

# Perspectives in Infant Mental Health

Professional Publication of the World Association for Infant Mental Health

## The Declaration of the Infant's Rights as a Developmental Milestone In the History of the World Association for Infant Mental Health

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By Miri Keren, WAIMH President, Israel, ofkeren@zahav.net.il

(Presented by Miri Keren, MD, WAIMH President, at the Presidential Symposium, 14TH WAIMH World Congress, Edinburgh 2014)

I will start by reminding us all, for the young ones among us especially, about the pioneering investigators who showed the crucial importance of Infancy, a period in our development that we, as adults, remember only implicitly.

Let me begin with Darwin who, in 1877, published the «Baby Biographies» and the emergent psychoanalytic theory that led to the general idea that infancy may be an important period. Still, we had to wait until the 1940s, with observations by Godfarb, Anna Freud and Rene Spitz who came to the same conclusion: Without "mothering", infants die (Anaclitic Depression).

Infancy became the object of scientific study in 1952 when John Bowlby published «Maternal Care and Mental Health». In 1964, Donald Winnicott enlarged the scope of study with his publication, «The Child, the Family and the Outside World». This new knowledge could have remained in the university libraries, beside much of the scientific research. However, thanks to Margaret Ribble's direct observation of 600 infants in three maternity wards in New York City in 1943, the general public was made aware of the link between the infant's physiological development and the maternal caregiving environment, with emphasis on the vulnerability of the developing brain. Ribble's work resulted in a call for Infant's Rights which was summarized in simple and clear words, accessible to all:

Mothering increases breathing which at birth is still shallow. Deep breathing is important for the brain development. Sucking increases breathing and also satisfies a deep inner need... therefore if the infant cannot suck spontaneously, it should be taught. Baby needs physical contact ("stimulus hunger") as the precursor of real longing to the love object. Lack or sudden interruption of stimulus hunger, and throw a baby back to a much lower level of physical functioning and emotional withdrawal....(Ribble, 1943)

In 1959, a book for the wider public was written by Selma Fraiberg: "The Magic Years", thus bringing public attention to the effects of environmental influences on the infant's social and emotional development. Then, in the 1960's, many publications focused the infant's sensory-motor and social competencies, mother-infant communication, and ego development. Thanks to these publications, increasing awareness about infant mental health encouraged some to ask, «What should society do in those situations where an infant's mental health or infant mental health is endangered?" Indeed, in 1972, Selma Fraiberg received grant support from federal and foundation sources to start a therapeutic model of intervention for mother-infant dyads (The Child Development Project), followed by a small clinical training program at the University of Michigan. Fraiberg's integration of scientific studies of child development with her well-grounded



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psychoanalytical training led her to the core concept of interdisciplinary study and intervention in the first years of life with the mother and infant together.

Fraiberg's next step was the professionalization of Infant Mental Health in 1977, when Fraiberg's 12 trainees decided to organize a two-day conference on clinical issues of infancy and early parenthood and the dissemination of knowledge about this important period of time and approach to service to other professionals. The creation of the Michigan Association for Infant Mental Health (MI-AIMH) was triggered by the necessity to have a sponsor for the conference! MI-AIMH initiated the first interdisciplinary gathering of research and clinical colleague in 1979 and created the Infant Mental Health Journal (IMHJ) with Jack Stack, MD, MI-AIMH Board Member, the first editor-in-chief! The first issue of the IMHJ came out in 1980. Leaders from MI-AIMH later created the International Association for Infant Mental Health (IAIMH) and, along with MI-AIMH, the IMHJ became of the official world publication for the field of infant mental health.

Next, comes a difficult question: To which family does this "baby profession" belong? To the interdisciplinary field of Infant Mental Health or the disciplinary specific field of Infant Psychiatry? Renee Spitz, MD was the first to use the term, "Infant Psychiatry", in 1950 thus introducing the idea that infant psychiatry is a specialized subfield of psychiatry. In 1974, Justin Call, MD, became the Chair of the American Academy of Child & Adolescent Psychiatry's Committee on Infant Psychiatry. As we all know, splitting is a severe risk for dysfunction! Therefore leaders from both "camps" decided to join forces with IAIMH and officially merge the associations and approaches. Parent World Association for Infant Psychiatry and Allied Disciplines + Parent International Association for Infant Mental Health = Baby WAIMH! WAIMH is indeed the mix of the healthy development,

developmental psychopathology, and psychiatry. Consequently, WAIMH's identity is about planning for multidisciplinary preventive as well as therapeutic interventions and treatments: Conducting clinical and basic scientific studies, teaching and training, and advocating for infant's needs and rights.

The idea of having organizations work collaboratively on behalf of babies has continued. For example, the first two editions of the Diagnostic Classification for Infants (DC-0-3) were initiated and supported by ZERO TO THREE (under Emily Fenichel's special leadership) with input from WAIMH. Today, a third revision is under way and supported by ZERO TO THREE under the leadership of Charlie Zeanah, MD, with participation from the WAIMH leadership, strengthening the work between the two organizations.

At this first half of the 21st century, many more people are aware of infants' needs, but it is now time for all to think about infants' rights. In 2012, the WAIMH Ethics Committee, led by Bob Emde, MD and Tuula Tamminen, MD, brought to the Board a preliminary comprehensive report looking at the need to specify Infant's rights, beyond what had already been included in the United Nations Convention on the Rights of the Child (CRC). The Board's decision was to go for it. Committee members composed several drafts of the Declaration of Infant's Rights (DIR) and in the beginning of 2014, the WAIMH Central Office sent out a survey to all members asking the question, "Do we need such a Declaration?". The majority answered YES, because:

- The CRC does not include contemporary knowledge from the neuroscience field about the impact of early experience on brain development
- The CRC does not focus on what is unique about needs during the first three years, nor takes into account the infant's unique nonverbal ways of expressing their feelings and their perceptions of their environment
- The Infant's needs and rights are often overlooked in the midst of conflicted priorities for rights of older children and parents (custody disputes)
- In spite of the CRC, many societies around the globe pay insufficient or no attention to infants, especially in times of stress and trauma

Our final goal is to have the Declaration of Infant's Rights (DIR) become a Convention for the Rights of Infants (CRI) that will

guide policies to support mothers, fathers and caregivers and give value to babies in contexts of risk and violence.

The DIR is divided into two parts:

1. The Infant's basic rights, that should be endorsed everywhere, regardless of society and cultural norms
2. Social and Health Policy Areas to be informed by the basic principles expressed in the Declaration of Infant's Rights, that are more sociocultural context-dependent and take into consideration the fact that in non-Western countries, hunger, diseases, high mortality of mothers and babies, war, infanticide, abandonment, are still common

Appendix A: Endorsement of the 10 principles of the UN Convention on the Rights of Children 1990 and 2005 General Comment No. 7

Appendix B: Endorsement of the UN Millenium Development Goals.

## I. Basic Principles of Infant's Rights (Birth to three years of age)

1. The Infant by reason of his/her physical and mental immaturity and absolute dependence needs special safeguards and care, including appropriate legal protection.
2. Caregiving relationships that are sensitive and responsive to infant needs are critical to human development and thereby constitute a basic right of infancy. The Infant therefore has the right to have his/her most important primary caregiver relationships recognized and understood, with the continuity of attachment valued and protected- especially in circumstances of parental separation and loss. This implies giving attention to unique ways that infants express themselves and educating mothers, fathers, caregivers and professionals in their recognition of relationship-based attachment behaviors.
3. The Infant is to be considered a vital member of his/her family, registered as a citizen, and having the right for identity from the moment of birth. Moreover, the Infant's status as a person is to include equal value for life regardless of gender or any individual characteristics such as those of disability.
4. The Infant has the right to be given nurturing that includes love, physical and emotional safety, adequate

nutrition and sleep, in order to promote normal development.

5. The Infant has the right to be protected from neglect, physical, sexual and emotional abuse, including infant trafficking.
6. The Infant has the right to have access to professional help whenever exposed directly or indirectly to traumatic events.
7. The Infant with life-limiting conditions needs access to palliative services, based on the same standards that stand in the society for older children.

## II. Social and Health Policy Areas to be informed by the Basic Principles of Infant's Rights

Policies that support adequate parental leave so that parents can provide optimal care for their infants during the crucial early years of life

Policies that minimize changes in caregiver during the early years of development

Policies that promote the provision of informational support to parents regarding the developmental needs of their infants and young children

Policies that recognize the importance of facilitating emotional support for mothers, fathers, and caregivers, as an important component of fostering the optimal development and wellbeing of the Infant

Policies that promote access to evaluation and treatment of risks to development by trained professionals who are culturally sensitive and knowledgeable about early development and emotional health

Policies that provide access to palliative services to infants with life-limiting conditions.

Policies that assure adequate circumstances, including time for mothers, fathers, caregivers to get to know their infants and become skilled in providing for their infant's care and comfort, throughout the support of their family and community. The right for parental leave, and its duration, should be valued by the society, in a way that fits its contextual reality.

Policies that provide access to relevant early educational and psychological opportunities and programs that promote good-enough relationship experiences and thus, enhance cognitive and socio-emotional development.

Policies that ensure the provision of prompt access to effective mental health treatment for mothers, fathers, and caregivers that alleviates infants' suffering and better assures optimal development for the child.

Policies that allocate resources for training and supervision for caregivers in infant institutions, foster care professionals and foster parents, as well as resources for assessing and treating foster care infant's emotional and developmental status.



Miri Keren at the 14th World Congress of WAIMH. Photo by Simon Williams.



## Appendix A.

WAIMH endorses the 10 principles of the UN Convention on the Rights of Children (as passed by the General Assembly of UN in 1989, and activated in Sept. 1990) that is:

1. The child shall enjoy all the rights set forth in this Declaration. Every child, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.
2. The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.
3. The child shall be entitled from his birth to a name and a nationality.
4. The child shall enjoy the benefits of social security. He shall be entitled to grow and develop in health; to this end, special care and protection shall be provided both to him and to his mother, including adequate pre-natal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.
5. The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.
6. The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of State and other assistance towards the maintenance of children of large families is desirable.
7. The child is entitled to receive

education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture and enable him, on a basis of equal opportunity, to develop his abilities, his individual judgement, and his sense of moral and social responsibility, and to become a useful member of society. The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents. The child shall have full opportunity for play and recreation, which should be directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.

8. The child shall in all circumstances be among the first to receive protection and relief.
9. The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form. The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.
10. The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood, and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

Additionally, WAIMH endorses the points published in 2005 by the UN Committee on the Rights of the Child as "General Comment No. 7",

that emphasize the need to include all young children i.e. at birth throughout infancy, during the preschool years, as well as during the transition to school. Through this general comment, the Committee made clear that young children are holders of all rights enshrined in the Convention and that early childhood is a critical period for the realization of these rights, where parents and state parties play a major role. Assistance to parents is also mentioned as a right of the young child. A special section is dedicated to young children in need of special protection.

## Appendix B.

As a background for the Declaration of Infant's Rights (DIR), WAIMH also endorses the United Nations Millennium Development Goals that include:

1. The eradication of extreme poverty and hunger
2. The achievement of universal primary education
3. Gender equality and women's empowerment
4. The reduction of child mortality
5. Improvement of maternal health
6. Combating HIV/AIDS, malaria and other diseases ensuring environmental sustainability
7. Ensuring global partnerships for development.

This draft will go through editing in terms of legal wording, during the coming autumn 2014, and the final version will be sent to all of you.

Key documents underpinning the Declaration of the Rights of the Child

Bartlett, S. (2005). An Alternative Model for Responding to Children in Poverty: The Work of the Alliance in Mumbai and Other Cities. *Children, Youth and Environments*, 15(2), 342-355.

Bernard van Leer Foundation (2009). Realising the rights of young children: progress and challenges. *Early Childhood Matters*, No 113. Council of Europe: Commissioner for Human Rights. [www.coe.int/t/commissioner](http://www.coe.int/t/commissioner)

Irwin, L. G., Siddiqi, A., & Hertzman, C. (2007). *Early Child Development: A Powerful Equalizer*. Final Report for the WHO's commission on the Social Determinants of Health.

MacNaughton, G., Hugues, P., & Smith, K. (2007). Young children's rights and public policy: Practices and possibilities for citizenship in the early years. *Children & Society*, 21(6), 458-469. NGO Group for the Convention on the Rights of the Child [www.childrightsnet.org](http://www.childrightsnet.org)

Office of the High Commissioner for Human Rights. The Declaration of the Rights of the Child. (adopted by the General Assembly of the United Nations, 1959).

Ribble, M. (1943). *The Rights of Infants*. New York: Columbia University Press.

The Office of the United Nations High Commissioner for Human Rights. (2011). The Rights of Vulnerable Children Under the Age of Three. [http://www.europe.ohchr.org/Documents/Publications/Children\\_under\\_3\\_webversion.pdf](http://www.europe.ohchr.org/Documents/Publications/Children_under_3_webversion.pdf)

The UN Committee on the Rights of the Child. [www2.ohchr.org/english/bodies/crc/index.htm](http://www2.ohchr.org/english/bodies/crc/index.htm)

The UN Committee on the Rights of the Child's General Comment on implementing child rights in early childhood: <http://bit.ly/JcMoNX>

# WAIMH 2014: Coming of Age

By Jane Barlow, United Kingdom

WAIMH 2014 Congress Co-Chair

To use the words of Hiram Fitzgerald, the WAIMH 2014 Congress, which was held in Edinburgh's magnificent International Exhibition Centre and was attended by over 1700 people from 52 different countries, marked the coming of age of Infant Mental Health. I have never attended a congress where there was so much passion for the subject matter, and so much collegiality. The papers presented cutting-edge science and practice, and there was great joy at meeting old colleagues and making new friends.

The buzz began on the Pre-Congress day, which was attended by over 450 people who wanted to witness the tributes to two phenomenal thinkers in the Infant Mental Health field- Colwyn Trevarthen and Peter Fonagy. Along with their co-presenters they showcased some of their work from the past three decades, as well as new directions in which their work is now progressing. The pre-congress day also hosted the first ever Live Reflective Supervisions with superb contributions from Karl Heinz Brisch and Patricia O'Rourke in the first, and Louise Emmanuel and Sarah Jones in the second. We hope that these will now be a regular feature of future congresses.

The opening ceremony in the evening got off to a rousing start with a highly energetic Scottish band called the Pokey Hats (you can see for yourselves on u-tube!). It was attended by over 600 participants, and there were wonderful presentations from George Hosking who introduced the audience to the national 1001 days: Conception to Age 2 campaign (<http://www.andrealeadsom.com/downloads/1001cdmanifesto.pdf>), Dilys Daws who talked about the inspiration for Infant Mental Health and the need to work across professions and services, and Tam Baillie (Scotland's commissioner for Children and Young People) who gave a wonderfully inspiring talk about Infant Mental Health in Scotland. Drinks and canapés were served in the starlit Cromwell Hall amidst book stalls, a book signing by Lynne Murray of her wonderful new publication, *The Psychology of Infants*, and hundreds of posters.

Although we very much missed Karlen Lyons-Ruth who was not able to attend because of health problems, we had some superb plenary lectures from James Swain, Christine Anzieu-Premmereur, Pasco Fearon, and Lynne Murray who stood in for Karlen. There were over 800 presentations in total



Jane Barlow at the WAIMH 14th World Congress Opening Ceremony. Photo by Simon Williams.



WAIMH 14th World Congress Opening Ceremony. Photo by Simon Williams.



Dilys Daws at the WAIMH 14th World Congress Opening Ceremony. Photo by Simon Williams.



and the biggest difficulty of the Congress was choosing which of the amazing speakers to go and hear next. I wasn't too surprised when my Congress handbook fell to pieces on the third day because it had had such a battering!

The Congress dinner, which was attended by around 600 participants, was held in the amazing Our Dynamic Earth (<http://www.dynamicearth.co.uk>) where Campbell Paul, WAIMH Board Member, with bagpipes and kilt, took part in a Blessing of the Haggis ceremony and the novelist Sandy McCall-Smith provided a superbly erudite and entertaining after-dinner talk. And if you had never taken part in a Scottish Ceilidh this was your chance to find a partner and to dance your way through the remainder of the evening.

Wednesday arrived all too soon and I felt a great sadness seeing all the posters and stands being dismantled, and people packing to go home. The closing ceremony hosted the WAIMH Presidential Symposium and included brief speeches by previous presidents including Tuula Tamminen, Antoine Guedeney, Hiram Fitzgerald, Robert Emde and Joy Osofsky, as well as a wonderful presentation by Miri Keren about WAIMH's work to develop a statement about the Declaration of Infant's Rights (DIR) that will complement the UN Convention on the Rights of the Child (CRC), which was introduced in 1990. Miri explained how this will explicitly address the rights of babies and toddlers (up to age 3), and be underpinned by recognition that their needs are distinct from those of older children.

The 2014 Congress closed with a very moving plea from one of our Palestinian colleagues to give our support to the 2016 Congress, which will be held in Tel Aviv on 29th May 2016 with the theme, 'Supporting Babies and their Families in a Rapidly Changing Era'. This is of course a very difficult time for our Israeli and Palestinian colleagues to be planning a world congress, and the conflict may make it impossible for this congress to be held in Tel Aviv. We must remember that academics and clinicians, particularly those working within the interdisciplinary field of Infant Mental Health, have an important role to play in ensuring that we continue to come together through these difficult times. It is only through such discourse and meeting that we will find ways of working towards a future that will be fit for all infants and their families irrespective of race, culture and community. I very much hope to see you in 2016.



James E. Swain at the WAIMH 14th World Congress. Photo by Simon Williams.



The Main Hall of the Edinburgh International Congress Centre. WAIMH 14th World Congress. Photo by Simon Williams.



Gala Dinner at Dynamic Earth. WAIMH 14th World Congress. Photo by Simon Williams.

# A Palestinian-Israeli WAIMH Conference?

## Impressions from the Edinburgh Conference

By Astrid Berg, Cape Town, South Africa

When I first heard about a possible 2016 WAIMH Conference in the Middle East I was doubtful, particularly if it would be organized by an Israeli based committee. This doubt came from different angles: the first and foremost one was that of the feeling this would evoke in my Palestinian colleagues. Dr Tawfiq Salman, a Child Psychiatrist in Bethlehem, is a friend of many years, and I wondered what his views on this might be. I am also a member of the Palestinian Association for Child and Adolescent Mental Health and as such did not want to support an endeavour which this Association could be opposing. Lastly, I am a South African, a country that has been open about its opposition to the suppression of the Palestinian people, reflecting in no small ways as it does the horrors of our Apartheid past.

During the past 2 years and particularly during this recent WAIMH Conference in the Middle East Israel on infant mental health is not only appropriate but very much needed and the ethically correct thing to do.

Let me explain this development: It has become apparent that Miri Keren and her colleagues in Israel have been working quietly and unassumingly on building bridges with their Palestinian colleagues over several years; while not loudly portrayed in the media or even published about in the journals, this work has been ongoing. The session in Edinburgh «Jewish and Arab mental health professionals: United against mutual fear and mistrust, for promoting infant mental health» described the work done on tracking autism amongst the Bedouin population in the Negev desert - a task that could not have been achieved so successfully without the close collaboration between an Israeli and a Bedouin mental health worker.

As part of this session there was the joint presentation by Miri Keren from Israel and Ghassan Abdallah from Ramallah in Palestine. They described their work together which is based on the approach that as mental health and educational professionals they should take up a special role in their societies in conflict,

and develop mutual recognition and respect through a dialogue based upon concrete educational acts. This in turn would provide an opportunity for reflective functioning to develop in the midst of so many losses, violence, humiliation and psychic pain.

They have set themselves the task of translating into Hebrew and Arabic two books «Don't hit my Mummy» and «Losing a parent through death in the early years». The two translations will be published together in the same book. What a poignant example of facing the other, of confronting the trauma and reflecting on it in this constructive manner. At the same time the two groups will be meeting every 3 months in order to present cases and talk and learn about Child-Parent-Psychotherapy. These are truly inspirational steps to have taken.

As far as the Conference is concerned: the scientific committee as well as the organizing committee consist of both Israeli and Palestinian colleagues. Every effort is also being made to have the conference translated into Hebrew and Arabic.

During the Edinburgh Conference the issue of an academic boycott against Israel was raised. An academic boycott will not touch the politicians who are the ones that need to be touched, but would leave our colleagues on both sides feeling abandoned. How can we who believe in the importance of small beginnings not support what is happening on the ground between peoples?

In the closing address of the Conference, Ghassan Abdallah, made the following 3 points in an unambiguous manner which I paraphrase below:

1. The academic boycott is not in the name of the Palestinian people. «We need you to be there as facilitators, to build the bridges of mutual communication and interaction between the Palestinians and Israelis.»

2. The Palestinian Leadership's final goal is not for imposing sanctions or for boycotting Israel. It is calling for imposing sanctions and boycotts against Settlement constructions and ending of the occupation.

3. The Congress will be an opportunity to create not only awareness, but also to create an opportunity for both Israelis and Palestinians to learn and to acquire skills about fostering mental health .... Israelis and Palestinians will also be enabled to see the other side of the coin, which means to start recognizing the other as a human being and to start recognizing the other's fears and dreams; this is where building actual and sustainable peace between the two communities starts. «So, please, please, please do your best to come and help both of us.»

My initial doubts have been laid to rest: a WAIMH Conference which provides, amongst others, a space for dialogue between Israeli and Palestinian colleagues needs our fullest support. Of course the WAIMH Board will be realistic and issues around safety would be paramount. So, while there may be some uncertainty as regards these factors, in principle we should stand behind this decision. Even if it does nothing else but to give hope for reconciliation, it would have been worth it and WAIMH would have fulfilled its mission «To facilitate international cooperation among individuals concerned with promoting conditions that will bring about the optimal development of infants and infant-caregiver relationships».



Symposium «Jewish and Arab mental health professionals: United against mutual fear and mistrust, for promoting infant mental health.» WAIMH 14th World Congress. Photo by Minna Sorsa.



# What to do about the babies? Ten Questions for Nelson Mandela and Martin Luther King

By Joshua Sparrow, Harvard Medical School, Boston, USA,

joshua.sparrow@childrens.harvard.edu

Caught in the crossfire of grownup politics, babies and children are traumatized, or maimed, or murdered – in Gaza, Syria, a Malaysian jet, in the U.S. heartlands, at its border and across the world. We all want to protect the babies and children, but how?

In other desperate times, leaders like Nelson Mandela and Martin Luther King were able to restore hope and inspire action that changed the world. Perhaps their responses to past challenges can help us find our way today.

Q. 1. What is going on?

A. I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of peace and brotherhood can never become a reality... I believe that unarmed truth and unconditional love will have the final word.

Martin Luther King, Jr., Acceptance Speech on the occasion of the award of the Nobel Peace Prize in Oslo, December 10, 1964

Q. 2. Where does it start?

A. No one is born hating another person because of the color of his skin, or his background or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela, The Long Walk to Freedom, 1994

Q. 3. Can reflection help lead to healing and peace?

A. We must develop and maintain the capacity to forgive. He who is devoid of the power to forgive is devoid of the power to love. There is some good in the worst of us

and some evil in the best of us. When we discover this, we are less prone to hate our enemies.

Martin Luther King, Jr., Where Do We Go From Here? 1967

Q. 4. When a nation fails to deploy every possible resource to protect its children, it has lost its moral compass. When a nation harms its children, it has lost its way. How do we find ours?

A. We must learn to live together as brothers or perish together as fools.

Martin Luther King, Jr., Speech in St. Louis, Missouri, March 22, 1965

Q. 5. The survival and wellbeing of the world's children is the shared responsibility of all humanity. Can babies help bind us together?

A. There can be no keener revelation of a society's soul than the way in which it treats its children.

Nelson Mandela from the launch of the Nelson Mandela Children's Fund, Mahlabama Ndlopfu, Pretoria, South Africa, 8 May 1995

Q. 6. One of the most destructive results of relentless terror is that it can inure us to its effects. Fear and hopelessness so readily lead to paralysis and silence. Can our voices help restore hope?

A. Our lives begin to end the day we become silent about things that matter.

Martin Luther King Jr., in I Have a Dream: Writings and Speeches That Changed the World, James M. Washington (Editor), 1986

Q. 7. What can we do when our most fundamental beliefs and values are trampled? What can we say when we speak out?

A. We pledge ourselves to liberate all our people from the continuing bondage of poverty, deprivation, suffering, gender and other discrimination.

Nelson Mandela, Inaugural speech, Pretoria, May 11, 1994

(It seems reasonable to think that Mandela may have been speaking here for all people about all people.)

Q. 8. How do we take action when the challenge seems insurmountable?

A. Human progress is neither automatic nor inevitable... Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals.

Martin Luther King, Jr., Stride Toward Freedom: The Montgomery Story, Harper & Brothers, 1958

Q. 9. What can we do?

A. Courageous people do not fear forgiving, for the sake of peace.

Nelson Mandela in an interview with Anthony Sampson, published in "The Observer" (Sunday, May 1, 1994).

A. If you want to make peace with your enemy, you have to work with your enemy. Then he becomes your partner.

Nelson Mandela, Long Walk to Freedom, 1995

A. Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.

Martin Luther King Jr., A Testament of Hope: The Essential Writings and Speeches, James M. Washington (Editor), 1986

Q. 10. Will we succeed?

A. It always seems impossible until it's done.

Nelson Mandela, speech at Harvard University, 1998

[Brazeltontouchpoints.org](http://Brazeltontouchpoints.org)

[Childrensdefense.org](http://Childrensdefense.org)

[Savethechildren.org](http://Savethechildren.org)

[Unicef.org](http://Unicef.org)

[WAIMH.org](http://WAIMH.org)



# From the Editors

By Deborah Weatherston, Michigan, USA,  
dweatherston@mi-aimh.org,

Hiram E. Fitzgerald, Michigan, USA,  
fitzger9@msu.edu,

Maree Foley, New Zealand,  
maree.foley@xtra.co.nz

This double-issue issue of Perspectives in Infant Mental Health includes articles that underline WAIMH's mission: To promote education, research, and study of the effects of mental, emotional, and social development during infancy on later normal and psychopathological development through international and interdisciplinary cooperation, publications, affiliate associations, and through regional and biennial congresses devoted to scientific, educational, and clinical work with infants and their caregivers.

Miri Keren's Presidential Address, given at the WAIMH Conference in Edinburgh this past June presents the history of the organization and details the very important WAIMH Declaration of Infant's Rights. Jane Barlow's contribution celebrates the highpoints of the Conference and Astrid Berg's commentary articulates the possibility for cooperation through planning the WAIMH 2016 Conference in Tel Aviv with the local planning committee members from both Israel and the Palestine communities. Joshua Sparrow, offers words of hope in the midst of despair related to the conflicts world-wide that affect the lives of babies, young children, and families. Alexandra Harrison extends her support and reflective approach to caregivers in many places around the world through the use of distance technology. Maree Foley and Anna Huber offer extensive updates from the Affiliate Council. Japanese colleague, Hisako Watanabe, gives a careful

history of the development of the newest WAIMH affiliate in Japan and her colleague, Shintaro Kikuchi, provides an important update about the continuing impact on the lives of young children, as well as progress toward recovery in Fukushima, following the devastating tsunami. (Dr. Kikuchi's article appears in Japanese at the end of this current issue.) Maree Foley has organized a new column that focuses on scientific studies around the world in infant mental health. The issue ends with a review of a book by Miri Keren and a report from the Tampere WAIMH Central Office.

As always, the editors invite submissions and commentary from you. Our plans for the coming year include the use of social media for more immediate postings and the possibility of comments on-line. We look forward to hearing for you and to contributions from around the world.

# A Call for Papers for the World in WAIMH

In June of 2013, the editors of the Perspectives in Infant Mental Health announced the birth of an occasional column, The World in WAIMH, intended to generate reflection and dialogue on the roles of context, culture, and community in infant mental health around the world. Our shared hope is that this will offer a space for questioning, challenge, dialogue and interdisciplinary discussion. We are calling for

- commentary,
- field reports,
- case studies,
- concept or theory building papers,
- research articles,
- book reviews,
- literature reviews,
- and (when proper permission can be obtained) adaptations of previously published articles

In our globalized world, every infant and family is affected by forces far beyond their reach, forces that may strengthen, hinder, or undo the work of infant mental health professionals. To be a truly global organization, WAIMH will increasingly need to understand and develop strategies to address these forces. To foster healthy early development around the world, WAIMH will need to extend its reach, and to learn from contexts, cultures and communities that are not or only minimally represented in its current membership. Among the many questions to answer are:

- What processes can contribute to a more inclusive and expansive knowledge base?
- What kinds of partnerships – with members of cultures not yet represented within WAIMH, with other organizations, with other disciplines such as cultural anthropology or community psychology – are needed to truly put the world in WAIMH?

We look forward to your reflections and hope that vigorous dialogue in this reflective space will ensue. Joshua Sparrow, Director of Planning, Strategy and Program Development at the Brazelton Touchpoints Center (Boston Children's Hospital/Harvard Medical School), conceived of this column and has enthusiastically agreed to coordinate it.

What follows is a contribution from Alexandra Harrison who describes her consultative work with care providers in Central America and India.

# “Los Momentos Magicos”: A Practical Model for Child Mental Health Professionals to Volunteer by Supporting Caregivers in Institutions in Developing Countries

By Alexandra Murray Harrison, Boston, USA

In the context of visits to orphanages and hospitals in Central America and India, I have developed a model for mental health professionals in developed countries to volunteer their consultation services to caregivers of children in developing countries, in a long-term relationship, with episodic visits and regular skype contact. What appears in this issue of Perspectives is an excerpt from my blog, Supporting Child Caregivers. Three critical points of this model of volunteering are (1) the relationship is with the caregivers, instead of the children; (2) there is a commitment to a long-term relationship; (3) the focus is on the questions and concerns of the caregivers, not an external agenda.

I have been visiting a children's home in El Salvador for 10 years. My visits are short - 4 or 5 days - once to three times a year. Over this period of time I have developed a consultative relationship with the director and caregivers in the home and offered workshops, followed by weekly skype contact with the director after my return to the U.S. The orphanage is a small Christian children's home that included 27 children when I first came and recently has many fewer because of the national law, LEPINA.

The workshops take place in the orphanage during a weekday, when the children are in school. They begin with coffee and pastry, and there is a break for a special lunch, which I sponsor. The format is a power point presentation with accompanying video. Following a consultation model, the workshops focus on the caregivers' chief concerns, underscored by the consistent message of the importance of the relationship. Videotapes of the same caregivers engaging in interaction with children are used to illustrate successful caregiving techniques, while also demonstrating how the caregiver's ability to imagine the mind of the child is crucial. Discussion is encouraged throughout the presentation. In one workshop, I tried to engage the caregivers' discouragement in dealing with the challenges presented by neglected and maltreated children by describing the

potential value of every small success. I called each “repair” of a strain or rupture in the caregiving relationship a “momento magico”, magic moment, and proposed that these magic moments add up like grains of sand falling on a flat surface, to eventually build a castle.

After the first workshop, examples of the caregivers' evaluations included, “It is good what you said, but now you should tell the children to do what we tell them to do.” Examples of evaluations after subsequent workshops included, “I learned that it's important to get down to a child's level and listen to him, before I set a limit.” And “How to have a better relationship with a child and how to understand his situation.”

Throughout the rest of the year, I have weekly skype sessions with the Director, D. An example of a skype: In a meeting with the teachers, D felt frustrated when teachers implied that the children were neglected. One teacher said the children do well in school but do not bring in their homework. I suggest – because this has been successful in the past – the possibility of a community meeting in which all the children at the home are invited to brainstorm how to stay on top of their homework. D says that is a good idea. She will try it and let me know how it went. We talk about how much responsibility to expect from a 10-yo with his homework. A caregiver is leaving, and we talk about how to prepare the children for this loss – which children will be most affected, how they might express their distress, how to say good bye.

I have also begun traveling to India. There I have been visiting a Hindu orphanage in South India and a mission hospital in North India. My second visit was in February 2014, when I was accompanied by a colleague, Ginger Gregory. In our February visit to the hospital, Ginger and I gave a workshop at the nursing school with a focus on supporting the first relationship. 80 nursing students, as well as nursing school faculty, attended the workshop.

Using Kevin Nugent's excellent book, *Your Baby is Speaking to You* (Nugent, 2011), Ginger and I emphasized three points:

(1) Babies are speaking to their mothers; (2) Mothers can listen to their babies; and (3) Nurses can help mothers listen to their babies in a way that can influence the future health and well being of the children. We stressed the importance of making the mother feel competent to understand the communications of her own baby. Since there were clearly too many students to visit the new mother in the ward at the time, Ginger and I improvised. To illustrate our points, Ginger played the role of the mother, and I played the role of the nurse. This spontaneous role-playing introduced playfulness and humor into the classroom and was such a success that I think we will use it again. As usual, eliciting the help of the translator added another dimension of cultural richness and respect to the consultation process.

My wish is to interest other professionals in developed countries - such as many represented in WAIMH - in trying this type of volunteering as a way of contributing the advantages of our knowledge and experience to caregivers in developing countries, in a respectful and responsive manner, and that also does not require us to disrupt our own lives.

## Reference

Nugent, Kevin (2012). *Your Baby is Speaking to You*, Houghton Mifflin Harcourt Publishing.

By Maree Foley (Chair of the Affiliates Council), Wellington, New Zealand

[maree.foley@xtra.co.nz](mailto:maree.foley@xtra.co.nz)

and Anna Huber (Affiliate Council Representative), Canberra, Australia

[annahuber.marymead@gmail.com](mailto:annahuber.marymead@gmail.com)

Greetings to all WAIMH Affiliates. This brief update has four foci: we offer expressions of gratitude regarding the WAIMH Congress in Edinburgh; we update you on the current structure of the Affiliates Council; provide a brief report on the live reflective supervision pre-congress event; and briefly overview key initiatives that were discussed at the recent bi-annual affiliates council meeting in Edinburgh.

## The 14th WAIMH Congress, Edinburgh

Most recently some of us had an opportunity to meet in Edinburgh at the 14th WAIMH Congress. The Congress was an extraordinary event featuring a rich array of infant mental health related practice and research with wonderful opportunities to connect and relax with each other. On behalf of the Affiliates Council we offer a huge thank you to the local organising committee (Jane Barlow, Jonathan Delafield-Butt and Dilys Daws), the WAIMH programme committee (Mark Tomlinson, Kai von Klitzing, Campbell Paul, Jane Barlow, Kaija Puura), the congress secretariat (in Conference Ltd), the WAIMH Board with Minna Sorsa and Leena Kiuru at the WAIMH Office.

## Structure of the Affiliates Council

As of June 2014 the WAIMH affiliates Council comprises 57 Affiliate Presidents. Furthermore, at the recent Affiliates Council (AC) bi-annual meeting, held in Edinburgh: Martin St Andre changed his role from AC Chair to AC Past Chair; Maree Foley changed her role within the council from AC representative to AC Chair; and Anna Huber was elected as the AC Representative. Of note, the working descriptions of the role of the AC Chair and Representative were drafted, shared for review and approved via a recent online AC survey.

## Thank you to Martin St Andre for his role as Chair of the AC

For the past four years Martin has been the Chair of the AC. When elected by the AC to this role in 2010, not only was the AC a new group within WAIMH, this leadership role was also new. Between 2010 and 2014 Martin developed and shaped this role in response to the voice of the Affiliate Presidents. He has been instrumental in developing an ever growing sense of belonging and purpose to the AC where Affiliate Presidents can voice their successes, challenges and visions for their

Affiliates and WAIMH. We are thankful to him for his time and commitment to the AC and delighted that he will remain within the council in a new role: past affiliate council chair.

## Maree Foley: From AC Representative to Chair of the AC

Maree was elected by the AC to the role of AC Representative in 2010 and has been active in this role over the past four years. During her term, in conjunction



Photo from WAIMH Affiliate Council Meeting, Edinburgh 2014. Photo by Minna Sorsa.



Maree Foley steps down as Affiliate Council Representative and Martin St. André from the position of Affiliate Council Chair. Maree Foley is the new Affiliate Council Chair. Photo from WAIMH Affiliate Council Meeting, Edinburgh 2014. Photo by Minna Sorsa.



with Martin and the AC, Maree has been shaping and developing this role. Prior to the bi-annual meeting, it was decided (via an online survey with the AC members) that Maree would assume the role of AC Chair for the next term (2014-2018). The primary reason for this decision was to maintain continuity within the ever developing AC.

Maree is from New Zealand. She is the past president of the New Zealand Affiliate, IMHAANZ (Infant Mental Health Association of Aotearoa/New Zealand). She originally trained as a Social Worker, and then trained and practiced for many years as a Child Psychotherapist. More recently she has completed a PhD in Management. Maree currently works as a coach with managers and employees of infant/child and family social services/organisations. Her coaching work: examines different social engagement strategies that managers and employees use in relationship with each other (especially when under stress); and explores these strategies in association with employee experiences and strategies of engaging (and sustaining engagement) with clients.

## Introducing Anna Huber: The newly elected Affiliates Council Representative

For the past two and a half years Anna has been a member of the AC. She is the current president of the Australian Association for Infant Mental health Inc (AAIMHI) and has been on the national executive of AAIMHI for the past 6 years. As a result she is familiar with the issues and concerns of the members of the AC. She has a particular interest in the development of communication strategies that function to: connect knowledge of infant mental health (IMH) with IMH colleagues and across disciplines; and provide advocacy within the field for the benefit of infants and their families.

Anna is a psychologist and infant and early childhood mental health practitioner and researcher. She set up and worked as program manager and more recently, part time senior clinician in the Centre for Early Life Matters at Marymead, in Canberra, Australia, but is now shifting to part time private practice. At the same time she continues working on her PhD, researching the effectiveness of the Circle of Security Intervention. In turn, Anna brings to her new role on the AC experience and expertise in the fields of IMH, governance, policy development and organisational development.

In her role as AC representative she is keen to continue the work of the AC by further developing ways for affiliates to get to know each other; and to understand the challenges, strengths and interests of the AC members as they work towards the goals and aspirations of WAIMH.

## AC Past Chair: Martin St-André

The AC Past Chair role is a new within the AC. It has been developed so as to provide continuity to the workings of the AC. In this role, Martin will provide consultation and advice to the AC as needed as we work together to address the needs of the Council Presidents and their respective affiliates.

## Live Reflective Supervision: A pre-congress event

Reflective Supervision is a cornerstone for enhancing a practitioner's effective work with infants, very young children and their families. It aims to actively support relationship-based practice with infants and their families. In so doing, reflective supervision focuses on: the shared exploration of the emotional content of infant and family work as expressed in relationships between parents and infants, parents and practitioners, and supervisors and practitioners (Weatherston & Barron, 2009, p. 63).

Reflecting the centrality of reflective supervision to infant mental health practice, a Live Reflective Supervision pre-congress event was conducted prior to the 14th WAIMH Congress at Edinburgh. As a response to past survey regarding the educational needs expressed throughout the Affiliates community, this event was collaboratively organised by the Affiliates Council and the local organising committee (LOC). The event was planned to occur across two live supervision sessions of one and a quarter hours in length, and the aim was to pair up supervisor and supervisee from different continents.

Following an open invitation to colleagues, across the affiliates to consider participating in this event as a supervisor or as a supervisee the following senior practitioners volunteered to be a part of this event: Louise Emanuel (UK), Pamela Segel (New Mexico, USA), Patricia O'Rourke (Adelaide, Australia), Sarah Jones (Melbourne, Australia) and Kalle Brisch (Germany). Unfortunately due to

unforeseen circumstances, Pamela was not able to be present at the event, but her input into shaping and developing the event structure was invaluable.

On the day of the event, the seminar room was filled with 300 plus delegates. In the first session, Patricia was in the role of supervisee and Kalle in the role of supervisor. The room became quiet and attentive as the supervision dyad entered seamlessly into a live supervision session. Patricia presented material from the beginning stages of relationship building between herself, and a mum with her baby. Patricia authentically reflected on her experiences of engaging. She reported feeling hope combined with potent experiences of hopelessness and frustration as she engaged with the mother, as a pathway to support her in her relationship with her baby. These reflections were met with Kalle's active patient attuned listening. Collectively, this dance of reflection highlighted the mothers emerging experience of being helped in her relationship with Patricia which in turn highlighted her possible experience of her baby.

In the second session, Sarah was in the role of supervisee and Louise in the role of supervisor. As in the morning, the room became quiet and attentive as the supervision dyad entered into a live supervision session. Sarah presented material from some sessions that included a mother and a father and their son, a toddler. The couple had recently separated and their young son was communicating to them that he was struggling with his new experience of family. As with Patricia, Sarah authentically reflected on her experiences of engaging with this family. She described her direct therapeutic engagement with the infant allowing his distress to be witnessed in the room. She also described how she worked with the parents to help their son through his loss of experience of family. Louise provided a depth of listening and attending to Sarah, and detailed attention to the clinical material, that further deepened Sarah's capacity to explore the experiences of the individuals, and their various relationships within the family. The reflective relationship between Louise and Sarah highlighted ways that the parents could provide the conditions within which the security of their son could be repaired and re-built.

Both of these live sessions variously highlighted the centrality of reflective supervision as a form of knowing via being, before doing, in infant mental health practice. They add further support to the practice of reflective supervision as

a practice, irrespective of whether we are new or well established within the field.

As a way to continue this initiative, we invite you to share your experiences of reflective supervision; as supervisee and supervisee, with us at Perspectives; and or through the Affiliates Council. Collectively our experiences will further grow and establish reflective supervision as a cornerstone of our practice, within our practice and in our organisations.

## Affiliates Council Bi-Annual Meeting

While a full set of notes regarding the Affiliates Council bi-annual meeting will be sent to all Affiliate Presidents, two issues are featured below.

First, the issue of social media, raised in Cape Town remains an ongoing and developing issue. The WAIMH Board have invested much time and expertise in furthering developing the overall use of social media within the organisation. The affiliates are central participants in this social media project and members within the affiliates who have any expertise and or willingness to develop expertise in this area are invited to volunteer a bit of their time in the service of this project.

Second, a core task of the AC involves identifying and meeting the needs of affiliates at varying stages of their development. For example, the Board have suggested that new groups who as yet do not meet the criteria to become an affiliate, but who are in the process of developing their membership will be able to be part of WAIMH as a "study group". This initiative provides emergent groups with an identity within WAIMH as they develop into an affiliate. It also creates a pathway for new groups and more established groups within the AC to get to know each other.

### References

- Weatherston, D. & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Heller & L. Gilkerson (Eds.), *A practical guide to reflective supervision*. Washington, D.C.: Zero to Three Press.



Photos from Affiliate Council Reception at the 14th World Congress of WAIMH. Photos by Minna Sorsa.



# Reflecting on the three decades of infant mental health efforts in Japan: through the journey of the FOUR WINDS to the birth of the Japanese Association for Infant Mental Health (JAIMH)

By Hisako Watanabe, M.D., Ph.D., Japan

President of the Japanese Association for Infant Mental Health (JAIMH)

President of FOUR WINDS

The Japanese affiliate of World Association for Infant Mental Health (WAIMH), namely the Japanese Association for Infant Mental Health (JAIMH) was born at long last in April 2014 after a continuous thinking through over the past ten years.

Our participation in the WAIMH dates back to August 1986, when Hisako Watanabe presented her paper on Dr. Brazelton's panel at the 3rd World Congress of the WAIPAD (the predecessor of WAIMH) in Stockholm, Sweden. There, Dr. Brazelton reminded her of exquisitely smooth features of infant-centered non-verbal communication in Japanese families he was studying then in the Goto Islands off the coast of Kyushu. His reminder combined with an eye-opening presentation of microanalysis of mother-infant therapy by Dr. B. Cramer and Dr. D. Stern ignited her interest in closely observing infants and mothers in the consultation room, using a video camera. She identified interactional sequences and nodal points, which comprised moments of transgenerational transmission of unresolved family trauma. Her case analysis was fortunately supervised by Drs B. Cramer, B. Emde, J. Call and others in the Pacific Rim Congress of the WAIPAD in 1988, in Hawaii, where professors and researchers from different universities in Japan came together for the first time.

Between 1988 and 1993, H. Watanabe had opportunities to participate in a collaborative international symposium of the French Parliament and WAIMH named "Infant Development and Working Mothers"; attend an infant observation course at the Tavistock Clinic, and share her video cases at a course by S. Acquarone in London and by Mara Sidoli in Santa Fe and others. Through these opportunities, it dawned on her that relationship-based infant mental health (IMH) approach

needed to be disseminated among a wider range of infancy-related disciplines in Japan.

On her return to Japan in 1993, she joined Japanese psychoanalysts to host a successful WAIMH Tokyo Regional Meeting in 1994. There again, she wished to connect the world experts on IMH to active IMH workers in Japan. Dr. B. Cramer responded to her wish and volunteered to travel together with his wife to Kochi, a remote city in the Shikoku Island, where a neonatologist Dr. Kei Sawada, was struggling to promote a relationship-based culturally-rooted IMH practice in his community. Dr. Cramer's eye-opening lecture and active interaction with IMH workers and families in Kochi promoted interest in the local government. In the following year of 1995, the Mayor of Kochi, who was aware of increasing complexities of childrearing in rapidly industrializing Japanese society, visited Dr. Cramer's Institute of IMH in Geneva. This facilitated IMH workers of Kochi and other areas of Japan to participate in the 6th Tampere Congress in 1996. The participants subsequently formed the FOUR WINDS (Forum Of Universal Research and Workings of Neonatal Developmental Support: hereafter FW) in Japan in 1997.

The name FW derives from the traditional Four Winds hat in Lapland that the group visited during the Tampere Congress. The four-colored pointed hat denotes four winds which intuitively guide Laplanders on reindeer sleighs through their journey across dark snow-covered land. It symbolizes the spirit of free encounter and harmonious companionship among IMH professionals and workers, the latter often struggling on their own.

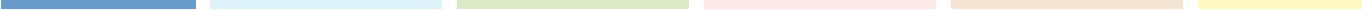
Over the past 17 years, the FW has developed into an active forum of sharing of IMH knowledge and experiences. The first 11 years of the FW entailed a hard work in building an ambience of reciprocity, mutuality and collaboration for professionals and workers from different disciplines, which itself was an innovation in our hierarchical society, inviting at first undue prejudice and criticism.

Each year, however, we were extremely fortunate to have excellent lecturers from abroad, who were well-attuned to Japanese culture, teaching theories and practice on attachment, intersubjectivity, transgenerational transmission, communicative musicality and other key concepts of IMH. Gradually, the FW members came to be more reflective on ourselves and on our own culturally-centered experiences, including those of Amae, a Japanese cultural interpersonal mode of being.

In 2008, the FW played a major role in hosting the 11th WAIMH World Congress in Yokohama, which enhanced the morale of the FW members. During her visit to the 13th FW annual meeting in 2010, Dr. A. Lieberman gave lucid talks on deep sufferings of infants exposed to severe parental disharmony, which evoked a deep sense of responsibility in IMH workers to silently suffering infants. In March 2011, the Great Tohoku Disaster took place and Dr. D. Weatherston who was invited for the 14th FW meeting later that year, struck a chord in FW members with her thought-provoking lecture on reflective practice. Further in 2013, presentation and supervision by Drs. Elizabeth and Kaspars Tuters in Hiroshima and Tokyo deeply moved people who listened. Hitherto reticent survivors of wartime trauma of Hiroshima, Nagasaki and Okinawa started to speak out and share their stories. Accumulation of such enriching experiences among IMH workers culminated in their bottom-up request for an IMH training program with a culture sensitive reflective framework. A pilot study in collaboration with the Michigan Association for Infant Mental Health's endorsement system (IMH-ER) is now underway.

Starting from a small group of founding members, the FW has grown into a national forum of 400 members from multiple disciplines committed to infants and families. Now it embraces a board of 24 highly-trusted regional leaders, eager to tackle with difficult problems with relationship-based multidisciplinary collaborative community team. The FW





acted swiftly and effectively when, on 11th of March in 2011, the Great Tohoku (Northeastern) Disaster of earthquake, tsunami and ensuing radiation pollution occurred. It destroyed vast coastal regions of Iwate, Miyagi and Fukushima prefectures, among which especially devastated was Fukushima, which was inflicted by unprecedented complex disaster of tsunami and radiation contamination, nationwide stigma and ensuing national neglect and oblivion. Now into the fourth year of the aftermath, the post-disaster regions suffer from slow and difficult recovery. This landscape, compounded by increasing problems that are prevalent throughout Japan such as domestic violence, infant abuse, dysfunctional families, infertility and others urges us to promote IMH in a more vigorous way.

Thus after a thorough thinking through within the FW and among individual IMH professionals, we decided to establish a Japanese Association for Infant Mental Health as an affiliate of WAIMH. Already during the 9th WAIMH Congress in Melbourne in 2004, the Japanese congress participants got together to discuss this issue. The common goal agreed there was to form an affiliate to disseminate scientific knowledge and practice of relationship-based intersubjective understanding of the minds of infants and families to a wider population and disciplines throughout Japan. The first agenda of JAIMH will be to update knowledge of IMH theory and practice to universities and colleges where classic medical model and single-person psychology still prevail. Also we will reach out to judicial systems where infants are regarded as a helpless being without memory or will. As a first academic attempt of the JAIMH, H. Watanabe has obtained a fund from the Takeda Psychoanalytic Mental Health Foundation. The theme of the research is "Amae and communicative musicality" which is a topic for a wider range of age from infancy to old age.

The first annual meeting of JAIMH will be held in Kooriyama, Fukushima, this November (2014), right after the 17th FW annual congress. The JAIMH is still a very small group and at its infancy stage, but in liaison with the FW, in a manner of harmonious parental coalition, we aspire to form a truly trustable secure base for infants, families and IMH workers in Japan. The JAIMH and FOUR WINDS jointly look forward to welcoming Dr. Kaija Puura as the international guest lecturer this year.

# The 17th FOUR WINDS Congress in Koriyama, Fukushima

By Shintaro KIKUCHI, Japan

FOUR WINDS Infant Mental Health  
Koriyama Congress Organizing Chief,

Kikuchi Pediatric Clinic,

Manager of Koriyama City Post-disaster  
Childcare Project,

NPO PEP Network of Child Care in  
Koriyama Director,

Member of Reconstruction Promotion  
Committee, Reconstruction Agency

Koriyama City is located at the center of Fukushima Prefecture, 60 km west of the nuclear power plant. A lot of local people were affected greatly by the radiation disaster, leaving some areas with high contamination levels. Even after three years, the dark shadow of our lives makes us feel as though it was just yesterday. For example, the front page of a local newspaper has some report related to the radiation disaster, contaminated soils from family gardens stored away can be seen everywhere, radiation monitoring posts at schools and parks that the city owns, and there are many parents and those caring children fighting against the unseen enemy to protect children. Probably, the areas which had been greatly damaged by the tsunami still carry scars with numerous problems.

Looking into domestic news, the topics on the Olympics are widely reported but there are few reports related to the earthquake disasters. How have children, so vulnerable as a group in face of disaster, lived these past 3 years? What is the situation for children now? How have children been affected by the Fukushima disaster and will children be affected by the disaster in the future?

In an unprecedented situation, we established the Koriyama City Post-disaster Childcare Project in corporation with Koriyama city council, Koriyama city Board of Education, Koriyama medical association, to protect children. At first, our activities were based on mental health supports, which were given a lot by FOUR WINDS members whom we thank greatly. The intent was to prevent Post Traumatic Stress Disorder (PTSD). Thankfully, the PTSD cases appeared low right after the disaster, so that we were relieved thinking

that the mental health activities had had a good result. However, as time goes on, we grasp the worsening environment surrounding children in child physical and adult mental health problems.

Children grow and develop each day. They need to absorb stimulation according to their age and environment in order to develop their own brain, body and mind. However, in the Fukushima area, the rapid change in the living environment combined with the avoidance of playing outdoors, resulted in the weakening of physical strength and fitness of young children. In response to the pressing needs for play space, we installed a spacious children's indoor playground called PEP Kids Koriyama 9 months after the disasters. In 2 years, over 650,000 children and parents have visited the place.

We also observed that child obesity increased. In cooperation with the schools, we surveyed children's growth and development, as well as the living environment. The survey revealed concerns about the children's living environment.

Children around the Fukushima disaster area face many problems. However, a similar situation was seen under the shadow of rapid economy growth in Japan in the 1980s. Deterioration of the child development environment in Japan was the start of everything. We need to face this problem now and make the environment to bring up healthy body and mind of children.

We have the great opportunity to organize the 17th FOUR WINDS congress in Fukushima. We post activities that we have taken after the disasters, problems of child rearing in Fukushima and affected areas, and what we should be doing from now. We want to make children in Fukushima the "happiest in Japan". We believe that our initiation in Fukushima of attention to mental health concerns, child play spaces, and healthy child development environments will eventually spread across Japan to make all children in Japan happy as we continue our work.

## Reference

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[https://www.jstage.jst.go.jp/article/kjm/61/1/61\\_1\\_23/pdf](https://www.jstage.jst.go.jp/article/kjm/61/1/61_1_23/pdf)

## Links:

This article in Japanese (PDF)

FOUR WINDS congress(in Japanese)

[http://child-health.jp/publics/index/16/&anchor\\_link=page16#page16](http://child-health.jp/publics/index/16/&anchor_link=page16#page16)

PEP Network of Child Care in Koriyama (in English)

<http://www.pepnet.jp/english.html>

Reconstruction Agency (in English)

<http://www.reconstruction.go.jp/english/>

Dr. Kaija Puura, Associate Executive Director of WAIMH (Adjunct Professor in the Department of Child Psychiatry in the University of Tampere, Finland and Chief of Child Psychiatry in Tampere University Hospital) will be giving a lecture titled «Building resilience and helping children and their families in traumatic situations» at the 17th FOUR WINDS Congress in Koriyama, Fukushima.

# A New Column on Scientific Studies

## Perspectives from Masters and Doctoral Students

This column focuses on the perspectives of clinicians/students who are engaged in infant mental health research at Masters and Doctoral level. It features a sample of current ethically approved research projects. The column aims to highlight the diversity of student research across the globe that is being conducted by WAIMH members, while also providing a global community of interest and support for each student's research.

This column features three current doctoral research projects being conducted by: Patricia O'Rourke (University of Adelaide, Australia); Lauren Porter (University of Canterbury, New Zealand); and Lucie Zwimpfer (University of Otago, New Zealand).

If you are a WAIMH member/WAIMH student member who is currently engaged in Masters or Doctoral research, and you have ethical approval for your study, we invite you to share a little bit about your study.

Send the text to Assistant Editor Maree Foley (maree.foley@xtra.co.nz). This would entail providing the following:

Project working title; Name of your institution and department; Names of your supervisors; and A working abstract about your research.

### Meeting Your baby: How first-time mothers get to know their newborns – Phase 2 Engagement of midwives in inter-rater reliability testing.

Patricia O'Rourke (University of Adelaide, Faculty of Health Sciences, School of Psychiatry, Women's and Children's Health Network, Department of Psychological Medicine, Australia).

A practical typology characterising how first-time mothers look at their newborn babies was developed in Phase 1 of this project. This was based on a series of 10 minute video sequences of twelve mothers with their newborns within 48 hours of birth. This typology was refined using clinical focus groups of infant mental health and perinatal professionals. Phase 2 of this study aims to achieve inter-rater reliability for the typology. It involves a new participant group of first-time mothers and up to 30 midwives who will be recruited and trained in the use of the typology. They will view the video sequences and be asked to rate them according to the typology. The data will then be analysed using a modification of Cohen's Kappa for more than two raters (Fleiss, 1971) to assess the level of inter-rater reliability.

Supervisors Professor Jon Jureidini, Child and Adolescent Psychiatrist, Professor Dept of Psychiatry, University of Adelaide. Professor Louise Newman, Child and Adolescent Psychiatrist, Professor of Developmental Psychiatry, Director of Monash University Centre for Developmental Psychiatry and Psychology. Professor David Ben-Tovim, Director, Clinical Epidemiology Unit, Flinders Medical Centre, Professor Faculty of Health Sciences, Flinders University.

### Mapping Identity and Connection: How first-time mothers make sense of premature birth, create a mothering map and find dyadic connection with their infant.

Lauren Porter (School of Social Work, University of Canterbury, New Zealand).

Winnicott's famous phrase, "There is no such thing as a baby, only a baby and someone" (Winnicott, 1958), is tested in the experience of the premature infant. In the intensive medicalised environment of the NICU, infants weather not only the impact of hospital procedures and environment, but the separation from mother and the suspension of the getting-to-know-you phase that occurs after birth. Similarly, mothers are in a state of suspension, unable to fully step into their role. Basic questions, such as Stern's fundamental, "Can I keep this baby alive?" belong not to the mother but to medical staff. In the midst of this, little information exists about the meaning of this experience for the mother and for her relationship with her baby.

This PhD research is a qualitative study of first time mothers and the meaning they make of the experience of giving birth prematurely. How do mothers and their premature infants make meaning and sense of the experience of prematurity? What is the nature of the interpersonal process that occurs between a mother and her premature infant, especially in light of the separation and hospitalisation experience? How do mothers come to know themselves as mothers? How do they understand and come to know their infants? The research focuses on a set of approximately 15 semi-structured interviews with New Zealand mothers who birthed primarily in New Zealand, but also in Europe and Australia. Data is analysed within the framework of Interpretative Phenomenological Analysis.

Winnicott, D. W. (1958). *Through Paediatrics to Psycho-Analysis*. London: Hogarth Press.

Supervisors Associate Professor Kate van Heugten (Department of Human Services and Social Work, University of Canterbury, New Zealand) and Dr Patricia Champion (MBE) (Founder and Clinical Director Emeritus of the Champion Centre, Christchurch, New Zealand).

### Talking to babies in a neonatal intensive care unit: The impact of verbal soothing on measures of infant stress during heel prick procedures.

Lucie Zwimpfer (The Department of Paediatrics and Child Health, University of Otago, Wellington, New Zealand).

Preterm infant exposure to pain and stress is associated with adverse physical and emotional outcomes. The Neonatal Intensive Care Unit (NICU) is increasingly being seen as a place for the emotional and developmental care of the infant in addition to their physical care.

This PhD research project investigates whether non-parental vocal soothing, together with an attuned emotional presence, can reduce the physiological and behavioural manifestations of stress for preterm infants during painful procedures.

Sixty-three infants born between 32 and 35 weeks gestation and in their first 2-10 days of life are assigned to two conditions (voice or silent) in random order. In the voice condition, infants are offered attuned vocal soothing by a psychotherapist during a routine heel prick procedure. In the silent condition the same procedure is performed without vocal soothing. Behavioural measures of stress are recorded using the Premature Infant Pain Profile (PIPP) and physiological measures of stress include salivary cortisol, heart rate variability and oxygen saturation.

This research is currently at data gathering stage.

If attuned empathic vocal soothing is found to be an effective mitigator of preterm infant stress it will provide evidence for a relationship based, non-pharmacological, cost-effective intervention that may mean that the infant's emotional needs are more effectively met in the NICU.

Supervisors Professor Dawn Elder (The Department of Paediatrics and Child Health, University of Otago, Wellington, New Zealand); and Associate Professor Esko Wiltshire (The Department of Paediatrics and Child Health, University of Otago, Wellington, New Zealand).



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## Book review

# A New Resource: The Baby and the Couple Understanding and Treating Young Families (Routledge, 2014) By Elizabeth Fivaz-Depeursinge & Diane A. Philipp

Reviewed by Miri Keren

Beyond the importance and the relevance of its content to our infant mental health field, the book, «The Baby and the Couple», «has a special dimension, conveyed by its format. Indeed, it is almost in live dialogue, back and forth, between theoretical concepts, objective observation, and clinical work. It is the end-product of a creative co-venture, in itself the reflection of a long cooperative alliance between Elisabeth Fivaz-Depeursinge, both clinician and researcher in developmental and family system psychology, located in Lausanne (Switzerland), and Diane A. Philipp, a family therapist and child psychiatrist, trained at the Watch, Wait, and Wonder therapeutic approach at Toronto Sick Children's Hospital (Canada).

The main theoretical concepts of primary, secondary inter-subjectivity, triangular and multi-person communication, cohesive co-parenting, excluding, child-centered, and competitive co-parenting, are clearly explained and are then illustrated by very detailed observations of infants and their families, thus conveying the feeling of watching a well-coordinated dance between theory and real clinical life. Too often, we see a frustrating dichotomy between theoreticians and clinicians. This book shows the richness of the interplay between them: for instance, observing the actual impact of the baby's coping at 3 months of age when both parents struggle to work together, challenging early the classical theory of the infant's capacity for one-to-one primary inter-subjectivity.

Throughout reading the book, we get to know several «practicing families» through longitudinal observations from pregnancy to toddlerhood and early childhood (5 years). The authors' story-like way of describing the families' Prenatal Lausanne Trilogue Play, the Lausanne Trilogue Play (LTP), or the Lausanne Family Play (LFP), at the lab, at home, in shopping malls...make them almost real. It is like reading three «suspense» stories, where

one knows the beginning, and wonders how it will unfold. Lucas and Sarah show us how flexible, warm, inclusive family representations develop and are verbally expressed; they also show us, at 5 years of age, how the capacity to take others' perspectives (ToM), the autonomous age-appropriate functioning, positive affect and low aggressiveness, are predicted from their respective parents' cohesive alliance, starting in pregnancy. In contrast, Charlotte, in an excluding co-parenting type, Alex, in a child-at-center co-parenting type, and Miriam, in a competitive co-parenting family, illustrate quite vividly how infants cope, more or less adaptively, with non-cohesive co-parenting, during their first five years of life. It is well known that babies have an active role in the development of the family communication pattern, through a direct impact on his/her parents.

Also throughout reading the book, one comes to appreciate the richness of (LTP), as an easy to teach and family-friendly research tool that has engendered many «sisters», such as the Prenatal LTP, the family Picnic Game (PNG), the Lausanne Narrative Trilogue Play (LNP) for 5 year olds and older, or the LFP for parents with more than one child.

Two therapeutic applications of the LTP are described, the Developmental Systems Consultation and Trial Interventions. The central core of the LTP is its physicality; the use of video-feedback helps at triggering reflection and mentalization. The Reflective Family Play is an example of a «double» creative adaptation, as it combines the LTP with its physicality (non-verbal mode), structure and video-feedback and the reflective (verbal mode) child-lead stance of the Wait Watch and Wonder approach.

Our young therapists are often overwhelmed by the presence of both parents and baby, and prefer to work with parents only, or with one parent and the baby: «How can you listen and observe the three of them...each pulls your attention, you can't really listen to what they are saying!». In our own experience at our

Infant Mental Health Unit, the LTP and its derivatives, including the video-feedback, are very useful as structuring the session, for the therapist as well as for the families. It directs the clinician's attention to specific parameters of the triadic interaction, such as engagement, role distribution, joint focus and affect sharing. Then, these may become the basis for encouraging reflective functioning.

To conclude, in my view, this book is a real resource for any clinician, not only in the field of infant mental health, and researcher in human sciences. It needs to be «simply present» on each infant mental health researcher and practitioner's bookshelf!

## From the Kauppi Campus

### -News from WAIMH Central Office

# The 14th World Congress was a Success

By Päivi Kaukonen, Executive Director,  
Tampere, Finland, [ed@waimh.org](mailto:ed@waimh.org),

Kaija Puura, Associate Executive Director,  
Tampere, Finland, [congress@waimh.org](mailto:congress@waimh.org)  
and

Minna Sorsa, Administrative  
Assistant, Tampere, Finland,

[office@waimh.org](mailto:office@waimh.org)

Even though the 14th WC just ended, the preparations for the next WC are under way. The congress location is still under consideration because of the crisis in Middle-East. The site will be announced by the end of the year.

The 14th World Congress of the Association was a remarkable success with 1682 attendees from 55 countries! The five day programme offered delegates the choice of over 1000 oral presentations, workshops, poster discussions and masterclasses and was described by one delegate as a "wonderfully rich experience

"We were extremely pleased with the conference in Edinburgh and had the sense that WAIMH has come of age. The extraordinary turnout of 1600 delegates was just one indicator that the WAIMH of the 21st century is markedly different than the one that formed in 1992. Young vibrant and fully committed investigators were everywhere. Poster sessions were packed, the integration of experienced and aging investigators with the forthcoming generation was just exciting and hopeful. Nearly 1500 of the 1700 delegates came from outside the UK, and their diversity appeared to be greater than I remember from the past."

Honorary President of WAIMH, Hiram Fitzgerald

of new content, new ideas and new ways of thinking."

Most congress participants rated the programme as excellent, whereas more than half felt that the number of sessions were too many. Since 45% said that the amount of sessions was about right, we are happy with the result. The participants also thanked the overall organization of the event, the registration and facilities, but critiqued a lack of time for reflection and discussions. Some of the lecture rooms were over-crowded and people were even turned away.

WAIMH offered five important awards, as usually, in biennial world congresses to important persons in the field of Infant Mental Health. We want to congratulate the new Award winners!

## The New Investigator Award

The New Investigator Award recognizes scholars in the interdisciplinary field of infant mental health who are within the first eight years after earning their university degree. This year, the New Investigator Award acknowledged Sheri Madigan from Toronto, Canada. She has established an exceptional record of scientific work focused on maternal-infant and maternal-child relationships linked to disorganized attachment experienced during infancy since earning her doctoral degree.



Recipient of New Investigator Award Sheri Madigan and Miri Keren at the WAIMH 14th World Congress. Photo by Simon Williams.



Recipients of the WAIMH Award Hisako Watanabe and Beulah Warren with Executive Director Päivi Kaukonen at the WAIMH 14th World Congress. Photo by Simon Williams.



Recipient of the Sonya Bemporad Award Miguel Cherro Aguerre and Chair of Programme Committee Mark Tomlinson. Photo by Simon Williams.



Recipient of the Sonya Bemporad Award Natalia Trenchi and Chair of Programme Committee Mark Tomlinson. Photo by Simon Williams.



Recipient of the Serge Lebovici Award Heidelise Als and Associate Executive Director Kaija Puura. Photo by Simon Williams.



Recipient of the Réne Spitz Award Colwyn Trevarthen and Miri Keren. Photo by Simon Williams.

### The WAIMH award

The WAIMH award is given in recognition of significant contributions to the World Association for Infant Mental Health, either directly or through one of the WAIMH Affiliate Associations. This year, the WAIMH Award acknowledges two remarkable members: - Ms. Beulah Warren of Australia and Dr. Hisako Watanabe of Japan- in celebration of their extraordinary work with and on behalf of infants and their families. Ms Beulah Warren has been a driving force for the infant mental health community through her continuing training and affiliate activity across Australia for over 25 years. Dr Hisako Watanabe is a professor from Keio University and Keio University Hospital, a leading pioneer of infant mental health in Asia and one of the founding directors of WAIMH.

### The Sonya Bemporad Award

The Sonya Bemporad Award is given in recognition of significant contributions to the advancement of social and public policies that contribute to the mental health and overall benefit of infants, toddlers, and their families. This year the award is given jointly to Dr Natalia Trenchi and Dr. Miguel Cherro Aguerre from Uruguay. Natalia Trenchi's creative contributions in the public domain have included her newspaper columns, radio and regular television shows, books and presentations for schools as well as for community organizations—all bringing advice on parenting and healthy development in the early years. Miguel Cherro Aguerre, a child and adolescent psychiatrist, is especially recognized for his leadership and good will as well as his clinical wisdom and ability to educate a wide range of people to better the lives of infants, young children and their families in Uruguay.

### The Serge Lebovici Award

The Serge Lebovici Award is given in recognition of significant contributions to the international field of infant mental health. This year, this award is presented to

Professor Heidelise Als from Boston MA, USA. Heidelise, like Serge Lebovici himself who studied the development of early parent-infant relationships, has devoted her life to the study of the behavioral organization of preterm and high-risk infants. Her work has been extraordinary.

### The Réne Spitz Award

The 2014 Réne Spitz Award is given in notable recognition of an individual's significant lifetime contributions to clinical and experimental research in the natural science of human psychobiological development that underpins infant mental health practice and understanding. The WAIMH board and members honor Professor Colwyn Trevarthen with this prestigious award. In over 40 years of infant research he has maintained a consistently high calibre of investigation, spanning not only the basic sciences of neurology, psychology, and biology, but also semiotics, psychoanalysis, music therapy, musicology, and phenomenology, all of which contribute to understanding intersubjectivity as an embodied and affective phenomenon.

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As you can see in this issue of the Perspectives, we experienced joyful moments at the World Congress. We will e-mail all congress participants a link to the Photo gallery of the event.

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In Finland we are passing from a relaxing summer into an autumn of inspiring new tasks. The world situation has changed since last spring, and we think that the voice for infants rights is even more important than ever.



## 『郡山大会の開催』

FOUR WINDS 乳幼児精神保健学会郡山大会実行委員会 委員長

医療法人仁寿会 菊池記念こども保健医学研究所 副所長

菊池医院 副院長

郡山市震災後子どものケアプロジェクト マネージャー

NPO 法人 郡山市ペップ子育てネットワーク 理事長

政府復興推進委員会 委員

菊池信太郎

未曾有と言われたあの東日本大震災から、あっという間に3年が経過しました。皆さんの日常生活の中で、震災の影響を感じずる瞬間は以前に比べ増えましたでしょうか？減りましたでしょうか？

ここ福島県郡山市は、東京電力福島第一原子力発電所から真西に約60キロに位置します。震災に引き続き発生した放射線拡散事故により、比較的高い放射線汚染地域も出現し、地域の人々は多大なる影響を受けました。3年が経過しても、震災がいまだついにこの前の出来事のように感じ、そして、私たちの日常生活にもその影響が色濃く陰を伸ばしています。例えば、地元新聞の表紙には必ず原発事故関連の記事が掲載され、家庭の庭先には除染物質が保管され、市内の教育施設や公園には放射線モニタリングポストが設置され、そして見えない敵と戦っている人々、子どもたちを必死に守ろうとしている保護者や子どもに携わる方々が沢山います。おそらく、津波によって甚大な被害を受けられた地域も、多くの問題を抱えたまま様々な傷跡が残っていることでしょう。

一方国内に目を向けてみると、ソチのオリンピック大会や2020年の東京開催に盛り上がる裏で、震災関連の記事は報道等でも目にする機会がめっきり減ってきたように思います。災害弱者と言われる子ども

私たちは、この3年間でどのように生きてきたのでしょうか？そして子どもたちは今、どのような状況に置かれ、これからどのように大きくなっていくのでしょうか？

前例のない状況下で何とかして子どもたちを守ろうと、私たちは震災後間もなく郡山市、郡山市教育委員会、郡山医師会と協力し、「郡山市震災後子どもの心のケアプロジェクト」を立ち上げました。当初はPTSDの発症予防を主たる目的として、心のケアを中心に据えた活動を行い、FOUR WINDSのメンバーの方々にも大変なるご尽力を頂きました。幸い郡山市では、震災直後にPTSDの顕著な症例はなかったことで、一定の成果を上げられたのではないかと安堵する反面、時間の経過と共に、子どもたちの身体の面、保護者の心の問題、更には子どもを取り巻く環境が悪化してきている事実を把握しました。

子どもの毎日は、成長と発達時間の連続です。子どもは、年齢や環境に応じて様々な刺激を吸収して、自らの脳や体、心の発達を遂げなくてはなりません。しかし、現在の福島を中心とした地域では、外遊びの敬遠から始まった子どもたちの生活環境の急激な変化により、遊ばない子どもたち、遊べない子どもたちが増え、結果として子どもの体力や運動能力の低下が進行しています。その対策として、屋内でも十分な広さとおもしろさを兼ね備えた遊び場の設置が急務であり、震災から9ヶ月後に市内に巨大な屋内遊び場（PEP Kids Koriyama）を誕生させました。オープンから2年で65万人以上の親子が訪れています。

また、肥満の子どもたちの増加も目立つようになりました。保育・学校現場と協力し、子どもたちの成長の過程や子どもたちの生活環境を調査したところ、子どもたちの日々の生活環境を危惧する結果が散見されました。

今回の震災により、福島を中心とした被災地の子どもたちは、大きな問題を抱えることになりました。しかしよくよく考えてみると、実は同じ問題が1980年代以降、日本の高度経済成長の陰に全国的にも見られています。日本の子どもたちの成育環境の悪化が全ての始まりであり、今この問題に正面から向き合い、そして日本の子どもたちが健やかにその心と体を育める環境を創り出さなくてはなりません。

今回、全国大会の開催という貴重な機会を頂き、震災以降これまでの私たちの取組、福島や被災地での子育て現場の問題、そしてこれから何をすべきか、ここ福島県郡山から発信します。私たちは、福島の子

どもたちを『日本一元気に』します。そして福島取り組みが、ゆくゆくは日本全国に波及し、日本中の子どもが皆元気になることを信じて活動を続けます。