easily imagined as a developmental consequence of multiple constructions, parallel narratives, etc. Along these lines, the work on the parents' contribution to the nature of the child's narrated self (e.g., Wolf, 1989) is a very promising approach (i.e., can a parent in co-constructing a narrative with the child pull the child's narrative (his official past history) away from (or back towards) what the child "really" experienced or would have ended up constructing if left alone, or what could have resulted from a co-construction with someone else?). This area of co-construction is important in that most children's autobiographical accounts of what happened are, in fact, co-constructions with their family.

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Emde and his colleagues (1988, 1992) have used the formation of children's narratives in an inventive way to view moral and superego development, normal and pathological. They elaborate for the child a "story stem" with the use of dolls and props, e.g., a moral dilemma where the child is placed between a prohibition and a desire. They then ask the child to finish the story using both symbolic play and narration. This kind of technique

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is similar to how the TAT is used with children. However, the narrative perspective on the childs' response is not the same as a perspective of "projection" of an inner reality. The narrative approach complements other approaches. The same situation now prevails with the use of the Separation Anxiety Test photographs (SAT) scale (Greenberg, 1985) to evaluate attachment patterns in children beyond the age appropriate for the Ainsworth Strange Situation. A narrative approach may prove to be very helpful in these inquiries.

The fourth reason concerns our basic models for viewing continuity and the understanding of the present in terms of the past. We have seen in history and psychoanalysis a relative shift from "historical truth" to "narrative truth," where narrative truth is measured in terms of the coherence, comprehensivity, continuity, completeness, plausibility, and efficacy of a constructed narrative about what may have happened and not what "really" happened, which is usually unknowable.

It is interesting, in this light, that the Adult Attachment Interview (Main, Kaplan, & Cassidy, 1985) has had the surprising finding that the style of the mother's narrative (coherence, etc.) about her own mother is often a better predictor of the pattern of attachment that she actually had as a child. It is in this sense that the narrative approach poses a constructive challenge to our systems of explanation that apply to continuity in normal and abnormal development.

A fifth reason concerns the study of the acquisition of language. The narrative is another way to look at the transformation of non-verbal understanding into verbal form. Nelson & Colleagues (1989) in a study of the bedtime monologues of a 2 year old child demonstrates the utility of this approach.

A sixth and seventh reason concerns the use of studies of narration as alternative or complementary ways to approach the examination of episodic memory and social cognition. For example, in our laboratory, we are exposing children to a fairly unusual scenario in which they participate, and which is designed to evoke different affects: joy, sadness, fear, surprise. We then ask the children to narrate "what happened" right after the event, two weeks later, and one year later. In this way, we have control over and know "what happened" during the reference event that serves as the basis for the later narrations. Since we have a televised record of the children's affective responses during the reference event, we can evaluate the influence of different affective responses and how they are coped with in translating experience - through memory - into narration. We can also evaluate the effect of different social contexts of telling on the ultimate form of the narration.

An eighth reason for studying children's narratives concerns the obvious need to study subjective experiences more deeply. Without a better phenomenology of subjective experiences, the cognitive and neurosciences will eventually be severely limited. Autobiographical narratives are among the few privileged windows into this domain of reality.

Finally, if there are eight or more good reasons for something, that is too many, and we should get suspicious. Is a narrative perspective, if one can call it that, a new way of looking at things that is sufficiently general that it embraces aspects of cognitive, social, affective, etc., psychology, such that much of our understanding must be recast in this light? Or will the study or narratives eventually end up defining a reasonably well bounded domain of specialized study? The answer is not yet in. So we find ourselves in the constructive uncertainty of not knowing the importance of this new domain of study to the field in general. Discovering that in itself will push things forward on many fronts. ◆

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STEPHEN'S CORNER

Margaret's Stories

Calling a social visit an interview opens up intrusive possibilities, such as, staying hours past what good manners would allow and excusing the arrogance of direct and personal questions. I have chosen Margaret Lawrence, who is an old friend and colleague, to interview for several reasons. First of all is my selfish wish to escape the hospital and spend part of the day in the country in easy going conversation with her.

From 1963 until she retired in 1984 at age 70, Margaret ran the Developmental Unit of the Division of Child and Adolescent Psychiatry at Harlem Hospital. Throughout the 1970's and early 80's she and I shared an interest not only in young children, but in our own life stories. This story exuberance and exchange served as deeper motive for the visit. I wished to experience this again and as before, find out something about myself.

My regular contact with her back then followed from my working at the hospital several hours a week, the number varying with the city's fiances. This was how I heard many of the stories that make up her life, long before the marvelous biography Balm in Gilead (which was written by her daughter Sara Lawrence Lightfoot). In fact, I would advise right now tossing this column aside and getting hold of the book. The only enticement to continue is that her past 5 years since the book's publication display a rich unfolding of later development, a stage of which we who are informed on early development, have little grasp and awareness.

Daniel Stern, in this issue, describes children's narratives as a way of catching hold of reality and fashioning a sense of self. I am reminded of the old spy novel advice that the best cover story should be as close to the truth as possible. Margaret's stories show that this, if done creatively, can be a process of continual renewal and reconstruction, that the world's truths need reappraisal and the sense of self tightening and enrichment.

A lesson in the geography of much of Margaret's life here in the North, is found in my drive up to visit with her. I leave Harlem Hospital where she trained in Pediatrics and get on the Harlem River Drive, which follows along the river. Then I turn west and cross the George Washington Bridge. From there, I can see Columbia-Presbyterian Medical Center, a half mile down where she attended the College of Physician's and Surgeons, graduating in 1940. Hidden by the larger buildings is the School of Public Health where she earned an M.S. in Public Health. Benjamin Spock was a major influence then advocating a vision of the child considered within the context of family and society. I can see the New York State Psychiatric Institute which is built on the side of the Washington Heights. Margaret received her psychiatric training there, and she also attended the Columbia Psychoanalytic Center. She was the first African-American to be trained in each place.

This medical center, a dramatic cluster of buildings, dominates the upper end of the island from its perch on top of the high escarpment of Washington Heights. General Washington dug in there at the beginning of the Revolutionary War but was overrun by the British. By cunning and luck, he made it across the Hudson, then chased all across northern New Jersey where he found temporary haven behind the Delaware River until he struck back.

Now over the bridge I turn north along the parkway which follows the river from the top of the palisades which are majestic vertical cliffs. It is the beginning of June and Spring shows a fullness and maturity. The thick stand of stress on my left blocks out any exposure to the sprawling commuter empire of northern New Jersey. On my right, there are glimpses of the river and its hazy serpentine course evokes thoughts of the first Dutch settlements. I am well aware that I am romanticizing this trip - fine, I can lose myself in this out-of-time 25 mile ride up through a protecting pathway of trees, and now at mid-day the road almost empty, the following of a powerful river upstream gives a sense of quest. I cross over into New York State which, at this point, begins its huge bulge out to the west. Up here, away from organized suburbia, there is a rural feel and where I turn off, the homes are spread apart in independent homesteads. Following directions, I turn into Skyview Acres. There is a faded sign that says "nuclear free zone," a message that follows from the spirit of this settlement which was started in the early 50's by two pacifist groups, the Quakers and the Fellowship of Reconciliation. I doubt that anyone there needs reminding not to hide a nuclear reactor but the world does tease and threaten in the form of a large nuclear plant at Indian Point about 7 miles up river.

Margaret's house is ranch style, which means a sprawl of connected rooms expanded with many additions over the years. Moving with grace, Margaret comes out to greet me and we exchange hugs. My first sense of her appearance is similar to how most others react -- she has not changed in the past 20 or more years. I know this is superficial and that her mind and body have changed, as have the stories over the years by becoming more like

themselves, a deepening of character, a crystalline structure whose lattices strengthen with time. The merry rhythm of her voice and her animated expressions dance together. Her black hair is streaked with steel grey and, as usual, is in braids and piled on top of her head. Her jacket and skirt are of colorful design, of African origin I believe, but I am not good at such judgements. My old-fashioned description would be to consider it a gypsy look. She takes me into her busy kitchen and shows off the banana wholewheat bread she has just baked. We sit in a screened in porch where she serves a vegetable chili and an apple sauce which seems to have a special pungency and flavor. Her secret, she informs me, is to blend in the skins as well.

Outside, there is a rough lawn strewn with rocks -- they don't call it Rockland County for nothing -- with a dense forest surrounding, and in the still air, the only sound heard is the hard intense rap of a woodpecker. Margaret has lived in this house for 42 years. Chuckling, she quotes, "Let me live in a house by the side of the road and be a friend of man." This is her ironic way of describing a problem, albeit a happy one. Over her many years here, she has become a well known and sturdy fixture of her community and so, people will often say that they must go visit with Margaret again. Her home is rarely empty. It was a little difficult in the beginning because pacifists were considered to be Communist. Being African-American, in addition to a pacifist, was really pushing it up here. In the 50's and 60's, besides her private practice, she worked with the Rockland County School Mental Health Unit. This led to a book in 1971, *Mental Health Teams in the Schools*. In 1989, in recognition of her services, one unit of the Rockland County Mental Health Center was named the Margaret Morgan Lawrence Children's Center.

An old saying, "I get up. I walk. I fall down. Meanwhile I keep dancing," indeed, became a motto, after a car accident this past winter in which she hurt her leg. She has used this as a theme recently when she preached in her church. Many of her references are religious, for example, her magnificent whirlpool bath is called the Healing Pool of Siloam (John 9:7). This influence derives from the fact that her father was an Episcopalian minister in Vicksburg, Mississippi and her mother taught in the church school. Some of her best stories go back to that time.

Our conversation moves up the years to the period where I worked with her. In 1963, she decided to shift part of her professional life back to Harlem as a consequence of a dream where she was cuddling a brown baby and to her horror she dropped it. Her work with young children and their families led to her 1975 book, *Young Inner City Families: The Development of Ego Strength Under Stress*. Her therapeutic theme then, as it is now in her private practice, is that you should go for the strengths. This is part of her very fiber and being.

A memory occurs to me: once Margaret and I attended a meeting on an upper floor of the hospital where, from the window, I could see rows of gutted and burned out buildings and beyond, a murky view of the Harlem River. Her response was, "Isn't the river beautiful?" Margaret says she doesn't remember this but why should she since this is the way she thinks all the time. Only my morose outlook makes such an event unique enough to register in autobiographical memory. I wonder sometimes if there is a Pollyanna strain here, but another memory assures me that she lives this outlook all the time.

A number of years ago we found ourselves involved with a family that was already shaky but the arrival of twins had overwhelmed them. The father, who had just gotten out of jail, was depressed and unable to function, and the mother was doing her best to care for a number of small children. Once he had befriended us clinicians, the father was able to talk about himself. I remember that his story of how the F.B.I. framed him was so colorful that I had to believe him. He had grown up in Mississippi, and the mother in Queens where I was raised. We each made easy contact with one of them. The plan of treatment was that we both spend a morning with the family in their apartment. At the time, we took for granted that this was what it took to provide proper treatment, and we turned out to be right. Nevertheless, in retrospect, it seems quite peculiar, given the current frantic demand for productivity (how many medicaid visits can you squeeze out in a day?). Today, we would never get away with this therapeutic venture. In any case, the most vivid moment in our experience with the family came from a picture on the wall of the father's grandmother who had died when he was an infant. She reminded him of one of his twins, and when he was able to talk about his family past, he was able to feed this child. The picture conveyed to us all the power of family stories. Generations before and after were stirred up and these drew out the strength within him to be a father.

Margaret takes me now into the study in which her husband of 48 years worked until he died in 1986. She has taken it over and expressed pride that, at her age, she learned to use the computer. The room possesses a clear order, but is intensely packed with books and files and in every spare space are family pictures and mementoes. Here, I find the augmentation, the parallel processing of the memories voiced in her stories. Margaret describes that in the first months after her husband's death, there was a powerful sense of his absence, but that now she feels continually his kind and supportive presence.

Charles Lawrence was a distinguished sociologist and teacher but, as well, his enormous energies went into social, pacifist, and religious causes. I believe that he would have considered them all one and the same. His convictions always put him on the line, and he was a conscientious objector during World War II. This was a time of considerable stress and hardship for him and his family. Margaret describes herself as a card-carrying pacifist, a conviction that she shared with her husband from the very beginning. Again, her pacifism never has been in a quiet, and she has been an active member since the early 40's of the Fellowship of Reconciliation which is an interfaith, religious pacifist organization.

I ask her what she feels is the source of her preoccupation with the strengths of others and her answer brought us back to her basic story, one that I had heard in bits and pieces before, but had never pulled together. Her driven interest in the assets of others represents the other side of her wish to be looked straight in the eye, to receive visual and emotional affirmation. Early on, in her school and professional career, she experienced the dehumanization of being frozen out as a person for openly racist reasons. From her analysis she was able to understand these feelings. Central was a screen memory of her mother in bed with her face turned away. Her mother had been in mourning after the death of her first-born child and, overburdened by the father's moves to new churches, had taken to her bed. This disaffirmation of Margaret's being as a small child was countered by her companionship with her father and later her mother who, in time, arose from her bed and became again the teacher in the church school. Margaret draws upon her own version of the mirror metaphor. The young child sees her reflection in the mother's face but on the far side of the mirror are the images and voices from past generations that find expression in the mother's face and are also taken up by the child. Margaret's search for the strengths of others arises from the wish, not only that the best be seen in her, but that her existence be confirmed so she in turn must seek out intensely and creatively what is of worth in others.

Laughing, but dead serious as well, Margaret describes the two-and-a-half years of relating her life stories to her daughter Sara as a second analysis. Stories as dreams, she feels, can be studied time and again and point the way to discovery and resolution. The new stories found and old ones seen with new eyes led to a paper, "The Integration of Psychoanalysis in one Life Story." It was out of this that the book she has been working on for the past several years has evolved. It is called *Out of Chaos: Living Stones.* Patches of order emerge out of chaos and become living stones -- "Let yourselves be built as living stones into a spiritual temple" (I Peter 2:1).

Erikson's vision encompasses the full sweep of the life trajectory. In his 1984 article "Reflections on the Last Stage -- and the First" in *The Psychoanalytic Study of the Child,* he describes an affinity between the eye to eye contact between mother and child and the later visual joining with lovers and leaders, seers and souls. The first and the last stages are linked in the biblical simplicity of trust and wisdom.

I remember the old jokes upon first reading Erikson about the likelihood of anyone other than Erikson himself ever reaching the mythical eighth stage. Has Margaret achieved it? Perhaps, but maybe she has shot beyond wisdom to a ninth stage leavened with laughter and in a cosmic sense found, as she would put it, a time where she can keep dancing. ◆

Editor's Note:

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MESSAGE FROM THE PRESIDENT

Joy D. Osofsky

For this issue of the Newsletter, I wanted to share with the membership more about the interesting and successful regional meeting on the **"Origins of Mental Representations: Enlightenment through Clinical Presentations"** that was held in Amsterdam, The Netherlands on July 25, 1993 before the meeting of the International Psychoanalytic Association. We have organized workshops before the IPA for many years, as it offers the opportunity to share theory and clinical work concerning infant development with colleagues from around the world concerned with psychoanalysis. The workshop held in Amsterdam was truly international and interdisciplinary. The presenters and discussants came from 5 different countries and 3 different continents. The participants, who also contributed actively to the discussion, came from over 12 different countries and 4 different continents! We were delighted with the excellent presentations and discussions and the active participation by the audience. Videotapes were used to present the case material by two of the presenters, which was an excellent means of communication since the images on the tapes overcame many language and cultural differences. I will describe briefly the cases that were presented and the highlights of the discussion.

The first presenter was our Past-President, Serge Lebovici, who discussed a case of a couple who were having difficulties with their baby born 20 months after another baby who died on the parents' anniversary. Neither mother nor baby were able to look at each other or to interact positively. Through Lebovici's sensitive interventions, over time, the baby was first able to look and smile at him and later, mother and baby were able to look and smile at each other. Through Lebovici's approach to the mother and baby, he speculated that he was able to influence the baby's representation of himself and his mother, as the mother simultaneously changed her mental representation of herself and the baby. Paulina Kernberg, in discussing the case, emphasized that the infant had the capacity for developing good object relations with Lebovici; the problem was in the mother-infant relationship. Through his sensitive interactions with the baby, Lebovici showed the mother a different way to relate to her baby. This intervention illustrates nicely Winnicott's seminal idea that there is no baby without the mother. This case also illustrates that the mother and infant were both open to the intervention at this early stage of development, likely allowing the changes in their responses to go beyond those that might be possible later. (As Selma Fraiberg said, working with infants is "a little bit like having God on your side").

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Kernberg wanted to hear more about the mother's fears since she had lost her earlier baby and felt responsible for the death. She displayed a common reaction of distancing herself from this baby in order to protect both herself and the baby. Kernberg commented on the importance of the mother's acknowledging her grief over the loss of the earlier baby. Lebovici agreed with these remarks and commented that the mother was able to acknowledge and talk about her grief after developing the capacity to relate to this baby. Lebovici then opened the discussion to an eager, energetic audience. One of the important points raised about this and the subsequent cases was the role of the father during parent-infant psychotherapy. The discussion ended with the important questions of when one deals directly with the infant and when one focuses primarily on the parent-infant relationship?

The second case, presented by Hisako Watanabe of Japan, involved a videotaped presentation of a case of intergenerational transmission of deprivation and depression from grandmother to mother to infant. This mother also had a great deal of difficulty even looking at her baby during play. As we observed the videotape, it was striking that there was little affective interchange between baby and mother -- it was almost as if they did not know each other. As part of the interviews with both grandmother and mother, it was revealed that the grandmother had left the mother at an orphanage when she was 8 months old for 8 years due to the economic necessity of her having to work and having no one to care for her baby. Through Watanabe's sensitive therapy with mother and grandmother, which included recognizing the "ghosts" from the mother-grandmother relationship, the relationship between infant and mother changed remarkably, leading to much more interaction and even laughing during the play. The discussant, Peter de Chateau, commented that the interaction changed from bland and negative to positive and contingent with much affective interchange. It also seemed as if the transference relationship that the mother built up with the therapist allowed the mother to develop a

relationship with her baby and change earlier more negative representations. The mother may never have had a "holding environment," as Winnicott has described it, so had to learn through the psychotherapy to create a holding environment for her baby. Other discussants from the audience brought up the issue of telling the truth. The mother did not know what the truth was and tried to reconstruct it. She lived in a world of pseudonormality. The issue of shame was also brought up with not telling the truth, a concern of particular importance within the Japanese culture. Other observers of the video commented that they felt mother was longing for the lost object and could not relate to her child until she had some sense of her own lost object relationships.

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Again, the audience contributed to a lively discussion of the case.

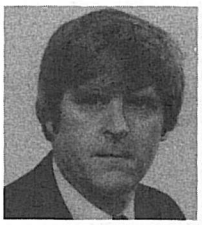
The third presentation, by Dirk de Raeymaeker of The Netherlands, was of a case of an infant with significant developmental delay. The mother had a great deal of difficulty relating to the baby and accepting the fact that she had an imperfect child. The mother was depressed and related to the child with little affect and involvement. In the therapy, de Raeymaeker worked with the mother and father to help them accept and relate to the child.

While progress was made in this case, because of the developmental delay, the parents seemed to have continuing difficulties with each new stage of development.

During the parent-infant psychotherapy, intergenerational problems were uncovered in both the mother and father's early life (as in the case presented by Watanabe) that also interfered with their ability to care for their infant. Peter Fonagy, the discussant, emphasized the importance of separating the physical sense of self from the mental sense of self. The mental or reflective self takes longer to develop with input needed from the social environment to facilitate this development. Sometimes the infant will regress back to the physical self and be unable to experience the psychological self. In this case, he felt that the child had not developed a core sense of self. The mother was depressed, having never completely mourned the loss of her fantasized perfect baby. (Relevant to this case, Lebovici, in several articles, including one published in the *Infant Mental Health Journal* in 1988 has contributed to our understanding of the imagined and fantasmatic baby). The mother, continuing to feel guilt and shame about having an imperfect child, created a representation of the child into which it had to fit. Because her representation of the child had to fail, she continued to sabotage the psychotherapy not allowing either herself or the child to grow.

Discussion of this case continued by the audience emphasized the main theme of the workshop on the development of mental representations. In this case, the mother could not "see herself in the infant's eye." During interaction with the mother, we observed that the toddler could not face separation. Because the mother was unable to envision the child as separate, it was difficult for her to develop as a mother and for the child to develop as a separate entity.

At the conclusion of the workshop, presenters, discussants and audience alike agreed that the day had been well spent. We all learned a great deal and benefitted from the international and interdisciplinary perspectives in adding to our understanding of the origins of mental representations. The organizers of the conference concluded that planning a clinical workshop around the time of the meeting of the International Psychoanalytic Association is a very worthwhile endeavor for WAIMH as it encourages learning and sharing.◆



FROM THE EXECUTIVE OFFICE

Hiram E. Fitzgerald

Many members may recall from the first issue, that the WAIMH Office is located near the Red Cedar River on the campus of Michigan State University here in the state of Michigan, USA. Beginning with this issue of ***The Signal***, the Executive Director's report will refer to the pastoral beauty of the Red Cedar in its byline.

Taking a cue from the power of positive thinking, I have only good news to report (well, almost only good news).

Membership. 560! 560! one more time, 560! Our membership goal for 1993 was 500. We not only exceeded our membership goal, but we issued a challenge to all of the current members to recruit 1 new member for 1993. We are resetting our membership goal for 1994 to 700, so every current member will have to help in this drive to strengthen our association. The 1994 membership recruitment will begin in October when renewal bills will be mailed. Several people have asked about benefits when an individual joins the association during midyear. WAIMH operates on a calendar year basis. Thus, anyone who pays dues or subscribes to the journal, receives all benefits for that calendar year. Regardless of whether an individual paid dues for 1993 in 1992 or in December of 1993, that individual will receive all four issues of the ***Infant Mental Health Journal***, all four issues of the newsletter, and any other benefits for the year.

1994 Dues and Subscription Fees. Unfortunately, (and here is the bad news), WAIMH no longer can afford to absorb costs for mailing the ***Infant Mental Health Journal*** for its international members. Therefore, all international members will be billed for the air mail postage costs and, where appropriate, for any taxes charged by local governments. WAIMH will continue to absorb 6.50 of the journal cost for all members, so there will be no change in either dues ($50.00) or subscriptions ($25.00) for 1994. Bills for 1994 will be mailed in October and will reflect the transfer of postage costs and taxes from WAIMH to member responsibility.

A funny thing happened on the way to the bank! For reasons that continue to mystify me, the international banking world seems intent on interfering with international commerce. For example, banks in the Netherlands now charge $30.00 (Gilders) to process checks drawn on U.S. banks. Our bank in the United States charges WAIMH $20.00 or more (depends on where the check comes from its seems) for international checks that are not drawn on a U.S. affiliated bank. How to avoid these charges? VISA! seems the only way out. **So WAIMH requests that whenever possible international members should pay their annual dues with VISA (mastercard). This will actually save us money because the fees we are charged for VISA are less than we are charged for international checks. Please print the digits of your VISA card carefully and be sure to sign the forms that are sent.** Thank you for your cooperation.

Membership Directory. WAIMH recently purchased special software that will enable us to build a data base of information about our members, and subsequently, will enable us to produce a wide variety of reports about our members. Therefore, in the October membership renewal packet, you will receive a questionnaire requesting information about your activities in the infant mental health field. We hope to produce the first formal WAIMH directory in 1994 and current plans call for a biennial updating. So be sure to return all of the informational forms when you renew your membership this Fall.

Affiliates. Congratulations to the members of the Louisiana Infant Mental Health Association. Their application for Affiliate status has been granted provisional status, and by the end of 1993 they will likely be granted full status as a WAIMH Affiliate. Now imagine the following: In 1994 there are strong possibilities for new Affiliates in England, Japan, Greece, France, Canada (British Columbia), and the United States (Ohio, Wisconsin, Kansas, and North Carolina, as well as new chapters of the Australian Affiliate. Where will the next Affiliate association take root? Please remember to send copies of your Affiliate newsletter to the WAIMH office so that we can abstract news for inclusion in the newsletter. Better still, designate an Affiliate member to regularly send news about infant mental health activities to the newsletter editor.

THE BEACON CLUB. WAIMH frequently receives requests from scientists and clinicians from underdeveloped countries for complimentary memberships and subscriptions to the ***Infant Mental Health Journal***. Outreach is an important part of WAIMH's mission and we want to honor as many of these requests as possible. However, honoring each request translates to a $42.50 expense for WAIMH and we cannot sustain many of these given our current budget situation. So we have formed **THE BEACON CLUB**. Membership in this club requires the individual to contribute $75.00 toward an annual WAIMH membership and journal subscription. The individual may designate the recipient of this good neighbor membership, or can allow WAIMH to designate the recipient. Charter members of **THE BEACON**

CLUB are Joy Osofsky, Hiram Fitzgerald, and Miguel Hoffmann. **Become a charter member of THE BEACON CLUB by sending your $75.00 contribution today. All contributions (VISA or Check in U.S. funds) received prior to December 31, 1993 will qualify the contributor to be a charter member of the club.** For members who are citizens of the United States, remember that your contribution is tax deductible under the current IRS guidelines for tax exempt organizations. Beacon club membership is on an annual basis. Currently, recipients of membership grants from **THE BEACON CLUB** are located in Ukraine, and Argentina. Help us to extend information about infant mental health to our colleagues throughout the world who temporarily lack the resources necessary to maintain memberships in professional societies. As underdeveloped countries gradually make the transition to vibrant economies, such investments on behalf of infants and their families will be repaid threefold.

A **Beacon** is a **signal** that gives notice,
summons, encourages.
Be a beacon, light the pathway to infant mental health.
JOIN THE BEACON CLUB!

ANNOUNCEMENTS and AFFILIATE NEWS

Name the Newsletter Winner

Emily Fenichel of the National Center for Clinical Infant Programs in Washington, D. C. has won the "Name the Newsletter" contest with her entry: *The Signal*! Actually, Emily submitted so many possibilities that it was almost destined that one would be selected by the committee. A signal is a sign, an act, behavior, occurrence, that intends to communicate. Thus a signal is a basic act of communication. All aspects of human discourse involve the emission and interpretation of signals, just as all infant mental health work involves the emission and interpretation of signals. The baby's cry communicates hunger, pain, or general distress. Parents either differentiate these cries and respond appropriately, or they fail to understand the meaning conveyed by different cries and respond inappropriately. The infant's smile or gaze communicates pleasure or attentiveness. Parental vocal behavior modulates in order to simplify the information that the baby must process, and the infant seems predisposed to lock onto maternal vocalizations shortly after birth, if not before. All human communication involves the emission, transmission, and interpretation of signals.

The major reason d'etre for the WAIMH newsletter is communication; worldwide networking for individuals from many disciplines and many cultures who share a concern for the optimal development of infants and their families. Thus, it seemed quite appropriate to name the WAIMH newsletter, **THE SIGNAL.** The title has the added advantage of being nearly the same in several different languages. Thanks Emily for the recommendation. For your good work, WAIMH is happy to provide you with a complimentary membership and subscription to the ***Infant Mental Health Journal*** for 1994.

To the Editor:

The Illinois Association for Infant Mental Health, an affiliate of WAIMH, will hold its 10th Annual Conference, "Vulnerability and Resilience: Hope in Changing the Course of Development" at Loyola's Mallinckrodt Campus in Wilmette, Illinois, on October 22, 1993. The Irving B. Harris keynote speaker will be Carolyn Zahn-Waxler, Ph.D., of NIMH. She will speak on maternal depression and its consequences for development. Write or call to Mark Valentine, JPA Parent-Infant Center, 3655 N. Ashland, Chicago, IL 60613, (312) 935-5085.

Maggie Brett
Illinois Association for Infant Mental Health
Conference Committee

To the Editor:

I am writing to let readers know about three booklets written by parents on issues of unexpected outcomes of pregnancy. They are excellent resources on the emotional aspects of these situations and would be helpful for professionals as well as their clients (and parents) to read.

Pregnancy After Loss

This booklet is written by parents who have experienced pregnancy after a loss. Sensitively offered suggestions for coping with anxiety about the new pregnancy may be useful to others facing a similar situation.

Pregnancy Heartbreak: Unfulfilled Promises

This booklet is written by parents who have had to face a diagnosis and birth of a baby with a life-threatening condition. It considers the difficult decisions surrounding the diagnosis of a genetic syndrome.

A Fragile Beginning: Parenting Your Early Baby

This booklet offers the parent's perspective of caring for a prematurely born infant. It covers the extraordinary emotional journey from birth to the first days of life with a preterm baby.

For information about any of these booklets call JoAnn O'Leary at (612) 863-5964, or write to: Parent Education-14201 Abbott Northwestern Hospital800 East 28th Street at Chicago Avenue

Minneapolis, Minnesota 55407-3799 U.S.A.

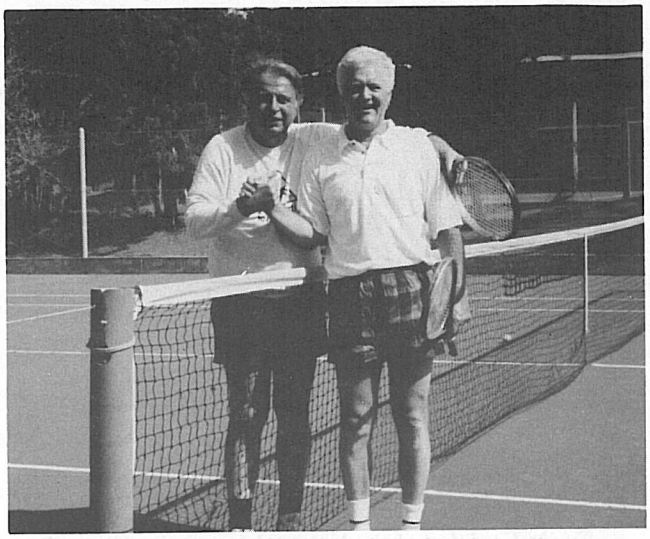
JoAnn O'Leary, M.P.H., M.S.
Co-President Minnesota Infant Mental Health Association

To the Editor:

I visited Porto Algre and Salvador Celia for one week of teaching. I gave lectures on various topics, including psychotherapy with very disturbed dyads, sleep disorders, and postpartum depression. I visited Project VIDA, which is an ambitious social intervention project designed for very depressed and deprived populations. It has a multidisciplinary approach, and includes pediatric intervention for nutritional deficits, social activities, legal help, pre-professional formation, etc. Amazingly, the program has provided a place where 15,000 people like to spend time together.

Salvador has a fantastic ability to create enthusiasm and to motivate collaborative efforts. His team is built upon a foundation of mutual friendship and a collaborative spirit. I am convinced that his project could be adapted to respond to the needs of many communities, both in less developed countries and in the U.S.

Bertrand Cramer, M.D.
International Vice-President



International collaboration in Porto Alegre is demonstrated by Bertrand Cramer and Salvador Celia.

5th WORLD CONGRESS--CHICAGO, 1993
AUDIO CASSETTES

Plenary Sessions
[2 cassettes each unless otherwise noted]

☐ WA 2001 Malnutrition and Infant Development

☐ WA 2002 Constructions of the Infant's Representational World

☐ WA 2003 Postpartum Depression: Research and Clinical Perspectives

☐ WA 2004 Special Address: Mental Health and Infants in Distress *Alexandre Minkowski*
Presidential Address: Intergenerational and Cultural Ties as Represented *Serge Lebovici*
[one cassette] ***part french, part english***

Symposia
[2 cassettes each]

☐ WA 2005 New Approaches to the Evaluation and Treatment of the Psychological Aspects of Four Medical Conditions in Infancy

☐ WA 2006 Le Pedopsychiatre Avec Le Pediatre Aupres Du Nourrisson Hospitalise ***en francais***

☐ WA 2007 Narratives from the Early Years: Emotionally Charged Events, Conflict, and Risk for Psychopathology

☐ WA 2008 L'Hospitalisme Dans Les Orphelinats Roumains: La Recherche-Action Comme Strategie D'Exploration De Mesures De Redressement ***en francais***

☐ WA 2011 Desarrollo Precoz en Poblaciones Desfavorecidas En Tres Naciones De Latino-America ***en espanol***

☐ WA 2012 Growing up in the Hospital: Issues of Prevention and Intervention for Long-Term Hospitalized Infants

☐ WA 2013 The Specificity of Psychoanalytical Work with Parents and Infants ***part french, part english***

☐ WA 2014 Baby, Psychoanalysis, and the Pediatric Hospital

☐ WA 2015 Maternal Directiveness in Interactions with Atypical Children Conceptual, Methodological and Clinical Issues

☐ WA 2016 Understanding the Behavior of Infants with Drug-Using Mothers

☐ WA 2017 Pouponnieres Et Placements ***en francais***

☐ WA 2018 The Dynamics of Interfaces: Intrapsychic, Interactional, Intergenerational

☐ WA 2019 The Genesis of Psychopathology and its Connection with Mother-Infant Interactions

☐ WA 2020 Maternal Representations. Methodological, Clinical, and Theoretical Issues

☐ WA 2021 Is there a Specific Mother-Child Relationship that is Likely to Develop Into a Psychopathological Situation?

☐ WA 2022 Initiative and Action, Passive Position and Maternal Representations

☐ WA 2023 A Future for Infants with Relationship Disorders: Expanding the Scope of Early Intervention

☐ WA 2024 Vie Fantasmatique Et Interactions Precoces ***en francais***

☐ WA 2025 Influencia De La Separacion Temprana En La Interaccion Madre-Bebe ***en espanol***

☐ WA 2026 Socialization of Emotion in Infancy: Cross-Cultural Perspectives

☐ WA 2027 Further Advances in the Understanding of Maternal Representations

☐ WA 2028 Factors Effecting the Infant's Sense of Agency

☐ WA 2030 Maternal Depression and Early Child Development

☐ WA 2031 Bebes D'Europe De L'Est Et De Russie (Babies from Eastern Europe and Russia)
part french, part spanish, part english

☐ WA 2032 Infant-Parent Psychotherapy: Adaptations to a Changing Population

☐ WA 2033 Sleep Disorders in Infancy: A Testing Ground for the Concept of Relationship Disturbances

☐ WA 2034 Interventions in Infant Crying

☐ WA 2035 Screening and Treatment for Infantile Autism: Psycho Dynamic Perspectives

☐ WA 2037 Irving Harris Symposium on Prevention and Intervention—The Effects of Violence on Infants and Young Children: International Perspectives on Prevention

☐ WA 2038 Etiological Factors in Infant Gender Identity Disorder

☐ WA 2039 Infants and Families at Risk: How Can We Make a Difference?

☐ WA 2040 Environmental Effects On Infant Sleep and Later Development

☐ WA 2041 The Therapeutic Application of Psychoanalytic Observations in Clinical Work with Babies
part french, part english (cont.)

☐ WA 2042 Chaos, Fractals, and Nonlinearity: Applying Dynamical Systems to Psychoanalysis, Psychotherapy and Infant Development (3 cassettes)

Workshops
[2 cassettes each]

☐ WA 2043 Anorexie (Anorexia) ***en francais***

☐ WA 2045 Mort Subite (Sudden Death) ***en francais***

☐ WA 2046 Infant Hospitalization: Parent, Infant, and Staff Contributions to the Attachment Process

☐ WA 2047 The Relationship Between Language Acquisition and Psychopathology in Infants

☐ WA 2048 Puercultrices En Pediatrie (The Roles of Kindergarten Teachers in Pediatrics) ***en francais***

☐ WA 2050 Atelier Transculturel (Transcultural Issues) ***en francais***

☐ WA 2051 Assessment and Treatment of Sensory, Attentional, and Emotional Processing Deficits in Infants

☐ WA 2052 Pathologie De La Grossesse Et De La Perinatalite (Pathology of Pregnancy and Post-Partum) ***en francais***

☐ WA 2053 Hospitalisation Conjointe (Joint Hospitalization) ***en francais***

☐ WA 2055 Pathologie Foetale Et Perinatalite (Psychological Aspects of Pregnancy and the Postpartum) ***en francais***

☐ WA 2056 Enriching Traditional Prenatal Care: Parent to Parent Support

☐ WA 2057 Prise En Charge Psychiatrique Des Nourrisson Presentant DesTroubles Psycho-Somatiques Dans Un Hopital D'enfant (Psychiatric Manage ment of Psychosomatic Disorders in A Children's Hospital Infant Unit) ***en francais***

☐ WA 2058 Toxocomanie (Drug Addiction) ***en francais***

☐ WA 2059 Pediatrie-Psychiatrie (Pediatrics-Psychiatry) ***en francais***

☐ WA 2061 Critical Events and Relationships

☐ WA 2062 Differents Modeles D'observation (Models of Observation) ***en francais***

☐ WA 2063 Infants and Children Faced with External Dangers: Developmental Research

☐ WA 2064 Etudes Interactives: Vision, Langage (Studies on Interactions) ***en francais***

☐ WA 2065 Assessment of Young-Mother/Grandmother Interaction: the Scale of Intergenerational Relationship Quality

☐ WA 2066 Longitudinal Perspectives About Pregnancy, Early Mother-Child Interactions and Kinds of the Child Attachment

☐ WA 2067 Enabling Good Fit in Infant-Parent Relationships

☐ WA 2068 Inpatient Treatment of Infant-Parent Relationship Disorders

☐ WA 2069 Transculturel (Transcultural Issues) ***en francais***

☐ WA 2070 Gaze Aversion During Infancy as an Early Evaluation of Infant-Caregiver Relationships

☐ WA 2071 Comment Les Bebes Survivent-Ils Dans Un Pays En Crise? Soins Aux Enfants De Par Le Monde (How do Babies Survive in a Country in Crisis?) ***en francais***

☐ WA 2072 Enfants A Risques: Interventions (Infants at Risk: Interventions) ***en francais***

☐ WA 2073 Issues in Early Relationship Development

☐ WA 2074 La Maltraitance Et Sa Prevention (Child Abuse and Prevention) ***en francais***

☐ WA 2075 Birth Crisis Intervention

☐ WA 2076 L'institut Emmi Pikler (Loczy), Budapest (The Loczy Experiment) ***en francais***

☐ WA 2077 Observation of Feeding Situation as a Tool for Research on Interactional Events

☐ WA 2078 Relations Mere-Enfant (Mother-Child Relationships) ***en francais***

☐ WA 2081 Grossesse Et Apres-Naissance: Psychopathologie Et Prevention (Psychopathology and Prevention: During and After Pregnancy) ***en francais***

☐ WA 2083 Psychopathologie Maternelle Grave (Severe Maternal Psychopathology) ***en francais***

☐ WA 2084 Depressions Maternelles (Maternal Depression at Birth) ***en francais***

☐ WA 2085 A Therapeutic Group Approach for Mothers with Postpartum Depression and their Infants

☐ WA 2086 Understanding and Treating Aggressive and Conduct Disordered Toddlers

☐ WA 2087 Using the Play Assessment Scale for Assessment and Intervention with Infants Subjected to Abuse and Neglect

☐ WA 2088 Theraplay: A Successful Model of Intervention with Previously Unworkable Children

☐ WA 2089 Evaluation Des Psychotherapies Mere-Bebe (Evaluation of Mother-Infant Psychotherapies) ***en francais***

☐ WA 2090 Autisme (Autism) ***en francais***

☐ WA 2091 Depressions Maternelles (Maternal Depression) ***en francais***

☐ WA 2092 A Multidisciplinary Approach to Emotional Development Diagnostic and Therapeutic Implications

☐ WA 2093 Troubles Psychosomatiques Et Fonctionels Du Nourrisson (Psychosomatic and Functional Disorders in Infancy) ***en francais***

☐ WA 2094 Paternalite (Fathers) ***en francais***

☐ WA 2095 Post-Partum Depression—Therapeutic Teamwork Between Psychiatry and Pediatrics

☐ WA 2096 Diagnosis and Treatment of Feeding Disorders Associated with Failure to Thrive

☐ WA 2097 Focused Psychotherapy in the Service of the At-Risk Infant

☐ WA 2098 Assessment and Treatment of Infants and Families with Feeding Disorders: A Multidisciplinary Program

☐ WA 2099 Collaborative Approach to Nurturing: A Program for Cocaine Dependent Pregnant Women in New Orleans

☐ WA 2100 Treating Early Relationship Disturbances with the Interaction Guidance Technique ***part french, part english***

☐ WA 2101 Infant-Caregiver Relationships: Are New Approaches to Services to Families of Infants in the USA

☐ WA 2102 Structural Elements of Play Therapy with Toddlers and Preschoolers

☐ WA 2103 Preparing Infant-Parent Specialists to Work with High Risk Infants and their Families

☐ WA 2105 Infant and Young Child Observation as Core Curriculum in Infant Mental Health Training

☐ WA 2106 Home Movies: Using Video Tapes with At-Risk Families to Strengthen the Parent-Young Child Relationship

☐ WA 2107 Prenatal Stress, Failure to Thrive and Childhood Psychopathology

* Programs marked ***en francais*** or ***en espanol*** are recorded in that language **only**. All other cassettes are in English unless noted.

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