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THEORIES OF SPOILING AND FEAR OF SPOILING: HISTORICAL AND CONTEMPORARY PERSPECTIVES

by Anna Smyke

An African American teenage girl sits in the sun absent-mindedly rocking her 6-week-old infant who has fallen asleep after feeding. Moments later, another, slightly older teenage mother walks by and says: "You're going to spoil that baby, just sitting there holding him." The first mother hastily places her still-sleeping baby in his infant seat and says "Not my child, he's not going to be spoiled. No way!"

Another mother participates in a research procedure that requires that she leave her son in the room for a short



period and then reenter the room. Her 18 month old runs to her and wants to be picked up. She picks him up briefly and puts him down. He clamors to be picked up, still crying. She turns from him and refuses to pick him up. He continues to cry strongly, through another attempted separation. When invited to explain her thoughts about her son, she reports that she knew that he wanted to be picked up but she did not want him to be too dependent on her, "Him being a boy and all." Asked to explain further she says that she does not want him to get "funny" by having to feel secure. Pressed for further clarification, she

says that she is afraid he might "go gay" if she spoils him.

Historical Views of Spoiling

Concerns about spoiling are not new and are not limited to African Americans, although the particular salience of this issue to this ethnic group has been reported (Field & Widmayer, 1981). The adage "Spare the rod and spoil the child" is found in the Bible (Proverbs 13:24) with other admonitions about the importance of chastising a child for elimination of foolishness (Proverbs

22:15), in order to avoid bringing shame to his mother (Proverbs 29:15), and to avoid his destruction (Proverbs 19:18). The word "rod," found twice in the Bible, refers to the shepherd's staff, or guidance, not to an instrument for beating the child. Despite this, the phrase is almost universally cited as justification for physical punishment.

Historically, theories of spoiling have hypothesized overdependency (Freud, 1905), pampering (Adler, 1979), anxious attachment (Bowlby, 1973), and immature character development (Partridge, 1976).

Freud (1905) suggested that a mother's tender care was essential to the development of her child, that she was indeed "teaching her child to love" (Freud, 1905, p. 615). Excessive maternal care, however, was viewed as harmful for two

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reasons. For one, it was thought to spark early sexual maturity and, for a second, to "spoil" the child by making him unable to do without love for a while and therefore, unable to be satisfied with limited amounts of love in adulthood. Freud suggested that parents who provided inordinate amounts of tenderness generated children whose demands for parental care could not be satisfied, a sure sign, in Freud's estimation, of later "nervousness." There was no indication, however, as to "how much is too much" tender care.

Adler (1979) postulated his theory of the psychopathology of the pampered child. Stating that "every pampered child becomes a hated child" (Adler, 1979, p. 370), he suggested that anxious, nervous people were always pampered children. The pampered style of life was thought to emerge when a child learned that his every wish would be honored and subsequently did not do things for himself because most things were done for him. The mother's position involved the balancing of three ties or relationships: to her children, her husband, and society. The mother who focused only on her children, Adler suggested, could not keep from pampering and spoiling them, hampering their independence and the development of cooperation. Pampering occurred when a mother did not allow or encourage her child to cooperate or to help her, when she "heaps caresses and affect on him" and then restricted his development by "thinking and speaking" for him (Adler, 1979, p.373). Oldest children, youngest children, and only children, in Adler's estimation, were all likely to be pampered. The spoiled child, he predicted, could never be independent.

Bowlby (1973) argued against the excessive parental affection

proposed by Freud and Adler as a source of anxious attachment and suggested that it is inconsistent, unreliable parental affection that results in anxious attachment. Overdependency may have been diagnosed when there was a display of attachment behaviors that the clinician viewed as excessive. Behaviors such as clinging and crying upon parental leave-taking, were noted in children characterized by Freud and Adler as spoiled. Anxiety over separation may have emerged because threats to abandon the child were made in the past or in cases of role-reversal in which the child is encouraged to take care of the parent rather than the parent to take care of the child. It is possible that the behavior that Freud and Adler thought to be excessive parental affection may have been for the benefit of observing professionals and not a true representation of the child's everyday experiences.

Bowlby (1973) characterized anxious attachment as a matter of uncertainty regarding accessibility and responsiveness of the parents and suggested that words such as "overdependence" and "spoiled" masked the difficulty that the child had in relying on his/her parents for consistent care. Parents who refused to provide affection in order to prevent spoiling may hamper the development of a secure base for the child. Bowlby (1973) decried the assumption that a healthy, happy child should experience distress when his mother leaves him and argued that children who cried were not prone to anxiety or spoiled. Better knowledge of "normal development" might be expected to aid in understanding what children typically do under specific stressful conditions, such as the Strange Situation Procedure (Ainsworth, Blehar, Waters, & Wall, 1978) and defining what brief separations mean to the child. Bowlby (1988) pointed out the prevalence of erroneous advice to new parents to avoid spoiling their babies. Parents

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who wish to avoid spoiling may view attachment behavior such as crying as an effort by a small child to manipulate his parents rather than as an effort to communicate a need or want.

The "spoiled child syndrome" (McIntosh, 1989) has been proposed as "excessive self-centered and immature behavior resulting from failure of parents to enforce consistent age-appropriate limits" (McIntosh, 1989, p. 108). Such children have little thought of others, have frequent angry outbursts, and do not want to put off until later that which they feel they should have immediately. They are characterized as unpleasant children whose company is rarely enjoyed by others, adults or children. McIntosh (1989) suggested that it was not indulgence, that is, showering a child with time and attention, that caused a child to be spoiled. Rather, parents failed to provide developmentally appropriate and consistent discipline so that children can learn what type of behavior is expected of them.

Appropriate developmental expectations allow a parent to understand that behaviors, such as infant crying and extensive exploration of the environment are normal behaviors. Older infants may become manipulative, however, and parents were advised to adjust their responses to crying in order to avoid reinforcing the behavior and causing spoiling. Conditions such as attention deficit hyperactivity disorder and reactions to stressful home situations such as parental separation, family violence, or substance abuse may have produced behaviors that appeared spoiled. Such conditions should be ruled out when spoiling is suspected. Parents experiencing psychiatric disorders such as depression may have heightened perceptions of their children as spoiled (McIntosh, 1989).

Patterns indicative of "true spoiling" included infants older than four months of age who awakened for feeding or social interaction at night

and excessive tantrumming, described as a behavior that occurred when parents gave in to toddlers. Parents should be counseled to ignore such behavior consistently. McIntosh (1989) also suggested that such problems can be solved by showing parents that their attention to children's cries earlier resulted in the child crying at night. He suggested that parents be told that they are teaching the baby to get him/herself back to sleep but that what they are really doing is "letting the baby cry it out," a phrase that he indicated sounded unkind and thus should not be

today. The subject of spoiling has been addressed in parenting handbooks (Brazelton, 1992; Eisenberg, Murkoff, & Hathaway, 1996; Jones, 1992; Leach, 1989; Spock, 1992), but descriptions of the spoiled child differ. Brazelton (1992) stated that a child cannot become spoiled before twelve months of age. He described the spoiled child as anxious and whiny, one who is desperately seeking the setting of firm limits. He emphasized the importance of the parental responsibility to provide age appropriate discipline. In contrast, Spock (1992) suggested that "mild"

It is no wonder that part of the difficulty in investigating parental attitudes towards spoiling is the lack of agreement on what it means to spoil a child and the long term implications for child development.

used. Parents of the uncooperative, aggressive child whose behavior was out of control were encouraged to take back control and consistently enforce limits. McIntosh (1989) viewed spoiled behavior as a failure of parents to shape infants needs for immediate gratification into a more socially acceptable ability to delay gratification, curtailing expression of needs, and recognition of the needs of others. McIntosh appeared to agree with Adler and Freud in terms of the relatively young age (4 months) at which he believed spoiling could occur.

Contemporary Views of Spoiling

It is no wonder that part of the difficulty in investigating parental attitudes towards spoiling is the lack of agreement on what it means to spoil a child and the long term implications for child development. The preceding review of the historical theories on spoiling revealed the diverse ways in which spoiling is viewed, and this diversity persists

spoiling is possible at three or four months of age if the baby gets in the habit of being walked when distressed or in the habit of being played with incessantly and not having the opportunity to amuse himself. He suggested that first children, children who have been ill, and children who have difficulty falling asleep on their own when they are past three months of age are at particular risk for spoiling. Spock (1992) admitted that his advice to let the child cry himself to sleep, which may take up to 30 minutes the first night, may be distasteful to some sensitive parents.

Concerns about spoiling are reported to be particularly salient for neglecting and abusive parents who may be less sensitively responsive to the emotional needs of their children (Steele, 1975). Such parents may be unwilling to allow their babies to "get away with anything" or to pick up and comfort the baby when it cries. In addition, the empathic attitude that allows a parent to understand the needs of her baby may be lacking. Parents may have expectations that their children will meet parental

needs, a form of role-reversal which may impact negatively on child development (Steele, 1975).

Fear of spoiling is not limited to neglectful and abusive parents. A report of a parent who described her child, prenatally, as spoiled suggests that parental opinion about one's child may be based less on actual experience with the infant and more

the needs of their children (Dix, Thompson, & Crosby, 1997).

Current references to spoiling are found primarily in the pediatric or nursing literature (McIntosh, 1989; Nelms, 1983; Pascoe & Solomon, 1994; Solomon, Martin, & Cottingham, 1993). Excessive concern regarding spoiling is relevant in the pediatric practice particularly in view of the

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on expectations developed even before the arrival of the child (Zeanah & Anders, 1987).

Parental beliefs about child behavior may also vary according to the gender of the child. There is evidence in parental expectations, attributions and interactions of this phenomenon (McGuire, 1988). Poor, working, African American mothers, reported more negative attitudes towards their sons than towards their daughters, a finding mediated by maternal educational levels (Jackson, 1993; Jackson, 1994). There is evidence, as well, that parents react differently to videotaped children depending on the identified gender of the child (Burnham & Harris, 1992). Even trained observers bring their own biases and expectations about gender with them as they rated child behavior (Condry & Condry, 1976).

Maternal depression, depending on severity and duration, has important effects on the mother-infant dyad (Cohn, Campbell, Matias, & Hopkins, 1990; Gelfand & Teti, 1990). Mothers with higher levels of depressive symptoms failed to provide adequate attention, stimulation, and emotional regulation for their infants (Field, 1995). Such mothers were characterized as parent-centered, with little ability to discern

associated possibility of inappropriate expectations and the risk of harsh punishment (Bavolek, 1989; Nelms, 1983; Steele, 1975). Cultural factors are also at work in the discussion of spoiling. While some cultures, such as the Eskimo cultures, appear to have adopted a more permissive parenting style than the Anglo style (Sprott, 1994), other cultures, such as the African American culture, seem to place more emphasis on the dangers of spoiling than the dominant culture (Field & Widmayer, 1981). Typically, however, references to spoiling are from a theoretical, anecdotal or descriptive perspective (Field & Widmayer, 1981; Nelms, 1983; Sprott, 1994); a characteristic shared with the theorists mentioned earlier (Adler, 1979; Bowlby, 1973; Freud, 1905).

The use of a self-report measure (Wilson, Witzke, & Volin, 1981) has led to more quantitative inquiries into the nature of parental beliefs about spoiling in the last two decades, again primarily in the pediatric literature (Pascoe & Solomon, 1994; Solomon, Martin, & Cottingham, 1993). Parents with greater concerns about spoiling an infant less than five months old tended to be younger (Wilson, Witzke, & Volin, 1981), have lower educational levels, lower SES, and to be black (Solomon, Martin, &

Cottingham, 1993). Mothers in an indigent population who had depressive symptoms prenatally, reported greater concerns about the possibility of spoiling young infants than mothers reporting no depressive symptoms (Pascoe & Solomon, 1994). In addition, an association has been noted between concerns regarding spoiling and maternal behavior. Mothers who believed that "infants could be spoiled by responsive and affectionate behavior" (Luster, Rhoades, & Haas, 1989, p.143) provided less supportive environments and were rated as demonstrating less warm behavior with their babies. Fear of spoiling may affect the ability of mothers to respond sensitively to their babies.

Beliefs about Spoiling: High-Risk African American Mothers

In an effort to further explore maternal beliefs about spoiling and fear of spoiling, and because issues of spoiling appeared particularly salient within the African American community (Field & Widmayer, 1981), we undertook an investigation into the pattern of maternal characteristics associated with concern about spoiling. We hypothesized that spoiling concerns would be more evident for mothers with greater depressive symptoms, inappropriate developmental expectations, and reduced maternal empathy. We also hypothesized that a majority of mothers would believe that it is possible to spoil an infant under five months of age. We considered whether concerns about spoiling would be related to maternal self-efficacy; specifically, that more depressive symptoms, less self-efficacy, and less empathy would be characteristic of mothers with more concerns about spoiling. We hypothesized, as well, that there would be more concern about spoiling boys than spoiling girls and that mothers

with less realistic developmental expectations would advocate harsher discipline than mothers with fewer concerns.

Sixty-eight high-risk African American mothers completed questionnaires aimed at assessing depressive symptoms, maternal empathy, maternal self-efficacy, developmental expectations, and beliefs about spoiling. In addition, mothers viewed a videotape of three gender neutral infants to assess gender related beliefs. Participants ranged in age from 15 to 46 years ($M = 25.3$) and were predominantly lower SES (annual income $< \$10,000$). They were recruited from a shelter for homeless adolescents and their children and from a pre-school educational center in an urban area. Measures administered included: the Spoiling Questionnaire (Solomon, Martin, & Cottingham, 1993), which consisted of items designed to assess beliefs about the long term impact of spoiling (e.g., "Babies who are spoiled grow up to be bad") and about the definition or cause of spoiling (e.g., "Nurses in the newborn nursery spoil the babies by rocking and holding them"). A lower score on this measure was consistent with more concerns about the long term impact of spoiling. Measures also included: the Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961); a Maternal Efficacy Scale (Teti & Gelfand, 1991); the Adult-Adolescent Parenting Inventory (AAPI) (Bavolek, 1984); the Marlowe-Crowne Social Desirability Scale (Zook & Sipps, 1985), and the Video Reaction Questionnaire, designed to assess mothers' reactions to the videotaped infants (adapted from Boukydis & Burgess, 1982). The three infants were identified for half the group as a boy, a girl, a boy and for the other half as a girl, a boy, and a girl.

A non-significant majority of mothers (60%) believed that it was possible to spoil an infant under five months of age. A median split of the

Impact Scale of the Spoiling Questionnaire was used to divide the mothers into those with greater concerns about the long term impact of spoiling (High Impact) and those with fewer concerns about the long term impact of spoiling (Low Impact). These two groups were significantly different on the age of birth of first child (High Impact: 17.3 yrs.; Low Impact: 19.6 yrs) and on number who were separated or divorced (High Impact: 6; Low Impact: 0). When identified by single parent status numbers were similar (High Impact: 31; Low Impact: 28). Educational levels, age, number of children, and average income were similar for the two groups.

Compared to mothers in the Low Impact Group, mothers in the High Impact Group reported higher levels of depressive symptoms on the BDI (High Impact: 16.2; Low Impact: 9.9). Mothers in the High Impact Group also identified more situations in which an infant was likely to be spoiled (High Impact: 18.34; Low Impact: 23.25). More concerns about the long term impact of spoiling were associated with higher scores on the BDI, consistent with greater concerns about the impact of spoiling for mothers with more depressive symptoms. In addition, parental empathy (AAPI) was related to level of concern about spoiling: the more concern about spoiling, the lower the level of maternal empathy. We did not find a relationship between maternal efficacy, parental empathy, and concerns about spoiling. Mothers with more socially desirable responses reported lower levels of depressive symptoms.

Mothers' affective responses to the videotaped vignettes were assessed with three questions: "How angry/irritated does this baby make you feel?" "How sad does this baby make you feel?" "How much does this baby make you want to care for him/her?" Mothers' judgments about the child were assessed with two questions: "How spoiled does this child

seem?" "How much was this child like your own?" Mothers were compared by beliefs about the long term impact of spoiling (High Impact vs. Low Impact Group) and by levels of depressive symptoms (Normal/Mild vs. Moderate/Severe). Scores on the BDI were used to divide mothers into groups of normal/mild depressive symptoms (BDI score 15 or under) and moderate/severe depressive symptoms (BDI score ≥ 16) (Barrera & Garrison-Jones, 1988).

Baby 1 (a 5 month old, relatively quiet child) revealed that mothers' reactions were affected by stated gender of the child. Gender differences on the question of anger/irritation and how spoiled the child seemed were present in the High Impact Group, but not in the Low Impact Group. Mothers reported more anger/irritation when the child was identified as female. Mothers in the High Impact Group reported that the child seemed more spoiled when identified as a boy. This difference was not evident for the Low Impact Group. For Baby 2 (an 8 month old, slightly fussy baby), gender differences were evident in the mothers who had greater concerns about spoiling and reported moderate/severe levels of depressive symptoms. When Baby 2 was identified as a boy, mothers reported that the child was less likely to make them want to care for him. No differences were found by Impact Group, Gender, or Depressive symptoms for Baby 3, 11 month old who was crying and very fussy.

Scores for both Impact Groups were below the normal range for the Role-Reversal Scale (AAPI). Scores fell within the normal range for the Value of Physical Punishment Scale (AAPI). Thus, our hypothesis that parents with more concerns about spoiling would endorse harsh punishment was not confirmed. Compared to mothers in the Low Impact Group, mothers in the High Impact Group had scores that indicated parenting deficiencies on the Appropriate

Parental Expectations Scale as well as on the Parental Empathy Scale. Mothers in the High Impact Group had less realistic expectations about child development when compared to mothers in the Low Impact Group.

Findings from the current study confirmed and extended our knowledge about individuals who have fears about the long term impact of spoiling. Concern about spoiling has been reported as a reason given by parents to avoid timely, sensitive responses to their children's distress (Steele, 1975). Our findings were consistent with previous research that parents who have more concerns about spoiling may have reduced willingness to meet their children's developmental needs. Mothers with more concerns about the long term impact of spoiling reported more depressive symptoms, reduced parental empathy, and inappropriate developmental expectations when compared to mothers with fewer concerns about the long term impact of spoiling. This pattern of characteristics may be one associated with abusive parenting (Rogosch, Cicchetti, Shields, & Toth, 1995).

Individuals with more concerns about spoiling endorsed items suggesting that holding small babies and responding promptly when they are distressed is a cause of spoiling. This finding may suggest reduced willingness to meet emotional needs of babies for fear of spoiling. The relationship of higher levels of depressive symptoms and greater concerns about the long term impact of spoiling is noteworthy. Mothers who reported more depressive symptoms were also less likely to want to care for the three infants depicted in the videotape vignettes, even when the child was not exhibiting particularly negative behavior. This finding is consistent with reports that depressed mothers find providing adequate care to their children challenging (Field, 1995).

Mothers who were depressed

had more difficulty understanding the emotional signals of their infants and tended toward angry, intrusive behavior or neglectful, withdrawn behavior (Field, 1995). Depressed mothers may be hampered in their ability to perceive the needs of their children because they are focused on their own, parent-centered needs (Dix, Thompson, & Crosby, 1997). It remains to be determined whether fear of spoiling has, as one of its sources, current depressed functioning or whether it stems from mothers' experiences of not having their own needs met, or perhaps an interaction of the two. The result, however, is that the probability of an infant's needs being met decreases. Reduced maternal efficacy was also associated with greater report of depressive symptoms, suggesting that mothers who were more depressed felt less successful in their job of mothering than mothers with fewer depressive symptoms. If mothers feel helpless in controlling child behavior and react inconsistently or harshly in situations warranting discipline, children may be at increased risk for maltreatment (Rogosch, Cicchetti, Shields, & Toth, 1995).

The finding that mothers' developmental expectations were less appropriate for individuals with more concerns about the long term impact of spoiling, was important. When expectations are unrealistic the child's needs may be seen as "babyish" or manipulative, and be rejected, again placing the child at risk for maltreatment. Lowered maternal empathy may further restrict mothers in responding appropriately to their infants. Mothers must be able to recognize that their babies are providing a signal to them and then undertake an appropriate response. Reduced empathy may be expected to interfere in both of these areas. The lack of endorsement of physical punishment by mothers in this study was of interest. Certainly, anecdotal evidence would suggest that they very much endorse the use of

physical punishment. It may be that parents are unlikely, in this age of child abuse awareness, to answer such questions as "parents should slap their child when he/she has done something wrong" or "children should be spanked when they misbehave" in a forthright manner.

The question of gender and its relationship to concerns about spoiling has not been answered, but we have some intriguing clues. The same baby, identified differently by gender, prompted mothers to indicate that "he" seemed more spoiled than "she." In turn, the same baby made mothers more angry or irritated when they thought the infant was a girl. Perhaps the most interesting combination of findings is that when Baby 2 was identified as male, mothers with more concerns about spoiling and more depressive symptoms, reported less willingness to care for the child. This finding may have implications for the relationships of mothers and their sons. It is consistent with the report that single, working, African American women in poverty who had preschool boys reported higher levels of depressive symptoms than the mothers of girls and described their child's behavior more negatively than did mothers of girls (Jackson, 1993; Jackson, 1994).

Fear of Spoiling: What are the Implications?

"Fear of spoiling" is not limited to African American mothers. We chose this group to examine, in part, because clinical evidence indicated the issue had particular relevance for this culture; yet recent parenting handbooks aimed at the general population (Jones, 1992; Leach, 1989) suggest this question is important to all parents (as well as to extended families who offer advice about spoiling).

But what are the implications? The question of spoiling can be understood in the context of a balance of tender care and discipline. Of

course, discipline is considered an aspect of parental care, but in the early months of life, tender, appropriate care is most beneficial to the infant. Attachment theorists suggest that it is, in part, by means of appropriate responsiveness that the child begins to understand that he/she has an impact on his/her environment (DeWolff & van IJzendoorn, 1997). Rather than encouraging crying as a behavior, prompt responsiveness to a distressed infant resulted in reduced crying in the second half year of life (Ainsworth, Bell, & Stayton, 1974). Parents who responded promptly and appropriately to their infants had infants who could then be more easily

is going to an infant every time that it cries. For others, spoiling is the product of parental failure to adequately structure and discipline the developing toddler (Brazelton, 1992). In order to better understand fear of spoiling, it is important to understand what parents think might happen as a result of spoiling. Mothers with more concerns about spoiling endorsed such items as: "Spoiling a baby makes it hard for the baby to later become independent" and "A fussy, irritable one year old baby received too much handling during the first months of life." Issues of dependency are clearly part of the discussion of parental concerns about spoiling.

was an issue, we were not able to fully explore this question in the current study. The question of toughening children up from an early age to make their way in an adverse environment (Kunjufu, 1985) is one that warrants further exploration. Another issue that for further investigation is "guilty spoilers"—mothers who think a baby can be spoiled, should not be spoiled, and yet admit to and feel badly about having spoiled their babies. Future work should include investigation of the meaning of "spoiling" in a variety of cultural contexts and the association between fear of spoiling and the quality of mother-child attachment status.

Parenting requires an enormous expenditure of energy, but can also bring abundant joy as one's children progress, discover new aspects of life and become the types of people one wants them to be. It seems possible that reduced joy from the experience of parenting may result from an interaction between the depressed mood of some mothers and their fear of spoiling. Exploration of this aspect of fear of spoiling may foster ways to strengthen the mother-infant relationship.

Future work should include investigation of the meaning of "spoiling" in a variety of cultural contexts and the association between fear of spoiling and the quality of mother-child attachment status.

soothed (Barnard & Martell, 1995), having mastered the sense that they have an impact on the environment.

When parents perceive that their 6-week-old is trying to manipulate them by waking during the night or crying too often, it may be likely that some parents would begin to "discipline" the child by allowing the child to "cry it out" or by not going to it every time. The question of when in the child's development the scale tips towards less tender care and more discipline may be one related to the question of fear of spoiling. Parents with less understanding of the types of child behaviors that are considered "normal" at a given age may decide that a 10 month old should be able to separate from the mother without fussing and may label the child with separation anxiety as spoiled.

Spoiling has been defined as damaging the disposition of a child by pampering (Webster, 1974) but the way that pampering is defined may vary markedly. For some, pampering

Although concerns about spoiling are not seen only among African American mothers, it is worth considering whether spoiling has specific implications for these mothers. Historically, African American mothers have had to go out from their homes and work, during slavery, after the period of slavery, and up to the present time. Children were typically left in the care of others, usually older women who may or may not have been members of the extended family. A child who fussed when mother left or failed to share and get along with others in the child care situation was one for whom the mother would have difficulty finding an alternate caretaker. Children could not become "too" dependent on mothers who would inevitably have them cared for by others.

Another area of concern is the question of overdependency or the need for "toughening up" of children, particularly boy children. Although clinical experience suggested that this

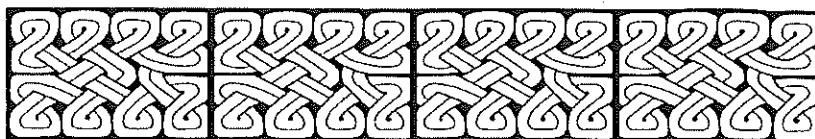
REFERENCES

- Merriam-Webster Dictionary.* (1974). New York: Pocket Books.
- Adler, A. (1979). The origin of the neurotic disposition. In H. Ansbacher & R. Ansbacher (Eds.), *The individual psychology of Alfred Adler* (pp. 366-383). NY: Basic Books.
- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1974). Infant-mother attachment and social development: "Socialisation" as a product of reciprocal responsiveness to signals. In M. P. M. Richards (Ed.), *The integration of a child into a social world* (pp. 99-135). London: Cambridge

- University.
- Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A study of the strange situation*. Hillsdale, NJ: Erlbaum.
- Barnard, K.E., & Martell, L.K. (1995). Mothering. In M.H. Bornstein, (Ed.), *Handbook of parenting* (pp. 3-26). Mahwah, NJ: Erlbaum.
- Barrera, M., & Garrison-Jones, C.V. (1988). Properties of the Beck Depression Inventory (BDI) as a screening instrument for adolescent depression. *Journal of Abnormal Child Psychology*, 16, 263-273.
- Bavolek, S.J. (1984). *Adult-Adolescent Parenting Inventory*. Eau Claire, WI: Family Development Assoc.
- Beck, A.T., Ward, C.H., Mendelson, M., Mock, J.E., & Erbaugh, J. (1961). An inventory for measuring depression. *General Psychiatry*, 4, 561-571.
- Boukydis, C. F. Z., & Burgess, R. L. (1982). Adult physiological response to infant cries: Effects of temperament of infant, parental status and gender. *Child Development*, 53, 1291-1298.
- Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation*. London: Basic Books.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. London: Basic Books.
- Brazelton, T.B. (1992). *Touchpoints: Your child's emotional and behavioral development*. New York: Addison-Wesley.
- Burnham, D. K., & Harris, M. B. (1992). Effects of real gender and labeled gender on adults' perceptions of infants. *Journal of Genetic Psychology*, 153, 165-183.
- Cohn, J.F., Campbell, S.B., Matias, R., & Hopkins, J. (1990) Face-to-face interactions of postpartum depressed and nondepressed mother-infant pairs at two months. *Developmental Psychology*, 26, 15-23.
- Condry, J., & Condry, S. (1976). Sex differences: A study of the eye of the beholder. *Child Development*, 47, 812-819.
- DeWolff, M.S., & van IJzendoorn, M.H. (1997). Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-591.
- Dix, T., Thompson, E. E., & Crosby, D.A. (April, 1997). *Mother's orientation towards children's interests during ongoing interaction*. Paper presented at the meeting of the Society for Research in Child Development, Washington, DC.
- Eisenberg, A., Murkoff, H.E., & Hathaway, S.E. (1996). *What to expect the first year*. New York: Workman.
- Field, T.M. (1995). Psychologically depressed parents. In M. Bornstein (Ed.), *Handbook of parenting* (pp. 85-99). Mahwah, NJ: Erlbaum.
- Field, T. M., & Widmayer, S. M. (1981). Mother-infant interactions among lower SES Black, Cuban, Puerto Rican and South American immigrants. In T. Field, A Sostek, P.Vietze, & P. Leiderman (Eds.), *Culture and early interaction* (pp. 41-62). Hillsdale, NJ: Erlbaum.
- Freud, S. (1905). Transformations of puberty. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 7, pp. 604-629). London: Hogarth Press.
- Gelfand, D.M., and Teti, D.M. (1990). The effects of maternal depression on children. *Clinical Psychology Review*, 10, 329-353.
- Jackson, A.P. (1993). Black, single, working mothers in poverty: Preferences for employment, well-being, and perceptions of preschool-age children. *Social Work*, 38, 26-34.
- Jackson, A.P. (1994). The effects of role strain on single, working, black mothers' perceptions of their young children. *Social Work Research*, 18, 36-40.
- Jones, S. (1992). *Crying baby, sleepless nights: Why your baby is crying and what you can do about it*. Boston: Harvard Common Press.
- Kunjufu, J. (1985). *Countering the conspiracy to destroy black boys*. (Rev. ed.). Chicago: African American Images.
- Leach, P. (1994). *Your baby and child*. New York: Knopf.
- Luster, T., Rhoades, K., and Haas, B. (1989). The relation between parental values and parenting behavior: A test of the Kohn hypothesis. *Journal of Marriage and the Family*, 51, 139-147.
- McGuire, J. (1988). Gender stereotypes of parents with two year olds and beliefs about gender differences in behavior. *Sex Roles*, 19, 233-240.
- McIntosh, B. J. (1989). Spoiled child syndrome. *Pediatrics*, 83, 108-115.
- Nelms, B. C. (1983). Attachment versus spoiling. *Pediatric Nursing*, 9, 49-51.
- Partridge, C.R. (1976). Immature character development: A new look at etiology and remediation of character disorders in children. *Journal of Clinical Child Psychology*, Spring, 45-47.
- Pascoe, J.M., & Solomon, R. (1994). Prenatal correlates of indigent mothers' attitudes about spoiling their young infants: A longitudinal study. *Developmental and Behavioral Pediatrics*, 15, 367-369.
- Rogosch, F.A., Cicchetti, D., Shields, A., & Toth, S.L. (1995). Parenting dysfunction in child maltreatment. In Bornstein, M. (Ed.), *Handbook of Parenting* (pp. 127-159).

- Mahwah, NJ: Erlbaum.
- Solomon, R., Martin, K., & Cottington, E. (1993). Spoiling an infant: Further support for the construct. *Topics in Early Childhood Special Education*, 13, 175-183.
- Spock, B., & Rothenberg, M.B. (1992). *Dr. Spock's Baby and Child Care*. New York: Pocket Books.
- Sprott, J. E. (1994). One person's "spoiling" is another's freedom to become: Overcoming ethnocentric views about parental control. *Social Science and Medicine*, 38, 1111-1124.
- Steele, B.F. (1975). *Working with abusive parents from a psychiatric point of view* (DHEW Publication No. OHD 70-75). Washington, DC: U.S. Government Printing Office.
- Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 26, 918-929.
- Wilson, A. L., Witzke, D. B., & Volin, A. (1981). What it means to "spoil" a baby: Parents' perception. *Clinical Pediatrics*, 20, 798-802.
- Zeanah, C. H., & Anders, T. F. (1987). Subjectivity in parent-infant relationships: A discussion of internal working models. *Infant Mental Health Journal*, 8, 237-250.
- Zook, A., & Sipps, G.J. (1985). Cross-validation of a short form of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology*, 41, 236-238.

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Interaction, the key to life: Seeing possibilities of children through videopictures

by Monica Hedenbro

I want to be seen and heard. I want a response. It is important that what I have to say, that the story that is me is received and responded to. My story is myself, must be confirmed by you so that I myself can accept it. Response is important for how I experience myself and for me to continue my story.

The above quote is from a Swedish psychiatrist, Clarence Crafford, in a book describing a method for working with adult psychiatric patients, but it can also be used for the early dialogue with infants and children.

Theory

The quote also can serve as a starting point for discussing the use of interactional guidance for parents and caretakers of children via videopictures. I use this technique in Sweden, but it also is used in many other countries. The idea and main features of the method as I use it is based on Maria Aarts' "Marte Meo" method. This can be translated roughly as "on your own strong points." The method can be linked theoretically to the tradition of family therapy in which one sees the child and family as a system—with the assumption that growth and change in the system lead to growth and change in the individual and that difficulties in the system will create problems for the individual. Although this has been a theory and tradition now for more than 20 years, there is a need to add methods for using interaction processes in small and concrete daily moments. The basis for the method,

however, also is linked to recent research on infants.

Work from Shotter (1993) is the basis of the communication perspective on interaction guidance. Like social constructivists, he sees development and learning as being created through language and dialogues. Even with young children, what one puts into words may have a strong effect on the child, especially in how the child experiences herself. For some children, using words to label things is an essential part of development. From the perspective of communication, the focus of the dialogue or interactive moments are crucial. The rhetorical-responsive form of communication means that the speaker is active not only in speaking but also with an expectation of a response of some kind. The speaker is continuously sensitive to the intervention of another voice. Occasionally, a "gap" will occur in the stream of communication between two or more speaking subjects. When one has finished speaking, the other responds, thus bridging that gap.

Such reciprocal interchanges in infancy are now being considered dialogues—here are the possibilities for development and change. The rhythm in the dialogue is essential to give the child support for develop-

ment, as noted by Vygotsky. That is, in development according to Vygotsky's model, "Child speech is not the personal activity of the child....Only viewing individual speech as part of the dialogue, of cooperation and social interaction, can provide the key to understanding its changes." (Minick 1984, 1996).

In infancy, of course, preverbal language makes it important to try to understand communication and dialogue even without words. This is the underlying focus in working with "natural supportive communication," the base for Maria Aarts in understanding how children get support for further development.

Background

For the past 15 years, many places in Sweden have been developed for support and treatment of families, including daycare and residential care. The aim of this treatment is to help the family in everyday life. The interplay between child and caretaker is central, and the aim of early psychosocial intervention is to strengthen, enrich and broaden the positive experiences in this interplay between the child and those who care for him. Those experiences of interplay which are important for the child to be able to create his "representation of belonging ..." are often small, recurring, concrete events. These small events comprise the core of the interaction, and as Stern (1995) puts it, symbolize nothing, but simply are what they are.

Spending time with a family in everyday situations has been an invaluable way of treating and giving support to the family. In milieu therapy, we help parents to look and listen and better understand the child. At the same time we support the parents by being available to share their feelings. In the milieu, one can assist the parents to see the child's initiative. The child in return may make clear a parent's role

Another example where milieu work is useful concerns a child who does not respond to the parent and the parent feels rejected. One can show that the child just needs some more time before the response comes. Many times parents instead feel rejected and give up. In a relationship lacking eye-contact, one can often trigger it to start. For example, by talking about what the mother/father is doing or what the child does you can make the interest grow and at the same time confirm the person for whom you have named the initiative.

Natural Developmental Supportive Dialogue

In analyzing parent/child interaction the focus is on the "natural supportive dialogue." Seven principles, based on what parents naturally use with infants (Övreeide & Hafstad 1996), are applied in Marte Meo as the way to support a child's development:

- 1) The adult tries to see where the child has her attention.
- 2) The adult confirms the child's focus of attention.
- 3) The adult waits to see the child's response/reaction to what he did or said.
- 4) The adult continuously names the child's initiatives, actions, responses and feelings in a way that confirms and demonstrates approval of the child.
- 5) The adult confirms the child when she is showing a desired behavior.
- 6) The adult triangulates the child to the world by naming persons, objects and other phenomena.
- 7) The adult takes responsibility to initiate signals of beginnings and endings.

Dialogue is the Focus

We know today that infants already are prepared for dialogues and social interaction. The infant communicates with his body—thus, the body

forms the initial base of the dialogue. Condor and Sander (1974) found that newborns 20 minutes after birth organized their movements in a tempo and a rhythm that is synchronized with speech in their immediate environment. Even with older children, the body remains a big part of the underlying communication for building a dialogue. Small nonverbal signs and signals may initiate a dialogue.

Already from the very beginning the child is prepared to experience pleasure or pain, satisfaction, security and kinship, or their opposites. When the child is given the opportunity to interact with caregivers sensitive to her needs, she appears able to influence or guide her environment so that she triggers care and contact through smiles, eye contact and other movements that are interpreted by the caregiver. The child's own initiative and reactions can therefore be said to initiate and strengthen the sensitive and flexible adjustments shown by the parent. On the other hand, the absence of reactions from the child also can contribute to the development of unsatisfactory care.

Children are individually different, especially with regard to temperamental attributes, as demonstrated by the work of Chess and Thomas (1986). A Swedish psychologist who has been working with mother and infants (Berg-Brodén 1989) has introduced the idea that the child is creating the mother as much as the mother is forming the child. This means that a child who is clear in his signals and easily finds his rhythm shapes a competent parent more easily than a child who is weak in his signals. A Swedish psychiatrist (Lundequist, 1989) has proposed a continuum in which children at one end are those who need a lot of support to grow properly, and at the other end, are those children who are strong and can easily grow independently given the conditions around them.

I'd like to focus on three aspects of the interaction identified in Marte Meo—turntaking, confirmation and positive leading—as possible ways to help those children who need extra support.

Turntaking

Turntaking is a sensitive interaction in the early phases of infancy. As noted earlier, the child is ready to take an active role in constructing the interaction. For example, consider a mother who is saying something to her child. After some time, the child turns towards her mother and becomes motorically passive. Then, after more time, the child becomes motorically active again, thus creating a response. Later, the child can also make a vocal response. This process is something that is preparing the dialogue by saying something and answering or taking an initiative and reacting to it. Trevarthen (1981) sees the exchanges of smiles as a primitive form of sharing emotions. The dialogue between mother and child that involves both synchrony and turntaking can be seen as a start of what will later become affective intersubjectivity (Trevarthen, 1981). When turntaking and later, a dialogue are working, it is "as simple and natural as the air we are breathing." But when it is not working it's hard to understand what to do.

The videoanalysis helps us to see the details of the problem. When a child drops out of an early turntaking sequence, we can often observe that it is a tempo problem. The child might need longer time to respond than the parent expects. Then it is easy—instead of waiting for the child's response, we as adults take more initiatives and soon a pattern can be established in which the parent becomes active and the child more passive.

We can also find situations in which the child does not easily make or respond to eyecontact, which is

one of the first steps in developing turntaking. As noted already, parents easily can feel rejected as though they are not important enough or wanted. Parents and also other caretakers need to be "emotionally fed" according to Aarts.

Another example is when the child makes a lot of initiatives and really can't select or be curious how the other person responds. What can be observed in the interaction analysis is that once the interaction falls out of rhythm, the natural developmental supportive dialogue also falls out of the system. The child continues to trigger off the same kind of interac-



In the work and experiences with Marte Meo it has become clear that some children with communication and/or social difficulties need clearer recognition/confirmation of their initiatives and responses by naming.

tion partly because he is used to that role and partly because he is not capable of communicating any other way. The child will organise its communication in relation to the quality of the responses it receives from its initiatives and experiences (Trevarthen, et al., 1981).

Confirmation

In turntaking one of the major aspects is to give time and space for the child's response and/or start the turntaking in relation to the child's initiative. Some children are more sensitive to this aspect and need to be confirmed both nonverbally and verbally. So, for example, a child who does not easily give a response needs

to have his small sign of response named. For an infant this could be saying, "Oh, you give mummy a smile!" or just repeating the sound. When the child grows older, it's easier to see the need for confirmation through naming the child's initiative or focus.

One of the more important aspects for a child and later for a grown up is being able to handle negative emotions. When a mother is comforting a child who is sad, she is also showing the child that the feeling is accepted by the mother. By obtaining this help, the child finds a way to feel that he/she is competent (Kopp, 1989). Affect attunement (Stern, 1985) is part of helping the child regulate her emotions, and the main focus for the attunement is the parent showing the child that she/he knows and accepts the child's feeling (Jonsson, 1991).

In the work and experiences with Marte Meo it has become clear that some children with communication and/or social difficulties need clearer recognition/confirmation of their initiatives and responses by naming. The naming helps the child to develop clearer signals and more adequate responses.

It is easy for adult caregivers to fall into the trap of naming what they don't do or bad responses and initiatives. Instead, we should strive in a naturally developmental dialogue to reinforce the child's good behavior and responses by recognising them and affirming the child. Consider a situation with a young child in which the adult caregiver says, "Oh, you're taking the green ring—you like that!" The caregiver also may name what he or she is doing, "Now, I'm putting the sock on this foot, and then on this foot...." For an older child who doesn't make eye contact when a caregiver follows his play by naming what he is doing and then waiting, the caregiver may build up a feeling of being recognised within the child. After some time, the child may look

at the person giving him recognition, as a response.

Positive Leading

Creating a positive emotional atmosphere is an important component of the basis for a supportive parent role. To be a little bit more concrete, I will outline a few principles that are part of the behaviour. As caregivers, parents need to find ways and moments to recognize and confirm the child, for example, when the child engages in a behavior that the parent desires or that is at least adequate in the situation. By doing so, the caregiver responds to the child's implicit question, "Am I all right?" and helps the child feel safe and secure.

Some children are very clear in expecting an answer from the parent, and they turn often with their eyes to reference their caregiver (Stern, 1985). Nevertheless, some children beginning at birth don't do this and they seem to need clearer and stronger reactions from adult caregivers. These children seem to need support and approval to become more responsive and to learn about and experience turntaking. The child needs to discover what the wished for and approved behaviour is but he/she can be so insecure it cannot be asked for. Instead, undesirable, or negative behavior may be used to elicit attention. Giving alternatives to the child such as structured interpersonal experiences like naming (labeling) and turntaking is a concrete and helpful way to facilitate development. In this model, the prototype is a natural component of early development.

In positive leading, the adult caregiver often assumes responsibility for signals of initiating and terminating interactions and communications. A sequence may begin when a child is signaled by the parent who invites interaction and focuses on the child, or when the child initiates

something which the parent reacts to. The ending of a sequence is communicated through verbal or nonverbal signals. When the child is ending a sequence, it is important that the parent approves and clarifies the ending. Experiencing initiations and terminations of communicative sequences helps the child experience organization and structure in life, something the child will soon need when nursery school and especially when elementary school begins.

Having the experience of initiating communicative sequences helps in conflict situations where the parent in charge can help the child find alternative expressions. In describing emotional coaching, Gottman & DeClaire (1996) describe five key steps that can easily be linked to what I have discussed here:

- 1) Be aware of the child's emotion.
- 2) Recognize the emotion as an opportunity for intimacy and teaching.
- 3) Listen empathically and validate the child's feelings.
- 4) Help the child verbally label the emotion.
- 5) Set limits while helping the child problem-solve.

The Method-Marte Meo

The method was developed from a need that Maria Aarts experienced in her work in a center for disturbed children. She noticed that when she used developmentally supportive dialogues with children who had serious disturbances of social and communicative development, it had extremely beneficial effects. In the beginning, she used these techniques intuitively, but when she felt the need to transfer the knowledge to parents she started to put her work into structure and words. She began to study in detail what "normal" parents do, especially in communicating with their young children because development occurs so rapidly in the early years. The second question was, how

best to share this information with parents?

She found that real changes could occur simply by showing parents their own interactive behaviors with their child. The important first step is to help the parent to feel competent and important to the child and the child's development here and now. My own experience is that this needs to occur in order to convert a negative contact into a positive one. Parents know only too well what they do wrong, but they don't often know what they do right, so we have to tell them. With the help of videopictures, clinicians can give parents strength to find new ways and new representations of both the child and her/himself.

The two components of the Marte Meo method consist of videoanalysis and reviewing videotapes with parents or other caretakers. Both the analysis and the review are attempts to find pictures to open up parents and/or professionals emotionally and to discover their resources in relation to the child's needs. This emotional beginning is well-integrated, with the help of videopictures, to give information that develops the interaction in a positive direction.

Therapists, whether or not they work in the home environment, must support and strengthen the child's own possibilities for a more harmonious adaptation and development. As a therapist, the clinician places herself in a position to review the videotape and simultaneously observe the parents. This allows the therapist to be able to see the parents' reactions and to confirm their experiences and share their emotions. The dialogue in the room with parents is linked to the picture and to the same principles as the supportive dialogue with the child. We have to establish a good dialogue with parents in order to support their competence with the child. Reviewing the tape is often an emotionally powerful moment that can stimulate sadness, happiness, hope, or other strong feelings.

Looking Closely at Your Child—A Natural Process

Part of the bonding process for parents involves looking very closely at their newborns to get to know them and all of their movements and expressions. For parents, there is an emotionally charged process of discovering who his child is. Using the video technique to help parents to continue or to begin to look at their child has become a strong and helpful way to strengthen the bond, as well as to allow parents to know their child better. The therapist highlights sequences of the film which can be further explored and shows how it is possible to improve and deepen interaction between child and adult so that the most development-enhancing communication can be achieved. When parents are given the opportunity to see themselves, their child, and their interaction from another angle, they see in a new way. At the same time, parents get concrete information about which aspects of their own behavior are helpful and what in the child's behavior they react to. This may permit changes in their internal representations of themselves as parents and of the child (Stern, 1995).

Stillpictures

By stopping at particular points in the film, for example, when the child is expressing something verbally or nonverbally, taking the initiative or indicating a need, the parent may be able to recognize something which he or she was unable to do at the actual time that it occurred. Perhaps the therapist also can show a golden moment when the parent succeeds in reacting correctly, even if only for a second. For those children who have difficulties in relating it can be powerful and helpful to show moments of "nice tries" and good behavior for older children. For parents who don't see themselves as important in the child/parent relation-

ship, it can be very encouraging to see that the child is actively looking for the parent's reaction or affirmation. Actually seeing the child's face, emotional expression, and eyes is what motivates parents to be there for the child and to resume supportive interactions. In reviewing the videotape we are looking for an "emotional starting point," which means trying to see from the parents' emotional responses how to go further. A close up of an infant can help the therapist to define the baby's feelings and share this with the parents. The therapist can tune in with the child pictured and share with the



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parent. By doing this over and over again, the parent may learn a new way. It requires only a little positive feeling, just enough to make the parent feel good and supportive. In this way, the parent can be helped to feel attached to the child and start responding to the child. By naming and sharing positive feelings, the therapist sometimes gives words like a gift—much like the way that one gives a gift to a child. In reviewing, it is important to confirm the parent and her responses.

It seems plausible, though not yet substantiated by research, that the Marte Meo method of interaction guidance affects the representations of the child in mothers, fathers, and therapist, as well as their representations of themselves. I suggest that the

main reason for this is that even though one can give information and knowledge with the help of the video, we always build upon videopictures to create new ways of looking at the child. This, of course, affects the adult's emotions, and builds a feeling of competence and importance in the caregiver.

The second reason for using a stillpicture of the child is to encourage the parent to start looking at the child more in everyday situations. This is the most natural thing that parents normally do with infants. They look at the child with both curiosity and love, and in this way, get to know the child and understand the child's needs. When parents concentrate too much on their own role they easily can get preoccupied with what they do as parents. By showing revealing pictures of the infant the parent begins to understand and emotionally feel motivated to follow the child's initiative/need. So, in the picture, it's always the child who is in focus. It is important for the therapist to bear this in mind when filming a situation. Sometimes when parents feel very afraid or embarrassed, it is possible to begin to film only the child.

It is the responsibility of the therapist to ensure that the film is welcomed, shared and discussed. The principles for a development-enhancing communication are taken from nature and are, therefore, clear, simple and straightforward. It is only when these qualities are lacking or are too weak that we realize how difficult it is to find what is missing in the normal way of communicating and to find a way to help that continue to grow. To convey information about what is missing is quite challenging. We tend to lose the most natural things when we are confronted with situations we are unable to control or recognize, when the difficult messages we receive are too different from those we expect. With the help of the videopicture and the pause

button of the remote control, we can intervene in the interaction and stop where there needs to be space for a response from the child. When a mother of an autistic girl saw her daughter looking at her on the video just for a moment the mother felt strengthened, and she said, "How long she is looking at me!" With this help the mother can keep on looking for more responses. This feature also permits the parent to label the child's behavior so that the adult gets a new model and new words. This is something that is difficult to do when we are standing next to a family.

Other Areas for Using This Method

In this article, the main focus has been on infants and their parents. I would like to emphasize that the strongest part of the method is with children up to about 12 years of age who have serious social and communicative disorders. For children older than 12, the method has been little used, although we believe that it could be useful. This method has been used quite successfully with children with disruptive behavior disorders, such as hyperactivity and conduct problems. Research projects are now beginning to examine the efficacy of this approach in these cases. Children with speech and language problems are another group who have been treated with this method, as well as other physically handicapped children. In these children, the focus is to find a way to have a dialogue and turntaking through whatever channel of communication is possible.

Other groups to whom the method has been applied include children in foster care, in preschools and school, and multi-problem families. In Israel, research has been conducted to evaluate this latter area (Weiner, Kuppermintz & Guttman, 1994).

Prevention

Prevention is a large area of my own professional concern. Can we get parents to be more aware of their communication with their infants? If so, how best do we convey some of the basics that they need to know? But at the same time, can we approach parents in a way that creates pleasure with the baby? I have myself produced two films about interaction with infants, "The Dialogue of Love 0-6 months" and "The Power of Dialogue 6-20 months." The third is forthcoming soon and will focus on "Cooperation and Conflicts 24-30 months." These films are now used for the groups that parents attend during pregnancy and after. The pictures now help the nurses to focus on something that previously could be said only when focusing on difficulties. I am also now conducting a research project comprising a longitudinal study focusing on the triad. In this study, we are also analysing normal interactions to closer investigate the principle function and how it develops in the triad.

The Triad

Little has been said about how the work with the triad mother-father-infant is integrated in this method. The first issue to take into consideration is how the child is affected and what is the problem. One of the main issues to consider is if the parents are cooperating. It is always recommended to film the whole family in one of the first films, including the siblings if there are any, to see how the system is working. Even if the main focus involves the child and one parent, the other parent is included in the review, which also allows cooperation between the two parents to be included in the treatment focus. In the research that I mentioned earlier, I will investigate the dialogues with regard to the principles and how that is linked to child's outcome, as well

as parents' roles. In Sweden, there has been an emphasis for many years on the importance of the father in infancy. Structurally, there have been several guidelines and even laws to facilitate this—a very important step for fathers, mothers, babies and families. Clinically, I would like to know more about what the impact will be on the triad, as well as on the dyads, when father takes a more central role, for example, as the main caretaker during the first year of life.

Research Project

In the project, 20 couples and their firstborn babies are being studied from the prenatal period onward in a longitudinal design. Prenatally, we use a variety of questionnaires, including a marital inventory and family of origin measure. At this visit, the couple also is interviewed with a special focus on the representation of the child at a triadic level and the communication of the couple. To end this visit the parents are asked to draw a form that symbolises the family when the child is born. The Lausanne Triadic play is performed four times during the first year, at 8, 12, 32 and 38 weeks. This interaction is analysed with the method of Lausanne model (Corboz-Warnery, Fivaz-Depeursinge, Gertsch-Bettens, & Favez (1993). At 13 and 37 weeks there is a videofilm taken at home with parents both in triad and dyads playing with the child. These films are analyzed with a coding scheme designed to measure the principles for development-enhancing communication that has been described in this article. There is a follow-up interview when the baby is 4 weeks focusing on the process of change from two to three and the first interaction in the family. When the child is 18 months there is a new triadic play situation, a developmental testing of the child and a meta-emotion interview (Gottman & DeClaire, 1996) followed by a

videofilm at home with a conflict situation.

Data collection soon will be finished for the first part, that is, when infants are up to one year and analyses of the data will be proceed during the coming year.

References

- Bakhtin, M.M. (1986). *Speech genres and other late essays*, trans. by Vern W. McGee. Austin, TX, University of Texas Press.
- Berg Brodén, M. (1989). *Mor och barningemansland intervention under spädbarnsperioden*. Stockholm, Almqvist & Wiksell.
- Bråten, S. (1993). The virtual other, In A.H.Wold (Ed.), *The dialogical alternative*. Oslo, Scandinavian University Books.
- Chess, S. & Thomas, A. (1986). *Temperament in clinical practice*. New York, Guildford Press.
- Clarke-Stewart, K.A. (1978). And daddy makes three: The fathers impact on mother and young child. *Child Development*, 49, 466-478.
- Condon, W.S. & Sander, L.S. (1974). Neonate movement is synchronized with adult speech, *Science*, 183, 99-101.
- Cowen, P. & Cowen, P. (1992). *When partners become parents*. New York, Harper Collins.
- Crafoord, C. (1994). *Människan är en berättelse*. Stockholm, Natur och Kultur.
- Cramer, B., Robert-Tissot, C., Stern, D. et al. (1990). Outcome evaluation in brief mother-infant psychotherapy: A preliminary report. *Infant Mental Health Journal*, 11.
- Field, T. (1978). Interaction behaviours of primary versus secondary caretaker fathers. *Developmental Psychology*, 14(2), 183-184.
- Fivaz-Depeursinge, E., & Corboz-Warnery, A. (1993, March). *Microanalyzing father- mother-infant play: Initial methodological and technical requirements*. Paper presented to the 60th meeting of the Society for Research in Child Development, New Orleans, LA.
- Fivaz-Depeursinge, E. & Corboz-Warnery, A. (1995). Triangulation in relationships. *The Signal*, 3(2), 1-6.
- Fowers, B.B. & Olson, D.H. (1989). Enrich marital inventory: a discriminant validity and cross-validation assessment. *Journal of Marital and Family Therapy*, 15, 65-79.
- Gottman, J. & Declaire, J. (1996). *The heart of parenting--How to raise an emotionally intelligent child*. Bloomsbury Publishing, London.
- Jonsson, C.-O., Fahrman, M. & Mazzaglia, G. (1991). *An exploratory study of the occurrence of affect attunement and imitation in the first year of life*. Reports from the department of psychology, Stockholm University, no 740.
- Klitzing, K., Simoni, H., Amsler, F. & Burgin, D. (1996, July). *The transition to parenthood in a triadic view*. Paper presented to the WAIMH World Congress in Tampere, Finland.
- Kopp, C.B. (1989). Regulation of distress and negative emotions: A developmental view. *Developmental Psychology*, 25, 343-354.
- Lundequist, B. (1989). In Neander, K. Möten i Gryningen. Natur och Kultur (1996).
- McDonough, S.C. (1993). Interaction guidance: understanding and treating early infant-caregiver relationship disturbances. In C.H. Zeanah (Ed.), *Handbook of infant mental health*. New York, Guilford Press.
- Minick, N. (1984, 1996). The development of Vygotsky's thought: An introduction to thinking and speech. In H. Daniels (Eds.). *An introduction to Vygotsky* (pp. 28-52), Routledge, London.
- Övreeide, H. & Hafstad, R. (1996). *The Marte Meo method and developmental supportive dialogues*. Aarts Productions, The Netherlands.
- Parke, R. (1996). *Fatherhood*. Cambridge, MA, Harvard University Press.
- Shotter, J. (1993). *Conversational realities: Constructing life through language*. London, Sage.
- Stern, D.N., Hofer, L., Haft, W. & Dore, J. (1985). Affect attunement: The sharing of feeling states between mother and infant by means of inter-modal fluency. In T.M. Field & N.A. Fox (Eds.), *Social perception in infants*. Norwood, NJ, Ablex.
- Stern, D.N. (1995). *The motherhood constellation: A unified view of parent- infant psychotherapy*. New York, Basic Books.
- Trevarthen, C., Murray, L. & Hubley, P. (1981). Psychology of infants. In J.A. Davies, J.A. & J. Dobbing (Eds.), *Scientific foundations of paediatrics* (pp. 211-274). London, Medical Books, Ltd.
- Tronick, E.Z. (1989). Emotions and emotional communication in infants. *American Psychologist*, 44, 112-119.
- Weiner, A., Kuppermintz, H. & Guttmann, D. (1994). Video home training (The Orion Project): A short-term treatment and intervention for families with young children. *Family Process*, 33, 441-455.

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President's Perspective

Yvon Gauthier

I was recently invited to participate in a training session organized by child psychiatrists of La Martinique for all members of their staff around the theme "Family approaches in child psychiatry." I was particularly asked to bring early infancy theory and practice into these sessions where clinical experiences of various teams were presented for discussion. But typical of such encounters, what you learn is often more important than what you may teach.

I was particularly intrigued by the fact that on this island, as it is possibly on many of these islands peopled mostly by descendants of slaves, infancy is characterized by a great closeness between infant and mother, much responsiveness to the basic needs of the infant, and easy emotional availability. It is really after the first year that problems often arise, during the exploratory phase away from mother as secure base, so important in attachment theory. It seems that frequently the mother conveys to the child her fears of the outside world, much founded on remnants of magical thinking and fears of evil spirits. Often then observed is severe overprotection rather than facilitation of social contacts.

Not in everybody, of course. For the opening session of this conference, a Martiniquan writer, Patrick Chamoiseau, a well-known novelist and essayist, talked about his upbringing, a subject of his recently published autobiography. He described to us his early life, how he was raised in his family with a mother who was the central figure—what he calls a

"matrifocal model"—responding all by herself to all the basic needs of her many children. But in his case (as he recalls it), his mother let him explore his quite diversified environment, Syrians, Indians, whites, mostly tradesmen living in his neighborhood, so that he was much influenced at an early age by this varied cultural milieu.

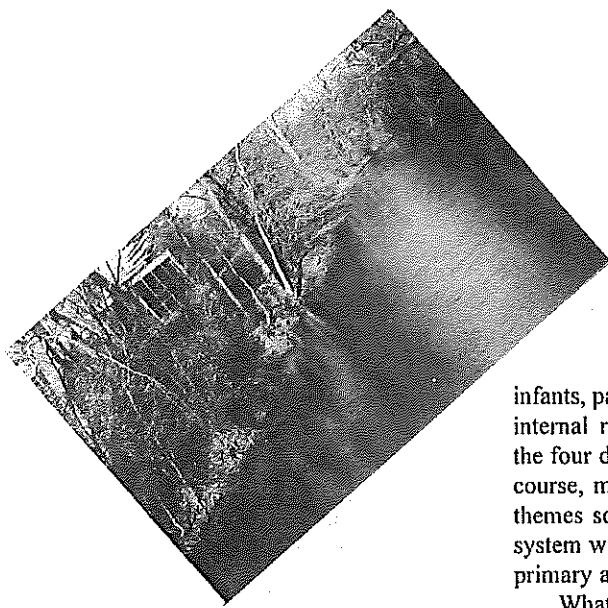
The main question asked of him in the session was: "But where is the father in such a situation?" We all know that developmentalists are still struggling with this problem. Chamoiseau was quite clear about it: he had around him, aside from this omnipresent mother, a father figure who played a very specific role. His father was an employee of the postal service, but he was also a "lettré", a great admirer of French writers who were his heroes, and he was constantly talking about them. This father was not only very present, he evidently played a crucial role in influencing his son to become an excellent writer.

The mother is probably most influential in letting her child explore the environment, and most specifically the father's environment. In this particular case, one gets the feeling that she did play that facilitating role, both towards all these "strangers" living and working around, and towards this interesting father-figure.

But what happens when there is no father figure, or a very sporadic one, and only a very protective mother, much afraid of letting her young child away from her? I have been told that, happily, in La Martinique, there is a beginning of

change towards mothers seeing some benefit in their 3 year old child attending early kindergarten.

This is a nice example of what is implied in the theme that was chosen for the Montreal Congress 2000: "Diversity, challenges and opportunities in infancy." Cultural variations are very important in the way a child is being taken care of all through his early development. These variations have to be known and studied away from any theoretical biases. This is where research is particularly important so that we come to understand better the outcome of these multiple ways of dealing with a young child's developmental strivings. Let us hope that the Montreal Congress will be a gathering where the observations and studies presented will advance our knowledge and stimulate our interventions in this fascinating area of cultural diversity.



From the Red Cedar

This article is abridged from the South African Journal of Child and Adolescent Mental Health, Vol. 9, no. 2, 1997.

Despite WAIMH's rapid growth as a scientific/clinical society, the definition of infant mental health continues to be a source of confusion among the public, and to some extent among professionals. Just what is infant mental health? One answer to this question can be derived from the publications of individuals who profess to do infant mental health work. We are currently conducting an extensive analysis of articles published in the *Infant Mental Health Journal* over the past 18 years as part of our preparation for a chapter in the forthcoming four-volume *Handbook of Infant Mental Health* (Osofsky & Fitzgerald—in preparation). The published articles in the journal illustrate the diversity of topics within the framework of infant mental health. Since 1980, 526 articles have been published and of these, 42% were empirical (empirical program evaluations/assessment tools/approaches), 28% were clinical (treatment and case studies, program descriptions), 20% were theoretical or content reviews and 10% were book reviews. Excluding the book reviews, articles were classified into 21 topical areas, with high risk

infants, parenting, attachment and internal representations comprising the four dominant content areas. Of course, most articles address several themes so our final classification system will have to take into account primary as well as secondary themes.

What is clear from this initial review is that the literature is not broadly cross-cultural. For example, 348 of the 526 articles had a senior author from the United States. Of five of the top six countries, 10 or more articles had senior authors who resided in North America or Europe; the lone exception involved authors from Israel. Thus, it is fair to say that the articles published in the *Infant Mental Health Journal* are as narrowly focused as is the general literature in infancy with respect to diversity of participant characteristics as well as diversity of investigators. As indicated in Table 1, a scan of all major scientific data bases reviewed an amazingly low number of studies focussed on behavioral development of infants overall and an even smaller number of studies involving samples outside of the United States, or involving infants of color regardless of the geographic location of the research (Fitzgerald, Johnson, Castello, Van Egeren, Johnson & Judge-Lawton, in press). It is clear that much work needs to be done to chronicle the rich cultural variation in infant development

and family life so that the resultant knowledge of infant development, infant care-giver relationships, and the cultural context of early development is descriptive of the species, rather than representing a restrictive account of development in a particular cultural context.

The concept that the first few years of life demarcates a special period of human development emerged during the late 19th and 20th centuries, fueled, perhaps, by the publication of a number of baby biographies (Darwin 1872; Hall, 1896, 1897; Major, 1906; Preyer, 1888; Shinn, 1894; Sigismund, 1856). These ethnographic renditions of the daily behaviour of infants were influenced by the naturalistic observational methodology of Darwinian evolutionary biology. At roughly the same time, Freud was begging to articulate what was to become one of the most influential psychological theories of the 20th century, a theory which supported infancy as a critical period in the formation of personality and emotional development (Freud, 1909). Today, we are more likely to attribute significance to the first few years of life because of dynamic, emergent, or organizing systems models of development than to fixed-effects models of development (Emde, 1981; Sameroff, 1983). Nevertheless, psychoanalytic theory in all of its variant forms continues to be an important tradition in infant mental health.

Table 1: The Cultural Context of Infancy (1970-1997)*
Geographic regions are ranked with respect to the racial/ethnic heritage of parents with infants and toddlers.

Racial/ethnic group	No. of Publications
African American	167
Asian American/Pacific Islander	10
Latino	33
Native American & Alaskan Aleut	23
Mexico/Central America/South America	12
Europe	23
Africa	39
Asia	44
Australia/New Zealand	8

From Fitzgerald, H.E., Johnson, R.B., Castellino, D.R., Van Egeren, L.A., Johnson, C.B., & Judge-Lawton, M. (In press) *The cultural context of infancy: an international review and source book*. New York: Garland Press

WAIMH is dedicated to supporting scientific, clinical and policy issues that have a positive impact on early development, spanning in our case, the time from conception to the third postnatal year. Its emphasis on interdisciplinary approaches and international perspectives fits well with systems theory, an emphasis on cultural context, and an openness to methodological and theoretical diversity. It is this openness that fuels WAIMH's desire to encourage Affiliate associations, so that scientists, clinicians, educators, and policy makers at the local level are directly linked to forces in the community that can have an impact on the optimal development of infants and their families. To the extent that individuals are successful with programs, policies, and research at the local level, they fuel similar successes internationally.

References

- Darwin, C. (1877). A biographical sketch of an infant. *Mind*, 2, 285-294.
- Emde, R.N. (1981). Searching for perspectives: systems sensitivity and opportunities in studying the infancy of the organizing child of the universe. In K. Bloom (Ed.), *Prospective issues in infancy research* (pp 1-23). Hillsdale, NJ: Lawrence Erlbaum.
- Fitzgerald, R.E., Johnson, R.B., Castellino, D.R., Van Egeren, L.A., Johnson C.B. & Judge-Lawton, NC (In press). *The cultural context of infancy: an international review and source book*. New York: Garland Press.
- Freud, S. (1909). The origin and development of psychoanalysis. Lectures delivered at Clark University. *The American Journal of Psychology*.
- Hall, W.S. (1896). The first five hundred days of a child's life. *The Child Study Monthly*, 2, 330-342, 394, 407.
- Hall, W.S. (1896). The first five hundred days of a child's life. *The Child Study Monthly*, 2, 458-473, 522-537.
- Major, D.R. (1906) *First steps in mental growth*. New York: Macmillan.
- Osofsky, J. D. & Fitzgerald, R. E. (In preparation). *Hand book of infant mental health* (Vol. 4). New York: John Wiley & Sons.



Training Opportunities

Great Britain

June 19, 1998. *9th Annual Infancy Conference: Special Care Babies*. Focus is on infants who begin their lives in the Special Care Baby Unit. United Bristol Health Care Trust, Bristol, England. For information: 44 117 914 5526.

A two year course leading to a *Diploma in Infant Mental Health* for professionals who currently work with infants up to age 3. The course

involves developing observational skills, increasing understanding of the emotional aspects of the work task and an introduction to the extensive literature on child development and the theory and practice of intervention with this age group. Accredited by the Tavistock Clinic. For information, contact Paul Barrows at Knowle Clinic, 44-117-914 5526.

United States

January-April, 1998, Wednesdays 1:30-3:30, monthly program sponsored by Loyola University and the Illinois Association for Infant Mental Health. *"Infants and Toddlers: Vulnerability, Resilience, Complexity and Hope."* For information: Lenore Weissmann, 1-847-853-3089.

March 25-28, 1998, *Children's Defense Fund Annual Conference*, Los Angeles, California. For information: 1-202 662-3684, or visit their Web site: www.childrensdefense.org

April 24-27, 1998. *Assessment, Diagnosis and Intervention for Developmental and Emotional Disorders*. Taught by Stanley Greenspan, MD, and Serena Wieder, Ph.D. Arlington, Virginia. For information call: 1-301-320 6360.

November 20-23, 1998. New Orleans, Louisiana, *International Early Childhood Conference on Children with Special Needs*. For information call 1-407-628-3602.

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Riga Conference Video Wins a Gold Medal

The video *His Name is Today* was presented the Gold Award for best Medical/Health Film or Video Production at the Charleston Worldfest International Film Festival. Produced by Gerald F. Ronning, M.D. (Executive Producer) and Cheryl Ronning, (Producer, Director, Editor), *His Name is Today* was filmed entirely on location in Riga, Latvia on the occasion of WAIMH's 1994 conference there.

His Name is Today addresses the crucial issues facing those involved in infant, child and family health. The Riga/WAIMH Conference represented the first large-scale effort to bring together infant and child care professionals from countries of the former Soviet Union with their Western counterparts. The film combines scientific presentations from the conference with footage of cultural exchanges and images of the streets, orphanages and day care centers of Riga, to provide powerful insights into the issues of mental for the international community. It is both a review and an account of an historic conference, as well as a new approach to psychoanalytic research. It serves to increase public awareness of psychoanalysis, and to make complex psychoanalytic issues and ideas accessible to the lay person as well as the mental health professional.

Persephone Productions was co-founded by the Ronnings as a company whose mission is to use the media as a means of studying and exploiting the intersection between art and science. Their work has been presented at clinical conferences as well as film festivals.

W A I M H affiliate news



by Kai von Klitzing, M.D.

The German-speaking Association for Infant Mental Health (GAIMH) was founded in June 1996 as a subsidiary association of WAIMH. GAIMH has 300 members, mainly from Germany, Switzerland, and Austria. As the bylaws of GAIMH specify, three presidents were selected from the three countries: Mechthild Papousek, from Germany, Kai von Klitzing, from Switzerland, and Marguerite Dunitz, from Austria.

The 2nd annual conference was held in May 1997 and organized by Kai von Klitzing and Heidi Simoni from the Child Psychiatry Department of the University of Basel. The focus of the meeting was "Psychotherapy and Consulting during Pregnancy and Infancy." More than 180 pediatricians, psychiatrists, psychologists, social workers and family consultants who participated in the conference demonstrated a growing interest in infant mental health issues in their clinical work. Excellent papers were given by Renate Barth from Hamburg ("Psychotherapy in Infancy"), Fernanda Pedrina from Zurich ("Parent-Child Therapy during Postnatal Depression"), Mechthild Papousek from Munich ("Preventive Interactional Parent-Infant Consultation and Psychotherapy in Cases of Regulatory Disorder"), Marguerite Dunitz from Graz ("Psychotherapy on an Neonatal Intensive Care Unit"), and Dieter Burgin from Basel ("Psychoanalytic Approaches to Understanding of the Early Parent-Child Triad"). Constance Wahl from Basel gave a very in depth case presentation of her

work with a baby and its psychotic mother, as well as with the father. This paper was discussed by an expert panel chaired by Kai von Klitzing. Additional case presentations and papers given by participants were discussed in smaller groups.

In a business meeting, several issues of the growing GAIMH such as how to organize international cooperation were discussed. Last but not least, a wonderful dinner party gave the participants many opportunities for informal meetings.

The next annual conference, organized by Marguerite Dunitz and Peter Scheer, Universitätskinderklinik, A 8036 Graz, is scheduled for May 21-23, 1998, in Graz, Austria. In the meantime, there are some standing working groups dealing with the topics of Preventive Intervention with High-Risk Families, Psychotherapy and Psychoanalysis, Education, and Crying, Sleep and Feeding Disorders.

For more information about that meeting, contact Mechthild Papousek, Institut für Soziale Pädiatrie, Universität München, D 81377 München, Germany.

Editor's note: Kai von Klitzing, in addition to being Co-President of GAIMH, is a child psychiatrist at the University of Basel in Switzerland. He is spending a sabbatical year with Bob Emde in the Department of Psychiatry at the University of Colorado Health Sciences Center in Colorado.

MAIN INTEREST AREAS: (Check no more than FIVE)

- ☐ Adolescent pregnancy
- ☐ Affective development
- ☐ Anxiety/inhibition
- ☐ Autism
- ☐ Child abuse
- ☐ Childhood psychosis
- ☐ Cross-cultural studies
- ☐ Depression
- ☐ Developmental and behavioral pediatrics
- ☐ Developmental psychopathology
- ☐ Divorce and remarriage
- ☐ Epidemiology of infant disorders
- ☐ Failure to thrive
- ☐ Family processes
- ☐ Fathers
- ☐ Handicapped infants
- ☐ High risk infants
- ☐ Infant and toddler day care
- ☐ Infant mental health services
- ☐ Infant-mother interaction
- ☐ Infant observation and experimental research
- ☐ Mental Retardation/learning disabilities
- ☐ Normal & abnormal preschool development
- ☐ Nutrition
- ☐ Pediatric care
- ☐ Pregnancy and perinatal period
- ☐ Prenatal development
- ☐ Prevention and early intervention
- ☐ Psychoanalysis
- ☐ Sex role development, sex differences
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